



World Health Organization
Syrian Arab Republic

Annual Report 2015



World Health
Organization

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Cover photo credit: WHO/ Bassam Khabieh

Abbreviations

AFP	Acute Flaccid Paralysis
EWARS	Early Warning, Alert and Response System
EWARN	Early Warning, Alert and Response Network
HeRAMS	Health Resources Availability Mapping System
IDPs	Internally Displaced Persons
NGO	Nongovernmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PHC	Primary Health Care
SARC	Syrian Arab Red Crescent
ToT	Training of Trainers
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization



17.2 Million

medical treatments delivered to people in need across the country

27%

of WHO's support distributed to opposition-controlled, hard-to-reach, and besieged areas across Syria

2.9 Million

children vaccinated against polio

1.6 Million

children vaccinated against measles

20 000

health care providers trained on critical and emerging health issues

1512

reporting epidemiological sentinel sites functioning fully and covering all governorates and people in Syria

100%

of all public hospitals and 97% of Syria's 1783 public health care centres assessed for functionality and accessibility

“The more protracted emergency situations become, the more likely it is that populations will suffer from social and societal disruption, infectious diseases, acute malnutrition, trauma, and life-threatening complications of chronic diseases, disabilities and mental health conditions.”

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

Photo credit: WHO/ Karam Al-Masri.





Photo credit: WHO/ Mohammed Badra.

Foreword



AS THE YEAR 2015 DREW TO a close, more than half of the Syrian population was in need of humanitarian assistance. A total of 6.5 million people had been internally displaced (many of them more than once) and nearly 4.5 million people were living in hard-to-reach and besieged areas. In all humanitarian emergencies, civilians are among the most vulnerable. The United Nations (UN) estimates that more than one million people have been injured and more than 250 000 have been killed since the crisis began in 2011.

Parties to the conflict continue to blatantly ignore UN Security Council resolutions calling for the lifting of sieges across Syria. As of November 2015, the UN was able to reach only 3.5% of people in besieged areas with health assistance each month, and only 0.7% of people received food

assistance¹.

Madaya in Rural Damascus is one of fifteen communities in Syria classified by the UN as besieged. Madaya has only one makeshift field hospital, one health centre and two medical doctors for a population of around 42 000. No children in Madaya have been vaccinated against polio since April 2015, jeopardizing hitherto successful efforts to re-eradicate polio in Syria following its reappearance in 2013.

Around 50 Syrian families are displaced every hour², and all families struggle to survive. More than 4 million Syrians have fled to the neighbouring countries of Egypt, Iraq, Jordan, Lebanon and Turkey, where many of them live in extreme poverty. Some choose to risk their lives as refugees on the perilous route to Europe.

Access to health care services has been severely

compromised as a result of the conflict. Moreover, the quality of health care has deteriorated as supplies grow increasingly scarce and health workers are either killed, injured or leave. Since the beginning of the conflict, more than half the health workforce has fled. Between June and December 2015 alone, the number of medical doctors working in public hospitals dropped by almost 10%³.

Indiscriminate attacks on health care facilities and staff continue unabated. Many injured Syrians who have not received timely medical care will suffer lifelong disabilities. Patients with chronic diseases lack access to life-saving medicines and continuity of care. Low vaccination coverage, especially in security-compromised areas (including Ar-Raqqa, Deir ez-Zor and northern Aleppo), has led to the spread of preventable diseases such as pertussis and measles. All Syrians, including children, experience psychological trauma, with severe long-

term consequences (e.g., depression, anxiety, fear, and aggressive and self-destructive behaviour later in life).

Despite these challenges, in 2015 WHO reached millions of people with principled, needs-based humanitarian aid. WHO advocated for and mobilized efforts to gain access to all people in need of humanitarian assistance. This proactive leadership role strengthened WHO's partnerships with other UN agencies, health authorities at all levels, NGOs and local community leaders ●

Elizabeth Hoff
WHO Representative to the
Syrian Arab Republic

Indiscriminate attacks on health care facilities and staff continue unabated. Many injured Syrians who have not received timely medical care will suffer lifelong disabilities. Patients with chronic diseases lack access to life-saving medicines and continuity of care.

Photo credit: WHO Syria

¹ Statement to the Security Council on Syria. New York, 16 November 2015.
² Syrian Arab Republic Humanitarian Needs Overview 2016.
³ From 10 296 to 9 455: WHO Syria HeRAMS Annual Report 2015.

Executive Summary

BY THE END OF 2015, THE HUMANITARIAN situation in Syria had significantly deteriorated, and no political solution was in sight. Civilians continued to bear the brunt of the crisis. Parties to the conflict continued to impose sieges and blockades. Civilians were unable to leave besieged areas, and aid agencies were unable to enter. Malnutrition rates increased, especially among children under five years of age. There were widespread attacks on health personnel and health care facilities. Around 25 000 people were wounded each month, many of them severely. Almost two thirds of the population had no access to safe water,

increasing their risk of waterborne diseases. More than 1.2 million people were internally displaced during the course of the year. These numbers are staggering. Against this backdrop, WHO continued its work to alleviate the health impact of the crisis and support the resilience of the Syrian people. Working from its hubs in Damascus, Amman and Gaziantep under the “Whole of Syria” approach endorsed in UN Security Council resolutions, WHO’s emergency health response aimed to reach Syrians in all parts of the country, including hard-to-reach and besieged areas.

Highlights of WHO’s humanitarian interventions in Syria in 2015

- 17.2 million medical treatments were delivered across Syria for patients with chronic diseases, communicable diseases, trauma injuries, primary and secondary care diseases.
- Health partners in northern Syria were provided with technical, financial and/or material support to conduct 1.7 million medical consultations and deliver nearly 25 000 babies. WHO donated surgical supplies to support around 2000 major surgical interventions in an underground trauma hospital.
- Almost 2.9 million children under five years of age were vaccinated against polio, and 1.6 million children were vaccinated against measles.
- The Disease Early Warning and Response System (EWARS), based in Damascus, was expanded from 650 sentinel sites in 2014 to 995 sentinel sites in 2015. WHO’s office in Gaziantep offers technical support to the Disease Early Warning and Response Network (EWARN) covering 517 sentinel sites in northern Syria. Together, these surveillance systems aim to cover all governorates and people in Syria.
- The Essential Medicines List for Syria for 2015 was updated in collaboration with the Ministries of Health and Higher Education and other stakeholders.
- The status of all public hospitals and 97% of Syria’s 1783 public health care centres was assessed using WHO’s Health Resources Availability Mapping System (HeRAMS). This number includes 500 health care facilities in northern Syria that were assessed by WHO’s hub in Gaziantep.
- The Water Pollution Alert and Response System was introduced in Damascus and Rural Damascus.
- Nutrition surveillance services were introduced in 193 health centres in all governorates (except Ar-Raqqa, where access was not possible) to screen for malnutrition in children under five years of age.
- 34 mobile clinics were donated to nongovernmental organizations (NGOs) to support the provision of basic health care services for populations in hard-to-reach and besieged areas across Syria.
- More than 20 000 managers and health workers across the country were trained on health topics such as trauma management, first aid, primary health care (PHC), reproductive health, disease surveillance, and the management of noncommunicable diseases.

