



World Health Organization
Syrian Arab Republic

Donor Update

2016 (Q3)



World Health
Organization

World Health Organization
Syrian Arab Republic
Donor Update, 2016 (Q3)

Contact Details

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

WHO Country Office (Damascus, Syrian Arab Republic)
Noha Alarabi, Donor and Reporting Officer
alarabin@who.int

WHO Headquarters (Geneva, Switzerland)
Cintia Diaz-Herrera, Team Leader, Resource Mobilization for Appeals
Emergency Risk Management and Humanitarian Response
diazherrera@who.int

Cover photo credit: WHO/Mohammed Badra

Printed in the Syrian Arab Republic

© World Health Organization 2016. All rights reserved.

Contents

8	Foreword
12	Overview
18	WHO's Response
	Technical leadership and coordination
	Trauma care
	Primary health care including vaccination
	Secondary health care
	Mental health
	Disease surveillance
	Health information system
	Partnerships with NGOs
	Nutrition
	WASH
26	Capacity building
30	Financial overview for Q3, 2016
31	Humanitarian Response Plan for 2017
32	WHO web stories and media updates



“AT LEAST **TWICE A WEEK** FOR THE PAST FEW MONTHS, WE HAVE HAD TO **CONDEMN ATTACKS ON HOSPITALS AND CLINICS** IN SEVERAL COUNTRIES OF THE REGION”

- DR ALA ALWAN,
WHO REGIONAL DIRECTOR FOR THE
EASTERN MEDITERRANEAN

Foreword



WHO IS CALLING FOR A PAUSE FOR MEDICAL EVACUATIONS WHICH ARE CRITICAL TO MAKE SURE SERIOUSLY WOUNDED HAVE THE RIGHT TO OBTAIN HEALTH CARE AND ALSO PEOPLE WITH CHRONIC DISEASES NEEDING REGULAR CARE.

THE THIRD QUARTER (Q3) OF 2016 saw a dramatic escalation of military activities, especially around Aleppo. The city has become the most visible face of Syria's suffering. As of the end of September 2016, around 250 000 people were estimated to be trapped in the eastern part of the city. East Aleppo has just over 30 doctors. Almost 80% of its hospitals have either been destroyed or are functioning only partially. Supplies of food, water, medicine and fuel are dwindling rapidly. According to local health authorities, in the last week of September 2016 alone hundreds of people in East Aleppo were killed and more than one thousand were injured. These numbers were reported from functioning health facilities; the real figures are probably much higher.

WHO has called for the immediate and safe evacuation of the sick and wounded out of east Aleppo, and the safe passage of medicine and medical supplies into the area. At the time of writing, WHO has been forced to abandon its meticulously negotiated plans to evacuate wounded and critically ill patients. WHO continues to work with the International Syria Support Group (ISSG) to negotiate a ceasefire that will be honoured by all parties and allow it to implement its evacuation plans.

Over half of Syria's public hospitals and almost half of its public health care centres are either closed or are only partially functioning. Health needs throughout Syria remain acute. Eighteen locations in Syria are

classified as besieged and three are classified as hard-to-reach. Together, they are home to over 5 million people. Attempts to deliver aid to these areas have been deliberately obstructed or delayed, and many medical and surgical supplies have been routinely removed from aid convoys.

Despite these challenges, and thanks to sustained funding from its humanitarian donors, WHO has continued to implement the emergency health programmes set out in the Humanitarian Response Plan for Syria for 2016. This report describes the main achievements of WHO's country office in Damascus and its hubs in Gaziantep (Turkey) and Amman (Jordan) during the third quarter of 2016 ●

Elizabeth Hoff
WHO Representative to the
Syrian Arab Republic



Thirteen-year old Luma has suffered from kidney failure for more than two years. As haemodialysis treatment was not available in her home town of Afrin, her family brought her to the Al-Ihsen charity centre in northern Aleppo. With support from WHO, Al-Ihsen is managing five health centres in Aleppo and surrounding areas.

Photo credit: WHO/Aleksander Nordahl

Photo credit: WHO/Bassam Khabieh



Photo credit: WHO/Bassam Khabieh

Q3, 2016 Highlights

In the third quarter of 2016, WHO:



Delivered more than 73 tons of essential medicine, medical and laboratory equipment and supplies and emergency kits to all besieged locations across Syria. Just under half of these supplies were delivered through cross-border operations to northern Syria.



Facilitated the evacuation of 39 people from the besieged towns of Madaya, Foah, and eastern Ghouta, and from Homs.



Vaccinated over 600 000 children under five years of age in hard-to-reach and besieged locations.



