

# HEALTH SECTOR BULLETIN

**February 2022**

**Syria**

Emergency type: Complex Emergency

Reporting period: 01.02.2022 to 28.02.2022



Total population	People in need	People in health need	People in acute health need (Severity scale >3)	People targeted
21,653,512	14,560,823	12,225,470	7,976,025	7,976,025
PIN (IDP)	PIN (Returnees)	PIN (Non-displaced)	PIN (Refugees)	PIN (Children 0-17 years)
4,338,533	47,673	7,839,264	-	5,359,602
PIN (women)	PIN (with disabilities)	Required (US\$ m)	Funded (US\$ m)	Coverage (%)
6,022,040	3,459,454	TBC	TBC	TBC

KEY ISSUES	2021 HRP indicators (January 2022)	
<ul style="list-style-type: none"> <li>List of health programmes as part of national policy</li> <li>Strengthening Information Management in Emergencies in Syria</li> <li>Advocacy – registration of more international NGOs in Syria</li> <li>Key challenges in health sector</li> <li>WoS Health Cluster coordination for planning and response in north-west Syria</li> <li>Key recommendations for health sector: SSG meeting in Amman, 8-9 February 2022</li> <li>Draft HRP 2022-2023</li> <li>Physical rehabilitation related challenges</li> <li>Health sector referral pathway</li> <li>Health sector supported capacity building events</li> <li>Health sector meetings in February</li> </ul>	Treatment courses provided	251,090
	Treatment courses provided in areas of severity scale >3	9,785
	Medical procedures supported	414,309
	Medical procedures supported in areas of severity scale >3	27,346
	Cases referred for treatment	1,053
	Number of PPE distributed (gloves, masks, gowns)	458,105
	Health staff trained/re-trained on different health topics	1,009
	Community health workers trained/re-trained on different health topics	0
	Percentage of reached districts	84%
	Percentage of reached districts in areas of severity scale >3	13%
	Number of operational mobile medical units, including teams	21
	Number of operational mobile medical units, including teams, in areas of severity scale >3	1
	Number of reporting organizations	9
	Number of implementing partners	31

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### SITUATION OVERVIEW

The [2022 GHO](https://fts.unocha.org/appeals/overview/2021) (Global Humanitarian Overview) launched on 2 December 2021 requires \$41.04 billion to assist 182.8 million of the 274.4 million people in need in 63 countries who face hunger, conflict, displacement, the impacts of climate change and the COVID-19 pandemic. The number of people in need of assistance and protection is a significant increase from 235 million people a year ago. Donors have contributed \$18.4 billion for the 2021 GHO which required \$37.7 billion to assist 174 million of the 250 million most vulnerable people in 59 countries. For details and the most recent figures, please visit: <https://fts.unocha.org/appeals/overview/2021>

The Syria Humanitarian Needs Overview (HNO) for 2022 ( access through the following [link](#)) was launched. The HNO is an evidence-based account of humanitarian needs across the whole country and serves as the basis for collective response planning. This year, the HNO highlights that 14.6 million people are in need of humanitarian assistance, an increase of 1.2 million from 2021. The analysis presented is based on primary source information, gathered from multiple sectoral and multi-sector assessments, involving tens of thousands of households and key-informant interviews countrywide.

Repeated incidents and levels of violence in Al-hol camp, continued to be reported claiming the lives of both residents and healthcare workers. On 7 February 2022, various sources reported an act of violence in the camp, which resulted in the killing of children and women. As per available information, at least one child passed away, three women and three children were referred to WHO supported Al-Hikma private hospital in Hassakeh city, which serves as the main referral hospital for camps in Hassakeh governorate.

### PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

#### List of health programmes as part of national policy

- “The program to enhance the participation of NGOs working in the health sector, which aims to achieve integration in the provision of services between the Ministry of Health and the civil sector and to reduce duplication in providing services, through the development of a comprehensive work strategy in which the geographical distribution, activities and health services that will be provided by these associations are determined. This contributes to providing a work guide for these associations and international organizations that support a number of them, and this program will continue for two years.
- A program of a national health policy document, with the aim of developing a reference framework for all bodies working in the health sector to provide specific, clear and measurable evidence in light of the post-war Syria program, and in a way that contributes to achieving sustainable development goals, by assessing the current reality and identifying weaknesses to overcome them and strengths to strengthen them Within the framework of adopting practical steps according to a specific timetable, this program will continue for a period of three years.
- The program for providing medicine, medical equipment and supplies aims to secure what is required under difficult economic conditions and unilateral coercive sanctions, and to respond to the challenge by strengthening international cooperation with friendly countries and international organizations working in the health sector to support the health sector and provide the ingredients for its work.
- Adopting an interactive health map showing the distribution of health facilities over the entire territory of the Syrian Arab Republic, which will be the basis for taking the necessary decisions regarding the existing health infrastructures to be established in the future in light of the data that this map will provide.
- Work on the governance of health services in a way that contributes to building an effective health system that provides good health services, a well-trained health workforce, an effective health information system, fair access to health services, vaccines and medical technology, adequate financing for health, in addition to good governance and coherent leadership.
- Work to develop the ambulance system at the Ministry of Health by working with international organizations and friendly countries to provide them with everything that contributes to strengthening the system and raising the efficiency of its performance, in addition to establishing a comprehensive operations system to manage the ambulance system and disasters.”

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<http://www.pministry.gov.sy/contents/20946/%D8%A7%D9%84%D8%A8%D9%8A%D8%A7%D9%86-%D8%A7%D9%84%D9%88%D8%B2%D8%A7%D8%B1%D9%8A-%D9%84%D8%AD%D9%83%D9%88%D9%85%D8%A9-%D8%A7%D9%84%D9%85%D8%B1%D8%B3%D9%88%D9%85-%D8%B1%D9%82%D9%85-208-%D9%84%D9%84%D8%B9%D8%A7%D9%85-2021-%D8%A8%D8%B1%D8%A6%D8%A7%D8%B3%D8%A9-%D8%A7%D9%84%D9%85%D9%87%D9%86%D8%AF%D8%B3-%D8%AD%D8%B3%D9%8A%D9%86-%D8%B9%D8%B1%D9%86%D9%88%D8%B3>

### Strengthening Information Management in Emergencies in Syria

WHO Syria plans to conduct a technical mission to Syria. WHO Syria is very active in the area of information management. Activities are in support to the Ministry of Health as well as to the Health Cluster. Syria was identified as a pilot country for initiating the implementation of the new response monitoring framework developed through a collaboration between WHO EMRO and the John Hopkins University. EMRO and HQ have increased their support to EMR countries for the deployment and the management of HeRAMS. The EMR Member States adopted a resolution on Integrated Disease Surveillance during the 68th Regional Committee, and MoH Syria had expressed its interest in implementing it. Objectives of the mission:

- Review the various activities conducted by the Information Management team with focus on HeRAMS, 4Ws, collection of KPIs (for WHO Syria and WoS), monitoring of violence against healthcare, monitoring of delivered assistance by WHO, health care information system, COVID-19 and non-COVID-19 surveillance).
- Provide advice to the WCO for the reorganization of the information management team.
- Identify needs for support in information management from EM/WHE:
  - Surveillance: Integrated Disease Surveillance; Event-based surveillance, including internet media scanning (a demonstration of EIOS (Epidemic Intelligence from Open Sources), the electronic tool for media scanning can be organized); COVID-19 surveillance
  - HeRAMS: Assess the current HeRAMS implementation and how data is being used; Identify the role of each stakeholder (MoH, WHO and partners) in data collection, analysis and data use; Assess the capacity of the IM team to produce the reports on a regular interval; Present the updated HeRAMS Standard Data Model.
  - Initiate the pilot phase of the regional Response Monitoring project: Present the project to MoH and partners; Review data sources, data flow, means of verification, and data quality of the KPIs; Describe analysis capacities and use of KPIs for decision-making; Establish baseline data through onsite data collection in addition to data reported to EMR 2020/21; Identify available capacities in terms of human resources, platforms, and training needs; Finalize the operational plan, and agree on roles of MoH, WHO, and health partners.

