

# WHO SYRIA DONOR UPDATE Q3, 2017

IDP children in Al Bahra camp, north-east Syria

Photo Credits: WHO Syria



**World Health  
Organization**

WHO SYRIA  
DONOR UPDATE  
Q3, 2017

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“The Syrian Arab Republic is among the most dangerous countries in the world to be a health worker today – it ranks highest for attacks on health facilities and personnel.”<sup>1</sup>

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

<sup>1</sup> <http://www.who.int/mediacentre/news/statements/2017/attacks-hospitals-Syria/en/>



Photo Credits: WHO Syria

Maher, a first responder in Rural Damascus governorate, was shot in the back while delivering emergency medical supplies to the besieged town of East Ghouta, near Damascus. “I had five months of surgery and recovery, but luckily, I survived”, says Maher. “I am back doing what I have been doing for the past 22 years: helping sick and wounded patients.”

## FOREWORD



Photo Credits: WHO Syria

The humanitarian situation in north-east Syria remains grim, with continued military operations in the area. At the time of writing this report, Ar-Raqqa city – the focus of intense airstrikes in Q3, 2017 – had been retaken by the Syrian Defence Forces. The city is free, but has been utterly devastated. Health care services have been severely disrupted throughout north-east Syria. A WHO team that assessed the situation in July 2017 found that there was only one trauma stabilization point (TSP) in the whole of Ar-Raqqa governorate. TSPs serve to triage and stabilize patients before they are referred to secondary health care facilities; without them, many civilians will die before they reach hospitals. The number of internally displaced people continues to grow; more than 300 000 people who have fled Ar-Raqqa city since the start of the military operation are living in squalid conditions in overcrowded camps.

Towards the south, conditions are dire in the Berm area, a wasteland between the Syrian and Jordanian borders. An informal IDP camp in the Berm sprang up in early 2015, and is now home to around 50 000 people, of whom 80% are women and children. All humanitarian assistance to the Berm ceased in June 2017; people there are dying of preventable diseases and have very little access to food, water or medical care.

Despite all international efforts, attacks on health care continue unimpeded. Syria is now recognized as one of the most dangerous countries in the world in which to be a health worker<sup>2</sup>. Health care staff put their own lives at risk when attempting to assist civilians wounded during the conflict, with daily reports of attacks on residential areas resulting in scores of deaths and injuries. Hospitals, ambulances, schools and civilians attempting to escape the violence are targeted by direct air strikes.

The dangers faced by humanitarian workers were the theme of this year's World Humanitarian Day on 19 August 2017 (#NotATarget). The UN Secretary-General, Antonio Guterres praised "the brave health and aid workers who are targeted or obstructed as they set out to help people in need..."<sup>3</sup> WHO joins Mr Guterres in honouring the hundreds of health care workers who have been killed or injured while attempting to save others. Their courage and selflessness are remarkable.

*Elizabeth Adly*

<sup>2</sup> <http://www.who.int/mediacentre/news/statements/2017/attacks-hospitals-Syria/en/>

<sup>3</sup> <http://www.un.org/en/events/humanitarianday/>



A WHO staff member visiting a disabled child at the WHO-supported physical rehabilitation centre in Aleppo

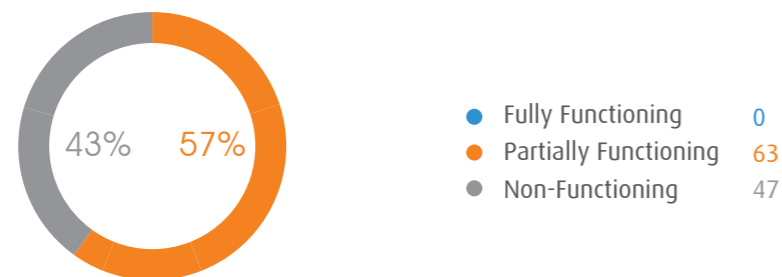
Photo Credits: WHO Syria

## 1.0. OVERVIEW

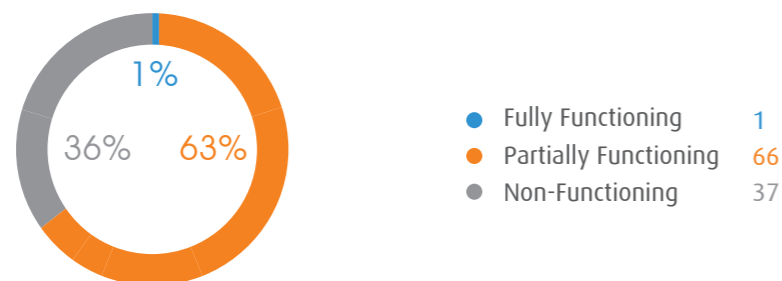
### 1.1 Status of health care facilities

As of September 2017, according to WHO's Health Resource Availability Mapping System (HeRAMS), over half of Syria's 111 public hospitals and half its 1806 public health care centres were either closed or functioning only partially. The graphs below starkly illustrate the situation in three governorates in north-east Syria that are currently the scene of intense conflict. A staggering 92% of health care facilities in Ar-Raqqa are no longer operational at the very moment they are needed most, with devastating consequences for seriously ill patients or those wounded while attempting to flee the fighting.

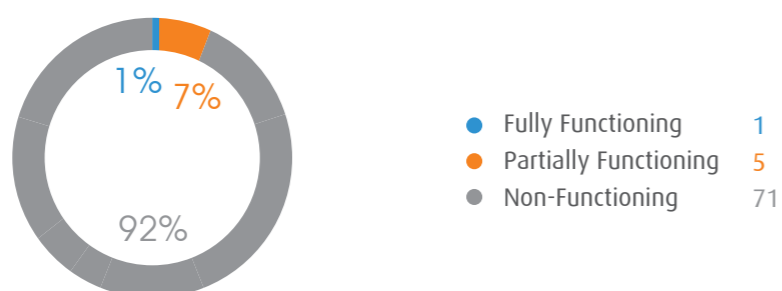
Functionality status of public health facilities in Deir-ez-Zor governorate



