

World Health Organization

Syrian Arab Republic

Annual Report 2014



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13.8 million

treatments were delivered to people in need across Syria

32%

of WHO's shipments were to opposition-controlled areas

2.9 million

children were immunized against polio

1.1 million

children were immunized against measles

17,000

health care providers were trained across the country

650

epidemiological sites are reporting to the disease surveillance system. One third of these sites are in opposition-controlled areas

100%

of public hospitals were assessed for functionality and accessibility

92%

of primary health care centres were assessed for functionality and accessibility

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ABBREVIATION

AFP	Acute Flaccid Paralysis
CBO	Community Based Organization
EML	Essential Medicines List
EMST	Emergency Support Team
EWARS	Early Warning, Alert and Response System
GAM	Global Acute Malnutrition
GOPA	Greek Orthodox Patriarchate of Antioch and All the East
HeRAMs	Health Resources Availability Mapping System
HIS	Health Information System
HMIS	Health Management Information System
HR	Human Resources
ICRC	International Committee of the Red Cross
ICT	Information and Communication Technology
IDP	Internally Displaced Person
IEHK	Inter-agency Emergency Health Kit
INGO	International Nongovernmental Organization
MH	Mental Health
mhGAP	Mental Health Gap Action Programme
mHPSS	Mental Health and Psychosocial Support
MoH	Ministry of Health
MoHE	Ministry of Higher Education
MoSA	Ministry of Social Affairs
MOWR	Ministry of Water Resources
NCDs	Noncommunicable Diseases
NGO	Nongovernmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PFA	Psychological First Aid
PHC	Primary Health Care
PSS	Psychosocial Support
SAM	Severe Acute Malnutrition
SARC	Syrian Arab Red Crescent
SHARP	Syria Humanitarian Assistance and Response Plan
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	Water, Sanitation and Hygiene
WCO	WHO Country Office
WHO	World Health Organization
WPARS	Water Pollution Alert and Response System



FOREWORD

The security situation in the Syrian Arab Republic remains critical. In 2014, the ongoing crisis affected the health and well-being of millions of Syrians. Tens of thousands of people, especially in Idleb, Dier ez-Zor, Al Hassakeh, Aleppo, Homs, Rural Damascus, Lattakia and Tartous, have been internally displaced, and more than 76 000 people, including over 3500 children, have been killed. This year was the deadliest since the crisis began in 2011¹.

The UN Secretary-General's recent report on the implementation of Security Council resolutions 2139 and 2165 asserted that as many as 4.8 million people live in areas that are difficult for humanitarian actors to reach². Intense fighting and shifting areas of conflict mean that access to humanitarian services remains limited. Reaching people in need of medical care, delivering vital medical supplies, and providing essential health care services, especially in hard-to-reach areas, have proved immensely challenging. Lengthy government clearances have caused further delays. The entire health care system in Syria – facilities, water and sanitation networks, waste management systems and electricity supplies – has been severely disrupted. As of December 2014, over half of the country's 113 public hospitals could provide only limited services, and more than 20 had ceased to function altogether. Overcrowded living conditions and poor sanitation and nutrition

have led to outbreaks of many communicable diseases, especially among internally displaced persons (IDPs) and refugees. Polio reappeared in 2013, and the virus continued to circulate until January 2014, when the last case was reported. Measles and pertussis outbreaks were also reported, although measles was contained through the concerted efforts of the Ministry of Health (MOH) and with technical assistance from WHO. Cases of pertussis were still occurring as of December 2014. Trauma and noncommunicable diseases (NCDs) remained the major causes of morbidity and mortality in 2014, largely due to the declining numbers of health professionals and the dire state of many hospitals. It has been estimated that currently more Syrians die as a result of inadequate health care than as a direct consequence of the ongoing conflict. National water supply and sanitation infrastructures have suffered major damage. Around half the country's water supplies and more than 90% of its waste water systems have been

Photo credit: WHO/Omar Sanadiki

disrupted, especially in Aleppo and Damascus. This has increased the risk of waterborne diseases such as diarrhoea, hepatitis A and typhoid. Despite these challenges, WHO has continued to meet its core commitments in emergency response. In 2014, with the support of its humanitarian donors, notably Canada, the European Commission's Directorate-General for Humanitarian Aid and Civil Protection, Finland, Kuwait, Norway, Russia, the United Kingdom and the United States of America, WHO delivered enough medicines and supplies to treat over 13.8 million people. Almost one third of these supplies were delivered to opposition-controlled areas. WHO expanded the number of sites reporting to its sentinel disease surveillance system (EWARS) by 25% (from 441 in 2013 to 650 in 2014). In collaboration with national nongovernmental organizations (NGOs) working throughout the country, WHO provided basic health and nutritional care to over three million people, provided

technical support for ten polio vaccination campaigns, and trained more than 17 000 health care workers. This report highlights the activities conducted and milestones achieved by WHO in 2014. It demonstrates the Organization's ongoing commitment to provide humanitarian assistance to those in need, in accordance with the precepts of its Emergency Response Framework (ERF). I extend my heartfelt thanks to all WHO staff, consultants and partners whose commitment, partnership and trust have helped WHO consolidate and build on progress made in 2013 and continue its humanitarian response efforts in 2014 ■

Elizabeth Hoff
WHO Country Representative
Syrian Arab Republic

1 "Syrian Deaths Hit New High in 2014". New York Times, January 1, 2015
2 ECHO fact sheet – Syria Crisis, January 2015



EXECUTIVE SUMMARY

The overall health and humanitarian situation in Syria has severely deteriorated as the prolonged conflict continues to affect every aspect of life across the country. The entire population has been affected politically, economically and socially, and the widespread damage to the national health system, water supply and sanitation infrastructures has compounded the suffering and despair. The magnitude of humanitarian needs is overwhelming, and is particularly acute in Aleppo, Dier ez-Zor and Idleb. The UN estimated that the total number of people in need of humanitarian assistance in Syria has reached 12.2 million. Syria now has more IDPs –around 7.6 million, than any other country. The Internal Displacement Monitoring Centre³ estimates that 9500 Syrians are displaced each day. The number of Syrian refugees in the

neighbouring countries of Egypt, Iraq, Jordan, Lebanon and Turkey has reached a staggering 3.8 million⁴. Over 200 000 people have been killed since the crisis started. Many of the 750 000 people who have been injured have not received rehabilitative care for traumatic injuries due to the lack of health care services, and will suffer lifelong disabilities as a result.

“While the numbers of sick and wounded have increased during the war, a great many doctors have left the country due to the security situation”⁵. Public hospitals in Damascus have become overstretched as people from governorates such as al Hassakeh, Dier ez-Zor, Ar Raqqa, Aleppo, Idleb, and Hama flood into the capital city in search of health care. “The capital has become the last place to seek treatment. It is handling the patient load of at least 10 provinces”⁶, laments a doctor in Damascus ■

Photo credit: WHO/B.Khabieh

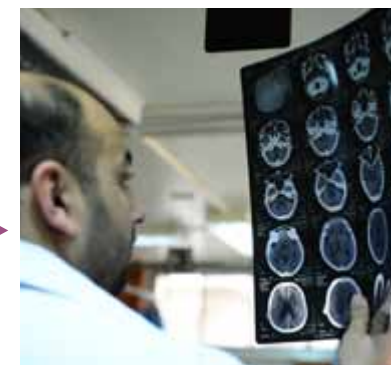
³ www.internal-displacement.org/middle-east-and-north-africa/syria/5 www.internal-displacement.org/middle-east-and-north-africa/syria/

⁴ ECHO Fact Sheet, Syria Crisis, January 2015

⁵ Al-akhbar newspaper. <http://english.al-akhbar.com/content/damascus-sole-resort-medical-services-syria>

⁶ Ibid.

Syria's health system continues to be hampered by population movements, the limited access of patients and health workers to health care facilities, and the shortages of essential medicines and medical services, all due to the ongoing conflict.



