



World Health Organization  
Syrian Arab Republic

# Donor Update

## 2016 (Q2)



World Health  
Organization

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Syrian Arab Republic  
**Donor Update, 2016 (Q2)**

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“Attacks against health workers and facilities have been increasing, and Syria is now the deadliest place in the world for health workers, with attacks taking place at a disturbing rate and reducing the availability of an already limited number of health care workers.”

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



# Foreword



IN THE SECOND QUARTER (Q2) of 2016, continuing military activities threatened the fragile cessation of hostilities in Syria. Moreover, despite repeated calls by the United Nations and the International Committee of the Red Cross to respect and protect health care, attacks on health care facilities in the country continued unabated. Thus far in 2016, there have been confirmed reports of up to 40 attacks on hospitals and health care centres across Syria. Almost 60% of public hospitals have either closed or are only partially functional. The health system is close to collapse, raising the prospect of a health care calamity of unimaginable proportions.

Battles are raging across Aleppo. The situation remains extremely volatile, with control of different parts of the city passing back and forth between armed opposition groups and government forces. Aleppo continues to be the target of intense airstrikes: more than half of its hospitals and health care centres are either closed or badly damaged. WHO continues to urge all parties in the conflict to respect the safety and neutrality of health workers and health facilities and remove access restrictions on all besieged locations. Humanitarian aid workers must have unhindered and sustained access to provide life-saving aid to populations in need.

Working from its country office in Damascus and its hubs in Gaziantep (Turkey) and Amman (Jordan), WHO continued to support health care services for

people in need, especially those living in besieged areas. Thanks to inter-agency convoys, WHO was able to deliver life-saving supplies to Darayya (Rural Damascus) for the first time in almost four years. Other besieged towns also received life-saving assistance. For example, on 10 June 2016, an inter-agency convoy of 38 trucks laden with humanitarian supplies entered the besieged town of Duma for the first time in more than two years. By the end of June 2016, inter-agency convoys had delivered aid to all 18 besieged locations in Syria.

The report covers a wide range of interventions implemented or supported by WHO, in accordance with the priority health projects set out in the Humanitarian Response Plan for Syria for 2016. WHO has continued to focus on life-saving health interventions while vigorously calling on all parties to the conflict to protect health care facilities and their staff and patients, and recognize the sanctity of health care delivery in war-torn Syria ●

Elizabeth Hoff  
WHO Representative to the  
Syrian Arab Republic

Photo credit: WHO/ Aleksander Nordahl

Photo credit: WHO/ Karam Al-Masri



Thus far in 2016, there have been confirmed reports of up to 40 attacks on hospitals and health care centres across Syria.











Photo credit: WHO/ Bassam Khabieh

## 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.

### In Q2 of 2016, WHO:

-  Delivered over 4 million treatments from within Syria, of which 25% went to people in besieged and hard-to-reach areas. More than 756 000 treatments were delivered through cross-border operations.
-  Participated in 24 inter-agency convoys, and undertook four health convoys and seven cross-border missions to hard-to-reach locations.
-  Supported the first round of a vaccination campaign that reached 48% of children under five years of age targeted in hard-to-reach and besieged areas.
-  Supported a measles and rubella vaccination campaign that reached nearly 86% of children targeted in northern Syria.
-  Continued to advocate for unhindered access to people in need.
-  Strengthened emergency and referral services in Aleppo, Hama and Idleb governorates, in collaboration with four partners. This included establishing emergency health care service points and purchasing 70 fully equipped ambulances. Thus far, over 100 000 people have benefited from this project.
-  Assessed the status of functionality of all public hospitals and health care centres in Syria.
-  Trained over 12 000 health workers across Syria on health-related topics including health assessments, the management of different diseases, and reporting to the disease surveillance network. Screened more than 160 000 children under five years of age for malnutrition.



# Overview

As of June 2016, according to WHO's Health Resource Availability Mapping System (HeRAMS), over half of Syria's public hospitals and half its public health care centres were either closed or functioning only partially.

## REMOVAL OF MEDICAL ITEMS FROM INTER-AGENCY CONVOYS

Government security forces continue to remove life-saving treatments and medical items from inter-agency convoys. In Q2 of 2016, security forces removed medical items from 17 out of 24 convoys destined for Afrin, A'zaz/Tall Refaat (Aleppo governorate), Ar-Rastan Dar Kabira and Talbiseh (Homs governorate) and Al-Hame, Bludan, Darayya, Duma, Harasta, Jirud, Kafr Batna, Madamiyet Elsham, Qudsiya and Zamalka/Arbin (Rural Damascus governorate). Items removed included not only trauma and surgical supplies and anaesthetics but also antibiotics, analgesics, vitamins and other medicines. Increasingly, security forces are removing medicines to treat patients with mental health problems. The national authorities removed a total of 13 tons of medical supplies, consisting mainly of equipment and trauma and surgical supplies.

