

WHO SYRIA DONOR UPDATE Q2, 2017

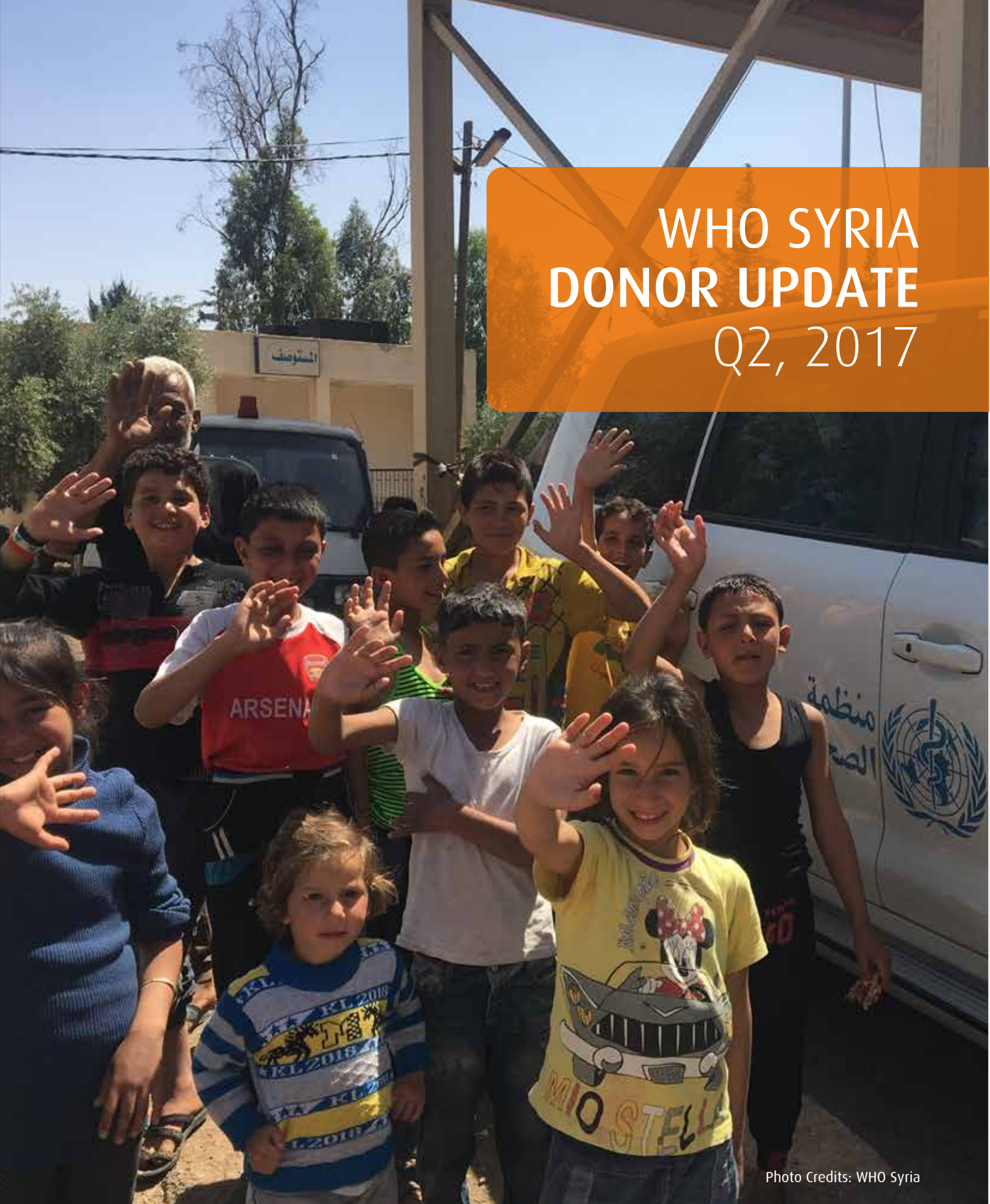


Photo Credits: WHO Syria

WHO SYRIA
DONOR UPDATE
Q2, 2017

WHO Country Office (Damascus, Syrian Arab Republic)
Elizabeth Hoff, WHO Representative
hoffe@who.int

WHO Country Office (Damascus, Syrian Arab Republic)
Noha Alarabi, Donor and Reporting Officer
alarabin@who.int

WHO Headquarters (Geneva, Switzerland)
Cintia Diaz-Herrera, Team Leader, Resource Mobilization
WHO Health Emergencies Programme
diazherrera@who.int

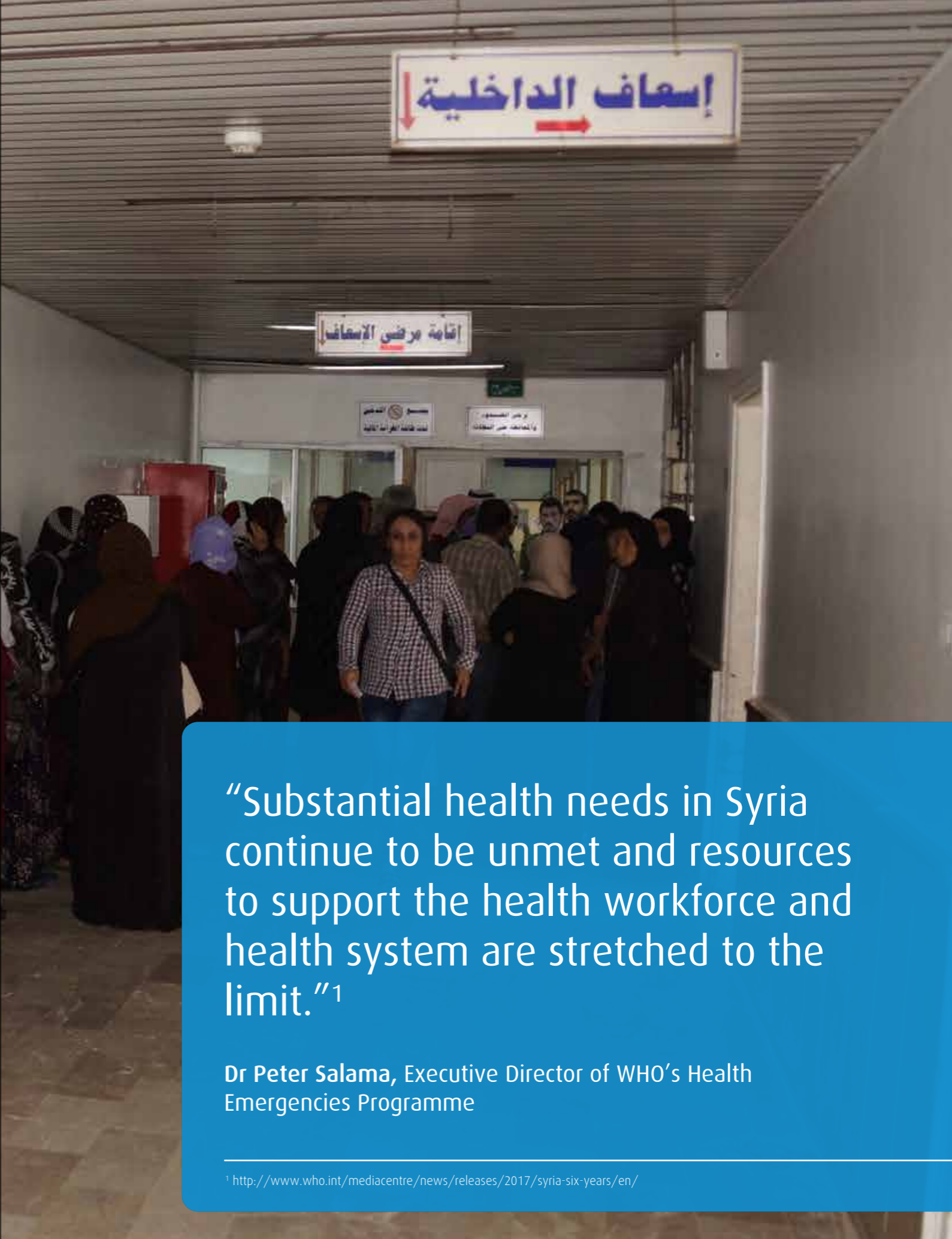
© World Health Organization 2017
Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

