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for every child

Every Day Counts

An outlook on health for the most
vulnerable children in Syria

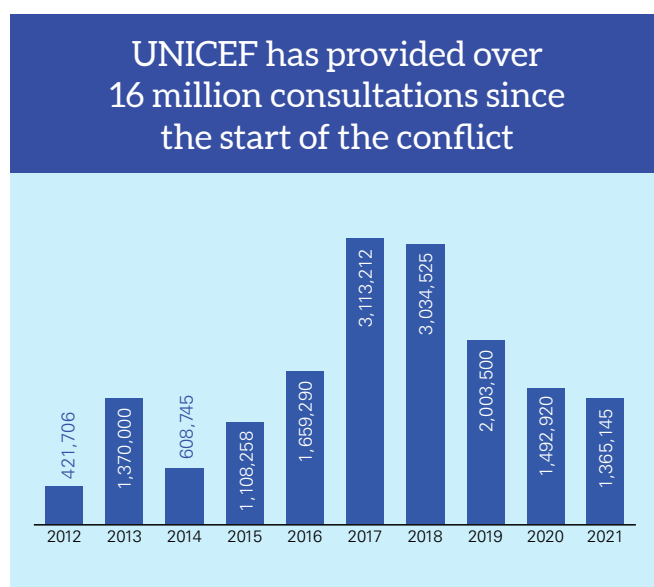
Over the past ten years, UNICEF has **mitigated the destruction of physical and human health infrastructure** in Syria by, among other critical interventions, **providing over 16 million primary health care consultations** for children and women. However, the provision of health care through a parallel NGO-run system can only be a stop-gap measure. It is time now to invest technical and financial resources into **building an equitable health care system**, focusing on building the technical and managerial capacity of the health workers at all levels and reactivating comprehensive primary health care including supporting evidence-generation and evidence-based policies for maternal and child health and nutrition.

What has UNICEF done for Syrian children during the past 10 years of conflict?

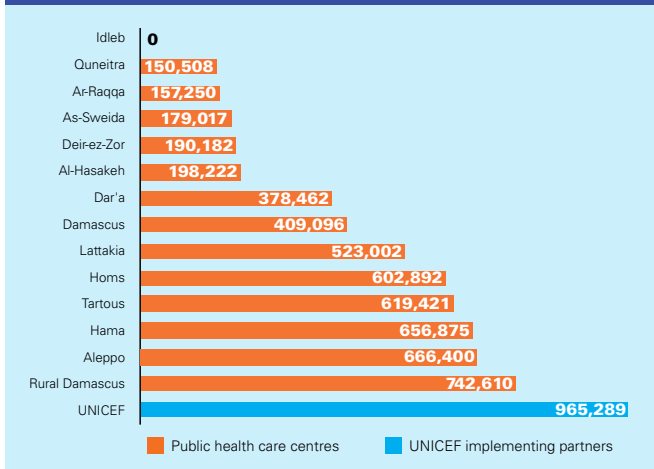
Through NGOs and other partners, UNICEF has provided 16,177,301 primary health care consultations since 2012. It is impossible to quantify how many children and women have been saved by UNICEF and other humanitarian actors filling the gap created by the destruction of the primary health care system in Syria. Ninety per cent of these consultations were for the most common childhood killers: pneumonia and diarrhoea. Others prevented, diagnosed, treated and referred sick children with no other recourse. During the height of the conflict in 2016 and 2017, UNICEF health supplies were a lifeline, crossing lines of conflict and reaching besieged communities.

In 2021, UNICEF focused on communities that may otherwise not have had health facilities, or those with very high numbers of internally dis-

placed people (IDPs). The inaccessibility of public health services is particularly stark: In the first half of 2020, for example, UNICEF and its partners helped fill the gap in Syria's health infrastructure by providing more primary health care consultations than the public primary health centres in any one governorate.



