

# Donor Update 2015 (Q1)

World Health Organization  
Syrian Arab Republic



World Health  
Organization

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“Escalating conflict and the massive scale of humanitarian needs across the Region continue to place health care workers at great risk. What we see today in terms of the magnitude of conflicts and their devastating impact on health is unprecedented and the same is true for the risk to health workers,”

- Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean

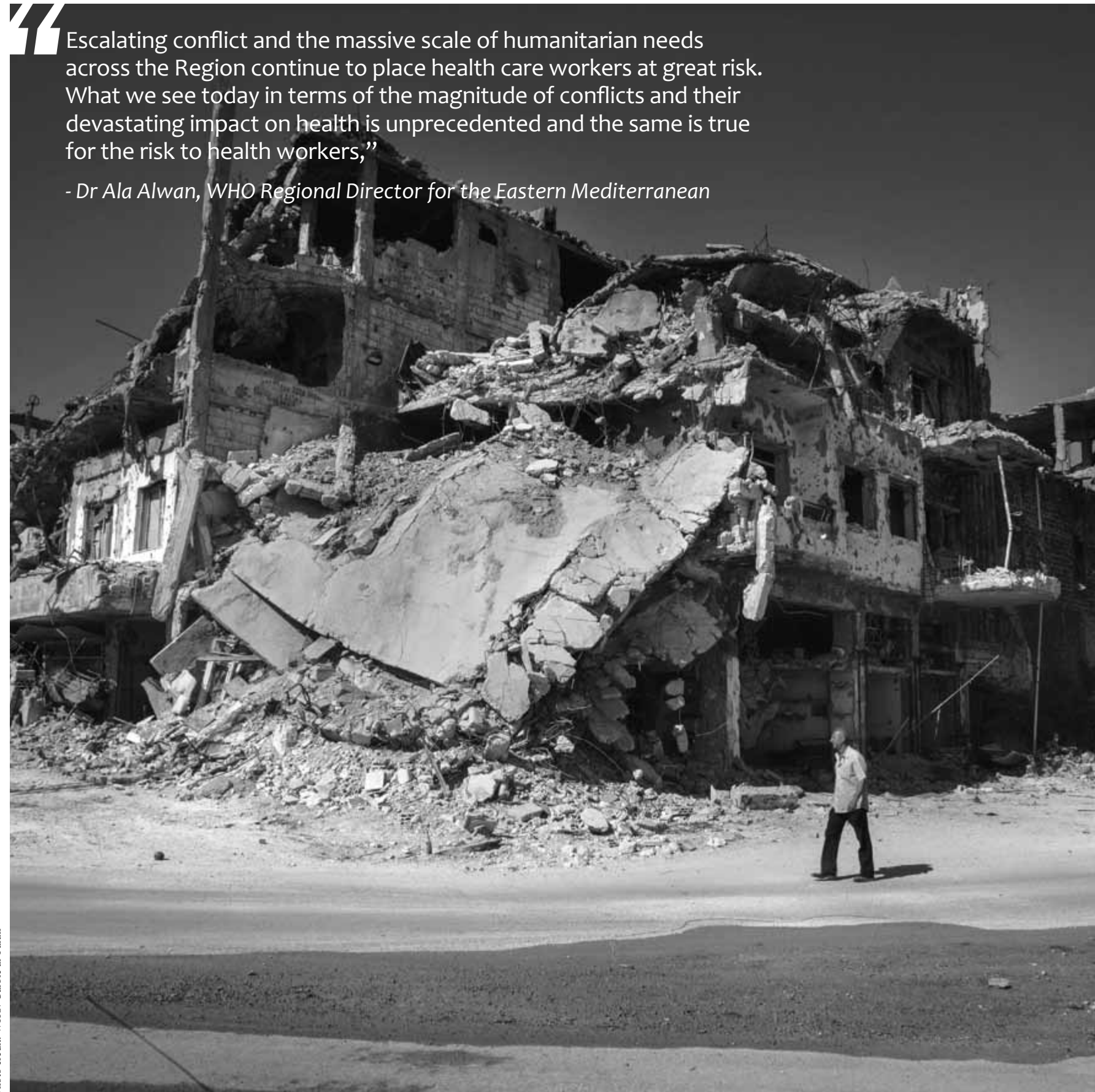


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## Contact Details

WHO Country Office (Damascus, Syrian Arab Republic)  
Elizabeth Hoff, WHO Representative  
hoffe@who.int

WHO Country Office (Damascus, Syrian Arab Republic)  
Chima E. -Onuekwe, Communications Officer  
onuekwec@who.int

WHO Country Office (Damascus, Syrian Arab Republic)  
Karim Shukr, Coordination Officer  
shukrk@who.int

WHO Regional Office (Cairo, Egypt)  
Louise Kleberg, Coordinator,  
External Relations and Resource Mobilization  
klebergl@who.int

WHO Headquarters (Geneva, Switzerland)  
Cintia Diaz-Herrera, Coordinator, External Relations,  
Emergency Risk Management and Humanitarian Response  
diazherrera@who.int

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## Abbreviation

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





## Foreword

*Until the onset of crisis in 2011, Syria had a well-developed health system amongst the Arab world nations. The country had a functioning health system that provided reasonably consistent standards of care, including high vaccination coverage rates for children, as well as universal coverage of skilled birth attendance.*

**H**EALTH INDICATORS improved considerably prior to the crisis. Life expectancy at birth increased from 56 years in 1970 to 73.1 years in 2009; infant mortality dropped from 132 per 1000 live births in 1970 to 17.9 per 1000 in 2009; under-five mortality dropped significantly from 164 to 21.4 per 1000 live births; and maternal mortality fell from 482 per 100,000 live births in 1970 to 52 in 2009. Syria was broadly on track to reach Millennium Development Goal 4: to reduce the child mortality rate from preventable diseases by two-thirds. The country was in epidemiological transition from communicable to non-communicable diseases with the latest data showing that 77% of mortalities were caused by non-communicable diseases, such as diabetes and heart conditions.

With the conflict in its fifth year, decades of progress have been reversed and Syria has become the largest humanitarian crisis globally. Today, almost half of the country's healthcare centres are

either damaged or out of service, while the remaining half have been forced to operate at reduced capacity compounded by fuel and electricity shortages.

In the most violent and hot areas, health professionals faced dangers of insecurity, resulting in severe shortages of health staff. In some governorates such as Homs, an estimated 70% of the remaining health care providers frequently cannot access their work place due to irregular public transportation, blocked and unsafe road. There is an acute shortage of health professionals in the country as almost half of doctors flee the country to escape the violence. According to Physicians for Human Rights, since the beginning of the conflict, there have been 242 attacks against health facilities and 615 attacks against health care workers.