CONTENT

06	FOREWORD
08	1.0. EXECUTIVE SUMMARY
08	1.1 Status of health care facilities
08	1.2 Access to people in need
09	1.3 Attacks on health care facilities and personnel
10	1.4 Summary of WHO's achievements in Q2, 2017
10	2.0. PUBLIC HEALTH AREAS OF FOCUS IN Q2, 2017
10	2.1. Technical leadership and coordination
11	2.2. Trauma
13	2.3. Primary health care (including vaccination campaigns)
16	2.4. Secondary health care
17	2.5. Mental health
19	2.6. Disease surveillance
20	2.7. Health information system
20	2.8. Partnerships with NGOs
21	2.9. Nutrition
21	2.10. WASH
22	3.0. CAPACITY BUILDING
23	4.0. WHO SYRIA: SUB-OFFICES AND HUBS: AREAS OF FOCUS IN Q2, 2017
23	Inside Syria
24	Jordan
24	Turkey
25	5.0. FINANCIAL OVERVIEW FOR Q2, 2017
26	6.0. MAJOR INITIATIVES IN Q3, 2017
29	7.0. WHO STRATEGIC INTERVENTIONS UNDER THE HUMANITARIAN RESPONSE PLAN FOR 2017
30	8.0. ACTIVITIES BY PUBLIC HEALTH AREA OF INTERVENTION
35	9.0. WHO SYRIA WEB STORIES AND MEDIA UPDATES FOR Q2, 2017



Entrance of Qamishli National Hospital
WHO Syria



“Substantial health needs in Syria continue to be unmet and resources to support the health workforce and health system are stretched to the limit.”¹

Dr Peter Salama, Executive Director of WHO’s Health Emergencies Programme

¹ <http://www.who.int/mediacentre/news/releases/2017/syria-six-years/en/>



FOREWORD

Photo Credits: WHO Syria

In early 2017, there was a dramatic escalation of military activities by the Syrian Defence Forces to retake control of Ar Raqqa city from the Islamic State of Iraq and the Levant (ISIL). By the end of June, around 190 000 people – over one third of the total population of 500 000 in Ar Raqqa governorate - had been displaced from their homes. The ongoing military campaign has severely disrupted health care services. Ar Raqqa city's two hospitals and 19 other health care facilities no longer function, mostly because they have been bombed or because health care workers have fled. The city's electricity grid, water and sanitation networks and other parts of its infrastructure have been damaged by air strikes. Unexploded ordnance poses a severe threat to the estimated 20 000 to 50 000 civilians who have chosen either to remain in the city or attempt to flee. Unconfirmed reports indicate that airstrikes have resulted in the death or injury of many of them.

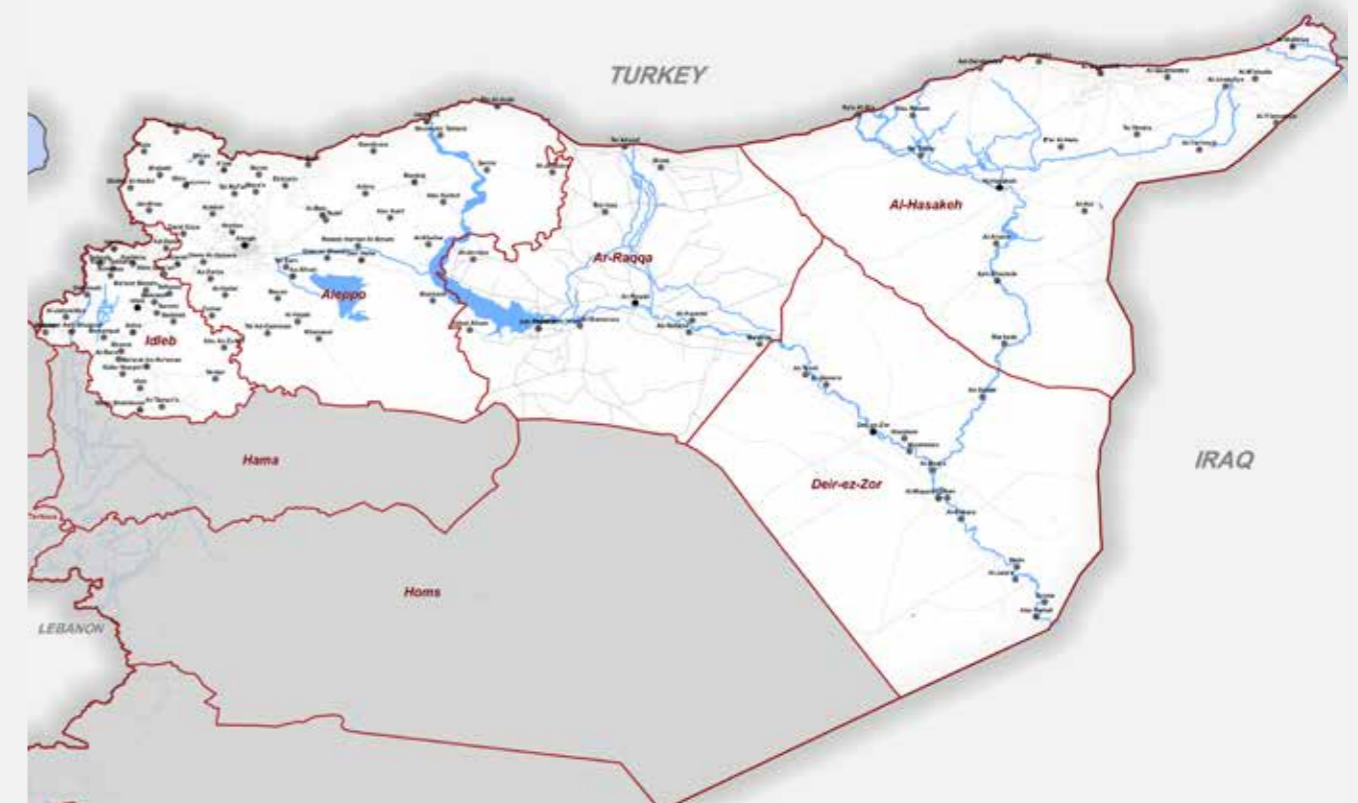
Further exacerbating the grim situation in northern Syria, in early April 2017, 87 people were killed and hundreds more became violently ill following a devastating chemical attack on the town of Khan Sheikhoun in the governorate of Idlib, 100 kilometres southwest of Aleppo. This was the deadliest chemical attack since the one on Ghouta in 2013. The Organization for the Prohibition of Chemical Weapons later determined that the victims had been exposed to sarin, or a sarin-like substance. Sarin is banned by international law. It causes asphyxia, and most people exposed to sarin die rapidly and painfully. Many of the attack victims were admitted to Al Rahma Hospital in Khan Sheikhoun, which itself was targeted by an air raid shortly after the chemical attack. More than 50 patients were admitted to hospitals in Turkey, and three of them later died.

The only way humanitarian aid could reach Idlib was through the UN's cross-border shipments from south-eastern Turkey. WHO dispatched medical supplies and protective equipment from Turkey, and pre-positioned additional supplies in warehouses on the Syrian and Turkish sides of the border, ready for release in the event of further attacks. WHO is also shipping additional medicines and personal protective equipment to north-east Syria as preparedness measures for any future attacks.

Currently, WHO and its partners are scaling up operations in north-east Syria to help ensure that wounded and critically ill patients have access to essential health care services. The following pages describe these and other interventions implemented or supported by WHO in Q2, 2017. WHO extends its sincere thanks to its health partners in Syria, many of whom risk their lives on a daily basis to bring health care to those most in need.

Elizabeth Adly

Syrian Arab Republic - North-east Syria



1.0. EXECUTIVE SUMMARY

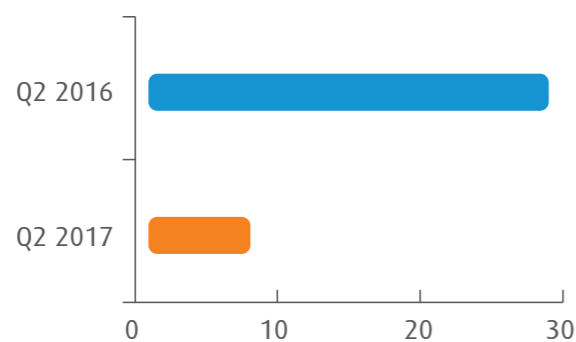
1.1 Status of health care facilities

As of June 2017, according to WHO's Health Resources Availability Mapping System (HeRAMS), over half of Syria's 111 public hospitals and half its 1802 public health care centres were either closed or functioning only partially.