### COVID-19 update

World Health Organization Syrian Arab Republic		Syrian Arab Republic: COVID-19 Weekly Epidemiological Bulletin			
		EPI Week: 22W07 (13 - 19 February 2022)			
		22 February 2022			
Cumulative Cases	New Cases	Cumulative Deaths	New Deaths	Health Worker Cases	Health Worker Deaths
<b>53 527</b>	<b>901</b>	<b>3 046</b>	<b>21</b>	<b>1 584</b>	<b>44</b>
Total Test	New PCR Tests	Cumulative Positivity	Week Positivity	CFR	Incidence Rate
<b>156 200</b>	<b>1 386</b>	<b>34.3%</b>	<b>65%</b>	<b>5.7%</b>	<b>247</b>
Vaccinated Population Coverage		Fully Vaccinated Coverage		Partially Vaccinated Coverage	
<b>11.5%</b>		<b>6.5%</b>		<b>5.0%</b>	
Administered Doses	Vaccinated Population	Fully Vaccinated	Partially Vaccinated		
<b>2 674 319</b>	<b>1 867 383</b>	<b>1 052 061</b>	<b>815 322</b>		

Vaccination Coverage: 11.5% of the total population received at least one dose of the vaccine, and only 6.5% are fully vaccinated. A total of 2,674,319 doses of different vaccines was administered (a total number of vaccinated people 1,867,383. 1,760,400 doses of Sinovac has been delivered through COVAX on 20 February 2022. The MoH started

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vaccination using the Soberana vaccine (bilateral donation from Cuba). Syria needs still 2.5 million doses to reach the 70% of the target population in 2022 (7.6%).

### HCT retreat

HCT retreat took place on 24 February in Damascus. Agenda included:

- UNCT/HCT Joint priorities and initiatives (Risk management; PSEA)
- Strategic Coordination and 2022 HPC (Linkage with WOS structure and coordination channels; Engagement with NSAGs and needed advocacy; Joint assessments inside Syria to inform 2023 HNO; Resource mobilization opportunities and messages)
- Early recovery and resilience: Scaling up and way forward (Present the outcomes of the electricity paper; Briefing about the FAO session on Food security; Present the latest progress on area-based planning; UNHABITAT approach to integrated area-based planning; Overview of existing ER and resilience-oriented programs and how to move forward with scaling up)
- Crossline operations: Successes, challenges, and way forward
- Geographic hotspots: strategies and response plans (Northeast Syria; Northwest Syria; Southern Syria)
- Reflections of 2021 and priorities for 2022 (Reflection on HCT performance in 2021; Discussion about the outlook and key priorities for 2022).
- Health sector inputs were provided both on national and sub-national levels in preparation for the HCT retreat.

### Selected list of health sector related issues and follow up actions from WHO EMRO visit to Syria (12-18 February 2022)

Issue	Action
<b>Scaling up of resource mobilization activities for health</b>	<ul style="list-style-type: none"><li>• Preparation of briefing note and preparation of appeal on health needs (articulation of needs, humanitarian/resilience).</li></ul>
<b>Coordination of XL/XB health response</b>	<ul style="list-style-type: none"><li>• To develop WoS Health Cluster/Sector preparedness operational plan for NWS (continuity of care).</li></ul>
<b>Protection and health</b>	<ul style="list-style-type: none"><li>• To develop specific actions to illustrate mainstreaming protection in health (e.g. confidence building measure, health for peace).</li></ul>
<b>Alignment of health sector on support with physical rehabilitation and medical equipment</b>	<ul style="list-style-type: none"><li>• To develop an overview of health sector support on physical rehabilitation and medical equipment. To develop key asks and existing challenges requiring closed coordination with national authorities.</li></ul>
<b>Roll out of RCCE in health sector</b>	<ul style="list-style-type: none"><li>• To develop and disseminate plan of action on enhancement of RCCE action through health sector. This should include: COVID-19 and COVID-19 vaccine demand generation; Longer term RCCE system strengthening. Two-fold audience: UNCT and Health Sector</li></ul>