2015 Overview



THE YEAR 2015 WAS THE MOST CHALLENGING for both Syrians and humanitarian responders since the beginning of the crisis. Over one million people were internally displaced during the year, and more than 25 000 were injured each month⁴. The number of people in need rose from 12.2 million in 2014 to 13.5 million in 2015.

IMPACT OF THE CRISIS ON HEALTH AND HEALTH CARE DELIVERY

The health care system in Syria has been significantly disrupted. More than half of the country's health care facilities are either closed or are only partially functioning. The infrastructure for water supplies is now at one third of its pre-crisis level. In some areas with large numbers of internally displaced people (IDPs), water shortages have reached emergency levels. As a result, there have been outbreaks of hepatitis A across Syria, with a cumulative total of over 49 300 cases by the end of the year. Childhood immunization programmes have been badly disrupted. Over 50 000 cases of cutaneous leishmaniasis, nearly

2400 cases of pertussis and 1617 suspected measles cases were reported in 2015. All three of these diseases are preventable with proper sanitation or vaccination.

According to a rapid nutrition assessment conducted by UNICEF and the nutrition sector group, approximately 3.2 million children under five years of age in Syria are at risk of malnutrition. It has been estimated that 86 000 children under five years of age suffer from acute malnutrition⁵.

ACCESS TO PEOPLE IN NEED

In persistent violation of UN Security Council resolutions, parties to the Syrian conflict continue to besiege towns and cities and restrict population movement in many areas. As a result, many wounded Syrians and patients with life-threatening chronic conditions such as cardiovascular disease, diabetes, asthma and cancer have been unable to receive treatment.

The UN estimates there are 147 hard-to-reach areas across Syria. Among them, 15 locations have been classified as besieged.

Photo credit: WHO/ Karam Al-Masri

The over 400 000 people in these locations have had severely limited access to medical and humanitarian services. Attempts to deliver aid have been deliberately obstructed or delayed, and some medical and surgical supplies have been routinely removed from aid convoys. Between January and December 2015, WHO submitted 37 requests (each one covering at least 10 locations) to national authorities to deliver medicines and supplies to 62 areas in Aleppo, Al Hassakeh, Dar'a, Deir ez-Zor, Hama, Idleb, Quneitra and Rural Damascus. Most of these requests went unanswered.

ATTACKS ON HEALTH CARE FACILITIES AND STAFF

According to Physicians for Human Rights, there were 112 attacks on medical facilities in 2015⁶, a 25% increase over the number in 2012⁷. Since the conflict began, almost 700 medical personnel have been killed in 336 separate attacks⁸. In Aleppo, more than two thirds of hospitals are no longer functioning, and roughly 95% of doctors have either fled or

been detained or killed. Recent assessments conducted by WHO's hub in Gaziantep showed that only around one quarter of health care facilities in northern Syria were still operating from their original locations. Many hospitals are now working underground⁹. Today, the ratio of doctors to residents in Aleppo is eight times fewer compared to the number before the crisis began¹⁰ ●

4. Humanitarian Needs Overview, 2016.

5. UNICEF and the nutrition sector group Rapid Nutrition Assessment (RNA) conducted in all but one (Ar-Raqqa) governorates in 2014.

6. Data as of December 2015.

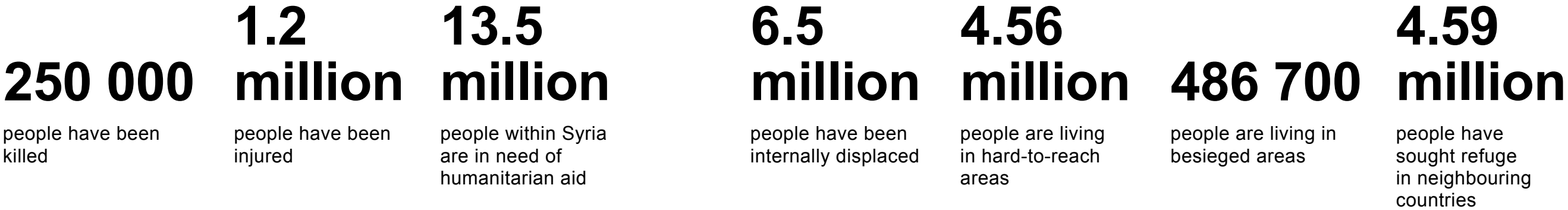
7. <http://physiciansforhumanrights.org/press/press-releases/2015-marks-worst-year-for-attacks-on-hospitals-in-syria.html#sthash.mtYhoO1J.dpuf>.

8. Physicians for Human Rights, Op. cit.

9. <http://www.msf.org/article/syria-working-underground-%E2%80%93-supporting-syrian-doctors-besieged-and-intense-conflict-areas>.

10. <http://physiciansforhumanrights.org/press/press-releases/less-than-a-third-of-aleppo-hospitals-functioning-95-of-doctors-have-fled-been-detained-or-killed.html>

The Stark Numbers Involved in the Conflict







WHO's Response

Photo credit: WHO/ Bassam Khabieh

3.1. TECHNICAL LEADERSHIP AND COORDINATION

WHO coordinates more than 80 health partners including other UN agencies, international NGOs, the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), and the Syrian Arab Red Crescent (SARC). In 2015, the Organization worked with its partners to support a comprehensive humanitarian health response in Syria. WHO oversaw the implementation of the health sector response (from assessments to strategic planning to operational peer reviews) and worked with partners to monitor evolving needs and fill critical gaps in an unpredictable and highly dangerous setting.

The fast-evolving situation in Syria required WHO to regularly revise and update its operational and contingency plans. WHO prepared joint plans for potential disease

outbreaks, including cholera, and pre-positioned medicines across the country in preparation for seasonal diseases. The Organization worked with central and local health authorities to harmonize efforts and harness available national resources.

3.1.2 WHOLE OF SYRIA COORDINATION

As the lead agency of the Whole of Syria health sector, WHO convened bi-weekly meetings in Damascus, Amman and Gaziantep to coordinate emergency planning and response. In these three hubs, WHO staff worked together and with partners to share information and ensure a complementary approach that made the best possible use of limited resources.

WHO's office in Damascus coordinated the activities of 23 health partners. Internally, it coordinated its health humanitarian activities through its four sub-offices in Aleppo, Al

Hassakeh, Homs and Lattakia. These sub-offices were bolstered by a network of 59 focal points (36 located in opposition-controlled, besieged or hard-to-reach areas). The Damascus office continued to advocate with national authorities for greater access to besieged and hard-to-reach areas to assess health needs, identify gaps and deliver humanitarian aid.

In southern Syria, WHO's hub in Amman coordinated the activities of 15 health partners. On behalf of its partners, it collected and analysed monthly data (assessment data from HeRAMS, morbidity data from NGOs and Areas of Origin data from the UN Office for the Coordination of Humanitarian Affairs (OCHA) and REACH¹¹) to guide health interventions. It also coordinated the delivery of cross-border assistance by UNFPA and UNICEF under UN Security Council resolutions 2165 and 2191.

