

WHO Syrian Arab Republic

Biennial report

2022–2023



World Health
Organization

Syrian Arab Republic

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FOREWORD



The Syrian Arab Republic remains a complex humanitarian emergency characterized by over 13 years of hostilities, extensively destroyed civilian infrastructure and the largest number of internally displaced people (IDPs) in the world. The prolonged crisis has inflicted immense suffering on the civilian population, who have been subjected to massive and systematic human rights violations. One third of communities are estimated to be contaminated with unexploded ordnance that will continue to kill and maim adults and children, alike long after the conflict has ended.¹

Economic sanctions, rampant inflation, the COVID-19 pandemic, and food insecurity have pushed more and more people into poverty. In mid-2021, over three quarters of households reported they were unable to meet their basic needs. By the end of 2022, 90% of Syrian households were living below the poverty line.¹ More than 50% were living in extreme poverty.^{2,3}

The cholera outbreak of autumn 2022 and the earthquake that struck Syria and Türkiye in February 2023 were the defining events of the biennium. Cholera is a marker of inequity and poverty. It is closely linked to contaminated water, inadequate sanitation, poverty, conflict and, increasingly, climate change. The earthquake further highlighted the breakdown of basic social services in the country. When it struck, people who had already been displaced several times already were displaced again, often to shelters with rudimentary water and

¹ Humanitarian needs overview 2022: Syrian Arab Republic. New York: United Nations Office for the Coordination of Humanitarian Affairs; 2022 (https://www.unicef.org/mena/media/15726/file/hno_2022_final_version_210222.pdf.pdf).

² Syria's economic update April 2022. Washington (DC): World Bank; 2022 (<https://thedocs.worldbank.org/en/doc/529543cc65226921d485b7491c310fab-0280012022/original/mpo-sm22-syria-syr-kcm2.pdf>).

³ The World Bank defines extreme poverty as an income of less than US\$ 2.15 per person per day.

sanitation, accelerating the vicious cycle of natural disasters and disease outbreaks.

Climate shocks affecting water supplies have intensified over the past two years. Scant rainfall and historically low water levels in the Euphrates River – the most important source of drinking water for communities in northern Syria – have reduced access to water for drinking and domestic use for more than 5 million people. This has resulted in substantially reduced crop harvests, loss of income and the decreased production of essential hydroelectricity. Almost half of Syrians now rely on often unsafe alternatives to piped water, greatly increasing the risk of waterborne diseases.

For millions of people, security concerns severely compromised their access to health care. In October 2023, the dramatic escalation of hostilities in northwest Syria hampered the delivery of humanitarian assistance and damaged critical health facilities and infrastructure. This escalation – the worst in more than four years – was compounded by regional tensions triggered by the war in Gaza. In the northeast, tensions between parties on the ground hampered humanitarian access. The Islamic State of Iraq and the Levant launched regular lethal attacks in Ar-Raqqa, Hama, Deir-ez-Zor and Homs governorates. In southern Syria, there were regular security incidents across Dar'a, Quneitra and As-Sweida governorates.

Civilians continued to pay the price. Almost two thirds of the 5.1 million people in the northwest have been displaced several times and are living in unimaginable conditions, with very limited access to health care or other basic life necessities. The conflict has affected health facilities and patients alike, resulting in increased health care needs, threatening those who cannot afford treatment, and disrupting basic supply chains for life-saving medicines and supplies.

In July 2023, for the first time in almost a decade, the United Nations Security Council (UNSC) failed to renew the mechanism established by UNSC Resolution 2165 in 2014, whereby United Nations humanitarian agencies were authorized to deliver aid across the Turkish border to areas of northwest Syria. The Government of the Syrian Arab Republic has agreed that the United Nations may continue to deliver aid to northwest Syria via three Turkish border crossings until July 2024. WHO and United Nations agencies will seek the Government's approval to renew these arrangements in order to keep this critical lifeline open to millions of people, while also aiming to increase cross-line deliveries from within Syria.

WHO relies almost entirely on voluntary contributions to fund its humanitarian operations in Syria. The Organization thanks the many donors who contributed to its work in 2022–2023.⁴ Without their assistance and generosity, WHO would have been unable to fulfil its humanitarian mission in Syria. In 2024, as we support Syria's efforts to continue the long process of rehabilitating the health system, the support of our donors will be needed more than ever.

Dr Iman Shankiti

WHO Representative in the Syrian Arab Republic

⁴ See Annex 1.

ACRONYMS AND ABBREVIATIONS

CCS	country cooperation strategy	PHC	primary health care
CPHL	Central Public Health Laboratory	PoE	points of entry
ENC	essential newborn care	RRT	rapid response team
EPHS	essential package of health services	SDGs	Sustainable Development Goals
EPI	Expanded Programme on Immunization	TB	tuberculosis
EWARN	Early Warning and Response Network	UHC	universal health coverage
EWARS	Early Warning, Alert and Response System	UNAIDS	Joint United Nations Programme on HIV
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria	UNICEF	United Nations Children's Fund
IDPs	internally displaced persons	UNSC	United Nations Security Council
IHR	International Health Regulations (2005)	UNFPA	United Nations Population Fund
IOM	International Organization for Migration	WHO FCTC	WHO Framework Convention on Tobacco Control
IPC	infection prevention and control		
JEE	joint external evaluation		
mhGAP	Mental Health Gap Action Programme		
MHPSS	mental health and psychosocial support		
NCD	noncommunicable disease		
PHEOC	public health emergency operations centre		



©WHO


The prolonged conflict in Syria has exerted a huge toll on health care services throughout the country

WHO IS WORKING WITH NATIONAL AUTHORITIES AND PARTNERS TO REBUILD AND STRENGTHEN THE HEALTH SYSTEM









WHO focused on
supporting essential health
care services while taking

**EVERY
OPPORTUNITY
TO SUSTAIN
AND **ENHANCE**
THE CAPACITY
OF THE HEALTH
SYSTEM**

©WHO

Over the past two years,
WHO has worked closely with
the health authorities and
health partners to

**BRIDGE GAPS,
STRENGTHEN
THE OVERALL
HEALTH SYSTEM,
AND IMPROVE
THE HEALTH
OUTCOMES OF
MILLIONS OF
SYRIANS**







Syria: a country with severe, widespread and enduring health care needs

Well over a decade since the conflict began, Syria remains a complex humanitarian emergency.

Civilians continue to bear the brunt of the conflict:

14.6 MILLION PEOPLE

have severe to catastrophic humanitarian needs.



A surviving children after the massive earthquake in Aleppo ©WHO

7.2 MILLION PEOPLE

have been internally displaced, many of them several times, as they flee the fighting.

2 MILLION PEOPLE

are living in tents, with little to protect them against flooding, extreme heat or bitter cold.

OVER 90%

of Syrians live below the poverty line.

ONE IN THREE COMMUNITIES

is estimated to be contaminated with unexploded ordnance that will continue to kill and maim adults and children alike long after the conflict has ended.

38%

of Syria's hospitals, clinics and PHC centres are either closed or are only partially functioning.

MORE THAN HALF

of Syria's doctors are estimated to have left the country.

Status of health care services

At the end of 2023, over one third of Syria's hospitals and primary health care (PHC) centres were either closed or functioning only partially. In northwest Syria alone, which continued to be beset by violence and armed conflict, almost one third of health facilities and one in every five hospitals were closed. Almost 15 million people required health assistance. Prolonged daily power cuts across the country severely disrupted health facilities at all levels, bringing emergency operations to a halt, threatening the cold chain for vaccines and medicines, and endangering the lives of hundreds of thousands of patients.

Faced with a heavily disrupted health care system and a socioeconomic crisis, health care staff are continuing to seek better opportunities abroad. More than half of Syria's doctors are estimated to have left the country since 2011. Those who remain are poorly remunerated and work in increasingly difficult conditions, with acute shortages of medicines and supplies and outdated or malfunctioning equipment.

Attacks on health care

In 2022–2023, there were 46 confirmed attacks on health care that killed eight people and injured 27 others. In 2023, 25 incidents and five related deaths were reported. Most incidents (15) took place in October 2023 and led to two deaths and one injury. All incidents in October involved the use of heavy weapons and 14 of the 15 incidents affected health facilities, placing patients at risk.

WHO's leadership role

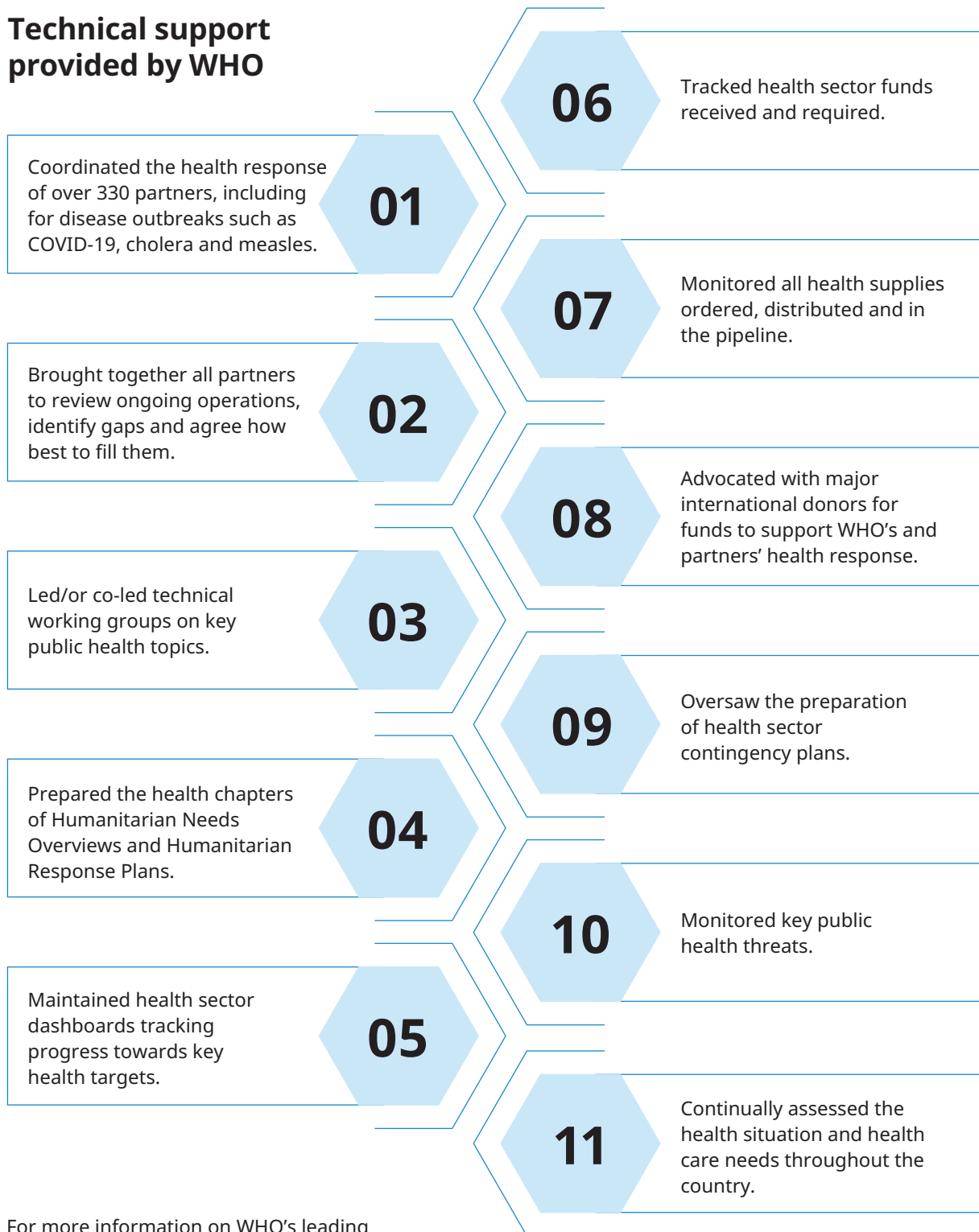
WHO led and coordinated the overall health response from its offices in Damascus, Gaziantep (Türkiye) and Amman (Jordan).⁵ Subnational health sector groups in nine governorates⁶ met regularly to assess ongoing health needs and report back to Damascus.

