



WHO SYRIA
DONOR UPDATE
Q1, 2018



World Health
Organization

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Children from eastern Ghouta
at the Paediatric Hospital
in Damascus.

Credit: WHO





Herjalleh collective shelter in Rural Damascus is one of several camps hosting people displaced from eastern Ghouta.

Credit: WHO

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CONTENT

04

FOREWORD

06

1. THE SITUATION IN Q1, 2018

06 Status of health care facilities

07 Access to people in need

14 Removal of items from inter-agency convoys

14 Attacks on health care facilities and personnel

15

2. FOCUS ON: MENTAL HEALTH

23

3. OTHER ACTIVITIES IN Q1, 2018

23 Trauma care

24 Secondary health care and referral

26 Primary health care

27 Immunization and polio eradication

29 Disease surveillance and response

32 Health information

32 Coordination

33 Nutrition

34 Water, sanitation and hygiene

35 Working with partners

36

4. FINANCIAL OVERVIEW FOR Q1, 2018

37 Annex 1 Vaccination campaigns implemented in Q1, 2018

38 Annex 2 Web stories and media updates for Q1, 2018

39 Annex 3 WHO strategic interventions under the Humanitarian Response Plan for 2018



FOREWORD

The first three months of 2018 have seen some of the worst fighting in Syria since the conflict began. Hundreds of thousands of people in besieged eastern Ghouta (near Damascus) came under intense bombardment as government forces attempted to retake control of the area. On 24 February 2018, the United Nations Security Council adopted a new resolution (2401) calling on all parties to the conflict to immediately cease hostilities and allow humanitarian agencies to deliver aid and evacuate the sick and wounded. Despite the new resolution, the suffering in Syria has only increased. More than 1700 people in eastern Ghouta were killed in the first few weeks following the passage of the resolution. Almost 80 people in Damascus were killed and another 230 were injured by shells fired from eastern Ghouta.

Huge numbers of people have been newly displaced. Almost 52 000 people who fled the extreme violence in eastern Ghouta are living in temporary shelters in Rural Damascus, with very limited access to food and health care. In north-west Syria, over 183 000 people have fled fierce fighting in Afrin district (Aleppo governorate). Most of them have gone to the neighbouring areas of Tal Refaat, Nubul, Menbij and Zahraa, where they are finding refuge wherever they can – in abandoned houses, mosques, schools and collective shelters. Little is known about the situation in Afrin city, where up to 70 000 civilians remain trapped. Idleb governorate has come under heavy airstrikes that have destroyed hospitals and schools and killed and wounded hundreds of people. Idleb is home to around 2.8 million people, half of whom have been displaced from other governorates. Although the worst of the fighting is over in the north-eastern governorates of Ar-Raqqa and Deir-ez-Zor, civilians continue to be killed or injured by unexploded ordnance and other explosive remnants of war. In southern Syria, around 50 000 Syrian refugees remain trapped at Al-Rukban camp on the Jordanian border, cut off from virtually all assistance.

The anguish of the people of Syria – displaced again and again, in their millions – is unimaginable. As the conflict goes on, the number of people killed, wounded or maimed, deprived of their homes, livelihoods and all they possess, increases relentlessly. As entire towns and cities are laid to waste, more and more people are plunged into poverty and despair. WHO is supporting the expansion of mental health services for Syria's exhausted and traumatized civilians. This quarterly update highlights our work to integrate mental health care into health care centres, schools and communities across the country. In Q1, 2018, more than 58 000 people received mental health and psychosocial support by health care and community workers trained by WHO.

WHO faces formidable obstacles in its efforts to bring health care to Syrians, especially the 2.3 million people living in hard-to-reach and besieged areas. Hospitals and health care facilities continue to come under fire, and life-saving medical supplies continue to be removed from inter-agency humanitarian convoys. Despite these difficulties, WHO teams are working with the Syrian Arab Red Crescent (SARC) and other partners to bring life-saving health care to people throughout the country. In the first three months of 2018, WHO delivered 375 tons of medicines, supplies and equipment across Syria, supported over 195 000 outpatient consultations and screened almost 210 000 children for malnutrition. A total of 3.3 million children were vaccinated against polio (2.6 million from inside Syria, and 700 000 through cross-border activities). We could not carry out our mission without our partners, many of whom do not hesitate to risk their own lives while saving the lives of others. Their courage and selflessness are remarkable.

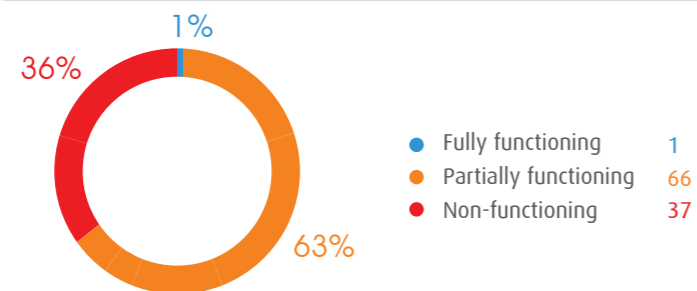
Elizabeth Adly

1. THE SITUATION IN Q1, 2018

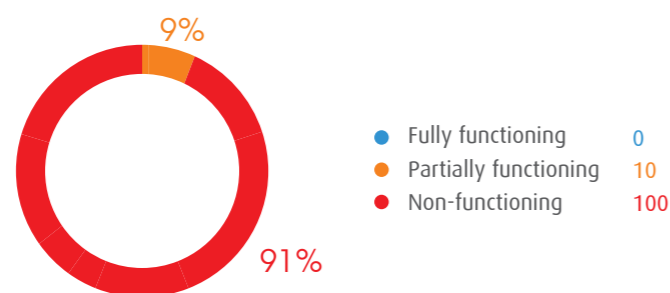
Status of health care facilities

As of the end of March 2018, WHO's Health Resource Availability Mapping System (HeRAMS) showed that over half of Syria's 111 public hospitals and around half its 1806 public health care centres were either closed or only partially functioning. Three hospitals and 22 health care centres in eastern Ghouta had been damaged or destroyed. Almost all health care facilities in the three north-eastern governorates of Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor¹ were either closed or working at minimum capacity.

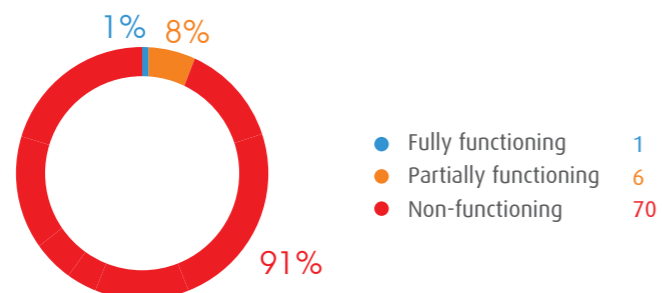
Status of functionality of public health facilities in Al-Hasakeh governorate



Status of functionality of public health facilities in Deir-ez-Zor governorate



Status of functionality of public health facilities in Ar-Raqqa governorate



¹ These three governorates were the scene of some of the heaviest fighting in 2017, and most of their health care facilities remain closed as a result of damage sustained in the conflict.

The numbers

13 million people in need of humanitarian assistance.

2.3 million people living in besieged and hard-to-reach areas.

54% of health care facilities either closed or functioning only partially.

425 463 newly displaced people in seven governorates.

97 attacks on health care facilities reported in Q1, 2018 (of which 89 have been verified).

\$141 475 561 requested by WHO under the Humanitarian Response Plan for 2018.

\$10 896 777 received thus far by WHO in 2018.

