

Syria

Health Sector Needs Assessment

The arrival of large numbers of Iraqis over recent years has placed a severe strain on the Syrian health system, which has provided Iraqis access to the same health care as for Syrians. Consolidated figures reported by the Syrian MoH¹ show that the number of people using primary health care (PHC) centres increased by over 2.7 million between 2004 and June 2008. This increase corresponds to movements of Iraqis into Syria. In addition to PHC centres, more specialized treatments are provided by hospitals or specialist institutions. Data from these institutions indicate that a significant number of Iraqi patients need costly treatments for various types of cancer, heart, renal or chronic diseases.



UNHCR registration, health and morbidity data show that of the total number of registered Iraqis (220 000), 19.2% have medical problems and 2.4% disabilities. The disease profile is dominated by chronic illnesses such as hypertension and diabetes. Registration data also indicate an increasing incidence of acute mental and psychosocial distress, often occurring alongside physical conditions caused by torture and violence. Many Iraqi refugees also require emergency medical interventions.

Reproductive health services and follow-up referral for Iraqi women are needed. The immunization and nutrition status of children is another priority, along with the status of pregnant women. The poor polio immunization rates of Iraqi refugee children could potentially threaten the polio-free status of Syria. Lastly, the population increase with the arrival of Iraqi refugees has affected sanitary conditions in many areas, in particular water and waste disposal, bringing the risk of epidemics and waterborne diseases.

Improving data collection and creating a standard health information system across service providers are also priorities.

Health Sector Priorities for 2009

- Strengthen the quality of Syrian health care where Iraqis live (including reproductive/child health) and integrate mental health/psychosocial/support services;
- Utilize and consolidate current information and surveillance systems;
- Ensure effective referral mechanisms for secondary and tertiary health services;

- Undertake community mobilization/empowerment/awareness-raising among Iraq refugee families and host communities;
- Standardize the methodology for building the capacity of healthcare providers;
- Facilitate coordinated and integrated government, SARC, private sector, United Nations and NGO health responses for Iraqi refugees;
- Maintain environmental health activities, including waste management and improved access to potable water in vulnerable host communities;
- Provide immunization and coverage measurement support;
- Provide emergency obstetric care.

WHO Proposed Projects in the CAP 2009

Project titles	Requested funds *	Implementing partners
Improving the quality of mental health services at all health care levels IRQ 09/H/21255/122	588 500	MOH, the Syrian Arab Red Crescent (SARC)
Improving environmental health services in areas where Iraqis are residing IRQ 09/H/21249/122	706 200	MOH, Ministry of Local Administration and Environment
Immunisation against targeted diseases for Iraq refugee children in Syria IRQ 09/H/21045/122	354 000	MOH
Strengthening the health information, surveillance and response systems IRQ 09/H/21251/122	676 775	MoH, SARC
Improving access to and quality of secondary and tertiary health care services IRQ 09/H/21256/122	1 594 835	MoH
Interagency Initiative for Training of Master Trainers in Psychosocial Support and Mental Health to Refugees IRQ 09/H/21209/122	288 400	SARC, MOH, MoE, UNHCR, UNICEF, UNFPA, IMC

* Amounts given in US dollars.

Total funds requested: US\$ 4 208 710

Notes: 1) The Ministerial Consultation on the Health Needs of Displaced Iraqis living in Neighbouring Countries, held in Damascus in July 2007, agreed not to create a parallel system for refugees, so Iraqi refugees now use the same health facilities and services as Syrians.