WHO maintained comprehensive overviews of health sector funds received and required, as well as medical supplies ordered, distributed and in the pipeline. This allowed WHO and partners to rapidly identify and fill critical gaps, helping to improve the health outcomes of millions of people. WHO's presence at major international meetings such as the European Union's Seventh Brussels Conference on Supporting the future of Syria and the region in June 2023, provided invaluable opportunities to highlight critical funding gaps for health and advocate for additional resources. WHO guided overall health sector reconstruction and recovery efforts, provided medical equipment, strengthened referral services for patients, trained tens of thousands of health care staff, and supported the direct delivery of health services through mobile medical teams and static health points.

⁵ Including 118 health partners supported by the WHO country office in Damascus, and 143 health partners in northwest Syria supported by WHO's Field Presence Office in Gaziantep. The WHO country office in Amman coordinates the whole-of-Syria health cluster.

⁶ Aleppo, Al-Hasakeh, Ar-Raqqa, Deir-ez-Zor, Hama, Homs, Idleb, Lattakia and Tartous.

Technical support provided by WHO



For more information on WHO's leading and coordinating health role, see:
<https://response.reliefweb.int/syria/health>.

Anticipating, planning, acting

The goal of WHO's contingency planning is to ensure that people in need continue to have access to health care whatever the circumstances. Planning scenarios include mass casualty incidents, unusually harsh winters, changes in political control and major changes in health care needs following outbreaks of cholera and other diseases. WHO's offices in Damascus, Amman and Gaziantep work closely with each other to ensure that, in the event of further changes in the health situation that cross conflict lines, responsibilities can be smoothly coordinated between offices. Almost all of WHO's 15 health contingency plans were activated to some degree in 2022–2023.

Contingency planning for northwest Syria

WHO and partners have prepared extensive plans to mitigate the impact of the potential non-renewal of the Syrian Government's agreement to allow United Nations partners to deliver aid from Türkiye to northwest Syria. The cessation of cross-border aid would have a devastating impact on the comprehensive health care programme established by WHO's office in Gaziantep and would severely disrupt hospitals, medical supply chains, childhood vaccination programmes, mother and child care, trauma care, and ambulance and referral services. Without access to health care, many people would die.

Cross-border operations from Türkiye

WHO's Field Presence Office in Gaziantep, Türkiye has been providing cross-border assistance to northwest Syria for almost a decade. Shortly after the earthquake of February 2023, the Syrian Government authorized the United Nations to deliver emergency

aid to northwest Syria from Türkiye through three border crossings (Bab El Hawa, Bab Al Salam and Ar-Ra'ee)⁷ (Fig. 1). The Syrian Government has agreed to renew these arrangements until July 2024. This has allowed WHO's office in Gaziantep to continue and expand cross-border operations following the non-renewal of the United Nations' long-standing mechanisms to deliver cross-border aid to millions of people in the northwest.

In 2023, for the first time in several years, WHO staff were able to visit northwest Syria to provide direct technical support to health partners, monitor health interventions and evaluate the impact of WHO's emergency operations. Between February and December 2023, the UN conducted 300 cross-border missions. These visits allowed WHO to build links with health agencies operating in the region, better understand the context on the ground, assess needs and identify critical areas for improvement such as water quality, infection prevention and control (IPC), and pharmacy and warehouse management. This has helped WHO develop more inclusive and context-sensitive response strategies.

WHO and its health partners will continue to provide cross-border health services to people in northwest Syria from Gaziantep, while working to strengthen early recovery efforts, empower local partners, and distribute badly needed medical supplies and equipment.



Cross-border shipment of medical supplies into northwest Syria ©WHO

⁷ Before the earthquake hit, aid was delivered through just one border crossing (Bab al Hawa).

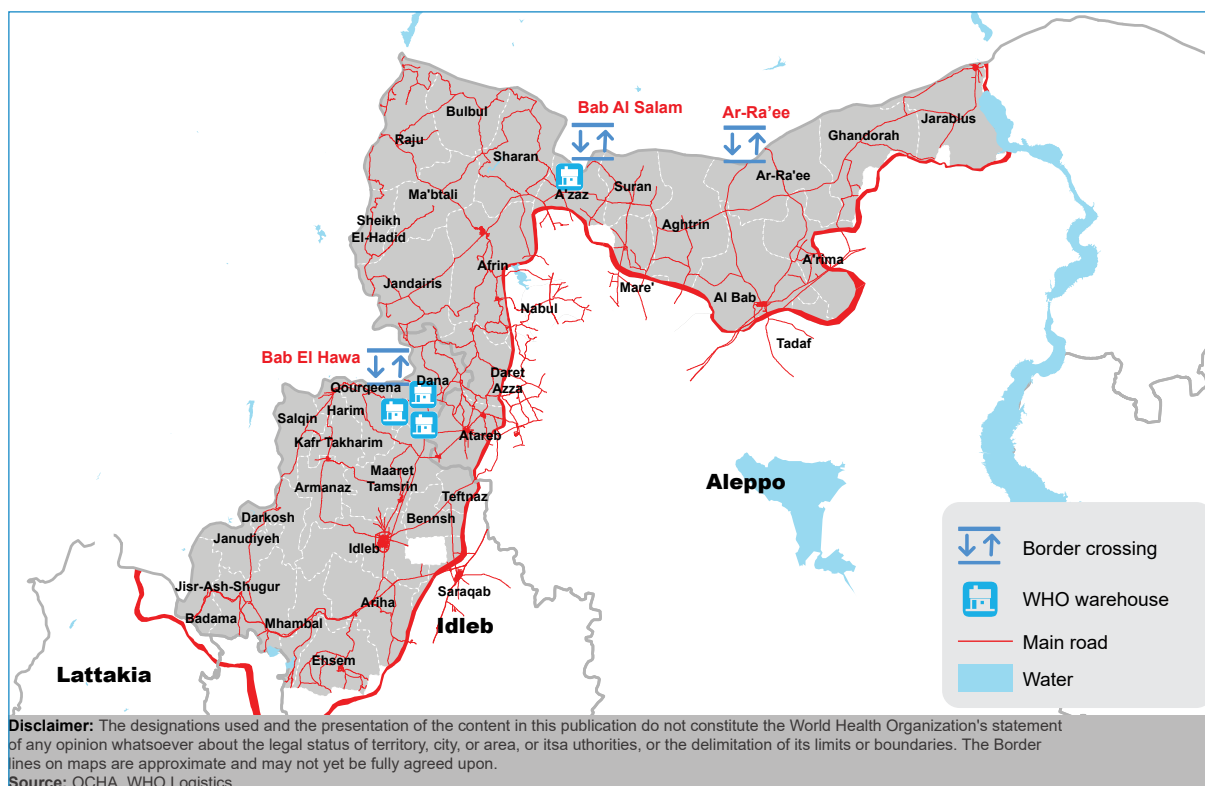


Fig. 1. Map of border crossings between Türkiye and northwest Syria











Cross-line support

As part of its strategy of delivering humanitarian assistance by all possible means, WHO pursued the cross-line delivery of supplies to both northwest and northeast Syria. Despite the United Nations operational readiness, only two inter-agency convoys were approved to deliver supplies to the northwest in 2023. In 2022–2023, WHO dispatched more than 518 tonnes of medical supplies and equipment to cross-line areas in the northeast. WHO also participated in a cross-line assessment mission to Ras Al Ain Tel Abayd (Ar-Raqqa Governorate).

WHO's impact in numbers

Working with its partners, WHO:

Provided essential medicines, supplies and equipment 	<p>4968 tonnes of medicines, health kits, trauma kits, medical devices, supplies and equipment delivered to health facilities throughout the country.</p> <p>Over 17.4 million pieces of IPC equipment and supplies procured and distributed.</p>
Trained health care workers 	<p>66 784 health care staff trained on a wide range of health topics including poliomyelitis, mental health, PHC, health information management, reproductive health, disease surveillance, and trauma and disability care.</p>
Strengthened health care services 	<p>Almost 5.6 million outpatient consultations supported.</p> <p>62 nongovernmental organizations' health care providers directly contracted to provide essential health care.</p> <p>More than 1.1 million mental health consultations supported by nongovernmental organizations.</p> <p>20 fully equipped ambulances donated.</p>
Assessed health risks and evolving needs 	<p>26 needs assessments conducted.</p> <p>15 contingency plans prepared.</p> <p>1741 sentinel sites reported to WHO's disease Early Warning, Alert and Response System (EWARS) and Early Warning, Alert and Response Network (EWARN).</p>

<p>Responded to the cholera outbreak</p> 	<p>Almost 4.7 million people vaccinated against cholera.</p> <p>12.5 million water purification tablets distributed.</p> <p>26 445 rapid test kits procured.</p> <p>113 cholera treatment units established.</p> <p>2579 health professionals trained on treating cholera patients.</p>
<p>Health emergency response, including for earthquake</p> 	<p>28 emergency medical teams deployed.</p> <p>2531 assistive devices delivered for people with traumatic injuries.</p> <p>4600 medical devices delivered to health facilities.</p> <p>29 equipped ambulances delivered to all governorates.</p>
<p>Supported the rehabilitation of the health system</p> 	<p>6 national guidelines and 14 health policies/strategies finalized with close support from WHO.</p> <p>15 hospitals and PHC centres rehabilitated.</p> <p>8 laboratories and 3 warehouses rehabilitated.</p> <p>2 points of entry equipped with health posts.</p>
<p>Coordinated the overall health response</p> 	<p>200 national and subnational health sector meetings held, of which 128 were technical working group sessions.</p> <p>Health chapters for both the 2022 and 2023 Humanitarian Needs Overview and Humanitarian Response Plans developed in collaboration with health partners.</p> <p>Multiple advocacy documents prepared for international audiences, setting out health needs and highlighting the impact of health sector underfunding.</p> <p>Health sector dashboards, bulletins and situation reports issued throughout the biennium.</p>

Earthquake

In February 2023, Syria and neighbouring Türkiye were struck by a deadly earthquake measuring 7.6 on the Richter scale. It was the worst earthquake to hit Syria in 200 years.⁸

WHO activated a full-scale emergency response involving all three levels of the Organization. Within days of the earthquake, WHO's Director-General Dr Tedros Adhanom Ghebreyesus and senior emergency managers arrived in Aleppo on a cargo plane carrying over 34 tonnes of WHO medical supplies and equipment. Dr Tedros met with the Syrian President, Mr Bashar al-Assad, the Minister of Health and other senior officials to review the earthquake response. Following their meeting, the Syrian Government agreed to allow the United Nations to use two more border crossings to deliver aid from Türkiye to northwest Syria. In early March 2023 (see inset), Dr Tedros also visited northwest Syria, becoming the first United Nations principal to enter the region since the beginning of the conflict, 13 years ago.