WHO maintains detailed information on all items removed from inter-agency convoys. WHO informs the Ministry of Foreign Affairs (MoFA) and MoH of all rejected and removed items, and includes this information in WHO's contribution to the Secretary-General's monthly report to the Security Council. WHO continues to advocate for the importance of ensuring the safe delivery of all medical supplies, including medical equipment for specialized diagnosis and advanced treatment.

## ATTACKS ON HEALTH FACILITIES AND PERSONNEL

Attacks on health care – whether deliberate or the result of collateral damage – risk the lives of health care workers and their patients and affect millions of others. Those at risk include wounded patients whose injuries are left untreated, those with life-threatening chronic diseases, children who are not vaccinated, and pregnant women who have no access to life-



saving obstetric care. Thousands of people die every year not as a direct result of the violence but because the environment has become too dangerous for health care to be delivered. These consequences should not be accepted as the unavoidable cost of operating in conflict settings. Health staff working in challenging conditions and with limited resources should not have to live in fear of constant attack, and the populations they serve cannot afford to be deprived of health care.

Thus far in 2016, WHO has issued a number of press statements and news releases on attacks on health facilities in Syria. (See section 8 of this report.)

## FUNDING SITUATION IN Q2, 2016

As of the end of June 2016, WHO had received only 22.8% of the funds required for 2016, preventing the Organization from reaching many people with life-saving humanitarian assistance ●

Photo credit: WHO/ Aleksander Nordahl









# WHO's Response

Photo credit: WHO Syria

## TECHNICAL LEADERSHIP AND COORDINATION

WHO continues to lead health partners in Damascus, Gaziantep and Amman. In Q2 of 2016 WHO completed the following activities:

### Strategic and policy coordination:

- Provided regular updates to the Special Advisor to the United Nations Special Envoy. These were shared with the International Syria Support Group (ISSG).
- Monitored attacks on health care facilities and personnel.
- Prepared monthly reports to the Secretary-General on the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015).
- Led the work of the health sector in preparing for the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) for Syria for 2017.

### Working in hard-to-reach and besieged locations:

- Monitored the status of health care facilities in the 35 hard-to-reach and besieged locations to be reached by inter-agency convoys.
- Provided access and displacement maps to health sector partners.
- Advocated at the highest levels of government for sustained access to these areas, and for the uninterrupted use of medical teams and mobile clinics.
- Reviewed requests for medical supplies, and consolidated the lists of health sector supplies to be included in inter-agency convoys, based on priority needs and convoy capacities.
- Facilitated the evacuation of critically ill patients and their families (516 people were evacuated by the SARC from Az-Zabdani, Foah/Kafraya and Madaya).

### Partner coordination:

- Coordinated the health sector response to displaced people in and around Al-Hol camp in Al-Hasakeh governorate, Karnak camp in Tartous governorate, and Dhameer city in Rural Damascus.
- Led the health sector work to develop a six-month humanitarian micro-response plan to revitalize disrupted health services in Tadmor and Al-Qaryatien in Homs.

Beyond its immediate objective of delivering life-saving medical supplies, WHO has continued to advocate at the highest levels of government to lift the siege of all affected areas across Syria. In parallel, the Organization has continued its rapid assessments of the status of health care facilities in the country. It continuously monitors the numbers of people ill and injured, including those requiring life-saving medical evacuations and/or specialist health care.

## TRAUMA

In Q2 of 2016, WHO:

- Distributed life-saving medicines, surgical supplies and trauma kits to eight governorates. A total of 188 220 trauma care treatments were distributed to Aleppo, Damascus, Dar'a, Hama, Homs, Lattakia, Rural Damascus and Sweida.
- Donated anaesthesia, ultrasound, electrocardiograph and portable X-ray machines, defibrillators, beds for intensive care units and oxygen concentrators to public hospitals in Aleppo, Damascus, Homs, and Rural Damascus.
- Donated equipment and spare parts for blood-testing machines.
- Donated manufacturing equipment and accessories for prosthetic devices to the Directorate of Disability and Physical Rehabilitation in Damascus.



- Assessed needs for physical rehabilitation services and prepared a one-year plan of action to expand services for disabled people across Syria.
- Supported the treatment of 37 271 wounded patients in Southern Syria in coordination with health sector partners.

