|  |  |
| --- | --- |
| **HEALTH SECTOR BULLETIN**  **April 2022** |  |
| **Syria**  Emergency type: Complex Emergency  Reporting period: 01.04.2022 to 30.04.2022 | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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* | *3,200,000* | *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* | *582,8* | *TBC* | *TBC* |  |  |  |  | | --- | --- | --- | | **KEY ISSUES**   * **Brussels conference** * **2022 standard allocation from Syria Humanitarian Fund (SHF** * **COVID-19 vaccine update** * **Acute malnutrition in NES, UNICEF Brief and WHO Response** * **Health sector response across the south of Syria (Dara’a, Quneitra, Sweida)** * **Early recovery and resilience activities** * **COVID-19** * **А joint MoH and health sector organizations’ meeting** * **Key health sector achievements, January – April 2022** * **Health sector meetings in April** * **Materials disseminated in April** * **Continuous key messages of the Syrian Delegation at 2022 UN Security Council meetings** | *2022 HRP indicators (March 2022)* | | | Treatment courses provided | 1,020.836 | | Treatment courses provided in areas of severity scale >3 | 26.5% | | Medical procedures supported | 989,241 | | Medical procedures supported in areas of severity scale >3 | 7.5% | | Cases referred for treatment | 2,029 | | Number of PPE distributed (gloves, masks, gowns) | 2,166,700 | | Health staff trained/re-trained on different health topics | 3,672 | | Community health workers trained/re-trained on different health topics | - | | Percentage of reached sub-districts | 87% | | Percentage of reached sub-districts in areas of severity scale >3 | 10% | | Number of operational mobile medical units, including teams | 124 | | Number of operational mobile medical units, including teams, in areas of severity scale >3 | 6% | | Number of reporting organizations | 18 | | Number of implementing partners | 48 | | |

**SITUATION OVERVIEW**

***HCT key messages for Brussels VI conference, 9-10 May (source: HCT Syria)***

* The humanitarian situation in Syria continues to deteriorate. Today, 14.6 million people inside the country need humanitarian assistance, an increase of 1.2 million from 2021. Most of them are women and children, who despite incredible strength and resilience are facing a bleak future and increasingly dire living conditions. The people of Syria now more than ever need continued international solidarity and support.
* The rapid rise in needs is driven by a deepening economic crisis, ongoing displacement, and climatic shocks, including one of the worst droughts in recent years, as well as the impact of a decade of conflict which damaged or destroyed much of the country’s public infrastructure and services. This is further exacerbated by chronic electricity and fuel shortages that undermine the functionality of essential services, livelihoods, and delivery of assistance. There are concerns that the war in Ukraine could drive further deterioration.

***Side Event on Health and the Impact of the Socio-Economic Crisis in Syria***

*An important Side**Event**on Health and the Impact of the Socio-Economic Crisis in Syria to be convened by WHO in partnership with the Italian Agency for Development Cooperation and the United Nations Development Programme. The event will take place on 6 May, at 10 am Brussels time on the margins of the Brussels VI Conference on Syria.*

*This virtual side event will be hosted on Zoom. Please find registration details in the attachments. The general public will be able to watch the event livestreamed on:*

*Twitter (English):*[*www.twitter.com/WHOEMRO*](http://www.twitter.com/WHOEMRO)

*Facebook (Arabic):*[*www.facebook.com/WHOEMRO*](http://www.facebook.com/WHOEMRO)

*YouTube (French):*[*www.youtube.com/whoemr*](http://www.youtube.com/whoemr)

|  |  |
| --- | --- |
|  |  |

*For the Q&A session of this side event, you are invited to submit your questions in advance to Kevin Cook, WHO Regional Communication Lead on this event at*[*cookkev@who.int*](mailto:cookkev@who.int)*. The Q&A session will be “live”, but with limited time to answer all questions, so providing yours in advance of the event is encouraged.*