Within 24 hours of the earthquake, WHO's Field Presence Office in Gaziantep had withdrawn 183 metric tonnes of medical supplies from stocks pre-positioned in Azaz and Idlib and had distributed them to more than 200 health facilities in the northwest. By the end of April 2023, WHO had delivered another 252 metric tonnes of supplies, including trauma and inter-agency emergency health kits, anaesthesia medicines and other essential items. These supplies were enough to cover more than 4.5 million treatments. WHO negotiated international referrals for critically ill and injured patients, delivered assistive devices to five rehabilitation centres in the northwest, and supported mental health services in 75 hospitals, 51 reception centres and 84 camps. Approximately 170 000 people were reached with psychological first aid. A total of 84 mobile clinics and 35 PHC centres supported by WHO's office in Gaziantep provided over 1 million consultations.

Close to a million people were reached through door-to-door visits to raise households' awareness of measures to prevent cholera and other diseases in the aftermath of the earthquake.

WHO's country office in Damascus immediately activated its incident management team and worked with the Ministry of Health to assess health needs and identify the medicines and medical equipment required to support the emergency response, while ensuring the continuity of routine health care services. Life-saving medicines and supplies were rapidly dispatched to the affected areas. Other supplies including noncommunicable disease (NCD) medicines, antibiotics, intravenous fluids, consumables and body bags were distributed to health facilities. The WHO country office supported trauma services, disease surveillance and outbreak prevention, and water and sanitation services. In partnership with local nongovernmental organizations, it established 17 mobile teams (10 in Aleppo and seven in Hama) to provide health care services to the affected population.

In March 2023, WHO's Director-General, Dr. Tedros Adhanom Ghebreyesus, visited earthquake-ravaged northwest Syria.

After witnessing the devastation, he said that he had rarely been so disturbed and heartbroken. "The earthquake adds unimaginable suffering to people who have already endured war, economic collapse, COVID-19 and cholera over the past 12 years."

Dr Tedros called on the international community – governments, philanthropies and individuals – to dig deep to lift up those who were enduring unimaginable loss, poverty and deprivation. "Even before the earthquake, needs were increasing, while international aid was decreasing. But we must not close our eyes or turn our backs on the Syrian people. We cannot let this be a forgotten crisis."

⁸ The last major earthquake was in Aleppo in 1822.



One of the earthquake damaged buildings in Aleppo ©WHO



WHO's Director-General and Regional Director for the Eastern Mediterranean in discussions with the Syrian Minister of Health following the earthquake ©WHO

The trauma and stress associated with the earthquake highlighted the importance of addressing mental health needs in the aftermath of natural disasters. A total of 185 WHO-supported teams visited communities, schools and shelters for internally displaced persons (IDPs), where they provided psychological first aid and other interventions and referred people for specialist support if required. The teams provided over 922 000 consultations. To help people in remote areas affected by the earthquake, WHO launched an emergency mental health and psychosocial support (MHPSS) hotline, in collaboration with the Ministry of Health and Ministry of Education. The hotline received over 1500 calls.

The consequences of this large-scale disaster will last for many years to come, and the health needs of earthquake survivors remain high. Many people are still living in temporary shelters, dealing with loss and mental health trauma. Those living with disabilities caused by the earthquake will need long-term rehabilitation care. The physical and psychological damage wreaked by the earthquake continues to affect millions of people.



WHO's earthquake response

735 metric tonnes of emergency supplies distributed to over 200 health facilities.

4.5 million treatment courses delivered.

More than 1 million medical consultations provided through WHO-supported mobile clinics and PHC centres.

1000 frontline Ministry of Health health care staff trained.

1500 assistive devices delivered to rehabilitation centres.

600 patients referred for specialized care.

28 mobile medical teams deployed.

170 000 people reached with psychological first aid and over 500 000 people reached with MHPSS services.

Mental health services supported in **210** health facilities.

1 million people reached through door-to-door visits to raise households' awareness of measures to prevent cholera and other diseases.

Mental health services supported in **75** hospitals, **51** reception centres and **84** camps.

550 000 water purification tablets distributed.

Mobile clinics: a lifeline for displaced families in earthquake-ravaged northwest Syria

Ahmad and his family are originally from Idleb Governorate. In 2019, they were displaced to Jenderes city, west of Aleppo, where they made a new life for themselves. Ahmad's son Jawad, the youngest of his three children, is only 8 months old.



Ahmad and his children inside their temporary shelter
©MedGlobal

In February 2023, Ahmed's life was turned upside down again when his new home in Jenderes was destroyed in the earthquake. He and his family are now living in a temporary camp for displaced people. "I have a vivid memory of the earthquake," he says. "The whole building was shaking. Our only thought was to get outside as soon as possible. Miraculously, we survived."

"Before the earthquake, we had a proper home. Tents cannot compare to a home," says Ahmed. "Every day brings new challenges. I lost my job after the earthquake. So many people in the camp have earthquake injuries or respiratory problems from dust inhalation. But medical care is hard to find and it's scarcely affordable. We can barely afford to buy food."

When Ahmad's son Jawad developed a severe chest infection, Ahmad was beside himself with worry. "It's extremely cold inside the tent; my son couldn't sleep. He was coughing all the time. I had no car to take him to the hospital. I didn't know what to do. I stayed up with him till dawn, praying he would make it through the night. In the morning, I took him in my arms and set off in search of a hospital."

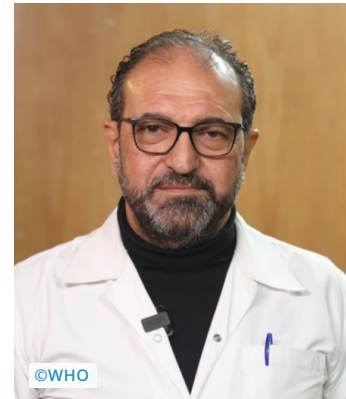
To Ahmad's immense relief, he came across a WHO-supported mobile clinic inside the camp premises. Clinic staff examined Jawad and gave him medicines to treat his cough. "I cannot describe my overwhelming relief at finding a mobile clinic inside the camp. Jawad is so much better now, and the clinic staff could not have been kinder or more caring. They saved my son's life."

Stories from the earthquake

"I have a vivid memory of the harrowing scenes in the emergency room. Countless numbers of people were injured, many of them critically. There was a palpable sense of fear and panic. The hospital was overwhelmed with patients. Some of my colleagues were among the dead. Those were very painful moments."

Dr Rami Saloum

Head of the Orthopaedic Department
at Lattakia National Hospital



"The earthquake was far more terrifying than any bombing I've lived through over the past 10 years. I've learned to take cover when I hear the sound of mortars, but you can't run away from an earthquake. I'll never forget the ground shaking beneath me, the sound of stones falling, the fear and the sense of powerlessness that overtook the whole city."

In the immediate aftermath of the earthquake, my colleagues and I worked round the clock to treat survivors. Since then, we've worked to ensure that those in need receive health care and support, in large part thanks to the medicines and supplies provided by WHO."

Dr Fares Kady

WHO first responder
and Head of WHO sub-office, Aleppo



"The earthquake response was one of the most challenging times of my professional career. One year later, we are still treating earthquake survivors and helping them heal and recover. So many of them have suffered traumatic injuries that have changed their lives forever."

Ms Nuha Barhoum

Nurse, Lattakia



Disease outbreaks

In 2022–2023, there were outbreaks of cholera/acute watery diarrhoea and measles – diseases that are associated with unsafe water and poor sanitation and hygiene. Rapid response teams (RRTs) conducted case investigations and raised local communities' awareness of measures to avoid waterborne diseases. Other outbreaks included severe acute respiratory infections among children in Ar-Raqqa and Deir-ez-Zor in the winter of 2022. Health services in these areas are very limited, vaccination coverage is low, and most people live in dire poverty, with little protection against the bitterly cold northern winters.

Cholera

Cholera is an acute diarrhoeal infection caused by eating or drinking food or water that is contaminated with the bacterium *Vibrio cholerae*. Left untreated, it can kill within hours.

Between 25 August and 10 September 2022, 936 cases of severe acute watery diarrhoea⁹ and at least eight related deaths were reported from the northern governorates of Aleppo, Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor. The first case of cholera was confirmed in northwest Syria on 19 September 2022.

Health authorities and WHO rapidly assessed the situation and concluded the outbreak was likely the result of people drinking unsafe water from the Euphrates River and using unclean water to irrigate crops, resulting in food contamination. On 10 September 2022, the Ministry of Health formally declared a cholera outbreak.

WHO coordinated the development of the cholera response plan, supported the dissemination of cholera case definitions, and covered the operational costs of RRTs deployed to northern Syria.

⁹ Acute watery diarrhoea can be caused by different pathogens, while cholera is a specific type of acute watery diarrhoea caused by the bacterium *Vibrio cholerae*. A diagnosis of cholera requires formal confirmation by means of a diagnostic test. Without this formal confirmation, all suspected cases of cholera are referred to as severe acute watery diarrhoea.

WHO'S cholera response

- 26 445 rapid diagnostic test kits distributed
- 10 rapid response teams deployed
- 113 cholera treatment units established
- 2500 health care professionals and laboratory technicians trained
- 12.5 million water purification tablets distributed
- 4.7 million people vaccinated against cholera
- Water supplies and sources extensively tested



WHO-supported polio vaccination campaign in Rural Dier-ez-Zor ©WHO

WHO epidemiologists tracked the evolution of the disease and prepared regular analyses of the attack rate. WHO supported the establishment of 113 cholera treatment units,¹⁰ distributed 26 445 rapid diagnostic tests, and trained over 2500 health care professionals and laboratory technicians on diagnosing and treating cholera. More than 12.5 million water purification tablets were distributed to households in the most affected areas. Extensive testing of water supplies was conducted to pinpoint sources of contamination and carry out sanitary interventions to ensure water was made safe to drink. In northwest Syria, WHO provided 31 health facilities with laboratory and diagnostic equipment and trained 400 health staff and pharmacists in Idleb and Aleppo governorates on supply chain management.