In northern Syria, WHO's hub in Gaziantep co-led the health cluster and coordinated the activities of 51 health partners, including 33 health agencies that are providing health services inside Syria. WHO mapped the geographical locations of all health partners and the types of services offered by each one. This information, and the data generated through WHO's standard disease surveillance and health care facility assessment tools, were shared with all partners and served as the basis for guiding joint interventions.

3.2. TRAUMA CARE

Each month in 2015, over 25 000 people were wounded as a result of the conflict. Trauma care has been a priority for WHO. In 2015, WHO:

- Delivered almost 3.7 million life-saving treatments and surgical supplies. This included 2000 treatments delivered to northern Syria through its hub in Gaziantep, and 5800 treatments delivered to southern Syria through its hub in Amman;
- Donated 1.9 million blood safety kits and 300 000 blood bags;
- Provided 1350 wheelchairs for disabled children and adults in Aleppo, Damascus, Dar'a, Hama, Homs and Lattakia;
- Donated beds for intensive care units, ultrasound machines, ventilators and incubators across the country. More than one million people are estimated to have benefitted from this equipment;
- Donated artificial limbs to the Directorate of Disability and Physical Rehabilitation and two NGOs (Al Afia Fund and Al Waad Association). A total of 760 patients were fitted with artificial limbs.

11. REACH is a joint initiative of two international NGOs - ACTED and IMPACT - and the UN Operational Satellite Applications Programme (UNOSAT). REACH was created in 2010 to facilitate the development of information tools and products to help aid actors make evidence-based decisions in emergency, recovery and development contexts.



Large numbers of Syrians wounded in the conflict continue to die or suffer life-changing disabilities. Health workers are experiencing an extreme work overload due to the increasing number of trauma patients. “Our workload has more than doubled since 2014”, says Dr Baseem, a doctor in a hospital in Idlib.

Photo credit: WHO/ Bassam Khabieh



3.3. PRIMARY HEALTH CARE

WHO and UNICEF estimate that polio vaccination rates in Syria dropped from 95% in 2010 to around 50% in 2014. In response, WHO's offices in Damascus and Gaziantep pursued a coordinated approach to vaccinate children against polio.

From Damascus, WHO provided operational support for four national polio campaigns¹². Moreover, two sub-national vaccination campaigns in January and November 2015 reached around 58% and 35% of children in hard-to-reach areas¹³. Through the vaccination campaigns supported by WHO's hub in Gaziantep, many children were vaccinated who were not accessible from Damascus. More than 2.9 million children were vaccinated against polio in these campaigns.

In addition, 1 619 630 children were vaccinated against measles through a national

mass vaccination campaign in April 2015.

The results of WHO's improved AFP surveillance inside Syria exceeded international standards.

3.4. SECONDARY HEALTH CARE

Critical shortages of medicines for chronic diseases have placed many Syrians at increased risk of death or complications from diseases that are treatable with medicines and life-threatening without. In 2015, WHO completed the following activities:

- With the national authorities, updated the Essential Medicines List for Syria to take account of evolving needs;
- Procured and distributed around 7.2 million treatments for operating theatres and intensive care and emergency units. These supplies were delivered to nine governorates (Aleppo, As-Sweida, Damascus, Dar'a, Hama, Homs, Idleb,

Lattakia and Rural Damascus);

- Distributed more than 45 500 treatments for cancer patients in Damascus and Lattakia;
- Donated over 15 500 insulin pen fills to seven NGOs and health care facilities in Aleppo, As-Sweida, Damascus, Hama, Lattakia, Tartous, and Rural Damascus;
- Donated haemodialysis supplies to five governorates. Some of these supplies were delivered to besieged areas including Douma. A total of 19 000 patients benefitted from these supplies;
- Distributed 21 haemodialysis machines to Aleppo, Damascus, Lattakia and Rural Damascus;
- Delivered emergency and diagnostic equipment to Aleppo, As-Sweida and Damascus.

3.5. MENTAL HEALTH

Before the conflict began, only three hospitals in

Syria offered specialized mental health services. One hospital was subsequently destroyed, leaving just two specialized hospitals in the entire country. WHO has embarked on a programme to integrate mental health care into PHC centres by training PHC staff. For the first time, more than 750 trained non-specialized health professionals are treating people with mental health disorders at PHC centres in some of the most conflict-affected governorates across the country.

12. Excluding ISIS-controlled areas in Deir ez-Zor and Ar-Raqqah and besieged areas in Rural Damascus, Homs and Idleb.
13. Except Idleb, Ar-Raqqah, and Deir ez-Zor governorates, Palmyra, Ghantou, and Teir Maala in Homs, and eastern Ghouta, Madaya, and Az-Zabadani in Rural Damascus due to access issues.

WHO's hub in Gaziantep has adapted WHO's global mental health guidelines to the northern Syrian context. It is preparing to launch its mental health programme in northern Syria in 2016, and has mapped the availability of mental health services in health care facilities in northern Syria and prepared a detailed plan of action. Today, all WHO hubs are working together to base their mental health interventions on WHO's global mental health guidelines, thus avoiding the creation of parallel health systems and ensuring that Syrians receive equitable health care. WHO completed the following activities:

- Supported the renovation of Ibn Rushed Psychiatric Hospital, two psychiatric units in Al-Mowassat, an NGO-operated hospital in Damascus and an outpatient clinic in Aleppo;
- Integrated mental health care into 130 PHC centres in 11 governorates. Five mental health professionals are providing supportive supervision to the staff in these centres;
- Donated over 226 000 psychotropic treatments to health care facilities in 12 governorates;
- Donated over 77 800 psychotropic treatments through 17 cross-line shipments to hard-to-reach areas in Aleppo and Idlib governorates;
- Supported 30 000 mental health consultations at an outpatient clinic in Aleppo;
- Launched the "Mental Health Self-Help+" initiative in communities. This initiative explains how people can self-diagnose their mental health problems, and suggests simple steps that they can take both on their own and with the support of the people around them to help them overcome their mental health issues. This will help de-stigmatize mental health issues

and increase community members' acceptance and understanding of people with mental health problems.