* The impact on the Syrian people is devastating and families are increasingly pushed into destitution. More than 90 percent of Syrians now live in poverty and food insecurity has reached record levels, with 12 million people going hungry every day. Acute and chronic malnutrition levels are alarming and continue to increase. About 5.5 million children under five years of age, and pregnant and lactating women urgently need nutrition assistance.
* The situation is compounded by a severe water crisis due to the worst drought in recent years, reduced flow in the Euphrates and significant shortages of fuel for power plants as well as the compromised capacity of the water infrastructure and facilities, many of which were destroyed or damaged during the crisis. About half of the total population continue to rely on alternative and often unsafe water sources to meet or complement their water needs.
* The country’s health system continues to face concurrent emergencies and chronic challenges amidst capacity and resource gaps. This is further compounded by the Covid-19 pandemic. Today, 12.2 million people need life-saving health services. These include those with poor physical and mental health as well as those with limited access to health services.
* Due to major gaps in the education sector, nearly one in two children (about 2.5 million children out of about 5.52 million) are out of school. These children are at risk and fall prey to child labour, early and forced marriages, trafficking, and recruitment by armed actors. About 48 percent of schools are still non-functional due to various reasons, including inaccessibility and structural damage. Investments in the rehabilitation and restoration of education institutions remains a key priority.
* Civilians are still exposed to recurring hostilities, resulting in casualties, forced displacements, and increased safety risks. Gender-based violence (GBV) and risks to the safety of children are assessed to have increased during the past year. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as various forms of technology-facilitated violence, have also been observed. Risks of exposure to explosive ordnance also remains very high, with one in two people estimated to be at risk. Today, 14.2 million Syrians need protection assistance. More than half of those (7.3 million) need GBV services. Protection response however continues to be undermined by severe funding shortfalls.
* Syria continues to grapple with both an internal displacement and refugee crisis. The growing levels of vulnerability among the refugee population is worrying. Initiating and scaling up existing efforts to find durable solutions for displaced people remains a key priority.
* Humanitarian actors are concerned about the volatile context in northwest and northeast Syria which continues to limit access to certain areas and people in severe need. Sustained access to all people that require assistance is essential. We commend the efforts that are being made by all actors to facilitate our access to people that need assistance and continue to appeal for support from all relevant actors including donors to secure and protect humanitarian space.
* In North-East Syria, solutions are urgently required for foreign nationals residing in camps, especially women and children residing. Member States should repatriate their nationals and/or use their influence to support repatriations for those countries with the highest caseloads.
* In 2021, humanitarian organizations assisted on average 7.3 million people per month. This however translates to just about half of the people in need of assistance. Millions of other people in need are therefore being left without the much-needed assistance as funding gaps continue to undermine response capacities across all sectors. In 2021, the humanitarian response plan (HRP) was only funded at 46 percent. Unless appropriate response interventions are scaled up and sustained, the needs are expected to continue rising through the next year.
* A humanitarian response alone will however not address the structural drivers of humanitarian needs. To reach people in need with assistance at scale, the Syria Humanitarian Country Team (HCT) is calling for the scaleup of more innovative and strategic early recovery response as stipulated in strategic objective three of the Syria 2022-2023 HRP.
* In addition, participatory area-based resilience interventions that complement immediate life-saving humanitarian assistance, will gradually lessen the dependence of beneficiaries on all forms of external assistance. A resilience approach secures a greater return on investment in the long term by enhancing urban and rural livelihoods for vulnerable populations and improving sustained, equitable and safe access to critical basic services in areas with a high severity of needs.
* In 2022, to sustain the humanitarian response and continue to reach vulnerable communities, the humanitarian community requires US$ 4.4 billion. We also encourage donors to consider funding for the Syria Humanitarian Fund (SHF), which provides timely, flexible, and principled support for both international and local partners.
* We renew our calls for additional resources to boost Syria’s emergency aid operations, and count on your support to continue keeping Syria on the international radar as part of the efforts to ensure the gains we have made so far can hold. Timely, sustained, increased, flexible, and longer-term funding cycles from traditional and new donors will prevent the continuing deterioration of the humanitarian situation.

**Public health risks, priorities, needs and gaps:**

**Expected 2022 standard allocation from Syria Humanitarian Fund (SHF)**

Health sector was alerted about the SHF plans to issue its first 2022 Standard Allocation of $25 - $30 million in May. The Allocation will focus on two priorities to maximize the life-saving impact of SHF funding and boost the implementation of the 2022-2023 Humanitarian Response Plan (HRP) at the time of its finalization. Priority 1: strengthening nutrition response through comprehensive nutrition, health, education, WASH, and protection assistance, including linkages with early recovery programming, in areas with the highest severity of needs and poor response reach. ($12.5 - $15 million). Priority 2: strengthening the delivery of priority humanitarian assistance planned for in the 2022-2023 HRP in areas with extreme and catastrophic needs, low coverage of response, and high access constraints. ($12.5 - $15 million. More details will be available later.

**Vaccine uptake, RCCE COVID-19**

* Low levels of demand generation practices.
* COVID-19 vaccination related limitations.
* A remaining stock of COVID-19 vaccines non-utilized.
* Increasing efforts for enhancing RCCE, media and social media engagement, demand generation – all efforts to support an increase in vaccine uptake.
* Existing structural challenges – lack of people, lack of transport, lack of fuel, etc.
* Need to align priorities to be on the same page with COVID-19 vaccination.
* Low levels of vaccination as impact on image of the country, issues of accountability.
* Planned national social mobilization workshop (a separate note will be shared).
* Enhancing different partnerships and more organizations engaging in increasing vaccine update.
* Overcoming challenges linked with remaining hesitancy among the health workers while polls showing that 85% of population trust health workers.
* Impact of COVID-19 vaccination’ denial on routine immunization’ practices

**Acute malnutrition in NES, UNICEF Brief and WHO Response**

Health sector was informed about the latest UNICEF brief on acute malnutrition in north-east Syria, “Every Day Counts.” Acute malnutrition – the life-threatening form of malnutrition - remains a serious concern across north-east Syria (NE Syria), driven by insecurity, displacement, economic deterioration, precarious livelihoods, inadequate health care services and the water crisis and drought conditions affecting the region. The Brief focused on the lessons and way forward, including: Sustaining increased humanitarian access; Availability of services; Availability of essential life-saving supplies; Strengthening prevention of acute malnutrition; Strengthening nutrition surveillance.