Delivered 1 468 632 treatments from within Syria, of which 38% went to people in besieged and hard-to-reach areas.



Improved timely response to diseases surveillance from 72% in Q2 to 85% in Q3.



Delivered 296 700 treatment courses through cross-border operations from WHO's hub in Gaziantep.



Assessed the status of functionality of all public hospitals and health care centres in Syria.



Participated in 21 inter-agency convoys, and undertook nine cross-border missions to hard-to-reach locations.



Screened more than 160 000 children under five years of age for malnutrition.



Worked with the World Food Programme to organize airdrops of medical supplies to the besieged city of Deir-ez-Zor, as a result, 22 800 medical treatments and 500 treatments for trauma cases were delivered.



Trained over 3800 health workers on health assessments, trauma care, the case management of specific diseases, mental health, nutrition and other topics.

Overview

As of September 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.



STATUS OF HEALTH CARE FACILITIES IN SYRIA

As of September 2016, according to WHO's Health Resource Availability Mapping System (HeRAMS), over half of Syria's public hospitals and around half of its public health care centres were either closed or only partially functioning. WHO regularly assesses the status of health care facilities in the country, and continuously monitors the numbers of people ill and injured, including those requiring medical evacuation and/or specialist health care.

ACCESS TO PEOPLE IN NEED

Beyond its immediate objective of delivering life-saving medical supplies, WHO has continued to advocate at the highest levels of government for the lifting of the siege on all affected areas across Syria. WHO has consistently advocated for the immediate evacuation of wounded and critically ill

patients and their families in hard-to-reach and besieged locations. This includes guaranteeing their safe return following treatment.

WHO's efforts have met with some success. In August, following an urgent appeal by Staffan de Mistura, the United Nations Special Envoy for Syria, up to 36 people were evacuated from the besieged towns of Foah and Madaya. WHO was also involved in the evacuation of conjoined twins from eastern Ghouta to Damascus, and the evacuation of a severely burned three-year old boy from Homs.

In the last week of September 2016, well over a thousand people in besieged East Aleppo were reported to have been injured following the intensified shelling of the city. Establishing humanitarian corridors to evacuate the wounded and critically ill is imperative. Working with all partners, WHO has painstakingly negotiated plans for medical

evacuation and treatment that provide a framework for coordinated action by local health care providers, authorities and cross-border partners. The framework sets out the conditions and approvals that must be obtained to allow critically ill patients to be evacuated or treated in situ:

1. Approvals for east Aleppo health authorities, ambulances and medical teams (with support from the Syrian Arab Red Crescent (SARC) to facilitate the safe transport of patients and their families through government-controlled areas to Idleb for medical care.
2. Approval for SARC ambulances and medical teams to evacuate patients and their families from east to west Aleppo.
3. Approval to dispatch medical teams to east Aleppo to treat patients in situ.

The medical evacuation of patients and their families and the delivery of medical supplies

into east Aleppo would require a sufficiently long ceasefire window (at least 48 hours). It also depends on the availability of sufficient numbers of ambulances, drivers and health care staff to transport approximately 200 patients and their families out of east Aleppo. Lastly, in order to succeed, these operations require that all parties guarantee the safe passage of patients out of east Aleppo and the safe delivery of supplies into the area.

At the time of writing, the Organization is still awaiting the removal of all obstacles that would allow it to implement these plans.

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 Q3 of 2016, national security forces removed large quantities of medicine and medical supplies from 18 of the 21 convoys transporting

Photo credit: WHO/Aleksander Nordahl



“It has been a long time since anyone came to visit me. I don’t know anything about my family”, said tearful Nadia. Sitting in Ibn Khaldoun mental health hospital (the only such facility in northern Syria), 32-year old Nadia recalls memories of neighbours in her hometown of Idlib. Ibn Khaldoun hospital has been severely damaged in the conflict, and patients have had to relocate several times.

medicine and medical supplies. Over 25 tons of supplies - sufficient to provide 49 188 treatments - never reached their destination. Items removed included trauma, surgical supplies including blood and blood products, anaesthetics, antibiotics and analgesics. Increasingly, security forces are removing life-saving medical equipment such as incubators,

items removed from inter-agency convoys. It informs the Ministry of Foreign Affairs(MoFA) and the Ministry of Health (MoH) of all rejected items, and includes this information in its contribution to the UN 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 specialized medical equipment.