The critical shortage in health service is further compounded by an overwhelming demand. The number of women visiting Al-Zahrawi Hospital, one of the two public maternity hospitals

in Damascus and the main referral hospital for maternity and gynaecology has more than doubled and request for elective C-sections has dramatically increased due to security concerns. In Ar-Raqqa, C-section deliveries have increased from 26%–28% prior to the crisis to almost 45% of all deliveries. Gynaecologists have reported significant increase in postnatal depression seen in their private clinics. There are no postnatal care services provided in the hospital.

Shortages in essential medicines for chronic diseases and lack of access to treatment and life-saving medicines have resulted in significant increase in the number of patients with hypertension, diabetes, cancer, epilepsy, asthma and renal failure. Unable to cope with the situation, functioning health facilities are focused on life-saving curative cares. Subsequently, vaccination coverage under the routine EPI has decreased from over 90% in 2011 to 52% in 2014. With the reported increments in cases

of typhoid, hepatitis A, measles and cutaneous leishmaniasis, especially in Rural Damascus, Aleppo, Deir ez-Zor and Idl-b. This is only made worse by a 70% drop in the local production capacity of pharmaceutical industries within Syria. Water supply infrastructure has also suffered major damages bringing the current availability of safe water inside Syria to one-third of pre-crisis levels.

Against this backdrop, Q1, 2015 was quite challenging for WHO in Syria with increasing security constraints, limited access to populations in need of emergency health interventions and acute shortage of funds.

Despite these challenges, WHO remains committed to implementing a programme of institutional readiness and emergency response, based on the four critical functions of leadership, information, technical expertise and core services. This report highlights the activities conducted and achievements made by WHO in Q1, 2015.

I extend my heartfelt thanks to

all WHO staff, consultants and partners whose commitment, partnership and trust helped the Organization to consolidate and build on the progress made in 2014 and continue its humanitarian response efforts in the remaining quarters of 2015 ■

Elizabeth Hoff  
WHO Country Representative  
Syrian Arab Republic

Photo credit: WHO/Aleppo





## Executive Summary

**H**HEALTH AND HUMANITARIAN conditions continue to deteriorate at despicable rate as the current conflict in Syria drags into the fifth year. The United Nations estimates that 12.2 million people were in need of immediate assistance, including 7.6 million Internally Displaced Persons and 4.8 million living in hard-to-reach areas. Since the beginning of the conflict, over 220,000 people have been killed and more than 1 million injured. With a rate of 25,000 injuries per month, the number of injuries is expected to rise to 1.5 million by the end of 2015 and the demand

for trauma care continuously increasing.

The impact of the current crisis on the populations' health and wellbeing is complicated and far reaching: varying from permanent disabilities due to lack of treatment and follow-up to potential risks for women who fall into labour with no access to delivery clinics and/or postnatal care; complications and high rate of mortality in patients with chronic diseases due to discontinuation of treatment and delayed access to health care; epidemic outbreaks of water and food-borne diseases

due to limited access to clean water and sanitation; outbreaks of vaccine-preventable diseases due to interrupted vaccination programme; psychological trauma and mental health problems as direct impact of the conflict; insecurity and lack of protective factors; deterioration of health and nutritional status leading to increasing morbidity and mortality.

Against this backdrop, WHO is working with the national authorities and all other national and international stakeholders to reduce suffering and minimize deaths associated with the conflict ■

Photo credit: SARC/Aleppo

### WHO'S MAIN ACHIEVEMENTS IN Q.1 2015









-  5.1 million treatments delivered in Q1, 2015; compared to 2.2 million for the same period in 2014
-  Over 2.9 million children vaccinated in nation-wide polio campaigns conducted in February and March
-  More than 50% of the 308,191 children under 5 years in hard-to-reach and opposition-controlled areas vaccinated against polio during a tailored sub-national immunisation campaign in January
-  A comprehensive review of the EPI programme in Syria conducted to assess the strengths, weaknesses, and opportunities countrywide to strategise for improvement
-  34 mobile clinics delivered to provide health services to underserved populations in hard-to-reach areas
-  Continuation of mass awareness campaign on hygiene with emphasis on hepatitis A and other water borne-diseases was embarked upon on radio, television, and through NGOs targeting IDPs and refugees' in hard-to-reach areas
-  Rehabilitation of two psychiatric units at general hospital in Damascus and one out-patient clinic in Aleppo estimated to provide mental health services to more than 10,000 patients per year
-  Supplementation with micronutrients for 47,000 children in Lattakia, Homs, Damascus, Aleppo, Hama, and Idlib governorates





Photo credit: WHO/ Douma

## The Situation in Q1 2015

IN Q1, 2015, THE HUMANITARIAN SITUATION IN SYRIA CONTINUED TO WORSEN, with increased hostilities leading to high number of casualties (220,000 people killed compared to 191,000 in Q4 2014) and continuing internal displacements. Conflict lines witnessed major shifts with escalating violence to control strategic roads, terrain, administrative centres and critical energy resources.

As a result, humanitarian needs have increased twelve fold since the beginning of the crisis, with 12.2 million people in need of humanitarian assistance, including 7.6 million Internally Displaced Persons (IDPs) and 4.8 million in hard-to-reach areas; over 220,000 killed and more than one million injured. Meanwhile, 56% of all public hospitals was either partially functioning or completely out of service and 35% was inaccessible as of end of March 2015; while, 48% of all public health centres as of end of 2014 was partially damaged or completely out of service.. Water-borne diseases were on the increase due to the deterioration of water and sanitation services particularly in Aleppo, Deir ez-Zor, Idlib, and Yarmouk camp in Damascus.

In March 2015, Sarmin Hospital in Idlib reportedly witnessed a chemical gas attack which left six persons dead and 70 injured. A Palestine Hospital in Yarmouk, the largest Palestinian refugee camp in Syria also sustained considerable damage after it was targeted with two barrel bombs with no reported casualties. For almost two years, the camp has come under tight siege which resulted in a severe humanitarian.

Every day, thousands of Syrians face threats to health and livelihoods because local and national systems that support their health and lives have been disrupted and overwhelmed ■

**56%**  
of public hospitals  
are either partially  
functioning or  
completely out of  
service

**48%**  
of public health  
centres are  
either partially  
functioning or  
completely out of  
service

**35%**  
of public  
hospitals are  
inaccessible

# The Stark Numbers Involved in the Conflict

**220,000**

people have been killed

*Compared to 130,000 in Q1  
of 2014*

**1  
Million**

people have been  
injured

*Compared to 750,000  
in Q1 of 2014*

**12.2  
Million**

people within  
Syria are in need  
of humanitarian  
aid

*Compared to 9.3 million  
in Q1 of 2014*

**7.6  
Million**

people have been  
internally displaced

*Compared to 6.5 million  
in Q1 of 2014*

**3.97  
Million**

people have  
sought refuge  
in neighbouring  
countries

*Compared to 2.4 million  
in Q1 of 2014*





# WHO Core Functions in Emergencies

Photo credit: WHO/B. Khabbicheh

## 3.1 LEADERSHIP

AS THE LEAD UN AGENCY FOR health, WHO provides technical leadership to the health sector. During Q1, 2015, WHO held 6-bi-weekly meetings with 15 health sector partners including UN agencies, INGOs, and NGOs. WHO coordinated the mapping of partners' activities through the 4W's (Who is doing What, Where, and When) with the objective to enhance coordination and maximise comparative strength of each partner to avoid overlap and duplication of efforts.