WHO is in preparation of releasing a comprehensive update on WHO supported nutrition program in NES, 2021-2022, focusing on: WHO role in malnutrition detection and management; WHO role preventing malnutrition; Malnutrition in NES based on SMART survey; WHO supported nutrition programs in NES (Detection of malnutrition cases using nutritional surveillance program; Managing cases of severe acute malnutrition with complications (SAMC) in hospitals stabilization centres (SC); Infant and Young Children Feeding Counselling (IYCF); Baby-Friendly Hospital Initiative (BFHI); Camps Response).

Way forward includes:

* Expanding nutritional surveillance and IYCF from 66 to 75 health centres.
* Conducting Refresh training sessions for the 66 health centers and the 4 stabilization centres to refresh training and offset human resources turnover.
* Providing equipment to new health centres with the necessary logistic tools.
* Providing equipment to 4 stabilization centres with the necessary therapeutic formulae and necessary logistics to manage and save lives of complicated cases of severe acute malnutrition in hospitals.
* Conducting Refresh training sessions for the 2 hospitals functioning on BFHI, to provide essential prevention of malnutrition by encouraging breastfeeding.

**Health sector response across the south of Syria (Dara’a, Quneitra, Sweida)**

The first draft of the health sector Syria hub update for southern Syria (Dara’a, Quneitra, Sweida) was prepared and disseminated among the sector.

At present health sector organizations active in Dar’a, Quneitra, Sweida are:

* 4W reporting organizations include 8 organizations such as WHO, UNRWA, UNICEF, UNHCR, UNFPA, UNDP, SARC, IMC
* 4W implementing organizations include 11 organizations such as Al Bir Charity, Ghiras, GOPA, IMC, Nour Foundation, Syria Pulse, SARC, SFPA, SSSD, Circassian Charity Association, UNDP, UNRWA.

Health sector objective is to recover the largely disrupted public health services system, including the areas of displacement of population.

Health sector response priorities defined as following:

* Revitalization of public health facilities.
* Provide outreach services through temporary deployment of medical mobile teams and clinics.
* Increase immunization coverage through fixed and outreach teams
* Supporting the diagnostic and treatment services by provision of medicines, consumables and medical equipment needed for PHC and secondary health care services at health facility or mobile team/clinic.
* Detect, identify and respond to communicable disease outbreaks.
* Increase NCD/PHC primary healthcare coverage and quality
* Increase mental health and psychosocial support services
* Provide integrated reproductive health (RH) and gender-based violence (GBV) services
* Strengthening the capacity of public health staff.
* Strengthen and improve the emergency referral system to access secondary and tertiary health care services in public health facilities as well as to strengthen the level of preparedness and response for and management of trauma and other types of patients.

**Preparations for Brussels’ conference, 9-10 May**

Health sector key messages for upcoming donor Brussels’ conference, 9-10 May are prepared and shared with HCT and OCHA, including RC/HC visit to Nordic countries prior to the conference.

Detailed asks of Member States & Donors and seeking support for:

**1) Maintaining humanitarian response**

* Maintain technical and operational support (through protection lenses), covering a range of public health areas, including communicable and non-communicable diseases, primary and secondary health care, mental health and gender-based violence, immunization, nutrition, environmental health, prevention of sexual exploitation and abuse, maternal and reproductive health, health systems support and other areas. This includes NES and NWS.

**2) Scaling up COVID-19 response**

* COVID-19 is an unfinished agenda.
* Continue leading COVID-19 response efforts and supporting COVID-19 vaccination scale up.
* Strong advocacy for provision of diverse types of vaccines with reasonable expiry dates.
* Counting on solid working relations with COVAX, having a clear forecast. Balancing supply and demand.
* Scaling up risk communication and demand generation activities.
* Enhancement of lab, IPC and case management.
* Strengthening monitoring and evaluation, and digitization of COVID-19 records and data.

**3) Early recovery and resilience**

* Continued health sector dialogue
* Transitioning towards Universal Health Coverage by ensuring that health care system is resilient, accessible and of good quality
* Protecting people from emergencies by strengthening national and sub-national emergency preparedness and response
* Advocating for and building a conducive policy environment to promote health and well-being

**Cross-cutting: Reliable cross-line and cross-border operations**

* All modalities approach for continuity of care in northwest and northeast Syria.
* To operationalize developed plans of actions for continuity of care for ensuring reliable cross-line and cross-border operations.

**Continuous key messages of the Syrian Delegation at 2022 UN Security Council meetings**

* Remains committed to political solution based on a Syrian led and Syrian owned dialogue (Office of the Special Envoy).
* Deterioration of food security situation across the country.
* Impact of sanctions on human well-being, health sector, pharmaceutical industry.
* Impact of sanctions on the work of international organizations inside Syria.
* Supporting the UN SC Resolution 2585 for enhanced cross-line access to north-west (Turkey controlled) and north-east Syria (Kurdish controlled) and resilience and recovery efforts across the country. Rejects politicized mechanism around the need to promote transparency and efficiency of the XB mechanisms.
* Concerned about obstacles by the US to enable access to Rukban camp in the south of Syria.
* Commitment to support the work of UN agencies to delivery humanitarian aid within the country. Syria endorsed UN six-month cross-line plan while UN has not recognized Syrian’ state achievements in enhancing XL access. Syria gave all expected approvals for UN access to north-east Syria (including Ras Al Ayn and Tal Abyad – under Turkish occupation).
* Concerned about low levels of implementation of resilience and recovery efforts.
* Committed to support Syrians’ return to the country and welcomes activities to create conditions for return and red flags/principled positions of “western” countries to prevent this.
* Confirmed that the Palestinian question will remain Syria’ main issue.