#### PRIMARY HEALTH CARE INCLUDING VACCINATION CAMPAIGNS

WHO implemented the following activities in Q2 of 2016:

##### Primary Health Care:

- Supported 207 000 consultations at public health centres across the country, including the management of noncommunicable diseases (NCDs), diagnostic laboratory services, and child and maternal health care.
- Distributed over 758 000 treatments to public health facilities across the country to support public health facilities.
- Supported health NGOs in Aleppo, Al-Hasakeh, Hama, Homs, Lattakia and Rural Damascus. In Q2 of 2016, these NGOs provided 26 000 outpatient consultations (see section 2.8).
- Established a supply line to address critical shortages in medicines and medical supplies for 175 health care facilities in northern Syria, complemented by an online tool to track items needed, items delivered, and the overall availability of supplies and medicines.
- Developed an essential health care service package for northern Syria which defines four levels of primary health care (PHC) facilities and identifies the human resources, equipment, laboratory services and essential medicines required for each one.
- Supported 381 512 outpatient consultations in coordination with health sector partners in southern Syria, and continued to distribute medicines, equipment and supplies to local health authorities and NGO facilities across the country, including in hard-to-reach and besieged areas.

##### Vaccination Campaigns:

- WHO supported the following vaccination campaigns:
- National routine vaccination days to immunize children who had not been reached in previous

- campaigns. Of the targeted 1 510 561 children, a total of 1 231 389 (93%) were found to be fully immunized. The remainder were vaccinated.
- An accelerated routine immunization campaign in northern Syria (Hama, Idlib and western Aleppo) that reached 73% of the children targeted.
  - A measles and rubella vaccination campaign in northern Syria in late March and early April that reached 883 000 children (86% of the total target).
  - A multi-antigen vaccination campaign targeting children under five in hard-to-reach and besieged areas. Most of the areas targeted were reached, with the exception of Qaboun and Jowbar (Damascus), As-Salamiyeh (Hama), Darayya and East Ghouta (Rural Damascus) and Idlib governorate. Of the 552 540 children targeted, a total of 264 983 were vaccinated (48% coverage).
  - Sub-national polio immunization days. A total of 1 105 073 children (73% estimated coverage) were vaccinated. A simultaneous polio campaign in the western governorates of northern Syria reached more than 620 000 children with trivalent oral polio vaccine (87% estimated coverage).

In addition to the above campaigns, WHO successfully switched from trivalent to bivalent oral polio vaccine in Syria; to eliminate the risk of vaccine-associated paralytic polio and circulating vaccine-derived poliovirus.

#### SECONDARY HEALTH CARE

In Q2 of 2016, WHO:

- Delivered over 456 600 medical treatments, and supplies for 12 700 dialysis sessions as well as medical equipment for hospital operating theatres, intensive care, emergency and dialysis units, maternity wards and neonatal care units in Aleppo, Damascus, Dar'a, Hama, Homs, Idlib, Lattakia and Rural Damascus, including hard-to-reach and besieged locations.
- Prepared a leadership toolkit for hospital managers.
- Assessed needs in 48 surgery and trauma centres in northern Syria. The results of the assessment will be used to develop rehabilitation and training plans for these centres and their staff.
- Supported 3833 deliveries in southern Syria that were attended by a skilled birth attendant.



Photo credit: WHO Syria

**When Fatima, who lives in Al Raqqa governorate, noticed that her eight-year old Turad son had been pale and listless for some time, she brought him to the local health care centre for treatment. The examining physician prescribed deworming pills, a highly effective medicine used to treat a number of parasitic worm infestations. Turad's recovery was speedy and dramatic. He is now full of life and energy, just like any other eight-year old boy. "I am tremendously grateful to WHO for its support to our health care centres", said Fatima. "This medicine has been a great blessing, and I am so grateful that Turad has been able to benefit from this treatment." Soil-transmitted worm infestations are among the most common infections worldwide, and affect the poorest and most deprived communities. The nutritional impact of parasitic worm infections is severe and can significantly set back children's growth and physical development. In the second quarter of 2016, WHO donated 10 000 deworming pills to Ar Raqqa governorate to help children like Turad.**





Until I attended the WHO mhGAP training, I considered mental health patients as dangerous, violent and in fact incurable. I had also thought that WHO trainings like most others would be a repeat of the boring theories and clichés that I resented in Psychiatry College. Now, I am pleasantly surprised that I was totally wrong. Now I know better and appreciate and diagnose mental health patients like any other patients presenting headache or stomach pain. I am confident now to ask patients about suicidal thoughts, alcoholic consumption habits and many other diagnostic questions that I hitherto wouldn't. I communicate better with mental health patients now by asking pertinent questions, analyzing their moods and emotions to unravel their mental dispositions. Convincingly, the mhGAP training was sufficiently different in content and approach that I wished it lasted longer or repeated soon. - Dr Issa Hanna, Al Hamedieh PHC center in Tartus.