With WHO's technical leadership, the health sector sets priority assistance programmes for the locations identified and agreed upon, specifically targeting hard-to-reach and besieged areas.

WHO contributed to the development of the Global Health Cluster (GHC) Strategic Plan: 2014-2015 to enhance the advocacy role of the Health Cluster; and is currently developing a rehabilitation strategy in collaboration with national and local authorities.

Furthermore, WHO has been able

to enhance the reach of the health sector through its organisational presence across Syria as it maintains a network of three sub-offices and 57 focal points with 36 of them in hard-to-reach, opposition-controlled, and besieged areas.

## 3.2 TECHNICAL EXPERTISE

### I. Trauma

Due to the ongoing conflict, the number of injuries is expected to reach 1.5 million by end of 2015, thus worsening the existing burden of diseases and injuries on the health system. Injuries arising from the conflict, particularly those that are not promptly treated are the main causes of disabilities, particularly in areas of high conflict where access to health services is critically hampered.

In collaboration with the health authorities, NGOs and the Syrian Arab Red Crescent (SARC), WHO delivered life-saving medicines and medical supplies for over 417,000 trauma treatments.

### II. Primary Health Care

According to MoH data, pre-crisis



Photo credit: WHO/Omar Samadiki

coverage of OPV3 was 99% in 2010. In 2014, it witnessed a dramatic drop to 52% mainly due to the disruption of the critical components of health service delivery including destruction of health facilities, attrition of health staff, damaged cold chain equipment, irregular supply of electricity, and shortage of vaccine and lack of incentives for outreach services by the mobile teams.

WHO conducted a comprehensive review of EPI services across Syria to assess the overall routine immunisation service delivery in the context of the current conflict so as to strategise EPI and improve decreased coverage.

Albeit, polio transmission was interrupted since January 2014, sustaining the containment level is critical especially as polio continues to circulate in Pakistan and Afghanistan; thus putting Syria

at risk.

In January 2015, WHO provided technical expertise to the health authorities for the implementation of sub-national polio campaigns which targeted 308,191 children less than 5 years in inaccessible and hard-to-reach areas. Over 178,000 children were vaccinated.

Furthermore, WHO supported the implementation of two national immunisation days (NIDs) covering all governorates reaching over 2.9 million children.

### III. Secondary care

As the proportion of fully functional health facilities reduced to less than 50% across Syria, the adverse impact on the most vulnerable people continued to be compounded in Q1, 2015. The National Thalassemia Centre in Damascus is the main referral centre for cases from the southern

Syria, including Dar'a, As-Suwayda and Quneitra. The burden of patients has increased as a result of the large numbers of IDPs in Damascus in addition to long distant travels to functional health facilities. The centre has a case load of 80 to 100 patients per day with staff and patients reporting difficulties coping with the situation.

WHO provided:

- ▶ 3.3 million patients with medicines needed for intensive care and emergency units in Damascus, Aleppo, Dar'a, Hama, Homs, Idlib, Rural Damascus, and As-Suwayda;
- ▶ Over 300,000 surgical treatments and supplementary kits in Damascus, Rural Damascus, Homs, and Idlib;
- ▶ Almost 19,000 beneficiaries with haemodialysis session supplies in Damascus, Aleppo, and Homs;
- ▶ 21 haemodialysis machines and six generators distributed in

Damascus, Lattakia, and Aleppo;

- ▶ Over 9000 diabetic patients with insulin pens fills in Damascus, Rural Damascus, Hama, Aleppo, Lattakia, Tartous, and As-Suwayda.

### IV. Mental Health

Approximately 600,000 Syrians are estimated to be suffering from severe acute mental disorders and 4 million from mild to moderate disorders with only two public hospitals and one referral system available to provide specialised mental health services in Syria. In order to address this gap, WHO embarked on and completed:

- ▶ Rehabilitation of the psychiatric unit at Al-Mouwassat hospital in Damascus;
- ▶ Renovation of Ibn Roushed mental hospital in Damascus;
- ▶ Establishment of psychiatric unit in Al-Afia Fund general hospital which is managed by the NGO;
- ▶ It is estimated that the three hospitals will provide services to 3500 people suffering from mental illnesses including referrals from Rural Damascus, Dar'a, Quneitra, and As-Suwayda;
- ▶ Rehabilitation of the out-patient clinics in the city of Aleppo in Ibn Khaldoun mental hospital. The outpatient clinic will provide mental health services to 7500 patients per year.

### V. Nutrition

Chronic poor dietary diversity, inadequate/improper infant, young child and maternal feeding practices, as well as geographical and gender inequalities have heightened the risk of malnutrition in children under five years of age. Results of the rapid nutrition assessment conducted by the nutrition sector on IDPs indicate a Global Acute Malnutrition (GAM)

rate of 7.2% and Severe Acute Malnutrition rate (SAM) of 2.3%, which translates into a 'poor nutrition situation' based on WHO's classification. The governorates of Al-Hassake, Hama, and Tartous have shown the highest SAM rates (> 3%) while Aleppo, Damascus, Deir ez-Zor, Quneitra, and Rural Damascus showed rates above 2.5%. With an expected increase in acute malnutrition cases, and a scarcity of the nutrition services provided, there are clear concerns that malnutrition cases could go undetected. In Q1 WHO provided:

- ▶ 47,000 children in Lattakia, Homs, Damascus, Aleppo, Hama, and Idlib with micronutrient supplementation to contribute to malnutrition prevention or further manifestations;
- ▶ In February, WHO conducted a review of nutrition surveillance to highlight 2014 achievements, address challenges and develop a clear and strategic roadmap for improvement in 2015;
- ▶ A total of 58 infants were saved from complicated SAM managed at WHO/MoH supported stabilisation centres in Aleppo, Hama, Homs, and Dar'a;
- ▶ Nutrition surveillance was established in 2 health centres in Al Hassake, the last governorate without nutrition surveillance in Syria.

### VI. WASH

The innumerable disruptions in water supply services and the significant increase in the number of IDPs have put significant pressure on water supply infrastructure. Currently, 50% of the population do not have access to portable water supply resulting in outbreaks of waterborne diseases, such as hepatitis A and typhoid, in many

parts of the country. In response, WHO:

- ▶ Supplied 10 water purification units, 1270 chlorine dosing pumps, 75 tons of chlorination materials, and 80 collapsible water storage tanks and water quality test equipment capable of refurbishing four water and wastewater laboratories to secure availability of safe useable water across the country;
- ▶ Supported the Damascus Water Utility to implement a water supply project to secure drinking water for an additional 400,000 IDPs living in economically deprived areas along the southern outskirts of Damascus;
- ▶ Established Water Pollution Alert and Response System (WPARS) in collaboration with the Syrian Arab Red Crescent (SARC) to alert public authorities and EWARS sentinel sites about incidences of drinking water contamination across the country;
- ▶ Provided IDPs and refugees across the country with emergency supplies of chlorination tablets and jerry cans in order to ensure clean drinking water and to prevent the spread of diseases;
- ▶ Secured sustainable sources of water for two MoH and one NGO hospitals in Damascus and Rural Damascus which are experiencing significant increase in the number of patients, by rehabilitating and equipping their emergency water supply systems.