WHO'S MAIN ACHIEVEMENTS IN 2014

- The number of people who received treatments rose from 6.1 million in 2013 to over 13.8 million in 2014.
- Almost one third of WHO's supplies and equipment were delivered to hard-to-reach and opposition-controlled areas including Aleppo, Al Hassakeh, Ar Raqqa, Dara'a, Dier ez-Zor, Idleb, and Rural Damascus.
- 2.9 million children under 5, including almost half a million in hard-to-reach and opposition-controlled areas, were vaccinated against polio in November 2014.
- Herd immunity against measles improved as a result of the vaccination of 1.1 million children between six months and 15 years old in a nationwide campaign in June 2014.
- 900 000 patients in secondary and tertiary hospitals in Aleppo, Douma, Rural Damascus and Qamishli were treated with medicines and supplies donated by WHO.
- The number of Early Warning Alert and Response System (EWARS) sentinel sites rose from 441 in 2013 to 650 in 2014, with 1/3 in oppositio-controlled areas.
- As a result of WHO's strategic partnership with 56 NGOs, 3 million people in need received health care through its NGO partners.
- People in remote, hard-to-reach and conflict-affected areas received essential health care through three mobile clinics donated by WHO and managed by its NGO partners.
- WHO mapped the status of functionality of all 113 public hospitals and 92% of the country's 1750 public health centres.
- Over 17 000 health care staff across the country were trained on trauma care, first aid, EWARS, primary health care and other priority public health topics.
- WHO established a presence across the country through the opening of new sub-offices and the recruitment of 27 focal points, including in hard-to-reach, opposition-controlled areas and besieged locations.

Photo credit: WHO/Omar Sanadiki



SITUATION IN 2014

Prior to the current crisis, the Syrian Arab Republic was in epidemiological transition from communicable diseases to NCDs⁷. Statistics as of July 2012 showed that 77% of deaths were caused by NCDs. The conflict and the resulting population movement, destruction of health care facilities, decreased immunization coverage and shortages of medicines and health staff have completely changed the country's health profile. Trauma is now a major burden, with more than 750 000 people injured since the beginning of the conflict. There has been an increase in vaccine-preventable diseases such as measles and polio. As the conflict continues unabated, so does its devastating impact. By the end of 2014, about 12.2 million people were in urgent need of humanitarian assistance, 7.6 million

had been internally displaced, and more than 3.8 million had fled the country⁸. The decrease in routine vaccination coverage, especially in hard-to-reach areas, led to outbreaks of polio, measles and pertussis. Polio vaccination coverage, which reached 75% in 2011, plummeted to 52% in 2013 (WHO-UNICEF estimate), while measles vaccination coverage dropped from 80% in 2011 to 61% in 2013. Polio, which had been declared eradicated in Syria, resurfaced in 2013, and the virus continued to circulate until January 2014. A total of 4309 suspected measles cases were reported from 650 sentinel sites across the country, with almost half reported from the embattled governorate of Dier ez-Zor. Pertussis outbreaks were also reported in Ar Raqqa and Dier ez-Zor governorates. Cases of cutaneous leishmaniasis

200,000
people have been killed

1,000,000
people have been injured

12,200,000
people within Syria are in need of humanitarian aid

7,600,000
people have been internally displaced

3,800,000
people have sought refuge in neighbouring countries

Photo credit: WHO/Carole Al-Farah

dropped from 71 000 in 2013 to 46 000 in 2014: in spite of this significant reduction, the numbers remain high. An outbreak of H1N1 was reported in February 2014 in Hamah and Damascus governorates but was contained. There are about 430 000 diabetic patients (types 1 & 2) in Syria who require continuous follow up. Moreover, 650 000 haemodialysis sessions are required yearly for patients with renal failure. Many injured people who did not receive timely medical care will suffer lifelong disabilities. Anecdotal information suggests that there

is a high prevalence of disabilities among injured patients in Aleppo, Idleb, Homs and Rural Damascus. Specialized mental health care is available in only two public hospitals and one referral centre, and very few primary health care (PHC) centres offered basic mental health services at the beginning of 2014. MOH statistics indicate that there has been an increase in the number of people seeking treatment for depression, anxiety and stress. WHO faced myriad obstacles in 2014 as it attempted to address the above challenges and mitigate the impact of this prolonged conflict ■

The violent conflict has not only had an immediate impact on millions of Syrians, it has also destroyed the prospect of economic and social development for the medium and longer term. It is expected that 90% of Syrians will become poor and 60% will not be able to secure their own food requirements if the conflict continues in 2015.



Photo credit: WHO Syria

7 Syria Family Health Survey 2009 | GHDx. ghdx.healthdata.org/record/syria-family-health-survey-2009. Institute for Health Metrics and Evaluation 2301 Fifth Ave., Suite 600, Seattle, WA 98121, USA
8 Avicenna Journal of Medicine, 2012, Jul-Sep: (51-53)



45%

of healthcare providers have
left the country

WHO CORE FUNCTIONS IN EMERGENCIES



Many wounded civilians were unable to reach a hospital on time due to substantial damage to the country's ambulances. Those who did manage to reach hospitals could not be treated in time due to the severe shortages of trauma care specialists and surgeons.

WHO's Emergency Response Framework (ERF) sets out the Organization's four critical emergency response functions: leadership, information, technical expertise, and core services. In all countries faced with emergencies, WHO helps Member States and local health authorities lead a coordinated and effective health sector response, together with the national and international community, in order to save lives, minimize adverse health effects and preserve dignity, with specific attention to vulnerable and marginalized populations⁹.

Photo credit: WHO/Omar Sanadiki

⁹ WHO Emergency Response Framework (ERF) 2013. Geneva

3.1. LEADERSHIP

As the lead agency of the Global Health Cluster and the guardian of the International Health Regulations (IHR 2005)¹⁰, WHO led and coordinated the health sector response in support of the national and local health authorities in Syria in 2014. The Organization:

- Convened regular meetings with 13 health sector partners (UN agencies, INGOs and NGOs) to develop strategic plans, coordinate, and adapt health interventions to meet evolving needs.
- Mapped partners’ activities and maintained an overview of who was doing what, where, and when. This avoided the duplication of efforts and made the most of limited resources.
- Provided regular information on disease outbreaks, health publications, and the outcomes of inter-sectoral meetings. This information was used to adapt and streamline health operations.
- Established a joint health/WASH task force to respond to emerging issues such as the disruption of water supplies to Aleppo and

WHO has strongly advocated for unfettered access to health care facilities for health workers and patients, and the need to refrain from attacks on these facilities.

Damascus.

- Established and coordinated sub-groups for specific health services such as leishmaniasis, mental health, dialysis treatment and physical rehabilitation.
- Coordinated planning for the Whole of Syria approach (comprising both activities within Syria and cross-border interventions).

3.2. TECHNICAL EXPERTISE

WHO provided technical expertise to the Syrian health authorities in the following areas:

I. Trauma

Many wounded civilians were unable to reach a hospital in time due to substantial damage to the country’s ambulances. Many of those who did manage to reach hospitals could not be treated in time due to severe shortages of trauma care specialists and surgeons.

- In collaboration with health authorities, NGOs and the Syrian Arab Red Crescent (SARC), and based on the Essential Medicines List for 2014, WHO donated enough life-saving medicines and medical supplies to treat 3.5 million people. Over 440 000 people received medical care thanks to the trauma kits donated by WHO.
- WHO plans to improve the availability of prosthetic devices for Syrians injured in the conflict through improving rehabilitative care in all governorates, assessing needs, training health care professionals, and donating

the raw materials needed to manufacture prosthetic limbs. WHO also plans to rehabilitate the National Centre for Rehabilitation and Physical Therapy in Damascus.

- WHO donated enough blood safety kits to the national blood bank to treat around 180 000 patients, and distributed the same kits to opposition-controlled areas that were no longer supported by the national blood bank. Other interventions include the donation of blood safety kits to screen 500 000 blood bags, as well as blood bags to fill the gaps in areas including Ar Raqqa, Dier ez-Zor, Idleb, Dara’a and Rural Damascus.

II. Primary Health Care (PHC)

WHO assessed the status of PHC services across Syria between June and July 2014. The assessment found that over half of the functioning PHC centres had heavy caseloads due to the influx of IDPs from other parts of the country. More than 40% of the centres experienced regular electricity cuts, and only 12.3% had a working generator. Based on the survey results, WHO donated generators, medicines and equipment, and trained health care staff on the case management of NCDs. The distribution of medicines was based on WHO’s assessment of the areas of greatest need.

Routine Immunization: Following outbreaks of measles, pertussis and polio, WHO

10 WHO International Health Regulations 2005 (2nd Edition), Geneva, Switzerland



More than 40% of the public primary health care centres experienced regular electricity cuts, and only 12.3% had a working generator.