**HeRAMS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PHC** | **Fully functioning** | **Partially functioning** | **Not functioning** | **Not reported** | **No. of PHC** |
| **GoS** | **47.6%** | **21.5%** | **30.9%** | **0.0%** | **1,789** |
| WoS | **56.1%** | **18.6%** | **24.9%** | **0.5%** | **1,951** |
|  |  |  |  |  |  |
| **Hospitals** | **Fully functioning** | **Partially functioning** | **Not functioning** | **Not reported** | **No. of hospitals** |
| **GoS** | **49.1%** | **26.3%** | **24.6%** |  | **114** |
| WoS | **63.5%** | **16.3%** | **17.8%** | **2.4%** | **208** |

**Early recovery and resilience activities for prioritization and further promotion**

* WHO Country Cooperation Strategy 2022-2024 – under final drafting.
* Health system early recovery and resilience in the Syrian Arab Republic, a scoping review and perspectives – prepared by WHO and shared with the Regional Office.
* Separate presentation on recovery and resilience in health is prepared by WHO to be presented during the next national health sector coordination meeting in Damascus.
* Registry of national health plans – under preparation by WHO.
* Concept note on WHO role for supporting review and update of national policies and strategies in Syria – prepared.
* Concept note on development of 6 steps of Health Financing Action Plan and framework – prepared by WHO.
* Concept note on healthy cities – prepared by WHO.
* Concept note on enhancement of pharma sector and local production of medicines - under preparation by WHO.
* An unsigned version of the new Strategic Framework has just been posted and is available at the following link:  <https://unsdg.un.org/resources/un-strategic-framework-syrian-arab-republic-2022-2024>

**Health situation in the areas formerly classified as ‘besieged areas’**

A draft of the health situation assessment in the areas formerly classified as ‘besieged areas’ is under the preparation. The report will be used to further integrate with UNHCR led process on Area Based Response System and to be further replicated for other locations. The information will be based on available datasets: HeRAMS, EWARS, health sector 4W, severity scale, population, rehabilitation, COVID-19.

**Health sector feedback to the upcoming Regional Dialogue Mechanism meeting on 7 April.**

Key question on UN access negotiations with the Government of Syria (including crossline delivery to the northeast), and quality of access monitoring, while highlighting that for “access” in health there are the following different ways to define “access”:

* Access by delivery of health supplies across Syria
* Access by receiving approvals for implementing partners to work and expand their activities
* Access by receiving approvals for health sector to carry out assessments and surveys

On quality of access monitoring, monitoring of operations out of Damascus – different approaches are followed in M&E processes: monitoring on reported data, monitoring on progress, monitoring tool on delivered equipment, Third Party Monitoring (TPM), site monitoring visits, monitoring activities conducted through the Health Information Unit with different products in place, direct interaction with health partners to collect data on the ground.

**COVID-19**

*WoS levels*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Governorate | WOS Pop | Fully Vaccinated Pop | Fully Vaccinated | Partially Vaccinated Pop | Partially Vaccinated | At least one dose Pop | At least one dose |
| Quneitra | 104,093 | 17,759 | 17.1% | 11,692 | 11.2% | 29,451 | 28.3% |
| Damascus | 1,809,572 | 251,898 | 13.9% | 89,369 | 4.9% | 341,267 | 18.9% |
| Hama | 1,472,484 | 154,576 | 10.5% | 72,854 | 4.9% | 227,430 | 15.4% |
| Tartous | 920,247 | 116,202 | 12.6% | 24,071 | 2.6% | 140,273 | 15.2% |
| Homs | 1,451,238 | 117,670 | 8.1% | 88,527 | 6.1% | 206,197 | 14.2% |
| Rural Damascus | 2,993,452 | 203,343 | 6.8% | 158,685 | 5.3% | 362,028 | 12.1% |
| Deir-ez-Zor | 757,844 | 41,390 | 5.5% | 45,488 | 6.0% | 86,878 | 11.5% |
| As-Sweida | 376,762 | 33,318 | 8.8% | 8,920 | 2.4% | 42,238 | 11.2% |
| Aleppo | 3,974,749 | 220,399 | 5.5% | 212,880 | 5.4% | 433,279 | 10.9% |
| Lattakia | 1,203,999 | 97,021 | 8.1% | 30,575 | 2.5% | 127,596 | 10.6% |
| Dar'a | 1,012,954 | 62,370 | 6.2% | 38,065 | 3.8% | 100,435 | 9.9% |
| Idleb | 2,664,957 | 149,326 | 5.6% | 101,638 | 3.8% | 250,964 | 9.4% |
| Ar-Raqqa | 700,555 | 22,374 | 3.2% | 25,517 | 3.6% | 47,891 | 6.8% |
| Al-Hasakeh | 1,116,249 | 38,526 | 3.5% | 28,905 | 2.6% | 67,431 | 6.0% |
| WOS | **20,559,155** | **1,526,172** | **7.40%** | **937,186** | **4.60%** | **2,463,358** | **12.0%** |

