

Whole-of-Syria DONOR UPDATE January - June 2019



World Health
Organization

Whole-of-Syria **DONOR UPDATE** January - June 2019

A WHO staff member greets a mother and her child outside the Paediatric Hospital in Damascus.

Credit: WHO



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FOREWORD

Credit: WHO

“Health is a fundamental human right, and attacks on health care are a blatant violation of that right.” Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

The first half of 2019 was dominated by concerns over the unfolding humanitarian crisis in Idlib governorate. Idlib is reeling from the combined effects of a huge increase in its population, heavy fighting and destroyed infrastructure. Health care services in the governorate have been badly disrupted and hospitals and health care centres have come under attack.

Internally displaced people (IDPs) account for over half of Idlib’s population. Most of them arrived in the governorate in 2018 following changes in political control in other parts of the country. Their plight has continued: over the past few months, many of them have been forced to move again and again in an attempt to escape the continuing violence. Between 1 May and 30 June 2019 alone, a staggering 330 000 people were newly displaced within the governorate. Most are living in severely overcrowded informal settlements with very limited services. The fighting continues: those in towns and villages close to conflict zones live in constant fear of the next offensive. The UN’s Emergency Relief Coordinator, Mark Lowcock, has warned that the governorate is on the brink of a humanitarian disaster.

This report highlights the devastating impact of attacks on health care in Syria. In the first six months of 2019, there were 39 separate attacks and almost all of them were concentrated in the north-west. These attacks deprived communities of access to services when they needed them most and had a devastating impact on the civilians who were innocent victims of the conflict. WHO has repeatedly reminded all parties to the conflict that attacks on health facilities are a blatant violation of international humanitarian law.

In north-east Syria, the population of Al-Hol camp in Al-Hasakeh governorate increased seven-fold in just four months. More than 70 000 people, mainly women and children under 12 years of age, are living in a camp designed to hold 10 000. Despite severe overcrowding and appalling living conditions, overall mortality rates in the camp remain under standard emergency thresholds. WHO is working with the camp authorities to improve the registration of births and deaths, screen children for malnutrition and ensure that neonates and their mothers are enrolled in health care services. Children with severe acute malnutrition with medical complications are being referred to WHO-supported nutritional stabilization centres in local hospitals. The overall mortality rate for severely malnourished children is 3%. Although this is well within the emergency threshold of 5% according to WHO guidelines, it reminds us that there is still work to be done to increase and sustain nutrition screening efforts and ensure that all vulnerable children are enrolled for life-saving treatment.

WHO and its health partners are continuing to deliver essential medical supplies across borders and conflict lines and evacuate critically ill and wounded patients to health care facilities outside battle zones. Although the overall situation remains highly volatile in many parts of the country, the Organization is advocating at the highest levels for the importance of sustaining and maintaining health care services, particularly in the event of further changes in political control.

Dr Ni’ma Abid
WHO Representative ad interim

1. OVERVIEW

More than 13 million people in Syria remain in need of humanitarian health assistance. Two thirds of them currently live in areas under the control of the government, with the remainder in areas controlled by non-state armed groups and other forces. Needs are acute in the north-west, north-east and south-west. Infrastructure in all three regions has been devastated by heavy fighting.

Between January and June 2019, WHO's office in Gaziantep delivered 90% of its humanitarian supplies to areas graded 3 and above according to the health sector's severity scale¹. WHO's office in Damascus delivered supplies to 30.8% of locations graded 3 and above. However, the severity scale is not the only measure to determine the effectiveness of health interventions. Chapter 3 of this report addresses this subject in greater detail.

Overall, the security situation remains highly volatile. Intense hostilities in southern Idlib, northern Hama and rural Aleppo are placing countless lives at risk. Hundreds of thousands of people in Idlib have been displaced again and again within the governorate as they seek to flee the violence. Most of them have gone north to the densely populated areas near the Turkish border, placing a huge strain on overwhelmed health care facilities there.

Health care services continue to be badly disrupted. According to the latest data from WHO's Health Resources Availability Monitoring System (HeRAMS), over half of Syria's public hospitals and health care centres are either closed or functioning only partially. The worst-affected governorates are all in northern Syria.



A WHO-supported mobile clinic managed by Yadan BiYad NGO provides PHC services in northern rural Aleppo.

Credit: WHO

¹ Different geographic locations in Syria are classified by severity of need based on a scale of 0 to 6. Areas ranked from 4 to 6 are classified as being in acute and immediate need of humanitarian assistance.

Situation in the first half of 2019

13.18 million people throughout Syria were in need of humanitarian health assistance.

1 666 064 people were living in hard-to-reach areas.

133 910 people on average were displaced each month.

52.8% of health care facilities were either closed or functioning only partially.

90% of assistance delivered by WHO's hub in Gaziantep went to locations in acute and immediate need of humanitarian assistance.

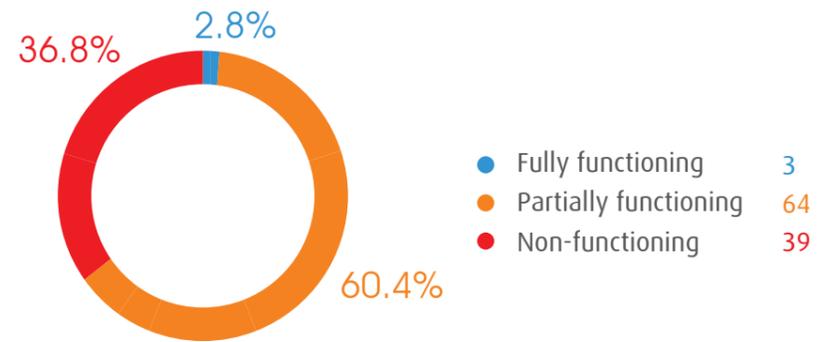
30.8% of assistance delivered by WHO's office in Damascus went to locations in acute and immediate need of humanitarian assistance.

39 attacks on health care were reported from January to June 2019. 32 people were killed and 55 were injured in these attacks.

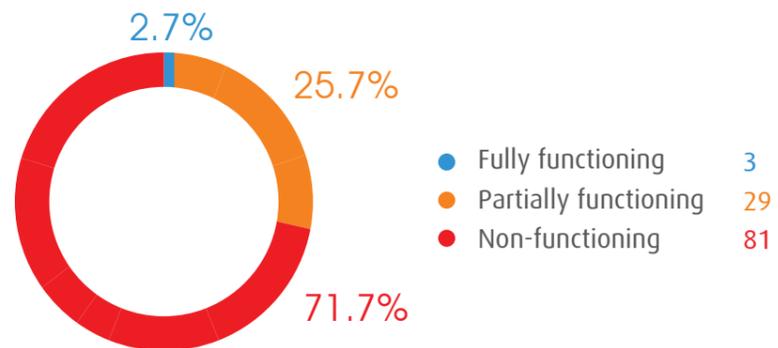
US\$ 140 914 950 was requested by WHO under the Humanitarian Response Plan for 2019.

US\$ 29 193 108 was received by WHO as of end June 2019.

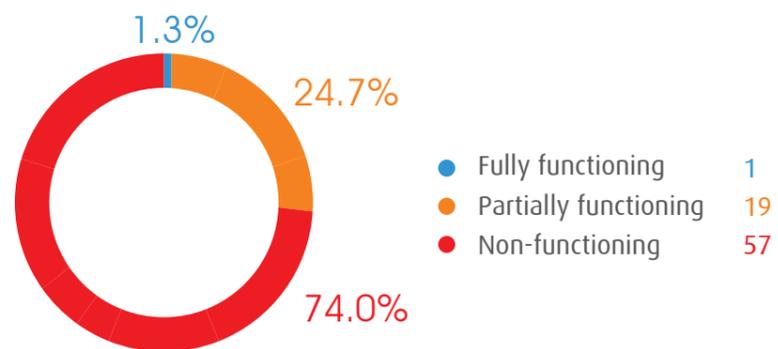
Status of functionality of all fixed public health facilities in Al-Hasakeh governorate



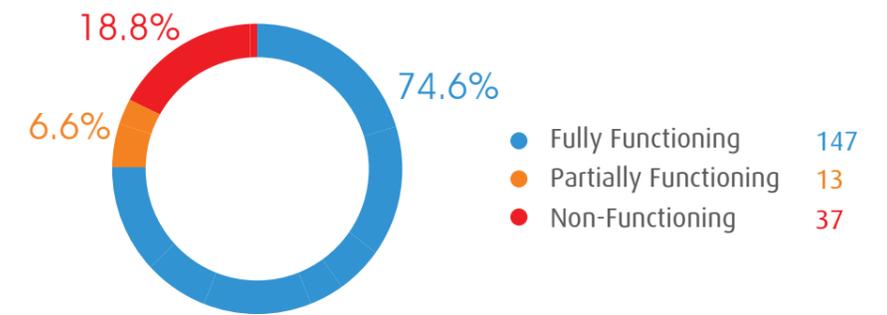
Status of functionality of all fixed public health facilities in Deir-ez-Zor governorate



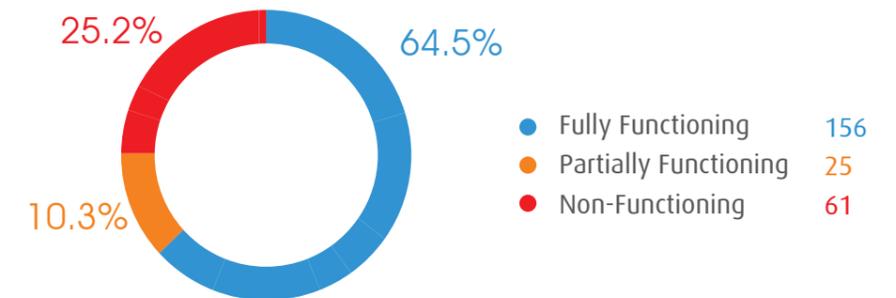
Status of functionality of all fixed public health facilities in Ar-Raqqa governorate



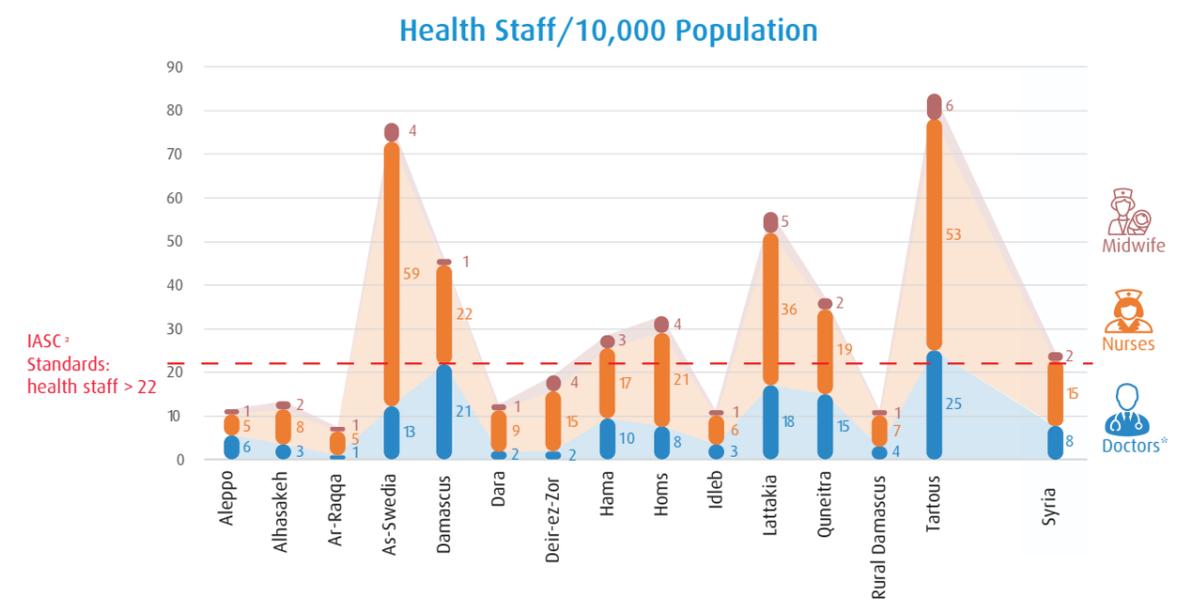
Status of functionality of all fixed public health facilities in Hama governorate



