

Donor Update 2015 (Q3)

World Health Organization
Syrian Arab Republic

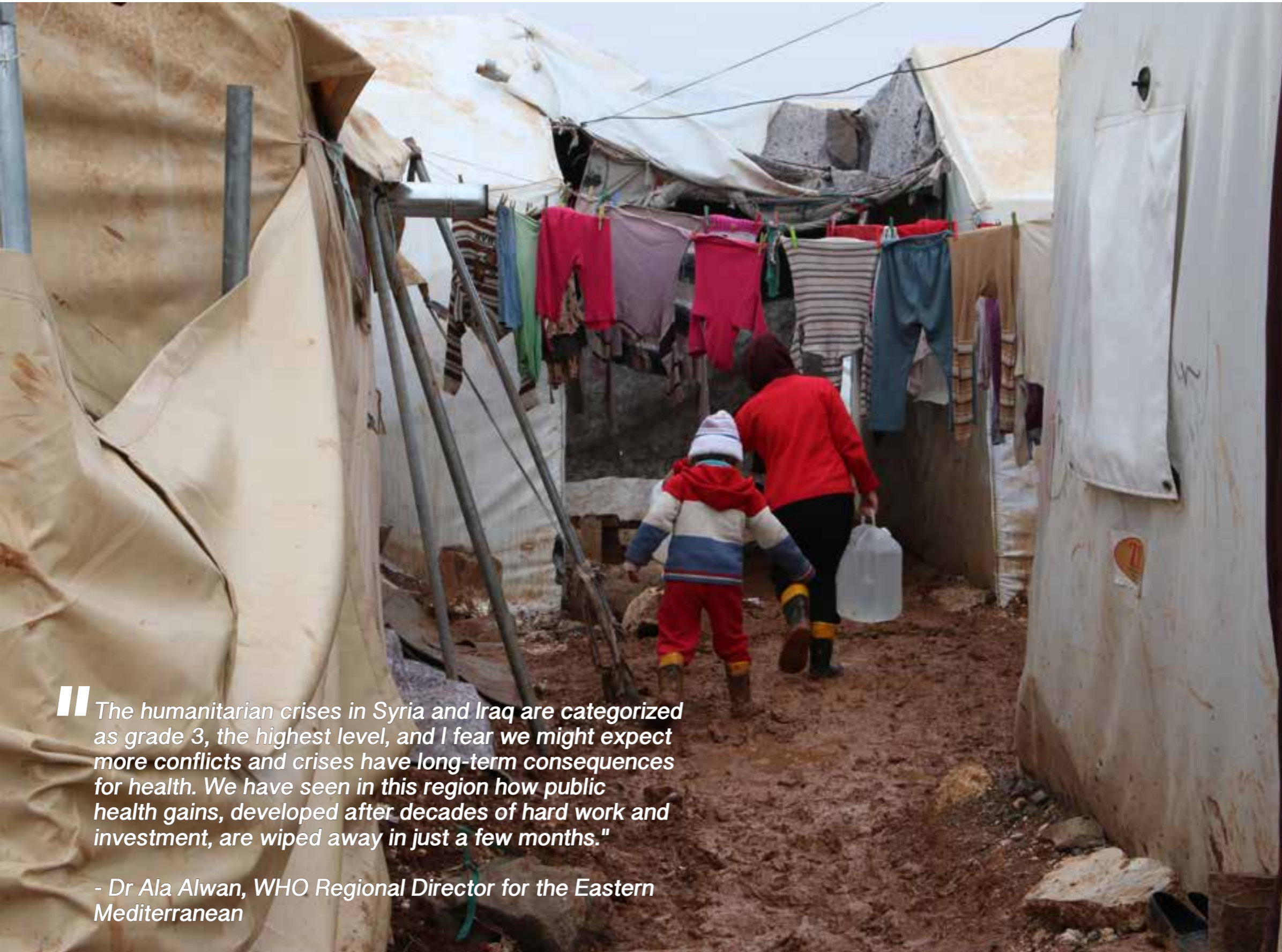


World Health
Organization

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“ The humanitarian crises in Syria and Iraq are categorized as grade 3, the highest level, and I fear we might expect more conflicts and crises have long-term consequences for health. We have seen in this region how public health gains, developed after decades of hard work and investment, are wiped away in just a few months.”

- Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean

Photo credit: WHO/ Karam Al-Masri.

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WHO Strategic Interventions Under SRP 2015

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Cover photo credit: WHO/ Mohammed Badra

Abbreviation

AFP	Acute Flaccid Paralysis
EWARS	Early Warning, Alert and Response System
HeRAMS	Health Resources Availability Mapping System
HIS	Health Information System
IDPs	Internally Displaced Persons
INGO	International Nongovernmental Organization
MH	Mental Health
mhGAP	Mental Health Gap
MHPSS	Mental Health and Psychosocial Support
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoHE	Ministry of Higher Education
MoSA	Ministry of Social Affairs
MoWR	Ministry of Water Resources
NCDs	Noncommunicable Diseases
OCHA	Office for the Coordination of Humanitarian Affairs
PHC	Primary Health Care
PSS	Psychosocial Support
SAM	Severe Acute Malnutrition
SARC	Syrian Arab Red Crescent
WASH	Water, Sanitation and Hygiene
WCO	WHO Country Office
WHO	World Health Organization
WoS	Whole of Syria
WPARS	Water Pollution Alert and Response System

Foreword

“Right before my eyes, I watched my wife struggle in vain for life, while my only daughter lay lifeless beside her after a mortar hit our home in Dar’a. There was nothing I could do except watch them die. Most hospitals in Dar’a have either been destroyed or closed. Now I am left with two teenagers, no job and no home. Is this a life?”

NIZAR IS JUST ONE OF the millions of Syrians who have suffered the devastating impact of the conflict in the Syrian Arab Republic. In the five years since the crisis began, more than a quarter of a million people have been killed and 6.5 million have been displaced. Humanitarian needs inside the country have reached unprecedented levels. According to the United Nations Emergency Relief Coordinator Stephen O’Brien¹, around one million Syrians have fled their homes in 2015 alone, some of them for the second or third time. The number of registered refugees - now more than four million - is by far the largest refugee population as a result of one single conflict in almost a quarter of a century².