### 3.3 DISEASE SURVEILLANCE

#### EWARS

Timely reporting of disease outbreaks is the primary step towards containment response. WHO continues to support the health authorities to adapt and strengthen the disease surveillance



After 4 years of conflict in Syria, over 50% of the population does not have access to safe drinking-water and proper sanitation. The innumerable disruptions in water supply services and the significant increase of internally displaced persons have added additional burden on the water supply infrastructure. This has resulted in outbreaks of waterborne diseases, such as hepatitis A and typhoid, rendering millions vulnerable to life-threatening illnesses.

Ayham, a 42-year-old father of 3, fled eastern Aleppo a year ago when the violence escalated. He is sheltering in an apartment that includes 2 more families in the town of Jaramana on the outskirts of Damascus. "We are 11 people living in this 80 square metre flat" Ayham said. "It is not only limited in space, but also we have very little water for our daily use" he added. People in many rural areas in Damascus and Aleppo are receiving water supplies only for 3 hours every 3 days.

Thanks to the generosity of the Government of Kuwait, much has been done to improve the quality of water for people in need. To date, over 5.2 million people have been provided with clean drinking water in Aleppo and Damascus.



Photo credit: WHO Syria

system through the Early Warning Alert Response System (EWARS) to detect disease outbreaks and plan containment interventions.

- ▶ More than 14,445 cases of hepatitis A were reported in Q1, 2015 in Syria with Damascus, Rural Damascus, and Idlib reporting the highest number of cases through the network of EWARS sentinel sites;
- ▶ Seventy-five per cent of all reported cases of disease alerts was investigated and responded to timely;
- ▶ In addition, WHO collaborated with NGOs to provide over 200,000 beneficiaries, mostly IDPs, with information, education and communication materials on prevention of hepatitis A and a 10-minute audio-visual documentary of the prevention of influenza;
- ▶ WHO activated a web based EWARS programme in all governorates of Syria to improve timeliness of reporting.

#### AFP Surveillance

- ▶ No new wild poliovirus cases were reported during Q1, 2015. The most recent case reported in Syria had onset of paralysis on 21 January 2014;
- ▶ Surveillance indicators met the required international standards during Q1, 2015;
- ▶ The immunity profile of all AFP cases (6-59 months) showed 93% coverage rate of non-polio AFP cases receiving more than three doses of polio vaccine in Q1, 2015.

### 3.4 CAPACITY BUILDING

#### Trauma

- ▶ In collaboration with the Syrian Resuscitation Council in MoH, WHO conducted 10 training courses during Q1, 2015 in four Syrian governorates (Damascus, Dar'a, Al Hassake, and Aleppo);
- ▶ More than 370 health workers from MoH, MoHE, Syrian Arab Red Crescent (SARC) and NGOs were trained on trauma management, first aid, basic life support, paediatric life support and mass casualty management.

#### PHC

- ▶ In collaboration with the health authorities conducted 18 training courses for 216 trainees on routine immunisation and 540 trainees on surveillance and polio campaigns.

#### Secondary Care

- ▶ 141 health care providers drawn from different hospitals in Damascus and Aleppo were trained on infection control measures, sterilisation and installation of haemodialysis machines.

#### Mental Health

- ▶ A Training was conducted on-the-job for 100 health professionals and 30 psychologists on mhGAP-IG in Aleppo and Rural Damascus;
- ▶ Six refresher trainings were conducted for 171 non-specialised health professionals on mhGAP intervention guidelines.

#### Nutrition

- ▶ 23 health workers from Al-Hassake and 30 professionals from Dar'a were trained on SAM and nutrition surveillance.

#### EWARS

- ▶ 11 training courses were conducted for 300 health workers and this enhanced the reporting of disease occurrence.

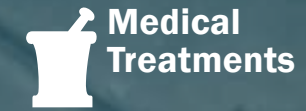
#### Technical Health Information

Collection and analysis of health information is a key tool for informed decision making, advocacy and fund raising in public health emergencies. Previously, health needs assessments of populations and health facilities were based on the rule of thumb until the establishment of HeRAMS in 2013. Since its establishment, WHO has used the information generated through HeRAMS to inform proposal writing and needs identification enabling delivery of targeted and appropriate humanitarian assistance to populations in need.

HeRAMS presents the credible source for updated information on the functionality status, accessibility, infrastructure damage and availability of human resources and services covering 113 public hospitals and 1776 health centres across Syria. Moreover, HeRAMS data also guide other agencies like UNFPA, UNHCR, UNICEF, UNDP, IOM and MEDAIR in their planning of healthcare interventions and focused geographical delivery of humanitarian assistance ■



# Q1, 2015 Achievements



Medical  
Treatments

**5,105,948**

medical treatments delivered to people in need across the country compared to 2.2 million for the same period in 2014



Polio  
Vaccine

**2,989,659**

children vaccinated in 2 nation-wide polio campaigns conducted in February and March 2015 respectively



Measles  
Immunisations

**1,521,428**

children immunised against measles during a national campaign



Capacity  
Building

**4,000**

health care providers trained on critical and emerging health issues



Reporting  
Epidemiological  
Sites

**675**

Early Warning and Response Network (EWARN) reporting sentinel sites across the country, 1/3 of which are in opposition-controlled areas



Mobile  
Clinics

**34**

mobile clinics delivered to provide health services to underserved populations and hard-to-reach areas





# Challenges and Mitigation Measures

Photo credit: WHO/ Douma - WHO/ Aleppo

Drawing on the support of several donors, WHO in collaboration with the Syrian Arab Red Crescent Society has established the Water Pollution Alert and Response System (WPARS), a national monitoring system that aims to alert water authorities on incidences of water contamination across the country to prevent the spread of water-related diseases.



AS THE CONFLICT PERSISTS, WHO is faced with a number of challenges disrupting the delivery of health and humanitarian services to the Syrian people including inaccessibility to populations in need due to non-approval, insecurity, dearth of health professionals, and restrictions on surgical supplies and equipment.

WHO adopted several strategies to overcome the challenges including advocacy with the relevant authorities, collaboration with other UN agencies and partners and partnership with community leaders especially in hard-to-reach and opposition-controlled areas. Some of the specific challenges encountered in Q1, 2015 included:

### Trauma

The major challenge faced in Q1, 2015 was the increasing number of injuries across the country requiring urgent medical care and treatment.