Among other issues:

- Strengthening health sector's role with resilience and recovery planning and response
- Enhancement of national emergency preparedness capabilities
- Strengthening non-communicable disease support
- Strengthening trauma support
- Scaling up WHO operational response in NES
- Scaling up COVID-19 response
- Enhancement of health information management

### Advocacy – registration of more international NGOs in Syria

The process for registration of new INGOs in Damascus has been an evolving process and issue, with different positions and concerns. Part of health sector annual workplan for 2022 is to advocate and facilitate registration of

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more INGOs inside Syria. The latest discussions at health sector coordination meetings clearly identified certain challenges in delivery and sustainability of health services while major global health cluster recognized international NGOs are not operationally present inside Syria. Those which are represented in Syria are essentially based in Damascus with no actual representation in those areas of the country where health-related needs are most acute (e.g., northeast Syria, Der-Ez-Zor, etc.). Quite often there are requests from various INGOs outside of Syria to clarify and comment the process of registration and further work inside Syria.

Traditionally, health response in Syria was led by “operational UN agencies in health (WHO, UNFPA, UNHCR, UNICEF, UNDP) through the network of implementing partners, largely among national NGOs. Those of few international NGOs would have ‘a small-scale’ limited geographical operational coverage.

There was a list circulated of INGOs registered in Syrian MoFA. Again, it clearly illustrates a need for further advocacy and actual actions to get it facilitated for INGOs to consider registration inside Syria.

Health sector raised this to get more on the current outlook with facilitation of process of registration, ongoing advocacy with Syrian MoFA, any other discussions at all levels by OCHA and/or RC/HC office.

### Health sector recommendations for formulation of UNHCR multi-year strategy

Health sector took part in the technical consultations of formulation of UNHCR multi-year strategy. This included:

- Policy dialogue: refugee’ inclusion in the health public health services
- Community level initiatives and work
- Rehabilitation/equipping of PHC facilities (or functionalization)
- COVID-19 response (IPC, case management, RCCE, PoE)
- Capacity building support (e.g., health legal system)
- Continued mainstreaming protection into health

### Key challenges in health sector

- Continued **political and security instability, fragmented governance, limited access** to certain parts of the country.
- Health system – fragile, concurrent **emergencies** and chronic challenges **affect availability and quality of health services**.
- Continuous **internal population movement** across the country affects **prioritization and re-programming** of response at all levels.
- **Increases in poverty** across the country -result in economically driven displacement.
- **Regional instability and uncertainty**, such as the economic crisis in Lebanon, have spillover effects on fuel supplies and availability of essential medicines, including crossline and cross-border efforts.
- The health system is highly interdependent and relies on **electricity, water and road networks** for proper functioning.
- Resource mobilization constraints have hindered ongoing emergency health response activities and threatened continuity of established interventions such as **primary care networks and referrals**.
- **Disrupted basic supply chains** of life-saving medicines and supplies.
- **Severely disrupted essential health services: sexual and reproductive health, safe delivery and child health; routine and expanded immunization; care for communicable and non-communicable diseases; mental health and psychosocial support (including for health workers); emergency services, including trauma and referral; and physical rehabilitation.**
- **Lack of healthcare personnel** is a chronic challenge, especially in certain parts of the country.
- Data and monitoring limitations: **Quality of information and data on current situation, disease burden and coverage of services; Monitoring of programme implementation.**
- **Operational limitations:**