Access to people in need

WHO continued high-level advocacy efforts to secure access to besieged and hard-to-reach areas, put a stop to attacks on health care facilities and staff, and allow seriously ill and wounded Syrians to be evacuated for urgent medical treatment. Over 2.3 million Syrians remain in besieged and hard-to-reach areas, where humanitarian aid is rarely permitted to enter. WHO developed a medical evacuation plan for eastern Ghouta, which has been under siege since 2013, and stood firm in its insistence that evacuations be carried out according to UN standards (i.e., free of any political considerations including agreements to exchange seriously ill patients for detainees held in opposition-controlled areas).

Response in eastern Ghouta

Eastern Ghouta made international headlines following intensive airstrikes that hit hospitals, damaged health care centres and other infrastructures and killed thousands of civilians. Nearly 52 000 civilians from eastern Ghouta are being hosted in eight temporary collective shelters in Rural Damascus, and many of them have serious health problems following years of living under siege. WHO and health partners are visiting all shelters daily to assess health needs, set up disease surveillance, support the delivery of life-saving health care and identify and fill gaps in services. A total of 62 medical points and mobile teams² are providing round-the-clock health care including vaccination and mental health services. WHO is supporting the operational costs of 200 health care workers from Directorate of Health (DOH) medical teams and overseeing the medical evacuation of seriously ill patients. It has delivered around 50 tons of medicines and medical supplies to support the health response.

Health response in eastern Ghouta

Up to **5000** medical consultations per day have been provided.

62 mobile medical teams/health units and medical points have been mobilized.

9500 children have been vaccinated against routine childhood illnesses.

5000 children under 5 years of age have been vaccinated against polio.

8000 children up to 12 years of age have been vaccinated against measles.

925 critically ill and wounded patients have been referred to hospitals in Damascus.

50 tons of health supplies (sufficient for 600 000 treatments) have been delivered to the DOH, the SARC and local NGOs.

More than **3000** psychosocial first aid and counselling sessions have been conducted.

19 health care facilities and medical points are reporting to the disease surveillance system (EWARS).

² This number includes 25 mobile teams managed by NGOs, 23 mobile teams managed by the Directorate of Health of Rural Damascus, 10 teams of trained community psychosocial support workers, and four nutritional surveillance and nutritional screening teams.



IDPs from eastern Ghouta wait to be seen by health care staff at the SARC medical point in Dweir camp, Rural Damascus. This medical point is supported by WHO.

Credit: WHO

Response in Afrin

In early 2018, the Turkish army and allied Syrian armed groups took control of Afrin district in Aleppo governorate following a sustained ground offensive. Around 183 500 people were displaced to the east, while up to 70 000 people remain in Afrin city.

Many people fled to the relatively safety of an area known as the Euphrates Shield, which is home to increasing numbers of internally displaced people (IDPs). In addition to IDPs from Afrin, the area is hosting people from eastern Ghouta, Douma, southern Idlib and Hama. Some IDP camps are reported to be at 400% of capacity. Most health care staff have left the area and all hospitals and haemodialysis centres are closed. Although the nongovernmental organizations (NGOs) managing many of these health care facilities have asked for permission to re-open, their requests have thus far gone unanswered.

WHO donated five mobile clinics, two ambulances and 28 tons of health supplies to support the health response in Afrin. Health care services are being provided by mobile clinics, PHC centres and a local hospital³. A total of 75 patients have been referred to hospitals in Aleppo.

Health response in Afrin

Over **2000** medical consultations per day have been provided.

26 health care facilities including mobile teams, PHC centres and 1 hospital are providing essential health care services.

Five mobile clinics and two ambulances have been donated to the Directorate of Health.

75 patients have been referred to hospitals in Aleppo.

28 tons of health supplies (sufficient for 170 000 treatments) have been delivered to the SARC and local NGOs.

Mobile teams are providing mental health and psychosocial support services.

³ 5 mobile clinics donated by the DOH, 5 SARC mobile clinics, 8 NGO mobile teams, 6 PHC centres, 1 dialysis centre and 1 local hospital.



IDPs from Afrin crowd around a WHO-supported mobile clinic in Tal Refaat.

Credit: WHO

Response in Idlib governorate

IDPs now account for more than half of Idlib's population of approximately 2.8 million. Health care facilities, especially PHC centres, are struggling to manage the greatly increased demand for health care services and coordinate patient referrals. IDPs are scattered across a large geographical area where transportation is difficult and health care services are scarce. WHO is supporting mobile clinics and rationalizing the distribution of health care services to help ensure quality health services can be delivered and accessed in an equitable manner. Due to the continuing population movements, the demand for PHC services is likely to increase, bringing new challenges. Moreover, the extreme overcrowding in the camps and the lack of clean water and proper sanitation greatly increase the risk of outbreaks of diarrhoeal and vaccine-preventable diseases. Referral services, treatments for patients with noncommunicable diseases (NCDs), ante- and postnatal care and mental health services need to be urgently scaled up.

Under WHO's leadership, the health cluster in Gaziantep has opened an emergency operations centre to support the coordination of PHC, referral and vaccination services at arrival sites in the governorates of Aleppo and Idlib, in collaboration with other UN agencies. WHO is supporting the operational costs of around 25 NGO mobile clinics and 70 ambulances that are providing health care and referral services at Qalaat Al Madiq, the main arrival site for IDPs from eastern Ghouta. Over 43 220 IDPs from eastern Ghouta arrived in Idlib in Q1, 2018, and at least 144 were hospitalized.



A WHO-supported mobile clinic provides health care services to Syrians in an IDP camp near Jarablus.

Credit: WHO

Health response in Idlib

45 health structures and 70 ambulances are providing health care and referral services.

43 753 medical cases were treated and 370 patients were referred to hospitals.

3150 psychosocial support consultations were conducted.

694 040 treatments were distributed in Idlib governorate. This included 603 830 PHC medicines and 2 600 trauma treatments.

Response in southern Syria

In southern Syria, over 7000 people were displaced following aerial bombardments and heavy fighting in eastern Dar'a. This was the first major violation of the ceasefire agreement signed in July 2017. WHO and health partners dispatched four trucks carrying trauma care treatments, essential medicines and supplies for distribution to health care facilities in the area. The Organization also delivered equipment and reagents to the sole reference laboratory for disease surveillance in the opposition-controlled areas of southern Syria.

Opening of Al-Yarubiyah border crossing

United Nations Security Council resolution 2393 of December 2017 allowed the UN and implementing partners to use the border crossings approved under resolution 2065 to increase humanitarian assistance to the Syrian people. The Al-Yarubiyah border crossing at the Iraqi-Syrian frontier has now been added to the list of locations used to deliver cross-border supplies. The first inter-agency convoy crossed from Iraq into Syria on 8 March 2018 bearing emergency supplies for the three north-eastern governorates of Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor. WHO delivered two truckloads of supplies containing inter-agency emergency health kits to cover 40 000 PHC interventions as well as trauma and surgical kits to cover 800 surgical interventions for wounded patients. The supplies, which complement cross-line deliveries from inside Syria, were used to provide essential health care services to IDPs and host communities in Ar-Raqqa city, Tabqa, Menbej, Areesheh, Abu Khashab and other towns in the three governorates.