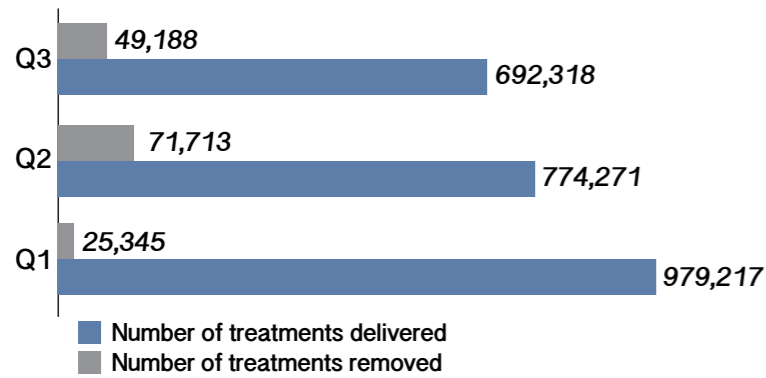
ATTACKS ON HEALTH CARE FACILITIES AND HEALTH PERSONNEL

The number of attacks on hospitals and health care centres continues to rise despite intense international attention and media reports. Syria is now the most dangerous country in the world for health workers. Hundreds have been killed. Thousands more have courageously chosen to stay behind and fulfil their oath to save lives. Some have literally gone underground to keep providing care.

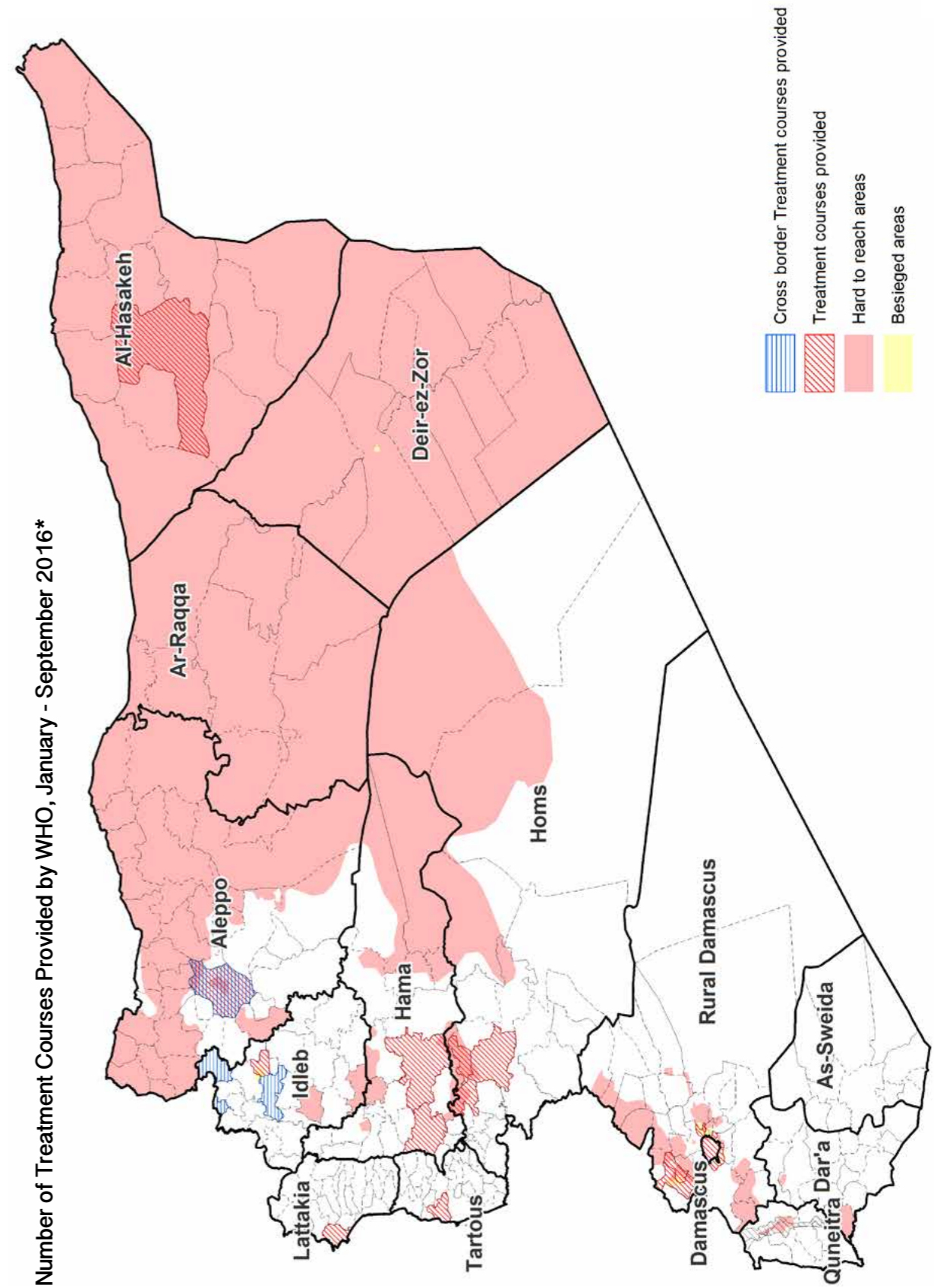
A SARC convoy with UN supplies headed for Orem Al-Kubra in Aleppo was destroyed while offloading 31 UN-contracted commercial trucks carrying flour, medicine and supplies, nutritional supplements, winter clothes and blankets for 78 000 people. The SARC warehouse and most of the trucks were destroyed. At least 18 people including the head of the SARC in Orem Al-Kubra were killed. WHO alone lost nine tons of emergency medicine and supplies destined for hospitals and health care centres in Aleppo and Orem Al-Kubra ●