1.2 Access to people in need

In Q2 of 2017, many people in besieged and hard-to-reach areas remained without essential health care. WHO delivered essential medical supplies through nine approved inter-agency convoys to these areas, compared with 26 convoys for the same period in 2016.

IA Convoys in Q2 2016 vs 2017



Despite these challenges, almost two thirds of WHO's deliveries in Q2, 2017 went to hard-to-reach and besieged areas where over 4.5 million people are living². In coordination with other partners including the Syrian Arab Red Crescent (SARC), the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP), WHO managed to deliver more than two million treatments to Al-Hassakeh, Ar Raqqa and Deir-ez-Zor.

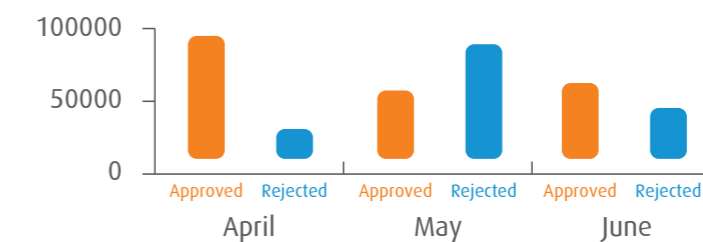
WHO continues to advocate for regular access to people living in hard-to-reach and besieged areas to help ensure that they receive the health care they need.

² 758 979 via inter-agency convoys and over two million to north-east Syria. Areas reached through inter-agency convoys include Al Hole, Ar-Rastan Dar Alkabira, and Talbiseh in Homs; and Duma, east Harasta, Jirud, Wadi Barada and Yalda and Babila in Rural Damascus.

Removal of medical items from inter-agency convoys

In Q2, 2017, government security forces removed medical items from four out of the nine approved inter-agency convoys. A total of 180 016 treatments were rejected, together with equipment and surgical supplies.

Treatments delivered vs treatments rejected in Q2, 2017



WHO informs the Ministry of Foreign Affairs (MoFA) and the Ministry of Health (MoH) of all rejected and removed items. It also includes detailed information on all items removed from inter-agency convoys in its contribution to the Secretary-General's monthly report to the Security Council. WHO continues to advocate for the importance of the safe delivery of all medical supplies, including medical equipment for specialized diagnosis and advanced treatment.

1.3 Attacks on health care facilities and personnel

During Q2, 2017, 44 separate incidents of violence against health care were reported³. A total of 25 people were killed and 41 people were wounded. The highest number of reported attacks came from Idleb governorate. Eleven of those killed and 21 of those wounded were health care staff, further affecting health care facilities' capacity to provide essential health care.

³ Of which 34 have been verified thus far.

1.4 Highlights:

In Q2, 2017, WHO:

- Delivered over 3.6 million treatments from Damascus, 63% of which went to hard-to-reach and besieged locations. Over 757 600 treatments were delivered through cross-border operations.
- Participated in nine inter-agency convoys and seven cross-border missions.
- Supported at least 40 325 outpatient consultations (35 773 inside Syria and 4552 through cross-border support).
- Supported over 340 350 trauma cases inside Syria.
- Expanded the number of sentinel sites reporting to EWARS/EWARN from 1595 in Q1, 2017 to 1619 in Q2, 2017.
- Screened 169 513 children under five years of age for malnutrition.
- Vaccinated 2.4 million children against polio and 1.7 million children against measles in campaigns supported by WHO's office in Damascus. Another 655 520 children were vaccinated against polio and 81 736 were vaccinated against other childhood diseases in separate campaigns supported by WHO's hub in Gaziantep.
- Tested the quality of water in 170 points across the country.
- Continued to advocate for unhindered access to people in need.
- Monitored attacks against health care facilities and personnel, and advocated for their protection.
- Trained 6294 health care staff (5774 inside Syria and 540 through cross-border activities).

2.0. PUBLIC HEALTH AREAS OF FOCUS IN Q2, 2017

2.1. Technical leadership and coordination

WHO leads and coordinates more than 80 health partners in Syria. As the world's leading health agency, the Organization lends its authoritative voice to diplomatic efforts to secure unhindered access to all areas in Syria and guarantee the safety and sanctity of health care facilities. WHO also leads efforts to secure the regular delivery of essential medicines and supplies into besieged and hard-to-reach areas, and the prompt evacuation and treatment of seriously ill and wounded patients out of these areas.

In Q2, 2017 WHO completed the following activities:

- Initiated a preparedness and response plan for Ar Raqqa governorate.
- Prepared the health sector response for east Ghouta (as part of the overall UN response).
- Developed operational plans to reactivate health care services in Az Zabadani.
- On behalf of all health partners, coordinated health supplies in inter-agency convoys.

WHO is responsible for ensuring coordination between nine UN agencies and 11 international and 82 national NGOs, as well as national authorities and other interested parties including donors and observers. In addition to the national health working group in Damascus, sub-national health sector groups are active in Aleppo, Homs, Lattakia/Tartous, and Qamishli. Three technical working groups⁴ support health sector operations in Syria. WHO also works closely with the WASH, nutrition and protection sectors.

2.2. Trauma

Chemical Preparedness and response

In April 2017, 87 people in Khan Sheikhoun, Idleb governorate died following an aerial attack on the town. Hundreds more fell ill and displayed the symptoms associated with exposure to an organophosphate chemical (i.e. a nerve agent). Most patients were admitted to health care facilities in Idleb, and 54 were transferred for treatment in Turkey (three of them later died). Al Rahma Hospital in Khan Sheikhoun, where many patients were admitted, was targeted by an air raid shortly after the chemical attack.

WHO immediately released stocks of atropine and other medicines from its warehouse in Idleb, and ordered additional emergency supplies. WHO experts in Turkey remained in direct contact with health workers in Idleb to provide round-the-clock guidance on the diagnosis and treatment of patients. Health care staff previously trained by WHO on treating the victims of exposure to chemical weapons were mobilized to support the management of patients. WHO headquarters deployed experts to provide technical guidance, assess the scale and extent of exposures, and identify referral pathways. The Organization procured 1000 sets of personal protective equipment (PPE) as well as kits for the case management of chemical incidents. These supplies were pre-positioned in five referral hospitals in northern Syria.

⁴ On gender-based violence, physical rehabilitation, and mental health/psychosocial support.



Training course on management of cases of chemical exposure in Gaziantep.

Photo Credits: WHO/Radysh

WHO's office in Damascus prepared a chemical exposure contingency and preparedness plan for north-east Syria. WHO distributed clinical guidelines and posters in Arabic to health care facilities, and trained health care workers on dealing with chemical attacks and hazardous materials. WHO is procuring another 500 PPEs for distribution to hospitals and health care facilities in north-east Syria.



Five-month old Sojoud was severely injured by shrapnel from an artillery shell that killed her parents while they were trying to escape the escalating violence in rural Ar Raqqa. Sojoud was rushed by ambulance to a hospital in the nearby city of Al Hasakeh, where she underwent emergency surgery.

Following news of the incident, Sojoud's aunt desperately searched all the hospitals in Al Hasakeh until she found her niece. "Sojoud's condition has stabilized and she is continuing to receive care. WHO has been donating medicines and equipment to our hospital since the beginning of the year. It is thanks to this support that we are able to treat Sojoud and other injured patients, who would otherwise inevitably die", said Dr George, the hospital surgeon.