Removal of items from inter-agency convoys

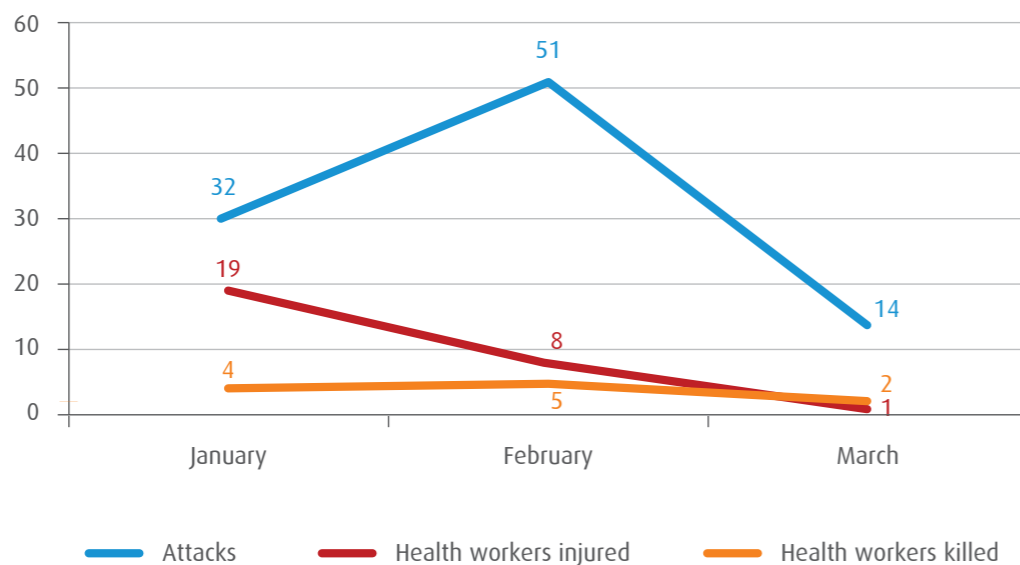
Inter-agency plans to deploy humanitarian convoys to besieged and hard-to-reach areas were brought to a standstill due to access restrictions and failure to reach agreement with the national authorities on the locations to be targeted and the supplies to be delivered. Only three inter-agency humanitarian convoys were approved in Q1, 2018 (two bound for eastern Ghouta and one bound for Homs). Although WHO had planned to deliver a total of 226 454 treatment courses, almost 60% of the medicines were rejected by government security forces. Anaesthetics, antibiotics and surgical supplies accounted for almost 30% of the items that were rejected without justification⁴.

WHO and partners are now focused on pre-positioning medical supplies in and around besieged and hard-to-reach locations, especially eastern Ghouta, so they can be rapidly deployed as and when the UN receives approval from the government.

Attacks on health care facilities and personnel

In Q1, 2018, the number of attacks on health care rose significantly due to the escalation of military operations in eastern Ghouta. A total of 97 attacks were reported (a 49% increase compared with the same period in 2017), of which 89 were verified. Eleven health care workers were killed and 28 were injured in these attacks.

monitoring violence against health care - Q1, 2018



⁴ Supplies removed by military forces are immediately restituted to WHO, which returns them to its warehouses. WHO can then deploy the supplies to other locations based on needs.

2. FOCUS ON: MENTAL HEALTH

Millions of Syrians have witnessed unimaginable violence; their memories of what they have lived through will never be completely erased. Many children have lost one or both parents, have seen their homes shelled and destroyed, or have themselves suffered devastating injuries.

Mental health problems can severely disrupt people's ability to function in families, at work and in society. Children may withdraw, have learning difficulties, and suffer nightmares and bedwetting. Adults may find it increasingly difficult to relate to others, may resort to alcohol and substance abuse or may even attempt or commit suicide. Severe depression can lower the body's ability to fight disease, leading to other health problems.

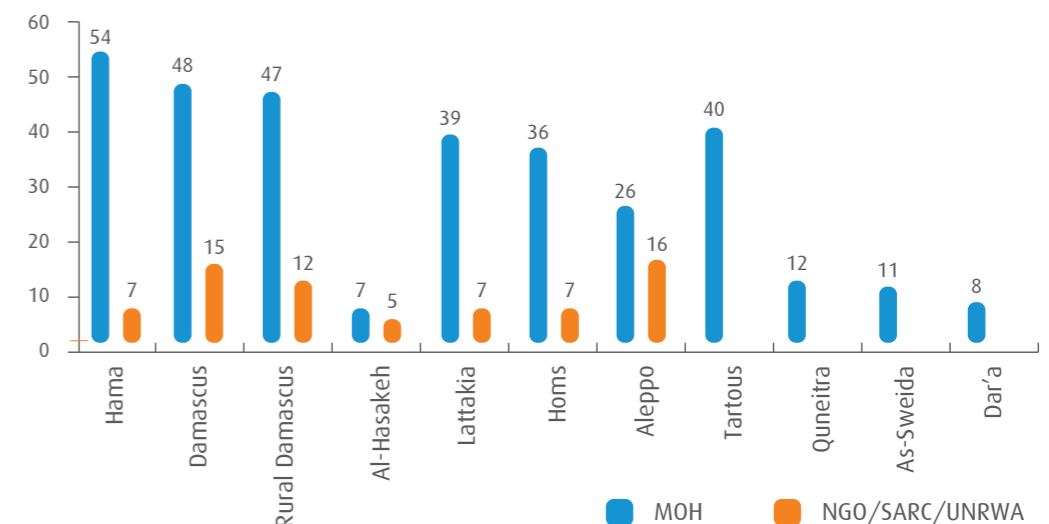
Even before the crisis began, there were relatively few mental health professionals in Syria. A considerable number of them have left the country, leading to even greater shortages at the very time that needs are acute and growing. Fortunately, as the following sections explain, many mental, neurological and substance abuse conditions can be managed by non-specialist health care providers.

The Mental Health Gap Action Programme

WHO's global Mental Health Gap Action Programme (mh-GAP) aims to scale up services for mental, neurological and substance use disorders in low- and middle-income countries. Its accompanying intervention guide (mh-GAP IG) advises countries on how they can provide mental health and psychosocial support (MHPSS) services in non-specialized settings. WHO has adapted the guide to the context in Syria and is supporting the integration of MHPSS services into PHC centres and communities across the country.

Over the past four years, more than 1500 health care workers who participated in mh-GAP training courses have acquired the skills to manage patients with mental health problems. As a result, mental health services are now being offered in almost 400 PHC and community centres in 11 governorates.

Number of PHC and community centres providing integrated MH services



In Q1, 2018, mh-GAP trained health workers provided 58 212 MHPSS consultations in PHC centres, hospitals, community centres and mobile clinics. WHO delivered 41 142 pharmacological treatment courses to support MHPSS services and trained 157 health professionals on the mh-GAP IG. Thirty-six trainees were gynaecologists who received additional training on caring for survivors of gender-based violence. Over 370 health care workers received follow-up and on-the-job training.

Dr Mona Farhoud, an mh-GAP trained gynaecologist with the Syrian Family Planning Association (SFPA) in Damascus, says that depression can manifest itself in many ways. She cites the example of a young mother, 20-year-old Samar*, who visited her complaining of pain in her pelvis, severe headaches and insomnia. A clinical examination revealed the patient had more than one sexually transmitted infection.

Using the techniques learned in her mh-GAP training, Dr Farhoud gently questioned her patient. Samar confessed that her husband was beating her and keeping her prisoner. Moreover, he had been unfaithful to her on many occasions. She felt afraid, isolated and uncertain about the future.

Samar was diagnosed as suffering from moderate depression. Dr Farhoud prescribed anti-depressants and recommended that Samar become more involved in her local community. She also arranged for her to meet a psychologist and legal counsellor at the SFPA. Through sessions with the association's psychologist, Samar learned problem-solving and decision-making techniques to help her decide her own future. The association's legal counsellor explained her legal rights. Her gynaecologist continued to monitor her physical and mental health. With solid support from these three people, Samar regained her self-confidence and decided to leave her husband. The SFPA continued to counsel her throughout her divorce and helped her find a job. Samar and her son now live with her parents. She is working and studying and knows that she can rely on the SFPA and on her parents whenever she needs help and support. She has taken back control of her life.

*The patient's name has been changed to protect her anonymity.



Gynaecologist Dr Mona Farhoud, who works at the Syrian Family Planning Association in Damascus, has been trained by WHO on mh-GAP.