Reports of human rights violations, including the sexual abuse of women and children, have become the defining features of the crisis. An estimated 4.49 million people in besieged and hard-to-reach areas are in need of health care, food, water and shelter. There is an almost total absence of protection for civilians, as parties to the conflict continue to attack residential areas and obstruct the access of humanitarian aid agencies, in direct contravention of international humanitarian law. Indiscriminate attacks have become so commonplace that they now

represent the primary cause of civilian deaths and injuries. Syria is home to around half a million Palestinian refugees, who are particularly vulnerable. Over 40 000 Palestinians remain trapped in refugee camps in Rural Damascus and Idleb, where they have endured merciless shelling for months.

Intense fighting and attacks on health facilities and personnel continued in the third quarter (Q3) of 2015³. According to Physicians for Human Rights, 25 medical personnel were killed in 21 attacks on health facilities between July and August 2015. Shattered infrastructures have further compounded the situation. Water networks and electricity grids have been destroyed, and acute shortages of water have led to outbreaks of epidemic-prone diseases such as typhoid and diarrhoeal diseases.

In the face of operational and financial challenges, WHO continued to provide humanitarian health assistance to people in need across the country. The following pages describe WHO’s work in Syria between July and September 2015. These achievements would not have been possible without the tireless efforts of WHO staff and health partners, many of whom have been directly affected by the crisis but whose resilience and commitment have remained intact. I thank each and every one of them ■

1. <http://www.cbc.ca/m/touch/news/story/1.3170593>
2. <http://www.unhcr.org/559d67d46.htm>
3. https://s3.amazonaws.com/PHR_syria_map/web/index.html



With 83% of public hospitals and 79% of health centres partially functioning or closed altogether, the health situation in Dar’a is critical.

Photo credit: WHO/ Bassam Khabieh



Executive Summary

AT THE ONSET OF THE crisis, Syria was broadly on track to achieve Millennium Development Goal 4 (reducing child mortality rates from preventable diseases by two-thirds)⁴. In 2012, the child mortality rate was 15 per 1000 births, down from 38 in 1990. The country had a functioning health system and high childhood vaccination rates. Most neonates were delivered in hospital settings, attended by skilled health professionals⁵.

Five years into the conflict, the situation is radically different. The health system has been severely disrupted. As of the end of September 2015, more than half of all public hospitals in Syria had been damaged or destroyed, and the domestic production of

medicines had fallen by 70%. Almost half of Syria's 1783 public health centres were either closed or only partially functioning. A recent survey of nine governorates in Syria conducted by WHO and the health cluster in Turkey showed that just over one third of health structures were still functioning. Those that remain operational are struggling to cope with overwhelming numbers of sick and injured patients. Both medical staff and patients, including women and children, have become the victims of indiscriminate attacks.



Many sick and wounded civilians are alive when they reach hospital, only to die there because of shortages of medicines and skilled health workers. Pregnant women opt for Caesarean sections

to avoid crossing checkpoints at night. Neonates die in their incubators due to power cuts. Children suffer unnecessary amputations because health facilities lack the know-how and equipment to treat traumatic injuries. Sarmin hospital in Idleb has been the target of at least 10 airstrikes, according to resident physician Dr Mohamed Tennari. "One of the attacks on the hospital left at least 12 people dead including three medical staff. This profoundly affected the hospital's capacity to treat patients in one of the areas of fiercest fighting", he said ■

4. UNICEF, Syria web page, http://www.unicef.org/infobycountry/syria_statistics.html
5. UNICEF (see previous note)

Photo credit: WHO

WHO'S MAIN ACHIEVEMENTS IN Q3, 2015

- 
 Delivered 2.7 million treatments to populations in need across Syria.
- 
 Launched the integration of mental health care services into 100 primary health care centres across the country.
- 
 Provided technical support for a national malnutrition screening programme. Thus far, over 120 000 children in Aleppo, As-Sweida, Damascus, Dar'a, Hama, Homs, Lattakia, Quneitra, Rural Damascus and Tartous have been screened for malnutrition.
- 
 Supported the drilling of three ground wells in Damascus and Rural Damascus to provide sustainable water for approximately 60 000 patients and staff in three hospitals.
- 
 Trained more than 4000 health workers on various aspects of health care service delivery to fill the gaps created by the exodus of health professionals across Syria.
- 
 WHO's hub in Jordan trained 23 health and logistic staff from Dara and Quneitra on the Expanded Programme on Immunization.
- 
 Provided technical support for a national plan to revitalize immunization programmes in Syria over the next three years.
- 
 These included:
 Delivered life-saving medicines, first-aid, burn and other medical kits to Aleppo, Damascus, Homs, Lattakia, Rural Damascus and As-Sweida. The kits provided the equivalent of more than 800 000 treatments.
 Provided more than 200 000 treatments for patients in operating rooms, intensive care, emergency and cancer units in Al Hassakeh, Damascus, Hama, Homs, Lattakia and Rural Damascus. Delivered over 45 000 psychotropic treatments through six cross-line missions to rural Aleppo in collaboration with the Syrian Arab Red Crescent (SARC).

The Situation in Q3, 2015

According to the Syrian Centre for Policy Research, life expectancy in Syria was almost 80 years in 2010. Today, life expectancy has dropped to 55 years. Moreover, all 12 Millennium Development Goals have been set back by several decades⁶.

The Numbers Involved in the Conflict

250 000

people have been killed

1.25 Million

people have been injured

13.5 Million

people within Syria are in need of humanitarian aid

4.49 Million

people live in hard-to-reach areas

6.5 Million

people have been internally displaced

4.18 Million

people have sought refuge in neighbouring countries



Photo credit: WHO/ Karam Al-Masri

World Health Organization - Syria

IMPACT OF CRISIS ON HEALTH CARE STAFF

Public health services have been disrupted across the country. Childhood vaccination rates have dropped dramatically⁷, leaving children at greater risk of life-threatening diseases such as measles and polio. Frequent population displacements hamper routine and mass vaccination programmes. Increasingly, people are dying of complications from chronic diseases that are easily controlled in normal circumstances, but life-threatening without treatment⁸.