## MENTAL HEALTH

Despite, or perhaps because of, the challenges, mental health services in Syria are becoming more widely available. Mental health care is now being offered in primary and secondary health-care facilities in some of the most affected governorates (Aleppo, Al Hassakeh, Sweeda Damascus, Dar'a, Hama, Homs, Lattakia, Qunaitra, Rural Damascus and Tartous). In contrast, before the conflict began, mental health care was provided in hospitals in just two cities.

In Q2 of 2016, WHO:

- Conducted a training course on cognitive behavioural therapy for two previously trained groups and five clinical psychotherapy supervisors.
- Continued the Mental Health GAP Action Programme (mhGAP) training programme. Currently, about 150 PHC centres in 11 governorates are providing integrated mental health services. WHO plans to conduct additional training for doctors in 60 PHC centres in northern Syria.
- Trained 20 mental health professionals on the

implementation of the pilot Self-help + illustrated guide.

- Trained 400 health care providers working in PHC centres in different governorates on WHO's psychological first aid guide. These health care workers will go on to provide outpatient mental health services for more than 4000 vulnerable people.
- Rehabilitated two psychiatric wards in hospitals in Hama and Lattakia. These hospitals will begin admitting patients in Q3 of 2016.
- Procured psychotropic medicines to be distributed in Q3 and Q4 of 2016.
- Donated medical and other supplies to cover the basic needs of patients in mental hospitals in Duma (Ibn Sina Hospital) and Aleppo (Ibn Khaldoun Hospital).
- Supported 943 mental health consultations in southern Syria in coordination with health sector partners.

## DISEASE SURVEILLANCE

In Q2 of 2016, a number of disease outbreaks were reported through WHO's Early Warning Alert and Response System/Network (EWARS/N)

sentinel sites across Syria, including hard-to-reach and besieged locations. Diseases reported included acute diarrhea and food poisoning.

WHO:

- Maintained regular reporting from 1110 sentinel sites to EWARS and 535 sentinel sites to EWARN.
- Donated diarrhoeal disease kits to the health directorates of Aleppo, Damascus and Rural Damascus.
- Donated cholera rapid diagnostic tests to health directorates in most governorates.
- Conducted training of trainer workshops for health workers in 13 governorates on preparedness for and response to cholera epidemics and diarrhoeal disease outbreaks.
- Worked with the Water, Sanitation and Hygiene sector (WASH) to distribute water chlorination tablets to besieged and hard-to-reach areas, where the risk of water contamination is high.
- Supported a deworming campaign (conducted for the first time in Syria) that aimed to reduce the prevalence of soil-transmitted worms among schoolchildren. Over 2 million children were given deworming medication.

- Initiated a survey of hepatitis B and C to assess the sero-prevalence and determinants of Hepatitis B and C virus infections among selected population groups in Syria. The survey sample includes 22 000 subjects in 10 governorates.
- Established a diagnostic laboratory in Idleb and donated supplies to support a surveillance laboratory in Aleppo. Three laboratory staff were trained on operating the equipment donated by WHO.
- Established a multi-sectorial committee to strengthen monitoring, coordination and response capacities for cholera in northern Syria. The committee is led by WHO and comprises six national and international NGOs, local health directorates and the WASH cluster representative.

## HEALTH INFORMATION SYSTEM

WHO continues to produce up-to-date information on the functionality and accessibility of health care facilities in Syria, and the availability of health resources, health services, medicines and equipment. These data - yielded through HeRAMS are crucial to inform decision making and help ensure that scarce resources are directed to where they are needed most.

Photo credit: WHO/Aleksander Nordahl



In Q2 of 2016, WHO:

- Assessed the status of all public hospitals and health care centres in Syria, and produced regular snapshots of the situation. The information was used to identify and fill gaps.
- Maintained oversight of the Drugs Information Management System (DMIS) project, which aims to develop a national database and web-based application to track all drugs for Syria that are procured locally or globally and are available in the Syrian market.
- Launched HeRAMS in northern Syria in coordination with health cluster partners.

#### PARTNERSHIPS WITH NGOS

WHO's 68 NGO partners continue to provide essential primary, secondary and trauma health care services, especially in hard-to-reach areas.