Status of functionality of all fixed public health facilities in Idleb governorate



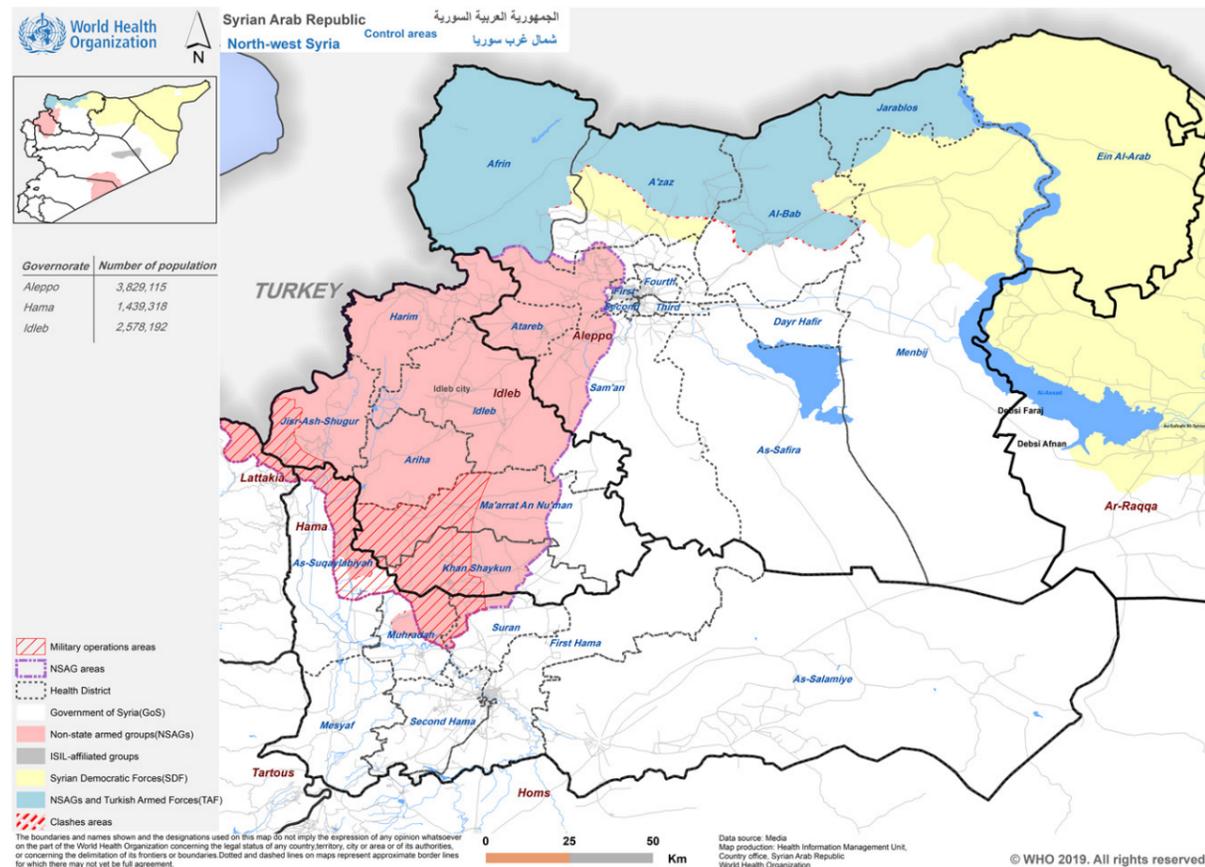
Moreover, in half of Syria's 14 governorates, the minimum number of health care staff required per 10 000 people is well below international standards.



*General Practitioners, Specialists, Emergency Physicians, Resident Doctors, and Dentist Doctors

2. GEOGRAPHICAL AREAS OF FOCUS

North-west Syria



Rural Aleppo, northern Hama and Idlib are among the most volatile areas in the country. In the first six months of 2019, continuing hostilities in northern Hama and southern Idlib killed or injured hundreds of people, destroyed vital infrastructure and displaced over 400 000 people. Most people fled to areas near the border with Turkey, which are already hosting large numbers of IDPs. The majority of them are living in severely overcrowded informal settlements that lack almost all services.

At the peak of the hostilities, 51 of 406 health care facilities were forced to suspend their activities or close altogether. As of 30 June 2019, 36 of these facilities remained closed or were providing emergency services only. In northern Hama, there are no functioning hospitals and only one fully functioning primary health care (PHC) centre to serve a population of 300 000². Attacks on health care further affected the delivery of health care. Section 4 of this report analyses these attacks in more detail. Very little information is available on the status of health care facilities in the areas that have recently changed political control.

² Two other PHC centres are open but they provide vaccination services only.

Many parts of rural Aleppo, northern Hama, Idlib and neighbouring Lattakia remain under the control of non-state armed groups. Their widespread presence means there is a constant risk they may interfere with the work of humanitarian agencies. The United Nations Office for the Coordination of Humanitarian Affairs is tracking risks and incidents reported by humanitarian partners to better understand their nature and extent and propose solutions.

WHO's priority in north-west Syria is to maintain the continuity of and access to primary and secondary health care services, strengthen the referral system and ensure the availability and functionality of ambulance networks. WHO's hub in Gaziantep supports a PHC network of 38 facilities and provides operational support to mobile and fixed PHC services in rural Aleppo, northern Hama and Idlib. Gaziantep supports a second, larger referral network of 114 health care facilities in Idlib and coordinates emergency and non-emergency referrals to ensure that patients can obtain appropriate diagnosis and care. Gaziantep also supports several maternity and paediatric hospitals and ambulance services in north-west Syria.

In 2018, health care services in Afrin district were badly disrupted following sustained military operations. Much of Afrin's population is scattered across small villages of fewer than 1000 inhabitants; public transport is scarce and thus access to health care is limited. Thanks to the referral network established by WHO, people in the district are now able to obtain health care services that would otherwise be inaccessible. Currently, at least 1200 people per month are being referred through the network. Eleven health partners (mainly NGOs) are reportedly running 26 facilities that are providing health care services for approximately 250 000 people.

Heavy fighting continued in Hama governorate. In June 2019, a WHO team visited the governorate to assess the capacity of six hospitals to treat critically wounded patients. The team found that most patients injured in the conflict zone between Idleb and Hama governorates could reach a hospital with adequate surgical services in less than an hour. However, although the hospital in As-Suqailbeyeh was located very close to the conflict zone and thus within easy reach, its emergency department lacked essential equipment to support surgery and sterilization. On several occasions, the hospital had to delay emergency operations while surgeons waited for sterile instruments. The team also found there was a critical shortage of ambulances in the governorate. Moreover, half of the ambulances that were available lacked even minimum first-aid or monitoring equipment and could be used only to transport patients.

WHO plans to address the report's recommendations by equipping the emergency operating theatre in As-Suqailbeyeh hospital and delivering sterilization equipment and ventilators. It will also equip 11 ambulances with oxygen, defibrillators and simple monitoring equipment.

North-east Syria

The three governorates³ of north-east Syria continue to suffer from a severely disrupted health system and acute shortages of health care staff (see chart on page 9 of this report). More than 1.6 million people including over 600 000 IDPs require humanitarian assistance. Many Syrians have returned to their homes and villages to find that health care and other basic services remain badly disrupted. The risk of communicable disease outbreaks has greatly increased due to poor living conditions, lack of basic services and limited access to safe drinking water. Moreover, humanitarian operations are hampered by ongoing hostilities, continual population movements and political instability.



Credit: WHO

³ Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor



WHO medical shipment being offloaded in Al-Hasakeh governorate.

Credit: WHO

Ar-Raqqa governorate's main cities (Ar-Raqqa, Ein Issa, Tabqa and Tal Abyad) suffered severe damage following military operations in 2017. Almost two years later, most health care facilities in these areas are still either closed or functioning only partially. In 2018, cross-line and cross-border partners began reactivating primary and secondary health care services to address the large number of returnees. However, acute shortages of medicines, supplies and health care staff persist. Ar-Raqqa city, which suffered extensive destruction, will require a significant investment in terms of rehabilitating damaged health care facilities or building new ones.

Deir-ez-Zor governorate, split by the Euphrates river, has recently witnessed an upsurge of violence. In late December 2018, military operations forced tens of thousands of people to flee to neighbouring Al-Hasakeh. Health care services on the east bank of the river have been severely disrupted. Access to this area is restricted because of security concerns and the widespread presence of explosive remnants of war and other hazardous materials. People are living in dire conditions, with very limited access to health care, clean water and sanitation. On the west bank of the river, Deir-ez-Zor city is slowly recovering from years under siege, but nearly all of its public health care centres have been destroyed. Most health care services are provided by the city's main public hospital. Basic health care services, emergency trauma care, advanced medical care and rehabilitation services need to be strengthened as a priority.

Al-Hasakeh governorate serves as the base for most of WHO's humanitarian health operations in the north-east. Some of Syria's major IDP camps (Mabrouka, Areesheh and Al-Hol) are located in this governorate. In local communities, health care services are provided through functioning PHC centres supported by either the public health authorities or NGOs. Health care services in IDP camps are provided through mobile services or fixed clinics managed by NGOs. Patients requiring specialized care are referred to the national hospital in Qamishli and hospitals in Ras elAin and Almalkiyeh. However, these hospitals are not easily accessible due to distance and approval constraints. To improve patients' access to secondary care, WHO has sub-contracted two private hospitals in Al-Hasakeh to admit patients referred from IDP camps, but both hospitals are already overburdened with patients referred from the entire region.

WHO's response strategy in north-east Syria revolves around expanding the availability of health care services, delivering medicines and supplies to hospitals to help them manage the influx of patients and improving the referral system. The Organization is identifying secure land routes to bring supplies and equipment into the area and evacuate patients via the same routes. Routine immunization, disease surveillance, noncommunicable disease (NCD) and child and reproductive health care services need to be urgently strengthened in IDP camps and cities hosting returnees. WHO and its health partners are setting up fixed health points, deploying mobile medical teams and strengthening the referral system. However, needs are overwhelming and logistical difficulties are compounded by political uncertainties, the lack of qualified health care staff, limited medical stocks and delays obtaining approvals to deliver humanitarian supplies.