As of September 2015, Physicians for Human Rights had documented 313 attacks on 679 health facilities across all 14 governorates of Syria since the beginning of the conflict. They ranged from six attacks in Ar-Raqqa to 125 attacks in Rural Damascus. The number of health personnel killed varied from two in Tartous to 81 in Aleppo. In Q3, 2015 alone, 34 health personnel were killed in 27 separate attacks on health facilities⁹. "This is the worst concerted attack on health care in living memory", says Leonard Rubinstein, director at the Bloomberg Centre for Public Health and Human Rights at Johns Hopkins University, Maryland. "In the decades I've been studying this issue in places like Bosnia, Chechnya, Afghanistan and the Gaza Strip, there has been nothing like what has happened in Syria."¹⁰

Out of 113 public hospitals across Syria, 58% were either out of service or functioning only partially as of September 2015. Almost half of Syria's 1783 public health centres were either partially functioning or

closed. At the same time, the price of domestic pharmaceutical products has risen by over 50% since August 2015. "The situation for ordinary people, whether wounded in the war, needing assistance in childbirth or requiring care for chronic conditions such as heart disease and diabetes, is desperate", said Mdecins sans Frontieres.

ACCESS TO POPULATIONS IN NEED

The UN Security Council reports that between 1 June and 31 August 2015, only nine per cent of people in besieged areas were reached with health assistance. In some areas, access to medical supplies and equipment continued to be restricted by parties to the conflict. With the exception of eight surgical kits delivered to Dara'a by WHO's hub in Jordan, no surgical items were allowed into areas controlled by non-state armed groups in Q3, 2015.

Some requests for medical supplies and deliveries for Dar'a, Deir ez-Zor, Aleppo and Damascus governorates have been awaiting government approval since the beginning of this year. Surgical kits and intravenous fluids for over 30 000 people in eastern Aleppo have yet to be approved by the local authorities. WHO's requests to send medicines and trauma and surgical supplies to locations in Damascus, Rural Damascus, Aleppo and Idlib remain pending. Trauma supplies are urgently needed for Muaddamiyah, Rural Damascus following extensive shelling of the area, but access to the area has been barred for humanitarian agencies.

Tens of thousands of people have

fled their homes in a desperate search for safety. More and more refugees have elected to embark on perilous journeys across the Mediterranean Sea in search of safety further afield.

DESTRUCTION OF CIVIL INFRASTRUCTURES

The destruction of civil infrastructures such as water and electricity has become commonplace. In Aleppo city, warring parties cut off the water supply eight times in August 2015, at the height of the summer, leaving around 1.7 million people without access to safe drinking water. Some of the water supplies for Damascus, which are controlled by opposition forces, were reportedly cut off in retaliation for the offensive against Zabadani. More than 300 000 people in Dar'a city and surrounding areas were left without water or electricity for ten days in Q3, 2015. Subsequently, over 126 000 cases of waterborne diseases including diarrhoea and typhoid were reported, representing a 66% increase over Q2, 2015.

Public health experts have warned that Syria is on the brink of a public health catastrophe. According to Professor John Ashton, president of the UK's Faculty of Public Health, "Syria presents a 'perfect storm' of conditions for the spread of diseases, with movements of vast numbers of people fleeing their homes for safety and greener pastures in Europe and other parts of the world. In short, we are nearing a point of a public health catastrophe where the security risks to Europe and the West from existing and novel infectious diseases are being increasingly heightened." ■

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- Professor John Ashton, president of the UK's Faculty of Public Health.



Photo credit: WHO Syria

7. Global Health Observatory Data Repository: Immunization: World Health Organization; 2014 <http://apps.who.int/gho/data/node.main.A824?lang=en>

8. <https://www.google.com/search?q=45%25+of+medical+staff+fled+Syria&ie=utf-8&oe=utf-8>

9. https://s3.amazonaws.com/PHR_syria_map/web/index.html

10. <https://www.google.com/search?q=45%25+of+medical+staff+fled+Syria&ie=utf-8&oe=utf-8>



Photo credit: WHO/ Karam Al-Masri



WHO's Response

Photo credit: WHO/Mohammed Badra

3.1 HEALTH SECTOR LEADERSHIP

WHO leads and coordinates the health sector working groups in Syria and Amman and the health cluster in Turkey (Gaziantep). In collaboration with co-lead agencies and health partners in all hubs, WHO supports a sectoral and inter-sectoral platform to discuss and agree on the key health priorities and response strategies for Syrians in need.

Working closely with all health partners, WHO monitors the health needs of people affected by the conflict, the epidemiological situation in the country, and the health response. Given the highly fluid context and fast evolving situation in Syria, constant monitoring is crucial to ensure that the assistance provided by health agencies is flexible, targeted and able to respond to emerging needs.

As the lead of the Whole of Syria (WoS) health sector, WHO facilitates the harmonization of data collection and analysis of data on health needs. In Q3, 2015, the WoS team and health partners completed a major exercise to assess needs throughout Syria. The resulting analysis (the "Whole of Syria Assessment") and associated governorate profiles provide an accurate and up-to-date evaluation of the health needs of Syrian people across the country. These data were collected to drive forward the health sector response and prepare specific emergency response plans and strategies, including:

- Joint, prioritized operational plans for the Syria crisis (presented to donors in early September 2015).
- The Humanitarian Needs Overview for 2016, and preparations for the humanitarian response plans for

Syria for 2016 (ongoing).

- Comprehensive joint plans to address the increased risk of cholera outbreaks. Key activities included:
 - Cholera preparedness and response committees established in Gaziantep and at governorate level within Syria.
 - Cholera case definitions harmonized; cholera case management protocols distributed; 375 health workers in 10 governorates trained on managing cholera treatment units.
 - Collaboration strengthened between cholera surveillance officers and health partners.
 - Cholera risk communication and prevention materials developed, tested and disseminated.
 - Supplies mapped and pre-positioned: 3320 rapid diagnostic tests distributed by different partners to all governorates; 221 diarrhoeal disease kits and 600 000 sachets of oral rehydration salts pre-positioned inside Syria.

In addition to the above, each WHO hub conducted specific leadership and coordination activities:

Damascus, Syria:

- Advocated with the Ministries of Health, Higher Education, Foreign Affairs, as well as the governors and health authorities of Aleppo, Hama, Homs and Quamshli for greater access to some areas to assess health needs, identify gaps and plan the delivery of humanitarian aid.
- Supported the work of the inter-sector coordination group, focusing on access to all Syrians in need of health assistance.
- Regularly reviewed inter-agency roles and responsibilities to avoid overlap and duplication of efforts.

Amman, Jordan:

- Co-developed a pharmacy assessment tool that was used in 268 locations in Damascus, Rural Damascus, Quneitra and Dar'a. The results of the survey will be triangulated with data from areas of origin, HIS and HeRAMS to provide a comprehensive understanding of pharmaceutical needs and gaps in all assessed health care facilities. The results will be used to inform the response plan for southern Syria for 2016.