3.6. NUTRITION

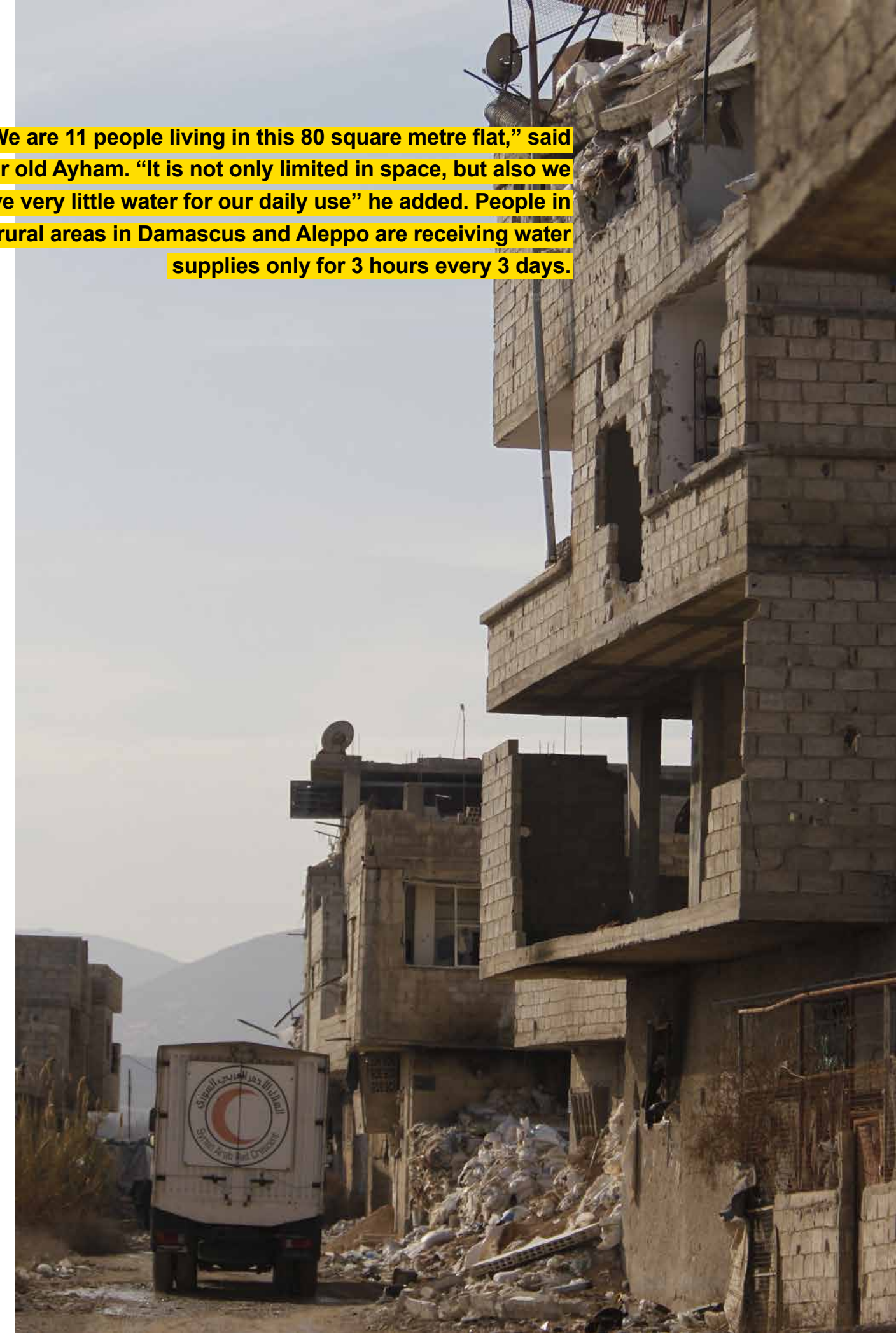
Over 7% of children under five years of age suffer from wasting, and 22.3% are stunted¹⁴. WHO completed the following activities:

- Supported 14 nutrition stabilization centres in public and NGO-operated hospitals. Around one third of patients with severe acute malnutrition recovered fully, and just under 60% were stabilized;
- Screened more than 302 000 children for malnutrition. Just over 10% of these children were diagnosed with moderate to acute malnutrition;
- Trained NGO partners on nutrition surveillance and infant and young child feeding practices;
- Supported around 5500 consultations at nutrition surveillance centres across the country;
- Integrated early childhood development programmes into nutrition programmes and translated materials for nutrition training workshops that will be conducted in 2016.

14. Syrian Arab Republic Humanitarian Needs Overview 2016.

Photo credit: WHO/ Omar Samadiki

"We are 11 people living in this 80 square metre flat," said 42-year old Ayham. "It is not only limited in space, but also we have very little water for our daily use" he added. People in many rural areas in Damascus and Aleppo are receiving water supplies only for 3 hours every 3 days.



3.7. WORKING WITH NGOS

WHO is able to reach people in need across most of Syria thanks to agreements signed with national NGOs. The number of NGO partners rose from 56 in 2014 to 67 in 2015. Working in hard-to-reach areas, these NGOs have provided essential PHC and secondary health care services, trauma care, and obstetric and reproductive health care. They have administered haemodialysis sessions, delivered babies by Caesarean section, treated burns and wounds, and provided first aid. Through its network of NGOs, WHO:

- Delivered approximately eight million treatments for trauma care, mental health, nutrition, primary and secondary health care (compared to three million treatments in 2014);
- Provided more than 240 000 health care services including medical consultations, first aid and reproductive health care (compared to 198 987 delivered in 2014);
- Supported four local NGOs working in northern Syria. These NGOs provided PHC for over 220 000 IDPs and host communities in Aleppo, Hama and Idleb.

3.8. DISEASE SURVEILLANCE AND RESPONSE

WHO's complementary disease surveillance systems in Damascus (EWARS) and Gaziantep (EWARN) are the primary mechanisms for monitoring and responding to disease outbreaks in Syria. A total of 995 sentinel sites report to EWARS and another 517 sentinel sites report to EWARN. Together, these two systems have allowed WHO to monitor and rapidly respond to disease outbreaks and alerts across Syria.

In 2015, WHO:

- Responded to and contained outbreaks of acute diarrhoea, acute jaundice syndrome and typhoid fever in Deir ez-Zor, Idleb and Rural Damascus governorates;

- Engaged 29 district officers and 214 field officers to conduct disease surveillance in seven governorates in northern Syria;
- In northern Syria, collected more than 700 stool samples from patients with acute flaccid paralysis and other samples from patients suspected of having cholera, typhoid or influenza, and sent them to the Public Health Institute laboratory in Ankara for analysis;
- Procured and pre-positioned more than 220 000 doses of influenza vaccine for high-risk groups;
- Procured 200 000 capsules of oseltamivir and antibiotics to treat influenza and secondary bacterial infections;
- Prepared for a possible cholera outbreak following the occurrence of an outbreak in neighbouring Iraq. WHO's offices in Damascus and Gaziantep worked closely together to:
 - Draw up comprehensive joint plans;
 - Establish cholera preparedness and response committees in Gaziantep and in each governorate in Syria;
 - Pre-position rapid diagnostic tests, diarrhoeal disease kits and sachets of oral rehydration salts;
 - Harmonize cholera case definitions, distribute cholera case management protocols, and train health workers in 10 governorates on managing cholera treatment units;
 - Conduct training sessions on cholera prevention;
 - Prepare information materials on the prevention and treatment of cholera and distribute them widely, especially in schools and among IDPs;
 - Strengthen the capacity of the Public Health Institute laboratory in the Ministry of Health, Turkey to diagnose and analyse samples from Syria for cholera;
 - Establish and equip a referral laboratory in northern Syria. The laboratory is equipped with ELISA testing kits to analyse samples taken from patients.