Consultations, January to June 2020



In October 2013, WHO confirmed cases of wild poliovirus in Deir-ez-Zor Governorate, where vaccination had been severely affected by constrained access over the two previous years. UNICEF with WHO and the Ministry of Health immediately scaled up efforts to ensure all children – including those in hard-to-reach areas – were reached by four yearly rounds of polio vaccination campaigns which have kept Syria polio free since 1993. Vaccination rates as measured by a third dose of diphtheria, tetanus and pertussis-containing vaccine declined from 99 per cent in 2008 to 66 per cent in 2018, with the arrival of COVID-19 only

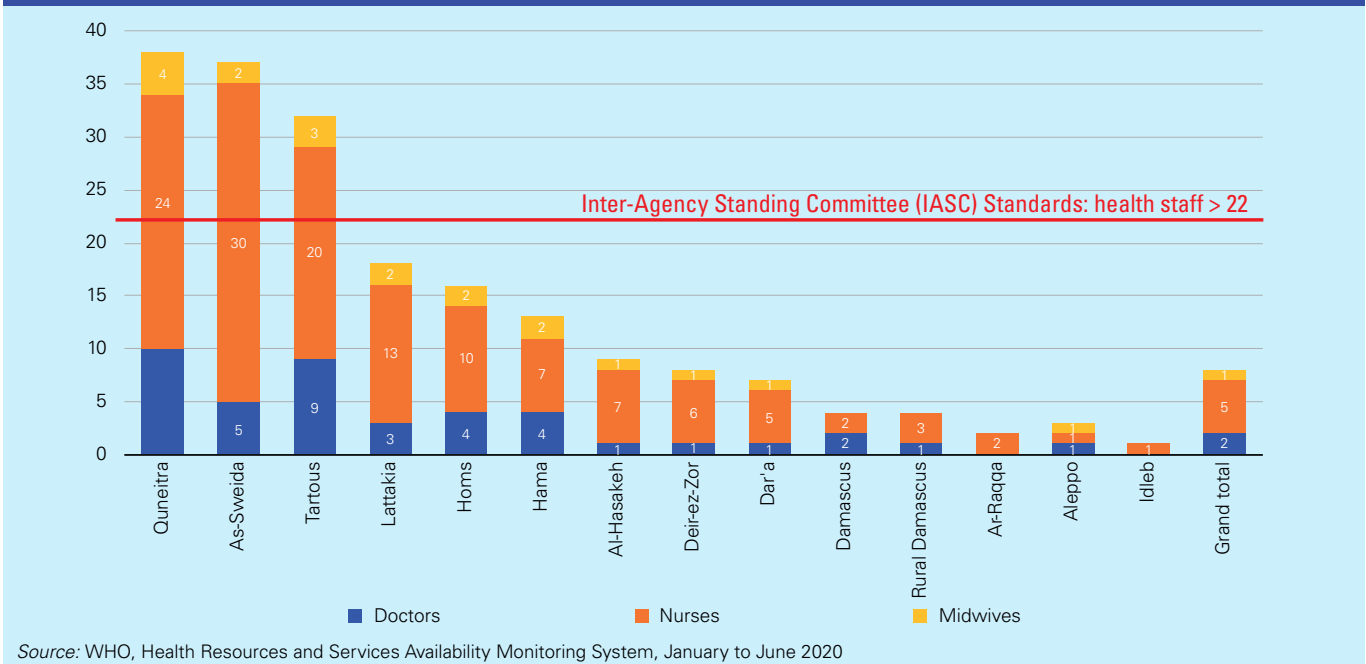
further constraining vaccination efforts across the country. **UNICEF, with support from GAVI, has imported all vaccines used in the country for the past 11 years, as well as providing cold rooms and solar refrigerators to keep the cold chain functioning.** Polio vaccines have reached three million children under 5 years of age and routine vaccines have reached half a million children under 1 year of age per year since 2011.

The health system in Syria in 2022

Half of the primary health care system in Syria remains offline¹. Thirty-seven per cent, or 101 out of 270 sub-districts have no functional primary health care facilities. Even if all health facilities were rebuilt, there would be no one to run them: There are 2.4 health staff for every 1,000 people, compared to the international standards of 4.5 per 1,000². Of the 80,000 Syrian physicians working in the country before the crisis, only 20,000 remain in the country. In the governorates most affected by fighting in the past five years such as Aleppo, Ar-Raqqa and Rural Damascus, there remains as few as one doctor per 10,000 people.