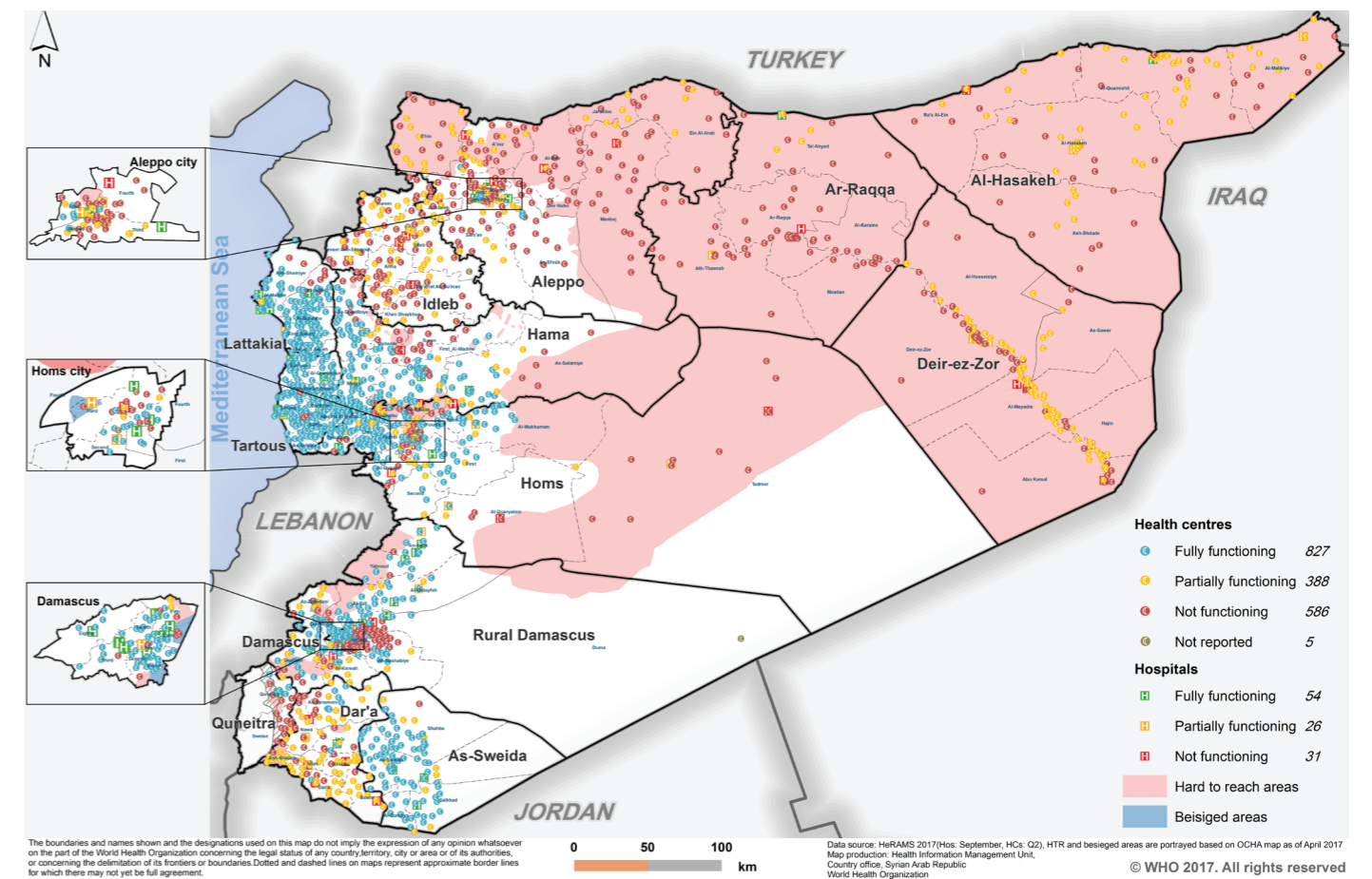
Functionality status of public health facilities in Al-Hassakeh governorate



Functionality status of public health facilities in Ar-Raqqa governorate



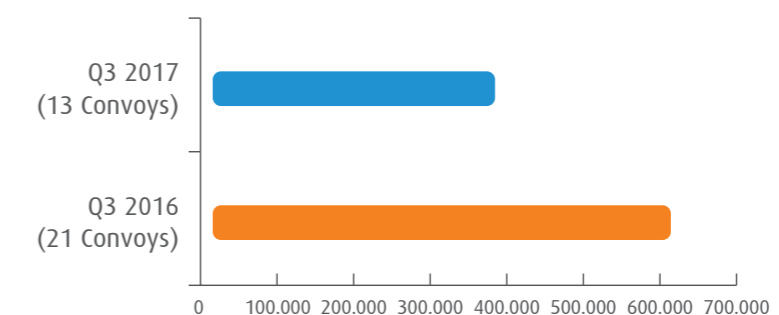
Syrian Arab Republic - Distribution and functionality of public health facilities per governorate, September 2017



### 1.2 Access to people in need

The number of inter-agency convoys dropped sharply in Q3, 2017 (see chart below), depriving many people in besieged and hard-to-reach areas of life-saving humanitarian assistance.

Treatments Delivered through Inter-Agency Convoys

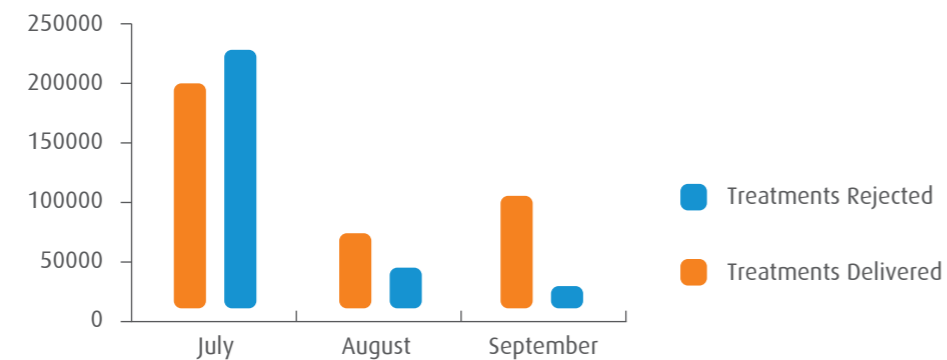


In collaboration with partners such as the Syrian Arab Red Crescent, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme, WHO continued to distribute life-saving supplies across the country. Almost 68% of its supplies in Q3, 2017 were delivered to hard-to-reach and besieged areas. North-east Syria accounted for over 60% of all supplies delivered to these areas.

### Removal of medical items from inter-agency convoys

In Q3, 2017, government security forces removed medical items from all 13 approved inter-agency convoys. Almost 300 000 treatments were rejected, together with equipment and surgical supplies.

Treatments delivered vs treatments rejected in Q3, 2017

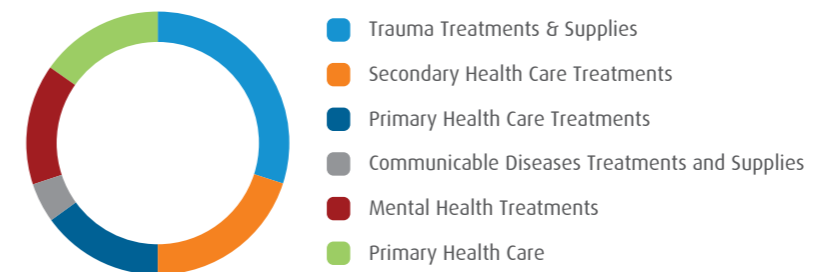


The number of rejected treatments during Q3 is by far the highest since inter-agency convoys began. One convoy alone – bound for East Ghouta in July 2017 – accounted for over half of the items removed in Q3, 2017.

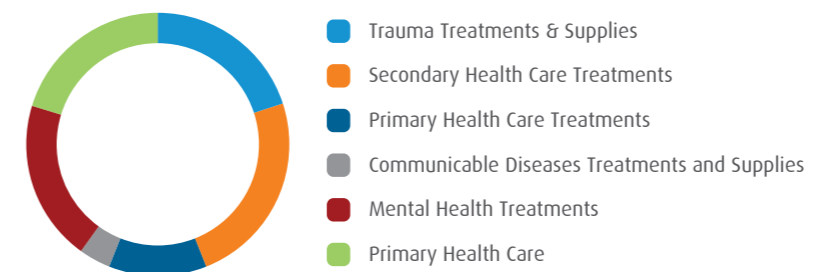
Q1, 2017 (87 529 Rejected Treatments)



Q2, 2017 (180 016 Rejected Treatments)



Q3, 2017 (298 345 Rejected Treatments)



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 Q3, 2017, 46 separate attacks against health care were reported, of which 26 were verified. At least 15 people were killed (including six health care staff), and at least 44 people including 13 health care staff were wounded. Idleb and Rural Damascus governorates reported the highest number of attacks.



## 1.4 Summary of WHO's achievement during Q3, 2017

### In Q3, 2017, WHO:

- Delivered over 1.4 million treatments from Damascus, of which 68% went to hard-to-reach and besieged locations. Around one million treatments were delivered through cross-border operations.
- Participated in 13 inter-agency convoys and five cross-border missions.
- Supported at least 74 271 outpatient consultations (68 326 inside Syria and 5945 through cross-border support).
- Supported the treatment of over 358 700 trauma cases inside Syria.
- Expanded the number of sentinel sites reporting to EWARS/EWARN from 1619 in Q2, 2017 to 1649 in Q3, 2017.
- Donated 214 pieces of medical equipment to health facilities across the country.
- Rehabilitated five primary health care (PHC) centres in two governorates.
- Supported over 53 200 mental health and psychosocial support consultations.
- Screened 145 795 children under five years of age for malnutrition.
- Vaccinated 515 517 children in Ar-Raqqa and 103 720 children in Deir-ez-Zor against polio. Another 75 557 children were vaccinated against various childhood illnesses through cross-border activities.
- Tested the quality of water in 464 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 7445 health care staff (6371 inside Syria and 1074 through cross-border activities).