In late November 2022, a shipment of 2 million doses of oral cholera vaccine funded by Gavi, the Vaccine Alliance, reached Damascus. A total of 1.94 million people – 98% of the target number – were vaccinated in Aleppo, Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor. Almost three quarters of these vaccines were delivered cross-line to affected communities in northeast Syria. In 2023, 2.8 million doses of cholera vaccine, also funded by Gavi, reached northwest Syria. In the first six months of 2023, 2 761 660 people in high-risk areas in Idleb and northern Aleppo were vaccinated during two mass vaccination campaigns supported by WHO, the United Nations Children's Fund (UNICEF), the Syria Immunization Group and local health authorities. A total of 1400 vaccination teams went door to door in towns and villages, and visited IDP shelters, camps, schools and community centres in an effort to reach as many people as possible.

As of 23 November 2023, when WHO issued its last situation report following a steep decline in cases, over 217 500 suspected cases of acute watery diarrhoea/cholera and 106 related deaths had been reported from all 14 governorates (Fig. 2).

¹⁰ Of the 113 cholera treatment units, 96 were supported by the WHO country office in Damascus and 17 were supported by WHO's Field Presence Office in Gaziantep.



A cholera vaccination campaign in Idleb. ©SIG

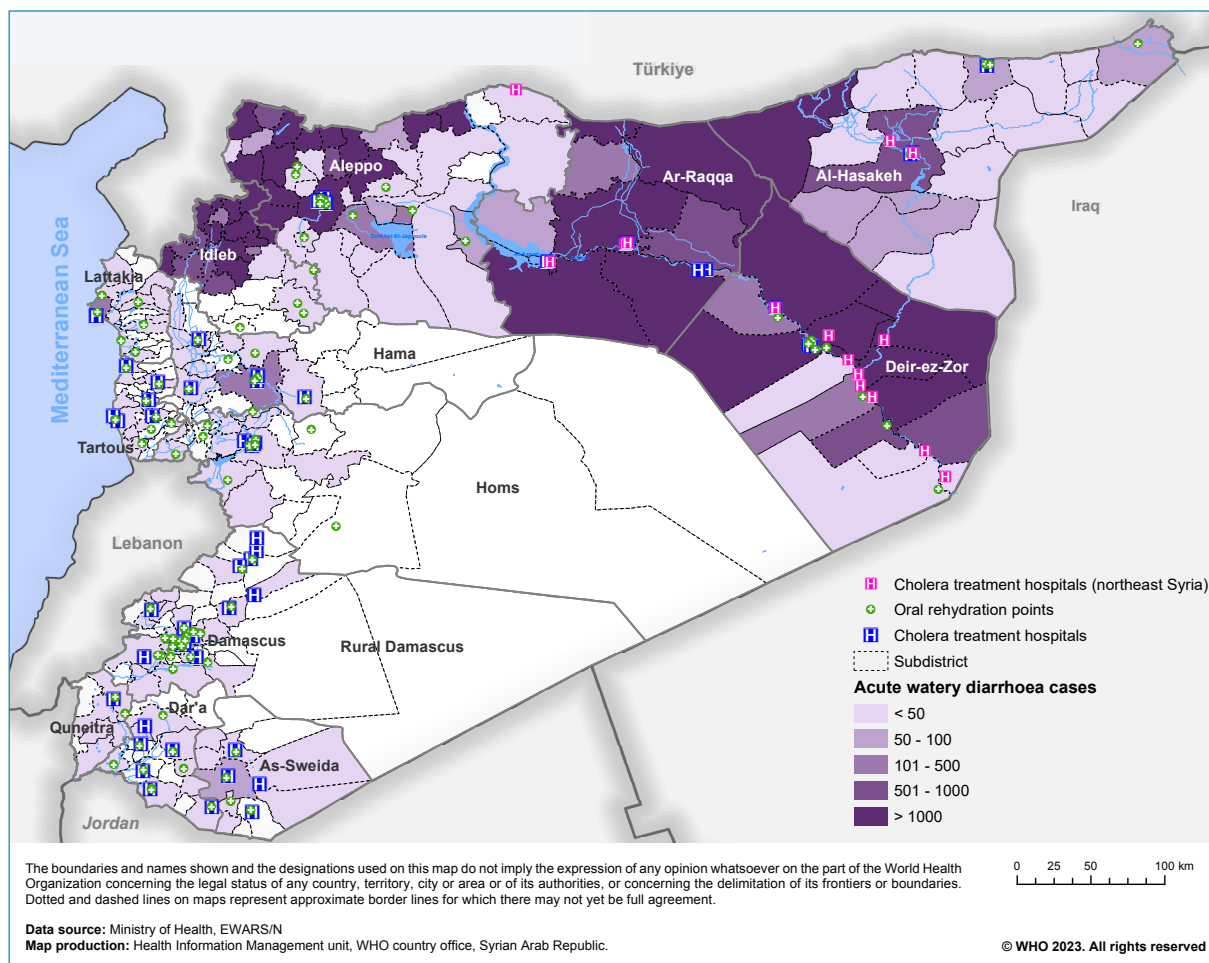


Fig. 2. Distribution of acute watery diarrhoea cases, as at end December 2023

Cholera and earthquake: the collision of two major events

Mariam lives in Idlib, northwest Syria. On 5 February 2023, she had just finished her training to become a member of one of WHO's 1400 vaccination teams that would shortly begin an ambitious door-to-door campaign to vaccinate almost 1.8 million people in northwest Syria against cholera.

In the early hours of 6 February 2023, Mariam was jolted awake by a sudden movement and a deafening noise. It took only seconds to realize what was happening. Her first thought was for her family. "I felt the building shaking. I tried to remain calm for the sake of my family. I grabbed my children and ran outside."

At the vaccination campaign centre, WHO staff were worried. Oral cholera vaccine must be used in a controlled temperature chain. Vaccines can be kept at temperatures outside the traditional cold chain of +2°C to +8°C for only a brief period, under monitored and controlled conditions. If the cold chain were to be broken, potentially millions of doses of cholera vaccine would be wasted. Worse, people's lives would be at risk.

Dr Azza Elfadel, Technical Officer for the Expanded Programme on Immunization (EPI) for northwest Syria, said that WHO had been fortunate. "The vaccines were still at the warehouse, which stood up to the earthquake. Our electricity supply was cut, but the emergency generator kicked in immediately. One day later, just before the campaign was due to begin, we would have released tens of thousands of vaccines, and might have lost them all."

"Organizing and carrying out a large-scale vaccination campaign in northwest Syria is extremely tricky," said Dr Yaser Najeeb, head of the Syria Immunization Group's Technical Committee. "Logistically, it's a real challenge to reach millions of people who are scattered in camps and settlements or sheltering in damaged buildings. For the cholera campaign, we studied the epidemiological data to get a clear picture of the areas most at risk. We mapped the

number of people in each district. We trained 1400 vaccination teams, and we assigned them to cover every street, camp and settlement in those areas. Then, the earthquake struck."

The vaccination teams worked closely with the earthquake response teams to map where people displaced by the earthquake had taken shelter. "Overnight, tens of thousands of people were displaced – in the middle of a cholera outbreak. Most of them ended up in temporary settlements with severe overcrowding and dire sanitary conditions. Cholera can spread like wildfire in these situations. It was essential to protect these people," said Dr Elfadel.

"The success of the vaccination campaign – the fact that it took place in the middle of our earthquake response – is a credit to our field teams and to WHO planners," said Ms Rosa Crestani, the head of WHO's office in Gaziantep.

Mariam learned over the course of the following days that at least one of her vaccination colleagues had been injured or killed in the earthquake. "It was devastating," she said. "But I had to put my personal feelings of grief aside. When I look back now, I am so proud to have been part of this incredible effort."



Cholera vaccination teams in action, Idlib, northwest Syria ©SIG

COVID-19

By the end of 2023, despite the general availability of COVID-19 vaccines, only 14% of the population in Government-controlled areas and only 33% of the population in northwest Syria had been fully vaccinated. Initially, many people were eager to be vaccinated, but only limited quantities of the vaccine were available. When, after initial delays, it became more readily available, its low uptake was mainly attributed to rumours and misinformation surrounding the vaccine. People's general reluctance to be vaccinated was compounded by the escalating insecurity and continual population movements in the northwest.

WHO supported the rehabilitation of the COVID-19 laboratory in Deir-ez-Zor Governorate and the microbiology laboratories in Aleppo, Homs and Damascus. Solar power was installed at the Central Public Health Laboratory (CPHL) in Damascus to ensure it was able to function during prolonged

power cuts. WHO distributed diagnostic tests for COVID-19, cholera, measles, influenza, rotavirus and polio to nine laboratories in eight governorates. It continued to cover the costs of collecting disease specimens and transporting them to the CPHL (or to reference laboratories outside the country). WHO procured genome sequencing machines and associated kits for the CPHL and trained two technicians on genome sequencing for SARS-CoV-2.

Measles

The number of confirmed cases of measles rose sharply between mid-2022 and July 2023 (Fig. 3). WHO intensified case-finding activities in IDP camps and settlements and provided measles referral laboratories across the country with laboratory reagents and consumables for sample collection. It also supported two national measles vaccination campaigns (see the Childhood vaccination section of this report).

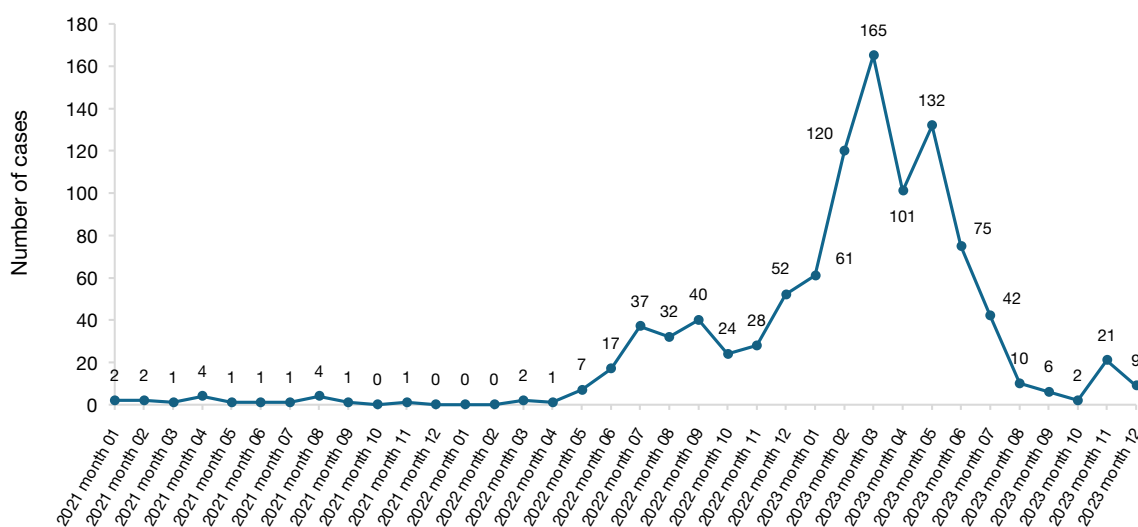


Fig. 3. Confirmed cases of measles, 2021–2023

Other communicable diseases

Tuberculosis (TB)

Tackling TB remains highly challenging in a country where widespread shortages of medicines and frequent population displacements interrupt essential but lengthy treatments that are needed to prevent the development of drug-resistant TB. WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the International Organization for Migration (IOM) are collaborating on a joint project to address HIV and TB. Using a grant provided by the Global Fund, WHO procured five mobile clinics equipped with high-quality X-ray equipment and mobile WiFi to support swift diagnosis, as well as diagnostic tests and 16 new-generation GeneXpert machines that are able to detect multidrug-resistant TB. In 2022–2023, the clinics reached more than 58 000 people in Aleppo, Rural Damascus and Deir-ez-Zor governorates. Of the 10 946 people selected for further screening, 484 were confirmed as positive for TB and placed on treatment. WHO supported another two TB screening campaigns in temporary shelters housing IDPs and earthquake survivors in Aleppo. Approximately 27 000 people were screened, of whom 52 tested positive for the disease.



