

SYRIAN ARAB REPUBLIC

People in need¹

16.5 MILLION

People targeted¹

10.3 MILLION

Funding requirement

US\$ 30.5 MILLION

¹ Figures represent People in Need and People Targeted for overall humanitarian assistance drawn from the Global Humanitarian Overview (GHO) 2026

CONTEXT

Fourteen years of conflict and underinvestment have taken a significant toll on the Syrian Arab Republic, with an estimated 16.5 million people in need of humanitarian assistance. The country's economy, infrastructure and basic services have been devastated. In early December 2024, the Syrian Arab Republic entered a new chapter with a change of government, which signalled hope for stability and recovery. The 'new' Syrian Arab Republic faces numerous challenges, including political transition, social reconciliation, reconstruction, reviving the economy, the return of refugees and internally displaced persons (IDPs) and security-related issues, against a backdrop of contraction in overseas development assistance (ODA), regional geopolitical tensions and an array of risks and hazards that increase people's vulnerability and needs. Incidents of armed clashes, heightened crime activity, inter-communal tensions, ongoing airstrikes and border incursions further damage already weakened services, risk secondary displacement and result in expanded humanitarian emergencies.

According to the UNHCR Return Overview, as of 27 November 2025, 1.2 million refugees have returned to their homes since 8 December 2024, mainly from neighbouring countries where United Nations support for Syrian refugees is being reduced or halted. Returnees face numerous challenges, including damaged homes and shelters, a lack of essential services, limited job opportunities, risks posed by unexploded munitions and missing legal documents. At the same time, internal returns remain substantial, with an estimated 1.9 million IDPs returning to their areas of origin or alternative destinations during the same period.

Additionally, the Syrian Arab Republic is experiencing severe drought conditions, reportedly the worst in 36 years. In the coming year, millions of Syrians are at increased risk from income losses, reduced access to safe water for drinking and domestic use and significant vegetation and harvest deficits resulting in food security concerns. The adverse conditions are leading to an increase in waterborne diseases and respiratory illnesses, displacement and additional protection concerns. This situation represents a drastic and escalating crisis, with many people lacking sufficient dietary needs and facing inadequate access to water, heightened public health risks and a potentially worsening malnutrition situation. Furthermore, large-scale population movements and shifting frontlines have sharply increased civilian exposure to unexploded ordnance and explosive remnants of war, with more than 870 recorded incidents and over 1600 casualties nationwide. The scale of contamination continues to constrain safe movement, limit access to land and basic services, and pose a major protection risk for returning and displaced communities.

Over the past five years, the health sector has faced numerous public health emergencies that have affected the lives and livelihoods of vulnerable communities. Outbreaks of infectious diseases continue to threaten public health. In 2025, outbreaks contributed to significant morbidity in the Syrian Arab Republic from conditions such as acute diarrhoea, influenza-like illness, leishmaniasis, lice, scabies and suspected typhoid fever. Other epidemic-prone diseases detected by the disease surveillance system include hepatitis (jaundice syndrome), measles and meningitis. Reports of mumps, chickenpox, pertussis (whooping cough) and rubella have also emerged.

These key public health threats are expected to persist in 2026, further straining the country's disrupted health system and leaving it vulnerable to future shocks. Despite investments in rebuilding hospitals and primary health facilities, many are non-operational due to outdated or damaged equipment, shortages of medications and treatments and limited human resources. Financial constraints and system fragmentation further exacerbate these issues. As a result, the humanitarian outlook for 2026 remains fragile, with a potential expansion of needs, particularly among vulnerable populations and communities of return, even as recovery efforts begin to take hold. Concurrent and interconnected risks and threats remain, such as escalations of armed conflict, increases in returnee trends and drought and climate-induced hardships including disease outbreaks.



