Financial information

The country has been affected by three years of conflict, characterized by a continued deterioration of health situation. There are currently 10.8 million people in need of humanitarian aid within Syria, including over 6.5 million IDPs and 2.5 million refugees in neighbouring countries and North Africa.

To respond to the acute health needs for 2014 of the estimated 10.8 million people affected by the crisis, of which 6.5 million are IDPs and 2.8 million have lost their jobs, WHO will require US$ 178,309,652 to continue providing life-saving medicines, medical supplies and equipment to a growing number of increasingly vulnerable people in need across the Syrian Arab Republic.

Funding required and received January - May 2014

41,337,048

178,309,652

Funds needed for each WHO intervention area under SHARP 2014

- **Revitalization of Primary Health Care services** (US$ 56,553,500)
- **Secondary Health Care** (US$ 48,483,626)
- **Trauma Care** (US$ 43,195,000)
- **Early Warning, Alert and Response System (EWARS)** (US$ 16,486,560)
- **Mental Health** (US$ 8,206,900)
- **Rehabilitation health facilities** (in collaboration with UNDP) (US$ 4,000,000)
- **Health Information System (HIS)** (US$ 921,270)
- **Coordination** (US$ 462,796)

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Syrian Arab Republic
Strategic health priorities &
country achievements
in health
June 2014
Context

- **Functionality of hospitals**: out of 97 Ministry of Health (MoH) hospitals, 46 (47%) is reported fully functioning, 29 (30%) is reported partially functioning, while 22 (28%) is reported not functioning;
- **Accessibility of patients to hospitals**: out of 97 MoH hospitals, 69 (71%) is accessible, while 20 (21%) is not accessible, and status of accessibility of 8 (8%) hospitals were unknown; 62% of ambulances have been affected, impacting referral;
- **Lack of fuel and electricity** has forced many hospitals to operate under very challenging conditions;
- **The health workforce has been significantly reduced** as many health professionals have fled the country (severe shortage of surgeons, anesthesiologists, laboratory professionals, female reproductive health professions, etc.);
- **Local production of medicines has been reduced** by 65-70% and the cost of medicines has heightened considerably;
- **There is an increased risk of mortality from vaccine-preventable diseases** (i.e. polio and measles);
- **Overcrowded living conditions** (due to the high number of IDPs) and diminished per capita availability of water supply result in poor hygiene and **increased risk of infectious diseases**, including skin diseases;
- **Severe increase in psychological distress** has been noted among the population because of the violence. Over 50% of the population in estimated to be in need of psychosocial support.

WHO achievements in health

WHO response between January – June 2014 resulted in the following key achievements:

- 4,719,258 direct beneficiaries reached through the distribution of medicines and equipment, as well as health care delivery;
- 447,875 people reached through delivery and distribution of kits;
- 2,913,640 children <5 years of age vaccinated against polio;
- As of May 2014, 528 sentinel sites of the WHO Early Warning, Alert and Response System (EWARS) are reporting from health facilities related to MoH, NGOs and private health care providers from both opposition- and government-controlled areas;
- Numerous assessments in the seven most affected governorates were conducted;
- The capacity of over 12,773 health workers on first aid, infection control, HeRAMS reporting, chemical hazards and water testing, early detection of malnutrition, mental health, etc.

Comparision of beneficiaries reached

<table>
<thead>
<tr>
<th>Treatments</th>
<th>IEHK and other kits</th>
<th>Polio campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6 mio</td>
<td>1.5 mio</td>
<td>2.2 mio</td>
</tr>
<tr>
<td>Overall Beneficiaries 2013</td>
<td>Beneficiaries Jan - June 2014</td>
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</tbody>
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SHARP 2014

**Strategic Health Priorities of WHO Country Cooperation Strategy**

- Monitor, assess and promote safe and equal access to basic health services by the most affected populations (including women, children and people with disabilities).
- Scale up timely and targeted provision and delivery of coordinated life-saving emergency assistance by supporting health care services delivery.
- Support public, social and private health infrastructure and services affected by the crisis.
- Develop operational and management capacities of local health actors, including NGOs and CSOs to respond to the humanitarian crisis.
- Expand/ strengthen current humanitarian hubs, with an integrated contingency planning process, involving all actors.

**Strategic partnership and collaboration**

- WHO’s relationship with MoH, Ministry of Higher Education and MoFA has to-date been constructive and frank, with bilateral meetings conducted regularly;
- A health sector working group, led by WHO, meets regularly to foster a coordinated response (UNFPA, UNHCR, UNICEF, ICRC, IFRC, IOM, SARC, as well as the INGO IMC);
- WHO works with a network of 45 local NGOs across the country;
- WHO has a good working relationship not least with OCHA and Office of the Joint Special Representative (OJSR) and recently with the Organization for the Prohibition of Chemical Weapons (OPCW);
- WCO Syria is benefitting from strong partnerships with traditional donors and is reinforcing these as well as relations with non-traditional donor partners.