IDPs in Al-Hasakeh receive health care services from WHO-supported mobile medical teams ©WHO

More than 8200 people in six prisons were also screened for TB, of whom 20 tested positive for the disease. This highlights the importance of screening and treating TB patients in closed settings to prevent the further spread of the disease both inside these settings and in the wider community.

In northwest Syria, WHO continued to support four TB centres in the cities of Idleb, Azaz, Afrin and Albab where there is a high demand for TB services. A total of 825 patients in these centres were classified as being susceptible to the disease, and another 21 patients were diagnosed with multidrug-resistant TB. Ten physicians in the northwest were trained on managing TB patients, including those with drug-sensitive TB. WHO's Field Presence Office in Gaziantep is supporting the restoration of the TB laboratory in northwest Syria, which sustained major damage following the earthquake. In July 2023, a joint team from WHO's Regional Office for the Eastern Mediterranean and IOM visited Syria to review the country's National Tuberculosis Programme and help the country to transition to new diagnostic methods and treatments for both drug-susceptible and drug-resistant TB. New diagnostic methods promise faster, more accurate testing. Moreover, shorter, exclusively oral TB treatment regimens are expected to improve patient adherence and health outcomes. The National Tuberculosis Programme, with support from WHO, has developed a five-year plan to eliminate TB in Syria.

HIV

While rates of HIV in Syria have been relatively low compared with other countries in the Eastern Mediterranean Region, the potential for the epidemic to grow remains a concern. Targeted interventions and active case finding are essential to prevent the spread of HIV among high-risk populations, including men who have sex with men, female sex workers, injecting drug users and other groups. HIV is also a major concern for people detained in prisons. In 2022–2023, with support from WHO, the Ministry of Health screened 6500 prisoners for HIV. Although only one case of HIV was confirmed through screening and testing, this patient can now receive life-saving treatment and prevent the spread of HIV to others in the prison population and beyond.

WHO distributed enough antiretroviral therapy to treat 500 people living with HIV for two years¹¹ and supported testing for over 12 000 people through voluntary counselling and testing initiatives.

A total of 163 HIV counsellors from 12 governorates were trained on psychological counselling, in line with [new guidelines](#) issued by WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Vaccination efforts

Childhood vaccination

Routine vaccination coverage in Syria has risen since an all-time low in 2013 (Fig. 4). Nonetheless, the 72% nationwide vaccination coverage rate for the third dose of diphtheria, tetanus toxoid and pertussis (DTP3) vaccine remains well below the global average of 84% in 2013. The national coverage rates for oral polio vaccine (third dose) and inactivated polio vaccine reached 64% and 71%, respectively.

Together, WHO and UNICEF received support from Gavi and Germany to conduct over 22 000 vaccination sessions through fixed and mobile teams. Monthly outreach activities were conducted to reach children in remote and high-risk areas.

In northwest Syria, the EPI was relaunched in 2017 following several years of disruption and repeated outbreaks of polio and measles. The EPI is coordinated by WHO, UNICEF and the Syria Immunization Group. WHO is directly supporting 42 of the 93 routine immunization centres in northwest Syria that are vaccinating children in the region against life-threatening diseases.



A supervisory visit to a vaccination centre in Deir-ez-Zor Governorate ©WHO

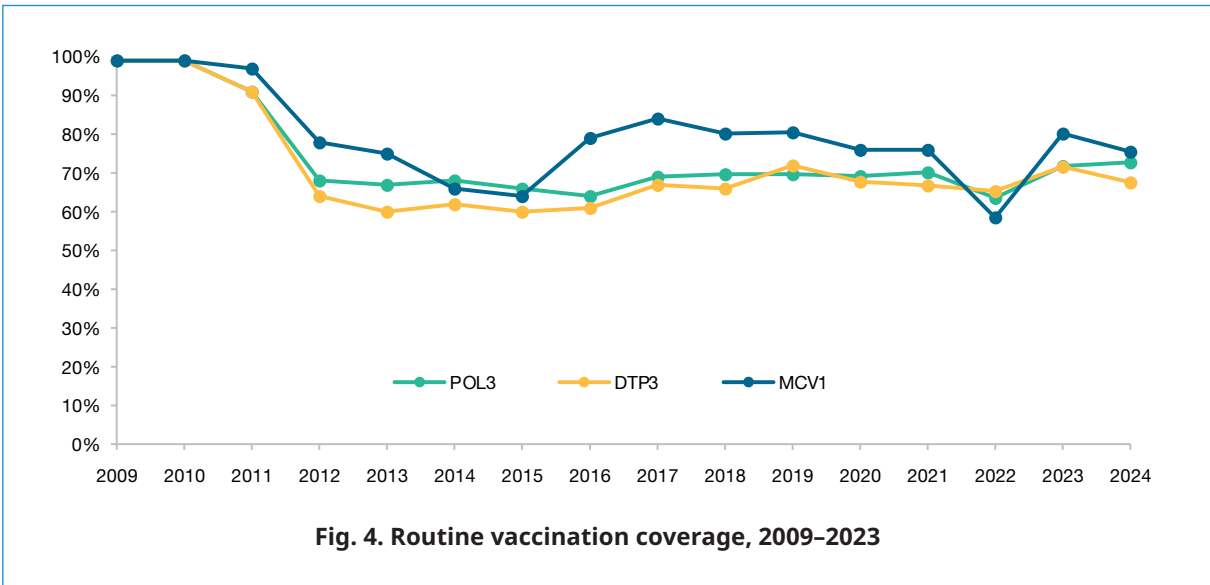


Fig. 4. Routine vaccination coverage, 2009–2023

¹¹ The supplies were procured by IOM, using a donation from the Global Fund.

Measles vaccination campaigns

In October 2022, WHO and Gavi supported a nationwide measles and rubella (MR) follow-up vaccination campaign targeting children between six months and five years old. Over 12 300 staff distributed across over 1800 fixed and mobile teams participated in the campaign. Of the 2.17 million children targeted, 87% received Measles-rubella vaccine, 92% were vaccinated against polio and 29% received vitamin A supplements. Children were also given bivalent oral polio vaccine and vitamin A supplements, and previously unreached children were vaccinated against other childhood diseases. A second campaign targeted communities in remote and hard-to-reach areas.

Despite these efforts, the number of confirmed cases of measles rose sharply in 2023. WHO supported two mop-up vaccination campaigns in early 2023. Over 310 000 children were vaccinated, effectively bringing the outbreak under control. In the first round of the campaign, more than 750 000 children were screened, and 130 615 were vaccinated based on their vaccination records. In the second round, nearly 750 000 children were screened and 180 202 were vaccinated. Both the national and mop-up campaigns were fully funded by the Vaccine Alliance.

In 2022, WHO's Field Presence Office in Gaziantep supported two measles campaigns in northwest Syria. The first campaign, in February, reached almost 51 000 children (85% of the target). The second campaign, in September, reached almost half a million children (84% of the target). In April 2023, a 10-day measles, rubella and polio vaccination campaign was launched covering all accessible areas in Aleppo and Idleb governorates. A total of 768 785 and 668 056 children were vaccinated against polio, measles, and rubella, respectively (94% and 88% of the targets set).

The routine immunization programme in northwest Syria was effectively maintained throughout the two-year period. A technical body was established to maintain oversight of the programme.

WHO and its partners are working to strengthen vaccination efforts by identifying priority



governorates, training staff, holding meetings with all partners to review progress, and addressing issues related to logistics, the vaccine cold chain, potential adverse events following immunization, and the environmental impact of vaccination activities.

Other vaccination campaigns

Using funds from the Gavi and Italy, WHO supported multi-antigen vaccination campaigns that aimed to reach children who had missed their routine vaccinations entirely or partially over the past five years. A total of five rounds of vaccination were implemented through 1009 fixed facilities, 200 temporary vaccination sites and 777 mobile teams.

Disease surveillance and response

WHO's disease Early Warning, Alert and Response System (EWARS) is designed to improve disease outbreak detection in emergency settings. In Syria, it has largely replaced the main national routine surveillance system. Sentinel sites reporting to EWARS include hospitals, clinics, PHC facilities and schools affiliated with the Ministry of Education. The number of sentinel sites increased from 1476 to 1496 at the end of 2023, with new sites established in 11 of Syria's 14 governorates.

Following the earthquake of February 2023, EWARS reporting sites were expanded to encompass collective shelters for IDPs, with mechanisms in place to continually monitor and report cases of epidemic-prone communicable diseases. WHO trained

government staff, nongovernmental organizations and health workers on EWARS case definitions and reporting mechanisms, and deployed RRTs to collective shelters to promptly investigate cases of waterborne diseases, food poisoning and suspected cases of measles.

The average completeness of reporting was 89%. WHO and health partners responded to almost 75% of alerts within 72 hours. (Rapid investigation and response in Idleb were limited due to inaccessibility.) WHO provided essential medicines to treat patients with COVID-19, cholera, meningitis, acute diarrhoea and hepatitis A. It also covered the cost of collecting and transporting specimens, printed educational materials for the general public, and trained surveillance teams and RRTs.

In northwest Syria, WHO is supporting 245 sentinel sites reporting to the Early Warning and Response Network (EWARN). WHO provided test kits for measles, rubella, COVID-19 and cholera to the three EWARN laboratories in the northwest. In 2022–2023, these laboratories processed a total of 242 777 tests. WHO also initiated a community-based surveillance programme to support the early detection of and response to potential disease outbreaks. In September 2023, an inter-agency evaluation of disease surveillance in northwest Syria found that the EWARN was the only system providing comprehensive epidemiological data on epidemic-prone diseases. WHO is continuing to strengthen disease surveillance in the northwest by training surveillance officers and other EWARN staff on risk assessment and outbreak investigation.

