

WHO flash appeal



Photo: WHO

Syria emergency response

December 2024 – May 2025

Snapshot

WHO Flash Appeal for Syria seeks US\$56,355,430 to support Syria's health emergency response.

WHO's six-month strategy has been drafted to address the immediate health needs emerging from the ongoing crisis, while engaging with the UN system planning efforts, through the health cluster, and the preparation of the Humanitarian Response Plan (HRP). WHO will support the Syrian people with a health response incorporating the following components:

- **Strengthen and expand life-saving trauma and emergency care**, with focus on timely interventions and essential kits and supplies.
- **Ensure continuity of essential health services** for displaced populations and those in safe areas.
- **Strengthen disease surveillance** with Rapid Response Teams (RRTs) addressing outbreaks within 24 hours and deploying mobile clinics to underserved areas.
- **Coordinate emergency patient referrals** to ensure access to necessary treatment and care.
- **Strengthen leadership and coordination** to ensure effective management of the public health emergency.

**WHO'S IMMEDIATE
FUNDING REQUIREMENT:
US\$ 56.4 million**



WHO will continue to support the health needs of all Syrians, displaced populations, and those who may now return home, but also to rebuild the fragile health system across the country.

*Dr. Tedros Adhanom Ghebreyesus
WHO Director-General*

At a glance (figures as of 18 December 2025)

Injuries and Fatalities*

- **156 conflict related deaths** since November 27
- **2 568 people injured** due to strikes and conflict related violence.

Internally Displaced People and Returnees

- **882 000** displaced people due to the escalation of violence. (731,400 newly displaced, 150,500 secondary displacement).
- **People with disabilities:** 6% of the displaced.
- **44 000 people sheltered** in 250 collective centers (schools, mosques, stadiums, municipal buildings).
- **225 000 people returned** to their place of origin (31% girls, 26% boys, 25% women, 18% men).

Attacks on Healthcare

- **Total attacks:** 24 (18 impacted health facilities).
- **Casualties:** 22 deaths and 124 injuries.
- **Impact:** Severe damage to healthcare infrastructure.

*Figures reflect only information from North-West Syria available at the time of drafting this document.

Situation Update

- In November 2024, armed groups escalated hostilities leading to a **transfer of authority on 8 December**. This happened against the background of 14 years of a complex and protracted humanitarian crisis, compounding substantial challenges and evolving complexities.
- The **humanitarian toll since November has been severe**, with over 156 civilian deaths and 2 568 injuries in Northwest Syria, most of which are trauma-related. Looting and destruction of shops and warehouses have limited the availability of relief items and essential supplies, leaving communities more reliant on humanitarian assistance to survive. The impact on the local population is profound, with families facing acute challenges in accessing basic necessities. In coastal areas, insecurity and ongoing airstrikes continue to place the population at risk.
- The ongoing violence has triggered **massive population movement**, with **more 882 000 people internally displaced**. Civilians on the move face **multiple risks**, including exposure to violence, trauma, injuries caused by explosive ordnance and the erosion of mental health.
- **Access to essential health services has been disrupted**. At least **Nine health facilities have been vandalized and looted** in Northeast Syria, reducing access to essential health services and aggravating existing gaps in trauma care, maternal health services and management of communicable diseases. Hostilities in Tel Refaat and northern Aleppo have displaced an additional 100 000 people in Northeast Syria since 10 December, adding further strain on already fragile support systems. In Damascus and the South operational areas, health system challenges persist as displaced populations face difficulties accessing healthcare.
- Health facilities report critical **shortages of medical supplies**, while security concerns and sporadic violence further hinder service delivery. Hospitals across Syria are overwhelmed by high numbers of trauma and injury cases.
- In Northwest Syria, health facilities continue to receive high numbers of weapon-wounded patients whilst projecting **funding shortages** that pose a risk to the delivery of trauma care, maternal and child health services, and the management of chronic conditions. By the end of the year, it is projected that 141 health facilities will face funding shortages. At the same time, there is a pressing need for strengthened referral systems, rehabilitation of damaged facilities, and scaled-up mental health and psychosocial support to address the growing burden of psychological distress and ensure continuity of care.
- There are serious **shortages of health personnel across all health facilities**. Lack of transportation, security concerns and displacement of healthcare workers exacerbate the situation.
- **Attacks on healthcare** remain a grave concern with 24 attacks recorded in the 21 days of the escalation period, affecting 18 health facilities and further compounding the barriers to life-saving care for the affected population.



Key Priority Actions

Life-Saving Trauma and Emergency Care

Syria has experienced widespread devastation, with over 1 979 trauma-related injuries reported. Fragile health systems are overwhelmed by the surge of patients requiring urgent care, while hospitals face acute shortages of emergency supplies and medical personnel. The scale of trauma cases has highlighted critical gaps in life-saving surgical services, mass casualty management, and post-trauma support. Emergency infrastructure, including blood banks and ambulance services, is under severe strain, threatening the timely and effective delivery of trauma care.