Photo credit: WHO/De'iti Souleiman

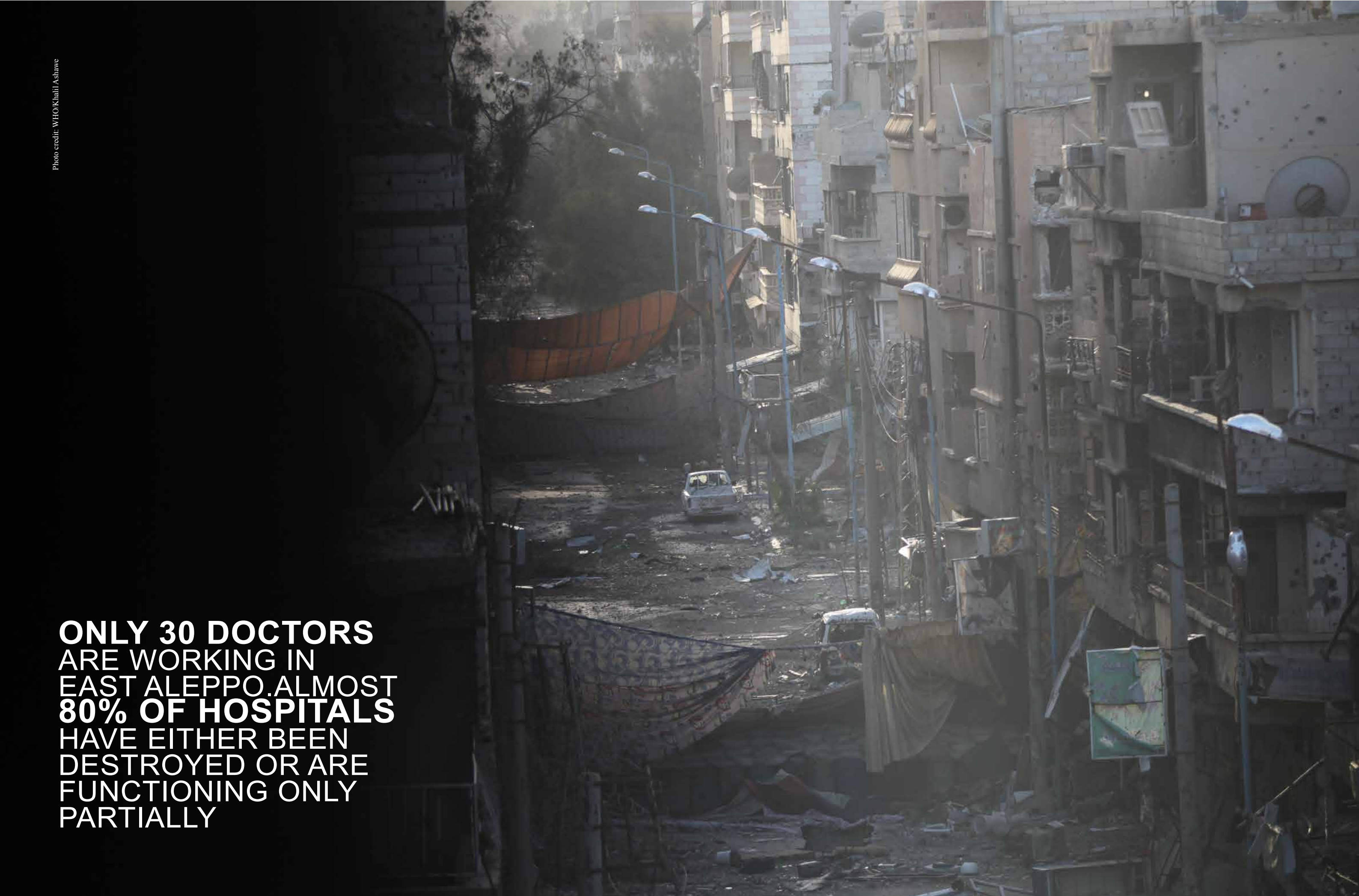
Deliveries through Inter-Agency Convoys over 2016



hemodialysis machines and ventilators. The delivery of medicine and supplies fluctuates from one quarter to another depending on approvals received, the security situation, and operational challenges. Whenever government approval is given for inter-agency convoys, WHO works with health partners to assemble and deliver enough medicine and supplies to cover basic needs for three months in each area of delivery. WHO maintains detailed information on all