*GoS levels*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Governorate | GOS Population | Fully Vaccinated Pop | Fully Vaccinated | Partially Vaccinated Pop | Partially Vaccinated | At least one dose Pop | Total |
| Quneitra | 104,093 | 17,759 | 17.06% | 11,692 | 11.2% | 29,451 | 28.29% |
| Idleb | 18,506 | 2,730 | 14.75% | 1,887 | 10.2% | 4,617 | 24.95% |
| Damascus | 1,809,572 | 251,898 | 13.92% | 89,369 | 4.9% | 341,267 | 18.86% |
| Hama | 1,472,484 | 154,576 | 10.50% | 72,854 | 4.9% | 227,430 | 15.45% |
| Tartous | 920,247 | 116,202 | 12.63% | 24,071 | 2.6% | 140,273 | 15.24% |
| Homs | 1,451,238 | 117,670 | 8.11% | 88,527 | 6.1% | 206,197 | 14.21% |
| Rural Damascus | 2,993,452 | 203,343 | 6.79% | 158,685 | 5.3% | 362,028 | 12.09% |
| Aleppo | 2,325,786 | 141,628 | 6.09% | 140,259 | 6.0% | 281,887 | 12.12% |
| As-Sweida | 376,762 | 33,318 | 8.84% | 8,920 | 2.4% | 42,238 | 11.21% |
| Lattakia | 1,203,999 | 97,021 | 8.06% | 30,575 | 2.5% | 127,596 | 10.60% |
| Dar'a | 1,012,954 | 62,370 | 6.16% | 38,065 | 3.8% | 100,435 | 9.92% |
| Deir-ez-Zor | 757,844 | 41,390 | 5.46% | 45,488 | 6.0% | 86,878 | 11.46% |
| Ar-Raqqa | 700,555 | 22,374 | 3.19% | 25,517 | 3.6% | 47,891 | 6.84% |
| Al-Hasakeh | 1,116,249 | 38,526 | 3.45% | 28,905 | 2.6% | 67,431 | 6.04% |
| GOS | **16,263,741** | **1,300,805** | **8%** | **764,814** | **4.70%** | **2,065,619** | **12.70%** |

**Health Sector Action/Response**

**А joint MoH and health sector organizations’ meeting, 14 April and follow up issues:**

A joint coordination meeting between the MoH and selected health sector organizations took place in Damascus on 14 April. The objective of the meeting was to share the MoH plans and priorities for 2022 for joint planning and response The meeting included: Opening statement of the Minister of Health; Presentation by WHO Syria, WHO Representative; Priorities and objective of the meeting, Directorate of Planning and International Cooperation, the Ministry of Health; Priorities by the Director of Health Facilities; Director of Common Services; Director of Biomedical Engineering; Directorate of Pharmaceutical Affairs; Directorate of Public Health Laboratories; Director of Ambulance and Emergency Service, the Ministry of Health/

*Follow up points:*

* Importance of further coordination and the need to maximize it for better efficiency between the MoH and health sector organizations.
* Materials of the meeting will be disseminated among the participants.
* Development of the monitoring plan by the MoH to review every two months.
* Interested health sector organizations to engage with the MoH on prioritization of support with medical equipment.
* Discuss further steps to support enhancement of pharmaceutical production.
* Jointly define priorities for rehabilitation and construction of health facilities.
* Finalization and further dissemination of the national essential medicines list.

A representative of the Directorate of Planning and International Cooperation highlighted the importance of alignment the work with the MoH priorities, in balance with community level approach. The MoH received a copy of 2022-2023 WoS Health Cluster Strategy HRP with comments for better and equal representation of health needs and priorities across Syrian regions; reaching out to all categories of population in a neutral and impartial manner. The representative of the MoH highlighted the point to address the needs in the south which may require interventions with mobile medical teams as rehabilitation and reconstruction of health facilities as a lengthy process. It was agreed that health sector will share with the MoH:

* The overview of capacity building activities for II quarter 2022.
* The health sector response plan for the south of Syria (under preparation).
* Feedback on health sector support to the prioritized MoH plan for reconstruction of health facilities

**Logistic Management Information System (LMIS)**

WHO initiated consultancy on technical support for the planning of the Logistic Management Information System (LMIS). Overall project objective:

* Recommend areas of improvement or propose an alternative design option/s to the current medical supply chain pipeline as well as a system for medical products storage, distribution, and network, by:
* Evaluating and analysing the structure and functionality of the current medical supply chain pipeline.
* Reviewing the warehousing and distribution functions.
* Propose improvement to refine the current LMIS system that will function as the driving engine of the public Health Supply Chain system, keeping in view the near future plans of transforming into an e-LMIS:
* Review the current LMIS in terms of infrastructure and efficiency,
* Reviewing knowledge, skills and capability of staff to undertake data and information processing to support reporting, and decision-making.
* Provide key recommendations, areas of improvement, and roadmap for Syria stakeholders; for optimizing their medical supply chain management, including options for integrating (resource sharing) of medical products and similar public health commodities.

