



WHO-supported mobile teams provide essential health services to internally displaced people at arrival sites.

(Photo: HIHFAD)

2.1 million

People expected to be in need of humanitarian aid

1.3 million

Internally displaced people in north-west Syria

179,648

People displaced between 29 April – 9 May 2019

18

Verified attacks on healthcare

4

Health staff killed

SITUATION OVERVIEW

- The conflict has increased in north-west Syria, impacting civilians, civilian infrastructure and service provision in northern Hama and southern Idleb governorates.
- Approximately 300,000 people have been affected by the recent crisis, many of whom have been displaced multiple times in the recent past. As such, their ability to cope is reduced or compromised.
- Since the escalation of the conflict on 28 April, 18 health facilities have been hit and put out of service.
- As of 15 May, 49 health facilities have totally or partially suspended service provision. These health facilities provided at least 171,000 consultations, 2,760 major surgeries and 1424 new-born deliveries per month to a highly vulnerable population.
- The areas that recently displaced people are moving towards are already densely populated – often to areas with camps at full or excess capacity, putting additional strain on services.
- The western neighbourhoods of Aleppo city have also witnessed an increased shelling.
- WHO and health partners are responding in accordance with the readiness plan prepared in anticipation of increased conflict in north-west Syria.

HEALTH PRIORITIES

- As a result of the conflict, there are no functioning hospitals in northern Hama. Health care provision is extremely limited and needs to be addressed. Despite this area being the most volatile, all people in need are to be provided with uninterrupted healthcare,

and when necessary, evacuated to the closest and most appropriate health facility for emergency treatment.

- Health service provision needs to be scaled up in areas where internally displaced people (IDPs) are arriving. There are primary and secondary health facilities present; however, due to the large influx they are overstretched. Moreover, not all IDPs have access to the health facilities due to various reasons including lack of transport. They need to be reached through mobile teams.
- Health facilities and all healthcare workers must be protected. The targeting of health means that everyone loses their access to health care including injured people and women for new-born deliveries.

PUBLIC HEALTH CONCERNS

- The health system in northern Hama has almost collapsed. Only two WHO-supported surgical units are available, supported by 13 ambulances referring patients to Idleb city. Evacuating patients is extremely challenging due to the evolving security situation.
- Living conditions for a majority of IDPs are precarious in overcrowded makeshift camps in the countryside, host families, mosques and schools. Unsafe water, poor sanitation and hygiene, overcrowding, and poor vaccination coverage will all lead to a higher risk of disease outbreaks.
- Due to the large population movement, provision of medical equipment and supplies will be insufficient in some areas. Conflict creates high levels of disability, trauma and burns-related injuries, as well as the possibility of chemical exposures occurring during conflict. The available medical equipment and supplies have to be redistributed between facilities and where possible, new equipment and supplies released to health partners.
- Over 11 routine vaccination centres have suspended their activities in north-west Syria for security reasons. Having an increased number of children unvaccinated increases the risk of various preventable communicable disease outbreaks.

COORDINATION

WHO is:

- Continuing to convene regular meetings with health partners to review the situation and plan the health sector response to ensure it reaches where it is needed most.
- Holding weekly meetings with health partners to analyse disease trends and take targeted action to reduce morbidity and mortality rates.
- Continuing with inter-sectoral collaboration, such as nutrition working group, to ensure a coordinated response.
- Coordination with local health authorities in Aleppo and Hama are well-established and being maintained.
- Mobilizing staff from WHO hubs in Aleppo and Homs. If and when necessary, additional support will be provided from WHO's office in Damascus.

WHO RESPONSE

- Coordinating with partners to re-localize services and redeploy health staff towards the underserved areas and internally displaced arrival areas to ensure access to care.
- Supporting five surgical units in northern Hama and southern Idleb. The units were relocated and set-up in strategic areas for primary surgical interventions and stabilization prior to referrals. They are reinforced by five WHO-supported ambulances for referral services directed towards Idleb city.

- Supporting health partners increase health provision capacity in existing health facilities in northern Idlib. Two primary health care facilities in Samidoon and Tasmarin were immediately scaled up, working in close collaboration with four new mobile teams, to ensure maximum coverage of services. A further eight new mobile teams were deployed to Ariha, Kah and Atmeh camps, Ma'ara Alnuman, Alsumak and Alrayan areas. Of these, Kah and Atmeh mobile teams will serve an estimated 68,000 internally displaced.
- Strengthening of the referral mechanism between and amongst primary and second healthcare facilities is ongoing in northern Idlib, including the relocation of all needed from facilities that have suspended operations - such as equipment, health workers, and ambulances - for service provision in areas with high needs.
- Distribution of WHO's pre-positioned supplies to 10 primary and 11 secondary facilities finalized. These supplies provided 92,200 treatment courses: 2,200 treatment courses for surgical and trauma care, 50,000 for secondary healthcare and 40,000 for primary healthcare.
- Assessment of gaps in medicines and medical supplies are ongoing and additional distributions are in preparation.
- Sufficient stocks are pre-positioned in Aleppo, Homs and Lattakia.
- Strengthening mental health and psychosocial support through four mobile teams in areas with large numbers of IDPs.
- Enhancing preparedness and response level to manage mass trauma and other emergency events including possible exposure to chemical agents. WHO will shortly undertake an assessment of referral mechanisms in Aleppo and rural Hama.
- Providing routine and supplementary vaccinations for children and newly arriving IDPs according to population displacements; maintaining access to routine vaccination through routine immunization centres and outreach teams in accessible areas.
- Monitoring disease alerts and outbreaks through the Early Warning, Alert and Response Network with partners.

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