



World Health Organization
Syrian Arab Republic

Donor Update

2016 (Q1)



World Health
Organization

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Contents

8	Foreword
10	Executive Summary
12	Overview
16	WHO’s Response
22	Capacity building
24	Challenges and mitigation measures
25	Financial overview for Q1, 2016
26	Priorities for Q2, 2016
28	WHO strategic interventions under the Humanitarian Response Plan for 2016

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It is unprecedented since the era of the Second World War to see such numbers of people affected. The humanitarian crisis in Syria was the first emergency ever to be categorized as a grade 3.”

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



Foreword



IN SPITE OF THE RECENT cessation of hostilities in Syria, the overall humanitarian situation in the first quarter of 2016 remained dire. Since the crisis began, over 250 000 people have been killed and more than one million people have been injured. Around 6.5 million people have been internally displaced, and nearly 4.6 million are living in hard-to-reach areas, including 18 locations classified as besieged.

More than half of Syria's public hospitals remain closed or are only partially functioning. Only one of the nine public hospitals in Dar'a governorate remains open, and only around 20 of its 104 public health care centres are functioning normally. In Aleppo, where over 2.2 million people live, more than half of its public hospitals and over one quarter of its health care centres are closed or badly damaged. The pattern is similar in other governorates such as Idleb and Deir-ez-Zor. People in besieged locations have had severely limited access to medical and humanitarian services. For example, in Duma City, which is home to around 95 000 people, the main hospital has been destroyed and many health care workers have fled the area.

Parties to the conflict ignore international humanitarian laws and continue their indiscriminate attacks on health care facilities and personnel. In February 2016, the bombing of hospitals in A'zaz and Idleb (the latter managed by Mdecins sans Frontieres) killed scores of people and injured many more. These bombings received

widespread media coverage, but many others did not. It is sobering to note that these were the 17th and 18th attacks on health care facilities in Syria during the first three months of 2016.

Working from its country office in Damascus and its hubs in Gaziantep (Turkey) and Amman (Jordan), WHO aims to reach all parts of the country. The following pages describe the Organization's humanitarian activities in the first quarter of 2016. They cover a wide range of interventions, from trauma care to disease surveillance to maintaining the medical supply chain and conducting training initiatives to rebuild the country's health workforce ●

Elizabeth Hoff

Elizabeth Hoff
WHO Representative to the
Syrian Arab Republic

Photo credit: WHO/ Christopher Black



Photo credit: WHO/ Mohammed Badra

Had it not been for WHO's support, 13 year-old Mohamed Adnan Aldaher, who lost his leg following a mortar attack in Duma, would have remained immobilized. Mohamed was fitted with prosthetic devices donated by WHO. He is one of thousands of Syrians who have been left permanently disabled by the conflict.









Photo credit: WHO/ Karam Al-Masri

Executive Summary

According to the Humanitarian Needs Overview for 2016, over 11 million people in Syria require health assistance. A staggering 25 000 people are injured each month and require trauma care.

Highlights of WHO’s humanitarian interventions in Syria in Q1, 2016

-  Delivered 1.8 million treatments, of which 55% went to people in besieged and hard-to-reach areas.
-  Supported a nationwide polio vaccination campaign in which more than 2.3 million children were vaccinated, including in besieged areas in northern Syria.
-  Supported a measles and rubella vaccination campaign that vaccinated nearly 300 000 children in northern Syria.
-  Assessed the status of functionality of all public hospitals and health care centres across the country.
-  Continued to advocate for unhindered access to people in need. As a result of WHO’s sustained advocacy efforts, 55% of its humanitarian assistance in the first three months of 2016 was delivered to besieged and hard-to-reach areas.
-  Screened more than 133 000 children under five years of age for malnutrition.

Overview



ALTHOUGH THE CESSATION OF HOSTILITIES in the first quarter (Q1) of 2016 offered a glimmer of hope, the protracted conflict has resulted in the destruction of health care infrastructure and a severely depleted health workforce. Trauma care and the long-term rehabilitation of severely disabled patients remain major challenges. Cases of vaccine-preventable diseases continue to be reported. Many internally displaced people (IDPs) are living in dire conditions in hastily built camps and other informal settlements, without access to running water or sanitation¹. Over half the population has no access to safe drinking water.

ACCESS TO PEOPLE IN NEED

Access to some besieged and hard-to-reach areas has improved significantly following the ceasefire. Humanitarian agencies have been able to access several areas for the first time in many years. Since the beginning of the year, inter-agency convoys have reached around 150 000 people in 11 of the 18 besieged areas in Syria, several of them more than once. Almost 200 000 people in hard-to-reach locations and around 50 000 people in cross-line locations have also received humanitarian aid.

