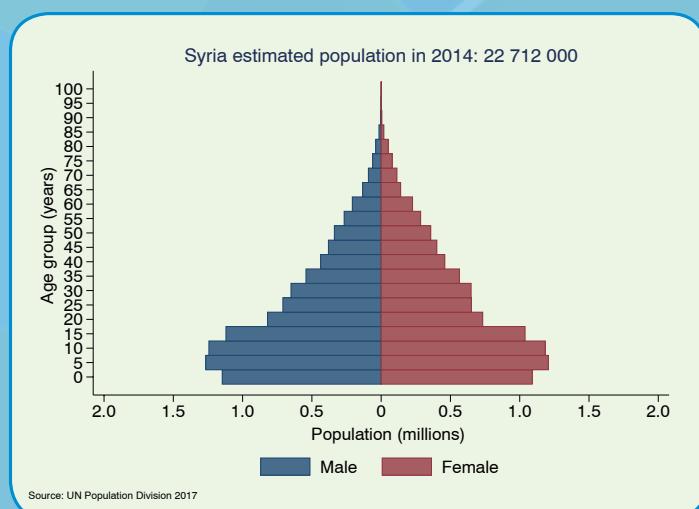




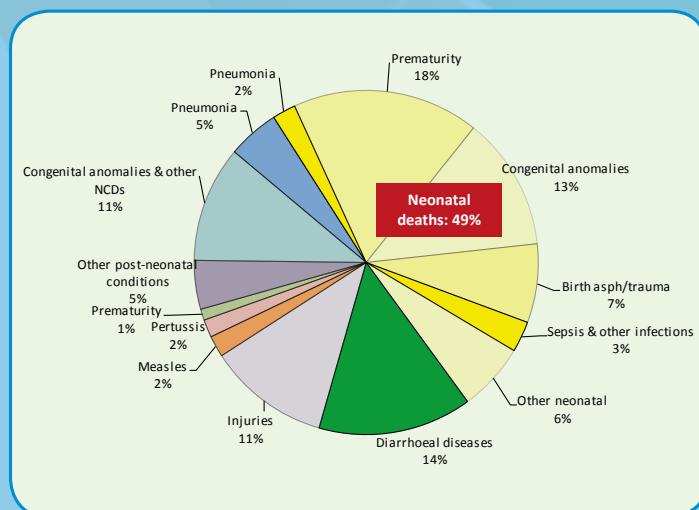
Universal health coverage

Primary health care facilities per 10 000 population (2016)	0.8
Hospital beds per 10 000 population (2016)	14.6
Modern contraceptive prevalence rate (2015)	41
Antenatal care visits (4+ visits)	...
Measles immunization coverage among 1-year olds (%) (2016)	79
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	91
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	61
General government expenditure on health as % of GDP (2014)	1.5
General government expenditure on health as % of total government expenditure (2014)	4.8

Estimated population in 2014



Distribution of causes of death among children aged <5 years (%)



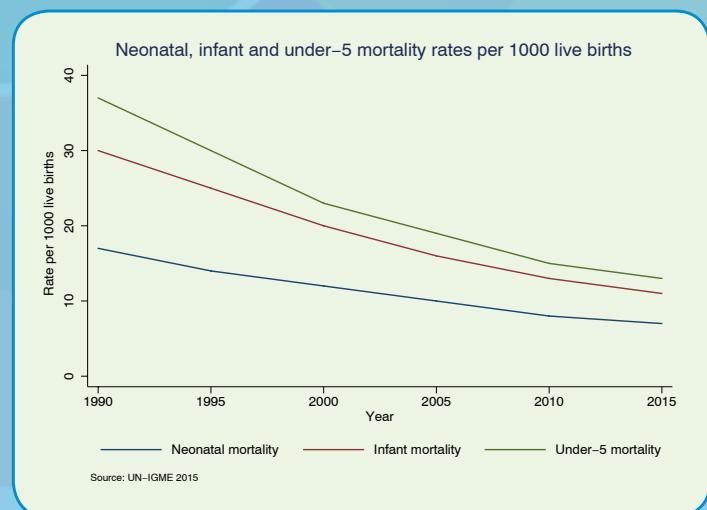
Selected determinants of health

Population living in urban areas (%) (2014)	54
Annual GDP growth (%)	...
Number of refugees ^a (2016)	810 374
Number of internally displaced persons ^b (2016)	6 325 978

^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR, as well as Palestinian refugees registered by UNRWA.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

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



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line	%	...
Proportion of employed population below the international poverty line (ILO estimate, 2016)	Male %	4.8
	Female %	2.4

2 ZERO HUNGER

Children under 5 who are (2014)	%	22.3
stunted	%	7.2
wasted	%	17.9
overweight (2011)	%	

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2015)	Total %	...
	Male %	...
	Female %	...
Net primary school enrolment ratio per 100 school-age children (2015)	Total ratio	...
	Male ratio	...
	Female ratio	...