In Q2 of 2016, WHO:

- Delivered over 500 000 medical treatments through NGOs to Aleppo, Damascus, Dar'a, Hama, Homs, Lattakia, Rural Damascus and Sweida. WHO's NGO partners conducted 26 000 outpatient consultations and 25 000 surgical interventions and delivered 890 babies.
- Donated medical equipment and supplies to 47 health facilities run by contracted NGOs in Aleppo, Dar'a, Damascus, Hama, Homs, Lattakia, Rural Damascus and Sweida.

#### NUTRITION

In Q2 of 2016, WHO:

- Screened over 160 000 children under five years of age for malnutrition.
- Increased the number of nutrition surveillance centres from 345 (at the end of Q1) to 444.

- Delivered emergency nutrition supplies to besieged locations for an estimated 390 severely malnourished children requiring hospitalized care.
- Integrated the in-patient management of severe acute malnutrition within a number of hospitals in Afrin, Duma, Madaya, and Madamiyet Elsham.
- Continued supporting 20 nutritional stabilization centres with nutrition supplies and technical support. A total of 110 patients with severe acute malnutrition were treated.
- Supported the Ministry of Health's reactivation of the Baby-Friendly Hospital Initiative in 10 public and 10 private hospitals across 10 governorates.
- Initiated a training of trainers workshop for the integration of early child development activities in nutrition programmes.

#### WASH

WHO is addressing urgent requests from public and NGO-affiliated hospitals to improve their overstretched water supply and medical waste management systems.

In Q2 of 2016, WHO:

- Continued rehabilitating five unexploited groundwater wells in Aleppo. When the work is completed, internally displaced people (IDPs) in Al Riyada shelter will have access to safe drinking water.
- Distributed 19 emergency hand-operated water filtration units through inter-agency convoys to hard-to-reach and besieged areas in rural Damascus. Around 50 000 people per month are benefitting from clean water as a result.
- Delivered consumables for mobile water quality testing instruments to SARC, governorate water establishments, directorates of water resources and the Ministry of the Environment ●



**“With the support of WHO, thousands of thalassaemia patients are continuing to receive safe and life-saving blood transfusions. The National Blood Bank provides the Central Thalassaemia Centre in Damascus with a daily supply of blood. Sometimes, however, the demand is so great that supplies run out before the end of the day. It’s heartbreaking to see families arrive for treatment at the end of the day only to find out that the centre has just run out of blood bags”, said Dr Mohammad from the Central Thalassaemia Centre.**

Photo credit: WHO/ Omar Samadiki







# Capacity Building

The exodus, displacement and/or deaths of large numbers of Syrian health care workers have severely depleted the health care workforce. In Q2 of 2016, WHO trained 12 730 health workers across the country in the following areas:

TRAINING TOPIC	TRAINING COURSE	PEOPLE TRAINED
Trauma	First aid and basic life support	<b>1238</b>
	Adult and immediate life support	
	Major incident medical management	
	Paediatric life support	
	Hospital major incident medical management	
	Dealing with hazardous materials	
	Rehabilitation methodologies	
	Types of sockets for trans-femoral amputees	
	Gait analysis for patients with amputations	
Primary health care	Below knee amputation and cardiac rehabilitation	<b>7145</b>
	Management of NCDs	
Secondary care	Polio and routine immunization	<b>926</b>
	Rational use of medicine (with focus on cancer medicines); improving patient safety; infection control practices	
Mental health	mhGAP	<b>983</b>
	Psychological first aid	
	Mental health and psychosocial support in humanitarian emergencies	
	Pilot implementation of the Self-Help Plus programme	
Disease surveillance and response	Laboratory diagnosis for meningitis	<b>1729</b>
	Laboratory safety procedures	
	EWARS expansion and implementation	
	Polymerase chain reaction (PCR) techniques	
	ISO 15189 management in medical laboratories	
	Preparation of culture medium	



**39-year old Khalida is recovering and getting back to her normal life in Aleppo after two successful operations carried out by Al-Ihsan charity in Aleppo. Al-Ihsan is one of the many health NGOs supported by WHO in Syria. “Two months ago, I was hit by a missile that caused a complicated fracture of my femur. I was very afraid that my whole leg would be amputated”, said Khalida. “I had external fixators fitted to stabilize my leg, and have now recovered well in spite of some subsequent complications.” Khalida is grateful to Al-Ihsan charity and WHO for all the support. “It means that I will be able to continue my normal life and take care of my six children and my disabled husband.”**