### Mitigation measures:

Capacity building of the medical service providers especially surgeons and emergency specialists, in addition to the expansion of partnership with NGOs and SARC to provide services in difficult and hard-to-reach areas; Provision of 34 mobile clinics to populations in need in hard-to-reach areas.

### Primary Health Care

Accessibility to hard-to-reach areas due to security concerns and restrictions imposed by warring parties; Stringent regulations for vaccine procurement and rejection of some WHO prequalified vaccines.

### Mitigation measures:

A special plan targeting over 300,000 children in hard-to-reach areas was implemented in collaboration with NGOs, community leaders and local



partners. Approximately, 178,000 children were reached during a sub-national campaign in January. A comprehensive EPI review was conducted in Q1, 2015 to assess the response capacity and preparedness of the Syrian health system to provide adequate primary health care services in the context of the crisis; International mission is planned from WHO's Regional Office to meet with Syrian national authorities to share experiences from other countries and discuss issues relating to vaccine registration and procurement.

### Secondary Care

Procurement of blood, blood products, factor IV, and narcotics is affected by the government requirement that only companies registered in the country can supply medicines.

#### Mitigation measures:

Provision of detailed technical specifications prior to procurement to ensure acceptance and avoid delays in the overall procurement processes; International mission from WHO Regional Office to meet with WHO Syria and national authorities to identify and propose solutions to the obstacles and mitigation measures for procurement of medicines and supplies.

### Mental Health

Paucity of mental health professionals and services limits the opportunities of people seeking mental health care.

#### Mitigation measures:

WHO conducted on-the-job training for 100 health professionals and 30

psychologists on mhGAP-IG in Aleppo and Rural Damascus in addition to six refresher trainings for 171 non-specialised health professionals on mhGAP intervention guidelines.

### Nutrition

There is an acute shortage of human resources to provide nutrition services, especially in hard-to-reach areas.

#### Mitigation measures:

WHO trained 23 health workers and 30 non-professionals to provide nutrition services in health centres and expanded the nutrition surveillance centres to Al-Hassake to cover the whole of Syria.

### WASH

Water supply infrastructure has witnessed significant damage, reducing the current availability of safe water inside Syria to one-third of pre-crisis levels.

#### Mitigation measures:

On exceptional basis, WHO supported the drilling and equipment of three groundwater wells in Ibn Al-Nafees hospital in Damascus, Al-Mouwassat Al Khairi (NGO) in Damascus, and Ibn Roushed hospital in Rural Damascus.

### HeRAMS

Difficulty in obtaining data from some reporting sites due to insecurity in many governorates.

#### Mitigation measures:

WHO provided information and communication technology equipment to health facilities for data collection to strengthen timely data flow ■



Photo credit: WHO/Omar Samadiki





## Turning Points in Q1, 2015

**Access to treatment:** To provide health services to the underserved, WHO provided 34 mobile clinics to enhance health services to populations in hard-to-reach areas. WHO delivered 5.1 million treatments in 14 governorates across Syria in Q1, 2015 compared to approximately 2.2 million reached at the same period in 2014.

**Polio:** Over 178,000 children under 5 years were vaccinated against polio in a Sub-National Immunisation Days (SNIDs) targeted at 308,000 children in hard-to-reach and opposition-controlled areas in the country; Two separate national immunisation campaigns against polio reached 2.9 million children under 5 years across Syria

**Mental Health:** Three mental health facilities have been renovated (psychiatric unit

in Al-Mouwassat out-patient clinics in Damascus, Ibn Roushed mental hospital in Damascus in addition to the establishment of a psychiatric unit in Al Afia Fund Hospital managed by an NGO in Damascus. The renovated facilities will provide mental health services to an estimated 10,000 patients per year.

**Nutrition:** Establishment of nutrition surveillance in Al Hassake, the remaining governorate without nutrition surveillance system.

# Strategic Interventions Under SRP 2015

WHO is committed to responding to the acute health needs for 2015 of the estimated 12.2 million people affected by the Syria crisis, out of whom 7.6 million are IDPs and 2.7 million have lost their job. WHO requires US\$ 116,377,945 to continue providing lifesaving medicines, medical supplies and equipment to a growing number of increasingly vulnerable populations in need across Syria.

Under the Strategic Response Plan (SRP) 2015, WHO plans to achieve the following:

## Enhance PHC

Enhance access to Primary Health Care (PHC) services to reach more beneficiaries especially the underserved populations.

**Funds need: US\$35,556,200.**

## Secondary and Tertiary Care

Support delivery of secondary and tertiary health care services to improve access by patients especially injured and burn victims.

**Funds need: US\$32,468,080;**

## Trauma Care

Strengthen Trauma Care Management for preparedness and management of trauma, including referral mechanisms, for a projected increasing number of injuries across

the country.

**Funds need: US\$27,071,000.**

## EWARS

Enhance the expansion of the diseases surveillance and response system to improve early detection and response to epidemic prone diseases and contain the current polio epidemic and its spread to other countries/ regions.

**Funds need: US\$5,136,000.**

## Mental Health

Scale up Mental Health Services to strengthen service delivery across Syria.

**Funds need: US\$6,152,000.**

## Rehabilitation

Rehabilitate damaged health facilities to support public and private health infrastructure and services affected by the crisis.

**Funds need: US\$7,820,000.**

## HIS

Enhance emergency Health Information Systems to further strengthen the HIS for emergency using Health Resources and Services Availability Mapping System (HeRAMS) for regular, timely and accurate collection and dissemination of data.

**Funds need: US\$777,275.**

## Coordination

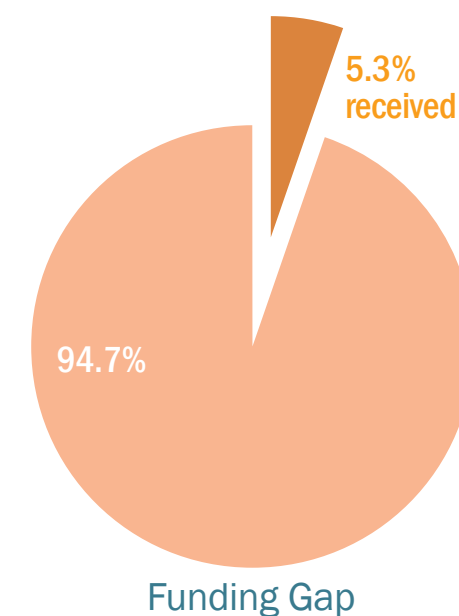
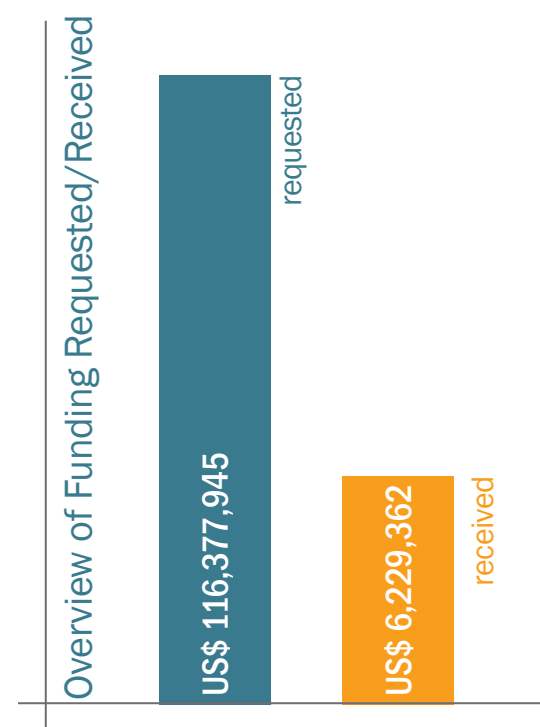
Reactivate Health Sector Coordination, to: i) strengthen health sector coordination to address the needs of people in need, ii) provide improved access of vulnerable populations to quality healthcare services and allow for adequate preparation and response capacities for ongoing and new emergency.