Gaziantep, Turkey:

- Supported the delivery of health care through cluster partners, which provided over 890 000 medical consultations in Idleb, Aleppo and Hama between July and September 2015.
- Documented attacks against health facilities, health care workers and ambulances. This information will be used to mitigate the effects of increasingly damaged health care facilities and reduced access to health care for people in need in north Syria.
- Supported the re-establishment of routine immunization services in northern Syria including measles supplementary immunization activities to complement ongoing polio vaccination campaigns.
- Supported the delivery of surgical and trauma care supplies for over 43 000 patients.
- Improved coordination and provided authoritative technical guidance to health actors in Jordan and Turkey conducting cross-border operations.
- Helped health sector partners access pooled humanitarian funds to support the rehabilitation of damaged health facilities.

3.2 TECHNICAL EXPERTISE:

i) Trauma

Large numbers of Syrians wounded in the conflict continue to die or suffer life-changing disabilities. The number of trauma patients admitted to the few hospitals in relatively safe locations rose in Q3, 2015.

In Q3, 2015, WHO:

- Donated life-saving medicines and supplies including surgical kits, burn and first-aid kits for more than 800 000 treatments in Aleppo, Damascus, Homs, Lattakia, Rural Damascus and As-Sweida.
- Sent eight surgical kits to five health facilities in Dar'a through a cross-border delivery from Jordan. Each kit contains enough supplies and materials to support 100 surgical interventions. In response to the growing need for more specialized trauma supplies, WHO's hub in Jordan is procuring 100 additional trauma kits and surgical kits. These supplies will be delivered through cross-border UN convoys from Jordan to

southern Syria.

- Donated wheelchairs to selected facilities in Damascus, Lattakia and Homs. More than 700 disabled people benefited from these wheelchairs.
- Supported two NGOs (Al Afia Fund and Al Waad Association) that are providing rehabilitative care for traumatically injured patients. A total of 176 patients in four governorates were fitted with artificial limbs.
- Donated medical equipment including beds for ICU units, ultrasound machines, ventilators and incubators to health facilities in six governorates.

ii) Primary Health Care

- In Q3, 2015, WHO trained additional health staff on routine immunization services. It is worth noting that no new cases of polio have been reported since January 2014. WHO also:
- Provided technical support to health authorities to adapt national registration criteria for WHO pre-qualified vaccines to facilitate the process of vaccine procurement.
 - Supported the development

of an integrated national plan to strengthen immunization across Syria over the next three years.

- Supported the minor rehabilitation of health care facilities to improve access to and availability of health care for populations in need.

iii) Secondary Care

- Although noncommunicable diseases (NCDs) account for 46% of deaths in Syria, there is an acute shortage of medicines, equipment and medical specialists to treat diseases such as cancer, diabetes and renal failure. In Q3, 2015, WHO donated:
- More than 200 000 treatments for patients in operating rooms, intensive care, emergency and cancer units in Al Hassakeh, Damascus, Hama, Homs, Lattakia and Rural Damascus. This amount includes surgical supplies (enough to support 800 surgical interventions) that were delivered to Dar'a from Jordan.
 - Haemodialysis machines to NGOs in Aleppo and Damascus, together with enough supplies to support almost 5000



haemodialysis sessions. A total of 618 patients have benefited from these donations so far.

- Twenty-six machines for emergency and diagnostic services in Aleppo, As-Sweida, Damascus and Tartous.

iv) Mental Health

Even before the crisis began, there was an acute shortage of mental health professionals and facilities in Syria. The number of mental health professionals has decreased even further due to migration, displacements, and the destruction of health care facilities.

WHO estimates that around 4.6 million people are suffering from severe, mild or moderate mental health disorders in Syria. There are only two public hospitals providing specialized mental health care. In Q3, 2015, WHO carried out the following activities:

- In collaboration with SARC, provided over 45 000 psychotropic treatments through six cross-line missions to rural Aleppo.
- Initiated a project to integrate mental health into primary health care services in 100 centres across the country. This is the

first time that mental health and primary health care services will be integrated in Syria.

v) Nutrition

As a direct consequence of the current crisis, malnutrition among children and infants has risen sharply. In Rural Damascus, for example, 2.5% of over 2 100 children surveyed for SAM and MAM were malnourished. WHO continues to promote breastfeeding as one of the priority interventions to prevent malnutrition. In Q3, 2015, WHO:

- Reached more than 35 000

“Currently, we are experiencing an extreme work overload due to the increasing number of trauma patients”, says Dr Baseem Al Arsan, deputy manager of Damascus Hospital. “Our workload has more than doubled since 2014, when it was already four times over our normal pre-crisis caseload. Some of us practically live in the hospital now because we know we can expect emergency cases to arrive at any time. We have no weekends, no free periods anymore.”



Photo credit: WHO/ Mohammed Badra

Photo credit: WHO/ Bassam Khabieh

beneficiaries with nutritional supplements.

- Conducted 4000 breastfeeding consultations in Aleppo, Damascus, Lattakia and Rural Damascus.
- Screened over 120 000 children for malnutrition in two-thirds of governorates across Syria.
- Supported the treatment of more than 4500 severely malnourished children.

vi) WASH

It is estimated that more than two thirds of the population live in areas where water supplies have been disrupted. Many people are resorting to obtaining their water from private tankers and other potentially risky sources, leaving consumers at greater risk of waterborne diseases.

In response, WHO:

- Supported the drilling of three ground wells in Damascus that will provide sustainable water for an estimated 60 000 patients in three hospitals in Damascus (Ibn Al Nafees Medical Complex, Ibn Rushd Hospital and Al Muwassat Charity Hospital).
- Donated six reverse osmosis water purification units to cover the water needs of an estimated 55 000 beneficiaries per year in selected health care facilities and hospitals in Damascus, Homs and Dar'a.
- Donated a reverse osmosis water purification unit to Aleppo water establishment to serve the daily needs of approximately 6 000 people.
- Rehabilitated SOS Children's Village groundwater well and

donated equipment and storage tanks to provide clean water for about 150 children.