Credit: WHO

In north-west Syria, WHO has expanded mental health care services from two (in 2016) to more than 20 health facilities. Eighty doctors in Aleppo governorate and 52 doctors in Idlib governorate are providing mental health services under the supervision of clinical specialists in WHO's hub in Gaziantep (see text box below). WHO is also running two mental health mobile clinics to bring MHPSS services closer to remote communities. Each clinic comprises an mhGAP-trained doctor, two psychosocial workers, two community health workers and a driver. In addition to providing around 125 individual consultations per month, each team conducts community mental health awareness-raising sessions. Approximately 2400 people per month benefit from these sessions.

mh-GAP in northern Syria

Access constraints prevent staff in WHO's hub in Gaziantep from visiting PHC centres in northern Syria to assess the quality of MHPSS services. The office has therefore set up a two-tier monitoring system consisting of direct assessments by other specialists in the area and remote clinical supervision by WHO.

After they complete their initial mh-GAP training, physicians are closely monitored for the first six months to ensure they have acquired the knowledge and skills to treat patients. Local supervisors assess their performance using a standard checklist and enter the results into an online database. The information is used to generate monthly reports for WHO clinical supervisors in Gaziantep, who analyse the data and give feedback to each trainee through Skype. Once a physician is fully mh-GAP-competent, his/her name and contact details are placed on a register for NGOs that wish to refer patients.

Mh-GAP-trained physicians in northern Syria are also required to do clinical rotations at a mental health hospital, where they have a chance to practise their skills on more complicated cases as well as monitor the progress of any patients they have referred to the hospital for specialized treatment. On completion of their clinical rotation, physicians begin managing patients with more severe mental health disorders. This involves the development of a safety plan to ensure that patients are rigorously managed and can be rapidly referred to hospitals when necessary.

WHO/Gaziantep analyses the quality of MHPSS services in clinics in northern Syria and draws up lists of the centres to be supported with psychotropic medicines. The office maintains detailed records of the clinics that have received medicines from WHO and the pharmacists who have been briefed on how to manage and dispense them. It is planning a meeting with all physicians and pharmacists to review the procedures for referring patients from clinics to hospitals, prescribing psychotropic medicines and safeguarding medical stocks.

WHO's hub in Gaziantep is supporting services in Sarmada mental health care centre in Idlib, where it has financed the establishment of a 20-bed unit for patients with more severe mental health disorders. Sarmada is the main referral facility for the northern governorates and also serves as a training centre. Since its opening in October 2017, it has admitted 94 patients and provided an average of 280 specialized outpatient consultations per month.

Gaziantep has prepared a training manual (available in English and Arabic) for psychosocial workers and has trained 21 health staff in northern Syria on psychological first aid, managing patients with mental health disorders, and the relevant components of mh-GAP. The workshop is the first in a series of training courses that will target 60 psychosocial workers over the next six months.



Fadi Mohamed, a social worker in Azzaz, northern Syria.

Credit: WHO

In March 2018, days before the grim seven-year mark of a conflict that has led to alarming levels of mental health problems, 21 Syrian social workers, psychologists and physicians gathered in Gaziantep, Turkey. They came together to learn skills and standardized approaches so that they could teach the basics of helping people suffering from mental health conditions to psychosocial workers across northern Syria. Developed and organized by WHO's hub in Gaziantep, the training had a sense of urgency.

The participants primarily work in medical facilities in the provinces of Idlib and Aleppo, where specialists in mental health fields are extremely scarce, as are psychosocial workers, who provide invaluable support. Fadi Mohamed Ali, a social worker in Azzaz, northern Syria, shared his experience of seven years of conflict.

"Every day I cry inside at what this crisis has done to children. Children now lost, abandoned or orphaned. Children who know nothing but the sounds of shelling. Children who have seen so much slaughter, and now want to fight, because they don't know what else to do.

I work with a team of four, and every day we receive children from the camps, all of them displaced, all of them with psychological issues. We try to give them comfort, to rebuild some self-confidence, to make them feel safe.

I'm making progress with a seven-year-old girl who was found in the rubble of a collapsed building. She and her grandmother were the only survivors – parents, siblings, aunts and uncles are all dead. When we met, she was incapacitated with fear and terrified by her memories. She was without expression or emotion. But slowly, slowly, with lots of care, by drawing paintings of what haunts her and what makes her happy, she is smiling again and I can't tell you how happy that makes me.

But there are so many of these children, and we have the resources to help so few. We have to train, train, train. How else will they get the help they need to recover?"

A 24/7 telephone helpline, staffed by trained psychologists in Gaziantep, helps humanitarian aid workers suffering from stress and/or burn-out. The helpline was recently expanded and now offers free services for all people in need in northern Syria.

Mental health needs are acute in southern Syria, where there is only one mental health professional to cover more than 640 000 people in the areas controlled by the opposition. In late March 2018, 17 physicians (12 from southern Syria and five from Amman) attended an mh-GAP training workshop in Jordan. Five PHC centres were selected to pilot-test MHPSS services. WHO plans to deliver psychotropic medicines to these centres.

A separate set of physicians in southern Syria were previously trained on MHPSS as part of a pilot project to improve the quality of NCD care in PHC centres. Since the project was launched on 20 February 2018, they have diagnosed and treated 138 patients with mental, neurological and substance abuse disorders. The Amman health sector has also established a working group to assess MHPSS services and needs in southern Syria.

Mental health care in schools

The school mental health programme, launched in December 2017, aims to train all those involved in education - teachers, administrators, nurses, social workers and school counsellors - on how to identify and help children with emotional and behavioural problems. In Q1, 2018, 26 school counsellors in different governorates completed a "training of trainers" course, in which they learned about mental health interventions while at the same time learning to teach others. They have since gone on to train another 147 colleagues in schools and other educational facilities in their communities. Approximately 125 schools and community educational centres are now offering MHPSS services. WHO plans to train around 500 staff working in 200 schools by the end of 2018.

WHO's school mental health programme complements the work being done by UNICEF in this area. WHO focuses on implementing evidence-based interventions to manage children with mental health problems in general, while UNICEF focuses on developing training manuals on psychosocial support for children affected by the crisis. Both agencies work with each other and with the Syrian Ministry of Education to ensure their programmes are complementary and do not overlap.



Amal teaches children in her school in Barazeh, Damascus to express themselves through art.

Credit: WHO

Interview with Amal Abd Allah, a school counsellor in Damascus.

In February 2018, Amal attended a WHO-supported training workshop on the school mental health programme. “The workshop has been really helpful, and the guidelines I received are clear and easy to follow. The training has already made a difference in my school. I know how to talk with pupils and get them to explain the reasons for their distress. Some of the younger pupils struggle to articulate their feelings, but I can help them better understand what they have lived through. I explain to them that their feelings are normal and that I am here to help.”

One child in Amal’s school had great difficulty concentrating. Amal was able to help him using the simple methods suggested in the guidelines. For other pupils, providing assistance is not so straightforward, but thanks to the training, Amal knows how to spot children with more severe behavioural problems and refer them for specialized help. “At least one of my pupils is receiving regular treatment outside school from a physician who has been trained by WHO on mh-GAP”, says Amal.

Mental health care in communities

WHO is working with national and local NGOs to expand MHPSS services in community centres. The Organization is supporting the running costs of five centres in Homs and Aleppo and the rehabilitation of a sixth centre in Al-Hasakeh. The centres provide vocational activities for people with mental health problems, especially women who have experienced sexual and gender-based violence. In Q1, 2018, WHO trained 26 community workers in Al-Hasakeh on basic psychological interventions. Another 121 health care workers in PHC and community centres in Aleppo, Damascus, Lattakia, Rural Damascus and Tartous were trained on psychological first aid and self-care strategies.