3.9. HEALTH INFORMATION SYSTEM

WHO's Health Resources Mapping and Availability System (HeRAMS) allows the Organization to track the status of functionality, accessibility, infrastructure and staffing levels of hospitals and health centres throughout the country. All public hospitals and nearly all health centres reported regularly to HeRAMS throughout 2015.

Thanks to the steady flow of up-to-date information, WHO and health partners ensured that humanitarian interventions and life-saving medicines and supplies were delivered to the areas where they were most needed. In 2015, WHO:

- Included NGO-managed mobile clinics in HeRAMS, and prepared standard tools to facilitate reporting from health facilities;
- Donated mobile phones and laptop computers to focal points across the country to improve the timeliness, completeness, and accuracy of HeRAMS data;
- Developed software applications, automated systems and unified reporting channels to support data flow and dissemination;
- Visited 30 health care facilities to assess their needs and capacities to report to HeRAMS, and provided supportive supervision;
- Published regular reports on the status of functionality, accessibility, infrastructure and staffing levels of hospitals and health care facilities in Syria.

3.10. WATER, SANITATION AND HYGIENE (WASH)

As a result of the widespread disruption of water supplies, many people, especially in Aleppo and Damascus, have had to depend on private tankers or other potentially risky sources for water. In 2015, WHO:

- Supported the construction of the Barada Wells project. This new well, completed in August 2015, supplies enough water to meet the daily needs of

750 000 residents of Damascus;

- Supported the costs of drilling and equipping three groundwater wells for three hospitals in Damascus and one NGO-operated clinic in Rural Damascus. These wells supply enough water to meet the daily needs of around 10 000 people;
- Donated water chlorination supplies to Aleppo, Dar'a, Idleb and Rural Damascus;
- Refurbished four water and waste-water quality control laboratories that service Aleppo and Damascus;
- Donated six reverse osmosis water purification units and chemicals to health care facilities and hospitals in Damascus, Dar'a and Homs, and one reverse osmosis water purification unit to the water authorities in Aleppo. This equipment is enough to supply over 60 000 beneficiaries with clean water;
- Rehabilitated the groundwater well for the SOS Children's Village in Dimas, Rural Damascus;
- Procured over 100 tons of hypochlorite for water treatment stations and 85 000 jerry cans for household use, and distributed them across the country ●

Challenges and Mitigation Measures

Challenges

Mitigation Measures

Limited access to people in hard-to-reach and besieged locations, especially eastern Aleppo, Ar-Raqqa, Dar'a, Deir ez-Zor, Homs, Idlib and Rural Damascus.

Shortages of medical personnel, especially surgeons, anaesthesiologists, laboratory staff and female health professionals.

Frequent population displacements that make planning for health interventions difficult and sometimes unrealistic.

The widespread stigmatization of mental health patients discourages the utilization of mental health services.

Vulnerability of the population, especially IDPs, to disease outbreaks including cholera, acute watery diarrhoea, hepatitis A and measles.

Frequent attacks on health care facilities and medical personnel across Syria.

Lack of health governance in northern Syria, with fragmentation of health services and lack of quality assurance.

Lack of funds to implement WHO's emergency health response. (WHO received only 44% of the funds requested for planned activities in 2015.)

WHO established strategic partnerships with the SARC, local NGOs and community leaders to gain access to people in hard-to-reach areas; increased participation in inter-agency convoys to deliver health assistance across frontlines and besieged areas; and continued to negotiate and advocate for access to health and humanitarian assistance for all.

WHO conducted comprehensive training courses to strengthen the capacity of remaining health workers to respond to emergencies.

WHO regularly assessed the fast-evolving situation and adjusted its strategies and plans to reflect current realities.

WHO integrated mental health services in primary health care services across the country. It also introduced the community-based Mental Health Self-Help+ programme to bring mental health issues into the open and make services more accessible and accepted in communities.

WHO conducted health education sessions; distributed information, education and communication materials; and pre-positioned medicines and supplies in strategic locations across the country.

In partnership with OCHA, WHO advocated for the protection of health care facilities, staff and civilians. This issue was included in the Secretary General's Report on the implementation of UN Security Council resolutions 2139, 2165, 2191 and 2258. The Director-General of WHO (Dr Margaret Chan) and the Regional Director for the Eastern Mediterranean (Dr Ala Alwan) were vocal in raising this issue in public fora on every possible occasion. WHO also issued press statements condemning these attacks in the strongest terms.

WHO developed standards, guidelines and treatment protocols and disseminated them to health care providers in northern Syria, complemented by training on specific topics.

WHO prioritized its emergency interventions based on data generated through HeRAMS, EWARS, EWARN, and the results of needs assessments. WHO worked closely with partners to coordinate the overall humanitarian response and ensure that critical gaps that could not be filled by the Organization were filled by its health partners ●



WHO's Work in Hard-to-reach, Opposition- Controlled and Besieged Areas

WHO's work in Syria is guided by the four humanitarian principles of humanity, neutrality, impartiality and independence. These principles are central to establishing and maintaining access to affected people, whether in a natural disaster or an armed conflict. WHO provided humanitarian assistance to communities on all sides of the crisis, despite the constraints placed by parties to the conflict.

IMMUNIZATION

More than 2400 cases of pertussis were reported by the end of 2015 compared to 61 in 2011. Over 90% of these cases occurred in Deir ez-Zor, Ar-Raqqa and Idlib. In response, WHO:

- Synchronized polio vaccination campaigns with routine immunizations (BCG, DPT, measles) in high-risk areas including Aleppo, Dar'a, Homs and Rural Damascus;
- Engaged 146 outreach teams to revitalize routine immunization in hard-to-reach communities;
- Coordinated efforts with the SARC, NGOs and UNRWA to ensure that vaccines continued to be delivered to Aleppo, Al Hassakeh, Ar-Raqqa, Deir ez-Zor, Homs, Idlib and Rural Damascus.

DISEASE SURVEILLANCE AND RESPONSE

The following disease outbreaks were promptly detected, investigated and responded to:

- 427 cases of typhoid in Idlib city, Harem and Maaren Alnoaaman, and over 200 cases of brucellosis and 75 cases of pertussis in Deir ez-Zor. WHO procured medicines locally to treat these diseases;
- 144 cases of acute diarrhoea, 26 cases of acute jaundice syndrome and 9 cases of suspected typhoid fever in Aldomair, Rural Damascus. WHO donated oral rehydration salts and other medicines;
- 118 cases of typhoid fever in Babila, Sahem and Yalda in Rural Damascus. WHO donated medicines to the Ministry of Health to be administered through mobile clinics.

MENTAL HEALTH

Ibn Khaldoun mental hospital in Rural Aleppo was destroyed in 2012 and re-established in A'zaz in 2015. WHO:

- Assessed needs in the new hospital in A'zaz and donated psychotropic medicines to treat about 150 patients;
- Visited Dar Al Safa and Dar Saint Elie hospitals in eastern Aleppo, and donated medicines;
- Expanded the Mental Health Self-Help Plus programme to hard-to-reach areas.