In the first six months of the year, WHO delivered over 133 tonnes of medical kits to health care facilities in north-east Syria through the Al-Yarubiyah border crossing in Iraq. These shipments contained 630 000 treatment courses and enough medicines and supplies to treat 3100 trauma patients. To improve coordination, WHO's regional office in Cairo and its country office in Iraq convened a workshop that brought together 12 NGOs and five UN agencies working on the cross-border response in the north-east. The participants reviewed the challenges and lessons learned from cross-border operations in 2018 and explored ways to improve collaboration between WHO and NGO partners in the region.



Mothers in Al-Hol camp bring their children for polio vaccination.

Credit: WHO

Al-Hol camp

Al-Hol is one of the largest, most overcrowded IDP camps in Syria. More than 70 000 people are living in a space that was originally built to hold just 10 000.

The residents of Al-Hol are overwhelmingly women and children under 12 years old who were moved to the camp following military operations in neighbouring Deir-ez-Zor governorate. WHO is working with the camp authorities to improve the registration of births and deaths, screen children for malnutrition and ensure that neonates and their mothers are enrolled in health care services. Nutritional screening services have been established⁴ and children with severe acute malnutrition (SAM) with medical complications are being referred to WHO-supported nutritional stabilization centres in local hospitals⁵. Of the 603 children with SAM with medical complications admitted to these centres between 1 January and 30 June 2019, 576 were treated and discharged, 22 died and five remain under treatment. The overall case fatality rate is 3%, well under the emergency threshold of 5% according to WHO guidelines.

WHO has continued to fill critical gaps in essential medicines and medical supplies and strengthen cross-line and cross-border medical supply chains. Twelve fixed medical points, 18 medical mobile teams, six mental health teams, two vaccination teams, three field hospitals, a leishmaniasis team and three maternity clinics are providing daily health care services in the camp. Two family centres are up and running. Another eight mobile medical teams and a fixed medical clinic are providing health care services in the annex containing foreign families. WHO is monitoring water quality and investigating all suspected cases of epidemic-prone diseases. In response to an increase in the number of cases of diarrhoea, it investigated stool samples for the presence of vibrio cholerae⁶ and delivered 150 000 chlorine tablets to sterilize water tankers. A deworming campaign reached 17 700 children between 6 and 12 years of age.⁷

The medical referral of patients remains a critical issue. The camp's field hospitals lack regular blood supplies and thus their surgical capacity is limited. Currently, patients are being referred to the WHO-supported private Al-Hikmah and Al-Hayat hospitals in Qamishli, but both facilities are severely overstretched.

Despite the camp's overcrowding and lack of services, there have been no major disease outbreaks and mortality rates remain within standard emergency thresholds⁸. WHO and local partners are maintaining and supporting the registration of deaths in Al-Hol (there were 344 deaths between 4 December 2018 and 30 June 2019⁹).

⁴ Médecins sans Frontières is running two nutrition stabilization units.

⁵ Al-Hikmah and Al-Hayat.

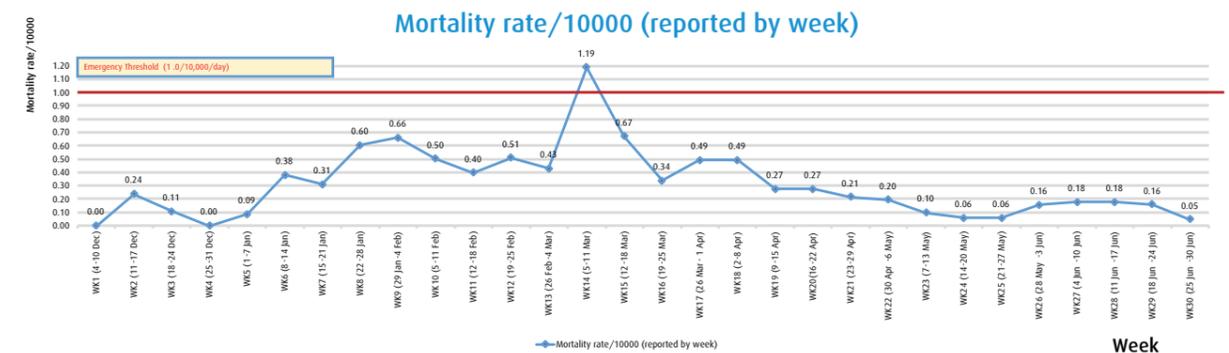
⁶ All samples tested negative.

⁷ For more information on the situation in Al-Hol camp, see the situation reports posted on the WHO website.

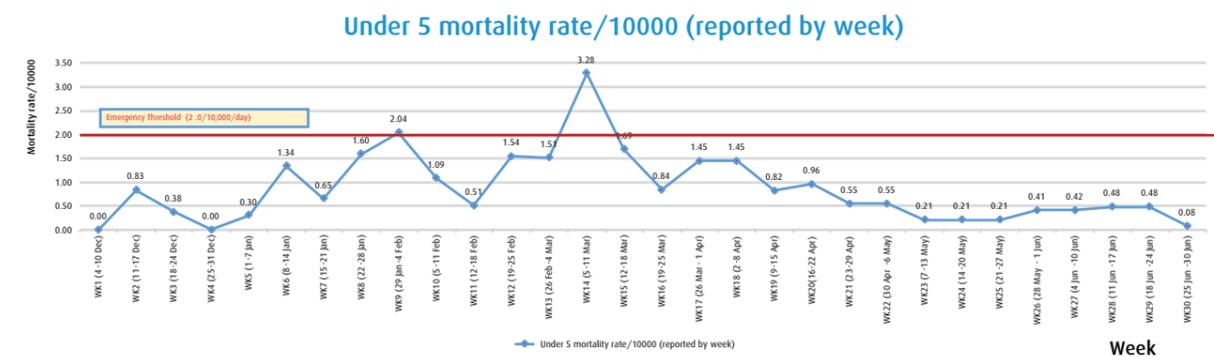
⁸ Based on Sphere standards, the emergency threshold is defined as a crude mortality rate of 1.0/10,000/day and, for children under 5, a mortality rate of 2.0/10,000/day.

⁹ 79% of all deaths were among children under 5 years of age (57% under one year of age and 22% less than one month old). The remaining 21% were adults.

Graph 1: Weekly mortality rates in Al-Hol camp from 4 December 2018 to 30 June 2019



Graph 2: Weekly mortality rates for children under five in Al-Hol camp from 4 December 2018 to 30 June 2019



South-west Syria

In the summer of 2018, following heavy fighting, the Syrian government regained control of south-west Syria. One year later, health care services, water and sanitation networks and other basic infrastructure remain severely damaged. Many people who fled the area at the height of the conflict have returned to find their homes looted or destroyed.

The southern governorates of Dar'a, Quneitra and Rural Damascus are home to over one fifth of Syria's population. Rural Damascus has the second-largest number of IDPs in Syria and Dar'a is hosting the highest number of returnees. Although needs are critical, the situation in the south has been overshadowed by the international focus on the crisis in the north-west.

WHO's priorities in south-west Syria include rehabilitating health care centres and referral services, strengthening immunization and disease surveillance, and building the capacity of health care staff. WHO is working to address these needs by delivering essential medicines and supplies to hospitals and health care centres and scaling up partnerships with local NGOs that are providing outreach medical services in areas where people would otherwise have no access to health care. However, the Organization's emergency response has been hampered by funding shortages and delays obtaining approvals to enter some areas to deliver humanitarian assistance.



Rukban settlement

At the beginning of the year, approximately 40 000 people, mainly women and children, remained trapped in Rukban settlement close to the border with Jordan, with no fuel or heating to help them through an unusually cold winter. WHO conducted several needs assessments and delivered 10 tons of medicines, kits and equipment (enough to cover 75 000 treatments and 400 trauma patients) via two inter-agency convoys that included Syrian Arab Red Crescent (SARC) mobile medical teams. The Organization helped establish routine vaccination services in the camp and, with UNICEF, supported the vaccination of approximately 17 000 children under five years of age against polio.

By mid-June 2019, the UN estimated that over 14 000 people – almost one third of Rukban's population – had left the camp and had been transported to five temporary shelters in Homs governorate. WHO supported mobile medical and vaccination teams in these shelters, activated its disease early warning and response system and supported the integration of mental health and nutritional surveillance services into Directorate of Health teams and PHC centres. WHO also donated supplies and equipment to three hospitals in Homs to help them cope with the influx of patients from Rukban.

For the 27 000 people still in Rukban, the situation remains dire, with continuing severe shortages of health care and other basic services. People in Rukban are able to obtain health services at the UN clinic in the militarized zone on the Jordanian side of the border, but this is far from enough to meet needs. The UN continues to advocate for regular access to the settlement to deliver supplies, assess needs and evacuate seriously ill patients.

3. SHIFTING TO A HEALTH RESPONSE BASED ON THE SEVERITY SCALE

In line with the 2019 Humanitarian Response Plan for Syria, WHO has shifted from an area-based response to one based on the severity of health needs in all 270 sub-districts of Syria.

The level of severity for the health sector is determined based on a range of data sources that yield information on:

- 1) Accessibility to health care
- 2) The number of people affected
- 3) Humanitarian access
- 4) The availability of health resources and services
- 5) The impact of the conflict on health and morbidity.

In the first half of 2019, the breakdown per sub-district was as follows:

- 6 130 081 people in need in 78 sub-districts had major (level 3) health needs.
- 4 443 981 people in need in 53 sub-districts had severe (level 4) health needs.
- 1 300 451 people in need in 40 sub-districts had critical (level 5) health needs.

