World Health Organization

WHO Emergency Appeal, March – 2021

Syrian Arab Republic

PEOPLE AFFECTED

13.4 MILLION **Estimated people in need across Syria**

12.4 MILLION **Estimated people in need of health assistance**

11.6 MILLION **Targeted for health response**

6.7 MILLION **Internally displaced people (since onset of the crisis)**

HEALTH RISKS

Increased risk of outbreaks of communicable diseases due to displacement, overcrowding and poor immunization coverage.

Continuity of COVID 19 outbreak

Increased Non-Communicable diseases and related morbidity and mortality.

High levels of disability, trauma and burns related injuries from ongoing and increased hostilities.

Insecurity and limited access impeding referral of urgent medical cases to hospital.

Increased mental and psychological conditions.

Weakened health system - Shortages of medicines and medical supplies.

FUNDING REQUIREMENTS

US$ 315.2 million

Required by WHO to respond to the critical health needs of people in Syria and maintain essential health care

CURRENT SITUATION

Syria is experiencing a protracted political and socio-economic crisis that has resulted in a severe deterioration of living conditions. The already fragile health system is overstretched with additional strain from the COVID 19 pandemic.

As the crisis completes tenth year, 6.7 million people are internally displaced since the onset of the crisis; 5.6 million people have fled the country as refugees, the vast majority to neighboring countries. Up to ninety per cent of the population is estimated to live under the poverty line, largely due to the recent severe economic decline. This is a 10% increase compared to previous years. Displacement continues to be heavily concentrated in urban centres – where more than 87 per cent of IDPs now reside, compounding the stress on overstretched resources, infrastructure and services.

At least 12.4 million people are in need of health assistance. The essential health service infrastructure such as hospitals and health centers are in a state of disrepair, requiring extensive maintenance and rehabilitation to provide a minimum level of service delivery.

By the end of December 2020, out of the 113 assessed public hospitals, 50% (56) were reported fully functioning, 26% (30) hospitals were reported partially functioning (i.e. shortage of staff, equipment, medicines or damage of the building in some cases), while 24% (27) were reported non-functioning. Out of 1790 assessed public health centres, 47% (842) were reported fully functioning, 21% (373) partially functioning, 32% (575) non-functioning (completely out of service).

There is chronic shortage of health care staff driven by displacement, death, injury, and flight of health workers particular in northeast Syria.

Up to 50 per cent of the health workforce is estimated to have left the country. These gaps can only be addressed with long-term investment.

WHO RESPONSE PRIORITIES

- ✓ Preventive activities – such as routine immunization, surveillance and community health promotion – remain essential in all areas of Syria including IDP and refugee camps.
- ✓ Scale up the COVID-19 response across the country under all pillars except vaccination
- ✓ Improving access to primary, secondary and tertiary health care services using fixed health facilities, mobile teams and outreach services
- ✓ Improving the emergency referral system, as well as trauma, triage and emergency services.
- ✓ Establishing and expanding specialized services, such physical rehabilitation, tuberculosis care, dialysis, severe acute malnutrition with complications, and burns care across affected populations.
- ✓ Ensuring reliable supply of safe, quality medicines and medical supplies.
- ✓ Promote integrated health service delivery to address both communicable and non-communicable diseases.
- ✓ Expanding mental health and psychosocial support services capacity and coverage, including training of health care workers and provision of psychotropic medicines to certified professionals.
- ✓ Strengthening epidemiological and laboratory surveillance systems at all levels.
- ✓ Improving infection prevention and control measures within communities and health facilities.

Half a million children are chronically malnourished and an additional 137 000 children under five years of age are suffering from acute malnutrition, heightening their exposure to preventable morbidity and mortality.

Non-communicable diseases – cardiovascular diseases, injuries, cancer and diabetes, amongst others – and epidemic-prone diseases are the most common causes of morbidity in Syria. 45 per cent of all deaths in Syria are estimated to be related to non-communicable diseases (NCDs) – a 40 per cent increase when compared with 2011 rates. This rise in morbidity rates can be linked to the cumulative damage of health and WASH infrastructure in parts of the country, the lack of qualified personnel and import restrictions for key supplies and equipment, which combined have reduced the availability and accessibility of health services. Displaced persons require continuity of care for the prevention and treatment of cardiovascular and renal diseases, diabetes, cancer, psychosocial and mental health, and as well maternal and child health services.

Available surveillance data for non-COVID epidemic-prone diseases indicates that influenza-like illnesses, acute diarrhoea, leishmaniasis, and suspected hepatitis are the leading causes of morbidity across all age groups. This is particularly the case for IDP camps and sites where indicators related to access to safe water, sanitation and hygiene services are consistently worse than in resident and host communities. Displaced people are at increased risk of infectious diseases due to limited access to safe water and sanitation, overcrowding and other risk factors.
Persons with disabilities (27% all types) require rehabilitation and assistive services.