WHO staff preparing a cross-border delivery for northern Syria.

Photo Credits: WHO Gaziantep

## 2.0. PUBLIC HEALTH AREAS OF FOCUS IN Q3, 2017

### 2.1. Technical leadership and coordination

WHO leads and coordinates more than 80 health partners in Syria. In Q3, 2017, WHO and partners met regularly to review and assess the overall health response, with a focus on north-east Syria. WHO completed the following activities:

- Developed the health sector strategy and operational plan for north-east Syria<sup>4</sup>, focusing on Ar-Raqqa and Deir-ez-Zor governorates.
- Collaborated with other partners on detailed humanitarian plans for the formerly besieged town of Az-Zabadani (Rural Damascus).
- Monitored the status of PHC services in north-east Syria (in collaboration with cross-border partners) and prepared regular health sector updates analysing the overall situation and the health response.
- Initiated collaboration with cross-border service providers inside East Ghouta on key issues such as medical evacuation, de-escalation zones and improving medical waste management in the town.

Sub-national health sector groups remain active in Aleppo, Homs, Lattakia/Tartous and Qamishli. In addition, three technical working groups<sup>5</sup> are supporting the health response in Syria. WHO works in close cooperation with the WASH, nutrition and protection sectors.

### 2.2. Trauma

#### Trauma response in Ar-Raqqa

In July 2017, a WHO team travelled to north-east Syria to assess the health situation and propose referral pathways to handle the huge caseload of wounded civilians fleeing Ar-Raqqa.

Although security constraints prevented the team from visiting Ar-Raqqa city, it visited eight hospitals and health care facilities in Ar-Raqqa and Al-Hassakeh governorates to assess their capacities. It also met with eight NGOs to discuss collaboration and coordination for potential evacuation pathways for severely injured patients. According to international standards, life-saving first aid should be available within minutes and more advanced resuscitation techniques within less than one hour. See diagram below.

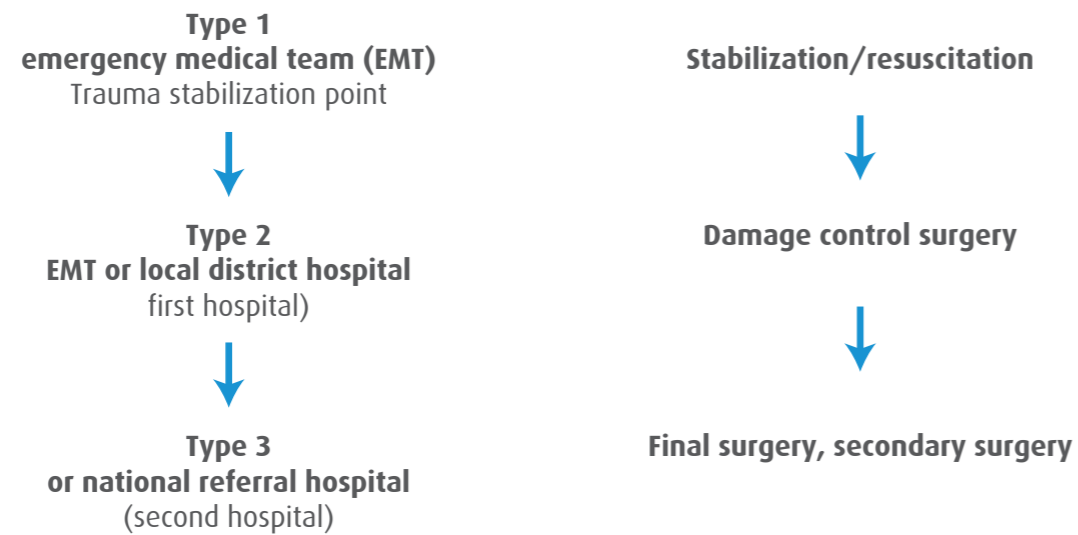
<sup>4</sup> The plan encompasses six critical functions for the emergency response: (1) leadership, (2) partner coordination, (3) information and planning, (4) health operations and technical expertise, (5) operations support and logistics and (6) finance and administration.

<sup>5</sup> On gender-based violence, physical rehabilitation, and mental health/psychosocial support.



In December last year, snipers in Aleppo targeted 12-year old Rasem and his father. Rasem's father was killed and Rasem was shot in the head. His injuries were so severe that hospital doctors said he would be quadriplegic for the rest of his life. Surgeons battled to keep him alive and reduce the pressure on his brain. After four major operations, he was able to communicate through eye movements. He recovered some basic speech functions through speech therapy and physical rehabilitation at a WHO-supported facility in Aleppo. Two months ago, he recovered the use of his left hand and began taking his first steps. He is now able to wash, eat and drink by himself, as well as write and use a computer. "I cannot thank WHO enough", said Rasem's mother. "My son is gradually resuming his normal life again and this brings me unimaginable joy."

"Thanks to WHO's continuous support, Saint Louis Hospital in Aleppo has been able to treat many severely wounded patients like Rasem over the last two years", said Sister



The findings of the mission are documented in the assessment report "Health Response to the Situation in Ar-Raqqa: Establishing trauma referral pathways to provide urgent life-saving assistance for displaced populations and civilians remaining in Ar-Raqqa"<sup>6</sup>. WHO is addressing the report's recommendations by:

1. Procuring medicines, supplies and equipment to bolster capacity in hospitals and health care facilities;
2. Negotiating the release of a field hospital for Al Tabqa, which is receiving the bulk of people fleeing Ar-Raqqa;
3. Negotiating secure land routes to bring supplies into the area, and safe routes to bring patients out (for medical treatment in Aleppo or Damascus);
4. Deploying a health coordinator and a trauma specialist to Ar-Raqqa to strengthen the overall response;
5. Improving the functioning of hospitals and trauma stabilization points.

<sup>6</sup> Available on request.

## Preparedness against chemical attacks

WHO is continuing to strengthen preparedness against possible chemical attacks by pre-positioning stocks of atropine, the most commonly used antidote to combat the effects of nerve gases such as sarin. WHO has trained 112 health care workers in north-east Syria and 30 health care workers in northern Syria on managing patients exposed to chemical weapons.



Health workers in northern Syria being trained on managing patients following chemical exposure

Photo Credits: WHO, Gaziantep

## 2.3 Primary health care including vaccination campaigns

### Circulating Vaccine-Derived Poliovirus Type-2 (cVDPV2)

By the end of September 2017, 52 cases of circulating vaccine-derived poliovirus type-2 (cVDPV2) had been confirmed in three Syrian governorates since the beginning of the year<sup>7</sup>. Moreover, 282 cases of acute flaccid paralysis had been detected in two governorates<sup>8</sup> during the same period. In Q3, 2017, WHO supported two rounds of polio vaccination targeting children under five years of age in Ar-Raqqa, Deir-ez-Zor and Al-Hassakeh governorates.

See Annex 3 for more details on the vaccination campaigns implemented by WHO in Q3, 2017.



WHO supported two polio vaccination campaigns in Deir ez-Zor in July and August 2017 that vaccinated hundreds of thousands of children under five years of age.

Mahmood Abdullah, who has participated in several vaccination campaigns, is proud of the work that he does, steadily moving from house to house and tent to tent to vaccinate every last child. The final day of the campaign (27 July 2017) remains seared in his memory. He received the terrible news that his house in Al-Bokamal had been bombed and destroyed. Thankfully his family managed to escape the destruction and found refuge with their neighbours. Mahmood remained with the vaccination campaign till the end, in spite of the devastating news. He is just one of Syria's vaccination heroes.