Mental health response in eastern Ghouta

Teams of around 60 community psychosocial support workers in Rural Damascus are providing counselling and support to IDPs from eastern Ghouta, many of whom are exhausted and severely traumatized. In March 2018, more than 3250 IDPs received basic psychological support and counselling. Another 225 mh-GAP trained health care staff in 60 PHC centres in Rural Damascus are providing MHPSS services for IDPs.

NGOs supported by WHO have organized recreational and educational activities for more than 1000 IDP children. Around 80 of these children were identified as having severe behavioural and emotional problems and were given individual psychological care.



Children in Abo Al Naser shelter, Rural Damascus join recreational and educational activities organized by a WHO-supported NGO.

Credit: WHO



Women in Abo Al Naser shelter, Rural Damascus, participate in a support group organized by one of WHO’s NGO partners.

Credit: WHO

Mental and physical health are fundamentally linked, as demonstrated by the story of 50-year-old Mrs. A.Gh from Rural As-Sweida. She visited her local health care centre complaining of diffuse pain and debilitating fatigue. She had been taking medication for diabetes and inflammatory arthritis for some time but said that her anti-inflammation drugs gave her little pain relief. Formerly sociable and outgoing, she had withdrawn from her community and was living in isolation. She said she felt she was a burden on her large family, since her degenerative condition meant she was no longer able to take care of them as she used to. Her thoughts constantly turned to death, and she lived in fear that her only son would be killed or injured in the conflict.

Her mh-GAP-trained physician talked her through her symptoms, prescribed anti-depressants and asked her to do more exercise and take greater part in family and social activities. On her next visit to the centre three weeks later, Mrs A.Gh's physician noted a distinct improvement in her condition. She said that the anti-depressants had lifted her spirits and boosted her energy. Moreover, her diffuse pains were slowly dissipating.

Mrs A.Gh is still on anti-depressants and has been referred to the orthopaedic clinic in the National Hospital for treatment for her inflammatory joint disease. Treating her physical and mental conditions together has made all the difference.



Dr Islah Hritani, a general practitioner in Ateel Health Centre in rural As-Sweida, has been trained on WHO's mh-GAP.

Credit: WHO

3. OTHER ACTIVITIES IN Q1, 2018

Trauma care

Unknown numbers of people have been killed and over 1.5 million have been injured⁵ since the crisis began. In Q1 2018, WHO distributed surgical supplies and trauma kits (sufficient to support 96 907 trauma patients) to eight governorates. Almost 40% of these supplies were sent to hard-to-reach areas including north-east Syria. WHO distributed operating theatre equipment, X-ray machines, ventilators, electricity generators, ultrasound machines, reconstructive surgery equipment, artificial limbs and wheelchairs⁶.

WHO also supported the training of 732 health care workers on physical rehabilitation and managing trauma patients. Training topics included managing patients with burns, war wounds, spinal cord injuries, lower and upper limb amputations, and fitting prostheses.

WHO's hubs in Amman and Gaziantep are supporting services for disabled Syrians in north and south Syria, in coordination with implementing partners. In Q1, 2018, they supported nine physical rehabilitation centres in four governorates⁷, as well as training for five rehabilitation workers and technicians and assistance for 2605 trauma patients and 809 people with disabilities. WHO's office in Damascus supported 784 patients requiring physical rehabilitation.

The Jordanian authorities have recently agreed to allow WHO to ship surgical supplies and trauma care medicines across the border into southern Syria. WHO's hub in Amman is working with health authorities and health partners on protocols to ensure these medicines are properly managed and monitored on both sides of the border.

WHO's hub in Gaziantep is covering the running costs of 70 ambulances in Idlib and Aleppo and supporting several hospitals and one haemodialysis centre. The trauma and secondary health care working group in Gaziantep has assessed the status of medical equipment in hospitals in northern Syria. Its findings will be used to initiate a project to teach hospital engineers and technicians how to maintain sophisticated medical equipment.

⁵ Based on an estimate of 30 000 people injured each month.

⁶ 38 artificial limbs and 342 wheelchairs were delivered in Q1, 2018.

⁷ Aleppo, Dar'a, Idlib and Quneitra.

Achievements in Q1, 2018

375 tons of medicines, supplies and equipment were delivered across Syria.

80 800 children were vaccinated against childhood illnesses each month (23 800 inside Syria and 57 000 through cross-border activities).

3.3 million children were vaccinated against polio (2.6 million inside Syria and 700 000 through cross-border activities).

Quality of water was tested in over **485** wells and reservoirs.

209 777 children were screened for malnutrition.

195 528 outpatient consultations were supported (181 583 inside Syria and 13 945 through cross-border support).

4678 health care workers were trained (2847 inside Syria and 1831 through cross-border support).

\$10 896 777 was received by WHO to support the emergency health response.

Secondary health care and referral

According to the Syrian Association for Diabetes Care, around 300 000 Syrians are diabetics, and those with type 1 diabetes do not have regular access to supplies of life-saving insulin. Approximately 12 000 Syrians have kidney failure and 70% of them live in governorates where haemodialysis is rarely available. To respond to these needs, WHO distributed 902 208 treatments, including 8350 insulin injections and supplies for 1100 haemodialysis sessions, to 32 hospitals. WHO also dispatched 19 pieces of medical equipment to health care facilities in six governorates. The Organization trained 150 health care workers on patient safety, infection prevention and control, the rational use of medicines and supply chain management.

The latest figures from the Ministry of Health (MOH) show there are currently 139 145 cancer patients in Syria, but cancer care is expensive and not readily available in hard-to-reach areas. WHO is supporting the rehabilitation of the emergency department of the Paediatric Hospital in Damascus, the country's sole referral hospital for children with cancer.



Child cancer patients at the Paediatric Hospital in Damascus.

Credit: WHO

WHO's hub in Gaziantep is supporting NGO-managed emergency, surgical and maternity services in Aleppo, Homs and Idleb Homs governorates. More than 30 000 people benefited from these services in Q1, 2018.

Primary health care

In Q1 2018, WHO trained 300 health care workers in seven governorates on topics including the prevention and management of NCDs such as diabetes, chronic cardiovascular and respiratory diseases and thalassaemia. The Organization dispatched a total of 1 260 960 treatment courses including antibiotics, analgesics and chronic disease medicines. WHO also distributed defibrillators, echocardiograph and ultrasound machines, blood pressure cuffs and stethoscopes. These items were shipped to the Syrian Arab Red Crescent (SARC) and the Directorate of Health of Rural Damascus to help them manage the influx of Syrians from eastern Ghouta.

WHO's hub in Amman has initiated a project to improve the quality of NCD care in southern Syria. Four PHC centres are participating in the pilot phase of the project. Preparations began in late 2017, with training and the distribution of supplies⁸. The four centres began delivering NCD services in mid-February 2018. As of mid-March 2018, 1934 patients had been treated for NCDs. WHO trained eight staff in the participating centres on data management and reporting and has contracted an outside organization to provide remote mentoring and support for these activities. WHO plans to expand the NCD project to another six facilities by the end of 2018.

In January 2018, a network of PHC facilities in Saraqeb sub-district in Idlib governorate launched a pilot project to improve referral services. The centres coordinate with each other and share information on the services available in each facility as well as in nearby referral hospitals and clinics. Eighty health care staff have been trained on the referral procedures developed by WHO. Improved communication between the centres meant that staff at one PHC centre that came under attack in January 2018 could be quickly relocated to another health care facility, resulting in minimum disruption of health care coverage. To help manage the new influx of IDPs into the governorate, WHO and partners supported the running costs of eight mobile clinics and added three more secondary health care facilities as referral centres. The network currently includes 18 health care facilities, 12 mobile clinics, three PHC units, one comprehensive and two basic PHC centres. In Q1, 2018, 800 patients were referred through the network.