**Funds need: S\$2,262,390 ■**

In Syria, for every \$1 million WHO cannot raise in Syria, some 226,000 people lose vital health services, health facilities will not be able to respond to the growing demand for healthcare, and many more people will therefore die or become disabled.

# Financial Overview

WHO Syria requested US\$ 116,377,945 to support its effective response to identified health needs in 2015. By the end of Q1, WHO had received US\$ 6,229,362



## Funding per Donor

As of end of Q1, 2015, 4 donors supported WHO operations in Syria. The highest donor as of this quarter is CERF followed by Finland, United Arab Emirates, and Luxembourg.

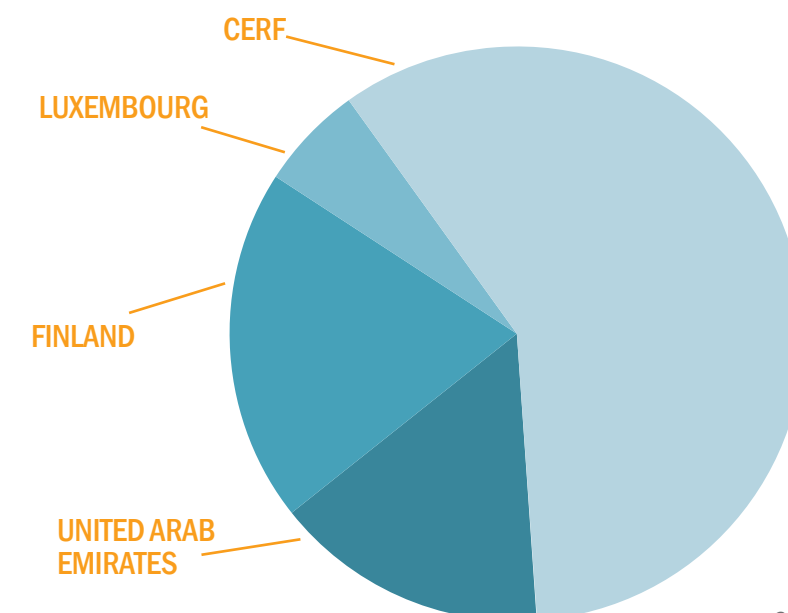






Photo credit: WHO/B. Khabbbeh

## Spotlight on Rapid Interventions

### 6.1 WHOLE OF SYRIA (WOS) APPROACH

AS THE SCALE OF POPULATIONS in need continues to increase, humanitarian partners providing assistance inside Syria across the operational hubs (Syria, Turkey, and Jordan) committed to work under a “Whole of Syria” approach. The approach focused on addressing gaps, de-conflict, and ensure synergised delivery of humanitarian assistance by following the most appropriate modality (cross-line or cross-border).

The approach was first experienced in the development of a two-month joint operational micro-plan in four governorates: Idlib, Aleppo, Dar’a, and Queinetra during Q4 2014. The result, which informed the decision to expand the scope and reach all the 14 governorates of Syria as articulated in the Syria Response Plan (SRP) 2015 included:

- ▶ Increased inter/intra hubs synergies and coordination resulting in clarified division of labour and improved efficiency by humanitarian actors;
- ▶ Reduction in the perception of duplication and overlapping of response amongst humanitarian actors, thus decreasing the politicization of humanitarian assistance and response on the basis of the modality of aid to beneficiaries;
- ▶ Improved information sharing at the community/town level aligned with the 4W tools for consistency in reporting lines;
- ▶ Availability of dynamic plans to adapt to the changing context of Syria;
- ▶ Standardisation of interventions and beneficiaries across hubs including eliciting agreements on beneficiary targeting criteria.

### Challenges

- ▶ Security and access constraints hampered efforts by all hubs to reach key areas due to increasing insecurity and fighting and/or shifting frontlines;
- ▶ About 50% of the populations in need in the governorates covered by WoS approach were not accommodated in the pilot micro-plan;
- ▶ A total of 48 sub-districts with a total people in need of 835,000 from across the four governorates of Syria were not covered by any sector in the WoS;
- ▶ Shortages of qualified health professionals in key areas due to the widespread impact of the conflict on the health sector.

### Way Forward

- ▶ On the basis of the lessons learned from the implementation of the two-month joint operational micro-plans in 2014, concerned sectors have decided on a country-wide operational plan in line with the 2015 Syria Response Plan;
- ▶ Sectors are actively working together to improve needs assessments and identification within respective governorates, response monitoring and improvement of information sharing in line with protocol tools developed by each sector;
- ▶ Stronger engagement and the development of a long-term approach to technical and organisational capacity building;
- ▶ Development of an advocacy strategy to address protection of civilians, health facilities and health professionals during conflict;
- ▶ Partners will finalise a summer contingency plan, including Cholera as well as joint operational micro-plans for the remainder of the year.





Photo credit: WHO/B.Khabbich

## 6.2 ACCESS AND CROSS-LINE OPERATIONS

Reaching people in need of medical care especially in hard to-reach areas remains a challenge. Intense fighting and shifting areas of conflict have hampered access to health services. Concerns of humanitarian actors have increased over the declaration of three neighborhoods in Deir ez-Zor city as besieged, resulting in a total of 440,000 people besieged in Syria, including 167,500 in eastern Ghouta and Darayya in Rural Damascus, a further 26,500 in Nubul and Zahra in Aleppo, while 228,000 are besieged in Deir ez-Zor city and 18,000 in Yarmouk camp in Damascus.

Despite the limitations imposed by parties to the conflict on delivering humanitarian assistance across conflict lines, WHO engaged a network of

influential stakeholders which led to the delivery of over 880,000 treatments to people in need in hard-to-reach, opposition-controlled and besieged areas.