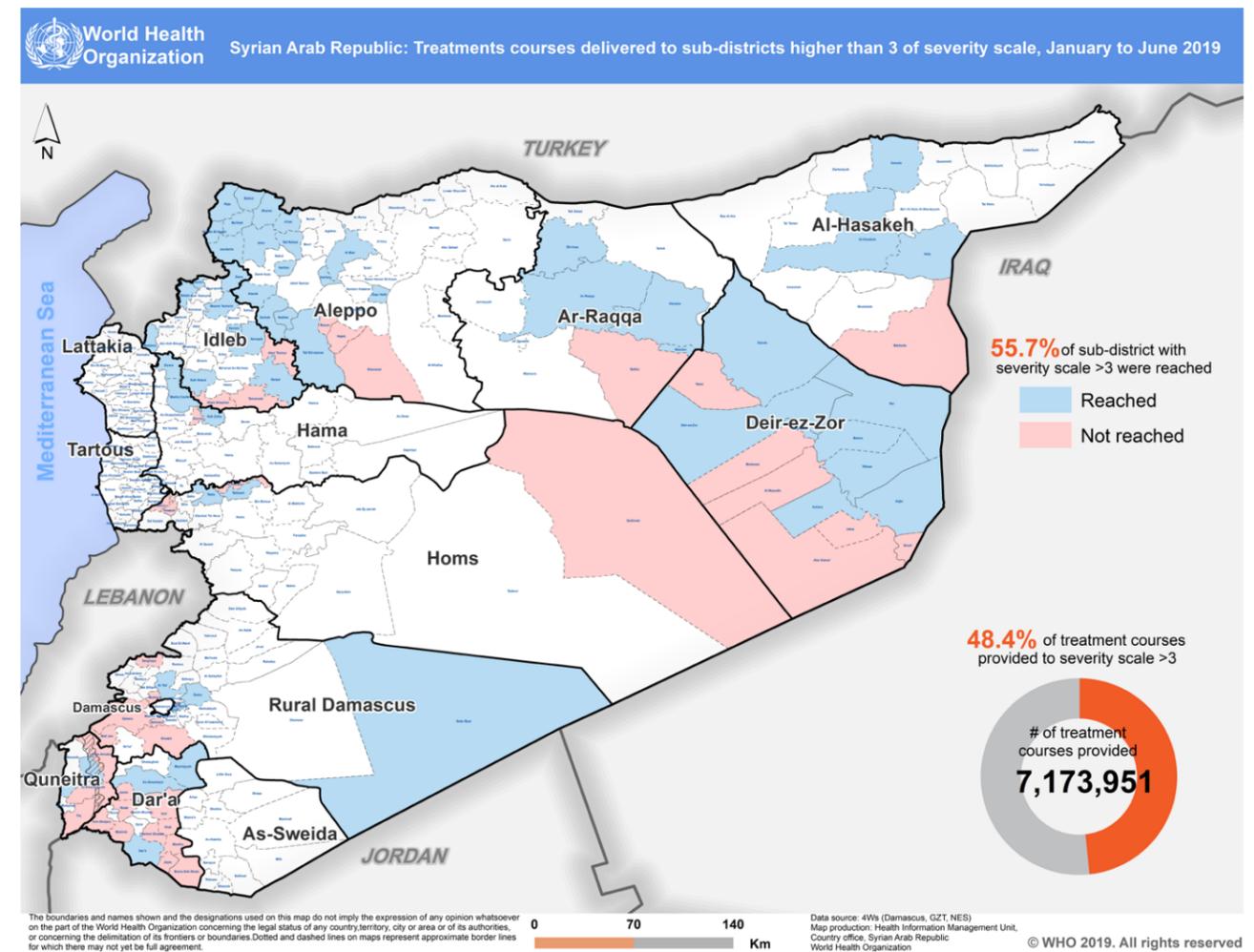
The remaining sub-districts are classified between level 0 and level 2. No sub-district in Syria is classified as having level 6 (catastrophic) health needs.

Between January and June 2019, over 90% of the assistance delivered by WHO's hub in Gaziantep went to locations ranked 3 and above on the severity scale. Just over 30% of the assistance delivered by WHO's office in Damascus went to locations graded 3 and above.

The severity scale is not the only measure to determine the effectiveness of health interventions. WHO continues to work in areas at all levels of severity of need to vaccinate children and prevent the spread of disease. It conducts regular needs assessments in critical areas and monitors key health performance indicators to ensure its work remains focused and targets those most in need. It also supports referral hospitals in areas of low severity that provide essential services to people from adjacent conflict-affected areas.

The severity scale for Syria's sub-districts

- | | | | |
|---|-----------------------|---|---------------------------|
| 0 | Non-populated areas | 4 | Severe health needs |
| 1 | Minor health needs | 5 | Critical health needs |
| 2 | Moderate health needs | 6 | Catastrophic health needs |
| 3 | Major health needs | | |



4. ATTACKS ON HEALTH CARE

Background

In December 2017, WHO launched the Surveillance System for Attacks on Health Care (SSA) to collect and report primary data on attacks on health care in countries faced with emergencies. The SSA was introduced in response to World Health Assembly Resolution 65.20, in which Member States called on WHO to lead the development of a system to collect and disseminate information on the extent and nature of attacks on health care worldwide.

WHO defines an attack on health care as any act of verbal or physical violence, threat of physical or psychological violence, or obstruction that interferes with the availability, accessibility and delivery of health care services. The SSA collects information on the nature of the event, its resulting casualties and its impact on health care services. It does not collect information on perpetrators, intentionality, or the provenance of the weapons used, since WHO has neither the mandate nor the capacity to verify these elements.

Health partners in countries collect SSA data and submit them to WHO for confirmation and publication. Based on the strength of the source information, WHO grades each event as possible, probable or confirmed. In the first half of 2019, all but one of the attacks on health care published in the SSA in Syria in 2019 were classified as confirmed incidents.

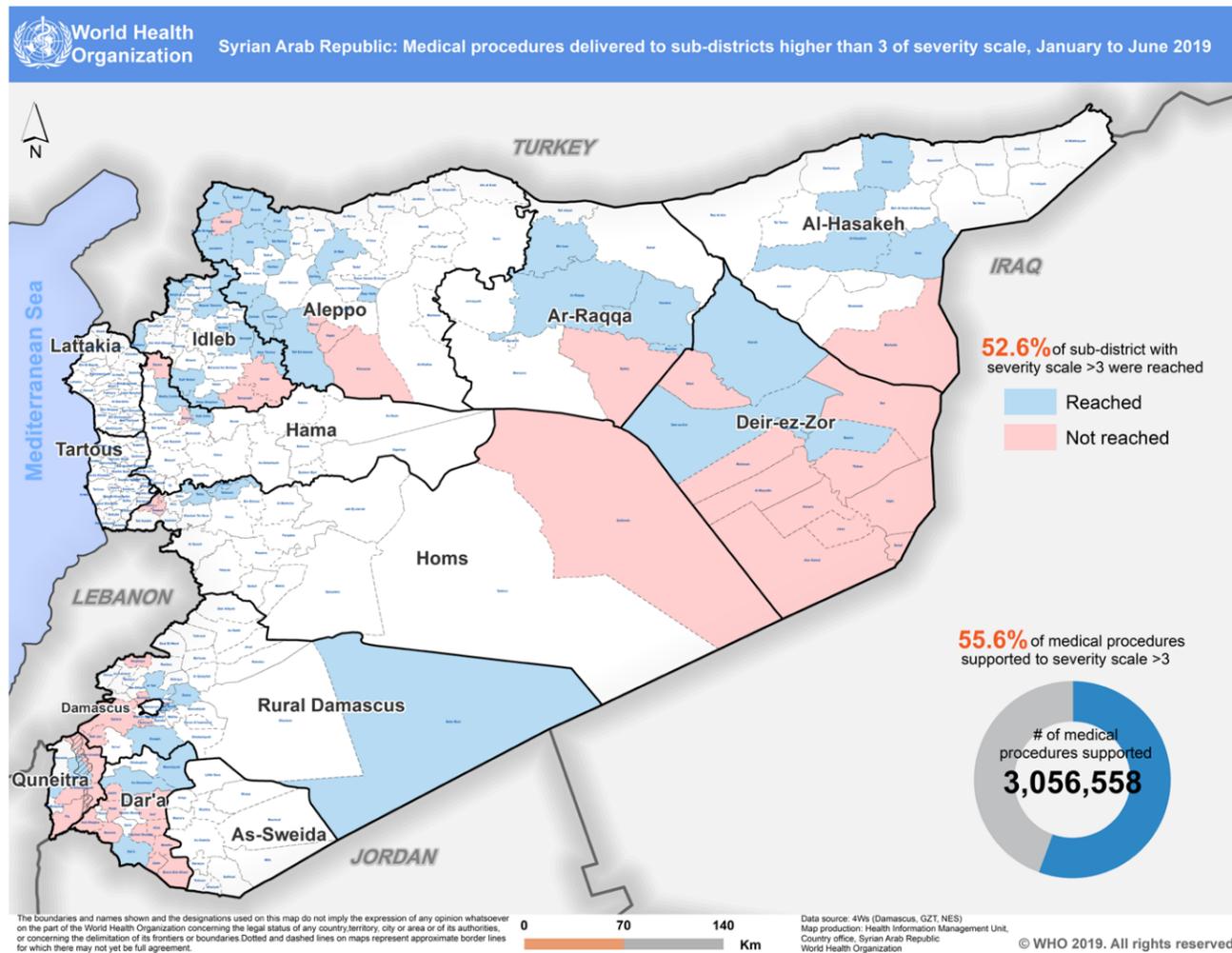
Information from each published report is posted on the SSA website, where aggregate data from all countries reporting to the SSA can be found.

Attacks on health care from a global perspective

In the first half of 2019, ten countries reported 513 attacks on health care to the SSA. Syria accounted for 39 of these incidents.

The impact of the total numbers of attacks, deaths and injuries reported to the SSA goes beyond the statistics. Hundreds of thousands of people may no longer have access to health care as a result of these incidents. They also exact a heavy psychological toll on the health care professionals who go to work every day knowing their place of work might be targeted in the next attack.

Even a single attack can have significant consequences for local populations. Analysing trends in the types of reported incidents helps determine the measures that can be put in place to prevent these attacks.



Attacks in Syria in 2019

In the first half of 2019, the abovementioned 39 attacks severely damaged 29 health care facilities. In several cases, facilities were destroyed and forced to close.

A total of 32 people including health care workers and patients were killed and another 55 were injured. The most lethal incident, in February 2019, involved an ambulance that was responding to a bombing. The vehicle was attacked, killing 17 people and injuring 30 others.

“These attacks against health facilities and other civilian infrastructure are a grave and totally unacceptable development. International humanitarian law safeguards civilians, even in the most violent of conflicts.”

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean.

 **39** Total Attacks

 **32** Killed
Of whom
8 were health care providers
3 were patients

 **55** Injured
Of whom
8 were health care providers
9 were patients

Impact of attacks

 **8** attacks affected personnel

 **3** attacks affected patients

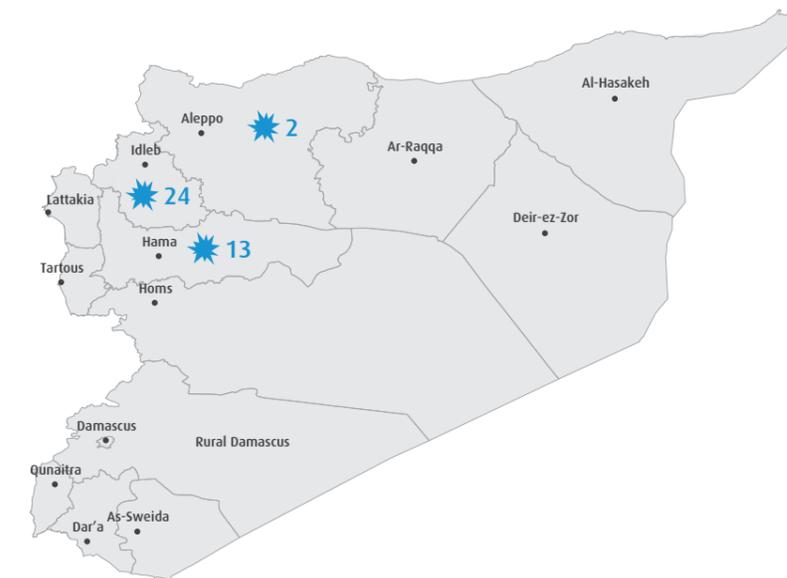
 **25** attacks affected supplies

 **29** attacks affected health facilities

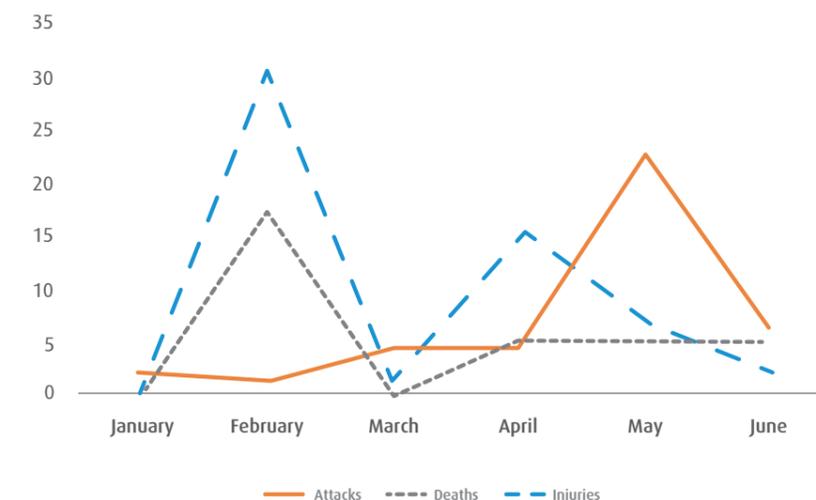
 **5** attacks affected warehouses

 **11** attacks affected transport

Number of attacks by governorate (Jan-Jun 2019)