International Health Regulations (IHR) (2005)

WHO's IHR (2005) — adopted by all Member States — define countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. All countries must (1) nominate a designated IHR focal point for communications with WHO, and (2) commit to maintaining core surveillance and response capacity, including at designated points of entry (PoE).

In 2022–2023, WHO worked to strengthen Syria's IHR capacities by providing technical advice on surveillance, training staff on IHR reporting obligations, and facilitating the preparation of the IHR annual reports. To improve surveillance at Syrian PoE, WHO established and equipped new medical points at two land border crossings (one in Rural Damascus and one in Homs). Plans to equip another five PoE are underway.

Joint external evaluation (JEE)

In 2023, Syria completed an external review of its core capacities to meet its obligations under the IHR (2005). The JEE review helps countries to identify critical gaps in their human and animal health systems, and use the findings to strengthen their readiness to respond to public health events of international concern. It comprises two phases: self-evaluation and peer evaluation by external experts (WHO and other partners).

The COVID-19 pandemic showed that no country was fully prepared to deal with a pandemic of such scale, speed, severity and impact. Syria's new **National Action Plan for Health Security** – developed through a multi-stakeholder process – aims to ensure that Syria is ready to respond to future public health events of international concern.



A doctor examines a child at a health centre in northern Aleppo
© Giles Clarke

In November 2022, WHO supported the launch of the first phase of the JEE in Syria. A three-day workshop brought together representatives from different line ministries to review the emergency response at PoE. At a follow-up workshop in March 2023, over 90 participants used the JEE tool to self-assess Syria's IHR core capacities. In June 2023, with support from national authorities and other parties, WHO and other external experts evaluated Syria's capacities in 19 technical areas and prepared recommendations on how to enhance the country's readiness for future health emergencies. The end product — Syria's National Action Plan for Health Security — aims to enhance IHR core capacities and ensure that Syria is ready to respond to future public health events of international concern.

Strengthening pharmaceutical capacity

Following an assessment of Syria's national medical supply chain system, WHO supported the development of a national action plan to strengthen the system. A total of 241 health workers were trained on the rational use of medicines, pharmacovigilance, and other topics, and 29 pharmacists completed training-of-trainers courses (Fig. 5).

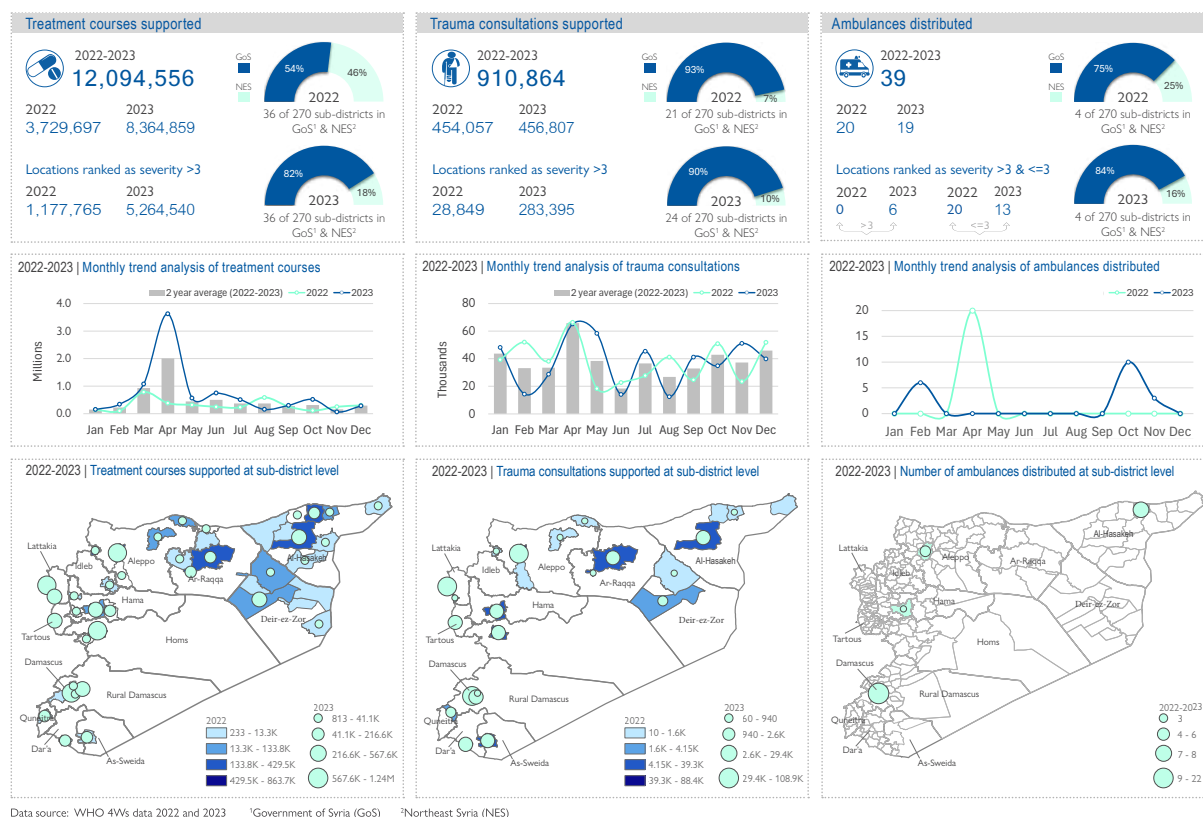


Fig.5. Supply chain and pharmaceutical support



A pharmacist with a patient at the WHO-supported Al-Bir Association in Hama ©WHO

Strengthening health care

Primary health care

PHC supports each individual's health needs, from health promotion to disease prevention, treatment, rehabilitation, palliative care and more. It is widely regarded as the most inclusive, equitable and cost-effective way to achieve universal health coverage (UHC). It is also key to strengthening the resilience of health systems to prepare for, respond to and recover from shocks and crises. In mid-November 2022, WHO supported the PHC conference convened by the Ministry of Health, with the slogan "With hope, work and PHC, we can build a healthy society". The aim of the conference was to review progress in improving basic health services based on UHC and the Sustainable Development Goal (SDG) indicators.

In northwest Syria, WHO focused on supporting essential health care services while taking every opportunity to sustain and enhance the capacity of the health system. For example, WHO is supporting three integrated health care delivery networks in Harim, Afrin and northern Aleppo that serve as catalysts for early recovery. These networks offer standard packages of essential health services and cover a catchment population of 2.3 million people. Their aim is threefold: (1) provide comprehensive, coordinated services; (2) ensure equitable access; and (3) deliver services efficiently. WHO is providing financial support to 120 health facilities operating within these networks and is training staff and providing supportive supervision. The networks provide an average of more than 200 000 consultations every month, benefiting some 130 000 people. An [evaluation](#) published in October 2022 found that, despite the highly volatile and challenging context (mass population displacements, high insecurity and multiple uncoordinated health care providers), gains had been made towards all three of the above-mentioned goals.

WHO also provided direct support to another 40 PHC facilities in northwest Syria, mainly in areas affected by the earthquake. This support helped to ensure that tens of thousands of people continued to receive essential health care.



A WHO pharmacist inspects stocks at a PHC centre in Idlib ©IRW

WHO distributed enough NCD kits and supplies to treat approximately 400 000 people and coordinated the deployment of more than 70 mobile clinics to reception centres for newly displaced individuals during the acute phase of the earthquake response.

Trauma and secondary health care

In 2022–2023, WHO covered the cost of over 936 000 trauma consultations and physical rehabilitation sessions, and distributed more than 4600 medical devices and 1000 assistive devices to hospitals and rehabilitation centres across the country. WHO provided 29 fully equipped ambulances to enhance the provision of emergency services and support trauma and emergency referrals. WHO also provided and installed oxygen generators in six hospitals in Aleppo, Damascus, Dar'a, Homs and Tartous governorates. Seven more are in the pipeline. These generators are crucial to maintain reliable supplies of oxygen in hospitals for patients who require life-saving oxygen support. Ministry of Health staff were trained on emergency preparedness and response and IPC standards in hospitals. The national IPC guidelines were updated and published, and a national IPC action plan was issued.

In northwest Syria, WHO provided direct support to six hospitals following the massive earthquake of February 2023. WHO's support was instrumental in helping to ensure the continuity of critical trauma, surgical and intensive care services for tens of thousands of people.

In the last quarter of 2023, renewed hostilities in the northwest resulted in 99 civilian deaths, the displacement of 120 000 people, and the highest number of attacks on health care since 2019. In the first 72 hours following military escalations, WHO released enough medical supplies to cover 1600 surgical procedures and treat 25 000 trauma patients, while ensuring that critically ill or wounded people could be referred for critical care without delay. It also provided 60 000 treatment courses for other illnesses.

The COVID-19 pandemic has accelerated global demand for oxygen and made the delivery of oxygen

supplies more urgent than ever. WHO's office in Gaziantep and the WHO Regional Office for the Eastern Mediterranean are developing a dashboard to track medical oxygen supplies and requirements in health facilities in northwest Syria. This availability of this real-time information will allow health facilities and ambulances to make informed decisions on where to refer patients who require oxygen support. It will also improve planning, procurement and scaling-up activities, and lead to more sustained, predictable supplies of oxygen in the region.

WHO renewed its agreement with Al-Hekma hospital in Al-Hasakeh (northeast Syria) to cover the costs of treating patients admitted for trauma and emergency care. In 2022–2023, the hospital provided 16 893 trauma and other consultations.

In northwest Syria, in collaboration with partners, WHO worked to improve access to secondary health care and trauma and disability services by mapping services, assessing the availability of human resources and assistive products, identifying training requirements and establishing referral pathways.



WHO staff visit the Rehabilitation and Artificial Limbs Centre in Damascus ©WHO

The impact of unexploded ordnance on Syrian children and the vital role of WHO support



Mouhamad is treated at Al-Hekma hospital following his injuries ©WHO

Ten-year-old Mouhamad from Al-Hasakeh and his five siblings were playing outside when they came across a large metal object. Unaware of the danger it posed, they kicked it back and forth between them and rolled it around in the dust.

Later, when they went back inside, they brought the object with them. On impulse, one of the children threw it in the fire. It exploded within seconds, instantly killing Mouhamad's eight-year-old sister Retaj and injuring all the others.

Mouhamad's father rushed his surviving children to the nearby WHO-supported Al-Hekma hospital. Two of the children had minor injuries and were discharged the same day. However, the three others were seriously wounded. Ziad and Hateem required abdominal surgery for intestinal injuries, and Mouhamad needed extensive orthopaedic surgery on his badly wounded leg.

For the past several years, WHO has been covering the costs of treating trauma patients at the hospital. Mouhamad, Ziad and Hateem have mostly recovered from their injuries and are continuing to receive follow-up care thanks to WHO's support. Thousands of other children in Syria may not be so fortunate. The United Nations estimates that one in two people in Syria are at risk of death or injury from unexploded ordnance.