### Challenges

WHO has persistently requested access to hard-to-reach areas. During Q1 2015, requests to access 27 hard-to-reach and besieged locations were submitted with the majority going unanswered. The locations included: Eastern Ghouta, Mouadamiya in Rural Damascus, Deir ez-Zor city and Alboukamal in Deir ez-Zor, Nubul and Zahra in Aleppo, and Qamishly as well as five locations in Dar'a governorate. Moreover, surgical supplies for 120,000 treatments were not delivered across lines during Q1, 2015 due to the lack of approvals and worsening security context.

## 6.3 ALEPPO FREEZE PLAN

Aleppo is the most populous governorate in Syria with a population of more than 4.8 million people as per 2011 estimation, representing almost 23% of the total population of Syria. Prior to the onset of the crisis, diarrheal diseases, upper and lower respiratory tract infections and chronic diseases (hypertension and diabetes) were the commonest causes of mortality and morbidity in Aleppo in that sequence. Since the crisis, trauma has topped the list of main causes of mortality and morbidity. Aleppo is classified as a hot area and has immediate needs for health and humanitarian assistance as well as early recovery and livelihood support for 407,000 IDPs, 79,800 returnees and 325,000 in need in the local communities.

WHO developed an "Aleppo Freeze Health Plan" in expectation of the implementation of an Aleppo Freeze, canvassed by the UN efforts to ensure that humanitarian aid can immediately reach hundreds of thousands of IDPs, returnees and populations in need to prevent Aleppo from deteriorating into human catastrophe.

WHO prepositioned medicines and supplies to meet the health needs of 226,973 people with the following:

- ▶ Assorted medicines for trauma, diarrheal diseases, upper and lower respiratory tract infections and chronic diseases;
- ▶ A range of medical consumables and instruments including burn dressing kits, personal health worker protective gear, stethoscopes, otoscopes,

- laryngoscopes, mosquito nets;
- ▶ A range of WASH equipment, including water quality testing kits, hygiene kits, purification units, jerry cans, water infusion pumps;
- ▶ 160 wheelchairs;
- ▶ 2,500 haemodialysis sessions,
- ▶ 3 generators;
- ▶ Hospital beds, basic laboratory equipment, oxygen generators, infant incubators, portable x-ray units, first aid kits;
- ▶ Inter-Agency Emergency Health Kit - IEHK 2011 - for a population of 1,000 for 3 months for common diseases;
- ▶ Diarrhoeal Disease Kit - for 100 severe cases, 1 ORS module for 400 mild cases, 100 adults and 100 children for Shigella, 1 Infusion Module and 1 Support Module;
- ▶ Surgical Supply Kits designed to cover all requirements for medical disposables to treat 100 surgical inpatients for 10 days, including surgical operations.

## 6.4 PROSTHETICS PROJECT

With the continued escalation of the conflict in Syria, the number of injured continues to rise. It is estimated that over one million have been injured and are in need of appropriate and timely interventions to limit the risk of avoidable amputations and preserve the longer-term health outcomes. Injuries arising from the conflict, particularly those that are not promptly treated are the main causes of disabilities, particularly in areas of high conflict where access to health services is critically hampered.

- ▶ WHO Syria with the technical expertise of WHO international physical rehabilitation experts



conducted a situation analysis of the current needs for prosthetics and available services;

- ▶ Provided prosthetics supplies for 175 patients through the public rehabilitation centre in Damascus;
- ▶ Procured a second batch of prosthetic supplies for 400 patients to be used as hands-on training materials for students at the Medical Institute;
- ▶ Developed a capacity building plan for 100 prosthetic technicians drawn from the Directorate of Physical Rehabilitation, medical institute, NGOs, private workshops, SARC, and UN partners;
- ▶ Contracted Al-Alfia Fund NGO in Homs to provide physical rehabilitation services to 300 patients;
- ▶ In collaboration with the MoH, initiated the process of developing a rehabilitation strategy for the health sector thereby creating a platform for systematic data collection and coordinated response for physical rehabilitation.

### Challenges

Restricted access to populations in need of prosthetic services in heavily affected areas remains a major challenge. However, WHO will leverage its expanded presence in the field and partnership with NGOs to provide needed services.

### 6.5 LEISHMANIASIS PREVENTION IN ALEPPO AND DEIR EZ-ZOR

Cutaneous Leishmaniasis has been documented in Aleppo since early 1745; hence, its native names as “Aleppo Evil”, “Aleppo ulcer”, “Aleppo Boil” or “Aleppo Button”. Albeit, Syria has struggled with cutaneous leishmaniasis for centuries, there has been an increase in the incidence of the disease especially in the ancient northern Syrian city of Aleppo and other governorates like Deir ez-Zor, since the onset of the current crisis which has caused enormous population migration. According to the WHO’s Early Warning Alert

and Response System (EWARS) more than 14 000 cases of leishmaniasis were reported in Q1, 2015 across Syria, especially in Aleppo and Deir ez-Zor which are considered hard-to-reach due to insecurity with Deir ez-Zor being almost merely controlled by ISIL.

In view of this, WHO initiated partnership with Mentor Initiative for control of leishmaniasis in Aleppo and Deir ez-Zor.

- ▶ WHO provided the NGO with 209,000 Long Lasting Insecticide Nets (LLINS) for both governorates.
- ▶ In Deir ez-Zor, 420,330 beneficiaries in Alboukamal, Susat, Jalaa and, Hajin benefitted from the project;
- ▶ In Aleppo 91,386 beneficiaries in Ma’btali, Sharan and Sheik Hadeed sub-districts were reached with LLINS;
- ▶ More than 66,000 educational brochures were distributed in both governorates to build the skills of the beneficiaries on leishmaniasis prevention using LLINS.



Photo credit: WHO/Omar Samadiki



Photo credit: WHO/Al-Hassake

### 6.6 SUSTAINING SYRIA WITHOUT POLIO AMIDST CRISIS

Despite the conflict and mass displacement of the Syrian population, Syria has reached over one year since the last case of polio was reported on January 2014. This milestone is a demonstration of WHO and UNICEF commitment to providing technical expertise to the Syrian health authorities to implement quality campaigns against polio and strengthen routine immunisation services.

Since the first outbreak of polio was confirmed in October 2013, WHO together with UNICEF have

supported the implementation of 12 national and 2 sub-national polio campaigns targeted at children less than 5 years.

In January 2015, a tailored polio campaign was implemented targeting over 300,000 children in different hard-to-reach locations across Syria. Over 50% was reached with potent drops of oral polio vaccine. Subsequently, 2.9 million eligible children were vaccinated respectively in February and March 2015 nationwide polio campaigns to sustain a polio free Syria.