3.3 DISEASE SURVEILLANCE:

v) EWARS

Under the Whole of Syria approach, there are two complementary disease surveillance systems for Syria: the EWARS, based in Damascus, and the EWARN, managed from Gaziantep, Turkey. Together, these surveillance systems aim to cover all governorates and people in Syria. A total of 981 sentinel sites, almost 30% of which are located in hard-to-reach, besieged and opposition-controlled areas, report online to EWARS in Damascus. Over 480 sentinel sites report to EWARN in Gaziantep. This

complementary approach allows WHO to reliably monitor disease outbreaks throughout Syria.

Over 80% of sentinel sites report weekly to EWARS and EWARN, thus meeting global surveillance standards. Both systems have clear guidelines, standard operating procedures and trained teams (including in opposition-controlled areas). Daily reports from IDP camps and weekly reports from sentinel sites are consolidated and analysed, and alerts are investigated and responded to.

In Q3, 2015, EWARS data from Damascus showed that there were more than 127 000 cases of waterborne diseases, especially diarrhoea and typhoid, across Syria. This represents an increase of 66% over the previous quarter. Over 85% of reported diseases were investigated promptly.

According to data from EWARN in Turkey, there was a pertussis outbreak in Rural Aleppo (Deir Hafir) and a typhoid fever outbreak in Idleb in Q3, 2015. WHO is using EWARN to track the evolution of the measles outbreak in northern Syria, where 881 cases have been reported since the beginning of 2015.

WHO pre-positioned life-saving medicines for cholera, typhoid, brucellosis and leishmaniasis in Damascus, Idleb, Hama, Lattakia, Homs and Rural Damascus during Q3, 2015. WHO also:

- Donated diarrhoeal disease kits and rapid diagnostic tests for cholera to treat around 2900 cases in Aleppo and Damascus.
- Donated 75 000 sachets of oral rehydration salts to treat over 6000 patients in Lattakia and Homs.

- Provided 13 000 bed nets to prevent leishmaniasis in Rural Damascus and Hama.
- Provided enough medicines to the Ministries of Health and Higher Education to treat over 60 000 cases of leishmaniasis.
- Distributed antibiotics for pertussis.

3.4 HEALTH RESOURCES AVAILABILITY MAPPING SYSTEM

WHO's Health Resources Availability Mapping System (HeRAMS) allows the Organization to track the status of functionality, accessibility, infrastructure and staffing levels in hospitals and health centres throughout the country. In Q3, 2015, the latest HeRAMS survey conducted from Damascus showed that the percentage of functioning public hospitals had dropped from 47% at the beginning of 2015 to just over 40% at the end of September. WHO and health partners used this data to ensure that humanitarian interventions and life-saving medicines and supplies were delivered in the areas where they were most needed. WHO also developed indicators to measure the performance of health facilities across the country in terms of accessibility, readiness, and efficiency of service provision. This work was completed in partnership with the Syrian centre for policy research. The HeRAMS survey conducted from Turkey for health facilities in nine governorates during July-August 2015 showed that only 36.6 % of health structures were still operating out of their original premises ■

It is estimated that around 4.6 million people are suffering from severe, mild or moderate mental health disorders in Syria, and there are only two public hospitals providing specialized mental health care.



Photo credit: WHO/Housam Katan



Q3, 2015 Achievements

MEDICAL
TREATMENTS

**2.7
Million**

medical treatments
delivered to people
in need across the
country.

MEDICAL
CONSULTATIONS

890 000

medical consultations
provided in Idleb,
Aleppo, and Hama.

MALNUTRITION

120 000

children in 10
governorates
screened for
malnutrition

CAPACITY
BUILDING

4000

health care providers
trained on critical
and emerging health
issues

PREPAREDNESS

221

diarrhoeal disease
kits and 600 000
sachets of oral
rehydration salts
were pre-positioned
inside Syria.



Spotlight on Rapid Interventions

Photo credit: WHO / Karam Al-Masri

i) Cross-line Deliveries

In Q3, 2015, WHO supplies were included in the United Nations inter-agency convoys that reached around one quarter of 127 hard-to-reach locations per month between June and August 2015. A total of 131 000 treatments donated by WHO were delivered by means of these convoys.

The procurement and distribution of medicines, supplies and equipment continue to be delayed by lengthy approval procedures. As of 31 August 2015, the Syrian Ministry of Foreign Affairs had approved only 20 of 81 inter-agency requests.

ii) Pre-positioning of Medicines and Supplies

WHO pre-positions medicines across the country in anticipation of recurrent seasonal disease

outbreaks. For example:

- WHO prepositioned 227 000 treatments for cholera, typhoid E, brucellosis and other diarrhoeal diseases in Damascus, Homs, Deir ez-Zor, and Ar Raqqa before the summer season.
- In preparation for the winter season, WHO pre-positioned 360 000 treatments across the country to contain outbreaks of diseases such as acute respiratory infections and pneumonia.
- To prepare for potential cholera outbreaks, WHO:
 - Pre-positioned 273 rapid diagnostic test kits in health facilities across Syria.
 - Prepared health education materials on the prevention of cholera, and distributed 100 000 copies across the country.
 - Trained 375 health workers on cholera treatment and care.

iii) Mobile Nutrition Surveillance in hard-to-reach areas

WHO continues to find strategic ways to provide much needed assistance to underserved populations. In Yalda, Babilah and al Sbeineh (Rural Damascus), WHO deployed a mobile clinic to assess the nutritional status of children in besieged areas. Of the more than 2100 children reached, 52 were diagnosed with malnutrition and given appropriate treatment.

iv) Focus on IDPs and besieged populations

In partnership with NGOs and community-based organizations, WHO provides essential health care services to IDPs and besieged populations including Palestinian refugees in Al Yarmouk, Damascus. The Association for the Poor Charity is just one of the NGOs that

provide humanitarian health care services in Syria. More than 30% of the aid delivered by WHO's 64 NGO partners goes to populations in hard-to-reach and opposition-controlled areas. Services provided include medical consultations, X-ray and laboratory services, and referrals for trauma care, obstetric care, general and specialized surgery.

v) Artificial Limbs Project

WHO provides prosthetic limbs to people such as Fawaz, a 52-year old farmer in rural Homs who lost his left leg and right arm in a bomb attack in 2012. He was recently fitted with a prosthetic leg by the Al Afia Fund Charitable Organization,

using funds provided by WHO.

"I was sure that I had been condemned to this wheelchair for the rest of my life. But now I can walk again, thanks to WHO", said Fawaz.