Children under five years of age being vaccinated against polio in Al Tabqa city (Ar-Raqqa governorate)

Photo Credits: WHO Syria

<sup>7</sup> Deir-ez-Zor (49); Ar-Raqqa (2); Homs (1).

<sup>8</sup> Of which 78 were from Deir-ez-Zor and 8 were from Ar-Raqqa.

### Rehabilitation of PHC centres

WHO completed the rehabilitation of five PHC centres in Lattakia and Tartous in Q3, 2017<sup>9</sup>. These centres will help ease the strain on other overburdened health care facilities in these areas, which are hosting high numbers of IDPs.



Damsrakho Centre: before

Photo Credits: WHO



Damsrakho Centre: after

### Primary health care network

WHO Gaziantep has launched a model PHC network in Saraqeb, Idleb governorate. The network links 10 PHC centres, each of which has different skill levels and capacities. The network will allow each centre to consult physician specialists in other centres and refer patients more easily for treatment. The network should improve health outcomes for patients and improve knowledge among health care staff in all centres. Effective use of this new resource could result in as much as a 30% increase in patient consultations through the network.

### Revitalization of routine immunization

WHO is supporting local partners that are reactivating routine immunization programmes in northern Syria. By the end of Q3, 2017, 39 PHC centres in Aleppo, Idleb and Lattakia governorates were providing more than 68 000 vaccinations per month<sup>10</sup>, mainly through outreach services. The EPI plan includes the During Q3, 2017, WHO trained 136 vaccinators in the PHC centres were trained on routine immunization and managing post-vaccination adverse events.

Demserkho Centre	Lattakia	Catchment Population 7500
Berj Islam Centre		Catchment Population 1358
Hamidiya Clinic	Tartous	Catchment Population 5780
Radar Clinic		Catchment Population 26 797
Kanawat Centre		Catchment Population 8711

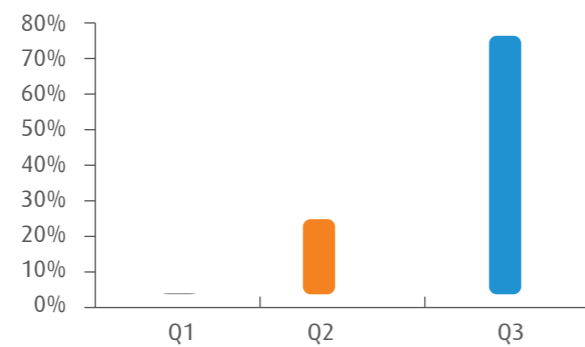
<sup>10</sup> Routine vaccines for children under five years of age include tuberculosis, hepatitis B, measles, rubella, poliomyelitis, diphtheria, tetanus, pertussis, haemophilus influenzae type B. The centres also provide tetanus vaccine for women between 15 and 49 years of age.

## 2.4 Secondary health care

### Medical equipment to strengthen the functionality of health care facilities

Almost 70% of the medical equipment distributed in Q3, 2017 was delivered to health care facilities in hard-to-reach and besieged areas, especially in Hama, Homs, north-east Syria and Rural Damascus. Items distributed included equipment to support child care, emergency departments, haemodialysis departments, intensive care units and operating theatres.

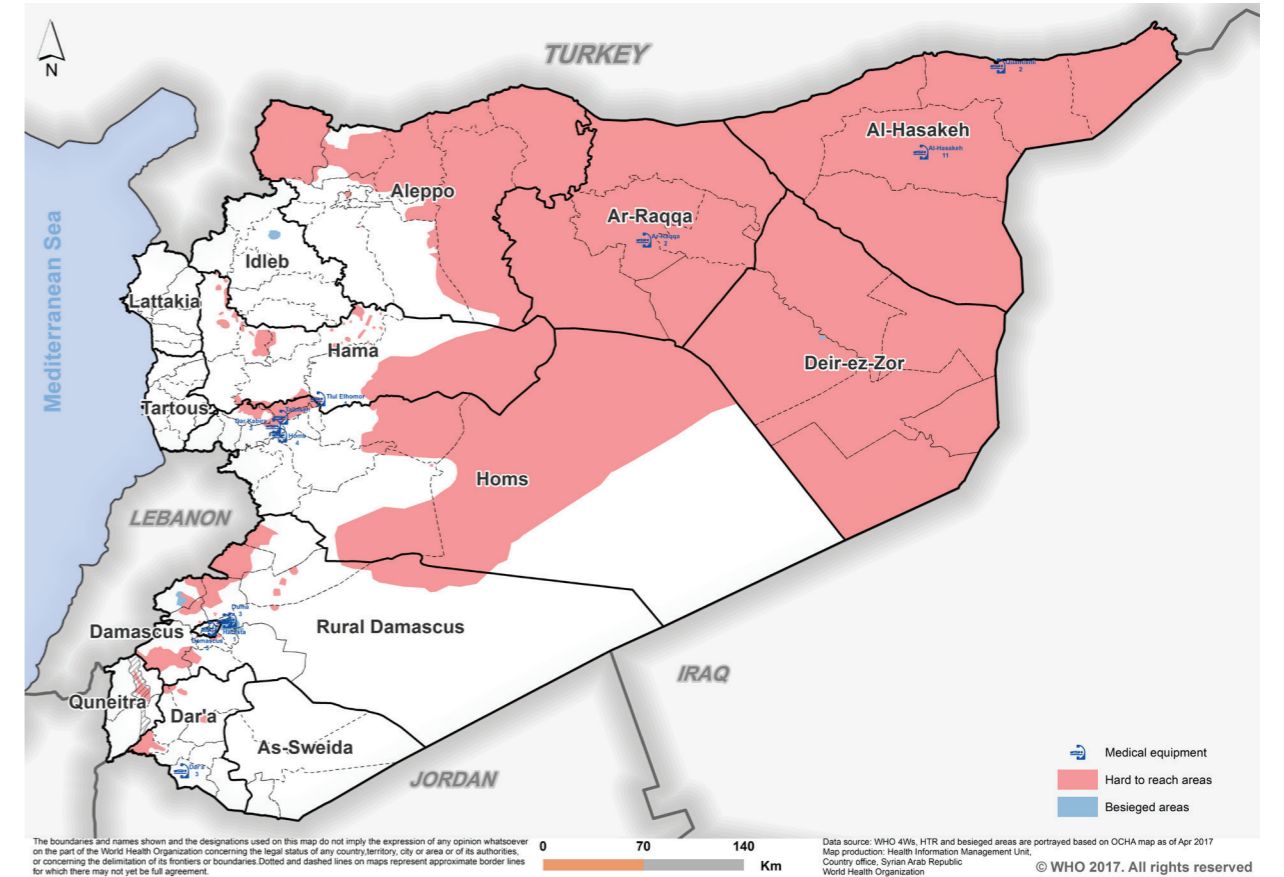
Distribution of medical equipment to hard-to-reach and besieged areas in 2017



A WHO staff member visiting an injured child in Qamishli National Hospital

Photo Credits: WHO Syria

## Syrian Arab Republic - Map of distributed medical equipment during Q3, 2017



## 2.5 Mental health

### Community Centres

The number of community centres<sup>11</sup> supported by WHO rose from two to five<sup>12</sup> in Q3, 2017. The NGO-managed centres provide mental health and psychosocial support (MHPSS) services to people in need. WHO is donating psychotropic medicines and training staff in each centre.

Mental health professionals in seven NGO mobile teams are providing services to IDPs from Ar-Raqqa.



Mental health professionals in a WHO-supported mobile clinic in Al Hole camp (Al-Hassakeh governorate)

<sup>11</sup> Managed by NGOs, community centres provide mental health and psychosocial support (MHPSS) services to people suffering from psychological problems, especially women who have experienced gender-based violence. The centres encourage people to find meaning in their lives in the face of adversity.

<sup>12</sup> Two in Aleppo and three in Homs.



Using Skype, a Syrian psychiatrist in Turkey trains Syrian community health workers on how to handle mental health issues.