CROSS-LINE AND CROSS-BORDER DELIVERIES

WHO's hubs in Damascus, Amman and Gaziantep worked to ensure that life-saving medicines and supplies were delivered throughout Syria, in accordance with UN Security Council resolutions 2165 (2014), 2191 (2014) and 2258 (2015).

Working from Damascus, WHO donated approximately 4.2 million treatments to people in need in hard-to-reach and opposition-controlled areas, representing 27% of all treatments delivered in 2015. Between November 2014 and November 2015, WHO delivered 14 shipments to eastern Aleppo, rural Aleppo, Nubul, Kurdish rural Afrin, Al-Bab, rural Idlib and Idlib city, providing more than 55 000 treatments per month.

WHO's hub in Amman delivered 58 surgical kits to health care facilities in southern Syria via cross-border deliveries.

WHO's hub in Gaziantep delivered 20 minor and 20 major surgical kits, and 500 rapid diagnostic kits (enough to test 25 000 samples of suspected cholera) ●

Photo credit: WHO/ Bassam Khabieh



Capacity Building

The destruction of the health system infrastructure and the exodus of more than half the country's health workforce have critically compromised Syria's capacity to deliver health care services. Many remaining staff are ill-equipped and undertrained to handle patients with traumatic injuries, deliver babies by Caesarean section, or treat diseases that require complex care.

In 2015, WHO trained more than 20 200 health workers (compared to 17 000 in 2014) in the following areas:

Trauma:

- 2441 health workers were trained in 64 training courses on trauma care, first-aid, basic life support and case management in collaboration with the Syrian Resuscitation Council.

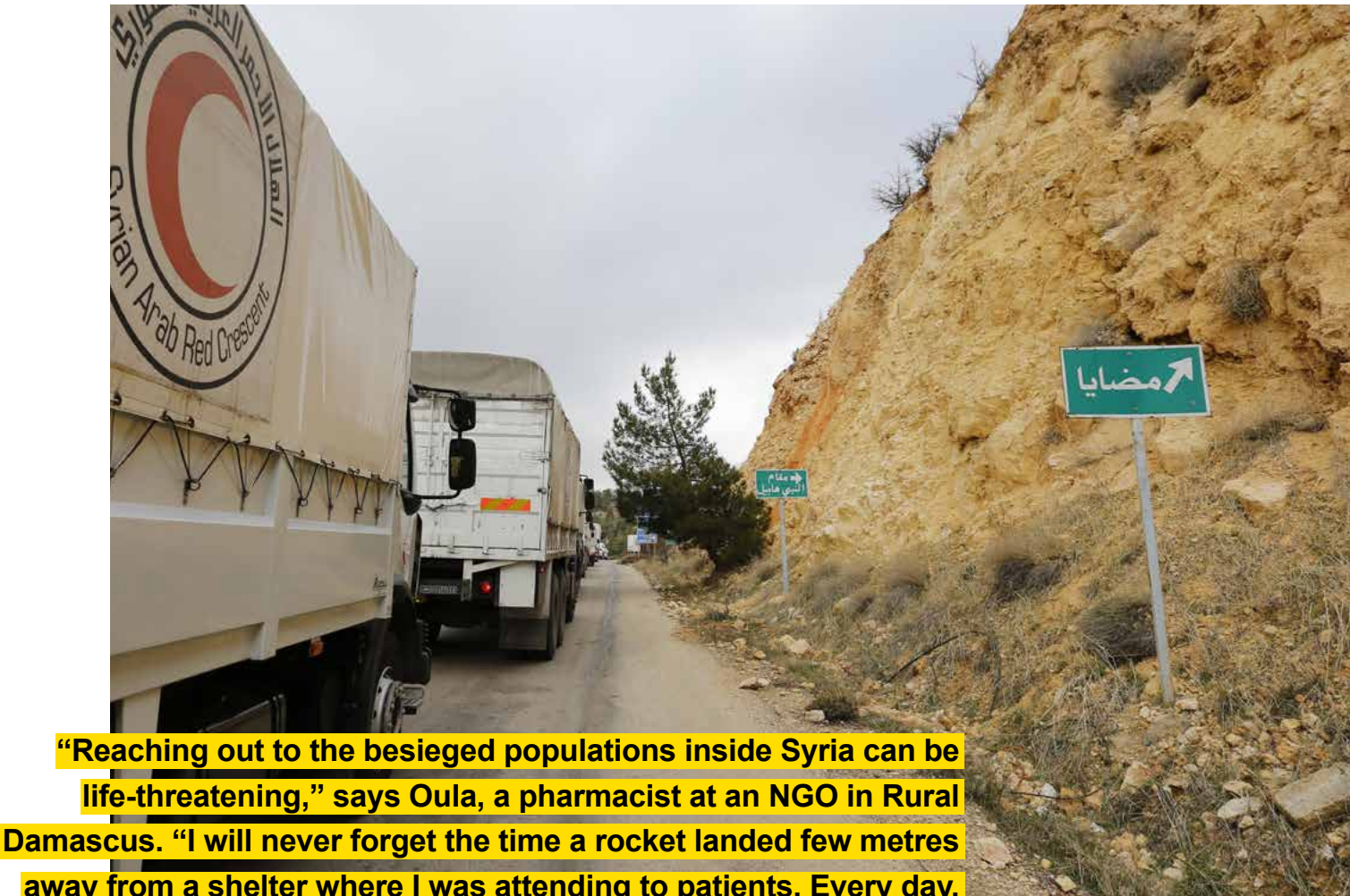
PHC:

- 2455 PHC providers were trained on basic routine immunization services, vaccine management, cold chain and logistics, AFP surveillance, asthma and hypertension management;

- 23 health care workers attended a "training of trainers" (ToT) course in Amman on the reactivation of routine immunization services;
- 34 participants were trained on standards for age and disabilities in emergencies. This ToT course, also held in Amman, was organized in collaboration with HelpAge and Handicap International;
- 2418 health workers and volunteers were trained during six polio immunization campaigns.

Secondary Care:

- 1652 health care workers were trained on infection control, chronic disease care and management.



“Reaching out to the besieged populations inside Syria can be life-threatening,” says Oula, a pharmacist at an NGO in Rural Damascus. “I will never forget the time a rocket landed 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.”

Mental Health:

- 1 560 health care workers were trained on the provision of mental health care at PHC centres and in communities, using WHO's Mental Health Gap Action Programme guidelines, which aim to scale up mental health services in resource-poor settings.

Disease surveillance:

- 5173 health workers were trained on disease surveillance and the management of common waterborne and seasonal diseases;
- 30 district officers and 120 staff from different NGOs were trained on epidemiological surveillance, case management of standard diseases, infection prevention and the establishment of cholera treatment centres;
- 50 health staff in northern Syria were trained on the prevention and clinical management of cholera.

Health information system:

- 2255 staff from Aleppo, Al-Hassakeh, As-Sweida, Damascus, Dar'a, Homs, Lattakia, Quneitra and Rural Damascus received refresher training on data collection.

Nutrition:

- 1609 health workers were trained (in 19 separate training courses) on nutrition, nutrition surveillance, breastfeeding promotion, and the management of malnutrition.

