Sector Humanitarian Situation Update and Prioritization:

A) Overall current situation, and the selected sub-districts:

Syria's health system has been severely impacted by 13 years of conflict, resulting in disrupted health services, limited functionality, and recurring disease outbreaks. In 2024, 14.9 million Syrians are estimated to be in need of life-saving primary and secondary care health assistance, and 20 sub-districts are in severity 5, where, sub-districts that are classified as severe (3) or extreme (4) in the health sector, up from 89 and 113 in 2023 to 122 and 118 in 2024, respectively. To ensure the provision of essential life-saving health services and to meet the health needs of vulnerable Syrians in the next six months, as outlined in the 2024 HRP, the health sector is currently facing a $359 million funding gap. Along with the country's ongoing fuel crisis, numerous disease outbreaks, including cholera and measles, and a protracted, complex political and socioeconomic crisis, the Syria's already fragile health system is further overburdened and still grappling with the aftermath of the earthquake, which has severely limited its capacity.

In the next 6-9 months, programmatic priorities will include scaling-up health services to cover the growing and diverse needs of individuals, particularly pregnant and lactating women, children under five, persons with disabilities (PWDs) and displaced people living in camps and camp-like settings. In 2024 the health sector will aim to: 1) Expand access to and provision of quality, equitable and integrated life-saving health services across all levels of care – community, primary, secondary, and tertiary; 2) Support the health sector's capacity to prepare for, detect, and deliver a timely response to disease outbreaks, including respiratory, water-borne (WBD), vector-borne (VBD) and vaccine-preventable (VPD) diseases; 3) Strengthen and mainstream early recovery interventions to contribute to Syria's health system resilience. This will be based on boost of inter-sectoral collaboration across health, WASH, nutrition, FSL, and protection/GBV to reduce malnutrition and mainstream protection in the health sector.

Given that less than 62 per cent of hospitals and primary health care facilities are fully functioning (WHO HeRAMS Q3 2023), the present health system functionality across all parts of Syria is rapidly decreasing, while increasing morbidity, and mortality among vulnerable groups in Syria, and closure and/or downsizing of health partners' activities. Funding shortfalls and other challenges hinder the delivery of essential health services to the vulnerable communities – including camps and settlements, and disrupt outbreak response and disease surveillance capacity, resulting in undetected/delayed detection of disease outbreaks (include vaccine-preventable, water and food-borne diseases). This is further exacerbated by gaps in the electrical and water networks.

Additionally, access to and availability of primary and secondary health care services deteriorates, and support for many health facilities across Syria will be phased out in the coming months. Major shortages and disruptions in essential medicines, supplies, equipment, and/or operational support are reported, given that medicine prices have already doubled, with a 220% increase in the last two years.

Some of critical gaps include and relate to:

Continued fragmented health governance across the country. There is a lack of access to basic healthcare services. There are severe shortages of healthcare facilities and professionals in both areas of displacement and origin which remain the key factors which affect directly on delivering the health services. Shortages of essential medicines and medical supplies affect directly the ability to treat common illnesses and manage chronic conditions among vulnerable population. Deterioration in the economic conditions affected negatively on the healthy behavior due to changes in the priorities of local population. Unaffordable private sector costs and dependence of NCD treatment at private sector. Inadequate MCH and SRH services. Mental health services, including counseling and psychosocial support, GBV are still highly required. Poor sanitation conditions lead to the spread of water borne diseases. Displacement led to disruptions in routine vaccination programs causing increasing the risk of disease outbreaks. respond to ongoing and further deteriorating environmental shocks.

The health sector have repeatedly highlighted that the referral system in NES is unsustainable in its current form. In general, while the demand for referral services has increased in 2023, especially with the rise of hostilities and attacks (including attacks on healthcare) that have been reported in NES, while funding for this activity has steadily decreased over the same period. Support for referrals to secondary healthcare has remained one of the essential priorities of the health sector joint response in northeast Syria (NES). Total camps population is estimated by 120,000 people in 12 camps across NES. However, challenges in resources, service capacity, access, and health governance continue to plague the health response, directly and indirectly impacting the work of other sectors (protection, nutrition, etc.). 10,000 residents of NES camps are in need in life-saving referrals each year. There are an estimated 1,000 patients categorized as ‘cold cases’ (non-emergency) in all camps. These patients need specialized health services only available outside the camp but are not severe/acute enough to qualify for emergency referral.

Assessed public health facilities and communities in prioritized sub-districts report that:

• 70% do not provide essential clinical services, including trauma. • 75% do not provide child health and nutrition services. • 74% do not provide communicable diseases’ services. • 67% do not provide maternal and children services. • 75% do not provide services related to non-communicable diseases and mental health.	• 70% of individuals had a health problem and needed to access health care. • 70% of individuals were not able to obtain health care when they felt they needed it. • 70% of households sought health care in the last 3 months, including 80% of them would seek care at a government hospital. • 80% of households – had to pay for health services. • 65% of households – report unmet health services: • 40% of households report having no access to health services for various reasons.

	• 40% of households report water and food-borne diseases in their communities. • 60% of households report limited access to RH services. • 70% of households report access to routine vaccination.