Nonetheless, humanitarian conditions remain critical across the country. According to a joint UN/WHO statement issued in March 2016, the humanitarian community is reaching fewer than one in every five besieged Syrians². By the end of Q1, 2016, approval for access had yet to be granted for Duma, East Harasta and Darayya, where severe shortages of medicines and supplies have been reported. More than 210 000 people in northern Rural Homs and 15 000 people in Habarnifse and rural Hama have limited access to health care. "People in Madamiyet Elsham, Madaya, Deir-ez-Zor city, Foah and Kafraya are in an utterly desperate situation due to severe malnutrition and lack of access to medical care", said Zeid Hussein, the UN High Commissioner for Humanitarian Rights.³ "The warring parties in Syria are constantly sinking to new depths, without apparently caring in the slightest about the death and destruction they are wreaking across the country. It is a grotesque situation."⁴

Between January and March 2016, WHO submitted 18 individual requests to the national authorities to deliver medical supplies to 54 locations in nine governorates. While four of these requests were approved, the other 14 went unanswered.

Photo credit: WHO/ Karam Al-Masri

REMOVAL OF MEDICAL ITEMS FROM INTER-AGENCY CONVOYS

Some 80 000 medical treatments were not allowed on humanitarian convoys to besieged areas, or were removed in transit. In February 2016, 60 700 medical treatments including trauma kits and essential medicines were removed from a convoy destined for Madimayet Elsham. Another 18 500 medical treatments were removed from a convoy bound for Kafr Batna. In March 2016, nearly 19 000 treatments were removed from convoys destined for Madamiyet Elsham, Az-Zabdani, Madaya, Hammura, Foah, Kafraya and Taldu.⁵

ATTACKS ON HEALTH FACILITIES AND PERSONNEL

Attacks on medical facilities and personnel continued in Q1, 2016. Many people were reluctant to seek treatment in the few functional health care facilities due to fear of attacks. At least 17 health care facilities were reportedly attacked in Q1, 2016, in what some experts described as the systematic destruction of Syria's health care system⁶. In March 2016, Physicians for Human Rights (PHR) reported that

at least five airstrikes had damaged a hospital and a physiotherapy centre in Yamadiya, Lattakia governorate, and forced staff to evacuate patients and cease all services. In February 2016, a health care facility in Maaret al-Numan managed by Mdecins Sans Frontières was destroyed in two separate raids, leaving 40 000 people in an active conflict zone without access to medical services.⁸

FUNDING SITUATION IN Q1, 2016

As of the end of March 2016, WHO had received only 0.2% of funds required for 2016, preventing the Organization from reaching many people with life-saving humanitarian assistance.

1. Published online ahead of print October 15, 2015 | American Journal of Public Health
2. Joint United Nations / WHO statement 11 March 2016. Retrieved: 02 April 2016: <http://www.who.int/mediacentre/news/statements/2016/joint-statement-syria/en/>
3. Zeid Hussein, "Situation in Aleppo and other parts of Syria grotesque". <http://reliefweb.int/report/syrian-arab-republic/situation-aleppo-and-other-parts-syria-grotesque-enar>
4. <https://www.linkedin.com/pulse/situation-aleppo-other-parts-syria-grotesque-zeid-alliance-for-peace>
5. Report of the Secretary-General on the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015). April 26, 2016
6. According to Doctors without Borders. <http://www.syiadeeply.org/articles/2016/02/9569/hospitals-constant-attack-syria/>
7. <http://physiciansforhumanrights.org/press/press-releases/phr-finds-syrian-government-shelled-hospital-violated-ceasefire-agreement.html>
8. Massimiliano Rebaudengo, MSF's head of mission in Syria. <http://www.theguardian.com/world/2016/feb/15/airstrike-destroys-msf-clinic-northern-syria>





WHO's Response

Photo credit: WHO Syria

TECHNICAL LEADERSHIP AND COORDINATION

WHO works with more than 89 health partners to plan, implement and evaluate concerted interventions to reach people in need across Syria. In Q1, 2016, WHO:

- Coordinated health partners' participation in inter-agency convoys;
- Continued its advocacy efforts on behalf of all health partners. For example, following the national authorities' initial rejection of 29 000 life-saving treatments for Madamiyet Elsham, WHO obtained approval for these items to be included in subsequent convoys;
- Obtained approval to examine and treat Madaya residents as part of the second inter-agency convoy in January 2016. Almost 400 people were treated by a medical team from the Syrian Arab Red Crescent (SARC). A team of nutritionists from WHO, UNICEF and ICRC examined children and assessed their nutritional status;
- Obtained approval to deploy a second SARC mobile clinic to Madaya on 15 January 2016. Around 200 patients were treated by the team;
- Advocated for the inclusion of mental health specialists in medical teams deployed to Madaya, and for the inclusion of psychotropic medicines in inter-agency convoys. The national authorities approved both requests;
- Adapted a rapid health assessment tool for besieged and hard-to-reach locations;

- Issued public statements condemning attacks on health facilities in the Syrian Arab Republic: <http://www.emro.who.int/media/news/who-condemns-multiple-attacks-on-health-facilities-in-the-syrian-arab-republic.html>;
- Established a contingency supply plan for priority health care facilities in northern Syria.

TRAUMA

In Q1, 2016, WHO distributed:

- Over 224 000 trauma medicines and supplies to Aleppo, As-Sweida, Damascus, Dar'a, Hama, Homs, Idlib and Rural Damascus;
- 300 000 blood test kits to Damascus;
- 400 prosthetic devices and accessories (delivered across Syria);
- 20 surgical supply kits including trauma kits to hospitals in A'zaz and eastern Aleppo;
- 250 wheelchairs to Duma (Rural Damascus);
- 40 surgical kits to northern Syria (through WHO's hub in Gaziantep).

WHO also visited hospitals in Aleppo, Damascus, Homs, Latakia and Rural Damascus to assess the quality of trauma care, and supported the development of a national plan of action for physical rehabilitation.

VACCINATION CAMPAIGNS

The number of unimmunized children continues to grow, increasing the risk of the resurgence of vaccine-preventable diseases in Syria. During the national polio vaccination

campaign in March 2016, WHO and partners were unable to reach children in Ar-Raqqa, Deir-ez-Zor and Idlib due to the prevailing insecurity and local communities' refusal to use the vaccines supplied by the national health authorities.

In Q1, 2016, WHO:

- Supported a nationwide polio vaccination campaign that reached over 2.3 million children in Syria, including 229 355 in western Aleppo and northern Hama and 40 000 in the besieged areas of Homs;
- Supported the vaccination of nearly 300 000 children against measles and rubella in Idlib and 70 000 children in the IDP camps of A'zaz and Jisr Al Shoghour in northern Syria;
- Supported a polio campaign in southern Syria that reached over 110 000 children in Dar'a and Quneitra;
- Supported the vaccination of 14 740 children under five years of age with Penta vaccines, 12 300 with measles, mumps and rubella vaccines, and 40 800 with oral polio vaccines;
- Developed plans for a national multi-antigen vaccination campaign to improve herd immunity across the country.

SECONDARY HEALTH CARE

Many people with chronic noncommunicable diseases (NCDs) such as diabetes and kidney and cardiovascular disease have limited access to life-saving medicines.

In Q1, 2016 WHO:

- Finalized the Syrian Essential Medicines List for 2016;
- Distributed approximately 334 000 treatments for NCDs to Foah, Kafraya, Madaya, Madamiyet Elsham and Az-Zabdan;
- Donated ventilators, defibrillators, monitoring devices, sterilizers, haemodialysis machines and incubators to Aleppo, Damascus, Lattakia and Rural Damascus;

- Published its assessment of the status of secondary health care in Syria.

MENTAL HEALTH

WHO estimates that one in every 30 Syrians suffers from severe mental health problems, while one in every five suffers from mild to moderate mental health conditions.

In Q1, 2016, WHO:

- Expanded the Mental Health Self-Help Plus programme, which aims to provide mental health services in communities and PHC centres;
- Finalized a training curriculum for nurses on psychiatric care;
- Initiated work to establish mental health units in Hama and Lattakia general hospitals;
- Trained 16 psychiatrists who will go on to train health care workers in PHC centres in northern Syria on psychosocial support;
- Established a working group to coordinate mental health interventions in northern Syria;
- Developed a plan of action to provide reproductive care and mental health services to survivors of gender-based violence.

DISEASE SURVEILLANCE

Over 4000 cases of severe acute respiratory infections were reported in the first quarter of 2016, compared to 2742 during the same period in 2015. An outbreak of typhoid fever was reported from Rural Damascus, including 319 cases from the hard-to-reach area of Altal district.