Number Of Medical Doctor For Functioning Hospitals And Public Health Centers Per 10,000 People

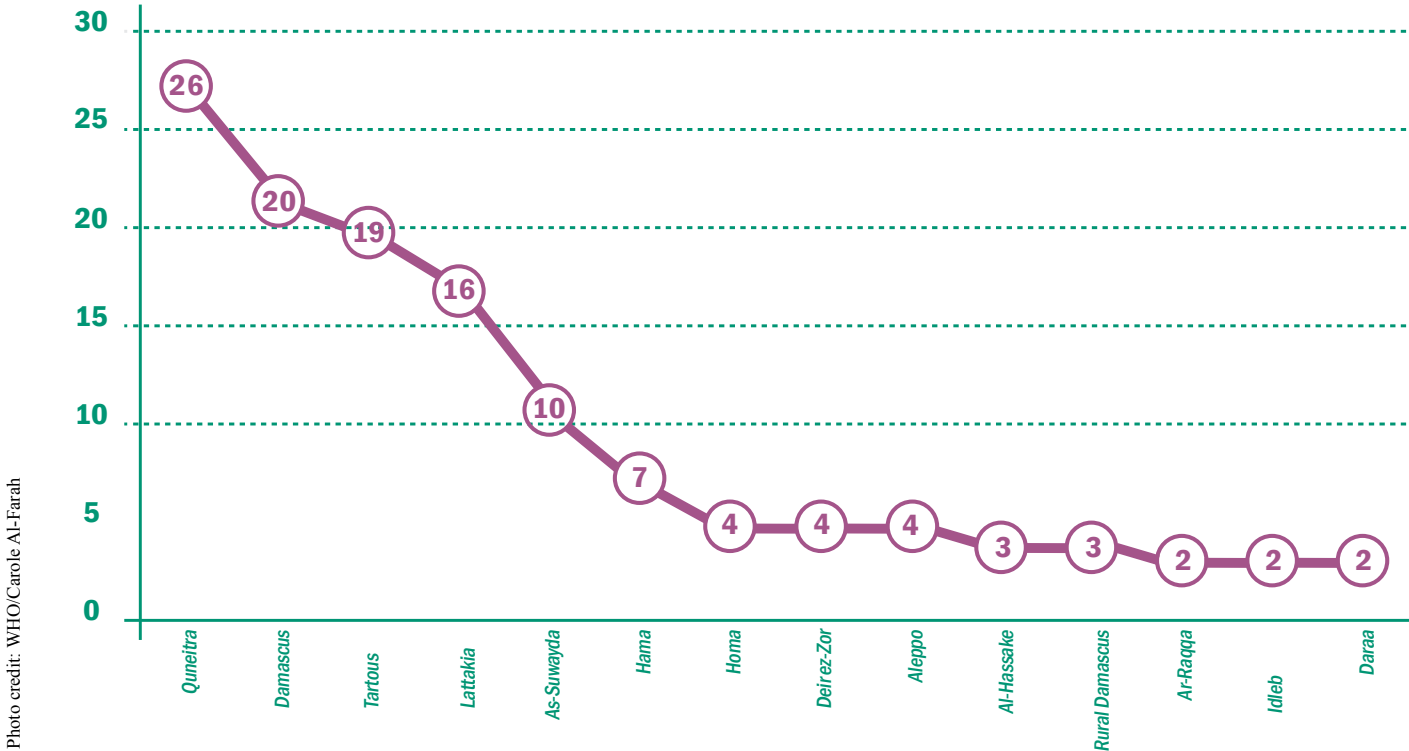


Photo credit: WHO/Carole Al-Farah

Islam Hameed was one of the first confirmed polio cases identified in Syria. She lives with her parents, five sisters and three brothers in the village of Tayaneh in Dier ez-Zor province. She was brought to the hospital after she lost the ability to move. “We went to a clinic ... we thought she had a cold”, said her mother Eida.

The following morning, Islam was unable to move her right leg. “The doctor told us to go immediately to the capital,” Islam’s mother recalled. “A man from the clinic told me that similar cases were seen in our village...maybe due to the ongoing oil refining operations.”

“Islam’s condition deteriorated dramatically,” said Dr Fadel Husrom, the resident doctor at the children’s hospital, who has followed Islam’s case since she was admitted. On arrival at the hospital she was unable to move her legs. Within 48 hours she also lost the ability to move her hands and was experiencing talking and swallowing difficulties.

“My eldest son called to tell me about a vaccination campaign that has just been launched in our province. I told him to vaccinate all the children”, Islam’s mother said. “Today, I realized the importance of vaccination.”



Photo credit: WHO Syria

prepared a national plan for improving routine immunization services, trained around 1000 vaccinators, provided incentives for field workers, and transported specimen samples to laboratories for diagnostic testing.

Polio

WHO and UNICEF, in collaboration with national health authorities, prepared and implemented an outbreak response plan. WHO provided technical guidance for the implementation of ten polio campaigns that reached 2.9 million children under the age of five. It helped with planning efforts, trained and supervised vaccination teams, and assisted with data collection and analysis. The last case of polio was reported at the end of January 2014.

III. Secondary and Tertiary Care

The adverse impact of the Syrian crisis continues to be compounded by the disrupted health system, which lacks skilled health professionals and faces acute shortages of life-saving medicines and supplies. There are about 430 000 diabetic patients of type 1 & 2 who will require continuous follow up in 2015. Moreover 650 000 haemodialysis sessions are required yearly for over 80 000 patients with renal failure. In 2014, WHO:

- Developed the 2014 Essential Medicines List which enhanced the availability of standard medicines in Syria.
- Procured and distributed

critically-needed medicines, including anaesthetics, treatments for cardiovascular diseases, blood products, antibiotics, immunosuppressants, analgesics and insulin treatments.

- Distributed 558 000 litres of intravenous fluids to different governorates. A total of 93 000 patients benefited from these supplies.
- Procured equipment for operating theatres, intensive care units and laboratories, and donated them to hospitals in Damascus, Homs, Aleppo, Lattakia, Tartous, Hama, Rural Damascus and Al Hassakeh.
- Distributed 30 000 doses of medicines for kidney transplant patients and donated 2190 factor VIII vials for haemophilia patients in public hospitals in Damascus and Lattakia. More than 34 550 dialysis supplies (of which 13 700 were provided by NGOs) and 39 dialysis machines were distributed to health care facilities and local NGOs in Rural Damascus (Qalamoun), Ar Raqqa, Homs, Hama, Quneitra, As-Suwayda, Dier ez-Zor, Aleppo and Idleb.

IV. Mental Health

WHO estimates that approximately 600 000 Syrians are suffering from severe mental disorders, another 4 million are suffering from mild to moderate mental disorders, and between 4.4 and 8.8 million (20-40% of the population) are experiencing mild psychological distress¹¹. However, only two public hospitals and one referral

2.9
million children under the age of five were vaccinated against polio across Syria

119 PHC in 13 governorates have reactivated nutrition surveillance for children under five

centre in Syria provide specialized mental health services, and very few PHC centres were providing basic mental health services at the beginning of 2014. It is critical to train general physicians working in PHC centres and other non-specialized health care settings on the management of five priority conditions – stress, depression, psychosis, suicide and other significant emotional or medically unexplained complaints - in order to make up for the acute shortage of mental health professionals.

- WHO adapted the WHO Mental Health Gap – Intervention Guide (mhGAP-IG) to the Syrian context. The mhGAP-IG is an integrated guide for the management of priority mental health conditions such as depression, psychosis, bipolar disorders, epilepsy, and developmental and behavioural disorders.
- Due to WHO's efforts, mental health care is now being offered in PHC centres and secondary health care facilities in some of the most affected governorates in Syria (Damascus, Rural Damascus, Homs, Suwayda, Aleppo, Al Hassakeh, Hama, Tartous and Lattakia).
- About 37 000 patients with mental health disorders in Tartous, Lattakia, Damascus, Dara'a, Rural Damascus, Homs, Hama, Idleb, Quneitra, Suwayda, Aleppo and Ar Raqqa benefitted from psychotropic medicines provided by WHO.

V. Nutrition

The Syrian Family Health Survey of 2009¹² found that 23% of

children under-five were stunted, 9.3% were wasted, and 10.3% were underweight. Fewer than 50% of infants were exclusively breastfed. In July/August 2014, a rapid nutrition assessment showed a global acute malnutrition (GAM) rate of 7.2% and severe acute malnutrition rate (SAM) of 2.3%¹³.