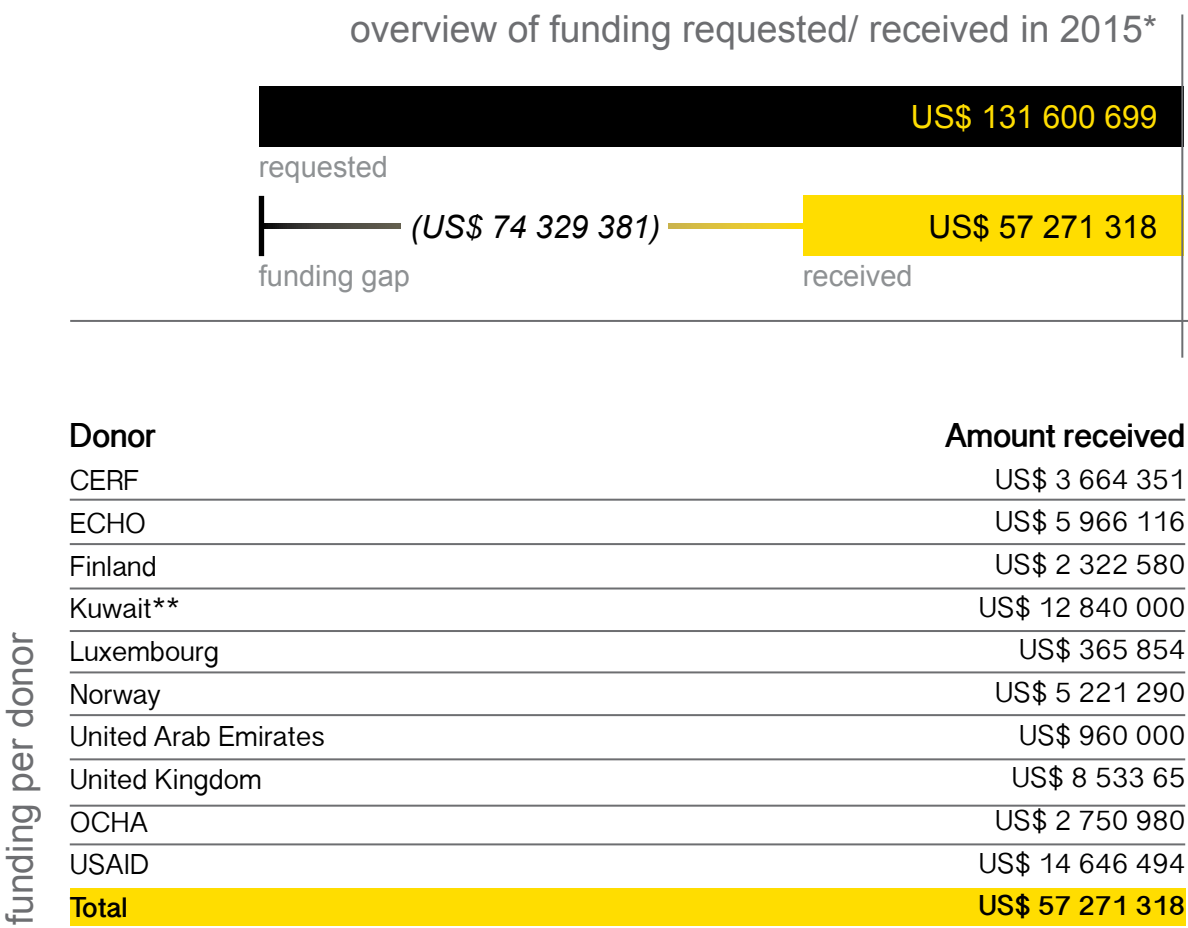
NGOs:

- 851 staff from 67 NGOs were trained on project management ●

Photo credit: WHO/ Omar Samadiki

Financial Overview for 2015

WHO requested US\$ 131 600 669 under the Strategic Response Plan (SRP) 2015 to enhance health sector coordination in all three hubs, strengthen trauma care management, enhance and expand disease surveillance and response, support and strengthen the delivery of secondary health care services, support immunization programmes (including in hard-to-reach areas in northern Syria) and scale-up mental health services.



* The figures show the contributions received by WHO and recorded as WHO income in 2015. They do not necessarily match the figures in OCHA's Financial Tracking Service, which records some contributions received late in the year against the following year's strategic response plans.
** The Government of Kuwait donated US\$20 million to WHO for the Syria crisis. Of this amount, US\$12.84 million was allocated for the response inside Syria. The remaining US\$7.16 million was allocated for the refugee response in the neighbouring countries of Egypt, Iraq, Jordan, Lebanon and Turkey.

Priorities for 2016

WHO aims to scale up its response across Syria in 2016. In addition to supporting community resilience and empowering national organizations, activities will focus on training the health workforce, expanding partnerships with NGOs and local community leaders, rehabilitating and reinforcing damaged health care facilities, and strengthening the capacities of trauma services and emergency response teams. In northern Syria, WHO's hub in Gaziantep will continue to develop treatment guidelines, standards and protocols, disseminate them widely, and train health care service providers on their application.

Trauma Care

- Strengthen trauma preparedness, care and management by building capacities, providing medicines and equipment for the management of trauma cases across Syria;
- Develop prosthetics and foot orthotics services and provide supplies for manufacturing artificial limbs, in order to support resilience for people with disabilities;
- Expand partnerships and train NGOs on trauma care, especially in hard-to-reach and opposition-controlled areas;
- Pre-position medical supplies near "hot" areas;
- Provide life-saving surgical and trauma management supplies for hospitals and trauma centres in northern Syria;
- Develop and conduct "training of trainers" courses on trauma care in conflicts.

Secondary care

- Finalize hospital assessments and use these findings to guide secondary care interventions;
- Support rehabilitation services in partially damaged hospitals and health care centres in the most affected governorates including Dar'a, Aleppo, Hama and Homs;
- Identify and provide the necessary support to key

health care facilities in northern Syria under the principle of "provider of last resort".

PHC

- Advocate with national and local authorities for greater access to people in hard-to-reach and opposition-controlled areas to provide PHC and vaccinate children; prepare innovative strategies to reach more people in need;
- Strengthen routine immunization in areas with low coverage, especially Ar-Raqqa, Dar'a and Deir ez-Zor;
- Expand and strengthen the Vaccine-Preventable Diseases and Immunization (VPI) surveillance system; involve the private sector to improve country-wide surveillance;
- Develop a quality package of essential health care services for northern Syria, and support its introduction.

Mental Health

- Reach more beneficiaries with psychotherapeutic interventions across the country;
- Establish psychiatric units in Lattakia and Hama national hospitals;
- Expand the Mental Health Self-Help Plus programme to demystify mental health issues and

make services readily available to more people in need;

- Strengthen the capacity of non-specialized health professionals to provide supportive supervision for staff in PHC centres offering integrated mental health care services;
- Conduct ToT courses and provide supportive supervision for 250 health care providers in northern Syria using the mental health guidelines;
- Conduct ToT courses on mental health and psychosocial support in northern Syria;
- Provide essential medicines to health care facilities delivering mental health services in northern Syria.