- ✓ 936 000 trauma and physiotherapy consultations supported by WHO
- ✓ 4600 medical devices and 1031 assistive devices distributed to hospitals and rehabilitation centres
- ✓ 29 fully equipped ambulances donated
- ✓ Oxygen generators installed in six hospitals
- ✓ Direct support provided to six hospitals in northwest Syria following the earthquake
- ✓ Referral system for critically ill patients restored in the northwest

led by the Ministry of Health and partners including the MHPSS technical working group.

The WHO-Ministry of Health three-year Country Cooperation Strategy (CCS) was finalized in 2023. Its development is an important milestone, as the strategy had not been updated since 2013. The CCS for Syria guides WHO's work in the country and is aligned with WHO's overall regional strategies, as well as Syria's National Development Programme. WHO and the Ministry of Health have developed a framework to monitor and evaluate progress made under the CCS.

Rebuilding the health system

The prolonged conflict in Syria has exerted a huge toll on health care services throughout the country. WHO is working with the national authorities to reconstruct the health system and build its resilience. These efforts are geared towards ensuring that the country can address ongoing health challenges and be well prepared to respond to emerging disease threats and other health emergencies.

National policies and strategies

With support from WHO, the Ministry of Health has developed medium-term policies, plans and strategies, as follows:

The five-year national health strategy for 2023–2027 describes Syria's public health priorities and sets out a detailed plan for building back a more resilient health system.

The primary health care strategy for 2023–2037 is a roadmap for the recovery of Syria's health system and a critical step towards achieving UHC in the country. It will play a crucial role in helping to operationalize Syria's national health strategy.

The mental health national strategic framework focuses on five key areas (governance, human resources, mental health information systems, mental health services, and prevention and promotion action plans). It is awaiting the endorsement of the interministerial council

CCS priorities in Syria

- Move towards UHC through policy dialogue and investments, ensuring that the health care system is resilient, accessible and of good quality
- Protect people from emergencies by strengthening emergency preparedness and response
- Build a policy environment that is conducive to promoting health and well-being

A health workforce strategy. WHO has initiated discussions with the Ministry of Health over the development of a strategy to rebuild a high-quality, skilled, motivated health workforce, distributed equitably across all levels of the health care system and all geographical areas. The WHO country office supported an analysis of Syria's health labour market, using [WHO's methodology](#).

An updated essential package of health services (EPHS). In 2023, the Ministry of Health, with support from the WHO country office and the Regional Office for the Eastern Mediterranean, finalized the list of interventions for the updated EPHS. The purpose of an EPHS is to concentrate scarce resources on interventions that provide the best value for money. A well-designed EPHS can result in more effective health care by improving equitable access to affordable, high-quality health care including treatment, health promotion, prevention and

rehabilitation services to the entire population. The Ministry of Health is estimating the cost of introducing the revised package using a tool developed by WHO.¹²

A pharmaceutical profile, prepared by the Ministry of Health with support from WHO. A comprehensive assessment of national pharmaceutical sectors allows countries to determine what the gaps are, design effective interventions, and evaluate them over time. WHO also supported the revision of Syria's National Essential Medicines List for 2022.



¹² The **OneHealth Tool** was designed by WHO to support strategic health planning in low- and middle-income countries. While many costing tools take a narrow disease-specific approach, the tool attempts to link strategic objectives and targets of disease control and prevention programmes to the required investments in health systems. The tool provides planners with a single framework for scenario analysis, costing, health impact analysis, budgeting, and financing of strategies for all major diseases and health system components. It is thus primarily intended to inform sector-wide national strategic health plans and policies.

Health system strengthening in northwest Syria

The WHO Field Presence Office in Gaziantep is working to improve access to health services, enhance the quality of health care and standardize its provision, and build human resources for health, in line with WHO's definition of the six building blocks for an effective health system.

As mentioned above, WHO is supporting three networks comprising more than 120 health facilities, where standard treatment protocols, operating procedures, capacity building and managerial teams are being strengthened. WHO is continuing to empower local health partners through consultative approaches, technical working groups, and network teams working to improve health governance. In 2023, WHO initiated work to harmonize the salary scales of health facility staff throughout the northwest of the country.

WHO's office in Gaziantep has been a key medical supplier in northwest Syria since 2015 (40% of medicines for all health facilities in the region are provided by WHO). In 2023, it initiated a customized health facility assessment to validate HeRAMS¹³ data and support population-based facility and service planning. It also provided technical support to integrate the DHIS2¹⁴ reporting platform. Lastly, it has begun reviewing health financing models and practices in the northwest.

¹³ The Health Availability Resources Mapping System (HeRAMS) was developed by WHO to monitor the status of health care facilities in emergency settings.

¹⁴ District Health Information Software 2 (DHIS2) is a free and open-source health management data platform used by many organizations including the European Union.

Rehabilitation of facilities

In many parts of Syria, access to health care is extremely limited. A case in point is eastern rural Hama, one of the most deprived areas of the country. WHO supported the rehabilitation of the PHC centre in Assileh, which serves 40 000 people in 11 villages. Hama's Directorate of Health has deployed doctors, midwives and nurses to staff the centre to help to ensure that people in this area can obtain essential health services.

Other health facilities and laboratories that have been rehabilitated or upgraded by WHO include:

- Nawa national hospital in Dar'a Governorate
- Al-Mayadeen national hospital and Al Assad hospital in Deir-ez-Zor Governorate
- public health laboratories in Al-Hasakeh, Lattakia and Damascus
- national medical warehouses
- two PHC centres in rural Hama.

Ongoing rehabilitation projects include the restoration of parts of Al-Razi hospital in Aleppo, the National hospitals in Qamishli and Homs, and Douma hospital in Rural Damascus Governorate.



Public health emergency operations centre (PHEOC)

PHEOCs function as hubs for coordinating public health emergencies. By analysing and streamlining information from different surveillance and health information systems, they can swiftly detect emerging public health risks and rapidly notify the relevant authorities. This helps to ensure that appropriate actions are taken promptly to alleviate the potential impact of health threats. WHO is supporting the establishment of Syria's first PHEOC in Damascus by rehabilitating the premises. The Ministry of Health anticipates that the PHEOC will be up and running by mid-to-late 2024.

NCDs

WHO worked with national committees to review and update national guidelines for diabetes, multiple sclerosis, kidney failure, chronic blood diseases, inflammatory arthritis and other NCDs. WHO visited PHC centres in Aleppo, Hama and Lattakia governorates to review the quality of NCD services and determine the level of support required.

WHO's strategy in northwest Syria focused on ensuring the continuity of care for NCD patients by integrating NCD care into the PHC services provided by its network of more than 120 health facilities. WHO aimed to ensure that at least 40% of health facilities in the network were provided with NCD medicines and treatment packages. The NCD kits and essential medicines distributed by WHO directly benefited almost 25 000 NCD patients in the northwest.

End-stage renal disease

According to the latest figures from the Ministry of Health, more than 4000 registered patients with end-stage renal disease collectively require more than 500 000 dialysis sessions per year. Over the course of the biennium, WHO Syria delivered 132 000 dialysis sessions (enough to support over 1000 patients) and 22 dialysis machines.

In northwest Syria, the dialysis task force led by WHO coordinated the provision of services in 16 dialysis centres operated by implementing partners, ensuring the continuity of care for 959 patients with end-stage renal disease. The centres provided a combined total of approximately 9000 dialysis sessions per month. Following earthquake damages to one centre, WHO helped to expand services in the other 15 centres, allowing them to absorb additional patients with crush injuries.

WHO is working with Johns Hopkins University to improve dialysis services in northwest Syria. Building on a comprehensive needs assessment conducted in 2021, they have developed a training programme for 16 dialysis centres. Thus far, 400 health care workers have been trained through this programme. WHO and Johns Hopkins University are strengthening supervision and monitoring in each centre and are developing a dashboard to collect health information on dialysis patients and treatment outcomes.

MHPSS

WHO continued to support the expansion of MHPSS services in PHC facilities and schools. Almost half of Syrian PHC centres now provide integrated mental health services, while work is ongoing to further integrate MHPSS within schools, and in health programmes such as HIV, nutrition, and child and adolescent health. WHO chaired national MHPSS technical working group meetings, established four subnational working groups, and worked with partners to follow up on meeting decisions and recommendations.

Mental health care has been integrated into 48% of Syria's primary health care centres.

With support from WHO, Syria developed its first mental health national strategic framework (mentioned above) and launched a mental health community toolkit. With technical and operational support from WHO, a strategic framework for MHPSS services in schools was prepared. Campaigns on anti-bullying and coping with exam stress



reached over a million children. Syria was one of the countries that featured in a [case-study on MHPSS and peacebuilding](#) published by the Inter-Agency Steering Committee. The case-study was drafted by the MHPSS technical working group led by WHO.

Mental health data collected by WHO showed that the demand for MHPSS services in 2022 rose by 116% overall compared with the previous year (Fig. 6). This increase is due in large part to rising rates of poverty, and prolonged exposure to crisis and insecurity. WHO supported training for almost 5400 health staff on WHO's Mental Health GAP Action Programme (mhGAP) and MHPSS interventions including psychological first aid and suicide reporting and prevention. A suicide prevention awareness campaign reached approximately 50 000 people. A total of 3 431 422 MHPSS services were dispensed through public health facilities and mobile teams supported by WHO.

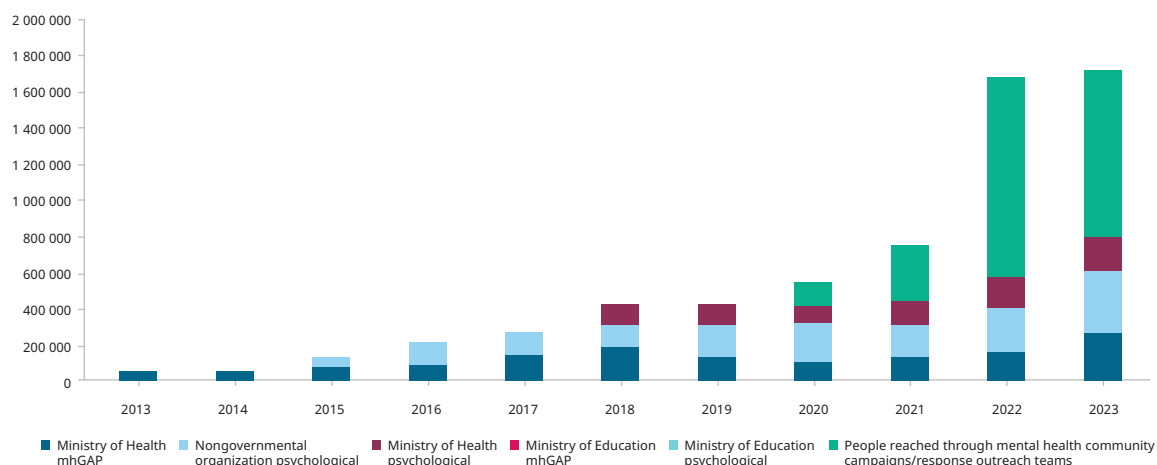


Fig. 6. MHPSS services supported by WHO at health and community levels

In northwest Syria, WHO has been instrumental in planning, coordinating and standardizing interventions and training a wide range of health professionals to support the delivery of MHPSS services. WHO leads the MHPSS technical working group which brings together 62 organizations. In the aftermath of the earthquake, nearly 400 000 people were able to access MHPSS services through the coordination efforts of the technical working group. WHO also supports three psychiatric hospitals, including the substance abuse unit at Azzaz mental health clinic in Aleppo.