- WHO worked with health authorities and nutrition partners to enhance the national nutrition surveillance system so as to improve the early detection, management and referral of malnourished children across the country. Between April and July 2014, WHO pilot-tested an improved surveillance system in twelve nutrition centres in areas affected by the conflict (Dara'a, Homs, Aleppo, Rural Damascus, Idleb, Quneitra and Dier ez-Zor) or with high population densities (Damascus, Tartous, Lattakia, Hama and Suwayda). Based on the results of the pilot phase, WHO expanded the system to additional health centres, including in hard-to-reach areas in Aleppo, Idleb, Dier-ez-Zor and Dara'a. WHO trained 1035 health workers, enhanced reporting, and strengthened operational capacity. Moreover, through the concerted efforts of WHO field staff, nutrition surveillance was resumed in the heavily conflict-affected governorate of Ar Raqqa. To date, 119 primary health care centres in 13 of the country's 14 governorates have reactivated nutrition surveillance for children under five years of age.
- WHO supported the establishment of stabilization



In August 2014, a rapid nutrition assessment showed a global acute malnutrition (GAM) rate of 7.2% and a severe acute malnutrition rate (SAM) of 2.3%

centres for the management of SAM in hospitals across the country. WHO trained 556 health professionals, donated anthropometric equipment, antibiotics, minerals, vitamins, and therapeutic milk formulas, and provided technical support to health professionals on treatment protocols and reporting. By the end of 2014, 15 stabilization centres had been established and were operational.

- WHO's nutrition group partners have increased preventative measures against micronutrient deficiencies through the blanket distribution of ready-to-use supplementary foods. WHO contributed to this initiative by

distributing micronutrients for children and mothers during immunization campaigns and in health care facilities. More than 850 000 children and 35 000 pregnant and lactating women across the country received these micronutrients.

- WHO trained 322 health care workers on infant and young child feeding practices. These health care workers went on to conduct 40 awareness-raising sessions at IDP shelters in 12 governorates on the benefits of breastfeeding. An article by WHO on its response to malnutrition in Syria was published in the Emergency Nutrition Network/Field Exchange¹⁴.

Photo credit: WHO/Carole Al-Farah

12 Syria Family Health Survey 2009 | GHDx. ghdx.healthdata.org/record/syria-family-health-survey-2009. Institute for Health Metrics and Evaluation, USA
13 http://www.unicef.org/appeals/files/UNICEF_Syria_Crisis_Situation_Report_13Oct2014_.pdf
14 WHO response to malnutrition in Syria: a focus on surveillance, case detection and clinical management. Emergency Nutrition Network/Field Exchange, Issue 48 - November 2014.



◀ In June 2014 an estimated two million people had no access to regular water supplies. Residents of Aleppo had to resort to unsafe water sources for drinking, including water collected directly from the Queiq river.

VI. WASH

Over 50% of the population does not have access to safe drinking water. Moreover, 90% of waste water goes untreated, and is discharged into rivers and waterways. This has led to outbreaks of waterborne diseases such as diarrhoea and typhoid in many parts of the country. WHO plans to launch a national water quality surveillance system Water Pollution Alert and Response System (WPARS). Thus far, the system components have been established and staff have been trained. The web site, reporting database and field monitoring tools are in place. SARC, which has representatives across the country, will have the main responsibility for monitoring and reporting. The system will be fully coordinated with the Ministry of Water Resources (MoWR) and the MoH, both of which will

be responsible for validating contamination reports and coordinating with other agencies to implement mitigation measures. WHO also:

- Donated 2.2 million aquatabs, 1.1 million chlorine sachets, and 10 000 jerry cans (distributed during seven inter-agency convoys to Aleppo, Al Boukamal, Idleb, Douma, Khan Al Shieh Palestinian Camp, Dier ez-Zor and Harasta, Rural Damascus).
- Donated essential supplies to the MoWR, MoH, Ministry of Higher Education (MoHE), Ministry of Environment (MoEnv) and partner NGOs (including highly sensitive water-testing equipment, consumables, chemicals, chlorine-dosing pumps, submersible pumps, generators, collapsible tanks, purification units, water quality sensors, auto-samplers, HTH water disinfecting chemicals, and medical waste shredders/sterilizers).

Photo credit: WHO Syria



Photo credit: WHO/John Wreford

3.2.1. DISEASE SURVEILLANCE AND RESPONSE

A critical role of WHO in public health emergencies is to ensure that adapted disease surveillance, early warning and response systems are in place. WHO supported the health authorities in three main areas: improved prevention, disease detection, and the containment of outbreaks.

Early Warning Alert Response System (EWARS)

WHO established EWARS in 2012, in collaboration with the Syrian health authorities. EWARS detects outbreaks on the basis of an agreed alert and epidemic threshold. EWARS data are used to project disease trends and improve epidemic preparedness, including through the pre-positioning of supplies and medicines. The number of EWARS sentinel sites rose from 441 in 2013 to 650 in 2014. Almost one third of these sites are in hard-to-reach and opposition-controlled areas. Thanks to the improved capacity of EWARS, 91% of disease outbreaks were promptly responded to and contained in 2014. The quality of EWARS data was enhanced through the introduction of tally sheets, the prominent display of case definition posters in health care facilities reporting to EWARS, and the provision of disease surveillance guidelines. Based on the data generated through EWARS, WHO prepared and implemented summer and winter

91% of disease outbreaks were promptly responded to and contained in 2014

preparedness plans to respond to season-specific diseases. A weekly epidemiological bulletin was developed and disseminated, and a hygiene promotion media campaign was launched.

AFP Surveillance

Acute Flaccid Paralysis (AFP) surveillance indicators in Syria were above certification level until 2011. Due to the crisis, the non-polio AFP rate dropped below the global standard rate of 2 AFP cases per 100,000 people per year. By building the capacity of surveillance officers and health workers generally, WHO strengthened AFP surveillance in the country. As a result, the key surveillance indicators for the non-polio AFP rate, stool adequacy rate, non-polio enterovirus isolation rate and Sabin-like virus isolation now meet global standards.

MAJOR DISEASE TRENDS IN SYRIA IN 2014

- 1 case of polio was reported
- 31 460 cases of Hepatitis A were reported
- 4352 cases of measles were reported

Water and sanitation systems have significantly deteriorated over the past year, with a breakdown of the main water supply networks and widespread pollution of water, including in the Euphrates river, which is a primary source of drinking water for the northern and eastern governorates in Syria. The impact of the deteriorated water and sanitation situation in Syria on human health is evident by the outbreaks of waterborne diseases such as Hepatitis A and typhoid.



90% of waste water goes untreated, and is discharged into rivers and waterways

Photo credit: WHO Syria

3.2.2. CAPACITY BUILDING

WHO trained 17 000 health care providers in government and opposition-controlled areas on:

Trauma management: in collaboration with the Syrian Resuscitation Council. A total of 840 health workers from the MoH, MoHE and NGOs were trained on trauma care, first aid, basic life support, and mass casualty management.

Secondary and tertiary care: About 200 clinicians and public health officials from NGOs in six priority governorates (Aleppo, Damascus, Rural Damascus, Homs, Lattakia and Tartous) were trained on the management of chemical exposure incidents and emergency







decontamination procedures.

- A total of 285 health care providers from different governorates were trained on sterilization and infection control.
- WHO supported the MoH in developing national infection control guidelines which will be distributed to different health care facilities around the country.

Health information: A total of 2783 health workers were trained on WHO’s Health Resources Availability Mapping System (HeRAMS) through a series of workshops at central, governorate and health district levels.

EWARS: A total of 4000 health workers were trained on the early detection of and response to epidemic-prone diseases.

KEY CAPACITY BUILDING WORKSHOPS IN 2014

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  840 health care workers were trained on trauma management |  1913 health workers were trained on the management of acute malnutrition |
|  285 health care workers were trained on infection control |  570 non-specialised health workers were trained to integrate MH services at PHCs |
|  2783 health care workers across the country were trained on HeRAMS |  4000 health care workers were trained on the early detection of diseases |

Mental Health: WHO international experts conducted a Training of Trainers (TOT) course for 30 mental health professionals. WHO trained approximately 570 non-specialized health professionals who have gone on to provide mental health services at PHC level in accordance with WHO’s mhGAP Intervention Guide. WHO also trained specialized mental health professionals who are now providing field-based clinical supervision for PHC professionals. Three international experts conducted an intensive clinical psychotherapeutic intervention training course for 36 psychologists from different governorates. These psychologists will go on to provide mental health services to about 43 200 persons per annum.