Health Information System

- Develop automated applications to improve the production of timely and consistent information;
- Expand HeRAMS to cover more NGO-supported clinics, especially in hard-to-reach and opposition-controlled areas;
- Continue to train health care staff on HeRAMS; conduct refresher training courses on collecting data, using ICT equipment, monitoring and evaluation;
- Conduct additional training workshops on the disease coding system and the effective use of data for planning;
- Support the full-scale development of the health information system in collaboration with health partners in northern Syria.

Disease Surveillance and Response

- Expand and maintain the functionality of EWARS surveillance sites to support the rapid detection and investigation of, and response to, disease outbreaks;
- Revitalize the routine surveillance system to further strengthen disease outbreak detection and response capacity;
- Provide laboratory equipment to two referral laboratories to support the case confirmation of communicable diseases in northern Syria;
- Continue training EWARN and other health staff on disease surveillance and outbreak response;
- Establish an online reporting system for EWARN to improve the timely collection, analysis and use of data.

Nutrition

- Promptly detect and manage malnutrition across the country, with a special focus on hard-to-reach

and besieged areas.

NGOs

- Expand partnerships with local NGOs, especially in hard-to-reach and opposition-controlled areas, to make humanitarian interventions more readily accessible to all people in need;
- Improve the project management and delivery capacities of NGOs, and strengthen their accountability.

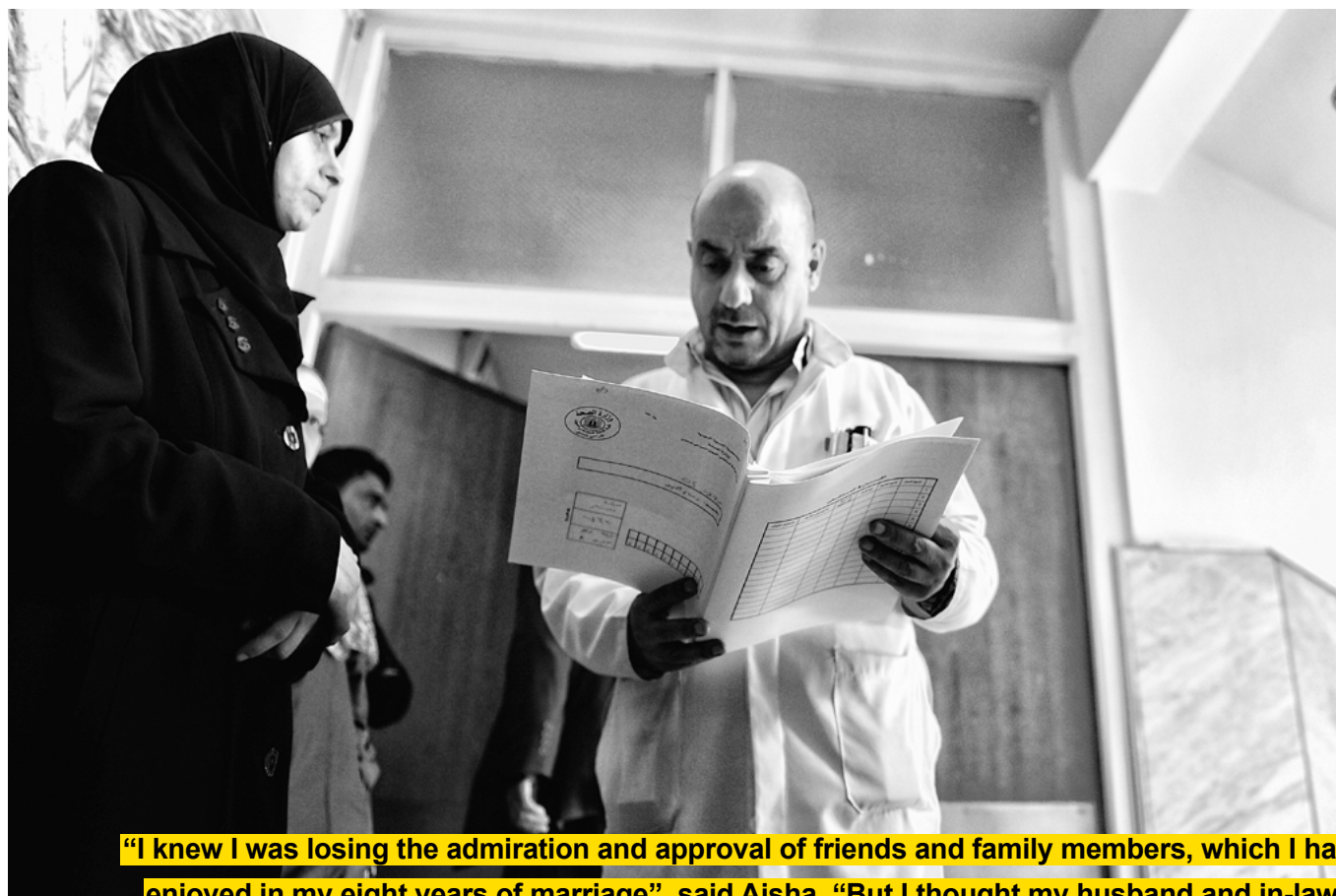
WASH

- Rehabilitate water supply and sanitation infrastructures in functional and partially functional health facilities;
- Restore medical waste management systems in functional hospitals, including the collection and sterilization of medical waste to eliminate infectious agents.

**WHO STRATEGIC INTERVENTIONS
UNDER THE HUMANITARIAN RESPONSE
PLAN FOR SYRIA 2016**

WHO is requesting a total of US\$ 155 271 474 to continue and build on its work accomplished so far.

- Trauma care management (including referral), surgical care and physical rehabilitation.
Funding requirements: US\$ 44 210 380.
- Secondary health care, comprehensive obstetric care and referral services.
Funding requirements: US\$ 34 981 820.
- Primary health care.
Funding requirements: US\$ 31 929 000.
- Immunization.
Funding requirements: US\$ 6 377 000.
- Disease surveillance and response.
Funding requirements: US\$ 17 252 000.
- Mental health and psychosocial support services.
Funding requirements: US\$ 9 290 000.
- Coordination.
Funding requirements: US\$ 3 556 350.
- Health information systems (including HeRAMS).
Funding requirements: US\$ 779 324.
- Nutrition.
Funding requirements: US\$ 1 805 600.
- Water supply and medical waste management.
Funding requirements: US\$ 5 090 000.



“I knew I was losing the admiration and approval of friends and family members, which I had enjoyed in my eight years of marriage”, said Aisha. “But I thought my husband and in-laws were the problem as I wondered why they suddenly turned against me. I lost interest in everything, including taking care of my 8-year old son, who has mental health problems. Everyone around me was alien to me.” After nearly half a decade of conflict, Aisha is just one of the 4.6 million people estimated by WHO to be suffering from moderate to severe mental health disorders. She sought treatment and was diagnosed with severe depression. Her situation has substantially improved following cognitive behavioural therapy sessions administered by a WHO-trained psychologist at a SARC-operated health centre in Damascus.



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