**Upcoming World Health Assembly, 22-28 May**

Syria relevant subjects of interest under WHA75, include: Pillar 1: Universal Health Coverage (Prevention and control of NCD; HIV, viral hepatitis and STI; Global strategy for TB research and innovation; NTDs; Immunization; Infection prevention and control; Defeating meningitis; Standardization of medical devices; Human resource for health); Pillar 2: Protected from emergencies (Public health emergencies: preparedness and response; Implementation of IHR; Influenza; Global Health for Peace Initiative; Polio eradication and polio transition); Pillar 3: Better health and wellbeing (MCH and child nutrition; Global strategy for food safety).

**Key health sector achievements, January – April 2022**

*Leadership/Coordination*

* Annual health sector workplan for 2022 produced.
* 1 surge mission to enhance HIS functions organized.
* 1 quarterly Health Sector Field Directory produced.
* 8 national health sector coordination meetings conducted in Damascus.
* 1 project sheet on strengthening coordination in health sector approved as part of 2022-2023 HRP.
* 1 quarterly overview of health sector support with construction and equipment to health (and other facilities) prepared.
* 1 overview of impact of underfunding of health sector for 2022 prepared.
* 1 quarterly health sector assessment registry produced.
* 1 quarterly schedule of health sector meetings (1 national, 7 sub-national, 6 sub-sector WG) prepared.
* 20 health sector projects of Syria reviewed and approved as part of 2022-2023 HRP.
* 4 monthly health sector bulletins produced.
* 120 various health sector materials/information shared with the health sector email list (443 entries).
* 1 health sector preparedness operational plan, north-west Syria, prepared.
* 1 quarterly overview of health situation and response across the south prepared.
* 1 quarterly review of health sector supported capacity building events for January-March prepared.
* 1 health sector referral pathway was developed as part of mainstreaming protection into health.
* 100% implementation of all health sector related recommendations from WHO EMRO mission to Syria, 12-18 February 2022.
* 1 action plan mainstreaming protection into health developed.
* 1 contact list of national NGOs active in health prepared.
* 6 briefing notes/talking points/key asks prepared (RD call with the Minister of Health of Syria; Executive Director – on WHO engagement with armed non-state actors; DG visit to NY; key messages to pre-SOM and SOM meetings, 31 March; RC/HC participation in the RDM meeting, 7 April; Brussels’ donor conference, 9-10 May; WR retreat on the emergency situation).
* 1 validation (severity scale 2022) exercise initiated.
* 100% follow up on all issues raised as part of the WoS health sector coordination review conducted by Syria Independent Monitoring.
* 100% implementation of RED key recommendations out of SSG meeting in Jordan in February 2022.
* 1 overview of health situation in formerly known “besieged” areas initiated.
* 50 information management deliverables defined as mandatory for regular reporting throughout 2022.
* 8 regular health sector coordination inputs provided for the biweekly WoS WHO situation reports.
* 3 monthly COVID-19 coordination related inputs provided to monthly COVID-19 bulletins prepared by WHO Syria.
* Created and updated <https://www.humanitarianresponse.info/en/operations/syria/health> - 150 various health sector related pieces of information uploaded.

*4W health sector performance, January – March, 2022*

* 18 reporting organizations (6 UN, 7 INGOs, 5 national NGOs).
* 48 implementing partners (4 UN, 6 INGOs, 31 national NGOs, 7 national authorities).
* 95% of all districts reached (59 out 62).
* 87% of all sub-districts reached (237 out of 272).
* 10% of reached sub-districts are areas of severity scale above 3 (24 out of 237).

|  |  |  |
| --- | --- | --- |
| *Medical procedures provided* |  |  |
| Severity < 3 | 455,690 | 17% |
| Severity = 3 | 2,103,418 | 77% |
| Severity > 3 | 168,366 | 6% |
| Total | 2,727,474 | 100% |