Photo credit: WHO/Omar Sanadiki



According to the Syrian Cancer Registry, about 2500 children were diagnosed with cancer in 2013. Five year old Amal is one of these children. Amal has a neuroblastoma (a tumour in the nervous system). “She can’t play. She spends most of her time on her hospital bed, and she misses her friends”, said her mother, Mariam. The little girl, who used to play tea parties with her cousins, is being treated at the Children’s Hospital in Damascus. Life-saving cancer treatments are expensive. Over the past two years the country has witnessed a severe shortage of medicines such as mesna, carboplatin and cisplatin, which are essential to treat cancer patients like Amal and the other 90 children being treated at the Children’s Hospital. Cancer care is available in only four locations in Damascus, Aleppo and Lattakia. Patients travel long distances to receive treatment. Those in hard-to-reach areas have to cross conflict lines to access specialist cancer care.

A total of 582 PHC providers from different governorates were trained on psychological first aid.

Nutrition: 1913 staff workers were trained on the community-based management of acute malnutrition, including the management of SAM with medical complications, nutrition surveillance, and infant and young child feeding.

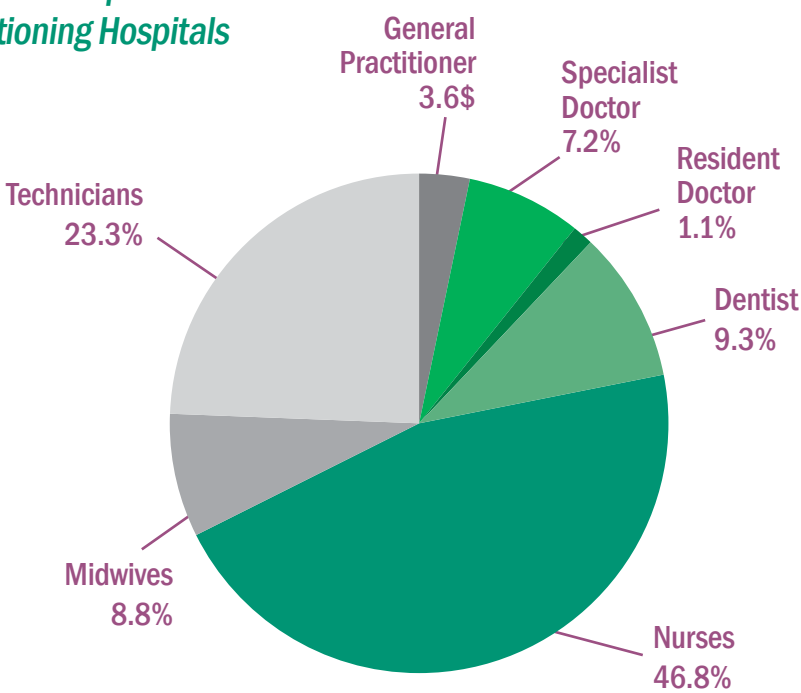
PHC: WHO conducted 41 training activities for 1963 health workers on polio and routine immunization. The curriculum included cold chain management, polio campaigns, routine vaccination, and AFP surveillance.

NGO partnership: WHO developed and implemented a comprehensive capacity building programme for 468 representatives of 45 local NGOs.

3.3. HEALTH INFORMATION

The coordination, collection, analysis and dissemination of essential information on health risks, needs, health sector response, gaps and performance is a critical function of WHO in health emergencies. WHO has used HeRAMS to gather the necessary health data to support and guide health interventions in Syria. The information generated through HeRAMS guided WHO’s work throughout the year and helped ensure that supplies and equipment were directed where they were needed most. WHO is pilot-testing an automated HeRAMS web-based application to further strengthen health information.

Health Staff per Governorate per Functioning Hospitals



Number of Medical doctor for functioning public facility (Hospitals and Centres) per 10,000 population

Governorate	Population	Medical doctor per population
Damascus	1,754,000	20
Rural Damascus	2,836,000	3
Aleppo	4,868,000	4
Idleb	1,501,000	2
Lattakia	1,008,000	16
Tartous	797,000	19
Homs	1,803,000	4
Hama	1,628,000	7
Al-Hasakeh	1,512,000	3
Deir-ez-Zor	1,239,000	4
Ar-Raqqa	944,000	2
Dar’a	1,027,000	2
As-Sweida	370,000	10
Quneitra	90,000	26
Total	21,377,000	6

3.4. CORE SERVICES

WHO’s emergency operations entail logistics support, the establishment of sub-offices, the deployment of additional human resources (surge), procurement and supply management, administration, finance and grant management.

- In 2014, WHO’s logisticians arranged a total of 246 medical shipments throughout Syria. (See graph.)
- The Organization ensured its staff were given personal protection equipment, and distributed 100,000 Atropine injections (for use in the event of chemical incidents) to health care facilities through the SARC and other NGOs across six governorates.
- WHO opened new sub-offices in Homs, Aleppo and Al Hassakeh, and plans to establish a presence in Dara’a.

- Infrastructure rehabilitation: Due to the current conflict, only two public hospitals and one referral centre in Syria provide specialized mental health services. WHO initiated a project to renovate the psychiatric units in three hospitals in Damascus (Al-Mowassat, Al-Afia Fund Association Hospital and Ibn Rushed Psychiatric Hospital) and one out-patient clinic in Aleppo (Ibn Khaldoun). Once rehabilitated, the three hospitals in Damascus will be able to provide mental health services to approximately 3500 in-patients per year. The clinic in Aleppo will be able to provide mental health services to an estimated 7500 out-patients per year.
- Installation of a lift: WHO supported the installation of a lift at Mowassat hospital to facilitate burn victims’ access to trauma services on the sixth floor of the building ■

246
medical shipments were delivered throughout Syria

In July, WHO’s unprecedented delivery to Eastern Aleppo city brought much-needed surgical supplies and medical treatments to vulnerable populations in some of the most hard-to-reach and deprived areas in Syria.

Photo credit: WHO Syria





10%

of the population is living with
disability associated with injury

INNOVATIVE PARTNERSHIPS



Photo credit: WHO Syria



Currently, WHO works with 56 NGOs in across the country. These NGOs are engaged in health humanitarian activities to alleviate the suffering of the Syrian people.

4.1 PARTNERSHIP WITH NGOS

WHO has built strategic partnerships with NGOs to ensure that people in conflict-affected areas are able to obtain access to essential health care. WHO has signed 62 partnership agreements with 56 NGOs located in different parts of the country. Through these agreements, NGOs have delivered PHC, secondary health care, trauma care and mental health care services in areas that health authorities and UN agencies have been unable to reach. WHO donated medicines, medical supplies, nutritional supplements and hygiene articles to its NGO partners. These supplies were enough to treat over 3 million people. It also delivered three mobile clinics to NGOs working in areas that were off-limits to UN agencies and where health centres had been destroyed.

WHO has increasingly engaged the world of academia, drawing on students to serve as key informants across the country and conduct tele-assessments to support programme monitoring

4.2 PARTNERSHIP WITH THE ACADEMIA

WHO is using students to serve as key informants across the country. The students serve as WHO's eyes and ears to assess health needs, monitor and report evolving events, and independently monitor project implementation ■

TURNING POINTS IN 2014

POLIO: Syria has been polio free for one year. The last case of polio in Syria was diagnosed in January 2014 as a result of numerous polio campaigns facilitated and supported by WHO in collaboration with health authorities at all levels.

SECONDARY/TERTIARY CARE: The Essential Medicines List (EML) 2014 was developed by WHO. This enhanced the quality and standard of medicines in the country and helped to limit the introduction and sale of

counterfeit medicines.

EWARS: Over 90% of all reported cases of epidemic-prone diseases, including polio, measles and pertussis, were investigated within 48 hours.

HERAMS: All 113 public hospitals and 92% of 1750 PHCs were assessed for functionality and accessibility, yielding valuable data for informed decision making.

MENTAL HEALTH: Basic mental health services were offered

for the first time in PHC centres in 2014. This was the result of WHO's capacity building efforts in some of the most affected governorates in Syria.

CAPACITY BUILDING: To fill the gap created by the exodus of health professionals, WHO trained 17 000 health workers on various areas including immunization, mental health, nutrition, secondary and tertiary care, health information management, chemical hazards and the

management of civil society projects.

ACCESS TO TREATMENT: Over 13.8 million people benefited from 246 shipments of medicines, supplies and equipment distributed by WHO across all 14 governorates of Syria. Almost one third of these supplies were delivered to opposition-controlled areas.