The number of incidents reported increased from seven in quarter 1 to 32 in quarter 2, in line with the escalating conflict in north-west Syria. In just a two-week period between 28 April and 15 May, 23 attacks damaged or destroyed 21 health facilities and severely reduced the availability of health care services for people living in these areas. The numbers of people killed or injured in these attacks decreased between Q1 and Q2 (from 17 to 10 and 31 to 22, respectively). This change is likely due to the increased evacuations of patients from hospitals prior to the attacks in Q2. Exacerbating the situation, other health care facilities in the same areas as those under attack were also likely to be evacuated at the same time. These evacuations further limited people’s access to health care services.



Many hospitals in north-west Syria have been reinforced to prepare for these attacks. For example, some have moved their operating theatres and emergency departments to hospital basements. Although this has helped reduce the number of casualties inside these hospitals, people outside the building – for example, those coming for outpatient care or to visit patients – remain vulnerable. This is borne out by the numbers: most of those dead or injured in the first half of 2019 were people who were in the vicinity of hospitals when the attacks took place.

“Targeting health care workers and health facilities is an outrage that cannot be tolerated.”

Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

The consequences of attacks on health care

Attacks on health care are morally reprehensible and can constitute a violation of international humanitarian law. Their consequences are devastating and go well beyond the immediate damage to health care facilities that are hit. Other hospitals and health care facilities in conflict zones may close due to fear of coming under attack. Many patients are too afraid to travel to hospitals for the same reason. People are forced to travel long distances to obtain life-saving health care because the hospitals and PHC centres near their homes have been damaged or destroyed. Health care professionals continue to work while remembering friends and colleagues killed or injured as they tried to save the lives of others. In addition to the stress of knowing that they could come under attack any time, health care workers bear the psychological scars of treating so many severely injured patients. “We’re doctors but we’re also humans”, says a Syrian physician. “We see horrific injuries and we cry.”

The long-term consequences of these attacks include the need to rebuild and re-equip hospitals and train new doctors and other health care professionals. Moreover, people with chronic diseases go without treatment, children are not vaccinated, and those who suffer traumatic injuries often die or are left with life-changing disabilities. The overall costs are incalculable.

According to the Fourth Geneva Convention, health care facilities and civilians must be protected in times of war. Health care facilities must not be attacked or damaged. All patients have the right to receive medical treatment and all medical professionals must be allowed to deliver health care services in a safe and secure environment.

“We are extremely concerned about the delivery of life-saving health services in the face of these attacks. Not only are the health facilities attacked, but health workers working on the front-line with extremely limited resources are put in grave danger as well.”

Dr Rick Brennan, WHO Regional Emergency Director for the Eastern Mediterranean.

Impact of attacks on health care delivery in Syria

The recent attacks in Syria have compounded an already dire situation where more than half of the country’s public hospitals are either partially functioning or closed altogether. As the conflict in north-west Syria intensifies, WHO has repeatedly reminded all parties to the conflict that attacks on health facilities are a blatant violation of international humanitarian law¹⁰. Moreover, when conflicts intensify, health care workers are among those forced to flee, further depleting human resources for health.



¹⁰ 5 April 2019 - WHO condemns attacks on 3 health facilities in north-west Syria <http://www.emro.who.int/syr/syria-news/who-condemns-attacks-on-3-health-facilities-in-north-west-syria.html>.
8 May 2019 - WHO condemns multiple attacks on health facilities in north-western Syria <http://www.emro.who.int/media/news/who-condemns-multiple-attacks-on-health-facilities-in-north-western-syria.html>.
30 June 2019 - Statement by WHO Regional Director Dr Ahmed Al-Mandhari on attacks on health care in the Eastern Mediterranean Region <http://www.emro.who.int/media/news/statement-by-who-regional-director-dr-ahmed-al-mandhari-on-attacks-on-health-care.html>.



This collapsed building in Kafr Nobol sub-district, Idleb governorate was once a surgical hospital.

Credit: Hand in Hand for Aid and Development.

On 28 April 2019, in one devastating day of bombing, the only two functioning hospitals in north-west Hama¹¹ were hit and forced to close. Before they were attacked, these hospitals were providing surgical services, maternal and child health care and outpatient consultations to approximately 10 000 people per month. All hospitals in northern Hama are now closed and only three surgical units supported by WHO are providing emergency care.

On 5 May 2019, two major hospitals and a surgical unit in Hama and Idleb governorates were hit and severely damaged. Three health care workers lost their lives in these attacks. Before they were hit, these hospitals had been providing 30 000 consultations, admitting 860 patients and conducting 700 operations per month.

On 20 June 2019, an ambulance in Idleb suffered a direct hit. The driver, two paramedics and a patient were all killed.

¹¹ Qalaat Al Madiq hospital in the town of the same name, and Allatamma surgical hospital in Kafr Zeita sub-district.

Ahmed, 27, is an operating room nurse in a Syrian hospital. Unlike many of the health care workers who have fled the country over the past seven years, he has chosen to stay. He does not see anything heroic in his choice to remain in one of the world's most dangerous countries for health workers. "It never occurred to me to leave", he says.

Ahmed was a young graduate when the conflict began. In 2013, he got his first job in a WHO-supported hospital in the city of Aleppo. Over the years, Aleppo became the epicentre of intense fighting. Although Ahmed survived many security incidents in and around the hospital, he does not consider himself to be out of danger. "The situation in Aleppo is calm now, but the war continues. The risk is still there", he explains. He remembers the last attack. The hospital was full of patients, and several operations were scheduled for that day. Shelling started near the hospital, and then the operating theatre was hit. "We had a patient on the operating table with an open stomach wound; we couldn't leave him. But I remember the fear", he says.

"Working under pressure and in a conflict zone is a burden that cannot be carried by a single person", he says, adding "this has increased my determination to continue to work here". He sees the chaos around him, but says his life is no different to that of other Syrians. "Maybe it is a bit more dangerous because I am a health care worker, and this group is often targeted by shelling, kidnappings or assaults," he adds.

Ahmed has one dream. "I want this war to end. I want refugees and displaced Syrians to be able to return home to their families. And I want us to be able to provide better health care services, similar to those in developed countries... For now, being here with my family and being able to help patients, knowing that I am making a difference, is something that has helped me to survive."



Credit: WHO

5. ACTIVITIES JANUARY-JUNE 2019

Trauma care

In the first half of 2019, WHO's office in Damascus supported trauma care for 270 655 patients and delivered 852 386 courses of treatment and 68 pieces of medical equipment¹² to health care facilities across the country. A total of 1688 health care workers were trained on trauma care and treating patients with disabilities. Subjects covered included first aid, basic life support, managing mass casualty events, treating patients with burns, war wounds and spinal cord injuries, and fitting patients with prostheses. WHO delivered 15 ambulances to the Ministry of Health (MOH) and 15 mobile clinics to the MOH and the SARC to serve people in areas of high need. WHO also delivered 829 devices to assist patients with disabilities and supported 12 608 physiotherapy sessions.

In June 2019, a team from WHO travelled to Hama governorate to assess the capacity of hospitals to manage wounded civilians fleeing areas in southern Idleb and northern Hama. Page 12 of this report describes this assessment in more detail.

In April 2019, in response to escalating hostilities, WHO's hub in Gaziantep began supporting five field surgical units in north-west Syria. Between April and June 2019, these units treated 1782 patients and stabilized those who were severely wounded before referring them to other facilities for specialist care. WHO supported on-the-job training on emergency triage and treatment and infection prevention and control for 42 health professionals in these units. It also conducted several training courses on topics including basic life support, treating patients with severe burns and managing toxic chemical events. A total of 131 medical practitioners benefited from these courses. WHO prepositioned and partially distributed 33 trauma kits, 575 burn kits, 23 surgical supply kits and 500 sets of personal protective equipment for chemical events.

In response to the continuing high levels of insecurity in north-west Syria, WHO increased its support to partners to help prepare for potential toxic chemical events. Health partners in north-west Syria deployed staff, personal protective equipment and medicines closer to areas of ongoing hostilities. WHO's hub in Gaziantep also equipped two hospitals in northern Lattakia.

In April 2019, medical staff from 10 PHC centres in Aleppo and Hama participated in a training course on the clinical management of patients exposed to toxic chemicals. Training staff in PHC centres on how to decontaminate and treat patients who are not severely affected will ease the congestion in referral hospitals and help ensure that patients can be treated as quickly as possible.

¹² Operating theatre equipment, X-ray machines, ventilators, generators and ultrasound machines.



WHO delivers ambulances to the SARC to strengthen referral services in conflict-affected governorates.

Credit: WHO

Secondary health care and referral

WHO supported the development of Syria's Essential Medicines List for 2019. WHO and the national authorities jointly determined the items to be included in the list based on a review of consumption patterns and morbidity trends over the preceding year. WHO delivered medicines, supplies and equipment¹³ to 79 hospitals, 30 of which are located in areas graded 4 and above on the six-point severity scale. A total of 192 staff were trained on infection prevention and control, patient safety, supply chain management, the rational use of medicines and hospital management. In addition, WHO's report on patients' and their families' views of cancer care in Syria was finalized and translated into Arabic.

WHO assessed referral services in Al-Hol camp and health needs in hospitals in Al-Hasakeh, Tabqa and Kasra. The assessment reports set out the actions required to strengthen these services and hospitals.

PHC centres and paediatric clinics near the Turkish border are struggling to cope with high numbers of new IDP patients. Most of the secondary health facilities in this area consist of small hospitals that focus on minor surgery rather than on general inpatient care. Their overall bed capacity of 600 is not enough to meet needs. WHO's hub in Gaziantep is assessing hospital structures in the area and will develop recommendations on scaling up and adapting health services to match the needs of IDPs.

¹³ 693 956 treatment courses, 135 medical devices and supplies to support 50 434 haemodialysis sessions.

WHO's hub in Gaziantep supported several maternity and paediatric hospitals in north-west Syria. Thanks to this support, Harem hospital near the border with Turkey provided 22 677 medical consultations. More than 11 200 patients benefited from services provided by Medina Association hospital in Aleppo. The WHO-supported Jisr Alshoghour hospital in Idlib carried out 868 antenatal care and family planning consultations and managed 884 deliveries, of which 159 (18%) were by caesarean section. Its paediatric department treated 6826 children, of whom 368 were admitted for inpatient care. Ambulance services served 5251 beneficiaries.