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- **Multiplicity of actors** within the health sector, which is the largest sector in terms of number of actors and projects, demands continuous coordination and constant capacitating of national NGOs. **Limited number of globally recognized INGOs. UN driven response in health sector.**
- Continued need for close consultations and timely planning of WoS response, including cross-line and cross-border deliveries.
- **Heavy reliance on external donor funding**, as donor interest is declining while **health sector expectations are increasing** to either cover substantial operational and supply costs (such as salaries; procurement of drugs, supplies, and equipment; and maintenance and rehabilitation) or fully functionalize health facilities.
- **An array of approval and clearance procedures** within supply chain exercises continues to impact negatively. This is further complicated by fluctuating prices of locally purchased commodities and supplies.
- **Continuity of service provision during changes in lines of control (NWS and NES).**
- **COVID-19 response limitations.**
- **Existing red lines and principled positions.**

### WoS Health Cluster coordination for planning and response in north-west Syria

Earlier planned WoS WHO meeting in Beirut on 27-28 February was moved to Amman (2-3 March). Agenda includes: Elaboration of WoS Health Cluster concept note, including SOPs, on XL and XB coordination for interagency convoys in 2022 in north-west Syria and preparation of a broader WoS Health Cluster operational contingency plan for north-west Syria.

### Some of key recommendations for health sector: SSG meeting in Amman, 8-9 February 2022

Key recommendations related to health sector coming out from the WoS SSG meeting in Amman.

- To update the narrative about humanitarian needs in Syria and to reach out to donors.
- Seek opportunities to participate actively at a high level and promote the health sector in the upcoming Senior Officials Meeting (SOM) and Brussels conference.
- Strengthen coordination and collaboration between health sectors in in Gaziantep and Damascus to optimize planning and implementation of cross-line activities in NWS.
- Strengthen coordination and collaboration with NES Forum partners to better meet medical supply needs in NES, including for non-communicable diseases, COVID-19 test kits and COVID-19 vaccines.
- Ensure that the scale-up of vaccinations meets the newly identified targets equitably across GoS, NES and NWS.
- Collaborate with Health Sector partners to identify concrete steps through which the sector can promote protection, e.g., through expanding coverage of essential health services to remote most vulnerable communities; seek support from Protection Sector in that process.
- Explore how promotion of protection measures in the Health Sector can help to operationalize the Health for Peace Initiative.
- Clarify what early recovery and resilience activities Health Sector partners will prioritize and promote with donors, e.g., surveillance, public health laboratories, basic health facility rehabilitation.

### Draft HRP 2022-2023

OCHA shared an advanced copy of the near final draft of HRP 2022 – 2023. Feedback was provided by 21 February 2022.

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### 2022 – 2023 Health Sector Response Strategies & Priority Areas

**SO1: Increase access to lifesaving and life-sustaining coordinated, equitable humanitarian health services across all levels of care- community, primary, secondary and tertiary.**

- Reproductive health
- Child health – incl. immunization and nutrition services
- Mental health
- Specialized care for persons with disability and those with communicable diseases & NCDs.
- Referral and continuity of care – including for survivors of GBV
- Supply of essential medicines, medical supplies, vaccines and equipment
- Availability of trained, qualified health care workers

**SO2: Strengthen health sector capacity to prepare for, detect, and deliver timely response to disease outbreaks, including COVID-19.**

- Adequate supply of personal protective equipment (PPE) for health care workers
- Engage communities to prevent the spread of disease and for early detection
- Strengthen surveillance and laboratory capacity for all diseases of epidemic potential
- COVID case management
- COVID-19 vaccine roll out across hubs

**SO3: Early recovery and Health system resilience**

- Scaling access to essential health services package
- Repairing damaged critical health infrastructure
- Bolstering linkages with communities through community health workers and MMUs
- Inter-sectoral efforts with nutrition, WASH and protection further enhance communities' capacity to respond to and recover from future shocks
- Emergency Preparedness and response capacities

