Syrian Arab Republic: Health Systems Profile



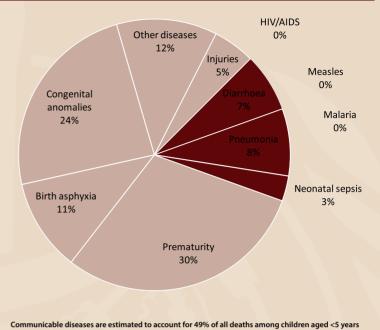
Health status (2013)		
Life expectancy at birth in years	total	76.0
	males	73.0
	females	78.0
Maternal mortality ratio per 100 000 live births	total	49.0

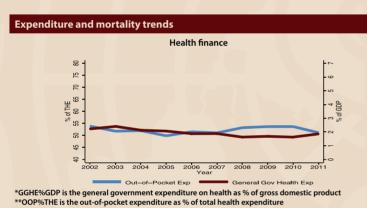
Communicable diseases (2014)	
Tuberculosis notification rate per 100 000 population	12.0
Incidence rate of malaria per 100 000 population	
Number of newly reported HIV cases	23.0

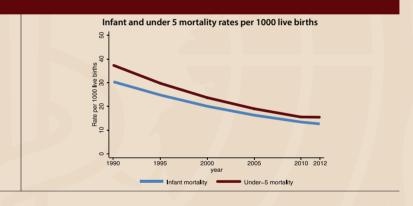
Behavioural risk factors			
Prevalence (%)	males	females	total
Current tobacco smoking (2011)*			
Insufficient physical activity (2008-)			

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

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







Health system: selected coverage interventions			
Antenatal care visits (4+ visits) (2013)			
Measles immunization coverage among 1-year-olds (2014)			
Treatment success rate of new bacteriologically confirmed TB cases (2014)			
DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014)			

	Health system: finance (2013)	
 71	General government expenditure on health as % of general government expenditure	5.3
53	Out-of-pocket expenditure as % of total health expenditure	53.9
	Per capita total health expenditure at exchange rate (US\$)	43
62		

Health system: workforce (2014)	Health system: information		
Health workforce per 10 000 population			
Physicians 13.	Percentage of births registered 0.95		
Nurses/midwifes 19.	3		
Dentists 7.6	Percentage of causes of death recorded 0.81		
Pharmacists 12.			

Health system: medicines and medical devices (2013)			Health system: service delivery (infrastructure) (2014)	
Availability of selected essential medicines and medical products in health facilities (%)	public private	93 98.2	Primary health care facilities per 10 000 population	0.88
Number of scanners (in public facilities) per million population ^c	CT MRI		Hospital beds per 10 000 population	15

... No data available

^a International Classification of Diseases

^b Gross domestic product

^c 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 - Syrian Arab Republic¹ 2015

Strengths

Pre-events

- 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 maternal mortality between 1970 and 2010

Current

- Efforts to enhance community ownership in local planning and decision-making
- Develop a new organizational structure for the Ministry of Healthincluding administrative framework,workflow diagrams
- Reviewing 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
- Working on establishing bioequivalence studies centre as well as clinical studies

Weaknesses

- 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 crisis which has caused weak governance, 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....)
- Reduced financial resources for health sector
- Increased cost of health care delivery beyond the reach of the average Syrian
- Sharp reduction of budgetforimported medicinesand reduction of locally manufactured medicines resulting inadequacy of medicines being provided free of charge for patients
- Breakdown of the referral system
- The capacity of the Health Management Information and Surveillance System is reduced, compromising the use of quality data
- 59% of public hospitals are either partially or non-functioning, and 46% of the health centres are either partially or nonfunctioning. The public health sector is overburdened as the majority of people cannot afford private health services.
- No proper needs assessmentshave been conducted since 2011

Opportunities

- 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
- · Availability of basic health care staff across all governorates

Challenges

- Escalated violence impedes access to many hard-to-reach areas
- Accessof thevulnerable people to the basic health services
- Timely detection and proper investigation and response to disease outbreaks
- Shortage of qualified health personnel
- In sufficient supervisionand 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

- Improve the delivery of essential and emergencyhealth 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
- Fillpriority gaps for essential medicines, live 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.