WHO has also:

- Procured prosthetic supplies to be used as hands-on training materials for students at the Medical Institute.
- Developed a training plan for 100 prosthetic technicians drawn from the Directorate of Physical Rehabilitation, medical institutes, NGOs, private workshops, SARC and UN partners.
- Contracted Al-Alfia Fund in Homs to provide physical rehabilitative care for 300 patients.

It is estimated that around 4.6 million people are suffering from severe, mild or moderate mental health disorders in Syria, and there are only two public hospitals providing specialized mental health care.

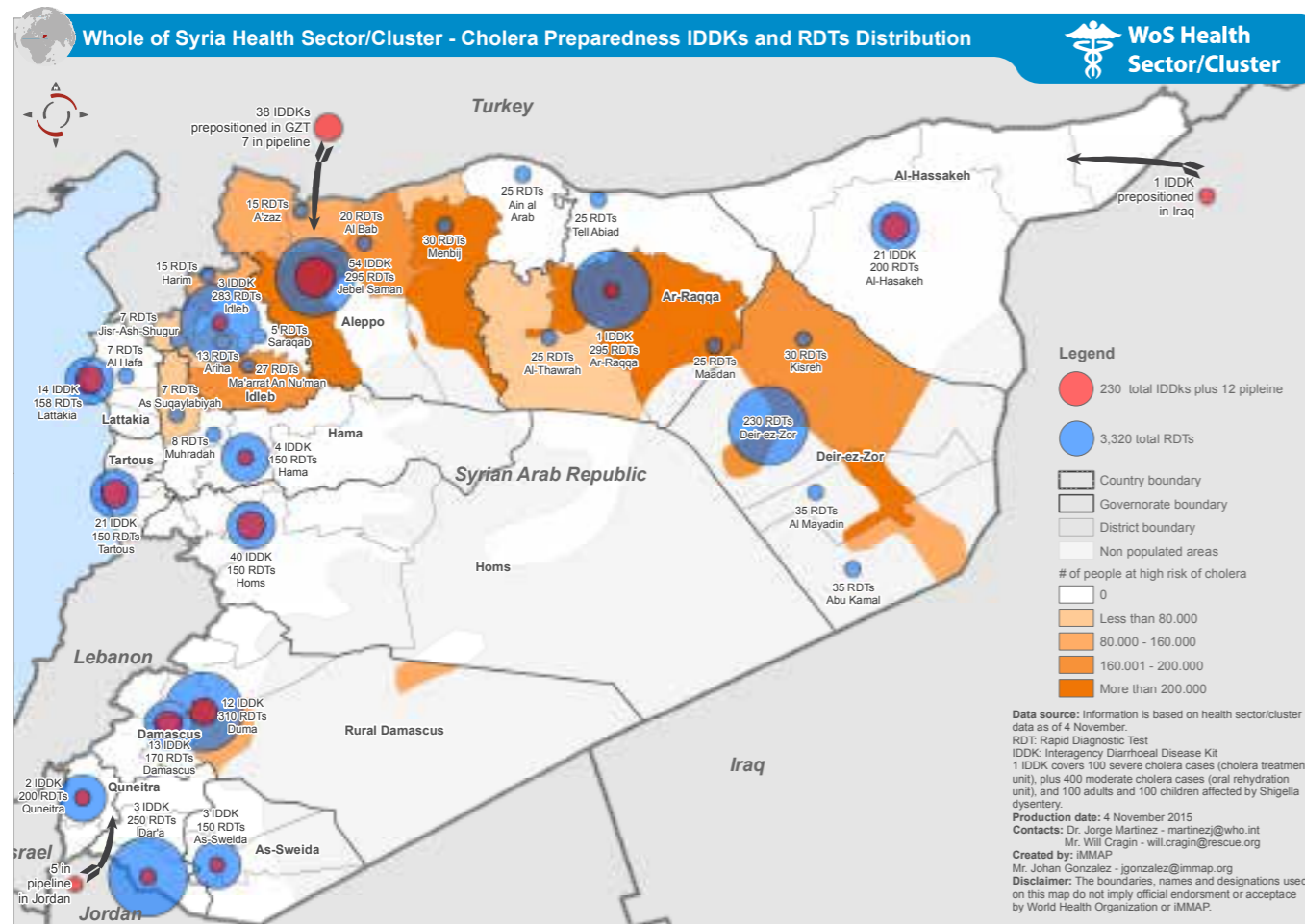
5.0. CAPACITY BUILDING

Junior staff resort to attempting complex operations in a desperate move to save lives. "We have employed more resident doctors because most specialists such as burn surgeons, neurologists, plastic surgeons and gynaecologists have all left the country", explains Dr Baseem, Damascus Hospital. In Q3, 2015, WHO trained more than 4000 health workers on various aspects of health service delivery. This included:

- Trauma: In collaboration with the Syrian Resuscitation Council, trained 675 health workers from the SARC and NGO partners in six governorates on trauma care, first aid, basic life support and mass casualty management.
- PHC: trained 153 PHC providers on the management of asthma and hypertension, and 188 vaccination officers on vaccine management, AFP surveillance and the three-year national plan to improve vaccination coverage.
- Secondary Care: trained 215 health workers from hospitals in Tartous, Lattakia and Damascus on infection control; 205 senior managers on management skills; and 90 health workers from Damascus, Hama and As-Sweida on the rational use of cancer medicines.
- Mental Health: trained 640 health professionals on using the WHO mhGAP to provide mental health care in PHC centres and in communities.
- EWARS: trained 690 health workers on the management of communicable diseases including waterborne and respiratory diseases and EWARS sentinel sites and operations. Trained 23 health and logistics staff from Dar'a and Quneitra on the Expanded Programme on Immunization

(training conducted in Amman, Jordan).

- HIS: trained 535 participants from Damascus, Rural Damascus, Aleppo, Dar'a, Quneitra, As-Sweida, Homs, Lattakia and Al-Hassakeh on data collection techniques and data management and interpretation.
- Nutrition: held 19 training courses for 796 health workers from Damascus, Rural Damascus, Homs, Aleppo, Hama, Lattakia, As-Sweida, Tartous, and Al-Hassakeh. The curriculum covered nutritional surveillance, the management of severe acute malnutrition and the importance of breastfeeding ■



It is estimated that nearly half of Syria's doctors and health specialists have fled the country. Kayyal, a 38-year old general practitioner, confesses that he has performed scores of surgical procedures and repaired several fractures despite his lack of training in this field. He graduated from medical school barely two years ago and had no experience of trauma care prior to the crisis.