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015)	%	79.1
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6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015)	%	90
Access to improved sanitation facilities (World Health Statistics, 2015)	%	96

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2014)	Total %	...
	Male %	...
	Female %	...

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)	Total	33.9
	Urban	34.1

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011–2015)	309
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*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	59.9	69.9	64.5
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	68
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	7
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	11
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	13
Tobacco use among persons 15+ years (%)
Overweight (18+ years) (%) (2014)	58.5
Obesity (18+ years) (%) (2014)	23.5
Raised blood pressure among persons 18+ years (%) (2014)	21.3
Raised blood glucose among persons 18+ years (%) (2014)	13.9
Raised cholesterol among persons 18+ years (%)
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	19
Cancer incidence per 100 000 (2012)	145.9

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.





Health and SDGs at a glance in Syria

Voluntary National Review:

N/A

National Focal Point for 2030 Agenda:

Yahia Awidah, Ministry of State for Environmental Affairs

National Focal Point in Ministry of Health for health-related SDGs:

Dr Ahmed Obeido

1. How is Syria incorporating the 2030 Agenda into its development policy and planning?

The Committee of Planning and International Cooperation is responsible for planning and national policy development. Currently, no national long-term vision for development exists. However, five-year plans, as well as yearly plans, are considered the medium- and short-term national plans, including related development policies, which have incorporated the SDGs for each sector. In light of the current emergency context in Syria, the work of WHO and other humanitarian partners is carried out through a series of humanitarian response plans, endorsed and implemented in accordance with the relevant UN General Assembly Resolution in coordination with the Syrian Government. These plans are complementary to the Government-led humanitarian response framework. The 2030 Agenda and the SDGs provide a reference framework for the strategic implementation of the economic and social advancement plans of Syria, including the Strategic Framework for Cooperation Between the Government of the Syrian Arab Republic and the United Nations 2016-2017. Through 2016-2017, the government and the UN Country Team have been tracking progress against national targets for achievement of the predecessor Millennium Development Goals (MDGs).

2. How is Syria incorporating SDG 3 targets in health policy, strategy, and planning?

The national development plan for SDG 3 indicators and necessary policies is under development. However, the 10th national five-year plan, including the health sector for 2009-2011 has been issued, incorporating the MDGs. Strategic priorities reflected in 2017 Humanitarian Response Plan include: Providing life-saving and life-sustaining humanitarian health assistance; Strengthening health sector coordination and health information systems to improve effectiveness, with an emphasis on enhancing protection and increasing access for health; and Improving access to health services and livelihoods by supporting community resilience, institutional and response capacity. Strategic priorities reflected in 2016-2018 Strategic Framework include: Restoring and expanding more responsive essential services and infrastructure; Building capacity and support institutions to develop, implement and monitor evidence-based policies, strategies, plans and resilience programmes; and Improving socio-economic resilience of the Syrian people, including economic recovery and social inclusion.

3. Are there any major partnerships in Syria for advancing the 2030 Agenda?

Partnerships with UN agencies working in Syria have been established in order to support sustainable development reporting as well as information system creating, aiming to monitor the progress until 2030. Syria is also involved in conferences, senior meetings and sustainable development forums in the region, especially activities organized by the League of Arab States and ESCWA. The humanitarian response to the ongoing conflict in Syria is coordinated through 11 sectors. The governance of the health sector is led by the Ministry of Health (MoH). The Ministry of Higher Education (MoHE), with its network of teaching hospitals, is an important health care provider. Various registered NGOs are providing health care services in close coordination with health authorities at central and governorate level.

4. Are there any major partnerships in Syria for advancing the health-related SDGs?

The MoH and WHO are working in coordination to advance the health related SDGs, especially through agreed health agendas and programmes concerning related indicators. As part of its ongoing response in Syria, WHO leads and coordinates more than 80 health partners including UN agencies, international and national NGOs. WHO coordinates strategic planning and operational reviews, leads the process of assessing humanitarian health needs and oversees the preparation of the health component of the annual humanitarian response plan for Syria. WHO's network of focal points throughout Syria assesses needs, monitors ongoing activities, and reviews health facility and NGO records to ensure that WHO's supplies are reaching end beneficiaries.

5. Has Syria reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

The government is currently conducting its nine-month national development programme which will incorporate the SDGs, as well as health policies to achieve Universal Health Coverage (UHC), analysing the health situation in order to produce a comprehensive vision harmonized with the highest standards of UHC. The health sector in Syria is currently working in a coordinated manner to restore and expand essential health services. Interventions aim to expand vaccination and health care coverage and the numbers of functioning health facilities, through rehabilitation of facilities and access to medicines and equipment, as well as assisting in supervision and monitoring, particularly in underserved areas. Primary health care is promoted through a process of decentralization to the district level. Prioritized programmes include national TB and HIV programmes, maternal and child health care services, reproductive health services, particularly for youth, as well as services for survivors of gender based violence.