

Regional Dynamics/Impact linking the Gaza Crisis and its Fallout to the Increasing Fragility of the Syrian Situation February 2024

Health sector specific impacts

It remains a significant challenge to reach earlier identified health sector priorities, including:

- **A coordinated approach by health sector to ensure integrated package of life-saving and life-sustaining response** at a primary and secondary health care levels, including Reproductive (including clinical management of rape, obstetric care and HIV/STI management), Maternal, Newborn, Child and Adolescent Health, communicable diseases, non-communicable diseases, mental health, vaccination), physical rehabilitation (PWD and traumatic injuries) and health education.
- **Key operational challenges and gaps do not enable to:** 1) Set up of fixed/static health points/centers (using at a maximum (where possible) available health facilities / infrastructure); 2) Provide lifesaving and life-sustaining medical supplies (medicines, consumables, life-saving medical equipment) to local health facilities (PHCs, hospitals, laboratories); 3) Emergency referral system to access specialized health care services; 4) Provide capacity building and community level support with a focus on RCCE (risk communication and community engagement), MCH (mother and child health), disease surveillance, MHPSS (mental health and psychosocial support), SRH (sexual and reproductive health), vaccination.
- **Originally anticipated risks have remained the same**, including death and injuries – attacks on healthcare; increased trauma and emergency care needs; disruption of health services (including MCH and SRH services) and internal displacement; disease outbreaks; WASH needs, MHPSS and PRSEAH in affected areas.
- **Fragile and already disrupted health system have impacted the response and also become overwhelmed**, especially across Syrian governorates with potential border crossing points and in the south of Syria. Looking at the nature of the conflict so far, if continued and not addressed, **potential health impacts would further exacerbate across the country:**

Health System:

- *Health Facilities:* 43 per cent of public hospitals and 44 per cent of primary health care (PHC) facilities are either partially functioning or not functioning at all.
- *Health Workforce:* At least 50% of health workers are estimated to have left the country and the aggregated density of key health workers (doctors, nurses and midwives) is 2.1 per 1,000 population – far below the minimum 4.5 per 1,000 estimated to be required to achieve SDGs and Universal Health Coverage. Specialists in public health, emergency medicine, anesthesia, family medicine and psychology are in particularly short supply. A new wave of health worker attrition is observed due to the economic crisis – currently, public sector doctors earn the equivalent of 13 USD (149,000 Syrian Pounds) leaving them unable to afford even the cost of transport to their jobs where face-to-face care is absolutely essential.
- *Population coverage:* Currently, 152 out of 270 sub-districts – home to 11.76 M people – are dramatically underserved and suffering from the compounded threat of below-minimum-standards for hospital beds, health care workers and functional primary health care centers per 10,000 population.
- *Health partners/civil society:* In the past 5 years, funding declines and workforce migration have reduced the number of national and local health actors (NGOs and CBOs) active in the health sector from 70 to just 25.

Health Impact:

- *Childhood Disease:* Vaccination coverage for childhood illnesses such as measles (72% MMR coverage as of May 2023) and diphtheria (74% DPT3 coverage as of August 2023) are below the necessary threshold for population immunity. More than 500,000 eligible children are estimated to have received zero doses of MMR vaccine, leaving them vulnerable to illness, complications and even death.
- *Malnutrition:* This situation is further exacerbated by increasing rates of global acute malnutrition rate which has risen from 2.2-2.3 in 2021 and 2022 to 3.1 in as of July 2023, triggering an almost 20% increase in cases of severe acute malnutrition admitted to stabilization centres and resulting in nearly 44,000 children within

stunting detected in the first 9 months of the year. These numbers are expected to worsen given the projected reduction in food assistance to over 2 million households in 2024.

- o *Mental health*: In the first 9 months of 2023 alone, the need for specialized consultations has risen 205% for depression and 635% for stress-related disorders.
 - o *Chronic Disease*: Non-communicable diseases (NCDs) account for 49.8% of mortality in Syria. Yet, patients are facing reduced access to treatments to effectively control NCDs due to sharp increases of 150% or more in medication prices due to removal of subsidies, inflation and currency devaluation, and impaired local manufacturing capacity as a result of export sanctions.
 - o *Outbreaks*: In 2022 and 2023, Syria has faced outbreaks of acute water diarrhea (AWD)/cholera, measles, meningitis and severe acute respiratory infections (SARI) while endemic diseases such as leishmaniasis, hepatitis A, rabies, and lice and scabies continue to threaten population health. Disease outbreak risk is further magnified by damaged water and sewage networks, overcrowded settings resulting from displacement, and climatic shocks such as drought and floods.
 - o There are major gaps in the *quantity and quality of health care workers*, with an estimated 50–70 per cent of health care workers having left the country driven by displacement, attacks on healthcare, and low salaries. Those remaining require training, equipment and supervision to implement integrated and essential health service packages.
- **Supply chain and fuel**: Sporadic closures of borders and interrupted access to neighbouring countries have had a financial and logistical impact on Syria operations. This further got complicated by shortage of medical supplies at local/global markets for timely replenishment of stocks. The issues related to supplies, logistics and health system functionality got exacerbated by fuel shortages and/or further socio-economic decline. Staff movements and programmatic activities have been limited by fuel shortages.
 - Health sector advocates continuously on **the consequences of failure to invest in health sector interventions**:
 - o Continued deterioration of public health system.
 - o Increased risk of outbreaks: Missed or delayed detection and identification of potential outbreaks; Compounded by gaps in electricity & water networks.
 - o Service quality / public trust diminished
 - o Interrupted service continuum – will likely be replaced by focus on specialized, SHC level and some services will collapse (e.g. community and primary level MHPSS).
 - o Perpetuation of inequity, especially in rural / poor areas, undermines social cohesion.
 - o Reduced readiness / preparedness for the next shock.
 - o Diminishing “safety net” – determinants of health are worsening, health system functions as a last resort when people fall through the cracks due to food insecurity, protection threats, loss of livelihoods/increased stress, poor WASH, etc.
 - o Catastrophic health expenses for households who must resort to the private sector, negative coping.
 - o Lives lost due to inability to intervene in evidence-based manner (services below standard of care) or unaffordability.
 - o Human resources for health continued decline (retirement, migration, etc.).