Photo credit: WHO/ Omar Samadiki



Challenges and Mitigation Measures

Challenges

Limited accessibility to populations in need in besieged and hard-to-reach areas, especially Aleppo, Ar Raqqa, Dar'a, Deir ez-Zor, Idlib, Al Hassakeh and Rural Damascus.

Financial shortfall (WHO has received only 39% of its funding requirements).

Frequent population displacements that make planning for health interventions difficult, especially when it comes to vaccination campaigns.

The continuing exodus of specialized medical personnel to other countries.

Stringent regulations and sanctions that hamper the procurement of some essential medicines and medical supplies.

The paucity of international NGOs: fewer than 20 INGOs have approval to operate in the country. Moreover, they are not allowed to open field offices, participate in inter-agency convoys, or collaborate with local counterparts.

Lack of mental health care services: only two public hospitals offer specialized mental health care. The widespread stigmatization of mental health patients discourages utilization of services.

The need to strengthen cross-line and cross-border operations to allow WHO to reach greater numbers of people with life-saving emergency health assistance.

Mitigation Measures

1 Improve accessibility through strengthening partnerships with SARC, local and international NGOs to reach underserved populations in besieged and hard-to-reach areas. Increase participation in inter-agency convoys to deliver health aid across frontlines and besieged areas.

2 Prioritize available funds and targeted interventions based on HeRAMS and EWARS data.

3 Regularly update and review micro-plans for health interventions, especially vaccination campaigns.

4 Train health workers at different levels to fill the gaps created by the exodus of specialized health personnel.

5 Regularly update the national Essential Medicines List, and provide detailed technical specifications for sophisticated medical equipment so as to accelerate procurement.

6 Expand partnerships with national NGOs and continue to build their capacity through training programmes.

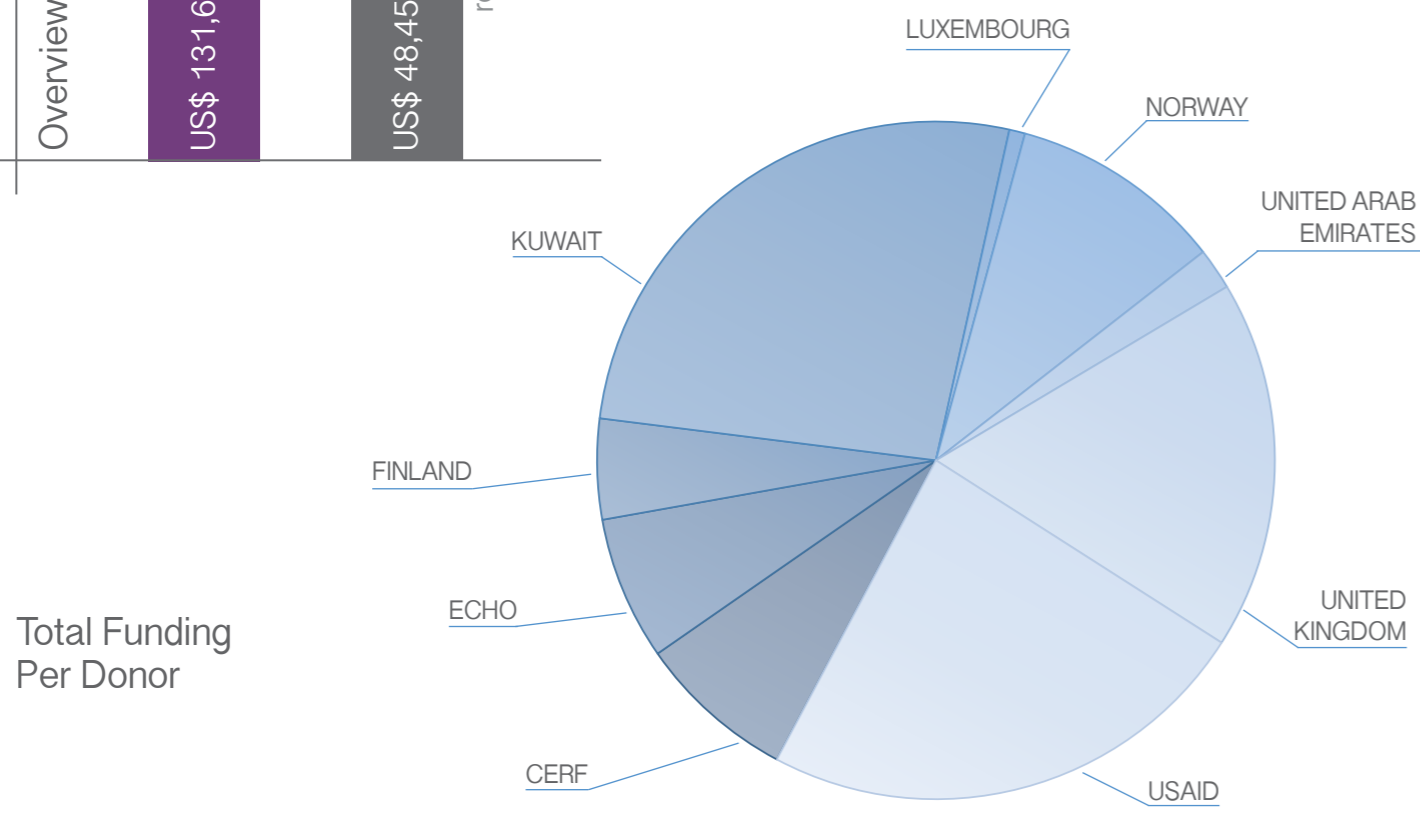
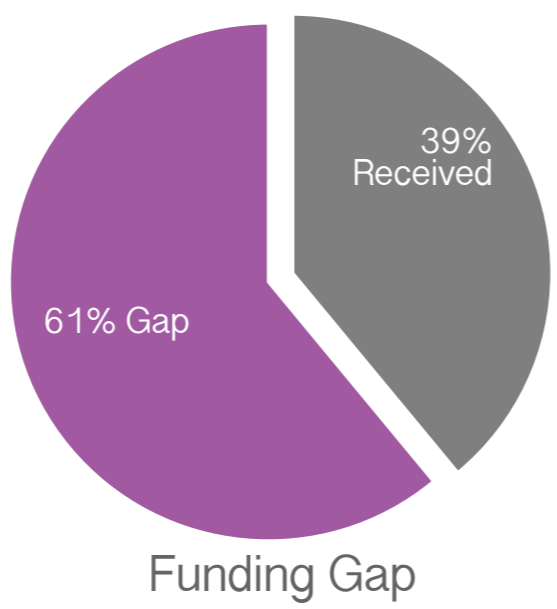
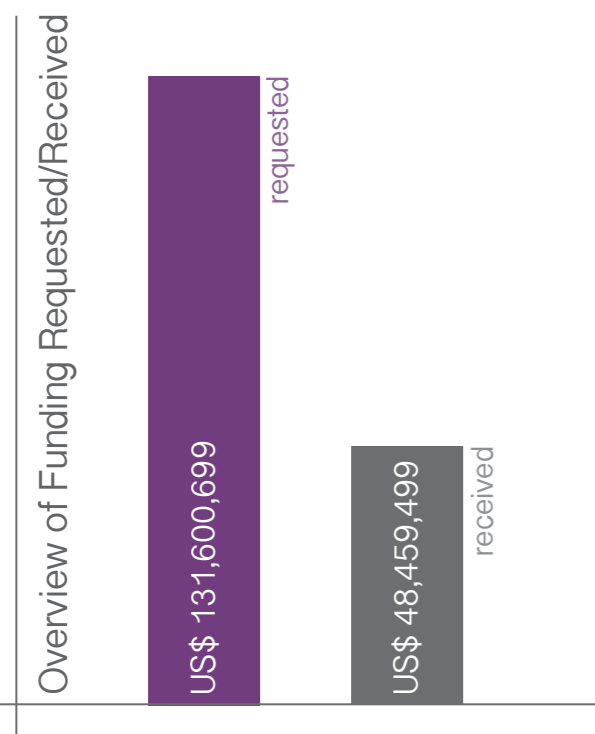
7 Adapt WHO's community-based mental health tool, the "Self-help Plus" to the Syrian context. Integrate mental health services at the PHC level to make them more readily available and accessible.