Many Syrian health professionals bear psychological scars. “Many physicians are traumatized”, says one health care worker. “So much blood, so many amputations.”

“We’re doctors but we’re also humans,” says a Syrian physician. “We see horrific injuries, and we cry.”

For those still in Syria, the pressure is ongoing. Staff in WHO’s office in Gaziantep, close to the Syrian border, work to reduce the psychological toll that the crisis is taking on health workers and Syrians in general. Stress symptoms can include “being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event”, says Dr Manuel de Lara, Public Health Officer for WHO Gaziantep. “We need to support the resilience and well-being of humanitarian staff.”

WHO has trained hundreds of family physicians, community health workers, and mental health staff in both Turkey and north-west Syria on identifying and treating common psychological disorders. “So many health staff are themselves displaced,” says Dr Fuad Almosa, a Syrian psychiatrist. “We encourage them not to be isolated. We tell them ‘don’t just see patients. At least one day a week, socialize with family and friends.’”

## mhGAP

WHO trained the following staff in Q3, 2017:

- 425 non-specialized health care professionals were trained on WHO’s Mental Health GAP Action Programme (mhGAP) and intervention guide.
- 231 previously trained health care professionals received follow-up training.
- 42 health care professionals attended refresher training courses.
- 207 heads of health centres and health districts were trained on the general principles of care and basic information on mhGAP.

All trained staff now have the knowledge and skills required to diagnose, manage and follow-up on patients with common mental health conditions such as depression, psychosis, stress and behavioural disorders in children. Currently, more than 354 PHC and community centres across the country are providing integrated mental health care.

## School mental health programme

WHO is developing a school mental health programme to help teachers and community social workers detect mental health disorders, conduct basic interventions and refer children and adolescents to specialists. Following a five-day workshop attended by Ministry of Education officials and WHO experts, existing training materials have been translated into Arabic and adapted to the context in Syria.

## 2.6 Disease surveillance

### Early Warning Alert and Response System/Network (EWARS/N)

EWARS/N remains the primary mechanism for monitoring and responding to disease outbreaks in Syria. The number of sentinel sites now stands at 1649 (1148 for EWARS and 501 for EWARN). Nine additional sentinel sites were activated in Deir-ez-Zor.

### Investigation and response

WHO responded to approximately 90% of reported alerts within 72 hours in Q3, 2017. The alerts were mainly for acute flaccid paralysis (mostly in Deir-ez-Zor), measles (Deir-ez-Zor, Damascus and Rural Damascus) and diarrhoea (Al-Hassakeh, Deir-ez-Zor, Homs and Rural Damascus). The speed of WHO’s investigation and response measures are largely dictated by the security situation and the accessibility of the sites of the reported alerts. WHO is pre-positioning essential medicines to support a rapid response to any disease outbreaks.

## 2.7 Health information system

Tracking and analysing health information is one of WHO’s core functions in emergencies. WHO regularly publishes information on the functionality, level of damage, and accessibility of health care facilities in Syria, and the availability of health resources, services, medicines and equipment. WHO also produces infographs showing the assistance provided by the overall health sector, and flash updates on attacks against health care.

### District Health Information System

WHO Gaziantep has launched a pilot District Health Information System (DHIS) in 18 health care facilities in northern Syria. A total of 195 medical and non-medical staff were trained on data entry and analysis.

## 2.8 Partnerships with NGOs

### NGO strategy

In conflict-torn Syria, NGOs play a key role in providing health care to their fellow citizens, especially in besieged and hard-to-reach locations that remain off-limits to international agencies. WHO is preparing a strategy outlining how Syria can make the best possible use of its many skilled health NGOs and ensure they are all working in a consistent manner, to the same standards, to deliver health care to patients. WHO has shared a first draft with NGOs and has obtained their consensus on the key elements to be included. WHO subsequently conducted a series of workshops to brief NGOs in major governorates on WHO's plans to implement the strategy and train partner NGOs on its main components. The final strategy is expected to be released in Q4, 2017.



A WHO expert orienting NGO representatives on the major components of the basic package of health care outlined in the strategy

Photo Credits: WHO Syria

## 2.9 Nutrition

A total of 585 PHC centres and 125 clinics<sup>13</sup> across the country are now screening children for malnutrition and referring those in need to specialized facilities. In Q3, 2017, 173 587 children under five years of age were screened for malnutrition and 4816 cases of malnutrition were detected. A total of 327 severely malnourished children were treated in 18 stabilization centres across the country.



A paediatrician screening infants for malnutrition in Al Bahra Camp (Al-Hassakeh)

Photo Credits: WHO Syria

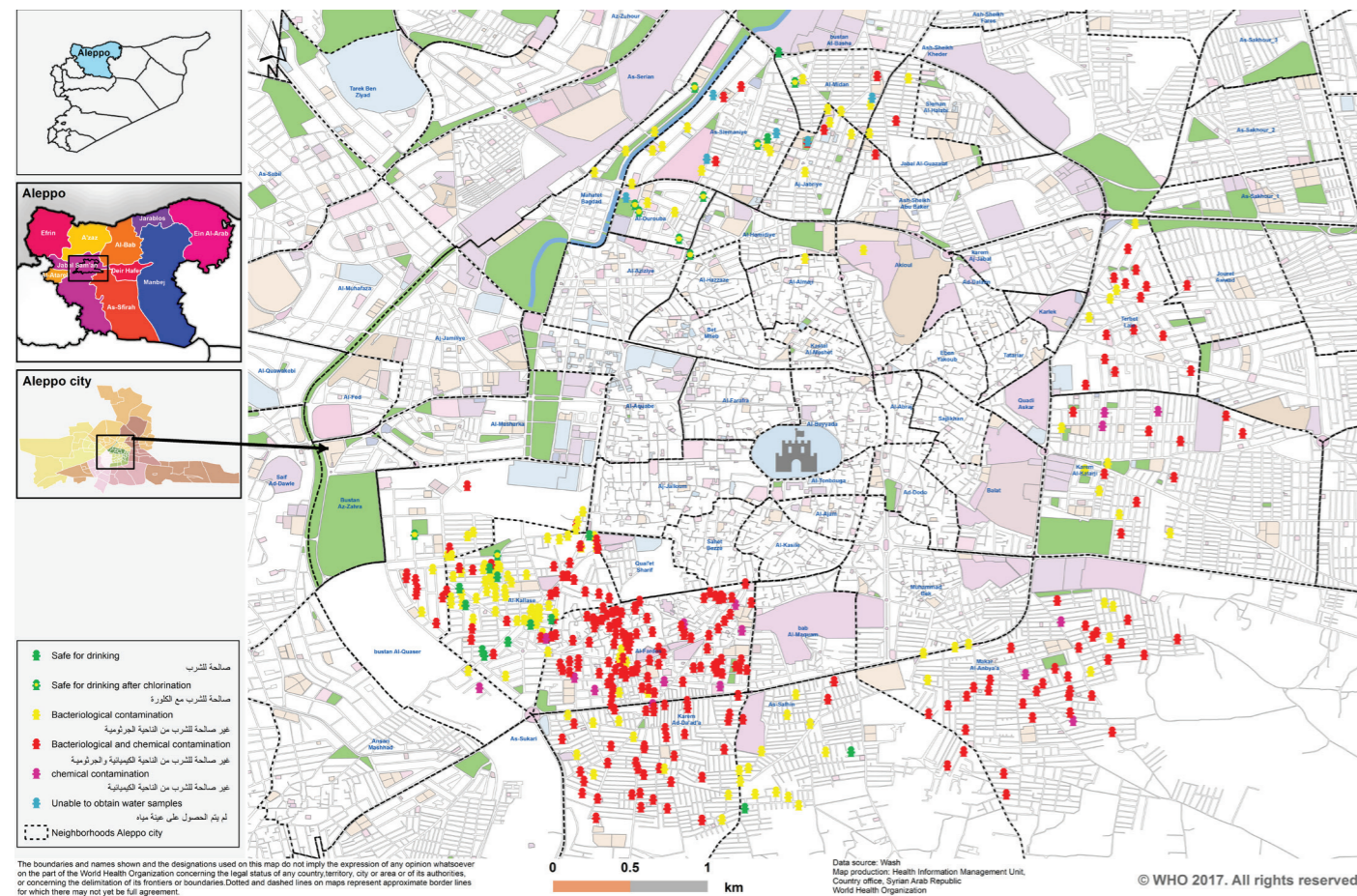
## 2.10 Water, Sanitation and Hygiene

In Q3, 2017, WHO assessed and monitored the quality of water in over 250 groundwater wells in Aleppo governorate, in cooperation with four different government agencies.<sup>14</sup> Almost all (95%) of the wells were found to be contaminated. WHO and partners took immediate action to close those that were no longer needed and install chlorine disinfection pumps in others. Contaminated reservoirs were cleaned and those that were no longer needed were dismantled and removed. WHO also briefed local communities about the health dangers of drinking contaminated water.