STRATEGIC PARTNERSHIP: WHO established 62 cooperation agreements with 56 NGOs. Just

under one third of these NGOs are operating in hard-to-reach and opposition-controlled areas. Of all the humanitarian sectors operating across Syria, the health sector has the highest number of NGO partners.

INNOVATION: Innovative M&E approaches have been implemented to track results. These include WHO's supply tracking system, health information system, and other standardized data collection tools.

CHALLENGES AND MITIGATION MEASURES



▲ The collapse of Syria's pharmaceutical industry has had a devastating impact on the lives of ordinary Syrians. The pharmaceutical plants that previously produced 90% of the country's medicines and medical supplies are no longer functioning. As a result, there are critical shortages of medicines and medical supplies, especially for chronic diseases.

WHO faced a number of challenges in 2014. Some of them persist, while others have been resolved or are being addressed. They include inaccessibility to some locations due to security constraints, the dearth of health professionals, shortages of medicines, and lengthy procedures to obtain government permits for the delivery of essential medicines. Strategies adopted to minimize the impact of these challenges included advocacy meetings with relevant authorities in the MoH, MoHE and MoWR; strategic leadership through WHO's role as lead agency of the Health Cluster; advocacy efforts with communities and leaders in opposition-controlled areas; contingency planning for disease outbreaks; and community participation through NGOs.

Photo credit: Left: WHO/B.Khabieh; Right: WHO/Omar Sanadiki

Some of the specific challenges faced in the course of 2014 included:

Trauma

Challenges:

- The continuous exodus of trauma management specialists due to the increasing violence.
- The increasing number of injured patients across the country requiring urgent medical care.

Mitigation Measures:

- Additional training for medical service providers, especially surgeons and emergency specialists.
- Expanding partnerships with emergency health care providers including NGOs and SARC to improve the availability of services in hard-to reach areas.

Primary Health Care

Challenges:

- Lack of access to hard-to-reach areas and Bedouin groups during polio campaigns.
- Gaps in the AFP surveillance system, especially in Aleppo, Ar Raqqa and Dier ez-Zor.
- Shortages of trained staff to deliver routine vaccination activities in hard-to-reach areas.
- Stringent regulations for vaccine procurement have led to some vaccines purchased by WHO being rejected by national authorities.

Mitigation Measures:

- WHO implemented a specific plan to target Bedouin areas in Tadmur district during National Immunization Days in October and November 2014. WHO vaccination teams were able to reach some of these areas for the first time and vaccinate a total of 8764 children.
- In late September 2014, an international team conducted



Alia, a 62-year old grandmother, lives in Mouadamiya in Rural Damascus, which was under siege for almost two years. She remained trapped in her house with her family, without enough food, water or medicine for her heart condition. “During the siege, I started to calculate how many days I had left before I would run out of medication and die”, confessed Alia. She is glad to be alive today, although she still suffers from the same heart condition that she believes almost killed her during the siege.

Photo credit: WHO Syria

a review of WHO’s outbreak response. WHO took the team’s recommendations into account when planning subsequent activities.

- WHO conducted 103 training courses, including briefing sessions and refresher training, for health workers.
- Staff from WHO’s regional office in Cairo, Egypt are planning to meet with the Syrian authorities to discuss issues related to vaccine registration and procurement and share experiences from other countries.
- WHO has implemented a six-month plan to strengthen routine immunization, focusing on closing the gap in high-risk areas with low routine immunization, training vaccinators (99 out of 107 planned training courses have been conducted thus far), and revitalizing outreach activities in almost all governorates.

Secondary and Tertiary Care Challenges:

- International procurement is hampered by lengthy government clearances.

Mitigation Measures:

- WHO provided detailed technical specifications for medical equipment to the government early on, which accelerated the approval and procurement process.
- Thanks to regular intelligence gathering, WHO was able to source and procure some items nationally.

Mental Health

Challenges:

- Paucity of mental health professionals and services, compounded by the stigma attached to mental illness, which limits the number of people seeking care.

Mitigation Measures:

- WHO conducted mental health training workshops for health professionals throughout the country.
- WHO integrated mental health care services into general hospitals and PHC centres, and plans to expand them further.
- NGO partners were engaged to provide mental health care services in locations such as Aleppo and other areas hitherto considered unreachable.

Nutrition

Challenges:

- The acute lack of human resources to provide nutrition services, especially in hard-to-reach areas.

Mitigation Measures:

- WHO scaled up its capacity building activities in all governorates and included multi-vitamins in convoys destined for hard-to-reach areas.
- WHO also explored new partnerships with local NGOs providing nutrition services.

WASH

Challenges:

- Disrupted water and sanitation infrastructures that led to outbreaks of waterborne diseases

Access to health services is critically hampered resulting in low coverage thus worsening an already existing high burden of different types of diseases and injuries

in many areas.

Mitigation Measures:

- WHO donated equipment to refurbish water quality testing laboratories, and procured mobile field water quality testing instruments to improve the availability of safe drinking water for the general public.

NGOs Partnership

Challenges:

- Most local NGOs are inexperienced in managing large-scale humanitarian crises.
- The limited number of international and local NGOs allowed to operate in Syria hampers the delivery of essential health care services, especially in hard-to-reach areas.

Mitigation Measures:

- Challenges were overcome through convening capacity building workshops for NGOs and

providing guidelines on various topics including grant/proposal writing and project management, implementation and evaluation.

HeRAMS

Challenges:

- Difficulty obtaining data from some reporting sites due to the ongoing insecurity, coupled with frequent power cuts and disrupted network coverage in many governorates.
- High turnover of trained data collection staff.

Mitigation Measures:

- WHO donated computer equipment to health care facilities, especially in hard-to-reach and inaccessible areas, to facilitate data collection and improve data flow.
- WHO held regular EWARS and HeRAMS training workshops to improve the quality, timeliness and completeness of reporting.

With Syria classified as an emergency, with escalating conflict, and expected to remain as such into 2015, the primary component of the response will be humanitarian in nature and as such articulated through the SRP. WHO will nevertheless continue to pursue approaches that strengthen resilience and that serve to reinforce outcomes of more immediate public health objectives, building on successful approaches in 2013 and 2014.



Photo credit: WHO Syria



A significant number of disabled Syrians (mostly men) have become disabled as a result of injuries sustained in the conflict. They need assistance to return to independent functioning so they can support themselves and lessen the economic burden on their families and communities.

6.1 MONITORING AND EVALUATION

Over the last three years, WHO has undertaken a number of measures to reinforce monitoring, reporting and financial tracking and apply lessons from independent assessments with a view to doing more with fewer resources. Innovative approaches have been implemented to track progress towards results, allowing for timely changes to maximize the impact of WHO's response operations. These approaches include the detailed supply tracking system developed by the WHO country office to track huge shipments of essential medicines and medical supplies, the Health Information System developed to replace the disrupted national information management system, and other standardized data collection tools for monitoring

and evaluation.

WHO has increased its presence in the field with the aim of strengthening its capacity to perform real-time assessments and verify needs based on medical records kept in health care facilities and by NGOs. The Organization has focal points in all 14 governorates who report on emerging health needs and shortages of priority medicines. This information is gathered based on interviews with staff in health care facilities, and discussions with local NGOs, community-based organizations (CBOs) and governorate health authorities. WHO's focal points conduct routine missions to monitor the work of implementing partners including health NGOs and health care facilities managed by the MoH and MoHE.

The distribution and provision of kits, medicines and supplies to implementing partners – the MoH, MoHE and local NGOs – is monitored by WHO's supply tracking system, which tracks supplies by governorate, end-user and number of beneficiaries reached. The polio vaccination campaigns are subject to routine and independent vaccination monitoring, using finger markers in most cases. WHO's standard monitoring framework covers the three phases of the campaigns: planning, implementation and post-campaign assessment. The focus is on ensuring that monitoring procedures not only identify missed children but also ascertain the reasons they were

missed. At the end of vaccination campaigns, WHO uses end-process evaluations to gauge the overall effectiveness of the campaigns and identify areas needing corrective action. WHO uses HeRAMS to monitor and evaluate the functionality of PHC and other health care facilities and the availability of health resources and services in public hospitals. The information yielded provides emergency programmes with data-driven information to inform their decisions on how and where to deploy scarce resources. WHO has engaged medical and pharmacy students to serve as key informants across the country and conduct tele-assessments to improve programme monitoring and assess needs ■

57%

of public hospitals are partially functioning or completely out of service.