*this map is generated based on UNOCHA's information on hard-to-reach and besieged areas.



ONLY 30 DOCTORS
ARE WORKING IN
EAST ALEPPO. ALMOST
80% OF HOSPITALS
HAVE EITHER BEEN
DESTROYED OR ARE
FUNCTIONING ONLY
PARTIALLY



WHO's Response

Photo credit: WHO/Christopher Black

2.1 TECHNICAL LEADERSHIP AND COORDINATION

Strategic and Policy Coordination:

- Provided regular updates to the Special Advisor to the United Nations Special Envoy on the status of health care facilities and the delivery of medical assistance and care across conflict lines. These updates, including operational solutions for sustained access to Aleppo and other besieged locations, were shared with the International Syria Support Group.
- 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.
- In the aftermath of attacks on health care facilities in Quneitra and Dar'a, coordinated the health sector response to ensure the continuity of health care services in these locations.

Working in hard-to-reach and besieged locations:

- Monitored the status of health care facilities in the 21 hard-to-reach and besieged locations.
- Advocated at the highest levels of government for sustained access for delivery of medical supplies, medical teams and mobile clinics to these areas.

- Assessed health needs during convoy missions; reviewed requests submitted by medical staff or health care facilities.
- Consolidated the lists of health sector supplies to be included in inter-agency convoys, based on priority needs and convoy capacities.

2.2 TRAUMA CARE

In Q3 of 2016, WHO:

- Distributed 135 474 trauma care treatments to Aleppo, Damascus, Dar'a, Deir-ez-Zor (via air drops), Hama, Homs, Lattakia, Rural Damascus and Sweida.
- Prepared a contingency plan for chemical weapons for Aleppo governorate, and updated the training course on dealing with exposure to chemical and hazardous materials.
- Donated anaesthesia and electrocardiograph machines, monitoring devices, portable ventilators, suction machines, X ray machines, defibrillators, beds for intensive care units, oxygen concentrators, incubators, sterilizers, stretchers and examination tables to hospitals in Damascus, Hama, Homs, Idleb, Rural Damascus, and Tartous.
- Donated supplies and accessories to the Disability and Physical Rehabilitation directorate in Damascus. As a result, 150 patients from all over Syria were fitted with artificial limbs.
- Assessed surgery and trauma management capacity of around 50 hospitals and 30 primary health care facilities in northern Syria.
- Supported 800 surgeries and trauma treatments in northern Syria.

- Distributed 49 surgical supply kits and training materials to 25 health care facilities in Dar'a and Quneitra.

2.3 PRIMARY HEALTH CARE INCLUDING VACCINATION

WHO implemented the following activities in Q3 of 2016:

- Supported 2 716 536 consultations in health care centres across the country.
- Distributed over 900 000 treatments to health care centres throughout Syria.
- Supported NGOs providing health care services in Aleppo, Damascus, Dar'a, Hama, Homs, Lattakia and Rural Damascus. These NGOs provided 67 600 outpatient consultations.
- Delivered 177 815 treatments for diabetes including 134 800 insulin injections to Aleppo, Damascus, Hama, Homs, Lattakia, Rural Damascus and Tartous.
- Distributed more than 1000 vials of insulin to northern Syria.
- Finalized an essential health service package

for northern Syria.

- Developed an interactive map to allow mobile clinics in northern Syria to coordinate services for communities in need.
- Procured and equipped six ambulances for northern Syria; donated supplies and equipment to 19 others, and supported their operating costs. These ambulances transported over 2500 patients to hospitals and specialized facilities.
- Donated supplies to and supported the operating costs of four emergency health facilities in northern Syria. These facilities treated more than 7200 patients.
- Continued rolling out the essential package of primary health care services in southern Syria.

