

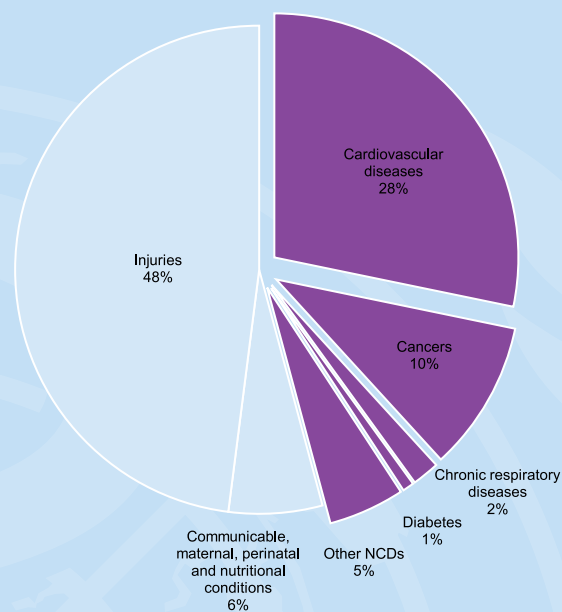
Syrian Arab Republic: Health Systems Profile

WHO-EM/PHC/141/E

Health status (2015)

Life expectancy at birth in years	<i>total</i>	64.5
	<i>males</i>	59.9
	<i>females</i>	69.9
Maternal mortality ratio per 100 000 live births	<i>total</i>	68

Proportional mortality (% of total deaths, all ages, both sexes)



Communicable diseases (2015)

Tuberculosis notification rate per 100 000 (2014)	19.0
Incidence rate of malaria per 1 000 population	...
Number of newly reported HIV cases	12

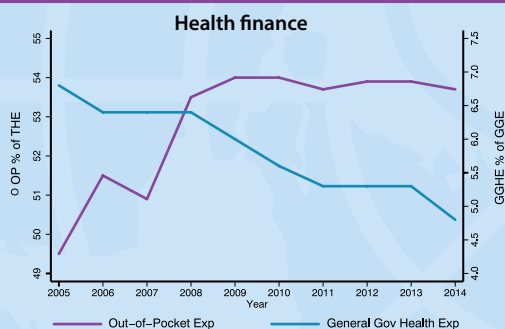
Behavioural risk factors

Estimated prevalence (%)	males	females	total
Current tobacco smoking (2014)*
Insufficient physical activity (2010)

Metabolic risk factors

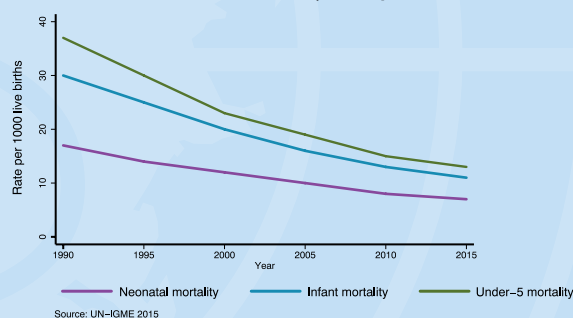
2014 estimated prevalence (%)	males	females	total
Raised blood pressure	21.3
Raised blood glucose	13.9
Overweight	58.5
Obesity	23.5

Expenditure and mortality trends



*GGHE % GGE is the general government health expenditure as % of general government expenditure
 **OOP % THE is the out-of-pocket expenditure as % of total health expenditure

Neonatal, infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits)	...
Measles immunization coverage among 1-year-olds (2015)	70.0
Treatment success rate of new bacteriologically confirmed TB cases (2013)	80.0
DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2015)	57.0

Health system: finance (2014)

General government expenditure on health as % of general government expenditure	4.8
Out-of-pocket expenditure as % of total health expenditure	53.7
Per capita total health expenditure at exchange rate (US\$)	67

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	13.3
Nurses/midwives	19.8
Dentists	7.6
Pharmacists	12.7

Health system: information (2012-2015)

Percentage of births registered	95.0
Percentage of deaths registered	81.3

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	93.0
	private	98.2
Number of scanners (in public facilities) per million population ^a	CT	...
	MRI	...

Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population	0.9
Hospital beds per 10 000 population	14.7

... No data available

^a Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities 2016 - Syrian Arab Republic¹

Strengths	Weaknesses
<ul style="list-style-type: none"> • Long tradition and practice of developing five-year medium-term planning for health as part of the national planning process in • elaborated public sector health care infrastructure in terms of primary care facilities and hospitals • Availability of health workforce with adequate density of physicians, dentists and allied workers • Significant improvement in infant mortality and U5MR and maternal mortality and life expectancy at birth between 1970 and 2010 <p>Current</p> <ul style="list-style-type: none"> • Efforts to enhance community ownership in planning/decision-making • Develop a new organizational structure for the Ministry of Health including administrative framework, workflow diagrams • Reviewing and sharing the database related to damaged health facilities in collaboration with stakeholders at the governorate level • Assessing hospital care status in the selected provinces • Establishing a web-based application and national data base management system for pharmaceutical products and communicable diseases /Early Warning System (EWARS) • Working on establishing bioequivalence studies centre as well as clinical studies • Providing health services to IDPs and host communities 	<ul style="list-style-type: none"> • Ministry of Health's capacity to undertake essential health functions is not supported by its organizational structure and functions of its departments • Disrupted health system due to the current events which has caused interrupted social and health services in hard to reach areas damaged health facilities, low access and coverage • Acute drainage of health professionals and shortage of health care workers and lack of qualified personnel (management skills, communication skills, computer skills.....) • Increased cost of health care delivery beyond the reach of the average Syrian • Sharp reduction of budget for imported medicines and reduction of locally manufactured medicines resulting in inadequacy of medicines being provided free of charge for patients • The capacity of the Health Management Information and Surveillance System is reduced, compromising the use of quality data • 48% of MOH Hospitals are either partially or non-functioning, and 34% of MOH Health Centers are either partially or non-functioning • The public health sector is overburdened as the majority of people cannot afford private health services • Reduced financial resources for health sector • No proper needs assessments have been conducted since 2011 • No household surveys have been conducted since 2010 • Breakdown of the referral system
Opportunities	Challenges
<ul style="list-style-type: none"> • Support of different UN agencies, international and national NGOs • Donor interest in supporting the health sector in Syria • High level commitment for Global Polio Eradication (through conducting regular campaigns) • Availability of basic health care staff across all governorates • Availability of qualified medical engineers for local maintenance 	<ul style="list-style-type: none"> • Escalated violence impedes access to many hard-to-reach areas • Access of the vulnerable people to the basic health services • Timely detection and proper investigation and response to disease outbreaks • Shortage of qualified health personnel • In sufficient supervision and monitoring • Lack of reliable data on the burden of trauma and injuries • Difficulties in estimating population figures at national, governorate and district levels due to large population movements • Frequent power cut, severe shortages of generators and fuel hamper the functionality of the hospitals and health centres • Sustaining demand for vaccination among IDPs and host communities • Side effects of imposed sanctions are affecting the procurement of vaccine, essential medicines and supplies • Implementing small-scale rehabilitation of infrastructure in partially damaged hospitals that will enable the hospitals to function by providing required equipment and spare parts • Introducing standard package of medicines for treating NCD diseases especially on the PHC level
Priorities	
<ul style="list-style-type: none"> • Improve the delivery of essential and emergency health care including: trauma, primary health care, reproductive and child health, nutrition services, management of chronic illness and mental health • Assess and improve hospital care services to facilitate access to emergency care • Promote and facilitate the access to preventive care including vaccine preventable diseases, anti-natal care, safe delivery, child care, care of the patients suffering from chronic diseases • Fill priority gaps for essential medicines, life saving medical equipment and supplies and spare parts needed for the provision of maintenance services and the functionality of machines • Strengthen the early warning system for outbreak alert and response of disease and public health emergencies • Coordinate the health sector response through consistently updated information on health needs, health sector response capacities and gaps • Revitalization and early recovery of health services and restoration of health facility services in affected areas while enhancing health sector readiness for emergency response • Support the country's health authority in building a responsive sustainable health system 	

¹ This profile depicts the state of the Syrian health system prior to recent events as well as mentioning challenges as a result of them

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