<sup>13</sup> Compared to 569 PHC centres and 50 clinics in Q2.

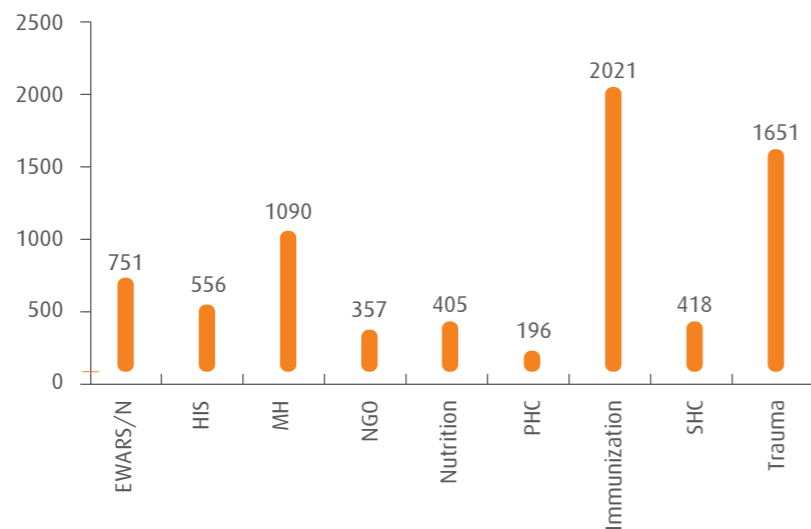
<sup>14</sup> Directorates of the Environment, Health, and Water Resources, and Aleppo Water Establishment.

Syrian Arab Republic - Drinking water status of uncontrolled groundwater wells in the City of Aleppo (30 September 2017)



3.0 CAPACITY BUILDING

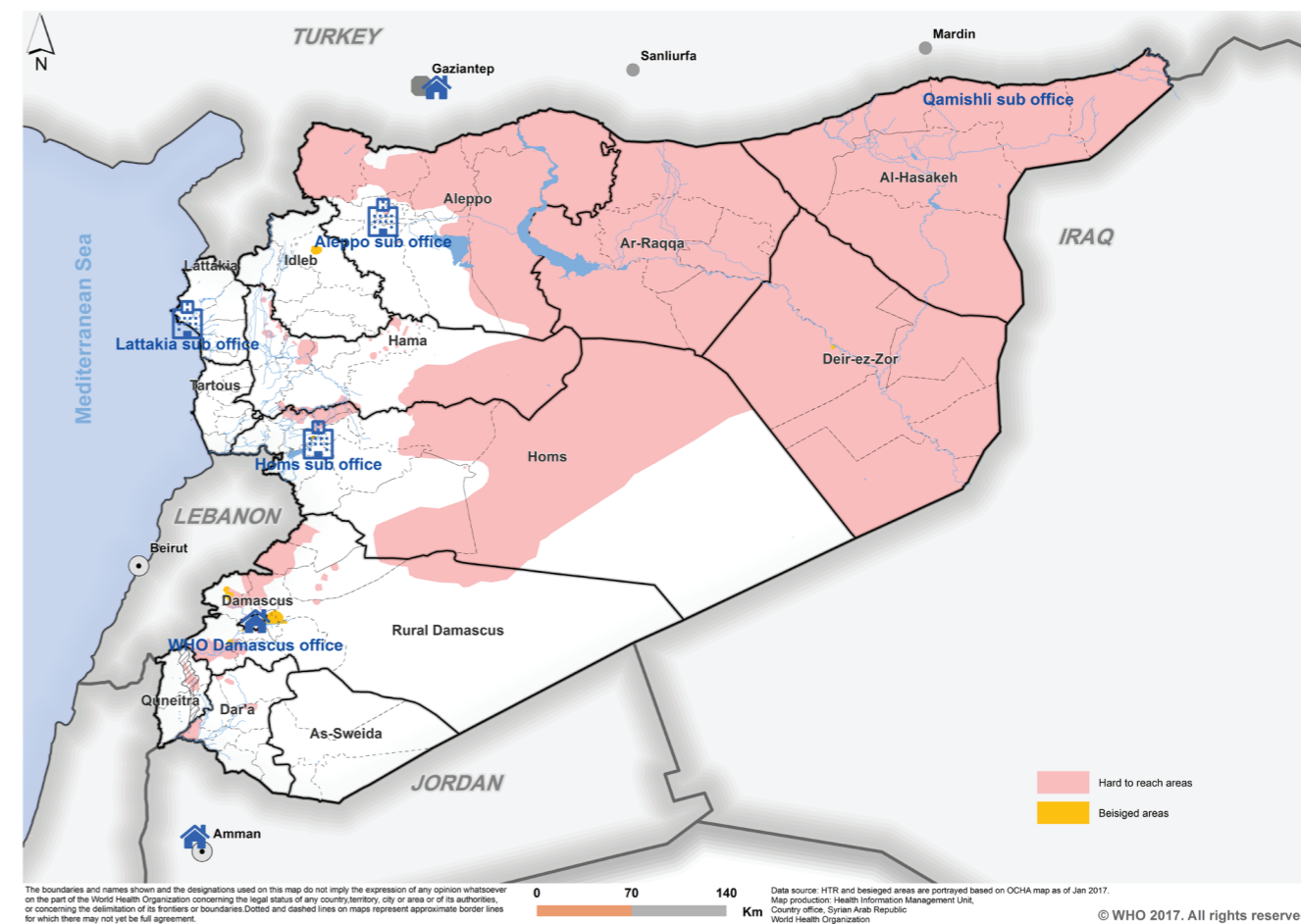
In Q3, 2017, WHO trained 7445 health workers across the country on various health interventions (see chart below).



4.0. WHO SYRIA SUB-OFFICES AND HUBS:

Areas of focus in Q3, 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

By the end of Q3, 2017, the number of registered returnees in Aleppo city had reached around 300 000 (36% of the total number of returnees in Syria). Another 80 000 people returned to newly accessible areas in the eastern rural Aleppo. Returnees often come back to scenes of total desolation, with their homes, livelihoods and possessions destroyed and civil infrastructures, including health care facilities, almost non-existent. They need assistance to rebuild their lives and their shattered communities. WHO is supporting the rehabilitation of PHC centres and hospitals in Aleppo and donating medicines and equipment to help address rising needs.

## Homs

WHO's sub-office in Homs continued to support both NGOs and public health care facilities providing essential health care services. The office organized and dispatched medical supplies in five of the 13 approved inter-agency convoys during Q3, 2017.

## Qamishli

WHO's sub-office in Qamishli covers north-east Syria, which is currently the scene of intense conflict. In Q3, 2017, the office delivered a total of 230 tons of medicines and supplies to north-east Syria, including the main hospitals and IDP camps<sup>15</sup>.



WHO logisticians preparing a delivery of supplies from Qamishli to northern Ar-Raqqa

Photo Credits: WHO Syria

## Lattakia

WHO's office in Lattakia manages WHO's main warehouse in the country. In Q3, 2017, it organized 32 medical shipments to health care facilities throughout Syria, particularly in the north-east.