TRAINING TOPIC	TRAINING COURSE	PEOPLE TRAINED
Disease surveillance and response	Laboratory diagnosis of malaria and leishmaniasis	<b>212</b>
	Management of HIV/AIDS and TB	
	Estimating the sero-prevalence of hepatitis B & C in Syria	
	Managing different types of communicable diseases; epide-miological investigations; rapid response to disease outbreaks	
HIS	Communicable disease surveillance and response to prioritized communicable diseases, with focus on cholera	<b>25</b>
	Data gathering, analysis and reporting	
WASH	Environmental health in Emergencies	<b>25</b>
Nutrition	The integration of early childhood development (ECD) activities	<b>472</b>
	Nutrition surveillance	
	Stabilization and management of severe acute malnutrition in adults	
	Baby-Friendly Hospitals Initiative	

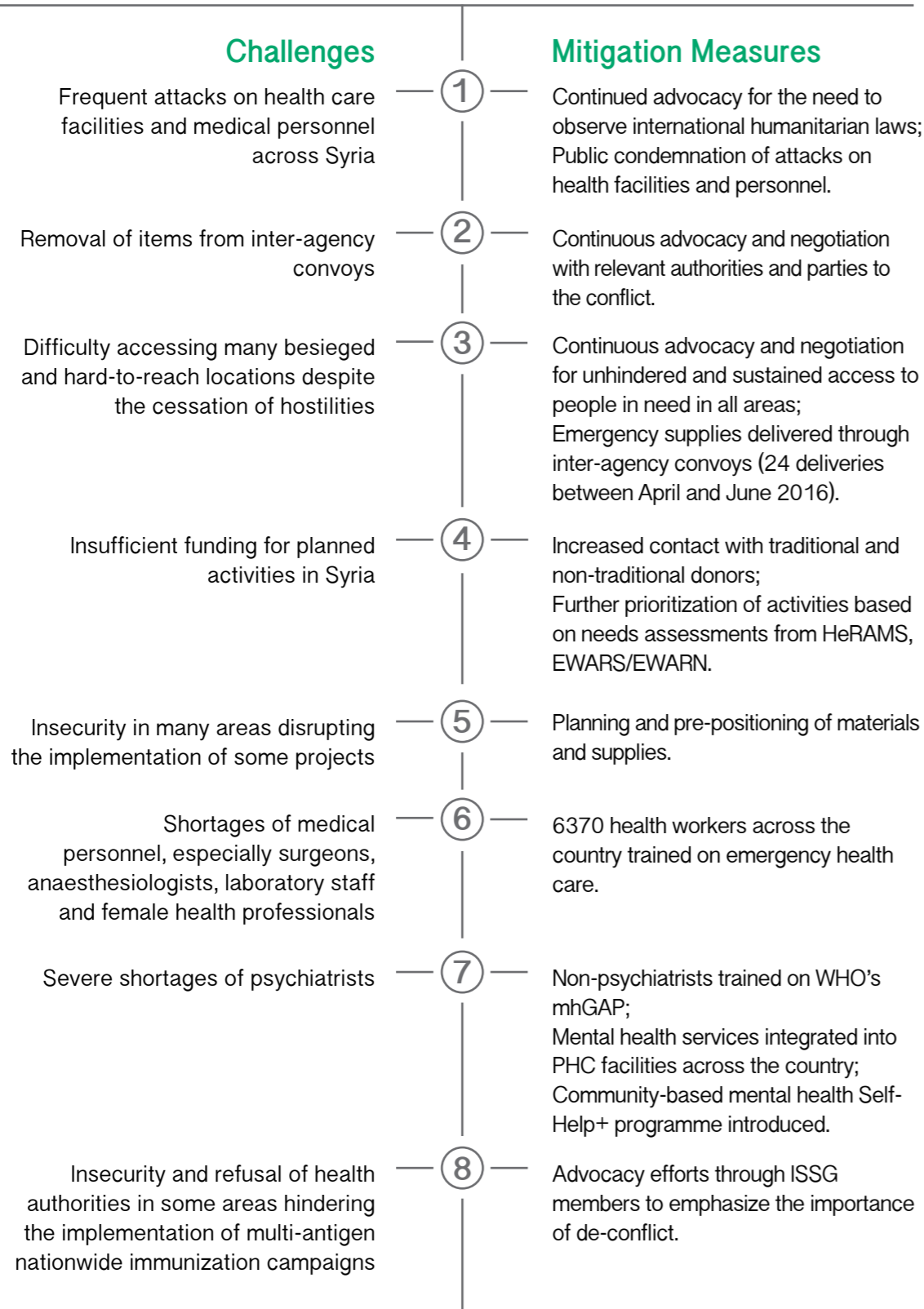
Photo credit: WHO/Omar Samadiki



# Challenges and Mitigation Measures



“With WHO’s support, we now have two anaesthesia machines – one for each of our two operating theatres - in the hospital, as well as essential life-saving medicines. Thanks to the hospital’s strengthened capacity, it is better able to meet patients’ health needs.” Dr Mohamed Osman, a surgeon at Qattana Hospital which is located in a conflict area in Rural Damascus.