Left untreated, kidney disease results in serious complications and even death. There are currently 598 haemodialysis patients in the last stages of renal disease in north-west Syria. WHO's hub in Gaziantep leads the task force on haemodialysis. In the first half of 2019, it conducted a survey to assess the prevalence of bloodborne viruses among patients and medical staff in haemodialysis centres in north-west Syria. The results showed that just over half of patients and five medical staff were infected with hepatitis C, and 5.3% of patients and eight medical staff were infected with hepatitis B. In response to these findings, WHO supported the vaccination of all HBV-negative haemodialysis patients, their families and the medical staff in these facilities. WHO shared infection prevention and control guidelines with implementing partners, and plans to conduct additional workshops on these topics. Lastly, WHO procured enough haemodialysis kits to serve 500 patients for six months.

WHO has initiated a pilot project in infection prevention and control in 30 health care facilities in north-west Syria. Health care professionals in these facilities will receive training on standard protocols, followed by on-the-job supervision to improve the quality of care.



Child cancer patients at the WHO-supported Al-Bairouni hospital in rural Damascus.

Credit: WHO

Primary health care

WHO delivered medicines, NCD kits and medical equipment to fill gaps in PHC services in 12 governorates. These supplies were enough to provide almost 590 000 treatment courses. A total of 144 pieces of medical equipment were delivered to health care facilities, mobile clinics, field hospitals and IDP camps. WHO also delivered seven generators to support mobile health care services in IDP camps in north-east Syria provided by means of prefabricated caravans.

Mobile clinics are key to ensuring that highly vulnerable populations receive critical health care. They are highly flexible and able to go rapidly where they are needed most. They are often the only source of health care for many people. WHO has deployed mobile clinics throughout Syria to address the health needs of conflict-affected and displaced populations. It has also supported mobile clinics in areas where lines of control have shifted and services have not yet been fully restored.

WHO supported six workshops in three governorates on PHC and managing patients with NCDs. A total of 131 health care staff were trained. WHO also supported six mobile medical teams in Hama, Homs and south-east Idlib that reached 102 800 people. A school oral health project in Eastern Ghouta covered 55 schools and reached a total of 4122 schoolchildren. The Organization also covered the cost of dental equipment and other basic medical equipment for two recently rehabilitated PHC centres in Aleppo.

WHO's hub in Gaziantep continues to support a network of 38 PHC centres in Afrin, Hama and Idlib. Gaziantep also supports a larger referral network of 114 health care facilities in Idlib that allows patients to be rapidly referred for diagnosis and treatment in other participating health care facilities. Staff in these facilities receive on-the-job training and supervision based on standard operating procedures. Thus far in 2019, six mobile clinics and four ambulances that are part of the network have supported 10 197 patient referrals. A total of 206 health care workers were trained on screening children for malnutrition, pharmacy management, infection prevention and control, and postnatal care. Another 305 staff were trained on referral services.



A dentist and his young patient at a WHO-supported oral health clinic in eastern Ghouta.

Credit: WHO



WHO delivers mobile clinics to the SARC. These clinics are often the only source of health care for many people.

Credit: WHO

In March 2019, WHO conducted a “training of master trainers” course on community health care and patient referrals, using a new curriculum developed in collaboration with its health partners. Those trained will go on to train community health workers throughout north-west Syria. Accompanying information and education materials have been prepared for distribution by community health workers during home visits.

Immunization and polio eradication

National immunization rates for several childhood diseases improved in 2019 compared with the same period in 2018¹⁴. WHO's office in Damascus supported several workshops and review meetings to streamline and strengthen immunization efforts throughout the country. WHO supports the operational costs of vaccination campaigns and works to strengthen field supervisory activities.

WHO's hub in Gaziantep has supported the re-establishment of 98 routine immunization centres in north-west Syria and is covering the operational costs for 40 of these centres. Gaziantep trained 4374 health care workers on topics including routine immunization, polio campaigns, vaccine management and managing health information.

For more information on polio and measles vaccination, see "Main diseases of concern".

Mental health and psychosocial support

WHO continues to support the integration of mental health and psychosocial support (MHPSS) services into primary care centres and communities across the country by training health care providers and community workers and providing direct and remote supportive supervision. Mental health services have been scaled up in IDP camps including Al-Hol in north-east Syria. More than 520 NGO- and MOH-managed PHC centres, secondary health care facilities, community centres and mobile teams provided up to 124 000 MHPSS interventions. Three hospitals in Syria are providing specialized services for patients with severe mental health disorders. WHO supports these facilities with equipment and psychotropic medicines. WHO is also supporting psychiatric wards in general hospitals in Damascus, Hama and Lattakia. WHO delivered over 16 200 treatment courses in the first half of the year and led the development of an MHPSS plan for the health and other humanitarian sectors.

WHO has recently added a new component to its training curriculum on counselling the victims of gender-based violence. Almost 2000 health care and community workers were trained on different aspects of MHPSS through 88 workshops in different governorates. WHO has contracted specialized MHPSS professionals to provide on-the-job training and supervision to new trainees.

¹⁴ Full vaccination rates: oral polio vaccine: 75% compared with 70% in 2018. Diphtheria, typhoid and pertussis: 74% compared with 69% in 2018. Measles, mumps and rubella: 75% compared with 71% in 2018.

Mental health care in the community

WHO is supporting five family well-being community centres in Al-Hasakeh, Deir-ez-Ror, Hama and Lattakia, and plans to establish at least 10 new centres in 2019.

School mental health programme

A school mental health programme is being implemented in 651 schools across Syria. In the first half of 2019, WHO supported training-of-trainers courses for 50 school counsellors from different governorates.

Gaziantep

WHO's hub in Gaziantep leads the MHPSS technical working group. In response to the massive displacement of people from northern Hama and southern Idleb, the group deployed 25 partners to provide emergency psychological first aid and distribute flyers with information on the location of the nearest health care centres providing MHPSS services. WHO's assessment of MHPSS services in the north-west showed that, of the 118 facilities providing these services, 56 were PHC centres, two were specialized mental health facilities with inpatient capacity and the remainder were mobile teams and clinics. WHO-supported facilities provided MHPSS consultations to 4178 patients. WHO trained 120 psychosocial workers in the north-west on WHO's "Problem Management Plus" manual, which contains guidance on individual psychological interventions for adults impaired by distress in communities exposed to adversity. Thirty one PHC doctors and midwives were trained on mhGAP followed by six months of supervision and coaching. Another 308 humanitarian aid workers were trained on self-care, and 302 were trained on psychological first aid. WHO supported 48 health facilities with psychotropic medicines and prepositioned a buffer stock of these medicines in two WHO warehouses in Bab al Hawa and Bab al Salam.

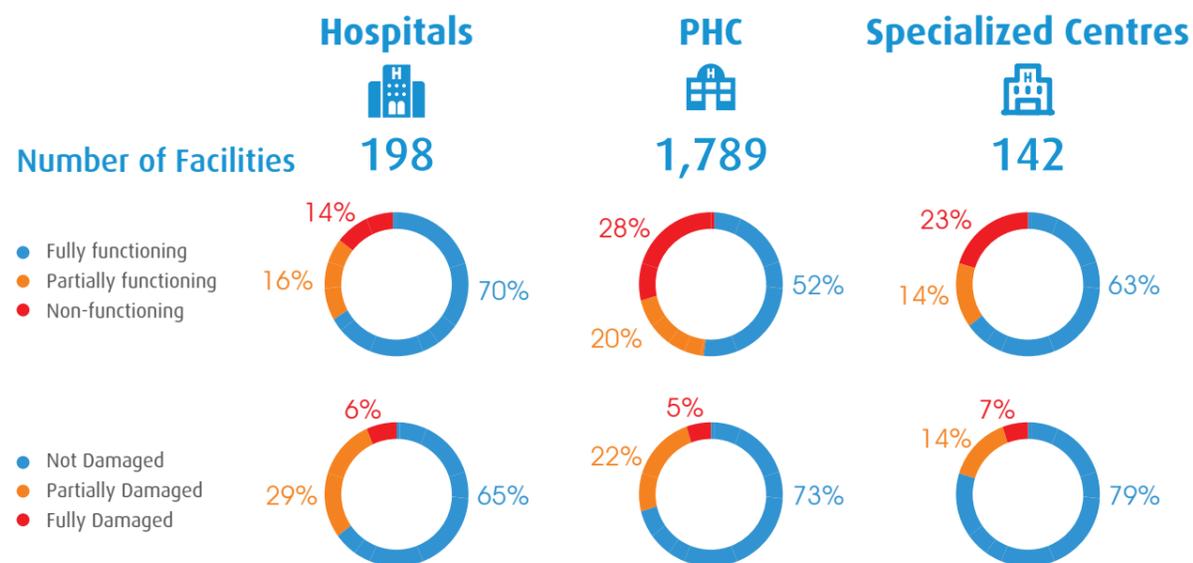


Participants in rural Hama attend a mental health workshop.

Credit: WHO

Health information

WHO continues to produce regular analyses of the health situation and WHO's response. Quarterly reports measure progress against key performance indicators. HeRAMS provides real-time information on the status of services and resources in hospitals and health care centres throughout Syria. The Organization monitors the quality of health care services delivered through site visits and interviews with both health care staff and beneficiaries.



WHO's hub in Gaziantep is advising partners on the implementation of an updated health information system (DHIS2) that tracks morbidity and mortality rates and captures vaccination data in north-west Syria. At the end of June 2019, 98 vaccination centres and 1840 communities were using the DHIS2. WHO held three workshops for the Syria Immunization Group, a consortium of NGOs implementing vaccination activities in north-west Syria, and conducted a training-of-trainers workshop for 36 staff on analysing and using health facility data. Topics covered including calculating key mortality and morbidity indicators, reporting causes of death and reporting on aggregate data for major communicable and noncommunicable diseases.

Health sector coordination

WHO's Whole-of-Syria (WoS) hub in Amman led the development of the health sector strategy and related projects under the Humanitarian Needs Overview and the Humanitarian Response Plan for 2019. Both documents were endorsed by the MOH. The health sector has appealed for USD 449.1 million to fund 107 projects from 52 health cluster partners. The WoS hub in Amman is also responsible for maintaining information on the activities of all health sector partners, analysing health data and tracking progress towards the health objectives set out in annual response plans.

In the first half of 2019, WHO held two internal coordination meetings that brought together health cluster coordinators and information managers from each hub to review operations and agree on a unified approach to key issues of concern to the health cluster.

Within the Damascus hub, three quarters of health sector partners are working in areas graded 4 and above on the severity scale. WHO continues to convene regular meetings of the health working group and sub-national health sector meetings in Aleppo, Homs, Qamishli, Latakia and Al-Hol camp. In the first half of 2019, WHO produced regular health cluster bulletins and oversaw the development of contingency plans for north-west, north-east and south-west Syria. The health sector cooperated closely with the Protection, Water, Sanitation and Hygiene (WASH) and Nutrition sectors, especially for the response in Al-Hol camp.