|  |  |  |
| --- | --- | --- |
| Treatment courses distributed |  |  |
| Severity < 3 | 88,016 | 5% |
| Severity = 3 | 1,224,582 | 72% |
| Severity > 3 | 391,077 | 23% |
| Total | 1,703,675 | 100% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sector Objective 1: Increase access to life-saving and life-sustaining coordinated, equitable humanitarian health services for those most vulnerable and in need.** | | | |
| **Sector Objective 1** | **Indicator (ideally at outcome level)** | **January - March** | **% of WoS target 2022** |
| Objective Indicator 1.1 | Outpatient consultations per person per year | 2,539,854 | 10.4% |
| Objective Indicator 1.2 | % National wide DPT coverage for children under 1 | TBC |  |
| Objective Indicator 1.3 | % of population fully vaccinated against Covid-19 (national and governorate) | 7.9% | 11.3% |
| **Sector Activity** | **Indicator (at output level)** | **January - March** | **% of WoS target 2022** |
| Activity 1.1 Provide essential primary and secondary health care services, including trauma care, and referral. | 1.1.1 # of outpatient consultations supported by health partners (*excluding mental health, trauma consultations, and physical rehabilitation*) | 2,539,854 | 10.4% |
| 1.1.2 # of trauma consultations supported | 92,762 | 12.1% |
| 1.1.2.1 # of hostility-related trauma consultations supported | N/A |  |
| 1.1.3 # of mental health consultations supported | 74,220 | 7.8% |
| 1.1.4 # of physical rehabilitation sessions supported | 10,567 | 2.0% |
| 1.1.5 # of vaginal deliveries attended by a skilled attendant | 2,545 | 1.6% |
| 1.1.6 # of caesarian sections supported | 2,619 | 5.5% |
| 1.1.7 # of cases referred for specialized treatment (between levels of care inside Syria, cross-line and cross-border) | 4,905 | 0.7% |
| 1.1.8 # of cases referred for specialized treatment (between levels of care inside Syria, cross-line and cross-border) | 4 |  |
| 1.1.9 # of consultations provided to patients with disability | 75,678 |  |
| Activity 1.2 Provide routine immunization services to all children <2 years of age | 1.2.1 # of children under the age of 1 received DPT3 or equivalent pentavalent vaccine (national programme) | TBC |  |
| 1.2.2 # of children under the age of 2 received MMR2 vaccine | TBC |  |
| Activity 1.3 Provide antenatal care | 1.3.1 # of Ante-Natal Care (ANC) visits | 104,239 | 13.8% |
| Activity 1.4 Provide case management for COVID-19 | 1.4.1 # of COVID-19 non-ICU beds supported for case management | 1,832 | 51.0% |
| 1.4.2 # of hospital beds supported for case management of critical (ICU) COVID-19 cases | 828 | 76.1% |
| Activity 1.5 Provide health facilities with essential medicines and medical supplies, including personal protective equipment (PPE) | 1.5.1 # of treatment courses delivered to health facilities | 1,703,675 | 13.1% |
| 1.5.2 # of medical masks (including N95 respirators) provided to health facilities | 2,439,975 | 31.7% |
| 1.5.3 # of medical gloves provided to health facilities | 623,730 | 8.0% |
| 1.5.4 # of protective gowns provided to health facilities | 113,235 | 20.8% |
| Activity 1.6 Monitor and report on violence against health care | 1.6.1 # of published attacks on health care | 4 |  |
| **Sector Objective 2: Strengthen health sector capacity to prepare for, detect and deliver timely response to disease outbreaks, including COVID-19.** | | | |
| **Sector Objective 1** | **Indicator (ideally at outcome level)** | January - March | % of WoS target 2022 |
| Objective Indicator 2.1 | % of disease alerts investigated within 72 hours of identification | 82% | 86.3% |
| **Sector Activity** | **Indicator (at output level)** | **January - March** | **% of WoS target 2022** |
| Activity 2.1.1 Expand the reporting capacity of the early warning systems | 2.1.1 % of sentinel sites submitting weekly surveillance reports | 89.7% | 89.7% |
| Activity 2.2 Strengthen capacity to investigate and detect disease outbreaks | 2.2.1 # of reference laboratories supported to detect and confirm epidemic-prone diseases | 9 |  |
| 2.2.2 # of laboratories supported to conduct COVID-19 rt-PCR testing | 8 | 57% |
| 2.2.3 # of COVID-19 PCR cumulative tests per governorate | 160,522 | 13.4% |
| 2.2.4 # of rapid response teams (RRTs) supported to respond to disease outbreaks | 88 | 45% |
| Activity 2.3 Support health authorities to carry out timely response to disease outbreaks | 2.3.1 % of disease outbreaks responded to within 96 hours of identification | 100% |  |
| **Sector Objective 3: Strengthen health system capacity to support continuity of care, strengthen community resilience, and respond to IDP movements and changes in context.** | | | |
| **Sector Objective 3** | **Indicator (ideally at outcome level)** | **January - March** | **% of WoS target 2022** |
| Objective Indicator 3.1 | Ratio of essential health workers (doctors, midwives, nurses) to 10,000 population | 21.5/10,000 | 90% |
| Objective Indicator 3.2 | % of subdistricts\* that have reached emergency standards with respect to ratio of essential health workers (doctors, midwives, nurses) to 10,000 population | 36% | 80% |
| Objective Indicator 3.3 | Ratio of fully functional health facilities providing primary health care services per 10,000 population | 0.42/10,000 | 67% |
| **Sector Activity** | **Indicator (at output level)** | **January - March** | **% of WoS target 2022** |
| \Activity 3.1 Strengthen the capacity of health care providers and community health care workers to provide essential health services | 3.1.1 # of health staff trained/re-trained on mental health topics including mhGAP, Problem Management Plus (PM+) and Psychological First Aid (PFA). | 951 | 15% |
| 3.1.2 # of health staff trained/re-trained on GBV first-line response including Clinical Management of Rape (CMR), GBV in emergencies, GBV referral | N/A | N/A |
| 3.1.3 # of health staff trained/re-trained on COVID-19 case management | 3,469 | 39.9% |
| 3.1.4 # of health workers trained/re-trained on infection prevention and control (IPC) | 64 | 1.7% |
| 3.1.5 # of health staff trained/re-trained on other health topics not mentioned above | 2,930 | 16.5% |
| 3.1.6 # of community health workers trained/re-trained on different health topics | N/A | N/A |
| Activity 3.2 Increase access to quality health services by establishing functional health facilities and mobile medical units and supporting referral | 3.2.1 # of health facilities refurbished or rehabilitated | 9 | 3% |
| 3.2.2 # of operational mobile medical units, including medical teams | 124 | 47% |
| Activity 3.3 Enhance the quality of health service delivery | 3.3.1 # of PHCs with hub essential health services package (EHSP) implemented | 147 | 50% |
| 3.3.2 # of assessed health facilities (not COVID-specific) with IPC package fully implemented | 0 | 0% |

**Health Sector Field Directory, II quarter 2022** is under the preparation.

**Overview of capacity building events supported by health sector, II quarter 2022** has been finalized**.**

**Schedule of health sector coordination meetings, sub-sector WG, II quarter 2022** has been finalized.

**Contact list, national NGOs,** has been finalized.

**New area-based response system (ABRS) approach** is under discussions. Health sector will be updated on the final list of proposed locations.