In Q1, 2016, WHO:

- Delivered almost 24 000 capsules of tamiflu and other medicines to treat cases of seasonal influenza, and printed health awareness materials and case management algorithms;
- Donated 200 treatments for typhoid fever;
- Delivered 150 treatments for tuberculosis, in response to cases reported from hard-to-reach areas in Ar-Raqqa, rural Aleppo and Deir-ez-Zor;



“My sister has lost her husband and her two children in the recent attack on their Deir-ez-Zor home” said Alaoush. “For the last four days, she’s been in severe distress, making incomprehensible statements to invisible listeners. We trekked half a day to reach this hospital hoping to get some medications. But here we are. There are no staff, no treatments, no promises and no hope.”

Photo credit: WHO/ Omar Sanadiki



Photo credit: WHO Syria

- Donated 500 cholera rapid diagnostic tests (through WHO's Gaziantep hub) as part of contingency planning for a potential cholera outbreak;
- Supported the development of training materials in English and Arabic on the prevention and control of diarrhoeal diseases;
- Continued its technical support to EWARN teams working in IDP camps in northern Syria;
- Identified a reference laboratory in Turkey to analyse samples from patients suspected of having seasonal influenza.

HEALTH INFORMATION SYSTEM

Up-to-date information on the status of functionality of health care facilities in Syria is essential to inform decision making and ensure scarce resources are directed to where they are needed most.

In Q1, 2016, WHO:

- Assessed the status of all public hospitals and health care centres in Syria. The information was used to identify gaps and deliver essential medicines to targeted health care facilities;
- Developed a framework to implement the health information system (HIS) in northern Syria to capture information on morbidity and mortality trends.

PARTNERSHIPS WITH NGOS

WHO reinforced strategic partnerships with the SARC, NGOs and community leaders across the country. WHO collaborates with 68 NGOs that provide essential primary, secondary and trauma health care services, especially in hard-to-reach areas.

NUTRITION

An estimated 86 000 children under the age

of five suffer from acute malnutrition. Around 3.2 million children and pregnant and lactating women are at risk of chronic health conditions later in life as a result of acute malnutrition.

In Q1, 2016, WHO:

- Screened over 133 000 children under five years of age for malnutrition;
- Increased the number of nutrition surveillance centres from 200 (at the end of 2015) to 345;
- Delivered emergency nutrition supplies to besieged locations including Madaya and Madamiyet Elsham, and trained health care workers on the treatment of acute malnutrition;
- Trained staff in nutrition stabilization centres on the management of complicated cases of severe acute malnutrition;
- Worked with the Syrian Society of Paediatric Gastroenterology and Nutrition to expand nutrition surveillance and infant and young child feeding programmes to the private sector.

WASH

Water pumping stations for many towns along the Euphrates River have been badly damaged or are poorly maintained. Although Aleppo's main water pumping facility has been repaired, it is operating at only 50% of its pre-conflict capacity.

In Q1, 2016, WHO:

- Provided safe drinking water to 40 000 IDPs in Aleppo, using unexploited groundwater sources;
- Donated 10 hand-operated water filtration units in besieged and hard-to-reach areas in Rural Damascus;
- Distributed water treatment units for dialysis machines in Eastern Aleppo, Duma and Homs;
- Delivered 14 000 jerry cans to eastern Ghouta;
- Provided 38 mobile water quality testing instruments to SARC and the water authorities in Damascus and Aleppo.

Capacity Building

The exodus, displacement and/or deaths of large numbers of Syrian health care workers have severely depleted the health care workforce. In Q1, 2016, WHO trained more than 3500 health workers across the country in the following areas:

TRAINING TOPIC	TRAINING COURSE	PEOPLE TRAINED
Trauma	Trauma care, first aid, basic life support, major incident medical management, rehabilitation of patients with lower limb amputations	888
Primary health care including polio	Management of NCDs	555
	Polio and routine immunization	
	Reproductive health care	
Secondary care	Rational use of medicines, patient safety and infection control	633
Mental health	mhGAP	462
	Psychological first aid	
	Mental health and psychosocial support in humanitarian emergencies	
	Psychotherapeutic interventions	
	Family counselling during conflicts	
	Pilot implementation of the Self-Help Plus programme	
Disease surveillance and response	Selection and management of EWARS sentinel sites	322
	EWARS compliance procedures and reporting formats	
	Management of HIV/AIDS and TB	
	Study on the seroprevalence of hepatitis in Syria	
Health information system	Data gathering, analysis and reporting	79
Nutrition	Infant and young child feeding practices	610
	Nutrition surveillance	
	Stabilization and management of severe acute malnutrition in adults	