### Physical rehabilitation related challenges

- Still a very small number of health sectors involved in health facility rehabilitation.
- Better narrative in formulation of needs for support with physical rehabilitation. Need for joint and bilateral resource mobilization required transformation in our approaches and new models.
- There is a need to step up with the MoH to form “a physical rehabilitation sub-sector working group”. At this stage, all efforts (8 reported health sector players) are absolutely fragmented. There is no progress.
- Need for health sector organizations to narrow the circle of responsible staff for reflection of data/information on rehabilitation.
- Proper prioritization should be put in place, not only direct requests by the DoH.
- There is a need for health sector to clearly articulate key challenges and key asks for enhanced coordination with the MoH on the subject of physical rehabilitation and equipment.
- Standardized coordinated efforts to ensure “increased functionality” of rehabilitated health facilities rather than just mere rehabilitation and equipping. Practice shows on number of facilities rehabilitated but without being functionalized or services being rendered to the population.
- Health sector is to bring real time examples to advocate further with the Minister on the need to ‘functionalize’ (staffing, resources, etc.) health sector rehabilitated facilities.
- There is a need to manage ‘increased expectations’ while requesting the Ministry of Health on the lists of health facilities or/with detailed engineering studies.
- There is a clear need to engage regional level technical teams or external consultants to support activities
- Development of interactive maps based on needs, prioritization and response for better planning, monitoring and evaluation.
- Levels of engagement of the Ministry of Health. Lengthy time required to receive the necessary approvals to initiate support with physical rehabilitation.

## HEALTH SECTOR ACTION/RESPONSE

### Pillar One: Coordination

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- The key findings of WHO EMRO mission to Damascus (12-18 February) included some of COVID-19 related objectives related to enhancement of COVID-19 data collection, specifically on WHO and health sector response; laboratory support; case management; RCCE.
- The developed health sector referral pathway enabled better and timely service provision by those health sector partners engaged in COVID-19 response.
- One of the key directions of joint health sector work as part of inter-agency consultations on development of UNHCR multi-year strategy was COVID-19, specifically case management and RCCE.
- An initiative is launched across the health sector to replicate and roll out WHO pilot COVID-19 vaccination drive in parks.
- As part of COVID-19, preparedness WHO took a lead in development of ToRs for WCO Occupational Safety and Health (OSH) Committee. This will be expanded as well to UNCT level.
- Developed overview of capacity building events supported by health sector for 1 quarter 2022 is reflected of all COVID-19 subjects.
- Developed health sector preparedness operational plan, North-West Syria, Syria hub, considers related COVID-19 priorities and actions.
- Discussed with WHO technical team ways to enhance reflection of WHO provided COVID-19 response.
- COVID-19 was a standing agenda items of 2 national health sector coordination meetings in Damascus.
- COVID-19 vaccination issues and challenges in NES have been discussed during the Sub-national Health Sector Coordination meeting (27 February) attended by the Department of Health of Hassakeh Governorate and Damascus-based health sector partners.
- COVID-19 situation update for NES has been circulated among health partners in NES and presented during the Al-Hol health sector coordination meeting and Sub-national health sector coordination meeting.
- Establishment of COVID-19 treatment facilities in formal camps in NES have been discussed with OCHA SHF team and the local NGO taking over the isolation areas in Roj, Tal-Samen and Areesha camps.

### COVID-19

Weekly and monthly COVID-19 EPI updates are being produced.

#### **COVID-19 interactive dashboard:**

<https://app.powerbi.com/view?r=eyJrIjoiNmY5OGYzNDYtNjZhMy00MWIyLWYyMzYzYzI3ZDNIODk5IiwidCI6ImY2MTBjMGJ3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>

### **Health sector supported capacity building events (trainings, workshops), January - March 2022**

Quarterly overview of health sector supported training courses/workshops with Syrian health and non-health workers for the months of January-March 2022 indicated that only 15 organizations responded with information. Armadilla, Aga Khan Health Services, IMC, Humanity & Inclusion (HI), Medair, UNICEF, WHO, Al-Twahoud Association, Armenian Catholic Church / Pan Armenian Charity Association, Ayadina, Mar Assia Center, Syrian Organization for Persons with Disabilities – AAMAL, UNFPA, Intersos, AAH.