## Financial Overview for Q2, 2016

Under the Humanitarian Response Plan for 2016, WHO appealed for US\$ 155 271 474 to implement the activities outlined in section 7 of this report. As of the end of June 2016, WHO had received only 22.8% of the required amount.

overview of funding requested/ received in 2016

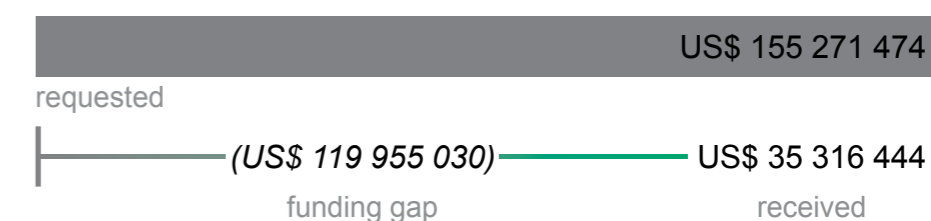


Photo credit: WHO/ Omar Samadiki

Donor	funding per donor Amount received
ECHO (pledge)	6 659 268
DFID	1 606 426
Norway	6 135 722
OCHA	3 415 028
USAID	17 500 000
<b>Total</b>	<b>35 316 444</b>





# Priorities for Q2, 2016

Photo credit: WHO/ Bassam Khabieh

## TECHNICAL LEADERSHIP AND COORDINATION

- Continue to advocate for:
  1. Access to all locations to deliver life-saving treatments and supplies;
  2. The unhindered delivery of all required medicines, supplies and equipment for people in need across the country;
  3. The cessation of attacks on health care facilities and health personnel;
  4. The regular, timely evacuation of critically ill patients and their families in hard-to-reach and besieged locations, including guarantees of their safe and secure return.
- Expand and prioritize life-saving activities in all hard-to-reach and besieged locations.
- Begin early recovery and rehabilitation activities.

## TRAUMA

- Train health care staff on trauma preparedness, care and management.
- Expand partnerships with NGOs, especially in hard-to-reach and opposition controlled areas, and train them on trauma care.
- Pre-position medical supplies near areas of intense conflict (such as Aleppo).
- Continue to donate trauma medicines, safe blood products, surgical kits and equipment across Syria.
- Develop prosthetics and foot orthotics services and donate supplies for manufacturing artificial limbs.

## PRIMARY HEALTH CARE/VACCINATION

- Implement a national and subnational immunization campaign in July 2016, with a special focus on hard-to-reach and besieged areas.
- Strengthen coordination of cross-border activities.
- Rehabilitate selected PHC centres in Hama, Homs and Quneitra governorates.

## SECONDARY HEALTH CARE

- Continue to advocate for the pressing need for critical medicines such as antibiotics, insulin, anaesthetics, blood and blood products, and immunosuppressant and cancer medicines.
- Support the rehabilitation of two hospitals in consultation with local authorities.
- Donate medical equipment and supplies to targeted hospitals.
- Train hospital staff on critical life-saving interventions.

## MENTAL HEALTH

- Continue mhGAP training and follow up workshops.
- Publish and disseminate the Self-help + illustrated guide, and pilot the audio script.
- Develop and conduct a three-week intensive teaching and training course on psychiatric nursing, targeting 30 nurses.
- Train health care staff on reproductive health and mental health care for survivors of gender-based violence (GBV).
- Conduct a training of trainers on GBV and its health consequences.

## DISEASE SURVEILLANCE

- Complete the study to estimate the seroprevalence of Hepatitis B & C in Syria.
- Expand EWARS sentinel sites and launch an EWARS web application in five governorates.
- Evaluate the EWARS programme.
- Prepare preparedness plans for winter diseases and conduct a training of trainers workshop on preparedness and response to H1N1 influenza.

## HEALTH INFORMATION

- Visit public health care facilities to assess the quality of HeRAMS data and monitor reported needs.
- Strengthen the capacity of HeRAMS focal points.





