



Provision of primary health care to newly internally displaced people through WHO-supported mobile teams (Photo: SEMA)

2.1 million

People expected to be in need of humanitarian aid

1.3 million

Internally displaced people in north-west Syria

330,000

Recently displaced individuals from 1 May to 13 June

38

Verified attacks on health care

31

Health staff killed

SITUATION OVERVIEW

- The escalation of conflict in north-west Syria continued unabated during the reporting period, impacting civilians, health care infrastructure and health service provision in northern Hama and southern Idlib governorates.
- Since the beginning of the year, there have been 38 attacks on health care, resulting in 31 deaths and 55 injuries of health staff.
- Due to the recent crisis, it is estimated that over 330 000 people have been newly displaced, moving mostly to areas near the Turkish border in northern Idlib. In these areas, a large number of IDPs who were displaced previously are already present. More than half of the population in Idlib governorate are already IDPs.
- Recently displaced people have mostly settled in either already densely populated camps that are at full or excess capacity, or in makeshift camps in the countryside. Some have found refuge with host families or in mosques and schools. This has put an additional strain on health care service delivery.

HEALTH PRIORITIES

- Health partners have reported a need for medicines and medical equipment for newly established primary health care facilities and/or upgrading existing structures in Idlib. These facilities have been either relocated from northern Hama or newly established to meet the needs of internally displaced people.

- There has been a reported concern over the lack of hospital beds in referral hospitals in Idleb. Patients are being evacuated to the closest health facility; however, conditions are very challenging as usual routes may be impassable due to insecurity, leading to overburdening of some facilities.
- Mobile teams for primary health care and surgical units for primary surgical interventions and stabilization of patients before referral to hospitals are continuously needed to ensure access to health care. Transportation for patients remains a major challenge.
- Health staff have raised concern over their security whilst providing health services, considering the increase in attacks on health facilities. They must be protected to ensure that all people have access to health services.

PUBLIC HEALTH CONCERNS

- In northern Hama, there are no functioning hospitals, leaving gaps in health care service delivery. Through a network of 13 ambulances, the response is focussed on ensuring emergency care where possible. Evacuating patients remains extremely challenging due to the evolving security situation.
- The majority of the displaced have settled in northern Idleb, close to the Turkish border, for the time being. Initial health needs were served through increasing mobile clinics and scaling up several primary healthcare centres in the area with staff and medical supplies, but sustainable solutions need to be found.
- Due to fluctuating population movements, coordination among health partners is key to ensure no significant gaps, overlap or duplication of services.

COORDINATION

WHO, in collaboration with the health cluster, is:

- Initiating a rapid health facility assessment in northern Idleb to evaluate health needs and health service coverage.
- Continuing to convene regular meetings with health partners to review the situation and plan the health sector response to ensure that aid 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 the nutrition working group, to ensure a coordinated response.
- Coordinating with local health authorities in Aleppo and Hama governorates and ensuring WHO staff can be immediately surged as needed from hubs in Aleppo, Homs and Damascus.

WHO RESPONSE

- Scaling-up the response through seven WHO-funded mobile teams and two primary health care facilities to assist the sudden and large influx of internally displaced in northern Idleb and Idleb city to ensure access to care.
- Supporting five WHO-funded surgical units in Idleb. The units are established in strategic areas for primary surgical interventions and stabilization prior to referrals. They are reinforced by five WHO-supported ambulances for referral services directed mostly towards Idleb city.
- Providing of mental health support to newly displaced through four WHO-supported mental health mobile teams.
- Supporting a maternity hospital in Harim, which is located close to the area with the highest density of internally displaced people. Since the beginning of the year, Harim

hospital has provided on average over 3,500 consultations, 90 hospital admissions, 15 major surgeries and 50 new-born deliveries per month.

- Supplying medicines and medical equipment to around 100 health facilities in north-western Syria on a monthly basis. In June, WHO shipped four truckloads of supplies from Turkey into north-western Syria, amounting to approximately 798,520 treatments for patients. The supplies included, but were not limited to, essential medicines, trauma kits, anaesthesia drugs and noncommunicable disease kits.
- Assessing gaps in medicines and medical supplies and preparing additional distributions.
- Pre-positioning sufficient stocks in Aleppo, Homs and Lattakia. These include IV fluids for more than 4300 treatments, health kits for up to 300,000 treatments, and chemical Personal Protective Equipment (PPE) Kits for 150 people. Additionally, health and emergency kits have been delivered to health authorities in Hama.
- Enhancing preparedness and response level to manage mass trauma and other emergency events, including possible exposure to chemical agents. During the last week of June, a WHO team conducted a one week assessment mission to Hama governorate to assess the health situation and further explore the capacity of existing hospitals in managing trauma and emergency cases and recommend on the best referral mechanism and pathways from north west Syria. The following hospitals were visited and assessed:
 - Al Salamiah National Hospital.
 - Hama National Hospital.
 - Al Assad Aospital.
 - Al Hayat private hospital in Muhardeh.
 - Al Suqailbia National Hospital
 - Misiaf National Hospital.
- Providing routine and supplementary vaccinations for children and newly arriving IDPs; 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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