### **Health sector meetings in February**

- National health sector coordination meetings were conducted in Damascus (8 and 22 February). The minutes and related materials were disseminated.
- Sub-national sector coordination meeting was conducted in Homs on 15 February 2022. The minutes and the health coverage map were shared.
- Sub-national sector coordination meeting was conducted in Hama on 22 February 2022. The minutes and the health coverage map will be shared soon.
- Organized and facilitated Al-Hol camp health sector coordination meeting (10, 17 and 24 February).
- Attended the Whole of Syria All Hubs meeting of Health Sector/Cluster Coordinators and information management focal points (17 February).
- Provided health sector inputs to Al-Hol camp coordination meeting organized by UNHCR (1, 8, 15, 22 February).



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- The Whole of Syria bi-weekly 3-level call (9 and 23 February).
- Organized and facilitated the Sub-national health sector coordination meeting in DOH Hassakeh attended in-person by health sector partners (27 February).
- Coordination meeting with DoH, UNICEF, UNFPA, and WHO to update the map of health services in line with Aleppo DoH and health sector priorities (9 February 2022).
- Aleppo sub-national health sector meeting was held on 24 February 2022.
- MHPSS sub-sector working group meeting took place on 3 February 2022.
- Northeast Syria Inter-Hub calls were organized on 1 and 15 February, bringing together main health partners working in NES (UN agencies and cross-border coordination groups, including health, nutrition, COVID-19 and inter-sector coordination groups).

### **Reproductive Health working group**

- The Reproductive Health sub-sector working group took place in Damascus on 24 February.

### **Support with reformation of public health system**

WHO has established partnership with the national authorities on wide-ranging reforms of its health system. With the current challenging socioeconomic and political context, these reforms could reflect structural changes specially in relation to the health care delivery system, strengthening primary health care, develop an Essential Package of health services at both primary and secondary levels; and at a later stage restructuring Primary Health care centers (PHCC) and hospital sector and cost of running PHCCs. Another urgent issue is to implement a Comprehensive Health Insurance System (CHIS) and propose a mechanism for the people to share responsibility of purchasing health services, general pooling revenue, and health insurance funding (Health Insurance mechanism).

### **Health System Perspectives**

The six core Health System functions include health financing; health information; human resources for health; leadership and governance; medical products, vaccines, and technologies; and service delivery. The Syrian crisis gave further prominence to health financing as a key to protecting the health and development needs of the vulnerable, especially in the light of national and global commitment to achieving SDGs and leaving no one behind. Target 3.8 spells to achieve Universal Health Coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. It is mainly through Primary Health Care support that the universal Health coverage can be achieved.

With this regards MOH and WCO are revitalizing the programme of Family Medicine and supporting the initiative of Primary Health Care Measurement for Improvement (PHCMI) via collecting all indicators. The health information support to digitalization of PHC in the country is a key with this regard. Further, work towards the development of a national health financing strategy has been initiated noting that Research and Data as well as Institutional Capacity building are key to achieve this. With this regard, the support to the Centre of Strategic Studies and Health Training as being the main research centre for the MoH is continued including building its role in leading many costing studies including the costing of essential health care services and developing the National Health Account. The centre capacity is being further strengthened through its nomination in the Network of Institutions for Evidence and Data to Policy / NEDtP which serves as a platform to share experiences among countries to facilitate country-to-country learning.

Moreover, the greed upon Health Labour Market Analysis can also Inspire the MoH and partners to address or reconsider major policy questions related to current Health Workforce challenges and optimizing planning systems, such as availability, accessibility and acceptability and of the appropriate competencies to provide good health services, not to mention the retention policies and increasing productivity.

A multisectoral strategic planning team was established by the MoH to review all the evidence and analyse the strengths and weaknesses of all stakeholders to properly and evidence-led draft the National Health Strategy. It is in Mid 2022 that this strategy is expected to be finalized.

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To further accelerate the work towards more resilient health system, issues of gender mainstreaming in health system and working on social determinants of health and inequity as also being flagged out.

WHO is working to provide the necessary policy framework as per above.

