Emergency Risk and Crisis Management
March 2014

**FACT SHEET**

### AFFECTED
- 9.3 million people affected
- 625 000 injured
- 6.5 million displaced

### HEALTH FACILITIES
- 73% hospitals out of service
- 27% primary health care facilities out of service

### HEALTH SECTOR RESPONSE
- 46 Health Cluster partners
- EWARS (Emergency Warning Alert and Response System)
- 441 sentinel sites
- Vaccination: 1.86 million children vaccinated against measles
- 4.6 million direct beneficiaries through the distribution and delivery of health care, medicines and health equipment

### FUNDING NEEDS 2014
- WHO Funding: US$186.9 million requested, 16% funded
- Health Sector Funding: US$233.3 million requested, 16% funded

### Highlights
- Health services have been disrupted with more than 73% of hospitals and 27% of primary health care facilities out of service
- Trauma is a major burden with more than 625 000 people injured since the beginning of the conflict
- UN estimates that 6.5 million people are internally displaced and a total of 9.3 million people are in need of humanitarian assistance.

### Current situation
This protracted complex emergency started with a civil uprising in January 2011.

A number of factors, including violence, attacks on the social and economic infrastructure, and disruption of public services, are the central drivers of the humanitarian crisis. Certain densely populated areas have witnessed alarming levels of civilian casualties. As the crisis continues, humanitarian needs inside the Syrian Arab Republic are increasing across all sectors, while affected populations are now experiencing the worst winter in many years. The United Nations estimates that 6.5 million people are internally displaced and a total of 9.3 million people are in need of humanitarian assistance, 46% of whom are children.
Health situation

The conflict and the resulting population movement, destruction of health facilities and lack of essential medicines and trained health workers have completely changed the country’s health profile. Before the crisis, non-communicable disease was the main burden for health care services. Life expectancy at birth was 73/77 (male/female). Trauma is now a major burden with more than 625 000 people injured since the beginning of the conflict. More than 50% of the population is in need of psychosocial support/mental health care.

There has been an increase in vaccine-preventable and other communicable diseases such as measles, polio, leishmaniasis, acute respiratory infection, diarrhoea, tuberculosis and brucellosis. Factors that have led to this increase include: population movement, overcrowding and poor living conditions, the disruption of health services (e.g. immunisation programs) and insufficient water and sanitation services.

Health services have been disrupted with more than 73% of hospitals, 27% of primary health care facilities and 65-70% of pharmaceutical companies out of service. Health care workers have fled their posts due to insecurity. Although they were a major cause of morbidity before the crisis, access to treatment is limited for noncommunicable diseases such as cardiovascular disease, diabetes, asthma and cancer.

Health priorities

Health priorities identified by WHO and health partners focus on increasing access to life-saving emergency assistance and essential services, through interventions in the fields of:

- primary health care, including services for reproductive health, child health (immunization), mental health, malnutrition and strengthened referral services;
- secondary healthcare services (including the management of chronic illnesses and comprehensive emergency obstetric care);
- trauma care (including treatment at secondary and tertiary level);
- expansion of the Early Warning, Alert and Response System (EWARS) with the aim of alert, response and monitoring outbreaks of priority communicable diseases;
- availability of essential medicines, medical supplies and equipment;
- further strengthening of the Health Information System using HeRAMS (Health Resources and services Availability Mapping System), for regular, timely and accurate collection and dissemination of data.

The Syrian Arab Republic Humanitarian Assistance Response Plan (SHARP) 2014 builds on the 2013 SHARP, presenting life-saving health interventions with more emphasis given to health sector resilience. Safety of health workers and health facilities has been stressed along with the restoration of critical health services.