WHO supported the following vaccination campaigns:

The second round of a multi-antigen vaccination campaign against diphtheria, pertussis, tetanus, poliomyelitis, haemophilus influenza, hepatitis B, measles, mumps and rubella was conducted from 24 to 28 July 2016 in besieged and hard-

to-reach areas. Over 157 000 children under five were vaccinated, of whom 24 309 also received Vitamin A supplements. In addition, 12 492 women of reproductive age were vaccinated against tetanus. Vaccination teams were able to totally reach only four of 14 governorates (Dar'a, Lattakia, Quneitra, and Sweida).

The campaign was complemented by a routine immunization campaign in accessible areas of northern Syria in July-August 2016. Over 450 000 children were vaccinated against poliomyelitis, diphtheria, pertussis, tetanus, haemophilus influenza, hepatitis B, measles and rubella.

WHO is coordinating the work of the Expanded Programme for Immunization task force in southern Syria. The task force is currently strengthening cold chain and staffing capacity to implement vaccination campaigns in southern Syria.

WHO Syria continues to support routine immunization in health care facilities in accessible areas. In July 2016, 68 347 dropout children were vaccinated through routine vaccination programmes.

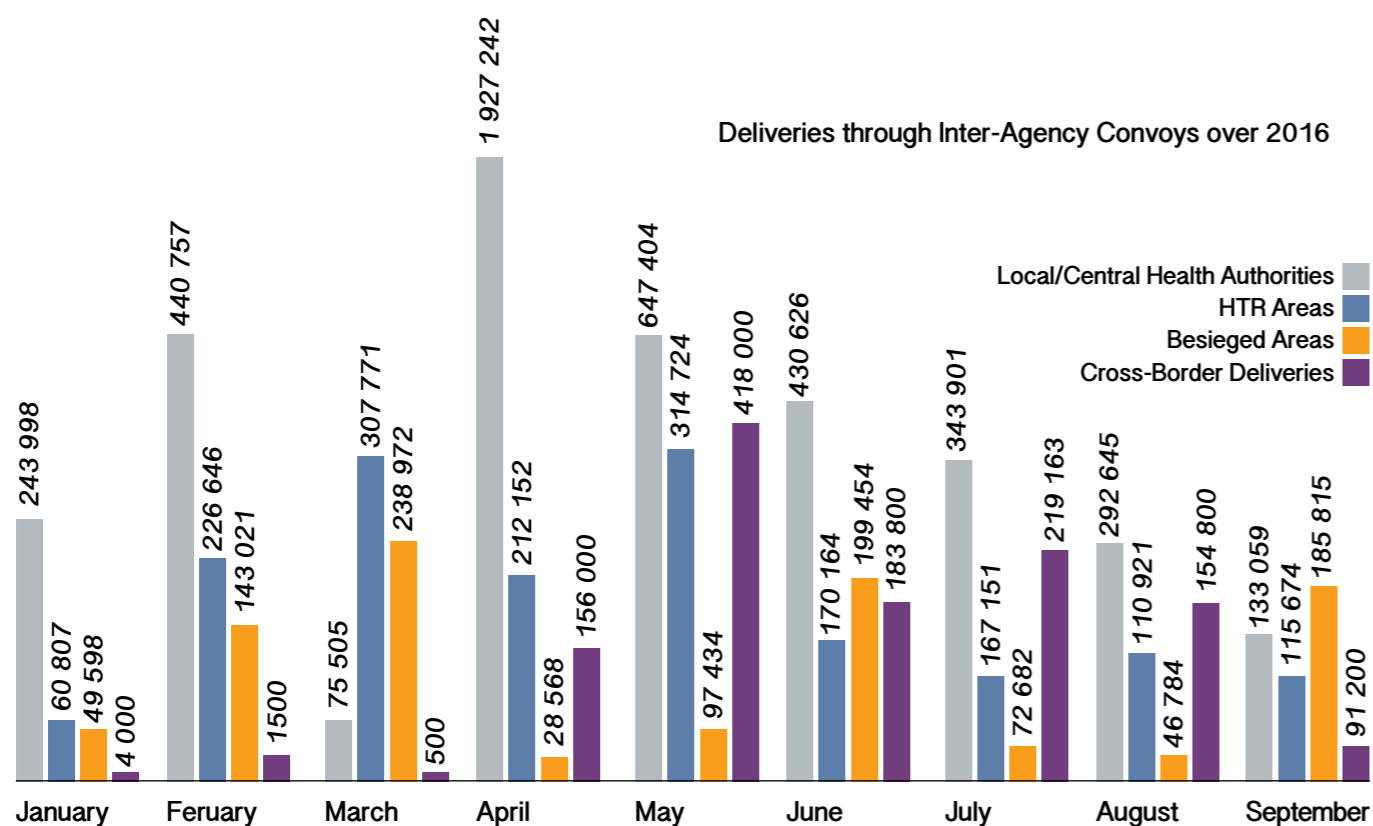
sessions to NGOs and health care facilities in Aleppo, Damascus, Homs and Rural Damascus.