8 Strengthen cross-line coordination in collaboration with WoS and Inter-agency convoys.

Photo credit: WHO/ Karam Al-Masri

Financial Overview

Under the Strategic Response Plan for 2015, WHO has appealed for a total amount of US\$131 600 699. Of this amount, the WHO country office in Damascus requires US\$123,619,945 to support its emergency response in 2015. By the end of Q3, WHO had received US\$ 48,459,499 which represents about 39% of the total funds requested. The table below shows the donors that have contributed thus far to WHO in 2015.



Priorities and Way Forward for Q4, 2015

Trauma

- Conduct 15 training courses for health workers from various sectors (MoH, MoHE, SARC and NGOs);
- Provide medicines, safe blood, surgical kits and equipment to manage trauma cases;
- Further develop prosthetics and foot orthotics services in Damascus and Homs.

PHC

- Conduct national and sub-national immunization days targeting all eligible children, with a special focus on children missed in the hard-to-reach and opposition controlled areas;
- Implement AFP sensitization training for paediatricians and health workers;
- Strengthen routine immunization through supportive supervision and refresher training for EPI staff.

Secondary Care

- Assess the responsiveness and preparedness of the health care system at the secondary level. The outcome of the study will be used to improve access to quality, comprehensive secondary care;
- Build the capacity of the Ministry of Health's supply unit to management the transportation and storage of medicines and supplies.

Mental Health

- Implement the second phase of a course on basic and advanced counselling;
- Pilot the application of the mental health "Self-help Plus" in two shelters in Damascus;
- Implement phase two of mhGAP-IG including trainings on bipolar, developmental and behavioural disorders, dementia, alcohol use

and disorders, and drug use and disorders.

Nutrition

- Strengthen promotion of breastfeeding and complementary feeding practices.
- Expand the nutrition surveillance system, especially in hard-to-reach and besieged areas;
- Provide technical support for the management of 14 stabilization centres.

WASH

- Pilot implementation of the Water Pollution Alert and Response System (WPARS) in Damascus and Rural Damascus.
- Drill groundwater wells for five hospitals in Damascus and Rural Damascus. Equip five groundwater wells in Aleppo.
- Procure consumables and reagents for mobile water quality test equipment previously donated to governmental agencies and NGOs.
- Upgrade previously supplied medical waste sterilizers for four hospitals.

EWARS

- Expand EWARS sentinel sites at district level;
- Establish integrated diseases surveillance and response system (IDSR);
- Train health workers on disease response and EWARS protocols.

HIS

- Launch HeRAMS automated information systems and tools;
- Increase site visits to improve the M&E framework for HeRAMS, Build capacities of NGOs and mobile clinic operators.

WHO Strategic Interventions Under SRP 2015

Enhance access to primary health care (PHC) services to reach more underserved people. **Funding requirements: US\$35,556,200.**

Support implementation of immunization programmes. **Funding requirements: US\$6,955,000.**

Support delivery of secondary and tertiary health care services to improve care for injured and burn victims. **Funding requirements: US\$32,468,080.**

Strengthen trauma care management for preparedness and management of trauma, including referral mechanisms. **Funding requirements: US\$27,071,000.**

Expand disease surveillance and response systems for early detection and response to epidemic prone diseases including polio. **Funding requirements: US\$5,136,000.**

Scale up mental health services to strengthen service delivery across Syria. **Funding requirements: US\$6,152,000.**

Strengthen HIS for emergencies using the Health Resources Availability Mapping System (HeRAMS). **Funding requirements: US\$777,275.**

Improve health sector coordination to: i) better address people in need, ii) improve access of vulnerable populations. **Funding requirements: US\$2,262,390.**

Improving water supply and hospital hygiene conditions in functional public and NGO hospitals in Syria. **Funding requirements: US\$5,690,000.**

Reduce excess morbidity and mortality due to malnutrition. **Funding requirements: US\$1,551,500**



▲
Oula works as a pharmacist for Association for the Poor Charity, an NGO based in Rural Damascus.

She describes the risks and challenges she faces and the fulfilment she derives from providing assistance where it is most needed. "Reaching out to the besieged populations inside Syria can be life-threatening," says Oula. "Sometimes, we come close to death in the course of assisting people in need. I will never forget the time a rocket landed a few metres away from a shelter where I was attending to patients. Every day, we go out knowing that we are taking the ultimate risk. But the fulfilment comes at the end of the day, when you sit back and realize that someone's life was saved today because you took a risk. It's worthy and fulfilling but somehow challenging to work in these circumstances."

Photo credit: WHO/ Mohammed Badra.

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