<sup>15</sup> Al Tabqa Hospital, Qamishli National Hospital, Tal Abiad Hospital; Almabrouka, Al Hol, Al Areesha and Ein Issa IDP camps

## Jordan

The border between Jordan and Syria remained closed in Q3, 2017, preventing Syrian health care workers from travelling to Jordan for training. WHO's office in Jordan focused instead on contingency and preparedness planning in collaboration with health partners in southern Syria.

In partnership with Handicap International, WHO's office in Amman donated trauma care medicines, medical supplies and equipment to 12 hospitals<sup>16</sup> in Syria. To improve both the quality and the uninterrupted provision of health care services, WHO continued to support training on rehabilitation and the management of patients with disabilities. A total of 30 physiotherapists (seven in southern Syria and 23 in northern Syria) were trained on understanding disabilities, assistive mobile devices and emergency rehabilitation protocols. As a result, WHO supported the provision of medical care for 2117 patients (72% men and boys and 28% women and girls), and physical rehabilitation services for 894 patients (76% men and boys and 24% women and girls).



Malak, the wheelchair-bound head nurse at a hospital in northern Syria, is recovering from her own war-related injuries. That didn't stop her from coming to a WHO training course in Gaziantep, Turkey.

Getting from Syria to Turkey in a wheelchair was challenging, says Malak. "In spite of difficulties, it was very important to attend this training, because of the lack of female health staff in Syria. I learned how to treat burns and fractures. There are so many benefits, especially for women patients."

WHO encourages health partners in northern Syria to send female staff to WHO-sponsored training courses in Turkey. "If you don't keep training your employees, your workforce loses out", says Dr Tasnim Atatrah, Public Health Officer for WHO Gaziantep. "Moreover, women often prefer to be treated by other women. If no female physician is available, many women may be reluctant to come for treatment."

## Turkey

WHO's office in Gaziantep conducted a one-day workshop on engaging men in building gender equality. The workshop targeted male leaders from NGOs working in education, health, protection, nutrition, logistics and other sectors. The outcome of the workshop was a set of recommendations on mainstreaming gender into HR policies and empowering women in the workforce. Workshop participants formed a committee to monitor the implementation of the recommendations.

<sup>16</sup> Three in southern and nine in northern Syria.





A participant sharing her ideas during the workshop on gender equality in Gaziantep

Photo Credits: WHO/Sheahen

## 5.0 FINANCIAL OVERVIEW FOR Q3, 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 Q3, 2017, WHO had received only 29% of the required amount.

The table below shows the funds received by WHO as of the end of Q3, 2017.

Donor	Syria HRP 2017	%
United Kingdom Department for International Development (DFID)	28 157 221	17.2
Norway	7 144 426	4.4
Pooled Fund - OCHA	4 672 327	2.9
Japan	3 124 975	1.9
European Commission for European Civil Protection and Humanitarian Aid Operations (ECHO)	2 116 924	1.3
China	500 000	0.3
Japan (in partnership with UNDP)	43 967	0.0
Lithuania	21 232	0.0
Qatar Charity	2 000 000	1.2
<b>Grand Total</b>	<b>47 781 071</b>	<b>29.2</b>

## 6.0 MAJOR INITIATIVES IN Q4, 2017

### Technical leadership and coordination

- Strengthen operational response and facilitate coordination with partners working in north-east Syria, with the aim of reaching newly accessible areas.
- Finalize and submit the health sector components of the 2018 Humanitarian Needs Overview and the 2018 Humanitarian Response Plan.
- Continue to advocate for the evacuation of ill and wounded patients from hard-to-reach and besieged areas.

### Trauma

- Assess trauma care response capacities in Deir-ez-Zor and identify referral hospitals and pathways.
- Donate manufacturing supplies for artificial limbs to the national authorities.
- Procure blood safety kits to be allocated to the blood bank centres in Al-Hassakeh and Deir-ez-Zor.
- Deploy seven new ambulances to four governorates.

### Primary health care/vaccination

- Implement polio vaccination campaigns in Aleppo, Al-Hassakeh, Damascus, Hama and Idlib, targeting IDP children from Deir-ez-Zor.
- Strengthen acute flaccid paralysis surveillance in north-east Syria.
- Initiate rehabilitation work in two PHC centres in Aleppo.

### Secondary health care

- Donate emergency medicines, supplies and equipment to hospitals in Al Hassakeh for patients referred from Ar-Raqqa, Southern Rural Al-Hassakeh and Deir-ez-Zor.
- Finalize the second part of the cancer assessment study.
- Implement the second phase of the Drug Information System (DIMS).

### Mental health

- Support the establishment of two family well-being community centres to be managed by NGOs, supported by mobile teams that will 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 north-east Syria.
- Improve the detection rate of TB and HIV and enhance access to treatment and follow-up

## Health information

- Implement the Service Availability and Readiness Assessment in Syria in collaboration with the MoH.
- Launch the national cancer registry in selected hospitals.
- Launch the national Health Information System in public PHC centres.
- Finalize the piloting of the District Health Information System (DHIS) in northern Syria.

## Partnership with NGOs

- Publish the strategy for health sector support through NGOs.
- Assess NGOs' training needs to serve as the basis for a capacity-building plan for 2018.
- Expand WHO's network of NGO partners in north-east Syria.

## Nutrition

- Conduct nutritional screening at IDP camps in north-east Syria and activate nutritional surveillance in health centres.
- Establish new stabilization centres for the management of severe acute malnutrition in Ar-Raqqa and Deir-ez-Zor.

## WASH

- Improve water supply systems supporting medical services (particularly dialysis sessions) in hospitals in north-east Syria.
- Donate medical waste collection trucks and waste collection bins to Aleppo.
- Distribute drinking water disinfectants in north-east Syria to reduce the risk of waterborne diseases.

## 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.



Children playing in Deir Hassan camp, northern Syria

Photo Credits: WHO Gaziantep

## ANNEX 1:

### Activities by public health area of intervention

#### Coordination

##### Outputs

- Provided monthly health sector updates on the situation in north-east Syria (including Ar-Raqqa).
- Developed health sector strategy for north-east Syria, with a focus on Ar-Raqqa and Deir-ez-Zor governorates.
- Coordinated the overall health response in north-east Syria (delivery of PHC services through mobile clinics and fixed facilities; pre-positioning of supplies; support to NGOs).
- 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.

#### Trauma care

##### Medicines and supplies donated

- Over 241 000 treatments from inside Syria and 125 000 through cross-border activities.
- Treatments for over 358 700 trauma patients. 6617 trauma patients were supported through cross-border activities.
- Eight ambulances for Al-Hassakeh, Aleppo, Dar'a, Hama and Rural Damascus.
- 20 000 ampules of atropine 1mg/1ml (pre-positioned in north-east Syria).
- 195 artificial limbs and 359 wheelchairs.
- Operating theatre equipment, X-ray machines, ventilators, electricity generators and ultrasound machines.

##### Training

- 1651 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

- Assessed the health situation in north-east Syria and issued a report with recommendations<sup>17</sup>.

<sup>17</sup> Health Response to the Situation in Ar-Raqqa: Establishing trauma referral pathways to provide urgent life-saving assistance for displaced populations and civilians remaining in Ar-Raqqa.

#### Primary health care

##### Medicines and supplies donated

- Over 323 000 medical treatments from inside Syria and 718 370 through cross border activities.

##### Training

- Over 2200 PHC providers trained on basic routine immunization, vaccine management, cold chain and logistics, AFP surveillance, management of NCDs and childhood illnesses, reproductive health care.

##### Vaccination campaigns

- Completed two rounds of polio vaccination in Deir-ez-Zor and one round of polio vaccination in Ar-Raqqa.
- Completed round 2 of a national measles vaccination campaign.