**COVID-19**

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

***COVID-19 interactive dashboard:*** <https://app.powerbi.com/view?r=eyJrIjoiNmY5OGYzNDYtNjZhMy00MWIyLWIyMzctYzc4MmI3ZDNlODk5IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9>

**Health sector meetings in April**

* National health sector coordination meetings (12, 14 and 26 April)
* Al-Hol camp health sector coordination meeting (7, 14, 21, 28 April).
* The Northeast Syria Inter-Hub call (12 April)
* Qamishli hub sub-national health sector coordination meeting (27 April).
* Aleppo hub sub-national health sector coordination meeting (27 April).
* Lattakia hub sub-national health sector coordination meeting (7 April).
* MHPSS sub-sector working group (4 April).

**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](https://app.powerbi.com/view?r=eyJrIjoiMTI1OTdjMjEtZmRlNi00Nzc5LWExMjQtNGUzNzAzYTU2YWRmIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9)
* Health sector referral pathway. Interactive dashboard: [link](https://app.powerbi.com/view?r=eyJrIjoiZjIwZTdlYzAtNzkzMS00NWEzLWEyYzMtNDcwYzZhMGM5MGE3IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9).
* WoS WHO Syria KPIs 2022. Interactive dashboard: [link](https://app.powerbi.com/view?r=eyJrIjoiMGQyZmFiOGEtZTNkZi00MmQwLTllODItZjk5YmJmYTdkMTA5IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9&pageName=ReportSection95b1c2275ca27199973d).
* 4Ws HRP health sector infographics. Interactive dashboard: [link](https://app.powerbi.com/view?r=eyJrIjoiOGE5ZGYzYTctMjM4NS00ZjQ5LTlmM2EtZmYyMjUyYmUwNmMyIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9).
* 4Ws HRP WHO Syria infographics. interactive dashboard: [link](https://app.powerbi.com/view?r=eyJrIjoiMGQxYjU4NGQtNDIzOC00OTE3LWFkY2EtZjFmNWU2NmM0ZjNiIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9).
* HeRAMS public health centres. Interactive dashboard: [link](https://app.powerbi.com/view?r=eyJrIjoiMzRhZWY0MzUtOGQ1Yi00N2U4LTkwZjItMGMzN2M3OGI1Mzc1IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9).

**Materials disseminated in April**

* WHO Syria snapshots (WHO Syria KPI COVID-19 March 2022; WoS WHO Syria KPI March 2022; WHO Syria KPI March 2022; WHO Syria NES KPI March 2022; WHO Syria NWS KPI March 2022; WHO Syria South KPI March 2022)
* Draft: overview of health situation and response in the south (Dara'a, Quneitra, Sweida
* Key health sector achievements, January - April 2022
* The overview of health sector supported capacity building events for April-June 2022.
* The minutes, coordination meeting between MoH and selected health sector organizations, 14 April, 2022
* The minutes of health sector coordination, Damascus, 26 April (The health sector presentation; The presentation of health sector, 26 April; The presentation of coastal area (Lattakia/Tartous) sub-national health sector group; The presentation of WHO nutrition response).
* WoS Health Cluster Strategy 2022-2023
* Request: inputs, Heath Sector Field Directory, Syria, COB: 26 April
* WHO Syria Annual Report 2021
* Draft, the minutes of health sector coordination, Damascus, 12 April 2022
* Flash Update: Attack on health care, Dara'a, 04 April 2022
* COVID-19 Response in Humanitarian Settings - When There are no Right Answers
* NGO Forum Northwest Syria - Statement on the Strike in Southern Idleb/Northwest Syria
* The minutes of Idleb sub-national health sector, 28 March (in Hama)
* WHO Syria monthly COVID-19 bulletin for March 2022
* Update: operational updates, 4 April
* COVID-19 vaccination update, WHO Syria
* Health Sector Syria Bulletin, March, 2022

**updates from partners:**

Will be available at the next month Bulletin.

**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> |

**CONTACT INFORMATION:**

|  |
| --- |
| Mr Azret Kalmykov, national health sector coordinator, Damascus, [kalmykova@who.int](mailto:kalmykova@who.int) Dr Fares Kady, sub-national health sector coordinator, north-west Syria, [kadyf@who.int](mailto:kadyf@who.int) Dr Nadia Aljamali, sub-national health sector coordinator, Homs/Hama/Idleb, [aljamalin@who.int](mailto:aljamalin@who.int) Dr Begench Yazlyyev, sub-national health sector coordinator, north-east Syria, [yazlyyevb@who.int](mailto:yazlyyevb@who.int) Mr Hasan Hamza, sub-national health sector coordinator, Lattakia/Tartous, [hhassan@who.int](mailto:hhassan@who.int)  Mr Ayman Al Mobayed, information management support, [almobayeda@who.int](mailto:almobayeda@who.int) |