**Six-year old Saleh is from Yarmouk camp near Damascus. “My son Saleh was in the neighbouring mini-market when a mortar hit the area. He was buried under the rubble; only his head was visible”, said his mother. “He was dug out of the building, but both his legs had to be amputated. Thanks to the support of WHO, my son was fitted with two artificial limbs. He can walk again, go to school and look forward to a more prosperous future.”**

#### PARTNERSHIP WITH NGOS

- Expand network of NGO partners, especially in areas such as Aleppo .
- Expand the services of NGO-managed mobile clinics to include IDP camps in rural areas.

#### NUTRITION

- Strengthen monitoring and reporting for the nutrition surveillance system.
- Expand the programme to private paediatric clinics.
- Improve the referral system for the community-based management of acute malnutrition in surveillance, outpatient and inpatient centres.
- Monitor and evaluate implementation of the baby-friendly hospital initiative in 22 hospitals.

#### WASH

- Drill and equip two groundwater wells for Al Muwassat and Assad University Hospitals in Damascus.
- Procure one water purification unit and restore the water supply/storage system at the kidney hospital in Aleppo.
- Initiate the restoration of the water supply system in five health care facilities in Rural Damascus.
- Train around 80 environmental health technicians on using mobile water quality test equipment ●

#### WHO STRATEGIC INTERVENTIONS UNDER THE HUMANITARIAN RESPONSE PLAN FOR 2016

WHO has requested a total of **US\$ 155 271 474** to fund the following projects in 2016:

- Trauma care management (including referral), surgical care and physical rehabilitation: **US\$ 44 210 380**
- Secondary health care, comprehensive obstetric care and referral services: **US\$ 34 981 820**
- Primary health care: **US\$ 31 929 000**
- Immunization: **US\$ 6 377 000**
- Disease surveillance and response: **US\$ 17 252 000**
- Mental health and psychosocial support services **US\$ 9 290 000**
- Coordination **US\$ 3 556 350**
- Health information **US\$ 779 324**
- Nutrition **US\$ 1 805 600**
- WASH **US\$ 5 090 000** ●

Photo credit: WHO Syria

#### WHO WEB STORIES AND MEDIA UPDATES, SYRIA HUB, 2016

**Medical relief ‘single most difficult issue’ for humanitarian access in Syria – UN advisor; Statement by Mr Jan Egeland, Special Advisor to UN Special Envoy for Syria, Staffan de Mistura**  
<http://www.un.org/apps/news/story.asp?NewsID=53478#.VuvwauJ97AV>

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<http://sana.sy/en/?p=74026>

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<http://sana.sy/fa/?p=70704>

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<http://www.emro.who.int/media/news/who-condemns-attack-on-jableh-hospital-in-syria.html>

**Statement by Dr Ala Alwan, WHO Regional Director, on attacks on health care**  
<https://youtu.be/GP7tnnWY2o>

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<http://www.emro.who.int/syr/syria-news/kuwait-supports-kidney-patients-in-syria.html>

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<http://www.emro.who.int/syr/syria-events/hoff-stresses-urgency-tobacco-control-syria.html>

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**WHO reached East Ghouta again with additional delivery of lifesaving treatments.**  
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**Syria reaches 2 million children in first ever deworming campaign**  
<http://www.emro.who.int/syr/syria-infocus/syria-reaches-2-million-children-in-deworming-campaign.html>

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<http://www.emro.who.int/syr/syria-news/who-reaches-40-000-people-with-lifesaving-treatments-in-arbeen-and-zamalka-east-ghouta.html>

**WHO strengthens capacity of health care workers in Syria**  
<http://www.emro.who.int/syr/syria-news/who-strengthens-capacity-of-health-care-workers-in-syria.html>

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Every other week, Asia Mohammad, a 34-year old mother of three, visits the Central Thalassaemia Centre in Damascus. Three of her children suffer from thalassaemia and need regular blood transfusions. Four years ago Asia and her family had to leave their home town of Al-Mayadeen in Deir-Ezor governorate. “My daughter Mariam died because we couldn’t obtain the treatments for her on time”, said Asia. “The local blood bank was completely destroyed. I knew we had to leave for either Al-Hassakeh or Damascus.” Since the road to Al-Hassakeh was too dangerous, they opted to go to Damascus, where her husband, who works as a plumber, would have better work opportunities. The family now lives in a small room one hour from Damascus. “I don’t want to lose any more children” said Asia. “I don’t care that I have to travel twice a month to the hospital. I’m happy that my children are able to receive their blood transfusions.”

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