##### Other activities

- Rehabilitated five PHC centres in Lattakia and Tartous.
- Launched a model PHC network in Saraqeb, Idleb governorate.
- Supported clinical supervision on NCD management for 140 health workers in northern Syria.
- Supported a mobile clinic managed by an NGO in remote areas of rural Idleb. 5945 PHC services were provided in Q3, 2017.
- Supported routine immunization activities in 39 PHC centres in northern Syria.

#### Secondary health care

##### Medicines and supplies donated

- Over 276 000 treatments from inside Syria and 135 500 through cross border activities.
- 36 pieces of medical equipment for emergency and diagnostic services in Aleppo, Ar-Raqqa, Al-Hassakeh, Damascus, Dar'a, Hama, Homs and Rural Damascus.

##### Training

- 418 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 6700 psychotropic treatments.

### Training

- 1090 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

- Three family well-being community centres in Homs supported. Each centre provides MHPSS services.
- 53 220 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 Southern Rural Al-Hassakeh, Al Mabroukeh village, Al Mansourah, Al Jarneh, Manbej & Ain Al Arab, Ma'adan and Al Tabqa and Al Twehneh. These teams provided 906 MHPSS services in Q3, 2017.

## Nutrition

### Medicines and supplies donated

- More than 3000 medical treatments from inside Syria.
- 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

- Over 400 health care workers trained on nutrition surveillance, breastfeeding promotion, malnutrition care and management.

### Other activities

- Nutrition surveillance launched in 14 PHC centres.
- 18 stabilization centres launched in hospitals across the country.
- 327 patients with severe acute malnutrition with medical complications received life-saving treatment.
- More than 173 587 children screened for malnutrition.

## Working with NGOs

### Medicines and supplies donated

- Over 234 800 medical treatments (including for trauma care, mental health, nutrition, primary and secondary care) provided by NGOs supported by WHO.

### Other outputs

- Supported 68 326 outpatient consultations inside Syria and 5945 through cross-border activities.
- Supported seven medical mobile teams and 10 fixed medical points providing health care services for IDPs in north-east Syria<sup>18</sup>.
- Supported one mobile clinic in remote areas of rural Idlib that provided essential PHC services to 5945 patients.
- Supported emergency services at two hospitals, two mental health mobile clinics, 23 ambulances in Aleppo and Idlib governorates and four first-aid medical points. In total, 23 353 people received emergency, surgery and mental health services in Q3, 2017.

### Training

- 357 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 254 100 treatments for communicable diseases from inside Syria and 714 through cross-border activities.
- 9000 doses of Rabies vaccine and 1700 doses of Haemophilus influenza type B vaccine.
- Two inter-agency diarrhoeal disease kits and 13 inter-agency oral rehydration salts (ORS) kits.
- 100 cholera rapid diagnostic tests sent to Ar-Raqqa and Al-Hassakeh. Measles laboratory kits sent to the measles laboratory in Damascus.
- Supplies and molecular test machines sent to the tuberculosis laboratories in Aleppo, Homs and Latakia.
- TB medicines to treat 714 cases in northern Syria.
- 1000 cholera rapid diagnostic tests for northern Syria.

### Training

- 751 health workers trained on disease surveillance, laboratory safety procedures, managing communicable diseases.

### Disease outbreaks

- Supported the investigation of alerts of acute flaccid paralysis, measles and acute diarrhoea in Deir-ez-Zor, Rural Damascus and other locations (samples sent to the reference laboratory in Damascus).

### Other outputs

- 1148 sentinel sites reporting to EWARS and 501 reporting to EWARN.

<sup>18</sup> Mabroukeh camp, Al Areesha camp, Al Hol camp, Al Karameh camp, Ain Issa, Tal Abyed, Tal Bra'ak, Al Shadadeh, Al Twehneh, and Al Tabaqa.

## Health information system

### Supplies and equipment donated

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

### Training

- 556 HeRAMS focal points, statistical technicians and medical staff trained on statistical analysis, district health information system and other topics.

### 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

- Two medical waste collection trucks, two water tankers, 450 medical waste bins and 410 sharps containers for Aleppo.
- 960 000 water sterilization sachets for north-east Syria.
- Chemical reagents and consumables for laboratories monitoring the quality of water from uncontrolled sources.

### Other outputs

- Assessed over 250 groundwater wells in Aleppo in a government-led initiative with the participation of the Directorates of Health, the Environment, and Water Resources, as well as the Aleppo Water Establishment.
- Inspected over 100 reservoirs in camps in north-east Syria, and worked with UNICEF and UNHCR to ensure the availability of safe drinking water for IDPs.
- Drilled a groundwater well in Qamishli National Hospital.
- Maintained and repaired water filtration systems for dialysis sessions in Al-Hassakeh and Qamishli National Hospitals. Provided a translation of WHO's medical waste management manual to the Ministry of Health.

## ANNEX 2:

### WHO web stories and media updates for Q3, 2017

Local health partners support referral of trauma patients from Deir-ez-Zor and Rural Ar-Raqqa to Al-Hassakeh governorate.

<http://www.emro.who.int/syr/syria-news/local-health-partners-support-referral-of-trauma-patients-from-deir-ez-zor-and-rural-ar-raqqa-to-al-hasakeh-governorate.html>

WHO shipment of polio vaccines to launch local vaccination campaigns in Deir-ez-Zor and Ar-Raqqa.

<http://www.emro.who.int/syr/syria-news/who-shipment-of-polio-vaccines-to-launch-local-vaccination-campaigns-in-deir-ez-zor-and-ar-raqqa.html>

WHO delivers medicines and medical supplies to Al-Qamishli to support the Ar-Raqqa response.

<http://www.emro.who.int/syr/syria-news/who-delivers-medicines-and-medical-supplies-to-al-qamishli.html>

WHO works with local partners to provide health services for displaced populations in north-east Syria.

<http://www.emro.who.int/syr/syria-news/who-works-with-local-partners-to-provide-health-services-for-displaced-populations-in-north-east-syria.html>

Urgent funding needed to ensure life-saving health care services in north-east Syria.

<http://www.emro.who.int/syr/syria-news/urgent-funding-needed-to-ensure-life-saving-health-care-services-in-north-east-syria.html>

WHO responds to critical health needs of displaced populations in Al-Tabqa city, Ar-Raqqa governorate.

<http://www.emro.who.int/syr/syria-news/who-responds-to-critical-health-needs-of-displaced-populations-in-al-tabqa-city-ar-raqqa-governorate.html>

WHO online trainings help medical staff in Syria's besieged areas save lives.

<http://www.euro.who.int/en/countries/turkey/news/news/2017/09/who-online-trainings-help-medical-staff-in-syrias-besieged-areas-save-lives>

WHO accelerates shipment of medical supplies to conflict-torn northern Syria.

<http://www.euro.who.int/en/countries/turkey/news/news/2017/09/who-accelerates-shipment-of-medical-supplies-to-conflict-torn-northern-syria>

WHO to improve health care in northern Syria with integrated network.

<http://www.euro.who.int/en/countries/turkey/news/news/2017/07/who-to-improve-health-care-in-northern-syria-with-integrated-network>

## ANNEX 3:

### Vaccination campaigns in Q3, 2017

Location	Type of campaign	N° of children targeted	Age group	N° of children vaccinated	Coverage rate	Comments
Deir-ez-Zor	mOPV2 <sup>19</sup> Round 1 22-26 July 2017	328 000	Under 5	259 958	79%	
Deir-ez-Zor	mOPV2 Round 2 22-31 August 2017	328 000	Under 5	255 559	77%	
Ar-Raqqa governorate	mOPV2 Round 1 12-17 August 2017	120 000	Under 5	103 720	86%	
National campaign	Measles Round 2 17-26 September 2017	3 364 755	6-12 years	2 827 028	78%	Campaign conducted in all governorates except Ar-Raqqa and Idleb (due to the refusal of the local authorities).

<sup>19</sup> Monovalent oral polio vaccine type 2