Photo credit: WHO/ Karam Al-Masri

Challenges and Mitigation Measures

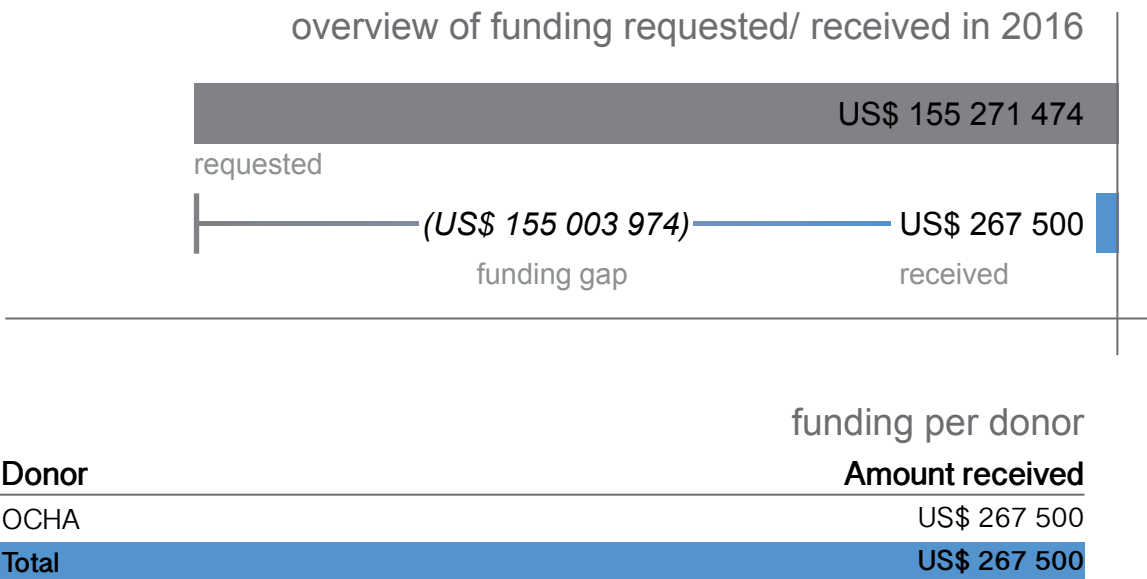
Challenges		Mitigation Measures
Difficulty accessing many besieged and hard-to-reach locations despite the cessation of hostilities.	1	Continuous advocacy and negotiation for unhindered and sustained access to people in need in all areas; Emergency supplies delivered through inter-agency convoys (15 deliveries between January and March 2016).
Insufficient funding for planned activities in Syria	2	Increased contact with traditional and non-traditional donors; Appeal for funding for WHO's emergency health response at the London funding conference in February 2016; Further prioritization of activities based on needs assessments from HeRAMS, EWARS/EWARN.
Removal of items from inter-agency convoys. For example, emergency supplies to treat over 60 000 people were removed from a convoy to Madamiyet Elsham in February 2016.	3	Continuous advocacy and negotiation with relevant authorities and parties to the conflict.
Shortages of medical personnel, especially surgeons, anaesthesiologists, laboratory staff and female health professionals.	4	3500 health workers across the country trained on emergency health care.
Severe shortage of psychiatrists (only 60 in the entire country).	5	Non-psychiatrists trained on WHO's mhGAP; Mental health services integrated into PHC facilities across the country; Community-based mental health Self-Help Plus programme introduced.
Insufficient prosthetic and orthotic devices.	6	Collaboration with Directorate of Physical Rehabilitation to increase the local production and maintenance of fitted devices.
Frequent attacks on health care facilities and medical personnel across Syria.	7	Continued advocacy for the need to observe international humanitarian laws; Public condemnation of attacks on medical facilities and personnel.



In addition to supporting community resilience and empowering national organizations, WHO's activities focus on training the health workforce, expanding partnerships with NGOs and local community leaders, rehabilitating and reinforcing damaged health care facilities, and strengthening the capacities of trauma services and emergency response teams.

Financial Overview for Q1, 2016

Under the Humanitarian Response Plan for 2016, WHO appealed for US\$ 155 271 474 to implement the activities outlined in section 8 of this report. As of the end of March 2016, WHO had received only 0.2% of the required amount.