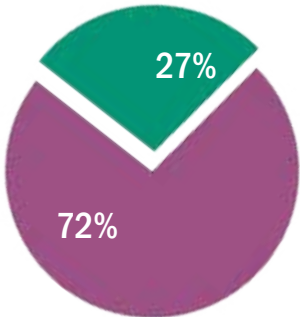
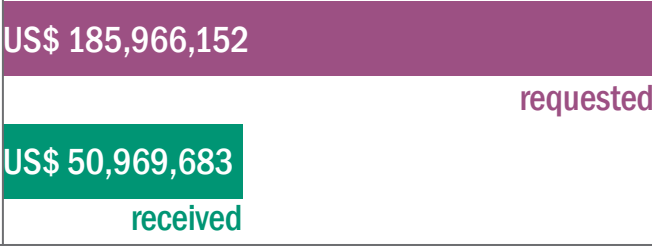
Photo credit: WHO Syria

FINANCIAL OVERVIEW



WHO Syria requested US\$ 185 966 152 to support its effective response to identified health needs. By the end of 2014, WHO had received US\$50 969 683.

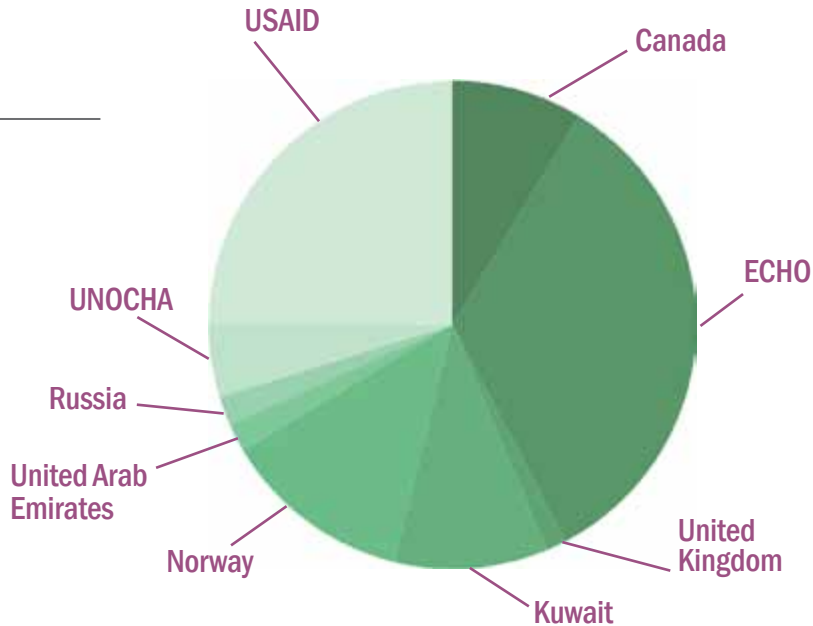
Overview of Funding Requested/Received



Funding Gap

Funding per Donor

As of end of 2014, 19 donors supported WHO operations in Syria. The highest donor as of this year is ECHO followed by USAID, Norway, and the Government of UK.



Funding per Intervention

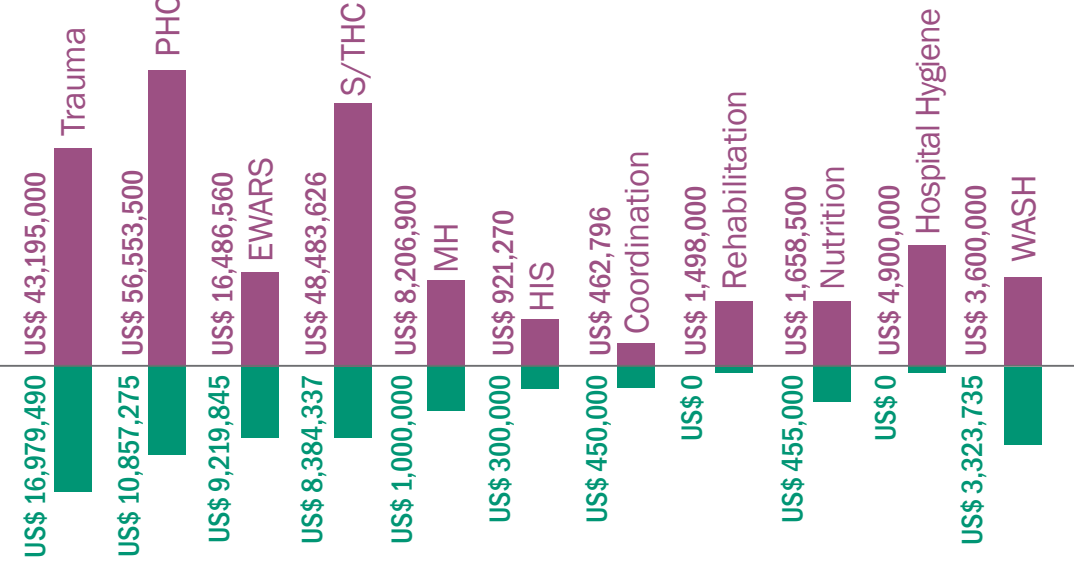


Photo credit: WHO/Omar Sanadiki

STRATEGIC INTERVENTIONS UNDER SHARP 2014

The Syrian Arab Republic Humanitarian Assistance Response Plan (SHARP) 2014 built on the 2013 SHARP. It presented life-saving health interventions while placing greater emphasis on the successful innovative approaches first implemented in 2013, building sustainable capacities, enhancing access to aid, and supporting the medium- and long-term rehabilitation of health infrastructures.

The health sector strategy for SHARP 2014 was developed around the following strategic objectives:

Monitor, assess and promote safe and equal access to basic health services by the most affected populations (including women, children and people with disabilities)

- Support health sector coordination mechanisms, task force meetings and joint planning.
- Conduct advocacy activities to promote safe and equal access of affected populations to the services provided by the health sector.

Scale up timely and targeted provision and delivery of coordinated life-saving emergency assistance by supporting health care service delivery

- Assess safe and equal access to basic health services by the most affected

populations, including women and children and those with disabilities.

- Support PHC delivery in the most affected areas.
- Revise treatment protocols for the most prevalent diseases and disseminate them to PHC facilities, NGOs and outreach teams.
- Provide technical/logistic support to fill gaps in secondary health care facilities, including donating oxygen generators and concentrators.
- Provide technical and logistic support to emergency units including operating theatres, dialysis units, emergency laboratories and blood banks in crucial areas.

Support delivery of essential medicines, supplies and equipment, including filling the gap for management of chronic illnesses and reproductive health care.

- Update the list of essential medicines to better address specific needs related to the current crisis and epidemiological context.

- Provide and distribute essential medicines and medical supplies to cover the needs of the target population, including for PHC, NCDs and communicable diseases.
- Support selected secondary and tertiary health care facilities to provide specific care including trauma care and burn treatment.

Prevent & control communicable diseases including polio & enhance community participation in disease reporting & prevention

- Procure 10 million doses of bivalent oral polio vaccine to implement at least 6 national immunization days to prevent the spread of wild polio virus.
- Support national immunization days against polio and all supplementary immunization activities to control the polio outbreak.
- Support routine immunization programmes through the provision of vaccines, cold chain equipment, safety boxes, syringes, vaccination cards and capacity building for EPI workers at all levels.
- Expand EWARS and strengthen the comprehensive routine surveillance system.

Technical/ logistic support to strengthen HMIS

- Strengthen HeRAMS to improve the timeliness and completeness of reporting, quality of data, and flow of information.
- Expand HeRAMS to cover new health care facilities (including MOHE hospitals, health sector partner clinics, and private sector

facilities).

- Strengthen national capacity through regular training courses.

Support delivery of essential mental health services, including filling the gap for essential medicines, supplies and equipment

- Procure and deliver essential psychotropic medicines based on current needs at PHC and MH specialized care levels.
- Integrate mental health and psychosocial support (MHPSS) into PHC through supporting multidisciplinary MHPSS services in PHC settings.
- Assess MHPSS needs and available resources.

Support public, social and private health infrastructure and services affected by the crisis

- Support the emergency rehabilitation of maternal health centres in affected areas.
- Rehabilitate emergency units including emergency theatres, laboratories and blood banks in crucial areas.
- Rehabilitate mental health wards in general hospitals.

Develop operational and management capacities of local health actors, including NGOs and CBOs to respond to the humanitarian crisis

- Provide training courses on improving the quality of PHC and referral services for MOH and local NGO partner staff from

different governorates.