Six-year-old Fares receives a routine medical check at Al-Bir NGO clinic in Hama, a WHO-supported implementing partner. Photo credit: WHO

WHO'S STRATEGIC OBJECTIVES

- 1. Enhance access to life-saving healthcare services:** Contribute to the expansion of healthcare services during the transition period from humanitarian aid provision to recovery, while also equipping care providers with the knowledge, skills and tools to apply technical standards and best practices.
- 2. Scale up outbreak prevention, preparedness and response:** Sustain existing preparedness investments and strengthen readiness against high-threat events and infectious hazards by maintaining designated early warning systems, disease surveillance mechanisms, laboratory diagnostic capacity and ongoing coverage, including community awareness and health information systems.
- 3. Address health determinants and reduce risk factors:** Respond to high levels of population movement by addressing health determinants and working to reduce risk factors through coordinated, multi-sectoral responses. This effort will involve collaboration with dedicated partners to advance public health and build resilience within affected communities.

In 2025, WHO installed advanced medical technologies at Homs Grand Hospital to expand specialized care.



This pivotal moment at the Homs Grand Hospital is of utmost importance, as we witness the fruit of great cooperation between the Ministry of Health, the Government of Japan, the World Health Organization and the United Nations Office for Project Services. The rehabilitation of the Kidney Building and its equipping with advanced medical technologies reflect our shared commitment to putting people first and enhancing the quality of healthcare. This project will directly serve hundreds of thousands of people of Homs, while its impact will extend to millions in the central region.

H.E. Dr. Musaab Alali, Minister of Health



A nurse supports a patient during a dialysis session at Al-Basel Specialized Hospital in Homs.
Photo credit: WHO

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

The political change in the Syrian Arab Republic has ushered in the possibility of a meaningful transition from humanitarian aid provision to recovery in the coming period. WHO and the health sector will aim to sustain and expand the provision of humanitarian health assistance in targeted communities of greatest need, while simultaneously working with development actors to revitalize health services.

Geographically, WHO's country office is now able to access all areas of the country, enabling a more streamlined and efficient operation across the country that leverages all border crossings and regional markets. Throughout the upheavals of the last 14 years of armed conflict, WHO stayed and delivered, and will continue this commitment into 2026.

However, resources are essential. Significant global contractions in humanitarian funding, coupled with donor fatigue, has left WHO and other health sector partners experiencing a sharp decrease in support at a time when needs are growing and diversifying. WHO will "hyper-prioritize" operations as necessary. Consequently, meeting the needs of millions of people and leaving no one behind will remain a major challenge.



Before this unit opened, we often lost precious time just trying to move a patient to the city. Now we can stabilize people on the spot, manage critical cases and refer only when it is truly necessary. It has made the difference between losing a life and saving one.

Dr Ahmed Al-Marzouk, an emergency physician at Al-Ashara primary health centre



Medical supplies enter the Syrian Arab Republic through the Türkiye border as part of WHO's ongoing support to health services in the northwest.

Photo credit: WHO

WHO 2026 RESPONSE STRATEGY

WHO's approach in the Syrian Arab Republic focuses on coordination, partnership, technical support, capacity-building and integrated health information systems to enable an evidence-based response. WHO works with the Ministry of Health (MoH) at national and subnational levels to set priorities and align interventions with the country's national plan. The MoH co-chairs the health sector working group, which meets monthly to address challenges and share best practices.

Building on experience, WHO collaborates with UN agencies to deliver multi-sector responses, improve access to essential services in severely affected areas and support recovery. As a member of the UN Country Team, WHO participates in the Humanitarian Coordination Team (HCT) to guide humanitarian action. Following the country's political transition, WHO has expanded partnership opportunities with newly-registered NGOs, particularly with national and local organizations critical for reaching affected populations, though funding constraints remain.