2.3 Primary health care including vaccination campaigns

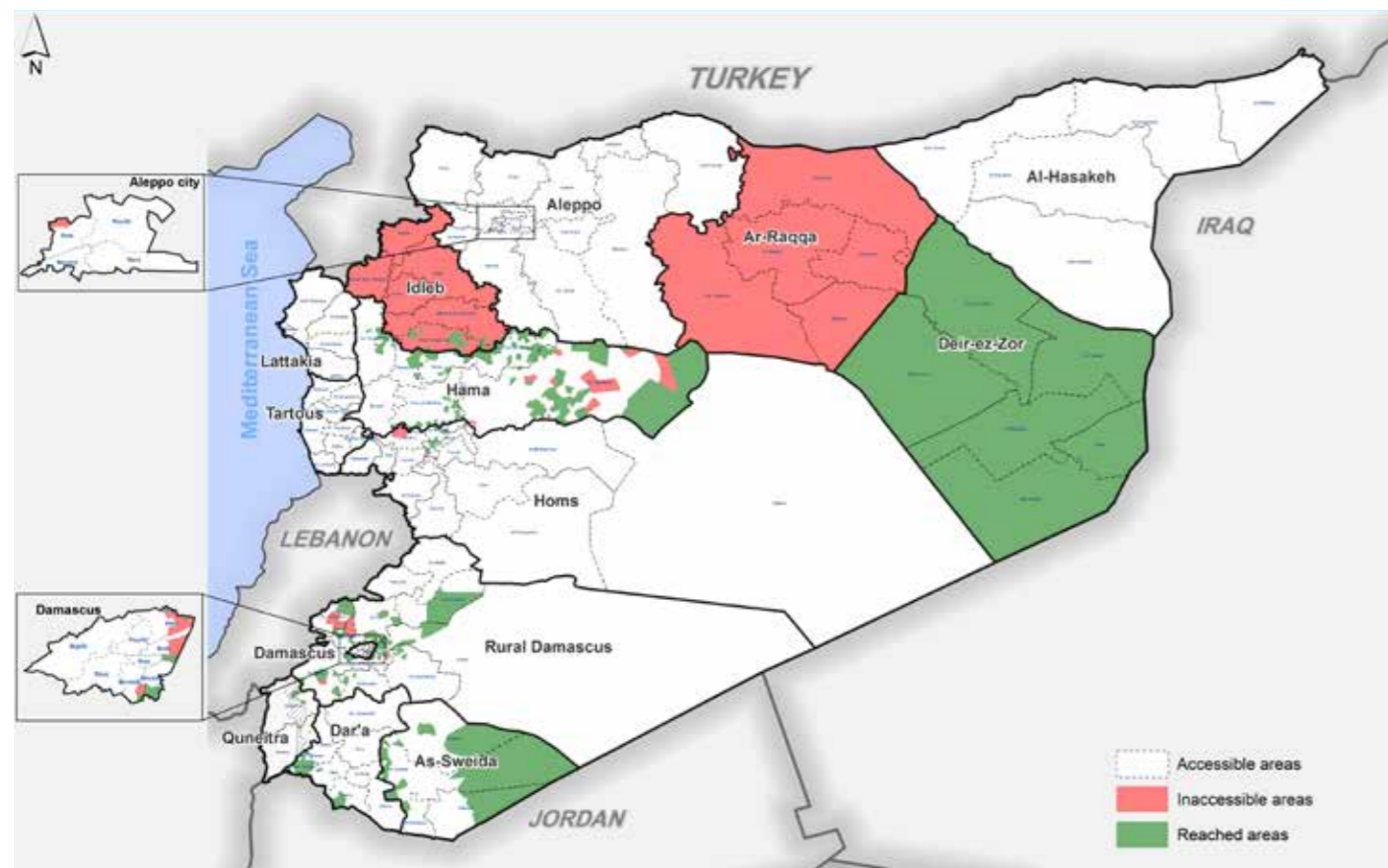
Circulating Vaccine-Derived Poliovirus Type-2 (cVDPV2) isolates in Ar Raqqa and Deir-ez-Zor governorates

- By the end of June 2017, twenty-seven cases of circulating vaccine-derived poliovirus type-2 (cVDPV2) had been confirmed in Syria (26 in Deir-ez-Zor governorate, and one in Ar Raqqa governorate).
- Thus far in 2017, 101 cases of acute flaccid paralysis have been detected in Syria (87 in Deir Ez-Zor governorate and 14 in Ar Raqqa governorate).
- WHO plans to support two rounds of polio vaccination in July and August 2017, targeting children under five years of age in the above two governorates as well as the southern part of Al Hassakeh governorate.

National Polio Vaccination Campaign

In April 2017, the MOH, in coordination with WHO and UNICEF, implemented a national polio vaccination campaign in all governorates except Ar Raqqa and Idleb (where the local authorities refused access). A total of 2 416 760 children under five years of age were vaccinated (coverage rate of 88.26%). Almost 7700 field workers participated in the campaign. The SARC facilitated the delivery of vaccines to hard-to-reach and besieged areas in Aleppo and Rural Damascus while WHO supported training and operational costs. UNICEF covered the cost of vaccines and communication activities.

Syrian Arab Republic - Areas Reached During Polio Vaccination Campaign, April 2017



National measles campaign

Measles began appearing in several areas in Syria in November 2016, especially in the south (Damascus, Dar'a, Quneitra and Rural Damascus). Cases continued to be reported from most governorates in 2017. In May 2017, the MoH completed the first of two rounds of a national measles vaccination campaign. A total of 1 779 459 children from seven months to five years of age in all governorates except Ar Raqqa and Idlib were vaccinated (coverage rate 72%). Vaccination teams were refused access in some areas. Almost 6600 vaccinators participated in the campaign, which was implemented via 490 mobile teams and 991 health centres. WHO provided technical support and covered the operational costs of the campaign.



Ayham is a volunteer who works in five IDP camps in rural Al Hassakeh. He spends his days visiting displaced families, assessing the vaccination status of children and explaining the vital importance of childhood vaccination to their parents. Before taking up this work, Ayham was one of 140 civilians who were trained by WHO on community health care and childhood vaccination. "I am extremely happy to have attended WHO's training courses, especially when it comes to vaccinating children. This allows me to advise mothers on the importance of vaccinating children against potentially devastating childhood diseases such as polio and measles", said Ayham.

National vaccination days

In April 2017, the MOH implemented national vaccination days that targeted unvaccinated children in all governorates except Ar Raqqa and Idlib. The vaccination status of 1 880 026 children under five years of age was assessed, and 101 663 unvaccinated children were immunized in line with the national vaccination schedule.

Immunization activities in northern Syria:

In April 2017, 813 IDP children evacuated from Al-Waer were vaccinated using polio, Penta and MR vaccines. A polio vaccination campaign in April and May 2017 reached 659 253 children under five years of age in accessible areas in Aleppo, Homs, Idlib, and Lattakia (coverage rate 96%). Thirty four routine vaccination centres were established (30 in Idlib, three in Hama and one in Aleppo). A total of 14 668 children were vaccinated using Penta vaccine.

In May 2017, in collaboration with MSF Spain, WHO supported a 10-day multi-antigen vaccination campaign in western rural Aleppo, northern rural Aleppo, Jarablus and Al-Bab. The campaign targeted a total of 185 743 children, of whom the vaccinators were able to reach only 92 430. The vaccination teams found that 10 694 of these children had already been vaccinated. The remaining 81 736 children (44% of the original target) were vaccinated.

Maternal Death Surveillance and Response (MDSR)

WHO has initiated discussions with the MOH on ways to strengthen the collection of data on maternal mortality rates through the introduction of the Maternal Death Surveillance and Response (MDSR) system. The primary goal of the MDSR is to reduce preventable maternal mortality rates by improved surveillance, notification and review of the causes of maternal deaths. Maternal mortality data will be aggregated and analysed and the findings used to recommend actions to prevent future deaths. WHO has supported the development of data collection and analysis methodologies, and has visited several health care facilities to assess their maternal death registers. WHO is mapping the capacities of the partners that will implement the MDSR system, and will share the results of its findings with the MoH. The MoH plans to launch the MDSR shortly, and will establish committees at national, district and facility levels to monitor its implementation.

2.4 Secondary health care

Meeting the needs of cancer patients

WHO Syria has developed a comprehensive cancer response strategy to address the critical shortage of cancer care services in the country⁵. The strategy is the result of a rapid assessment conducted in 2016⁶. The assessment report recommended several actions to address the acute shortages of cancer care medicines and staff in Syria by (i) improving the availability of essential medicines and equipment; (ii) training health care workers on the early detection and diagnosis of cancer, as well as nutrition and palliative care, and (iii) establishing a cancer registry to reduce cancer mortality rates and improve the quality of life of cancer patients.

WHO has developed a data collection tool for referral hospitals providing cancer services and has trained health care staff on its use. The data will be used to establish a national cancer registry.



A child with fibro sarcoma (cancer) being treated at the oncology department in Damascus Paediatric hospital

Photo Credits: WHO Syria

⁵ Contributory factors include economic and fiscal sanctions, the drop in currency value, the exodus of specialist health care professionals, and a reduced national budget for health.