### Levels of health sector funds assigned to national NGOs

Key operational UN agencies (WHO, UNICEF, UNHCR, UNICEF, UNFPA) were requested to share information on the percentage of funds being allocated to support national NGOs for health activities.

- WHO allocated roughly 12% (6 million USD of 48 million USD for 2021) to support national NGOs.
- UNICEF is spending 26% of its budget to support the national NGOs.
- UNHCR allocated 80% of its budget to national NGOs in 2020 and 53% in 2021.
- UNFPA allocates approximately 32% (10,353,000 USD) of UNFPA's funding supports national NGOs (combined both GBV and RH projects/services).

### Health sector referral pathway

Health sector initiated the creation of straightforward, comprehensive health sector referral pathway which will feed into a similar work conducted by other sectors (protection, child protection, GBV, mine action) and it will allow progressing towards achieving concrete results on accountability to affected population (AAP). The deadline was extended until 1 March.

Any organization operating below should be reflected in this referral document:

- Mobile medical teams or mobile medical units
- Fixed health points/posts/static medical points
- Community centers (including health posts)
- PHC clinics
- Charity/private hospitals
- Physiotherapy centers

Feedback was received feedback from: Dorcas, AAH, Medair, UNDP, WHO, Child Care Association, Al-Ta'alouf, Intersos, PACA, Lamset Shifa, IMC, ICRC, UNOPS, Youth Charity. UNICEF and UNFPA are finalizing their inputs.

### Health Information Management materials produced:

- Updated <https://www.humanitarianresponse.info/en/operations/syria/health>
- Links to interactive dashboards and updates:
  - [Various interactive dashboards maintained by WHO Syria](#)

### Materials disseminated in February

- Health Sector Referral Pathway, Syria.
- The minutes from Al-Hol camp health sector coordination meeting, 10, 17, 24 February
- The minutes of national health sector coordination meetings, 8 and 22 February
- Sub-national health sector coordination meeting was conducted in Hassakeh DOH on 27 February. The minutes and related materials were disseminated in Arabic and English languages.
- Northeast Syria Inter-Hub calls were organized on 1 and 15 February, bringing together main health partners working in NES (UN agencies and cross-border coordination groups, including health, nutrition, COVID-19 and inter-sector coordination groups). Minutes and relevant attachments were circulated to attendees.
- The minutes of Homs sub-national health sector meeting, 15 February
- WHO Syria Key Performance Indicators for 2021, including the whole country response, north-east, north-west and southern Syria.

# HEALTH SECTOR BULLETIN

## February 2022

- Summary of Al-Hol camp mortality data for 2021 (as prepared by WHO Qamishli)
- Review of 2021 referrals statistic for Al-Hol camp (prepared by health sector based on monthly updates provided by the Operations Desk)
- List of challenges and recommendations related to referral system in Al-Hol camp (prepared in 2021 based on discussions among health partners and with camp administration)
- Summary of Al-Hol camp health referral system: types of referrals and how the referrals system functions (prepared by health sector in 2021)
- Health sector assessment registry, 16 February
- WHO monthly COVID-19 Bulletin, January 2022
- Draft, health sector Syria preparedness operational plan for north-west Syria
- Presentation, Syria Economic Update
- Overview of health sector supported capacity building events for January – March 2022
- WHO weekly COVID-19 Bulletins (weeks 5, 6, 7).
- Preliminary status of health sector projects, 2022 HRP
- EWARS weekly bulletins (weeks 1, 2, 3)

### UPDATES FROM PARTNERS:

All updates will be reflected in the next monthly report.

### INFORMATION SOURCES:

<https://www.humanitarianresponse.info/en/operations/syria/health>  
<https://moh.gov.sy/Default.aspx?tabid=56&language=ar-YE>  
<https://www.moh.gov.sy/Default.aspx?tabid=246&language=en-US>  
<https://www.moh.gov.sy/Default.aspx?tabid=248&language=en-US>  
<https://www.facebook.com/MinistryOfHealthSYR>  
<http://cbssyr.sy/>  
<http://cbssyr.sy/index-EN.htm>

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