Syria declared its first COVID-19 case on 22 March 2020, while the first case in NWS was confirmed on 9 July 2020. As of 7 March 2021, the number of reported cases in whole Syria has reached 45,879, including 2023 deaths.

Community transmission of the disease has been reported in several governorates, and the virus presents a significant risk especially in light of colder months and flu season upon us. Due to the prolonged crisis, the health system in the Syrian Arab Republic has become weaker and even more fragile. According to the annual report of the International Health Regulations (IHR), the national capacity for health preparedness and response is considered as level 2 out of 5, which indicates a limited capacity that requires technical and operational support from WHO and partners.

To address the increased health needs of Syrian population, WHO will continue to support health service provision using a Whole-of-Syria coordination and response approach, which targets people in need using the most direct route.

Additional resources are required to expand operations in northeast Syria, including crossline, since the closure of the cross-border option from Iraq.

FUNDING REQUIREMENT

US$ 315.2 million is required by WHO in 2021 to address the health needs of people affected in Syrian Arab Republic (including COVID-19 response).

Area	Budget in US$
Coordination of Integrated Response	3 604 178
Primary Health Care	71 164 267
Secondary Health Care	67 868 525
Trauma Care and Emergency Care	19 468 560
Mental Health	8 720 239
Health Information System	5 353 725
Immunization Program	17 553 073
Nutrition Program	3 300 000
WASH and EH	3 600 000
Preparedness and response of potential epidemic of high thread pathogens	25 168 149
COVID-19[1]	89 448 671
TOTAL	**315 249 387**

[1] Please see below breakdown funding required for COVID-19.

COVID-19 CURRENT SITUATION

As of 11 March 2012, a total of 45,879 confirmed COVID-19 cases (244 per 100,000) were reported across the country. About 90% of the cases was without proven epidemiological link indicating widespread community transmission in all the country. 2,286 confirmed cases were reported from schools in both teachers (1,391) and students (895) with 21 related deaths. Of particular concern is the high number of health workers affected by the disease, with 4,088 reported cases among health staff in whole of Syria as of 11 March 2012 of them 2,692 in northwest and 792 in the northeast.

Considering the limited number of tests being performed the actual number of cases likely underestimated. As of 11 March 2021, the laboratories in Damascus, Rural Damascus, Aleppo, Homs, Lattakia, Aleppo, Hama, and Al Hassaka, had conducted 180,735 (886/100,000). However, additional expansion of the laboratory capacity all over the country is highly needed as the testing rate is still low compared to the average of other countries in the Eastern Mediterranean Region (13,000/100,000).

The low availability of health equipment, personnel, functioning health facilities, and testing capacity, is further overstretching an already weak health care system. This overwhelmed health system, coupled with greater challenges in accessing healthcare and stigma, is leaving many without care. Major hospitals have already exceeded their capacity and are not able to cope with the influx of patients. As a result of limited supplies, sick patients are being turned away when the necessary resources are unavailable.

Against the backdrop of a disrupted health system and increasing risks to health as result of insufficient food, and water, WHO is working to ensure access to lifesaving and life-sustaining health services across all levels of the health system, community, primary, secondary, and tertiary. Essential services comprise reproductive health, child health including immunization and nutrition services, mental health, and specialized care for persons with disability and those with communicable and non-communicable diseases. Underpinning service delivery is the need to ensure referral and continuity of care including GBV; supply of essential medicines, medical supplies, vaccines, and equipment; and availability of trained, qualified health care workers.

COVID-19 has also placed another challenge for public health such as people with pre-existing chronic diseases often associated with lower socioeconomic status are more likely to suffer serious complications or die from COVID-19. The mental and social impacts of this pandemic are likely to be felt for months and years, particularly because of the related economic impacts.

The volatility of the Syrian Pound is impacting direct implementation and local procurement of goods and services, the prices of commodities and the overall cost of providing humanitarian assistance are expected to continue to increase as a result. Additional support, and timely flexibility from donors regarding existing and future funding agreements are needed to enable swift and efficient adjustments to continue to meet people's needs.

PLANNED ACTIVITIES UNDER COVID-19 RESPONSE

WHO will focus on response strategy; surveillance and laboratory support, contact tracing and mitigating community transmission, Points of Entry and quarantine (PoEs), Infection Prevention and Control (IPC), case management, risk communication and community engagement (RCCE), vaccination, and research. Major activities include:

1. Continue decentralization of COVID-19 testing capacity at sub-national level, procure equipment along with necessary laboratory supplies, identify and train human resources, introduce serological testing (IgM & IgG), and rapid antigen detection tests (RADTs) to support surveillance activities, support transport of samples to reference laboratories, sequencing of the virus variants in the country, ensure good laboratory practices and proper waste disposal.