- Donated and installed a generator at the Kidney Hospital in Damascus (supported by UNOCHA).
- Provided critical medical equipment such as anaesthesia machines, C-Arm X-ray, ventilators, and incubators to hospitals in Aleppo, Damascus, Hama, Homs, Idlib, Lattakia, Rural Damascus and Tartous.
- Prepared an assessment of cancer care management in Syria to determine current status, challenges and priorities for support within the current context.

2.5 MENTAL HEALTH

In Q3 of 2016, WHO:

- Trained 240 health professionals including 65 doctors from northern Syria on the mhGAP intervention guide. Currently, mental health services are being offered in 214 primary health care centres across Syria.
- Trained 17 mental health professionals on how to train community and health care providers on the implementation of Self-help +, which is designed for adult Syrians in hard-to-reach areas. A total of 23 doctors and nurses in PHC centres were trained on using the self-help book. An audio guide is being recorded and will be piloted in the coming months.
- Trained 131 health care providers and nurses on psychological first aid and psychiatric nursing as well as 68 community workers on identifying and helping people suffering from substance abuse problems, and referring them for treatment when needed.
- Donated equipment to two newly rehabilitated psychiatric wards in hospitals in Hama and Lattakia. The wards will begin receiving patients in November 2016.
- Donated mental health medicines to Ibn Khaldoun hospital in Aleppo to cover the needs of around 150 patients who are expected to be medically evacuated.
- Donated mental health medicines and supplies to cover the basic needs of 450 patients in Ibn Sina hospital in Rural Damascus.
- Prepositioned psychotropic medicines to