⁶ Assessment conducted in eight hospitals in 2016, in coordination with WHO headquarters and regional offices and the National Committee for Cancer Care.

<http://www.moh.gov.sy/LinkClick.aspx?fileticket=wqFklt2RvaM%3d&portalid=0&language=en-US>

2.5 Mental health

Community Centres

WHO is establishing two family well-being community centres in Al Hassakeh governorate that will provide mental health and psychosocial support (MHPSS) services to people in need. Moreover, seven NGO mobile teams that are supported by WHO will benefit from the addition of mental health professionals. The teams are providing health care services to IDPs from Ar Raqqa.



A WHO-supported mobile team visiting an IDP camp in rural Al Hassakeh

Photo Credits: WHO Syria

mhGAP

WHO trained another 502 non-specialized health care professionals on its Mental Health GAP Action Programme (mhGAP) and intervention guide. Thirty six of the people trained were gynaecologists who received additional training on care and support for survivors of gender-based violence.

In addition, 325 previously trained health care professionals received follow-up training, and 16 underwent refresher training. Another 224 heads of health centres and health districts were trained on the general principles of mental health care and the basic features of the mhGAP programme.

Self-Help Plus

WHO has developed evidence-based self-help stress management materials for people affected by crises. Called Self-Help Plus (SH+), the materials comprise an illustrated manual and a five-session audio course that can be used either separately or together. WHO is distributing these materials to NGO health partners managing health care facilities and community centres in Syria.

Psychological First Aid (PFA)

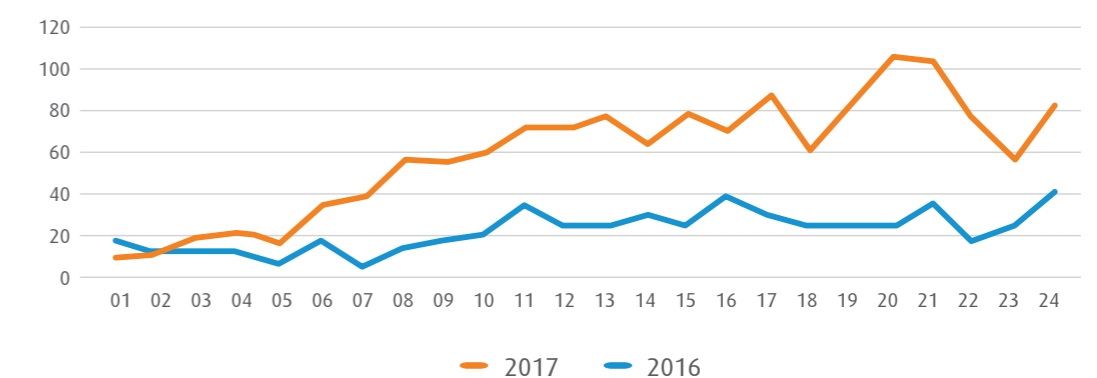
A total of 274 health care providers working in PHC facilities and community centres were trained on psychological first aid and self-care strategies, and how to manage their own stress. They will use their training to help others who have experienced an extremely distressing event. WHO also convened a training-of-trainers course on psychological first aid for 22 mental health professionals working for the MOH.

2.6 Disease surveillance

Response to measles

In Q2, 2017, 933 suspected cases of measles were reported through EWARS, bringing the total number of cases in 2017 to 1488. The numbers decreased sharply in the last three weeks of Q2. The graph below shows the trend analysis of suspected measles cases reported through the system during the first and second quarters of 2016 and 2017.

Trend analysis of suspected measles cases between wk 1 and wk 24 in 2016 and 2017



WHO and health partners supported local and national vaccination campaigns to contain the outbreak (see section 2.3 of this report). WHO also increased surveillance in high-risk areas and informed private health care providers about the standard case definition for measles and the requirement to report suspected cases immediately to EWARS.

Activating the communicable disease control programme in Aleppo governorate:

WHO is continuing to support efforts to rehabilitate health care services in Aleppo. In Q2, the Organization donated supplies and equipment to the Aleppo tuberculosis laboratory and to NGO partners providing health care to IDPs and high-risk communities. WHO also donated equipment to the public health laboratory in Aleppo and supported the travel costs of laboratory staff from Aleppo who visited the country's main reference laboratory in Damascus for training.

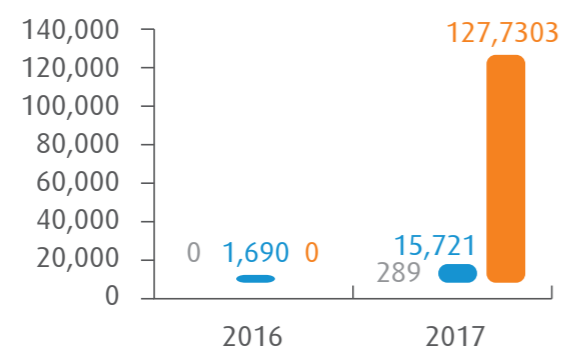
2.7 Health information system

WHO published regular information on the functionality, level of damage, and accessibility of health care facilities and the availability of health resources, services, medicines and equipment. WHO also produced infographs analysing the assistance provided by the health sector in Q2, 2017.

2.8 Partnerships with NGOs

WHO supported mobile teams working in IDP camps⁷ in north-east Syria. These teams are providing PHC and MHPSS services to over 3500 people.

Comparison of number of delivered services in Q2, 2016 and Q2, 2017



- Health care providers trained
- Number of referred cases (Deliveries + referred cases + Trauma cases)
- Outpatient consultations at health facilities, including through outreach services

⁷ Al Mabroukeh, Al Bahra, Al Karama, Al-Twehena and Al Hol. In addition to areas in Rural Ar Raqqa including: Al Tabqa, Tal Abyad, Ain Issa, Solouk, Al Jazat, and Ma'adan along the way to Menbej.



NGO-managed PHC centre in Qamishli

Photo Credits: WHO Syria

2.9 Nutrition

WHO is continuing to support the expansion of nutritional surveillance programmes in Syria. A total of 569 PHC centres⁸ and 50 clinics across the country are now screening children for malnutrition and referring those in need to specialized facilities. A total of 169 513 children under five years of age were screened for malnutrition in Q2, 2017.



Two-month old Hania was admitted to the nutrition stabilization centre in Al Qameshli (Hassakeh governorate) weighing just under two kilos. Her mother had been unable to breastfeed her, and she had become severely malnourished. Hania responded quickly to intensive treatment and was discharged 13 days later weighing over 4 kilos. Many other infants like Hania have been treated in 18 new nutrition stabilization centres in Syria that are supported by WHO.

2.10 Water, Sanitation and Hygiene

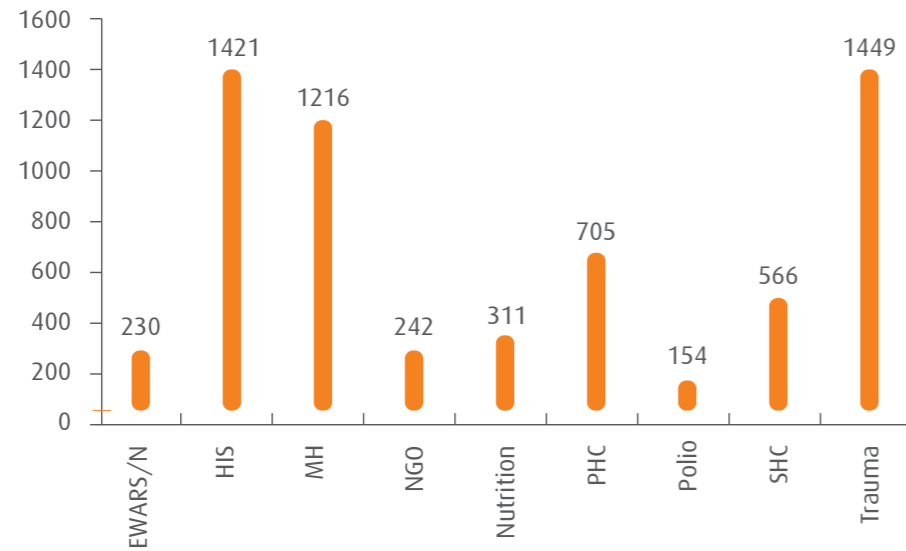
WHO assessed the quality of drinking water in Aleppo governorate, in cooperation with four different government agencies⁹. Over 150 groundwater wells in the governorate were assessed and monitored in Q2, 2017.