Also in northwest Syria, WHO, in partnership with local nongovernmental organizations, trained more than 4500 health and other professionals on a wide range of topics including psychological support, suicide prevention, case management and self-care, WHO's mhGAP and Self-Help Plus guidelines, and psychological first aid.

Tobacco control

WHO supported the development of a two-year national action plan to control tobacco in Syria, and initiated discussions with different line ministries on ways to eliminate the illicit trade in tobacco products.

WHO also conducted a two-day training workshop on the WHO Framework Convention on Tobacco Control (WHO FCTC) for staff from different line ministries, the National Tobacco Control Committee, and youth representatives. WHO supported the Ministry of Health's work reviewing national regulations around tobacco taxation, to ensure that Syria's policies were aligned with the WHO FCTC. A total of 50 health care workers from public hospitals in Damascus and Rural Damascus were trained on tobacco cessation measures. With support from WHO, the Ministry of Health launched smoke-free initiatives in schools, universities and households, supported awareness-raising activities and printed educational materials.

Reproductive health, nutrition and child health

Reproductive health

With WHO's assistance, Syria launched a national strategy for women, children and adolescents for 2022–2025. Community health workers supported by WHO under the Caring for Newborns and Mothers at Home programme conducted 47 364 home visits to families in 214 villages in 2022–2023.

WHO supported 608 normal deliveries and 957 caesarean sections in nongovernmental hospitals in areas under the jurisdiction of the Ministry of Health. Of these, 445 were performed through WHO-contracted hospitals in northeast Syria.

Nutrition and child health

A total of 707 PHC centres in Syria have adopted the Integrated Management of Childhood Illness (IMCI) approach developed by WHO and UNICEF. IMCI emphasizes holistic care and considers not only physical health, but also cognitive, emotional and social development. It supports early childhood development through nutrition, counselling and preventive measures. In 2022–2023, over 382 541 children were treated in these centres.

Over 935 000 children under five years of age were screened for malnutrition in 983 health centres across the country. A total of 49 049 acutely malnourished children were diagnosed and treated, and 3676 children with severe acute malnutrition with medical complications were admitted to 23 stabilization centres for treatment in 13 governorates. Lastly, 541 603 breastfeeding and infant and young child feeding consultations were delivered.

In northwest Syria, 28 hospitals and 10 secondary health facilities¹⁵ are implementing WHO's Essential Newborn Care (ENC) programme. Medical staff in these facilities, including gynaecologists, paediatricians, midwives, nurses and anaesthetists, have been trained in ENC and are being supported by core teams of facilitators who are coaching individual staff, identifying areas for improvement, and preparing for the subsequent scaling up of the programme. This approach has allowed for targeted and comprehensive training and support in maternal and child health hospitals in the northwest.

¹⁵ All 10 facilities are offering basic emergency obstetric and newborn care services.

In 2023, WHO's Field Presence Office in Gaziantep assessed the quality of care in stabilization centres in northwest Syria. Based on the findings of the assessment, WHO is supporting the preparation of a comprehensive capacity-building programme for staff in the centres. It is working closely with UNICEF to ensure that nutrition guidelines and protocols are consistent, and that nutrition and medical supplies are available in each centre.

Neglected tropical diseases

Leishmaniasis

Leishmaniasis is endemic in Syria. WHO trained staff in the National Leishmaniasis Programme, supported the preparation and printing of leishmaniasis treatment guidelines, and secured enough ampoules of meglumine antimoniate to treat approximately 40 000 patients. This amount covers half of Syria's annual needs. An indoor residual spraying campaign to control the spread of the vector reached over 236 000 individuals in Aleppo and Hama. In 2023, WHO's expanded vector control activities reached 369 247 people.



A patient with leishmaniasis is treated at a WHO-supported health centre in Rural Damascus ©WHO

In northwest Syria, WHO supported the distribution of 11 200 ampoules of meglumine antimoniate and 400 vials of amphotericin B to treat patients with visceral leishmaniasis. A total of 924 community health workers and mobile teams disseminated WHO messages on preventing leishmaniasis and other communicable diseases such as cholera, scabies and acute jaundice syndrome.

Soil-transmitted helminthiasis

Soil-transmitted helminth infections are among the most common infections worldwide. They affect the poorest and most deprived communities where clean water is scarce. Soil-transmitted helminths are transmitted by eggs in human faeces, which in turn contaminate soil in areas where sanitation is poor. Between April and September 2023, a joint Ministry of Health/Ministry of Education deworming campaign reached almost 2.7 million children in all 14 governorates. WHO provided 3 million tablets of anti-worm medication and supported awareness-raising activities for schoolchildren on how to prevent soil-transmitted helminthiasis.

Rabies

The number of stray dogs in Syria has risen dramatically, increasing the risk of rabies from dog bites. In 2022, 41 rabies centres treated 10 637 people who had been bitten by dogs. Three patients subsequently died of the disease (one in 2022 and two in 2023). WHO delivered a total of 40 000 anti-rabies vaccine doses and 7600 vials of human rabies immunoglobulin to the Ministry of Health's zoonotic department.

Water, sanitation and hygiene (WASH)

WASH services are a key component of high-quality health care. Ensuring the availability of sinks and soap, drinking water stations and functioning toilets is essential to maintain hygiene standards, support patients' health, and respect their dignity. WHO supported the rehabilitation of WASH facilities in Al-Assad Hospital in Deir-ez-Zor (catchment



population of 700 000 people), two PHC centres in Hama and one PHC centre in Deir-ez-Zor.

WHO delivered water quality testing kits to local authorities, and donated millions of water purification tablets to help to ensure that people in the most deprived areas, especially the northeast, had access to safe drinking water. Thousands of leaflets were distributed to households, explaining the importance of washing hands regularly, sterilizing drinking water and making sure that cooking implements were safe to use. In northeast Syria, WHO made regular visits to camps, collective shelters, pumping stations and boreholes to monitor and assess water quality. It also distributed water quality testing kits to the national authorities, and trained RRTs and laboratory teams in eight governorates. A total of 165 national staff trained by WHO are now monitoring the quality of drinking water and supporting the rapid investigation of and response to alerts for waterborne diseases. WHO and the Ministry of Health assessed WASH services in 52 major public hospitals in 12 governorates.

WHO worked with the national authorities to mark World Health Day in 2022, which focused on the theme "Our planet, our health". WHO also supported a baseline assessment of water and sanitation in health facilities, and helped the Ministry of Health prepare its contribution to the [UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water \(GLAAS\) 2022 report](#).

In northwest Syria, water supplies and sewage networks were badly damaged following the earthquake. Many elevated water tanks on the roofs of houses were destroyed, increasing water shortages and exacerbating needs in a region already reeling from the effects of more than a decade of conflict. WHO assessed water safety and quality in the northwest and delivered water filters and over 5000 cholera kits to treat approximately 35 000 people with acute watery diarrhoea. WHO also supported the development of a system to investigate water quality in camps for displaced persons.

Gender

WHO continued its efforts to raise awareness of the importance of gender considerations when planning and implementing health activities. In early 2023, 30 Ministry of Health staff participated in a four-day workshop based on WHO's manual on [gender mainstreaming in health for health managers](#). WHO and the United Nations Population Fund (UNFPA) also trained staff from the Ministry of Health and nongovernmental organizations on the clinical management of survivors of gender-based violence, with a focus on fragile, conflict-affected and vulnerable settings such as Syria.

Preventing and addressing sexual misconduct

WHO treats all allegations of sexual misconduct¹⁶ with the utmost seriousness. WHO's updated policy on preventing and responding to sexual misconduct is based on the guiding principle of zero tolerance of failure to act regarding sexual misconduct and zero tolerance for any retaliation against those who complain/report it. The policy applies to all WHO staff, collaborators and implementing partners.

¹⁶ WHO uses "sexual misconduct" as an all-inclusive term that encompasses sexual exploitation, sexual abuse, sexual harassment, and all forms of prohibited sexual behaviour.

All WHO's partners receive a copy of the Organization's [Code of Ethics](#) setting out the standards and behaviours that WHO expects of all employees and collaborators. Agreements signed with implementing partners include a clause obliging them to take measures to prevent and respond to any violations of the Code. WHO's training and orientation sessions aim to enhance the capacity of government ministries, nongovernmental organizations and the private sector to develop their own sexual misconduct policies and change their institutional cultures. Over 400 Ministry of Health staff in all governorates were briefed on WHO's sexual misconduct policy in 2023. Other activities included the establishment of support services for the victims and survivors of sexual misconduct following the major earthquake of February 2023, complemented by advocacy work to break the shame and stigma surrounding disclosures and encourage more victims to come forward.

In northwest Syria, WHO-supported awareness campaigns on preventing and addressing sexual misconduct reached over 1.2 million people through digital and social media platforms. Posters and brochures were displayed at health facilities to raise the awareness of both health care providers and patients. A total of 450 community health workers and focal points were trained on awareness-raising and reporting mechanisms, and 60 trainers underwent refresher training on implementing activities to prevent and address sexual misconduct in their respective organizations.



An awareness-raising campaign in Homs through a partnership with WHO-supported organizations in Homs ©WHO

Annex 1.

Voluntary contributions received in 2022–2023

2023

Funding gap 79%

Donor	Amount received (US \$)
Canada	1 630 439
Contingency Fund for Emergencies (CFE)	11 003 031
Czechia	162 142
Gavi, the Vaccine Alliance	9 993 258
Germany	3 407 216
Japan	4 985 751
Kuwait	6 530 396
Mauritius	249 995
Norway	4 527 914
Novo Nordisk Foundation	863 185
WHO Foundation	431 864
United Nations Central Emergency Response Fund (UNCERF)	11 583 229
United Nations Office for the Coordination of Humanitarian Affairs (OCHA)	3 985 744
United States Agency for International Development (USAID)	9 437 099
Total	68 791 263

2022

Funding gap 69%

Donor	Amount received (US \$)
Contingency Fund for Emergencies (CFE)	1 765 500
Denmark	71 334
Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)	6 494 924
France	5 350 000
Gavi, the Vaccine Alliance	11 141 003
Germany	3 229 598
Italy	2 762 506
Japan	5 844 773
Netherlands	214 000
Norway	5 608 466
Saudi Arabia	71 334
United Kingdom of Great Britain and Northern Ireland	3 205 654
United Nations Office for the Coordination of Humanitarian Affairs (OCHA)	17 532 699
United States Agency for International Development (USAID)	14 759 221
Total	81 051 012



**World Health
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