In alignment with the national strategy and Humanitarian Response Plan, WHO will prioritize:

- **Enhancing access to life-saving health services** through the provision of technical and operational support, together with targeted facility rehabilitation and reequipping.
- **Providing medicines and medical supplies** for infectious and noncommunicable diseases, as well as maternal and mental health.
- **Strengthening health information systems** for improved data and decision-making.
- **Sustaining and expanding sector coordination** for effective humanitarian response.
- **Expanding immunization coverage** and continuing campaigns.
- **Delivering health training**, risk communication and awareness activities.
- **Providing supplies for severe acute malnutrition (SAM) treatment** and expanding nutrition surveillance.
- **Sustaining and strengthening disease surveillance** and early warning for outbreaks.
- **Bolstering national and local diagnostic capacity.**

- **Supplying dialysis, cancer care and trauma rehabilitation treatments.**
- **Supporting water, sanitation and hygiene (WASH)** in health facilities and continuing water quality monitoring.
- **Enhancing preparedness and rapid response** to public health emergencies.

OPERATIONAL PRESENCE

WHO's response in the Syrian Arab Republic previously operated under the Whole of Syria structure. In 2025, WHO implemented an integration plan, together with WHO regional offices, to enable the gradual transfer of assistance in the northwest of the country from the Gaziantep field office in Türkiye to the Syrian Arab Republic Country Office in order to maintain life-saving services for up to 5 million people. The Gaziantep office closed in October 2025.

The WHO Representative leads the Syrian Arab Republic Country Office, which has about 125 staff and five sub-offices providing technical support and field oversight. In Damascus, an emergency team leader and epidemiologist are supported by officers covering primary care, trauma, surveillance, labs, nutrition, NGO partnerships and programme assistance. The Health Systems Unit complements emergency work by strengthening health systems. Logistics are supported by WHO's global hub in Dubai and three national hubs in Damascus, northwest and northeast Syrian Arab Republic, ensuring supply pre-positioning and coordination with MoH, health directorates, NGOs and the Health Sector.

WHO activates its incident management structure for new emergencies, mobilizing resources and surge staff. Localization is central to WHO's strategy, especially in underserved areas where partners deliver assistance. WHO applies strict due diligence in partner selection. The MoH is conducting public health mapping in the northwest to assess facility status amid funding cuts and inform 2026 planning.

WHO coordinates 100 health sector partners at the national and subnational levels, including UN agencies and NGOs. The national Health Sector Coordination Group is co-chaired by the Ministry of Health and WHO, with eight subnational groups co-chaired by the respective Directorate of Health and WHO. WHO also co-leads five sub-working groups (SRH, RCCE, MHPSS, trauma/disability and Al Hol health), to ensure alignment across sectors including nutrition and WASH.



Tarek Al-Sheikh, a paramedic with the Syrian Relief and Development (SRD) team at Afrin National Hospital in Aleppo, provides emergency care to a patient inside an ambulance.

Photo credit: WHO



A WHO-supported mobile health team delivers primary health care services to people living in remote areas of rural Hama.
Photo credit: WHO

KEY ACTIVITIES FOR 2026

As the Syrian Arab Republic works to recover from years of conflict, the WHO emergency programme for 2026 will focus on addressing the life-saving and life-sustaining health needs of the country, as well as enhancing the capacity of the health system. WHO will prioritize the provision of timely humanitarian health services to underserved areas, controlling and preparing for outbreaks, responding to health needs arising from population movements or security issues, and reducing risk factors. The key response areas for 2026 will include:

- **Providing technical and operational support to expand and sustain essential health services**, including child health, immunization, nutrition, reproductive health, mental health and care for non-communicable diseases.
- **Restoring service provision by rehabilitating and equipping key health departments** and units while adhering to infection prevention standards.
- **Providing direct support for trauma-related injuries.**
- **Scaling up outbreak prevention, preparedness and response** by offering technical and operational support to maintain disease surveillance and early warning systems and responding to public health events caused by disease outbreaks, natural disasters, climate change or insecurity.
- **Building capacity and providing reagents and supplies** to sustain laboratory diagnostic capabilities for priority diseases.
- **Coordinating and collaborating with dedicated partners** focused on health system recovery and resilience.
- **Supporting the ongoing transformation of health information systems** with an emphasis on integration and digitalization.
- **Promoting safe access to health services** through the expansion of Prevention of Sexual Exploitation and Abuse (PSEA) programmes.