⁸ Compared with 510 at the end of Q1, 2017.

⁹ Directorate of Health, Directorate of Water Resources, Directorate of the Environment, and Aleppo Water Establishment.

3.0 CAPACITY BUILDING

The exodus, displacement and/or deaths of large numbers of Syrian health care workers have severely depleted the health care workforce. In Q2, 2017, WHO trained 6294 health workers across the country on various health interventions (see chart below).



In Syria’s besieged cities, few health workers remain. Many managed to get out earlier in the conflict. Those who stay grapple with heavy caseloads and limited medicines, equipment and knowledge.

Little outside help can get in. But health workers need training. “In the past, I didn’t know anything about hypertension and diabetes, diseases like that,” says Fatima, a nurse in eastern Ghouta.

With partners, WHO Gaziantep is reaching health workers in besieged areas through online training in chronic diseases, mental health and more. Using Skype video, doctors in Turkey teach Syrian health workers about how to diagnose and treat patients with diabetes, hypertension, pulmonary disease and other illnesses.

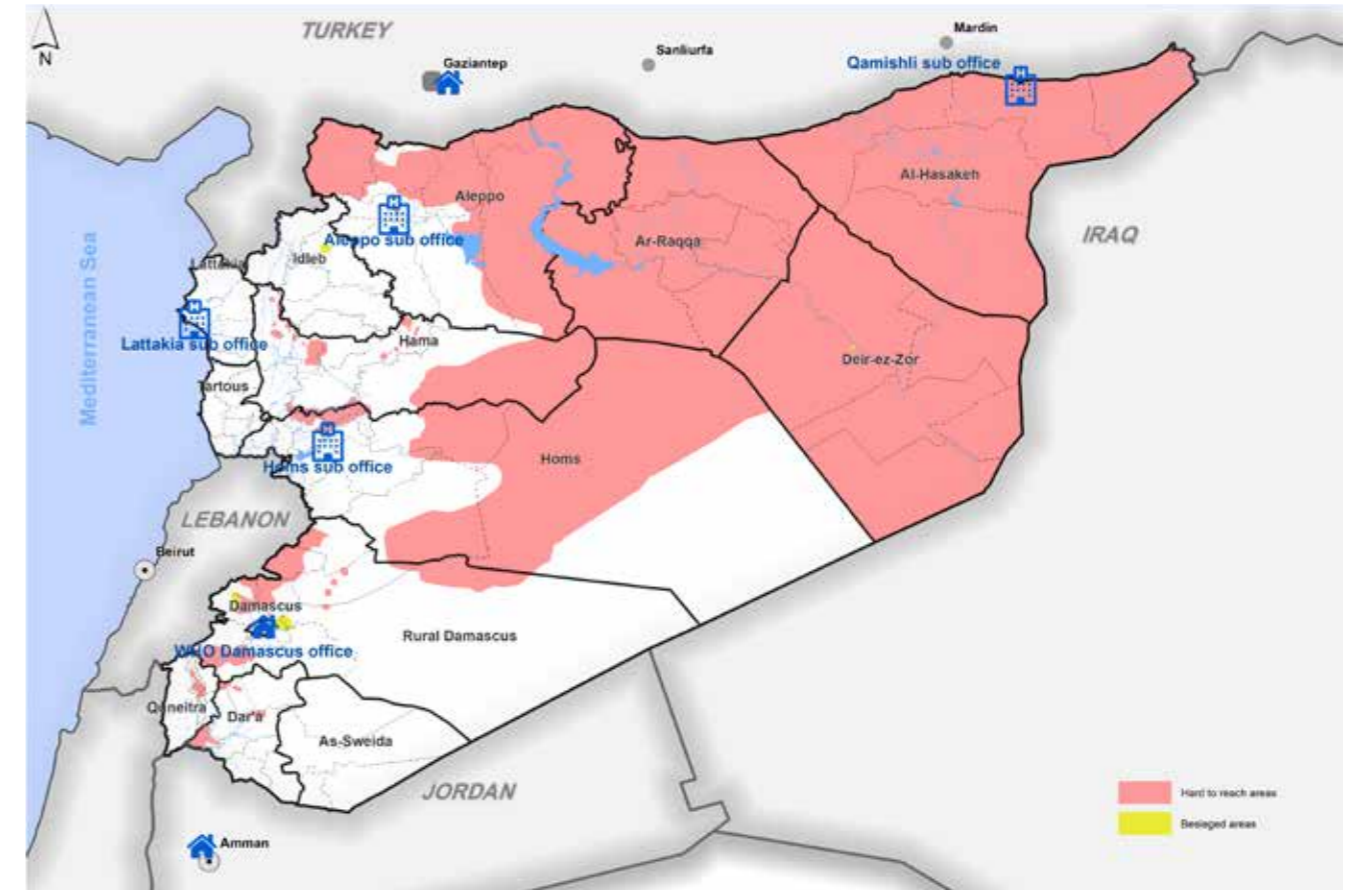
“We’re getting many cases of acute asthma. In the past, we used syrups or injections,” says Yaya, a young man who completed an online training about noncommunicable diseases in May 2017. “Now I know how to treat patients with inhalers.”

With the knowledge they gain from online training, students are learning to save lives in dire situations. “This is a clear and simple, approach, not expensive, using what’s available,” says Dr Adel, one of the trainers. “We have to do our best.”

4.0. WHO SYRIA SUB-OFFICES AND HUBS:

Areas of focus in Q2, 2017

Syrian Arab Republic - Location of the hubs inside Syria and the location of the GZT and AMM offices



INSIDE SYRIA:

In addition to its main office in Damascus, WHO Syria maintains offices in Aleppo, Homs, Lattakia and Qamishli.

Aleppo

Many residents who fled Aleppo at the height of the conflict returned to the city in Q2, 2017. Around 60 000 returning families have been registered in the newly accessible area previously known as east Aleppo. WHO is supporting the rehabilitation of health care facilities managed by NGO partners in Aleppo, and has donated essential medical equipment and supplies to MoH/MoHE hospitals and other NGO-managed health care facilities in Aleppo.

Homs

WHO's sub-office in Homs covers a geographical area that includes hard-to-reach and besieged areas that are home to more than 396 000 people. During Q2, the office was responsible for monitoring the health needs of families evacuated from the towns of Foua and Kafraya to Hasya camp in Homs. WHO donated medicines and supplies to mobile clinics and health care facilities in and around Hasya camp.

Qamishli

WHO's sub-office in Qamishli covers the north-east part of the country, where most people are reportedly facing critical shortages of basic life needs including health care. WHO has intensified its response operations to meet the urgent needs of both IDPs and civilians remaining in Ar Raqqa and Deir-ez-Zor, with close support and oversight from WHO's main office in Damascus. Over half of WHO's deliveries in Q2, 2017 were made to north-east Syria.

Lattakia

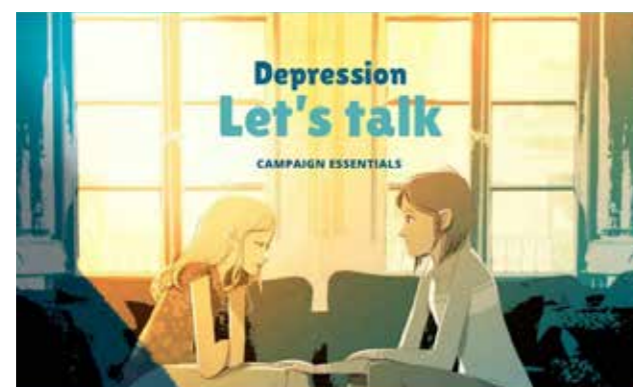
WHO sub-office in Lattakia serves as the logistic hub for its operations in Syria. In Q2, 2017, it organized more than 50 medical shipments to health care facilities throughout Syria, and scaled up its activities to respond to the situation in the north-east part of the country. The office also supports health care facilities on the Syrian coast (around 630 000 IDPs have sought refuge in the coastal areas).