1 Humanitarian Needs Overview (HNO), 2021.
2 OCHA, HNO, 2020.

Medical staff in public health centres, per 10,000 people, 2020



Source: WHO, Health Resources and Services Availability Monitoring System, January to June 2020

The impact on children is measurable: Neonatal mortality has increased from 8.7 to 11.8 per thousand live births from 2008 to 2019 according to field studies on “causes of mortality among children under 5 years in Syria” done by the Ministry of Health with UNICEF and WHO support. For children under 5 years, the mortality rate has increased from 17.4 to 23.7 per thousand live births in the same period.

What can UNICEF do for children in the next 10 years?

UNICEF has a vision for Syria where children access primary health services which are equitable, high-impact and high-quality. UNICEF has supported the development of a strong network of NGOs with the capacity to provide quality maternal and child health services. However, looking forward over the coming ten years, these NGOs should play a more focused role, providing quality health care services in pockets of highest needs alongside a restored health system.

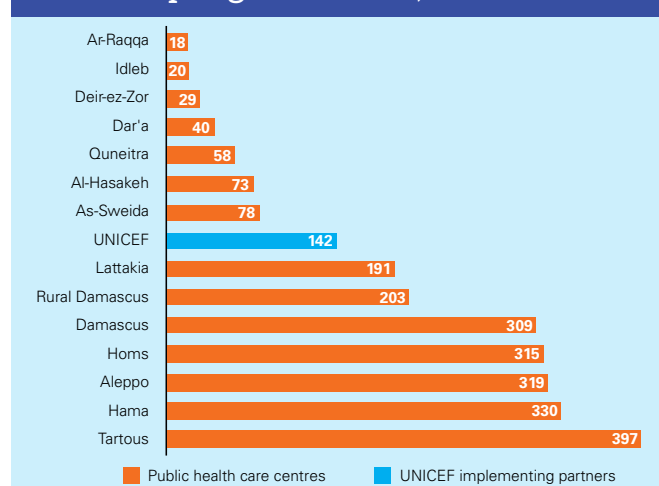
Over the past ten years, UNICEF has spent \$13.8 million on 60,111 health kits full of the medicines, consumables and equipment needed to provide primary health care for a catchment population of 10,000 people per kit. A further 20 to 30 per cent of its health budget went to local NGOs to rent clinic space, run mobile clinics and pay health workers. For example, UNICEF implementing partners employ 142 doctors as well as 132 nurses and other health workers.



UNICEF needs to invest an increasing portion of these resources into the health care system. This includes building the capacity of health workers and community volunteers to provide an integrated package of primary health care including adolescent health, early childhood development and support for children with disabilities. In parallel, UNICEF will continue to support the key leading NGO partners who have established solid presence on the ground especially in the most heavily affected areas. In all areas, UNICEF will engage local communities for social and behavioural change and generate demand for health services.

There will be no restored health system without functional health facilities. Of the 1,790 health centres in the country, 553 have been destroyed and 376 damaged. Only 107 have been rehabili-

Public health centre doctors per governorate, 2020



tated in the past three years (45 by UNICEF, along with an additional 97 prefabricated clinics). At this rate, it would take 23 years before all health centres are once again fully functional. The Government of Syria invests far below (\$17 per person) the recommended amount per person (\$86) in the health system and 87 per cent of funds that do go to the health system are dedicated to recurrent expenditures. **UNICEF will leverage its evidence base and convening power to advocate with the Government to increasingly invest in rebuilding its health infrastructure in the coming ten years.**

UNICEF will support the government to develop key strategies and advocate for every child's

right to health. This means continuing to support evidence generation for evidence-based planning and will support decentralization of Health System to empower the country's district health systems. Furthermore, building on the experience of CO-VAX roll out, UNICEF will continue to strengthen the cold chain system with the final goal to have a solid routine immunization system and emergency response system.

Finally, UNICEF health programming will collaborate closely with other sectors to address the social determinants and underlying causes of health challenges, such as the Education and Water, Sanitation and Hygiene Sectors.

Estimated budget requirements for 2022-2024

Pillar 1: Policy dialogue and advocacy, institutional capacity building	\$20,000,000
Pillar 2: Infrastructure rehabilitation, provision of equipment and commodities.	\$106,000,000
Pillar 3: Demand creation interventions targeting caregivers. Engagement/ participation of communities to create trust	\$26,000,000
Total	\$152,000,000



UNICEF Syria

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