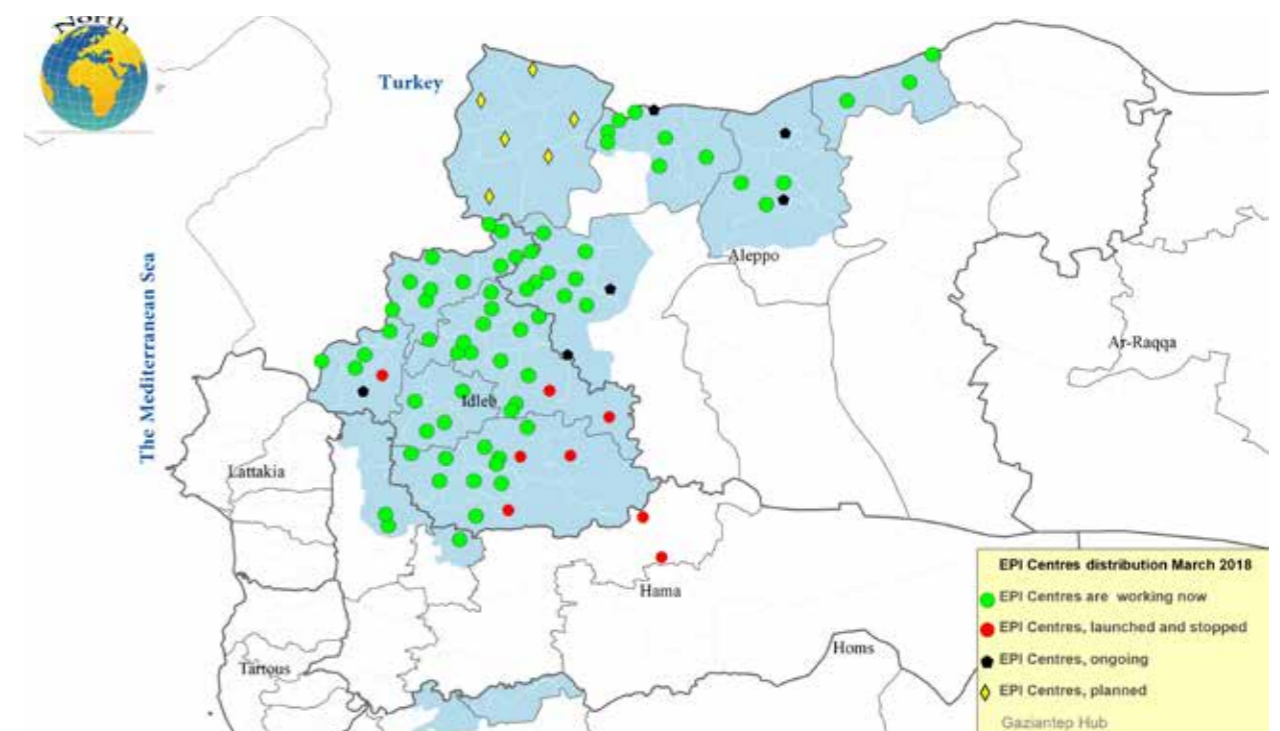
WHO's hub in Gaziantep is supporting the running costs of another eight PHC centres, a haemodialysis centre and a maternal clinic, most of which serve isolated rural communities. Gaziantep is also working with 17 NGOs to create a workforce of trained community health workers to support PHC services. WHO is preparing training manuals and standard operating procedures in preparation for the launch of the training programme in Q2, 2018.

⁸ WHO has delivered 15 NCD kits to southern Syria to support the first six months of the NCD pilot project. Each kit contains enough NCD medicines, supplies and equipment to treat approximately 10 000 people for three months.

Immunization and polio eradication

During the first quarter of 2018, WHO supported several mass vaccination campaigns (see Annex 1) and is working to strengthen routine immunization activities in PHC centres and mobile clinics across the country. WHO's hub in Gaziantep is supporting the establishment of 73 vaccination centres in northern Syria. By the end of Q1, 2018, 65 of these centres were up and running. Thanks to close collaboration with UNICEF and NGO partners, around 57 000 children in northern Syria are being vaccinated each month.

Distribution of vaccination (EPI) centres in northern Syria



Although most children in opposition-held areas in southern Syria are being vaccinated through routine immunization activities and vaccination campaigns, cases of several vaccine-preventable diseases – particularly measles – are still occurring. WHO's hub in Amman has formed a task force to strengthen existing immunization efforts by identifying pockets of under-immunized children and strengthening routine vaccination activities. The Protection Sector is now including questions on immunization as part of its monthly monitoring of accessible communities in Dar'a and Quneitra. An immunization officer in Amman is analysing vaccination data from a variety of sources. This information will be used to identify areas with unvaccinated children and plan for local immunization campaigns.



One health care worker in a PHC centre in Aleppo vaccinates a young child against polio, while another records the details.

Credit: WHO

Disease surveillance and response

Disease surveillance in Syria is managed by two separate systems. A total of 1183 sentinel sites report to the disease Early Warning and Response System (EWARS) managed by WHO's office in Damascus, and another 500 sentinel sites report to the Early Warning and Response Network (EWARN) managed by WHO's hub in Gaziantep.

In Q1, 2018, 20 new sentinel sites (in Al-Hasakeh, Ar-Raqqa and Hama) began reporting to EWARS. WHO trained 149 health care workers on EWARS reporting procedures and held two meetings with the heads of EWARS departments in 11 governorates to plan activities for 2018. WHO trained 25 laboratory staff on diagnosing HIV and 71 health care workers on the case management of patients with tuberculosis and HIV/AIDS. WHO also delivered laboratory supplies and test kits to the public health laboratory in Damascus.

In February 2018, WHO's hub in Gaziantep launched a new EWARN platform to improve the speed and accuracy of data collection and analysis. Thus far, eight EWARN managers, 20 central-level and 10 district-level officers have been trained on the new system. WHO also supported a training course in applied biostatistics for 22 EWARN officers, in collaboration with Gaziantep University.

WHO's hub in Amman has dispatched diagnostic tests and equipment to the sole reference laboratory in southern Syria, which serves all opposition-controlled Dar'a and Quneitra and its population of over 643 000. The supplies are enough to carry out 2400 tests for measles, mumps, rubella, hepatitis A, C and E, salmonella and up to 300 cases of cholera.