Jordan

In Q2, 2017 the border between Jordan and Syria remained closed, preventing health care workers in Syria from travelling to Jordan for training. WHO's office in Jordan focused instead on supporting partners providing trauma and surgical care and physical rehabilitation services in south Syria, especially in light of the heightened conflict around Dara'a city. Health sector coordination, information management and the roll out of the Essential Health Services Package were the other areas of focus.

Turkey

The theme of this year's World Health Day¹⁰ was "Depression: let's talk". WHO prepared posters and handouts on recognizing and treating depression, and distributed them to partner NGOs in northern Syria. WHO supported training activities on depression for community health workers and volunteers in Idelib and east Ghouta, as well as health education sessions in schools and community centres in Idlib. WHO also prepared a training manual for psychosocial workers in northern Syria.



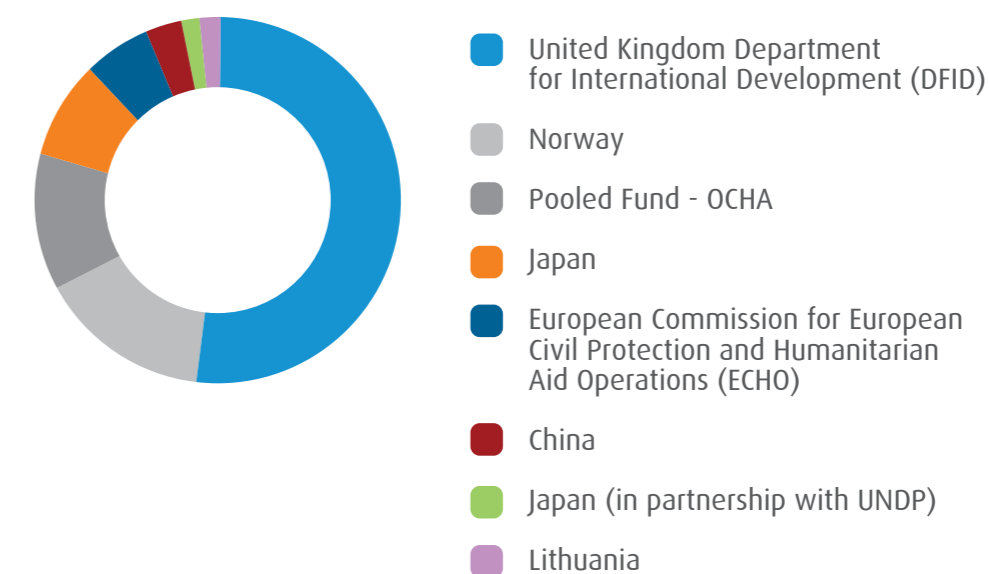
¹⁰ World Health Day is celebrated on 7 April each year

5.0 FINANCIAL OVERVIEW FOR Q2, 2017

Under the Humanitarian Response Plan for 2017, WHO appealed for US\$ 163 748 100 to implement the activities outlined in section 7 of this report. As of the end of Q2, 2017, WHO had received only 24% of the required amount.

The table below shows the funds received by WHO in Q2, 2017.

Donor	Syria HRP 2017	%
United Kingdom Department for International Development (DFID)	21 688 916	53.40
Norway	7 144 426	18.82
Pooled Fund - OCHA	2 670 264	12.48
Japan	3 124 975	8.23
European Commission for European Civil Protection and Humanitarian Aid Operations (ECHO)	2 116 924	5.58
China	500 000	1.32
Japan (in partnership with UNDP)	43 967	0.12
Lithuania	21 232	0.06
Grand Total	37 310 703	23.18



6.0 MAJOR INITIATIVES IN Q3, 2017

Technical leadership and coordination

- Monitor the situation and response in Ar Raqqa governorate; work to improve access, strengthen operational preparedness, agree on an operational model and facilitate coordination with other partners working in north-east Syria.

Trauma

- Strengthen trauma care capacities in north-east Syria.
- Assess trauma care capacities in Deir-ez-Zor and southern Syria.
- Deploy eight new ambulances to four governorates.
- Establish and equip a burn unit in Lattakia National Hospital.

Primary health care/vaccination

- Implement two rounds of polio vaccination in Deir-ez-Zor and Ar Raqqa targeting children under five years of age.
- Implement the second phase of the national measles campaign targeting school children between six and 12 years of age.
- Rehabilitate selected PHC centres in Aleppo and Homs governorates.
- Deploy five new mobile clinics in Aleppo governorate.
- Launch a PHC network in Idleb governorate to support integrated health services for IDPs in northern Syria.

Secondary health care

- Increase the operational capacity of selected hospitals in north-east Syria to provide life-saving surgical care.
- Donate medicines, supplies and equipment to hospitals in Al Hassakeh to treat emergency cases and patients referred from Ar Raqqa, Southern Rural Al Hassakeh and Deir-ez-Zor.
- Finalize the second part of the cancer assessment study.
- Train doctors and midwives in As-Sweida, Damascus, Homs and Rural Damascus on obstetric care.

Mental health

- Support the establishment of two family well-being community centres to be managed by NGOs, supported by mobile teams to provide MHPSS services in IDP camps and in Al Hassakeh governorate.
- Train NGO-managed mobile teams in Al Hassakeh governorate on the provision of MHPSS services for people in IDP camps.

Disease surveillance

- Strengthen disease surveillance and response in the north-east governorates.
- Support the neglected tropical diseases programme with laboratory items, vaccines and medicines.

Health information

- Implement the Service Availability and Readiness Assessment in Syria in collaboration with the MoH.
- Launch the national cancer registry in selected hospitals.

Partnership with NGOs

- Expand WHO's network of NGO partners in north-east Syria
- Initiate rehabilitation studies for NGO-managed health facilities in selected areas.

Nutrition

- Conduct nutritional screening at IDP camps in north-east Syria and activate nutritional surveillance in health centres.
- Establish a stabilization centre for the management of severe acute malnutrition in Al Qamishli national hospital.
- Expand the Baby-Friendly Hospital Initiative to 20 additional hospitals.

WASH

- Improve the water supply system in Qamishli National Hospital.
- Maintain and repair water filtration systems for dialysis sessions in selected public hospitals in north-east Syria.
- Procure water tankers for the Directorate of Health of Aleppo.
- Procure chemical reagents and consumables for Aleppo Water Establishment.
- Distribute disinfectant for drinking water to IDP camps.



Infants being treated in the temporary stay department - Damascus Paediatric Hospital

Photo Credits: WHO Syria

7.0 WHO STRATEGIC INTERVENTIONS UNDER THE HUMANITARIAN RESPONSE PLAN FOR 2017

WHO has requested a total of US\$ 163 748 100 to implement the following interventions under the Humanitarian Response Plan for Syria for 2017:

- Enhance trauma care, mass casualty management and physical rehabilitation: US\$ 25 365 900
- Strengthen secondary health care, obstetric care and referral services: US\$ 60 372 500
- Sustain delivery of primary health care: US\$ 34 307 500
- Reinforce immunization and polio eradication activities: US\$ 22 156 000.
- Enhance and expand disease early warning alert and response systems/networks: US\$ 5 549 750.
- Integrate mental health and psychosocial support services in primary, secondary and tertiary health care services and at community level: US\$ 4 785 000.
- Reinforce inter- and intra- hub health sector coordination: US\$ 3 086 250.
- Reinforce Health Information Systems for Emergency Response and Resilience - US\$ 1 527 700
- Enhance the prevention and early detection of malnutrition in children under five and referral services for patients with severe acute malnutrition with complications: US\$ 1 666 250;
- Establish sustainable quality water supply and integrated medical waste management systems in health care facilities; support WASH services in under-served and vulnerable populations and IDPs: US\$ 4 931 250.

8.0. ANNEX 1:

Activities by public health area of intervention

Coordination

Outputs

- Provided regular updates to the Special Advisor to the United Nations Special Envoy on the protection of medical facilities, delivery of medical assistance and care through conflict lines. The updates, which included operational solutions for sustained access to besieged locations, were shared with the International Syria Support Group (ISSG).
- Monitored and reported attacks on health care facilities and personnel.
- Prepared monthly reports to the Secretary-General on the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015).
- Continued to advocate for the medical evacuation of critically ill patients and their families from besieged locations.
- Reported on all items removed from inter-agency convoys.
- Coordinated preparedness efforts for Ar Raqqa, Menbij and Mosul response actions by pre-positioning health supplies in Al Hassakeh, Aleppo and Hama, governorates.