Action

- Provide essential medical resources, including trauma kits, surgical equipment, and medications, while strengthening logistics, stock management and distribution systems to hospitals in affected areas, ensuring readiness for mass casualty events.
- Deploy additional ambulances and strengthen referral pathways to facilitate timely transfers to secondary and tertiary care facilities.
- Ensure hospitals remain operational by prioritizing life-saving surgical services, casualty management, and providing essential supplies and equipment to first- and second-line health facilities.
- Maintain operational blood banks to support trauma and emergency response.
- Build health workforce capacity through comprehensive emergency-care training programs, including Mass Casualty Management (MCM), Psychological First Aid (PFA), and Advanced Life-Saving Training (ALST).

Continuity of Essential Health Services

The ongoing conflict has displaced 882 000 people, forcing many into shelters and leaving vulnerable groups, including those with disabilities and returnees, with limited access to essential health services. Attacks on healthcare facilities and widespread disruptions have significantly affected the delivery of basic care, immunizations, maternal health services, and chronic illness management, placing further strain on already overwhelmed health systems.

Action

- Facilitate access to healthcare for affected populations through referrals to functional facilities or deployment of mobile clinics offering basic care, vaccinations, and maternal health services.
- Integrate Mental Health and Psychosocial Support (MHPSS) into the services offered by health facilities serving affected populations and first-line hospitals.
- Coordinate referrals from non-functional to operational health facilities, manage the transportation of injured patients to specialized hospitals, and ensure seamless GBV referrals across both first- and second-line health services.
- Ensure the provision of quality essential healthcare services through capacity building and the supply of necessary resources including essential medicines.

Disease Surveillance and Outbreak Control Measures

The risk of communicable disease outbreaks has increased due to overcrowded living conditions in displacement settings, compromised water quality and inadequate sanitation. Reinforcing early warning systems for diseases like cholera and respiratory infections is essential to prevent widespread outbreaks. Strengthening disease surveillance and improving outbreak response capacities are critical to mitigating public health risks.

Action

- Strengthen early disease surveillance system with enhanced early warning and referral laboratory capacity.
- Sustain and expand Rapid Response Teams (RRTs) with expertise in epidemiology, clinical care, and logistics, ready to respond to investigate and outbreaks within 24 hours.
- Enhance disease prevention and response through reinforced outbreak investigation and response capacities, and risk community engagement activities.

Leadership and Coordination

Strengthened leadership, coordination, and timely interventions are essential to ensure an effective and unified health sector response that addresses the urgent needs of affected populations.

Action

- Reinforce WHO's presence in Damascus, Gaziantep, and five subnational offices to lead response efforts, strengthen health governance at all levels, and foster collaboration with authorities, UN agencies, NGOs, and communities.
- Conduct multisectoral health needs assessments to identify gaps and guide cross-agency efforts. Track functionality of health facilities, prioritize interventions and allocate resources efficiently using appropriate tools and methodologies.
- Disseminate evidence-based information products, including situation reports and health bulletins to ensure informed decision-making and coordinated responses.
- Implement targeted training, conduct risk assessments, and strengthen reporting mechanisms to prevent sexual exploitation, abuse, and harassment (PSEAH). Provide safe pathways for survivors and integrate PSEAH principles across health programs.



WHO calls for the protection of health workers and facilities —lifelines for those in need— and the continuity of health services for those who need it most.

Dr. Hanan Balkhy

WHO Regional Director for the Eastern Mediterranean

Implementation Approach

The escalating crisis in Syria has placed immense strain on the health sector, requiring a coordinated and strategic response to address immediate and long-term healthcare needs. WHO plays a pivotal role in this response, leveraging its leadership mandate as the Health Cluster lead agency and coordinating the collaborative efforts of UN agencies and partners.

Through its operational presence in Damascus, Gaziantep (Türkiye), and five field offices, WHO is strategically positioned and able to use diverse implementation modalities from within Syria and from neighboring countries, to ensure life-saving services, sustaining healthcare systems, and meeting essential health needs across affected regions, reaching all communities including those more vulnerable.



Financial Requirements

The total estimated financial requirement to deliver a comprehensive and strategic response between December 2024 and May 2025 is **US\$ 56.4 million**. This funding will enable WHO to scale up its response to the health crisis in Syria, support trauma care, restore essential health services, and prevent and respond communicable disease outbreaks amid the ongoing conflict and displacement.

Key priority action	Financial Requirement
Life-saving trauma and emergency	\$ 19 180 430
Continuity of essential health	\$ 26 375 000
Disease surveillance and outbreak	\$ 7 225 000
Leadership and Coordination Including Prevention of Sexual Exploitation and Abuse (PSEAH)	\$ 3 575 000
Total	\$ 56 355 430*

*Approximately 13% of the overall budget will be used to cover operational costs, including security, enabling functions, and duty of care (e.g. field offices, deployment of staff, etc.).

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