In Gaziantep, WHO leads 114 health cluster partners. The health cluster worked closely with Turkish health authorities and NGOs in both Syria and Turkey to coordinate operations and identify ways to streamline stabilization and development activities into the humanitarian health response. It has established working groups on trauma and disabilities, mental health and psychosocial health, sexual and reproductive health, and primary and secondary health care.



Nutrition

In the first half of 2019, staff in more than 800 health care centres screened over 450 000 children for malnutrition and referred them to nutritional stabilization centres when needed. The number of stabilization centres grew from 23 at the end of 2018 to 26 at the end of June 2019. Two of the new centres are located in Afrin and are treating malnourished child IDPs from Aleppo.

WHO is focusing on preventive measures to improve childhood nutrition. Approximately 550 health care centres are implementing the Infant and Young Child Feeding programme and 38 hospitals are implementing the Baby-Friendly Hospital Initiative (BFHI). In the first half of 2019, more than 30 000 children benefited from the BFHI.

WHO's Caring for the Newborn at Home programme has been introduced in more than 50 villages. Community workers in these villages made more than 6000 visits to new mothers. Services for the integrated management of childhood illnesses have been established in 120 health care centres as well as in Al-Hol camp. Thus far, more than 15 000 children have benefited from these services.



A WHO-supported health care worker screens a child for malnutrition.

Credit: WHO

Water, sanitation and hygiene

WHO collected drinking water samples from 1574 water sources in Aleppo, Al-Hasakeh and Rural Damascus and tested them for chemical and bacterial contamination. The Organization worked with the national authorities and the WASH sector to disinfect polluted water and make it safe to drink. Between January and June 2019, WHO procured 6 million chlorine tablets and distributed them to water authorities in Aleppo and to IDP camps in Al-Hasakeh and Deir-ez-Zor.

Working with partners

WHO has signed contracts with 41 NGOs that are providing essential health care services in some of the worst-affected areas of the country. In north-east Syria, these NGOs are providing health care services in 13 IDP camps, seven fixed medical points and five PHC centres. In the north-west, they are operating 14 mobile medical teams, three PHC centres, two community centres and a fixed medical point for IDPs fleeing Idleb. In south-west Syria, they are running 10 mobile medical teams and two PHC centres. In the first half of 2019, more than 643 300 people benefited from the services provided by these NGOs.

WHO has hired an external organization to carry out third party monitoring of the health care services provided by its NGO partners. Between 1 January and 30 June 2019, it assessed the quality of health care services provided by NGOs in Al-Hol camp and visited 16 NGOs in nine governorates to evaluate their performance.



A child in Aleppo governorate is vaccinated.

Credit: WHO

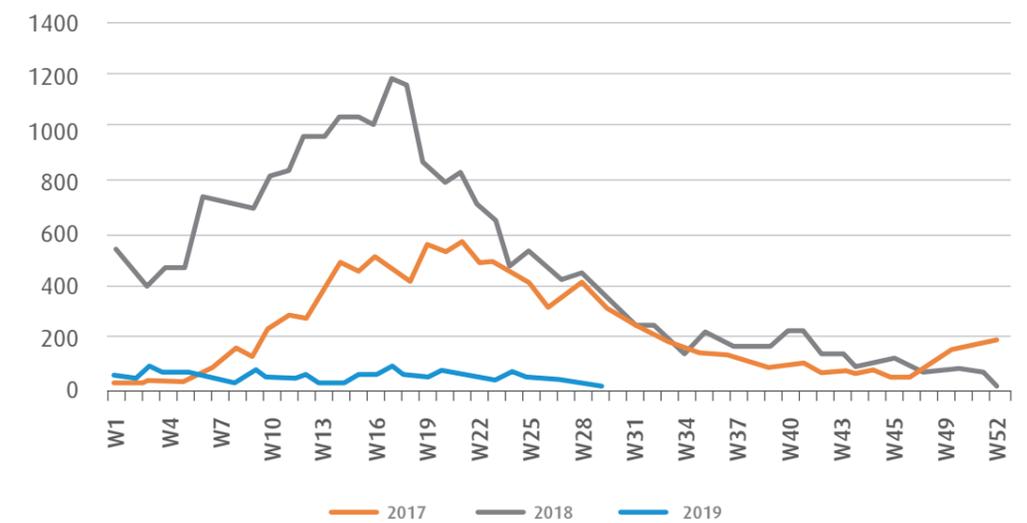
6. MAIN DISEASES OF CONCERN

Measles

During the first six months of 2019, there was a significant decline in the number of cases of measles reported¹⁵, perhaps due in part to the impact of the previous year's vaccination campaigns. The highest number of suspected cases were reported from Aleppo, Ar-Raqqa, Deir-ez-Zor and Idleb governorates, where health care services, particularly for immunization, have been severely disrupted.

During National Immunization Week in April 2019, 225 090 children under five years of age in all governorates were vaccinated against measles and other childhood illnesses. Although the national coverage rate for measles vaccination has risen to 82% (for MMR1) and 73% (for MMR2), these levels are not high enough to ensure herd immunity. WHO will continue with its mass vaccination campaigns until a satisfactory coverage rate is reached.

Trend analysis of suspected measles cases.
WoS, 2017, 2018 & 2019 till Epi week 26



¹⁵ 1377 suspected and 148 laboratory-confirmed compared with 19 450 suspected and 1431 laboratory-confirmed during the same period in 2018.

Polio

Although an outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) in 2017 was successfully controlled by 2018, Syria is still classified as a state that is no longer infected by wild poliovirus type 1 or cVDPV, but that remains vulnerable to re-infection¹⁶. WHO continues to support mass vaccination campaigns to help ensure that no new cases of polio occur. Between January and June 2019, WHO's hub in Gaziantep supported a polio-vaccination campaign that reached over 837 000 children in all accessible areas of north-west Syria. WHO's office in Damascus supported a national campaign that reached 2.6 million children under five years of age and a sub-national polio vaccination campaign that 0.8 million children. Due to heavy fighting, parts of Aleppo governorate could not be reached. Moreover, vaccination efforts in north-east Syria were hampered by the lack of qualified local personnel and coordination difficulties between the national authorities and officials in areas under the control of the Syrian Democratic Forces (SDF). WHO is working to overcome these difficulties by extending the length of vaccination campaigns in some areas and requesting formal access to SDF-controlled areas to vaccinate children.

In addition to its regular, highly sensitive polio surveillance activities, WHO is supporting supplementary surveillance activities and has adopted new strategies for the early detection of poliovirus. For example, WHO and partners are collecting stool samples from healthy IDP and refugee children crossing over from high-risk areas such as borders and lines of political control. Sewage sampling is also an important means for early detection of the virus. WHO provides technical and financial support for the collection and transportation of 15 sewage samples per month from 13 governorates. The samples are tested at the WHO-accredited national polio laboratory (NPL) in Damascus. WHO and the US Centers for Disease Control and Prevention are supporting the NPL by training its staff, upgrading its equipment and conducting proficiency tests to maintain its accreditation. WHO also supports the cost of transporting samples from the NPL to global specialized laboratories for further genomic sequencing.

WHO's hub in Gaziantep collects stool samples from all children suspected of having polio and sends them to the reference laboratory in Ankara, Turkey for analysis. When the laboratory is unable to determine whether the samples contain the polio virus¹⁷, the cases are submitted to WHO's Expert Review Committee. The committee reviews these cases independently to determine whether the children from whom the samples were collected can be clinically classified as being infected with the polio virus.

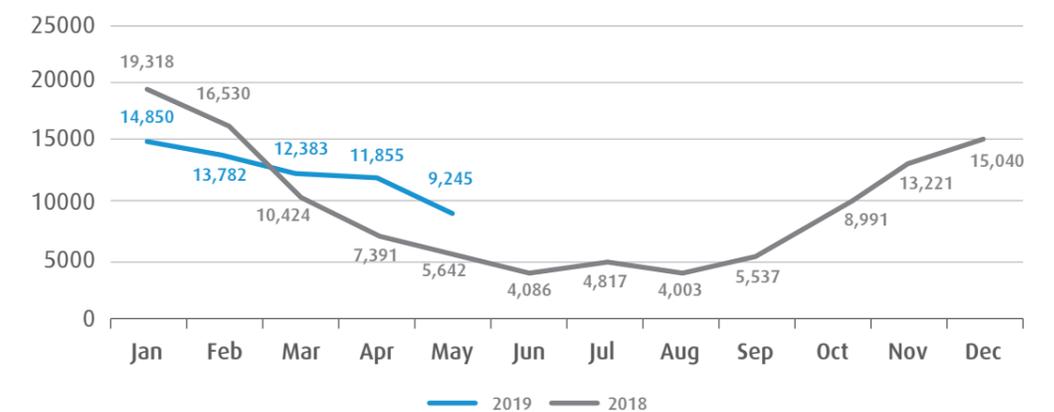
¹⁶ See the recommendations of the Emergency Committee of the International Health Regulations. <http://polioeradication.org/where-we-work/syrian-arab-republic/>.

¹⁷ For example, when samples were taken too late or not enough material was collected.

Cutaneous leishmaniasis

High rates of cutaneous leishmaniasis continued (64 442 cases in the first five months of 2019 compared with 58 199 for the same period in 2018). Three quarters of all cases were from the six northern governorates¹⁸. This can be attributed to massive population movements and the lack of adequate accommodation and sanitation in IDP camps¹⁹. An example is Deir-ez-Zor, where in late 2018 the number of cases of leishmaniasis significantly increased following huge population movements within the governorate, in response to military escalation in the areas under the control of the Islamic State of Iraq and the Levant. The graph below compares the rates of leishmaniasis in the six governorates between 2018 and 2019.

Trend analysis of cases of cutaneous leishmaniasis in Aleppo, Al-Hasakeh, Ar-Raqqa, Deir-ez-Zor, Hama and Idleb between 2018 and 2019



Long-lasting insecticide-treated bednets (LLINs) are a cost-effective way to reduce the incidence of leishmaniasis. WHO delivered 67 000 LLINs to Ar-Raqqa and Deir ez-Zor governorates, and drugs to treat leishmaniasis for 40 000 people to the National Leishmaniasis programme and to IDP camps. WHO is supporting vector control activities such as indoor residual spraying in 64 villages in Aleppo governorate where the prevalence of leishmaniasis is over 5%. Spraying is usually conducted once a year during the sandfly breeding season (from June to October).

¹⁸ Aleppo, Al-Hasakeh, Ar-Raqqa, Deir-ez-Zor, Hama and Idleb.

¹⁹ Many people in IDP camps are forced to sleep on the ground, where they come into contact with the sandfly whose bite transmits the disease.

The WHO-supported leishmaniasis clinic in Al-Hol camp.



Credit: WHO

In north-west Syria, WHO's hub in Gaziantep is providing technical support for leishmaniasis control to health partners, training medical practitioners and EWAR¹⁸ network officers, and delivering leishmaniasis supplies to areas of high endemicity. WHO's leishmaniasis control plan provides the basis for these activities. Gaziantep conducted a "training-of-trainers" workshop on the case management of leishmaniasis for 33 participants. Those who were trained have gone to teach another 404 medical practitioners in Aleppo, Hama, Idleb and Lattakia. Other training courses included a workshop in Gaziantep on leishmaniasis surveillance and response that was attended by 27 people, and similar courses in Aleppo, Hama, Idleb and Lattakia during which 561 health care staff and EWAR officers were trained via 22 one-day workshops.