Trauma care

Medicines and supplies donated

- Over 248 000 treatments from inside Syria and 143 000 through cross border activities
- Over 340 300 trauma patients treated in facilities supported with life-saving medicines, surgical supplies and kits. 143 680 treatments supported through cross-border activities.
- Operating theatre equipment, X-ray machines, ventilators, electricity generators, monitors, ECG machines, defibrillators, ultrasound machines and patient warming systems.
- 75 blood safety testing kits donated to MOH, sufficient to screen 50 000 blood bags. 10 sets of blood bank supplies, including blood transfusion sets, blood bank test kits and reagents (donated through cross-border activities).

Training

- 1449 health care workers trained on trauma care, first aid, basic life support, burn management, dealing with chemical and hazardous materials, and disability management

Other outputs

- Over 450 trauma cases referred for physical rehabilitation services.
- Around 1000 patients referred through NGOs for surgery.

Primary health care

Medicines and supplies donated

- Over 2 155 000 medical treatments from inside Syria and 485 340 through cross border activities.

Training

- 859 PHC providers trained on basic routine immunization, vaccine management, cold chain and logistics, AFP surveillance, management of NCDs and childhood illnesses, reproductive health care.
- Online training on NCDs for doctors and nurses in besieged areas in northern Syria.

Vaccination campaigns

- National polio vaccination campaign implemented in April 2017.
- Measles vaccination campaign implemented in May 2017.
- IDP children from Al-Waer vaccinated.

Other activities

- 30 vaccination centres established in northern Syria.
- Detailed microplan developed for the response to the vaccine-derived poliovirus type 2 outbreak in northern Syria.
- 4 mobile clinics activated in Aleppo, Hama, and Idleb for displaced people from Al Wa'ar.
- Two NGO partners sub-contracted to operate mobile clinic services for IDPs in Idleb.

Secondary health care

Medicines and supplies donated

- Over one million treatments from inside Syria and 90 644 through cross-border activities.
- Over 33 000 doses of insulin.
- Supplies to support 5700 dialysis sessions.
- Medical equipment for emergency and diagnostic services in Aleppo, Al Hassakeh, Damascus, Hama, Homs, and Sweida.

Training

- 566 health care workers trained on the rational use of medicines, infection control, leadership, warehouse management and quality control.

Mental health

Medicines and supplies donated

- Over 50 700 psychotropic treatments distributed to 12 governorates.

Training

- 1216 health care workers and mental health professionals trained on mhGAP, psychological first aid, self-help strategies, psychotherapeutic interventions, supporting survivors of gender-based violence, treating substance abuse, and psychiatric nursing.

Other outputs

- Two family well-being community centres in Aleppo supported (they provided mental health and psychosocial support (MHPSS) services to more than 8000 people).
- 37 891 psychiatric consultations provided at outpatient facilities.
- Mental health professionals included in seven WHO-supported mobile teams managed by national NGOs. These teams provide services to IDPs from Ar Raqqa in the Mabrokeh, Bahra, Al Hol, Karameh and Tal Brak camps and to people in other areas in rural Al Hassakeh.

Nutrition

Medicines and supplies donated

- More than 5000 children from inside Syria and 2850 cross border benefited from nutrition therapeutic supplies
- Therapeutic nutrition medicines and supplies, anthropometric equipment and WHO guidelines on the management of severe acute malnutrition distributed to hard-to-reach and besieged areas via inter-agency convoys.

Training courses

- 344 health care workers trained on nutrition surveillance, breastfeeding promotion, malnutrition care and management.

Other activities

- 50 private clinics activated for nutrition surveillance.
- 18 stabilization centres launched in hospitals across the country.
- 183 patients with severe acute malnutrition with complications received life-saving treatment.
- More than 173 000 children screened for malnutrition.

Working with NGOs

Medicines and supplies donated

- Over 693 790 medical treatments provided by NGOs supported by WHO.
- ICT equipment to NGO staff.

Other outputs

- Finalized assessments to underpin strategy for using NGOs to reinforce health assistance.
- 35 773 outpatient consultations inside Syria and 4552 through cross-border support.
- Medical mobile team supported to provide health care services for 2700 IDPs from Foua and Kafarya towns (Idleb).

Training

- 242 staff from various NGOs were included in WHO's trainings on trauma care management, nutrition and mental health.

Disease surveillance

Medicines and supplies donated

- Over 245 000 treatments for communicable diseases from inside Syria and 4000 through cross-border activities. This includes acute diarrhoea, brucellosis, specific antibiotics, Meglumine Antimoniate, and anti-lice medicines
- Cholera kits (including oral rehydration salts, zinc, intravenous fluids and antibiotics) pre-positioned in Aleppo, Al Hassakeh and Idleb.
- 18 Interagency Diarrhoeal Disease Kits.
- 1600 cholera rapid diagnostic tests to 11 governorates including Al Hassakeh, Ar Raqqa and Deir-ez-Zor for rapid and on-site detection of suspected cholera cases.
- Lab equipment and consumables to the public health laboratories in Aleppo and Damascus.

Training

- 230 health workers trained on disease surveillance through EWARS, laboratory safety procedures, managing communicable diseases.

Disease outbreaks

- Supported the investigation of communicable diseases and transportation of lab samples from Deir-ez-Zor and other locations to the reference laboratory in Damascus.
- Reinforced active surveillance in high-risk areas and sensitized private health care providers about measles (standard case definition and the requirements to notify suspected cases).
- Updated the cholera preparedness plan for northern Syria
- Facilitated the investigation of suspected cholera cases in southern Syria.

Other outputs

- 1132 sentinel sites reporting to EWARS (the newly-added sites are in the north-east part of the country) and 487 reporting to EWARN.
- EWARN evaluation.
- Assessed needs assessment for responding to cutaneous leishmaniasis in Syrian governorates and provided health care workers in Talbiseh (Homs) with guidelines on the diagnosis and management of the disease, as well as medicines and bed nets.

Health information system

Supplies and equipment donated

- Computers, laptops, tablets, 3G routers, and mobile phones distributed to HeRAMS focal points across the country.

Other outputs

- Produced health profile reports and infographics for north-east Syria.
- Issued flash updates on attacks against health care.
- Developed software applications and automated systems.
- Published regular updates on the status on functionality and accessibility of health care facilities.
- Produced a monthly infographic to illustrate WHO's progress against key indicators.

Water, Sanitation and Hygiene

Supplies and equipment donated

- Mobile water quality test equipment to Hama, Homs, Lattakia and Tartous.
- Mobile water quality monitoring equipment to Aleppo.

Other outputs

- Completed rehabilitation of water supply systems in Damascus and Aleppo serving almost 1000 patients daily.
- Launched a water quality monitoring and response system in Aleppo. The pilot phase has been completed.

9.0 ANNEX 2:

WHO web stories and media updates for Q2, 2017

More than 12 000 treatments delivered to Ein Issa and Karameh camps in Ar Raqqa governorate

<http://www.emro.who.int/syr/syria-news/more-than-12-000-treatments-delivered-to-ein-issa-and-karameh-camps-in-al-raqqa-governorate.html>

WHO mobilizes health response for Ar Raqqa, Syria

<http://www.emro.who.int/syr/syria-news/who-mobilizes-health-response-for-ar-raqqa-syria.html>

WHO increases support for cancer patients, the forgotten casualties of the Syrian war

<http://www.emro.who.int/syr/syria-news/who-increases-support-for-cancer-patients-the-forgotten-casualties-of-the-syria-war.html>

Mobile clinics reach far-flung regions of Syria

<http://www.euro.who.int/en/health-topics/emergencies/pages/news/news/2017/06/mobile-clinics-reach-far-flung-regions-of-syria>

Making the golden hours count: WHO trains Syrian health staff to treat chemical exposure and severe trauma

http://www.euro.who.int/en/countries/turkey/news/news/2017/06/making-the-golden-hours-count-who-trains-syrian-health-staff-to-treat-chemical-exposure-and-severe-trauma/_recache

Circulating vaccine-derived poliovirus confirmed in Syria

<http://polioeradication.org/news-post/circulating-vaccine-derived-poliovirus-type-2-confirmed-in-syria/>

WHO and health partners provide vital care to displaced people in northern Syria

<http://www.euro.who.int/en/countries/turkey/news/news/2017/06/who-and-health-partners-provide-vital-care-to-displaced-people-in-northern-syria>