B) Sector key issues and priorities for this allocation:

A coordinated approach by health sector is essential ***to ensure integrated package of life-saving and life-sustaining response*** at a primary and secondary health care levels, including Sexual and 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.

A special focus will be to address critical secondary health services and referral gaps in NES. All operational health sector partners across NES planning ***to support the referrals*** should include and ***ensure coverage of residents of camps and camp-like settings in NES***.

1. Proposed health sector priority actions:

- Establish & operate mobile and medical teams and static health points / centers (using at a maximum (where possible) available public health facilities / infrastructure), with integrated referral system to access emergency services, as well as specialized health care services, including diagnostics.
- Provide lifesaving and life-sustaining medical supplies (medicines, consumables, life-saving medical equipment) to local health facilities (PHCs, hospitals, laboratories).
- Provide capacity building and community level support with a focus on RCCE (risk communication and community engagement), MCH (maternal and child health), disease surveillance and outbreak response, MHPSS (mental health and psychosocial support), SRH (sexual and reproductive health), vaccination, trauma (BLS/ALS).
- Reactivation of public health centers and operationalization of integrated community centers.
- Support with health referrals from 12 NES camps.

C) Please provide information on the proposed sector strategy for integration with other sectors that could increase the impact and cost efficiency of the recommended activities:

A coordinated approach on rolling out an integrated assistance package will be in place with nutrition, WASH {especially on water quality monitoring}, sectors, with priorities addressed under GBV sub-sector as well.

D) Please indicate whether the proposed intervention under this allocation will complement interventions or other sources of funding in the selected locations:

Proposed activities are in line with prioritized operational response in place of the country. Due to reduction of funding the operational footprint has been scaling down with more areas remaining non-covered by immediate humanitarian health response.

Sector Activities Prioritization:

Under this allocation PIN for health is almost 2 million people. 543,892 people {25%} are intended to be targeted on a priority basis. Rolling out an integrated lifesaving basic package for targeted population of 543,892 people incudes:

- 12 mobile medical teams
- 12 static health clinics
- 8 rapid outbreak response teams
- 3,033 referrals
- 181,184 treatments to be distributed
- 1,075 health and non-health staff trained
- 1,075 community workers trained
- 11 reactivated primary health facilities and integrated community centers

A total required for health to cover PIN and Target population is 3.5 million USD.

Integrated package of life-saving health assistance	Governorates	Target Population								Total	Cost	Total
		Aleppo	Raqqa	Hassakeh	RD	Dara	DeZ	Sweida	Lattakia			
		156,850	*118,911*	*115,345*	*90,260*	*44,274*	*9,855*	*8,058*	*339*	**543,892**		
Mobile medical teams	8	3	2	2	2	1	1	1	0	12	15,000	**180,000**

Static medical clinics	8	3	2	2	2	1	1	1	0	12	15,000	**180,000**
Rapid outbreak response teams	8	2	1	1	1	1	1	1	0	8	15,000	**120,000**
Support with referrals	8	3	500	1,500	500	250	200	80	0	3033	150	**454,950**
Distribution of treatment courses	8	52,283	39,637	38,448	30,087	14,758	3,285	2,686	0	181,184	10	**1,811,843**
Training of health and non-staff	8	200	200	200	200	50	200	25	0	1075	250	**268,750**
Training community workers	8	200	200	200	200	50	200	25	0	1075	250	**268,750**
Reactivation of PHC facilities and integrated community centers	8	2	2	2	2	1	1	1	0	11	20,000	**220,000**
TOTAL:												**3,504,293**

Sector	Allocation Priority # (1 or 2)	Sector Sub-priority/ies (as listed in the above section "B" point)	Justification (Why is this a priority for this allocation)	Recommended activities as per the HRP
Health	**Strategic Priority 1**		***Integrated package of life-saving and life-sustaining response at a primary and secondary health care levels is essential intervention of health sector for remote, rural and underserved geographical areas.***	• Roll out of 12 mobile medical teams – 3.2.2 • Roll out of 12 static health clinics – 3.2.2 • Roll out of 8 rapid outbreak response teams – 2.2.2 • Support of life-saving 3,033 referrals – 1.1.7 • Procurement and distribution of life-saving and life-sustaining health supplies for 181,184 medical treatments for health facilities – 1.5.1 • 12 mobile medical teams X 12 = 180,000 USD • 12 static health clinics X 12 = 180,000 USD

	Strategic Priority 2		***Capacity building efforts aim for strengthening institutionalization of health care system. Reactivated health facilities and community centers are part of ER strategy.***	• 8 rapid outbreak response teams X 8 = 120,000 USD • 3,033 referrals X 150 = 454,950 USD • 181,184 treatments X 10 = 1,811,843 USD **SUB-TOTAL: 2,746,793 USD** • Training of 1,075 health and non-health professionals – 3.1.5 • Training of 1,075 community health workers – 3.1.6 • Reactivate 11 primary health facilities and integrated community centers – 3.2.1 • 1,075 health and non-health staff trained X 250 = 268,750 USD • 1,075 community workers trained X 250 = 268,750 USD • 11 reactivated primary health facilities and integrated community centers X 20,000 = 220,000 USD **SUB-TOTAL: 757,500 USD**