WHO's office in Gaziantep procured 117 250 vials of meglumine antimoniate and 250 vials of liposomal amphotericin B to treat patients with cutaneous and visceral leishmaniasis, respectively. Gaziantep also procured four thermotherapy machines, 100 000 LLINs and enough insecticides and indoor residual spraying materials to treat 250 000 households. Lastly, it delivered 125 rapid diagnostic kits for visceral leishmaniasis.

Tuberculosis

The national tuberculosis control programme reported a slight decrease in the number of notified TB cases during the first half of 2019 (1326 compared with 1371 for the same period in 2018).

WHO's office in Damascus continued its TB screening efforts. In Al-Hol camp, 5100 households were screened for TB and 30 people confirmed as having the disease were enrolled for treatment. WHO delivered TB prophylactic medicines for more than 1700 children as well as test kits and consumables to TB laboratories in 11 governorates.

WHO's hub in Gaziantep is supporting three TB centres in the cities of Afrin, Idleb and Azaz. These locations were selected to help ensure that most TB patients in north-west Syria would be within relatively easy distance of a TB centre. Gaziantep also assessed the capacity of health professionals to diagnose and treat patients with TB. Building on the results of the assessment, it developed training curricula based on WHO standards to build capacity in this area.

¹⁸ Early Warning and Response Network, managed by Gaziantep

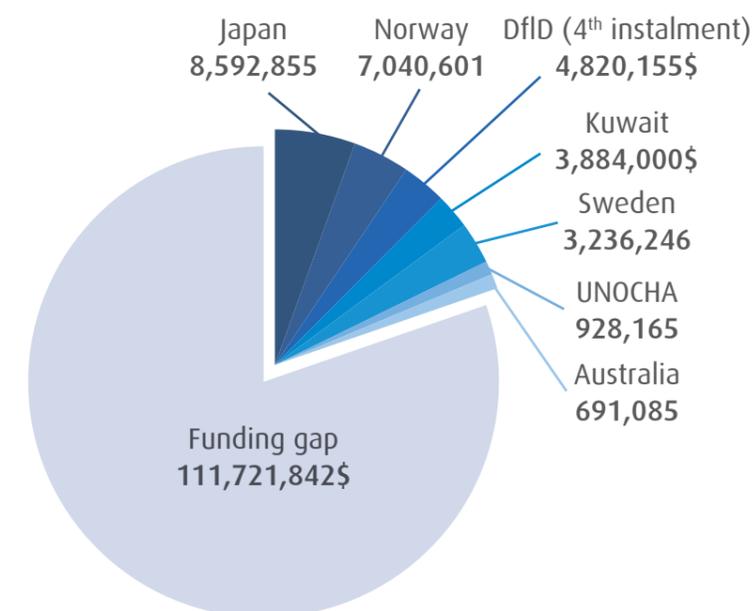
7. WHOLE-OF-SYRIA INTERNAL COORDINATION

Under the WoS approach, WHO's offices in Damascus and Gaziantep work closely with each other and with staff in WHO's regional and headquarters offices in Cairo, Copenhagen and Geneva. WHO continuously reviews its operations to ensure that its humanitarian work in Syria remains flexible, complementary and coordinated. It convenes regular meetings that bring together all WoS offices and senior staff from the three levels of the Organization to clarify WHO's strategy, refine its operational planning and prepare contingency plans based on potential scenarios and emerging and anticipated needs.

8. FUNDS RECEIVED AS OF END JUNE 2019

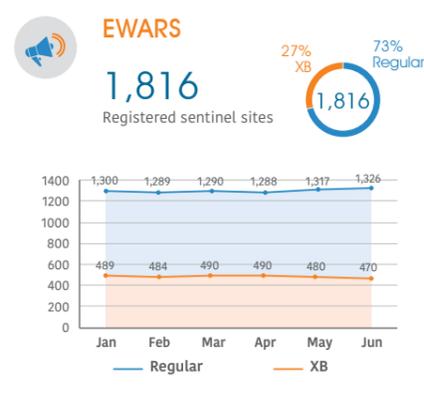
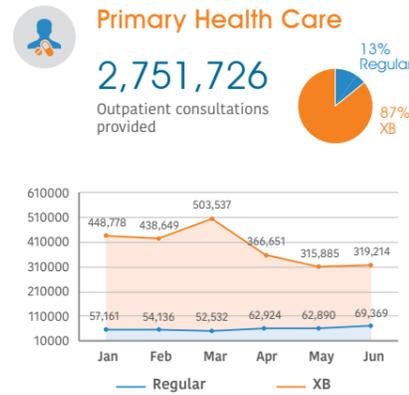
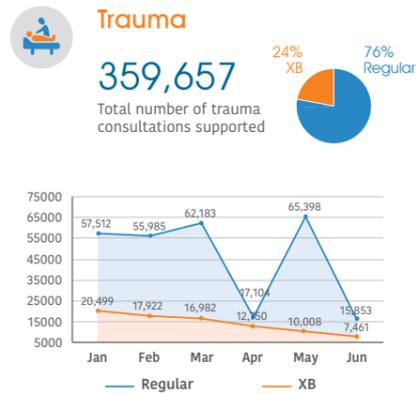
As of the end of June 2019, WHO had received just over 20% of the funds required under the health sector component of the Humanitarian Response Plan for 2019.

Funding pledged and received Humanitarian Response Plan 2019

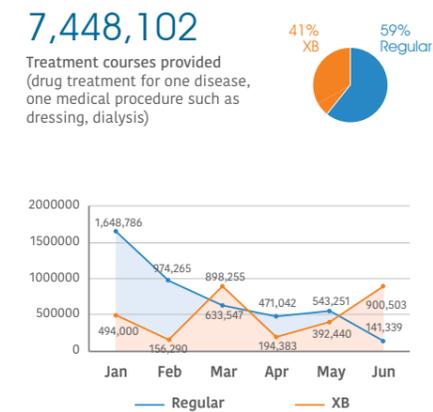
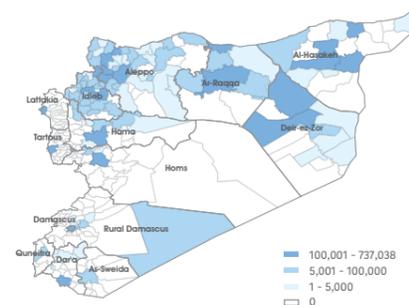


APPENDIX SUMMARY OF RESULTS, JANUARY-JUNE 2019

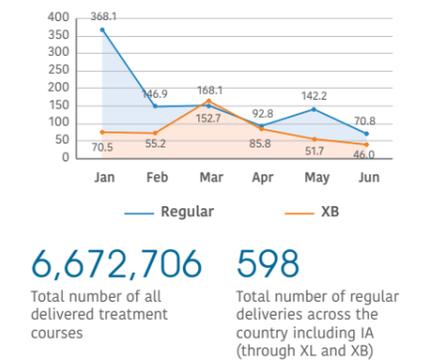
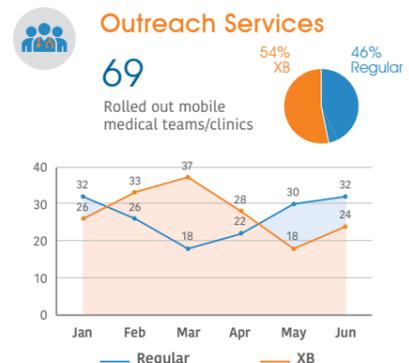
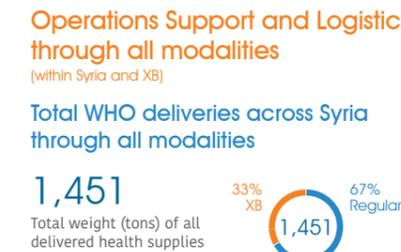
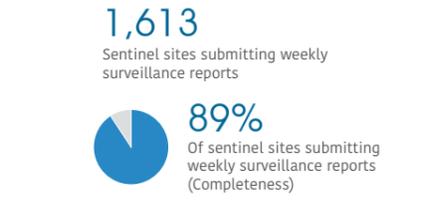
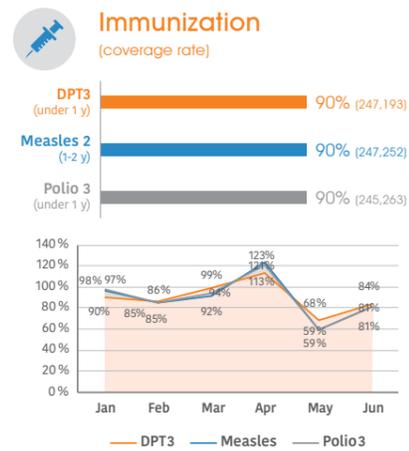
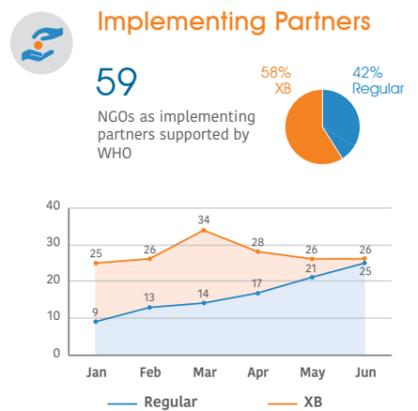
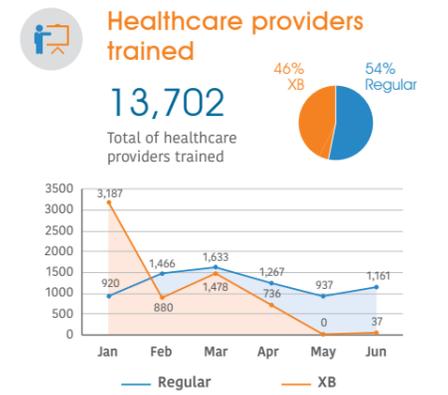
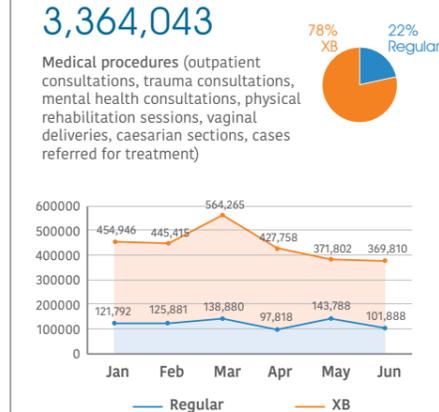
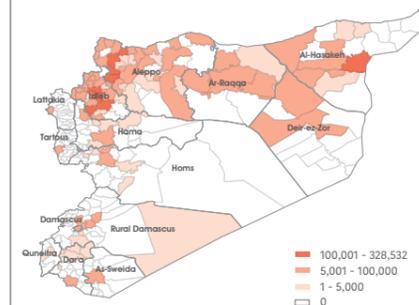
WHO SUMMARY OF KEY INDICATORS - Whole of Syria First Half 2019



Number of treatment courses provided at sub-district level



Number of medical procedures supported at sub-district level



* Data from Damascus hub is for NGOs and Public health facilities

** HeRAMS data is based on Q2 2019

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: WHO programs, 4Ws, HeRAMS
Map production: Health Information Management Unit, Country office, Syrian Arab Republic

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