Disease outbreaks

Measles

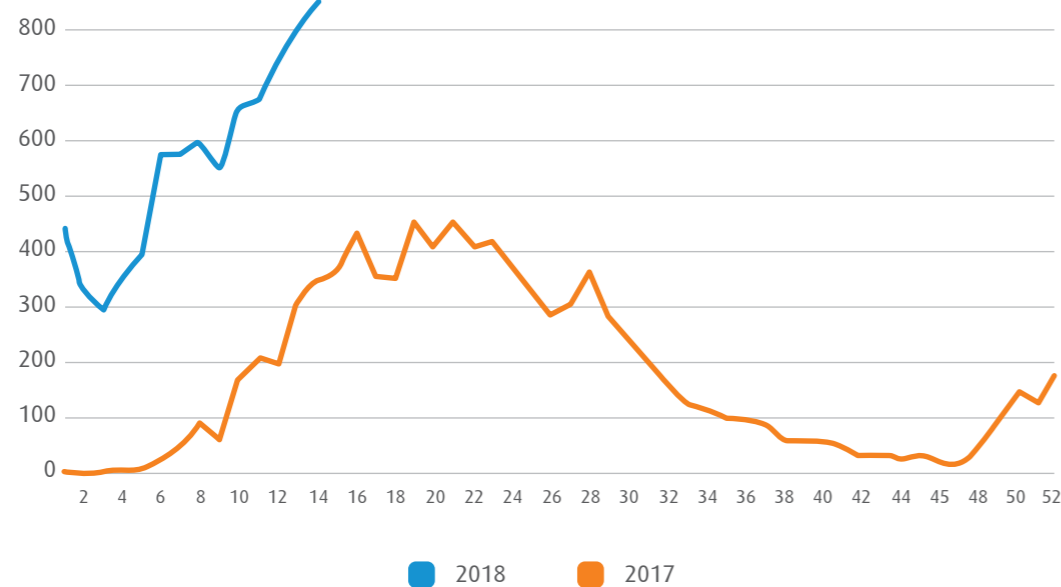
In Q1, 2018, measles outbreaks were reported in several governorates. The number of cases of measles reported to the EWARS (managed by Damascus) tripled in the first quarter of 2018 compared to the same period in 2017 (1052 and 331 respectively). The three northern governorates of Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor accounted for most cases. Another 7073 cases of measles were reported to EWARN (managed by Gaziantep), of which 826 were laboratory-tested and 684 (82.8%) were confirmed. WHO supported local campaigns to immunize children against measles, mumps and rubella in the areas that reported outbreaks. Directorates of health carried out active case finding in high-risk areas and IDP camps and briefed private health-care providers on the standard case definition for measles and the importance of immediately notifying the health authorities of any suspected cases. WHO also delivered reagents, diagnostic kits and supplies to the reference laboratory in Damascus. During the next national immunization week, scheduled for the last week of April 2018, WHO will support the measles vaccination of all children under five years of age in Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor.



A child in Bab Al Iman camp is vaccinated against measles.

Credit: WHO

Comparison of suspected measles cases in 2017 and 2018



Typhoid

In Al Hol camp (Al-Hasakeh), 549 cases of suspected typhoid, of which 260 tested positive, were reported over a three-week period in March 2018. Typhoid is a life-threatening bacterial infection that is usually spread through contaminated food or water. WHO assigned a laboratory specialist to collect blood and stool samples from patients, distributed 150 000 sachets of water disinfectant to camp residents and delivered typhoid treatments to health care workers in the camp.

Guillain-Barré syndrome

A total of 36 cases of Guillain-Barré syndrome (GBS) were reported from Al-Hasakeh and Deir-ez-Zor governorates. GBS is a rare condition in which a person's immune system attacks the peripheral nerves. Patients were referred to hospitals in Damascus and Qamishli. WHO donated 200 vials of intravenous immunoglobulin and is procuring two plasmapheresis machines to treat patients with the disease.

Soil-transmitted helminth infections

Soil-transmitted helminth (parasitic worm) infections are among the most common infections worldwide and usually affect the poorest and most deprived communities. The infection is transmitted by eggs present in human faeces which in turn contaminate soil in areas where sanitation is poor. To reduce the prevalence of soil-transmitted helminth infections among schoolchildren, WHO supported a deworming campaign in March 2018. The campaign - implemented in coordination with the Ministry of Education and the MOH - targeted 1.8 million schoolchildren between six and 12 years of age. WHO distributed medicines and water bottles and health education materials and covered the operational costs of the campaign.

Leishmaniasis

Cutaneous leishmaniasis - a disfiguring disease that is caused by the bite of certain sandflies - is a growing problem in Syria. WHO and the MOH are assessing the quality of leishmaniasis services in health care facilities in Al-Hasakeh and Qamishli, including reporting and data collection mechanisms. The assessment will lead to improved data management and better coordination between directorates of health and NGOs managing leishmaniasis treatment services.

Tuberculosis

Tuberculosis (TB) is one of the top 10 causes of death worldwide. In 2017, there were 2800 reported cases of TB in Syria, but the real figure is likely to be much higher. Using a contribution from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and in collaboration with the International Organization for Migration, WHO has managed to secure TB medicines for health care facilities across the country. Thus far in 2018, WHO has distributed around 2500 courses of treatment that will help cure patients and prevent the further spread of the disease. It is critical for patients to adhere to their six-month treatment regimens, because stopping treatment early can lead to the development of drug resistance and a relapse in the disease. WHO is providing financial aid for food baskets to support approximately 1000 patients while they undergo treatment.

HIV/AIDS

The incidence of HIV/AIDS in Syria is less than 0.1% among the general population and less than 1% among most-at-risk segments of the population. However, disrupted health care services, displacements and mass movements between Syria and neighbouring countries may have affected the epidemic and increased Syrians' vulnerability to HIV. Other contributing factors include unsafe blood transfusions and surgical instruments, compromised infection control measures and the increasing incidence of rape. Using a contribution from the Global Fund to Fight AIDS, Tuberculosis and Malaria and in collaboration with International Organization for Migration, WHO has distributed HIV medicines to health care facilities across the country.

Health information

In Q1, 2018 WHO continued to publish regular updates on the status of functionality and accessibility of health care facilities in Syria, including the services, medicines and equipment available in each one. WHO also produced regular information on the assistance provided by the overall health sector, as well as flash updates on attacks against health care.

WHO's hub in Amman has collected information on the stocks of medicines and supplies available in opposition-controlled Dar'a and Quneitra. Based on the gaps identified during this exercise, it has ordered additional emergency health kits and cholera kits to be pre-positioned in southern Syria. These supplies are expected to arrive by early June. The health sector in Amman finalized and endorsed its "Health Services and Population Health Status Report", which was drafted in December 2017. The report describes the health care services being supported and the health situation and needs of Syrians in areas reachable via Jordan⁹.

Coordination

WHO continued to lead the health response and convene regular meetings of the health sector and its associated working groups. WHO led the development of response plans and priorities for eastern Ghouta and Afrin, preparedness and response plans for northern Hama, rural Idleb and Aleppo, and a strategy to improve health care services in key IDP camps and settlements in north-east Syria. WHO also finalized an internal "Whole of Syria" operational plan based on five different scenarios¹⁰.

In addition to its monthly sector coordination meetings, WHO's hub in Amman hosted a health sector workshop in March 2018 that reviewed the findings of the Health Services and Population Health Status Report and prepared recommendations to respond to them.

WHO's hub in Gaziantep led and coordinated the health cluster response in Idleb governorate, which is hosting approximately 400 000 newly displaced people. WHO and partners assessed health services and gaps and secured a donation from the Humanitarian Pooled Fund to support the work of health NGOs in the governorate. Gaziantep also supported the medical evacuation of patients from eastern Ghouta and coordinated the transfer of 60 patients to Idb Khaboun mental hospital in Aleppo following an attack on the Azzaz Asylum Hospital in January 2018.

In Afrin, the health cluster is working with three NGOs – supported by WHO's hub in Gaziantep – that can access the area and that are assessing health needs there. WHO has distributed medicines and supplies to NGO mobile clinics.

⁹ <https://www.humanitarianresponse.info/en/operations/jordan-cross-border/document/health-services-and-population-status-report-southern-syria>

¹⁰ A deteriorating situation in 1) besieged locations; 2) north-east Syria; 3) north-west Syria; 4) southern Syria; 5) Rukban area.

Nutrition

In Q1, 2018, WHO's office in Damascus trained 375 health care workers on nutritional surveillance. The number of nutritional screening centres rose to 714 (a 21.8% increase compared with the end of 2017). A total of 209 777 children were screened for malnutrition and 3447 were referred for specialized treatment. Altogether, 538 PHC centres are now offering counselling on infant and young child feeding practices. The centres submit regular statistics and reports to the central MoH through the electronic nutrition surveillance system.

With advocacy assistance from WHO and the health sector, health partners in southern Syria have successfully raised USD 700 000 from the Jordan Humanitarian Fund to support mobile units delivering integrated health care and nutrition services in underserved areas of southern Syria.



A young child from eastern Ghouta is screened for malnutrition at the Adra School shelter.