IMPACT IN 2025

IN MA'ARRAT AN NU'MAN, RESTORED HEALTH SERVICES GIVE FAMILIES BOTH DIGNITY AND STABILITY



Dr. Jaber Al-Omar examines a young patient at Ma'arrat An Nu'man Public Health Centre.
Photo credit: WHO

Ma'arrat An Nu'man Primary Health Centre has become a lifeline for families returning to their city after years of disruption and conflict. With WHO's support, the centre has been rehabilitated and is now fully operational as a trusted point of care for thousands of people who have lived through displacement and loss of services.

For paediatrician Dr Jaber Al-Omar, who treats more than 1200 children every month, the facility represents more than a clinic – it is a source of reassurance. “Many of the children are malnourished or recovering from repeated infections,” he said. “But families also need reassurance – to know that care is close and reliable.”

Demand surged immediately after reopening in May 2025: in the first week alone, the primary health centre delivered over 1800 consultations, managed 600 emergency cases and supported more than 300 women in the maternity unit. A 10-bed emergency ward now stabilizes trauma and obstetric cases before referral, while two WHO-supported ambulances help patients reach secondary care safely and on time.

The centre also integrates mental health and psychosocial support, routine childhood vaccination, maternal and newborn care and disease surveillance through WHO's Early Warning Alert and Response System (EWARS), helping detect outbreaks early.

In a city where 90% of infrastructure remains damaged, its reopening is a sign of recovery. As Dr Jaber reflects: “Every patient we see reminds this community that they are not alone.”

FOR MORE INFORMATION

Mr. Gerald Reyes | Partnerships officer, WCO Syrian Arab Republic | greyes@who.int

Ms. Dimah Mashfj | National Professional Officer, WCO Syrian Arab Republic | mashfjd@who.int

Mr Pablo Barrera | Senior Resource Mobilization Manager, WHO EMRO | barrerap@who.int

WHO Regional Office for Eastern Mediterranean | Monazmet El Seha El Alamia Street Nasr City, Cairo 11371, Egypt

WHO Syrian Arab Republic Country Office | Al-Mazzah- Block 11, Damascus, Syrian Arab Republic



Health workers administer routine childhood immunizations at the newly reopened Ma'arrat An Nu'man public health centre.
Photo credit: WHO



Dr. Hadi Abdul Rahman Al-Sheikh examines 9-month-old Bayan Al-Darif at Mahkan Public Health Centre in Deir ez-Zor.
Photo credit: WHO

WHO'S 2026 FUNDING REQUIREMENTS

| SYRIAN ARAB REPUBLIC COMPLEX EMERGENCIES FUNDING REQUIREMENT BY RESPONSE PILLAR | FUNDING REQUIREMENTS (US\$ M) |
|------------------------------------------------------------------------------------|-------------------------------|
| Collaborative surveillance | 2.83 |
| Laboratory systems, diagnostics and testing | 1.50 |
| Surveillance, case investigation and contact tracing | 1.33 |
| Community protection | 3.04 |
| IPC in the community | 0.52 |
| Risk communication and community engagement | 0.22 |
| Travel, trade, points of entry and gatherings | 0.20 |
| Vaccination | 2.10 |
| Safe and scalable care | 15.63 |
| Case management and therapeutics | 10.33 |
| Essential health systems and services | 4.00 |
| IPC within health care settings | 1.30 |
| Access to countermeasures | 5.07 |
| Operational support and logistics | 5.07 |
| Emergency leadership | 3.90 |
| Lead, coordinate, plan and monitor protracted response ops | 1.70 |
| PSEAH in protracted emergency response operations | 0.20 |
| Risk and readiness assessments | 2.00 |
| Total | 30.47 |