- Implement the mhGAP programme after conducting a TOT workshop on the adapted intervention guide (mhGAP-IG) for the review
- Build capacity of health care providers in specialized secondary health care.

Increase the presence of humanitarian actors and widen access to crisis-affected populations, local actors and relevant humanitarian information

- Strengthen the capacity of existing warehouses located in key areas.
- Pre-position health kits and medical items in different governorates to ensure quick dispatch as needed.
- Improve cooperation of NGO/CBOs located in key areas of the country.

Improve coordination among national, international actors and health authorities at central and local level to enhance assistance delivery

- Support the development of seasonal plans and geographical sector plans.
- Strengthen the strategic M&E framework for the health sector.

Expand/ strengthen current humanitarian hubs, with an integrated contingency-planning process involving all actors

- Establish new sub-offices in key areas.
- Conduct awareness-raising campaigns on health and hygiene to promote a protective healthy environment for civilians

8.1 CONSTRAINTS TO EFFECTIVE DELIVERY OF HUMANITARIAN ASSISTANCE

- Security concerns for humanitarian personnel significantly constrain the delivery of emergency assistance to those in need. Since the onset of the crisis, 32 SARC volunteers and 13 UN staff have been killed.
- Fluid and shifting lines of crisis, numerous checkpoints and bureaucratic procedures, a proliferation of armed groups, and humanitarian agencies' own internal security procedures hamper the timely delivery of humanitarian assistance within Syria.
- International humanitarian actors are unable to provide humanitarian assistance in many locations, mainly due to the prevailing insecurity.
- The limited number of INGOs and local NGOs allowed to operate in Syria, as well as limitations on the operational capacity of the organizations present, are not commensurate with the scale and scope of the crisis.
- Insufficient profiling and the lack of disaggregated data on the displaced population and host communities hinder effective programme planning and advocacy.
- The economic and financial sanctions have hampered WHO's ability to procure essential humanitarian supplies from outside Syria, while inside the country the pharmaceutical industry has collapsed ■

“In a bad week, we receive up to 100 injured people. Because of the shortage of basic treatments, we are not able to treat them adequately”, said Dr Abrash, administrative director of a hospital in Idleb. “Every day, families watch their loved ones die.”



Photo credit: WHO/Carole Al-Farah

THE WAY FORWARD

With the crisis approaching its fifth year, the disruption of humanitarian services is worsening, bringing greater risks for all Syrians, especially IDPs and those in besieged areas. WHO will draw on lessons learnt in 2014 to: Leverage innovative interventions to increase access to health care and other services; Explore effective partnerships to reach more people in need especially in hard-to-reach and opposition-controlled areas; Continue to build the capacity of the health work force; Promote healthy behaviours, and; Support infrastructure development to alleviate the impact of the conflict on the general population.

The health sector in Syria will require US\$ 182 228 869 in 2015, of which WHO will require **US\$ 116 377 945** in order to continue providing essential health care to increasingly vulnerable people across the country.

Building on lessons learned and interventions undertaken in 2014, WHO is pursuing the following strategic areas for 2015:

Trauma Care

- Strengthen trauma preparedness and management for an increasing number of injuries across the country;

train health care providers, especially surgeons and emergency specialists.

- Expand partnerships with emergency health care providers including NGOs and SARC.
- Launch a comprehensive physical rehabilitation programme that will include training of physical rehabilitation and prosthetics specialists and the donation of supplies to manufacture artificial limbs and prosthetics.

Funds needed: US\$ 27 071 000

Enhance PHC

- Improve access to comprehensive

PHC services, including reproductive health care and vaccination services.

- Continue to implement polio campaigns in the first half of 2015, with special focus on hard-to-reach areas.
- Review the implementation of the 6-month plan for strengthening routine immunization in order to fill gaps identified in 2014.

Funds needed: US\$ 35 556 200

Secondary and Tertiary Care

- Develop the Essential Medicines List for 2015 in collaboration with all health partners.
- Assess needs for secondary and tertiary care services.
- Rehabilitate infrastructures in partially damaged hospitals.
- Provide antibiotics, anaesthetics, analgesics, IV fluids, and treatments for renal failure, cancer and haemodialysis.

Funds needed: US\$ 32 468 080

Mental Health

- Expand the integration of mental health services in general hospitals and PHC centres.
- Train non-specialized health workers and support them with follow-up on-the-job training and supervision.
- Adapt the Arabic audio toolkit and reading materials for use in community-based mental health care services. At least 125 000 people will benefit from these training materials,

especially in hard-to-reach areas.

Funds needed: US\$ 6 152 000

Nutrition

- Issue updated WHO guidelines for the management of SAM to reinforce technical support to stabilization centres.
- Expand nutrition surveillance to about 200 PHC centres including in hard-to-reach areas in Aleppo, Ar Raqqa, Dara'a, Idlib and Al Hasakeh so as to generate comprehensive information on the nutrition status of the target population across the country.
- Collaborate with SARC and NGOs to screen children in hard-to-reach areas.
- Promote infant and young children nutrition practices in all WHO-supported nutrition activities including capacity building and nutrition surveillance.
- Integrate early childhood development activities within emergency nutrition programmes.

Funds needed: US\$ 1 551 500

WASH

- Improve water supply and hospital hygiene conditions in functional public and NGO hospitals in Syria.
- Further strengthen WPARS in collaboration with MoWR and MoH in order to mitigate and respond to water pollution cases.

Funds needed: US\$5 690 000

NGO Partnerships

- Expand WHO’s partnerships with civil society organizations across the country to extend health services to more hard-to-reach areas.
- Continue to train NGOs on project management and evaluation.
- Develop a database on NGOs providing health services, together with a dynamic platform for communication.

Funds needed: US\$ 9,150,000

Cross-Line

- WHO’s office in Damascus will continue to coordinate with health partners in Jordan and southern Turkey to complement and synergize the emergency response through the regular and timely sharing of information on the epidemiological situation, the status of health care facilities, and emerging needs.
- WHO will also continue to engage in high-level advocacy and negotiations with the Government of Syria, including the Office of the President, the Ministry of Foreign Affairs, the MoH and other stakeholders to improve the delivery of health and humanitarian assistance to all governorates including hard-to-reach

and opposition-controlled areas.
(The funds required for the above activities have been subsumed under the intervention areas listed above.)

EWARS

- Expand EWARS sites to include all public health care facilities.
- Expand the list of notifiable communicable diseases to be reported under EWARS.
- Develop a web-based application for reporting all communicable diseases, using the EWARS database as a platform.
- Improve M&E for EWARS.

Funds needed: US\$ 5 136 000

HeRAMS

- Conduct additional training workshops on HIS at governorate and health district levels.
- Upgrade communications and computer equipment to improve tele-reporting from hard-to-reach and difficult areas.
- Automate data generation and collection.
- Expand the reporting sites to include SARC and NGO clinics and selected private hospitals.

Funds needed: US\$ 777 275 ■



Omar, who stays in Damascus with his father, had his arms, neck, face, and chest burned after a mortar fell on his school. The family, from Dara'a in southern Syria, had moved to Damascus in search of work and shelter. “We lost everything in the war, everything”, said Omar’s father Awwad, who was forced to flee his home with his family in 2013 following heavy clashes. For thousands of young Syrians like Omar, receiving badly-needed medical care is a daily challenge.

Photo credit: WHO/Omar Saadiki

ACKNOWLEDGEMENTS

We express sincere gratitude to all partners and stakeholders who contributed to WHO's achievement in 2014 –Syrian health authorities, UN agencies, NGOs, SARC, Syrian communities and many others too numerous to mention here.

We appreciate the commitment and bravery of all WHO national and international staff in Syria who took risks on their lives to facilitate delivery of humanitarian services to populations in need especially in the hard-to-reach and opposition-controlled areas.

Regular access to the populations in need would not have been possible without approvals by the Syrian health authorities and line ministries especially MoH and MoFA. The efforts of health

authorities remain crucial in enhancing the access to populations in need to health care services.

Without the steadfast support of its donors, WHO would have been unable to implement its life-saving humanitarian and health interventions. The Organisation will continue to build on its objective and transparent dialogue with national authorities in 2015.

We recognize the invaluable guidance and leadership of WHO's Regional Director for the Eastern Mediterranean, the continuous support of the Director of Programme Management, support from the Emergency Support Team (EmST) in Amman, Jordan and the guidance provided by WHO colleagues in the headquarters ■



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