Credit: WHO

Water, sanitation and hygiene

In Q1, 2018, WHO assessed and monitored the quality of water in over 300 groundwater wells in the city of Aleppo, in cooperation with four different government agencies¹¹. Almost 95% of wells were found to be contaminated either bacteriologically, chemically or both. WHO worked with partners to disinfect polluted water sources and brief local communities about the health dangers of drinking contaminated water.

WHO also monitored the quality of water in 185 reservoirs in IDP shelters, schools, health care facilities and public buildings in Rural Aleppo, Rural Damascus, north-east Syria and Homs. In all cases, action was taken to disinfect contaminated water sources. WHO delivered two water tankers to the Aleppo Directorate of Health, assessed waste management practices in 86 hospitals in the governorates of Aleppo, Homs, Lattakia and Tartous, and trained 682 health care workers in Aleppo and Homs on managing medical waste. WHO's medical waste management manual was translated into Arabic for distribution to hospitals and health care facilities throughout the country.



Five-year-old Nada, displaced from eastern Ghouta, hugs her bottle of clean water.

Credit: WHO

¹¹ Directorates of the Environment, Health, and Water Resources, and Aleppo Water Establishment.

Working with partners

WHO works with a network of 155¹² national and local NGO partners that provide health care services in Syria. In Q1, 2018, NGO health care centres and mobile teams provided over 195 528 medical consultations in communities and IDP camps. Continued strong support from donors has enabled WHO to expand its partnerships with NGOs, sustain its operations and reach more people in need.

WHO has hired an external organization to monitor the quality of health care services offered by its NGO partners and verify that the funds provided by WHO are properly managed and accounted for.



SARC staff at Najha shelter, Rural Damascus transport a patient from eastern Ghouta to hospital for specialized health care.

Credit: WHO

¹² Damascus: 68; Gaziantep: 70; Amman: 17

4. FINANCIAL OVERVIEW FOR Q1, 2018

Under the Humanitarian Response Plan for 2018, WHO appealed for US\$141 475 561 to implement the activities outlined in section 7 of this report. As of the end of Q1, it had received 7.7% of the required amount.

Donor	Amount received (US\$)
European Civil Protection and Humanitarian Aid Operations (ECHO)	5,495,819
OCHA – Syria Humanitarian fund	332,235
Japan	5,068,723
Total amount received	10,896,777

Funds allocated by project

Project	Amount required (US\$)	Amount received (US\$)	Funding gap (US\$)
Strengthen trauma care/mass casualty management and physical rehabilitation	21,506,125	1,303,140	20,202,985
Improve sustainable and quality secondary health care, obstetric care and referral services across the country	49,573,989	5,532,640	44,041,349
Sustain & improve delivery of primary health care services addressing chronic diseases & child & maternal health services	24,090,513	2,944,161	21,146,352
Scale up the national and sub-national immunization programme and polio eradication activities	21,910,796	537,563	21,373,233
Reinforce national and sub-national surveillance systems for the early detection, prevention and control of potential epidemic prone diseases in Syria	6,082,326	85,226	5,997,100
Enhance mental health and psychosocial support services	8,031,551	245,011	7,786,540
Strengthen health information systems for emergency response and resilience	3,311,719	144,558	3,167,161
Reinforce inter- and intra-hub health sector coordination for effective health response in Syria	2,731,000	104,477	2,626,523
Strengthen the prevention & early detection of malnutrition in children under five years of age, & referral for treatment of severe acute malnutrition with complications	1,212,000		1,212,000
Establish water quality monitoring & integrated medical waste management systems in areas of returnees & IDP camps	3,025,540		3,025,540
TOTAL	141,475,561	10,896,777	130,578,784

Annex 1 Vaccination campaigns implemented in Q1, 2018

Governorate	Type of campaign	Date of campaign	Implementing partners	Age group	N° of children targeted	N° of children vaccinated	Coverage rate	Comments
Ar-Raqqa, Deir-ez-Zor, Al-Hasakeh, Aleppo, Homs	mOPV2*	14-18 January 2018	MOH	Under 5	609 703	665 736	109%	
Rural Damascus, Damascus, Aleppo Al-Hasakeh	IPV**	4-8 February 2018	MOH	2-23 months	327 355	238 ,945	73%	
Ar-Raqqa	IPV	4-7 March 2018	MOH	2-23 months	1534	1458	95%	Vaccination campaign in Ein Eisa camp.
Tel Abyad district and Ar-Raqqa city	IPV	11-15 March 2018	MOH	2-23 months	10 100	3339	33%	
All governorates except Idleb	bOPV***	11-15 March 2018	MOH	Under 5	2 791 082	2 675 303	96%	Vaccination carried out as part of national immunization days.
Idleb, Aleppo, Homs Hama	First supplementary immunization round with bOPV (type 1 and 3)	March-April	UOSSM, PAC, QRCS	Under 5	727 188	702 496	97%	
Idleb, Aleppo, Homs Hama	Measles	March	N/A	5 to 15 years		59 179		Campaign was implemented in IDP camps (304 camps were reached).

* Monovalent oral polio vaccine type 2

** Inactivated polio vaccine

*** Bivalent oral polio vaccine

Annex 2

Web stories and media updates for Q1, 2018

<http://www.emro.who.int/syr/syria-news/health-needs-syrians-fleeing-east-ghouta.html>

<http://www.emro.who.int/syr/syria-news/nationwide-polio-vaccination-campaign-aims-to-vaccinate-more-than-2-million-children.html>

<http://www.emro.who.int/syr/syria-news/tamayoz-hearing-aid.html>

<http://www.emro.who.int/syr/syria-news/the-story-of-fatma.html>

<http://www.emro.who.int/syr/syria-news/who-health-assessment-to-al-mouaddamiyeh-in-rural-damascus.html>

<http://www.emro.who.int/syr/syria-news/who-delivers-life-saving-health-supplies-to-deir-ez-zor-governorate-syrian-arab-republic.html>

<http://www.emro.who.int/syr/syria-news/17-tons-of-medical-supplies-airlifted-to-al-hasakeh-governorate-in-northeast-syria.html>

<http://www.emro.who.int/syr/syria-news/who-ensures-life-saving-treatment-for-cancer-patients-in-syria-with-support-from-kuwait.html>

<http://www.emro.who.int/syr/syria-news/medicine-on-the-move.html>

WHO supports large-scale polio and measles vaccination campaigns in northern Syria

Seven years of grief: Syrian doctors and psychologists talk about the mental scars of war

Read about the experiences of 4 Syrian health workers

WHO tweets in Q1, 2018: <https://twitter.com/whosyria>

Annex 3

WHO strategic interventions under the Humanitarian Response Plan for 2018

- Strengthen trauma care/mass casualty management and physical rehabilitation.
US\$ 21 506 125
- Improve sustainable and quality secondary health care, obstetric care and referral services.
US\$ 49 573 989
- Sustain and improve delivery of primary health care services addressing chronic diseases & child & maternal health.
US\$ 24 090 513
- Scale up the national and sub-national immunization programme and polio eradication activities.
US\$ 21 910 796
- Reinforce national and sub-national surveillance systems for the early detection, prevention and control of potential epidemic-prone diseases.
US\$ 6 082 326
- Enhance mental health and psychosocial support services.
US\$ 8 031 551
- Strengthen health information systems for emergency response and resilience.
US\$ 3 311 719
- Reinforce inter- and intra-hub health sector coordination for effective health response.
US\$ 2 731 000
- Strengthen the prevention and early detection of malnutrition in children under five years of age, and referral for treatment of severe acute malnutrition with complications.
US\$ 1 212 000
- Establish water quality monitoring and integrated medical waste management systems in areas of returnees and IDP camps.
US\$ 3 025 540