WHO and health partners response

The health sector strategy in the SHARP 2014 has been developed around the following five primary strategic objectives:

1. Advocacy for protection, through (i) promotion of safe and equitable access to health services by affected populations and health workers and (ii) increased access of target beneficiaries to awareness raising material and services on health promotion and prevention. Interventions will be based on field assessments and followed up by monitoring of the level of impact on:
   - infrastructure (level of damage of health facilities);
   - health workers (significant reduction of availability of health professionals); and
   - availability of medicines and medical supplies.
2. **Increased access to life-saving emergency assistance and essential services**, through specific interventions especially in the fields of:

- primary health care, including services for reproductive health, child health (immunization), mental health, malnutrition and strengthened referral services;
- secondary healthcare services (including management of chronic illnesses and comprehensive emergency obstetric care);
- trauma care (including treatment at secondary and tertiary level);
- expansion of EWARS with the aim of alert, response and monitoring outbreaks of priority communicable diseases;
- availability of essential medicines, medical supplies and equipment;
- further strengthening the Health Information System using HeRAMS (Health Resources and services Availability Mapping System), for regular, timely and accurate collection and dissemination of data;
- all activities will consider the cross-cutting issues of gender and environmental impact.

3. **Early recovery and stabilization/restoration of vital public services** will focus on:

- rehabilitating health facilities;
- contributing to equitable access to care for all, restoring operating theatres in key locations, enhancing the capacity of hospitals located in heavily affected areas to provide crucial life-saving services, and recovery of mental health department, maternal health centres and labour rooms to support antenatal and emergency obstetric care;

4. **Enhanced operational capacity of national and international humanitarian responders** at health sector level through:

- strengthening operational and management capacities of health workers across the country at different levels, through targeted training of trainers, workshops and on the job training;
- increasing the presence of humanitarian actors through (i) enlarged geographical presence and capacity of warehouses in key areas and (ii) increased number of focal persons covering various tasks (from vaccination and EWARS reporting to monitoring and evaluation).
- Field assessments, followed up by effective monitoring and evaluation of activities for regular needs-based adjustments to activities.

5. **Strengthened levels of preparedness to respond to further deterioration of the health situation** of affected populations through the establishment of new sub-offices in key areas, to allow for prompt and decentralized response to chronic or newly emerging needs. Interventions will be based on assessments from the field and followed up by effective monitoring and evaluation activities.

The Health Sector has designed this strategic approach taking into consideration the provision of equitable and needs-based support to all individuals affected by the crisis. Targeted services have been identified for children, women, men, the elderly, IDPs, the injured and people with chronic illnesses. In addition the Health Working Group will work with authorities and communities to improve their awareness of sexual and gender-based violence.
WHO achievements

There are 4.6 million direct beneficiaries reached through the distribution and delivery of health care, medicines and health equipment:

- 1.5 million people have been reached through the delivery and distribution of kits;
- 1.86 million children (between 6 months and 15 years old) have been reached through the measles, mumps and rubella vaccination campaigns, as well as 2.2 million children under five years of age targeted for polio vaccination (six rounds have been scheduled December 2013 - April 2014).

At present, 403 sentinel sites of the WHO EWARS are reporting from health facilities in both opposition- and government controlled areas.

In 2013, WHO supported trainings (number of participants in parentheses) on:

- EWARS (512) and EWARS data base (42),
- Polio outbreak-related training, including training on how to raise awareness (100), polio eradication measures (50) and sample collection (60),
- Diarrhoea case management (103),
- Surveillance and case management of brucellosis (83),
- Tuberculosis (122),
- Infection control measures (33),
- Severe Acute Malnutrition (28) and community-based management of acute malnutrition (56 paediatricians),
- Diabetes management (312),
- Health information management (80),
- Reproductive health (28)
- Scaling up mental health support in emergencies (180),
- First aid (542),
- Chemical hazards training (159).

Between June and October 2013, WHO conducted assessments in 21 hospitals in seven of the most affected governorates. WHO supported the United Nations mission to investigate the Syrian chemical weapons incidents by providing technical expertise, technical equipment, medicines and medical supplies.

Funding requirements

The SHARP 2014 calls for US$ 233 376 172 million to cover the health needs in the Syrian Arab Republic. WHO requires US$ 186 966 152 million to cover its health response activities through December 2014.

In 2012-2013 WHO received financial contributions to support its health humanitarian work in the Syrian Arab Republic from Australia, Canada, the European Commission Humanitarian Aid and Civil Protection, Finland, Hungary, Ireland, Italy, Kuwait, the League of Arab States, Norway, The Russian Federation, the United Kingdom, the United States of America, the Central Emergency Response Fund and the United Nations Organization for the Coordination of Humanitarian Affairs.

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