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As Syria entered its 10th year of conflict, on top of the brunt of humanitarian crisis, Syrian people are experiencing health impact related to COVID-19; the regional economic crisis adversely affecting their livelihoods.

The entire globe affected by pandemic. What we witness in Syria is many-fold more dramatic than elsewhere.

The pandemic made it clear that without the investment in health system, we are unable to serve people and their needs. While in pre-COVID-19 era, one year ago we could focus on the most vulnerable in 2020 –virtually all population is at risk, and I am talking both, risk of ill-health and losing livelihoods.

I would like to focus my opening remarks to draw your attention on health systems approach, on inputs to make health systems work:

- Health infrastructure
- Health workforce
- Medicines/supplies
- Health financing
- Health information
- Governance

Now I like you to contemplate what health system inputs do we have in Syria and think for yourself how effectively the system can respond while facing the pandemic, with those available inputs:

- Information: surveillance, detection capacity is limited. For WHO to provide epidemiological evidence for the WHO generated predictions and risk management, we need more data, and need to strengthen information capacity.

- Infrastructure: while I worked in difficult duty stations, I have not seen more destruction than in Syria. Hospitals are affected the most. Only 49% of hospitals fully functional, and at the time when we need beds, ICUs it becomes a huge challenge. Some governorates and populations being affected most. Example is NES – out of 16 public hospitals, only 1 is fully functioning and 3 – partially functioning. In the past decade, the number of hospital beds has dropped by 43%, in some governorates less than 3 beds available per 10,000 population, while international standard requires at least 10 beds;
- Medicines: the cost of local production dramatically increased, making it unaffordable for people and unprofitable for producers, thus approximately 20% of locally produced essential medicines have been stopped, limiting access to medicines to millions of Syrians;
- In addition, over half of the health care workforce fled the country since the conflict began. The remaining medical staff struggle to cope with the overwhelming health needs;
- And finally I'd like to note that governance is important and we are looking into different territories. The Question "who bears the cost?" is important.

Humanitarian needs are worsening in the context of COVID-19. The measures adopted to combat COVID-19 have affected the livelihoods of most individuals across the globe. Due to dire economic situation, the consequences for Syrian people are devastating, further deepening humanitarian crisis, especially so as the majority depend on daily work with limited or no social protection. Many have lost their livelihoods, both inside the country but also those who were abroad return home unable to send remittances.

Those who are displaced are facing a protection and poverty crisis. Millions of displaced have lost their livelihoods, are taking on debt and are increasingly unable to meet their basic needs due to the impact of regional economic crisis and the impact of COVID-19. They face increased risk of child labour, gender-based violence, early marriage and other forms of exploitation. Displaced people in camps or camp-like situations may not be in a position to practice key public health measures.

Looking forward it is important to ensure a MHPSS support specially with the prolonged crisis in Syria for almost 10 years and now the COVID-19 outbreak, people are destroyed economically and socially and psychologically. Easy steps to follow, how to cope with stress, how to support elders, orphans, and people with disabilities, and all vulnerable groups.

Going beyond COVID-19, I would like to underscore the need to strengthen PHC - a backbone of health systems, which oftentimes is a guarantor for UHC, for protection of public health.

Primary healthcare services in Syria include really essential services: EPI, NCDs clinic, family medicine clinic, Communicable Diseases clinic, childhood/Nutrition clinic, RH, some specialities like ENT, ophthalmology clinic, mental health/MHPSS services, elderly health, dental care and support services like laboratory, pharmacy and basic radiology.

There are facility-based services, besides which there is a set of outreach health care services provided either through mobile clinics or medical mobile teams.

We work with local authorities as well as with all health partners and NSAs/ NGOs, the latter play a vital role in providing outreach essential health services to affected population in locations with disrupted health facilities. Some of these NGOs cover internally displaced populations. Moreover, healthy villages initiative launched by MOH is still ongoing in 14 governorates to provide outreach health care services such as ANC, new-born care at home, nutrition surveillance and follow up risk factors among new born and pregnant women, educations sessions on breast feeding and immunization schedule for U-5 children, triage, referral to health facility, distributing educational brochures, health promotion on CDs-NCDs-RH-hand washing- nutrition- etc. This needs to continue to be supported.