2. Maintain functional surveillance and Disease Early Warning Systems (EWARS) that is geographically representative across age, gender, vulnerability, and levels of risk; strengthen community-based syndromic surveillance by empowering communities to monitor and report cases with symptoms; and expand the ILI and SARI sentinel surveillance systems to capture COVID-19 cases.

3. Assess health facilities as per WHO standards for compliance with IPC standards, build capacity of health workforce on IPC at all levels of care, ensure consistent availability of PPE to various categories of healthcare providers, assess WASH and waste management situation of the health facilities, and develop/update national IPC guidelines.

4. Revise and adapt Risk Communication and Community Engagement (RCCE) approaches and tools, including message development to ensure the interventions are evidence-based, strategic, systemic, gender transformative, culturally, traditionally religious specific leading to adoption and maintenance of the COVID-19 preventive practices to reduce the risk of infection and develop and publish COVID-19 risk communication materials in various languages/dialects for IDPs, refugees, migrants, and refugees.

5. Continue to maintain the supply chain system, development of a single list of supplies, and reviewed supply chain control and management system (stockpiling, storage, security, transportation, and distribution arrangements) for medical and other essential supplies and use of the global supply chain system for expediting procurement of supplies in highest demand globally.

6. Monitor the impact of the pandemic on essential health services and strengthen health systems based on an all-hazards risk management approach, support of MOH and local NGOs to maintain essential health services and systems, monitor delivery of essential health services, and support MOH and local NGOs with medical kits, equipment, and essential drugs.

7. Finalize micro-planning for vaccine introduction, developments of guidelines, protocols, checklists, and reporting forms, conduct nationwide cold chain inventory, training of vaccination teams and supervisors, ensure the vaccination of prioritized population groups and monitor and supervision of the vaccination campaigns.

8. Accelerate innovative research to help contain the spread of the epidemic and facilitate care for those affected and to support research priorities that contribute to global research platforms in hopes of learning from the current pandemic response to better prepare for the next unforeseen epidemic.

CHALLENGES

As is the case globally, the impacts of COVID-19 are all encompassing, and present challenges across multiple fronts – ranging from operational (movement restrictions, lengthy quarantines) to personal, and logistical (market disruptions, remote working modalities). Other challenges including limited availability of testing kits and associated consumables; inadequate numbers of laboratories with proper infrastructure/equipment to conduct COVID-19 testing; shortage of necessary trained human resources; proper and safe disposal of laboratory wastes. The volatility of the Syrian Pound is impacting direct implementation and local procurement of goods and services, the prices of commodities and the overall cost of providing humanitarian assistance are expected to continue to increase. In Syria, the operating environment is in flux, with factors subject to change at any time such as access to support a response.

FUNDING

Pillar	Budget in US$
Leadership, coordination, planning, and monitoring	917 000
Risk communication and community engagement	2 957 110
Surveillance, case investigation and contact tracing	2 483 620
Travel, and points of entry	1 420 000
Laboratory	6 719 000
Infection prevention and control	3 093 000
Case management	7 825 000
Operational support and logistics	17 600 000
Essential health systems and services	7 360 000
Vaccination*	38 843 941
Research	230 000
TOTAL	**89,448,671**

*Breakdown of vaccination cost is listed below.

Operational cost for vaccination of 20% of the population by end of December 2021

#	Description of Activities	Estimated cost per activity and areas		Total, USD$
		GCA[2] & NES	Cross border/ NW	
1	Human resources and incentives	9,839,741	5,298,979	15,138,720
2	Training	806,846	358,138	1,164,984
3	Meetings	444,299	528,380	972,679
4	Cold chain, supplies and Logistic	5,581,305	752,078	6,333,383
5	Transportation	4,023,314	1,526,804	5,550,118
6	Evaluation & Monitoring	1,878,748	662,833	2,541,581
7	Social mobilization	6,269,687	500,000	6,769,687
8	Supporting management cost for contracted NGOs	0	372,788	372,788
	Grand Total	28,843,941	10,000,000	38,843,941

Note: for more details on the COVID-19 vaccination and the estimated funding requirements, please refer to http://bit.ly/2NCLlxH

Country Office

Dr Akjemal MAGTYMOVA
WHO Representative

magtymova@who.int

Gaziantep Field presence

Dr Mahmoud Daher
WHE Lead, Head of GZT Field presence

daherm@who.int

Regional Office

Dr Richard John BRENNAN
Regional Emergency Director

brennanr@who.int

[2] GCA stands for Government-controlled areas, NES -northeast Syria, NWS – northwest Syria