Priorities for Q2, 2016

Photo credit: WHO/ Bassam Khabieh

TRAUMA

- Continue providing hospitals with equipment and life-saving medicines and medical supplies including 300 000 blood test kits;
- Donate additional ambulances to the Directorate of Emergency and Trauma to strengthen the referral system;
- Donate supplies and materials to the Directorate of Disability and Physical Rehabilitation for the production and maintenance of artificial limbs;
- Review the national strategy and action plan for the rehabilitation and resilience of the disabled;
- Train health care workers on trauma care and management;
- Establish new prosthetics and orthotics services in Tartous or Lattakia in coordination with the health authorities in these governorates;
- Assess the quality of prosthetic devices and rehabilitation services.

PRIMARY HEALTH CARE

- Implement routine vaccination campaigns for poliomyelitis, measles, pentavalent, hepatitis B and haemophilus influenza type B;
- Provide operational support for immunization activities in all accessible areas in northern Syria;
- Strengthen acute flaccid paralysis surveillance in Ar-Raqqa, Al Hassakeh, Aleppo, Idleb and other hard-to-reach areas;
- Support reproductive health care services in PHC centres;
- Rehabilitate PHC centres in Homs, Hama and Rural Damascus;
- Establish medical supply lines for 115 health facilities (including hospitals) managed by NGOs and partners.

Secondary health care

- Explore the feasibility of re-establishing a viable secondary health care system during the crisis and, in the longer term, restoring the health care system (based on the findings of the hospital assessment study);
- Establish an integrated approach to enhance health care delivery in northern Syria.

MENTAL HEALTH

- Finalize the pilot test of the Self-Help Plus programme targeting 500 beneficiaries, and adapt and produce the Self-Help Plus audio script for use in Syria;
- Provide psychotropic medicines across the country and donate basic items to cover the daily needs of 700 patients in psychiatric hospitals in Aleppo and Damascus;
- Train national teams on the health and mental health aspects of gender-based violence;
- Launch mhGAP training for 60 PHC facilities in northern Syria;
- Train national stakeholders on mainstreaming mental health into reproductive health care services in order to strengthen psychosocial support to survivors of gender-based violence.

DISEASE SURVEILLANCE

- Support a deworming campaign among schoolchildren between 6 and 12 years old;
- Support EWARN training for field and district level officers from Dar'a and Quneitra (through WHO's hub in Amman);
- Conduct "training of trainers" courses and workshops on preparedness for and the rapid response to cholera;
- Expand EWARS sentinel sites, especially in hard-to-reach areas;

- Implement the EWARS web application at district level in five governorates;
- Evaluate the impact of EWARS on WHO programmes;
- Conduct a study to estimate the seroprevalence of hepatitis B and C in Syria.

HIS

- Launch the first version of the HeRAMS web application;
- Strengthen the capacity of national HeRAMS focal points;
- Visit public health care facilities to assess the quality of HeRAMS data and monitor reported needs.

NUTRITION

- Reactivate a baby-friendly approach in 20 hospitals across the country by training staff and providing supportive supervision;
- Launch nutrition stabilization centres in hospitals in Afrin, Aleppo, Banias and Lattakia.

WASH

- Support the drilling of groundwater wells for 10 hospitals and health centres in Aleppo, Damascus and Rural Damascus;
- Increase water storage capacity for two public hospitals and health centres in Aleppo;
- Install sterilizers and medical waste shredders in hospitals in Damascus.

WHO strategic interventions under the Humanitarian Response Plan for 2016

Trauma care management (including referral), surgical care and physical rehabilitation.
Funding requirements: **US\$ 44 210 380.**

Secondary health care, comprehensive obstetric care and referral services.
Funding requirements: **US\$ 34 981 820.**

Primary health care.
Funding requirements: **US\$ 31 929 000.**

Immunization.
Funding requirements: **US\$ 6 377 000.**

Disease surveillance and response.
Funding requirements: **US\$ 17 252 000.**

Mental health and psychosocial support services.
Funding requirements: **US\$ 9 290 000.**

Coordination.
Funding requirements: **US\$ 3 556 350.**

Health information systems (including HeRAMS).
Funding requirements: **US\$ 779 324.**



Photo credit: WHO/ Karam Al-Masri



“I need a Caesarean section. I am afraid I may lose my baby,” said Reem as she lay helpless on the floor at a makeshift health care facility in besieged Madaya. Without an urgent medical evacuation and emergency obstetric care, two lives were at risk: Reem’s, and that of her unborn baby. Reem gave birth to a baby girl at Madaya health centre, to which WHO has been providing essential medicines and supplies since access was granted in January 2016.