### Challenges

- ▶ Change of administrative

borders in conflict areas: health staff know their catchment areas, but the areas change according to the group controlling therefore some pockets of children might be missed;

- ▶ Internal displacement and continuous movement of population from hot areas lead to difficulties in micro planning;
- ▶ Community and health system fatigue due to frequent campaigns;

In the context of the current Syrian conflict, a year without polio calls for reflection on the commitment, joint efforts and resources that have gone into achieving this feat ■



# Constraints To Effective Delivery Of Humanitarian Assistance

WHO FACED SEVERAL CHALLENGES that hampered planned delivery of humanitarian assistance in Q.1, 2015 including:

- ▶ Gross shortage of funding;
- ▶ Insecurity remains the major challenge to accessing communities in need, as military attacks hamper humanitarian operations and block convoys. To address this issue, agencies have increased contingency planning and early prepositioning in areas at higher risks of fighting and blockade;
- ▶ Attacks on health facilities and health workers continue to violate the basic principle of neutrality and constitute a major violation of IHL and related Geneva Conventions;
- ▶ Inside Syria, the restricted number of humanitarian operational partners have limited and delayed the scale up of operations. Local NGOs' limited experience with humanitarian health operations demands significant investment in capacity building;
- ▶ While shipments of medical and surgical treatments and supplies to hard-to-reach areas have increased following the UNSC resolutions 2139 and 2165, restrictions still exist and depend on the type of supplies delivered through cross-line convoys. Authorisation for many shipments remain denied with shipments being sometimes blocked before reaching their target and part or all of health supplies, especially for surgical interventions are

removed from convoys;

- ▶ Surgical supplies are particularly difficult to ship cross-line.. In Q1 2015, 10 WHO requests to deliver medical assistance to hard-to-reach areas have gone unanswered;
- ▶ WHO, like other humanitarian partners, has no access to besieged areas. Medical supplies (44,000 treatments) for the besieged areas of Nabul and Zahra are awaiting distribution from SARC warehouse since December 2014;
- ▶ NGO partners operating outside Syria face increasing administrative, logistic and financial difficulties as well as restrictions on the shipments of goods including medical and surgical supplies across borders;
- ▶ Areas under the control of ISIL are increasingly difficult to access both from inside and outside Syria. Deir ez-Zor is besieged. SARC has been expelled from Ar-Raqqa in December 2014 while UN agencies such as WFP and UNICEF have not been able to access Deir ez-Zor with assistance since January 2015. In February 2015, polio vaccination campaign managed to reach 90% of the targeted children in Deir ez-Zor but only 72% of targeted children in Ar-Raqqa;
- ▶ WHO programmes in Syria are under-funded. In 2014, WHO Syria received US\$ 50.9 million (27.4%) out of over US\$ 185 million requested under the SHARP 2014. In Q1, 2015, WHO has received 6.2 million (5.3%) out of US\$ 116 million requested under SRP

2015;

- ▶ The dramatic increase in the number of injured – an average of 25,000 injuries per month-coupled with restricted access to surgical supplies, safe blood transfusion, basic anesthetic medicines and frequent power cuts hamper the efforts of the few functional hospitals and health centres to operate at maximum capacity;
- ▶ Over 50% of all public hospitals are either partially functioning or completely out of service as of end of Q1, 2015;
- ▶ Fluid and shifting lines of crisis, numerous checkpoints and bureaucratic procedures, a proliferation of armed groups and humanitarian actors' own internal security procedures hamper the timely delivery of humanitarian assistance within Syria;
- ▶ The available number of health professionals has decreased to approximately 45% of pre-crisis and as such Syria has experienced severe shortage of surgeons, anesthesiologists, laboratory professionals, female health professionals etc.;
- ▶ 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;
- ▶ Economic and financial sanctions imposed on Syria hampers the country's ability to procure essential supplies from outside Syria ■

# Priorities and Way Forward for Q2, 2015

DRAWING ON THE LESSONS LEARNT in Q1, 2015, WHO will leverage on its expertise and knowledge of the local environment to:

- ▶ Develop innovate community oriented interventions and strategies to increase access to populations in need;
- ▶ Expand its partnerships to reach more populations seeking health and humanitarian services especially those in hard-to-reach and opposition-controlled areas;
- ▶ Continue to build the capacity of health workers to strengthen the health system;
- ▶ Support health infrastructure rehabilitation;
- ▶ Promote positive lifestyles for enduring healthy life.

WHO will, pursue the following strategic priorities in Q2, 2015.

## Trauma Care

- ▶ Strengthen trauma preparedness, care and management by conducting capacity building support for the health work force;
- ▶ Expand partnerships and train NGOs to provide trauma care especially in the hard-to-reach and opposition controlled areas;
- ▶ Preposition medical supplies closer to hot areas expected to have more populations in need of trauma care and services.

## PHC

- ▶ Expand partnership with NGOs to reach children in hard-to-reach areas during polio campaigns to improve herd immunity;
- ▶ Implement the 6-month plan for

strengthening routine immunisation focusing on:

- Map of high risk areas with low routine immunisation performance and developing special strategies to close the gaps;
- Train new vaccinators and refresher courses for the old vaccinators;
- Expand outreach activities, especially among nomadic population, IDPs and hard to reach communities;
- Conduct immunisation coverage survey before the end of 2015;
- Conduct refresher training on AFP surveillance using the updated guidelines.
- ▶ Apply small scale rehabilitation of PHC centres in locations where health care infrastructures have been heavily damaged.

## Secondary and Tertiary care

- ▶ Capacity assessment of the secondary healthcare;
- ▶ Develop tailored interventions to address gaps identified by the assessment
- ▶ Small-scale rehabilitation of health facility infrastructure of partially damaged hospitals;
- ▶ Strengthen the capacity of health staff in the areas of infection control, patients' safety, quality management and rational use of drugs.

## Mental Health

- ▶ Adaptation of the mental self-help book to the Syrian context;
- ▶ Expand the training of non-specialized health workers on mhGAP intervention guide especially in hard to reach areas.

## Nutrition

- ▶ Expand nutrition surveillance in public health centres from 120 to about 200 including hard-to-reach areas in Aleppo, Ar-Raqqa, Dar'a, Idlib and Al-Hasake;
- ▶ 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;
- ▶ Introduce integrated early childhood development (ECD) activities in the nutrition emergency programme utilizing the WHO/ UNICEF ECD in Nutrition guideline activities to improve child's growth and developmental outcomes in the short and long term.

## WASH

- ▶ Support the drilling of three groundwater wells in Ibn Al Nafees, Al Muwassat Al Khairi and Ibn Roushed hospitals in Damascus;
- ▶ Distribution of 55,000 jerry cans and 500,000 aquatabs in Dar'a in collaboration with SARC.

## EWARS

- ▶ Expansion of EWARS sites from 650 to 800 to include all public health facilities;
- ▶ Expansion of the scope of communicable diseases earmarked for reporting toward achieving a more comprehensive surveillance system;
- ▶ Strengthening of the Monitoring and Evaluation system for EWARS programmes ■



“WHO has been an real pillar to our work! Without the support of the organization many people would have struggled to receive life-saving treatments... the quality of health services we have been providing to people has significantly improved.”  
– A doctor at *al-Afiya Fund* charity.



Photo credit: WHO/Omar Sanadiki

World Health Organization- Syria  
P.O. Box 3946  
Damascus, Syria  
<http://www.emro.who.int/countries/syr/>

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