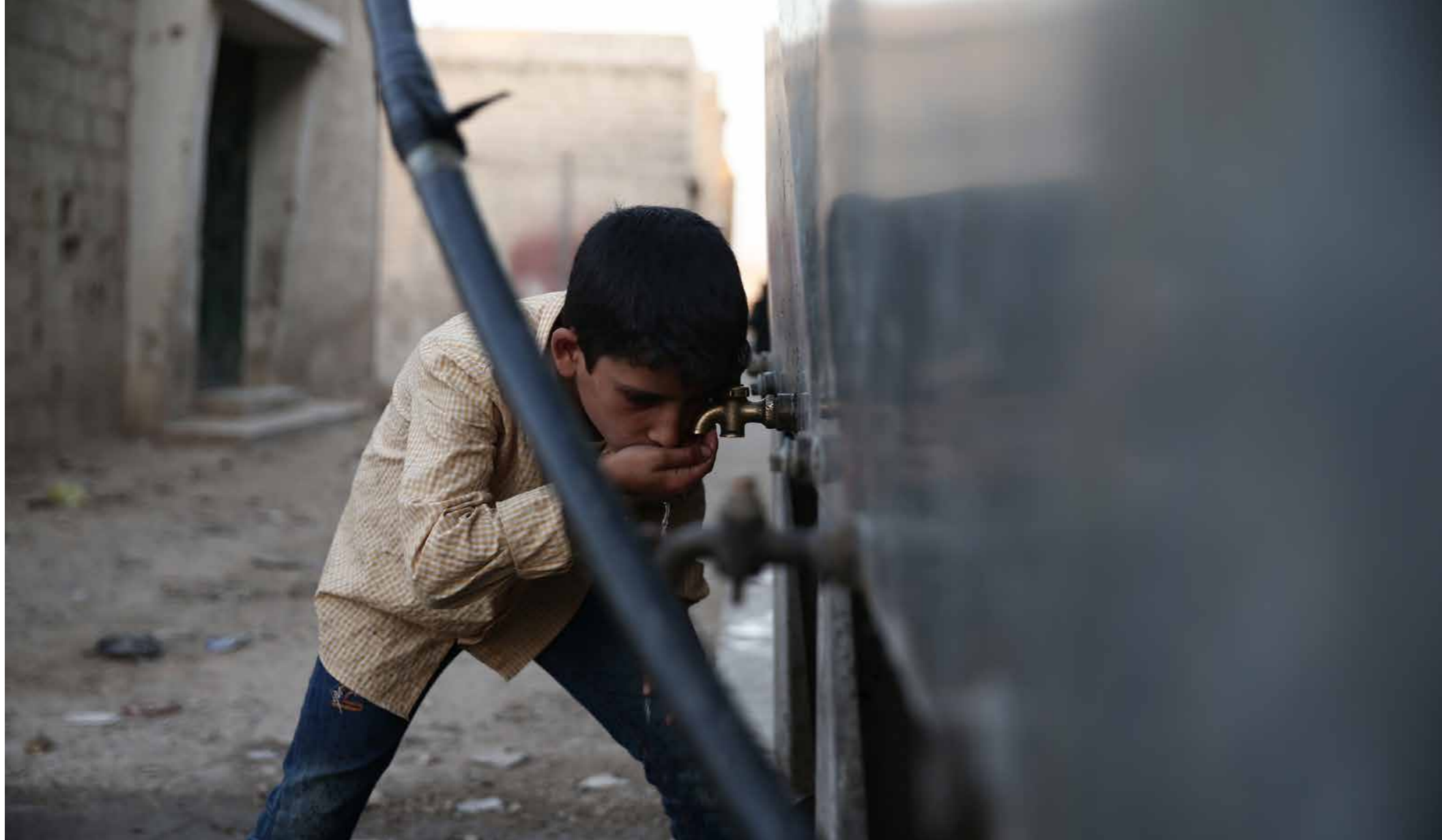


2.4 SECONDARY HEALTH CARE

In Q3 of 2016, WHO:

- Delivered supplies to support 11 850 dialysis

Secondary Health Care Equipment Delivered by Governorate	Equipment Types										
	X-Ray Machines	Ventilators for Adults/Infants	Defibrillators	Multi-6 Channel ECG	Infant incubators	Haemodialysis Machine	Sterilizers	OB/GYN Examination Table	ICU Beds	Operating Table	Anaesthesia Machine
Aleppo	5	7	2	3	5	3	-	-	-	-	-
Damascus	6	-	-	2	5	4	3	1	-	-	-
Homs	-	-	-	-	-	5	-	-	-	-	-
Lattakia	1	-	-	-	-	-	-	-	4	1	-
Rural Damascus	-	1	-	-	-	2	-	-	-	-	1
Tartous	1	-	-	-	3	-	-	-	-	-	-



Aleppo's water supply comes from the Euphrates river to the east of the city. The water is treated at pumping stations before it reaches the city's water network. If the pumps stop working, the water is instead channelled to the Queiq river that flows through the city, raising it to dangerously high levels. "We don't have water at home", says 14-year old Tarek. I have to fill jerry cans from the river and take them home."

be provided to different PHC facilities and hospitals in northern Syria.

- Supported a workshop for 33 UN staff in northern Syria on self-care/staff-care.

2.6 DISEASE SURVEILLANCE

In Q3 of 2016, a number of disease outbreaks were reported through WHO's Early Warning Alert and Response System/Network:

- A total of 123 cases of Guillain-Barre Syndrome were reported from Damascus, Lattakia, and Rural Damascus governorates. WHO coordinated the collection of samples for testing, and procured apheresis devices and immunoglobulin. Identification of the causative agent is ongoing.
- Between 2 August and 25 September 2016,

sixteen suspected cases of meningitis were reported from the besieged town of Madaya. WHO supported the evacuation of 11 patients, nine of whom were admitted to a Damascus hospital for investigation and treatment and two of whom were referred to facilities in Idlib.

WHO also:

- Maintained regular reporting from 1635 sentinel sites.
- Prepared for the winter season by securing influenza vaccines, updating its winterization plans, printing awareness-raising materials and donating laboratory tests for influenza to the public health laboratory.
- Donated 45 000 vial of leishmaniasis medicine (glucantime) to the MENTOR initiative

Photo credit: WHO/Bassam Khabiech

to treat patients in northern Syria.

- Completed the field work for a study estimating the sero-prevalence of Hepatitis B and C among selected population groups in Syria.

2.7 HEALTH INFORMATION SYSTEM

In Q3 of 2016, WHO:

- Assessed the status of all public hospitals and health care facilities in Syria, and published regular overviews. The information was used to identify and fill gaps.
- Maintained oversight of the Drug Information Management System project, which aims to track all medicines for Syria that are procured either locally or globally and that are available

on the Syrian market.

- Launched a template for monitoring attacks against health care [health facilities and staff].
- For the first time since March 2015, assessed health care facilities in southern Syria that are accessible from Jordan.
- Harmonized reporting from health care facilities in southern Syria.

2.8 PARTNERSHIPS WITH NGOS

In Q3 of 2016, WHO:

- Supported national NGOs that provided over 370 000 treatments, 67 600 outpatient consultations, 39 597 surgical interventions and 1827 deliveries, focusing on vulnerable groups and internally displaced people (IDPs)

in Aleppo, Damascus, Dar'a, Hama, Homs, Lattakia and Rural Damascus.

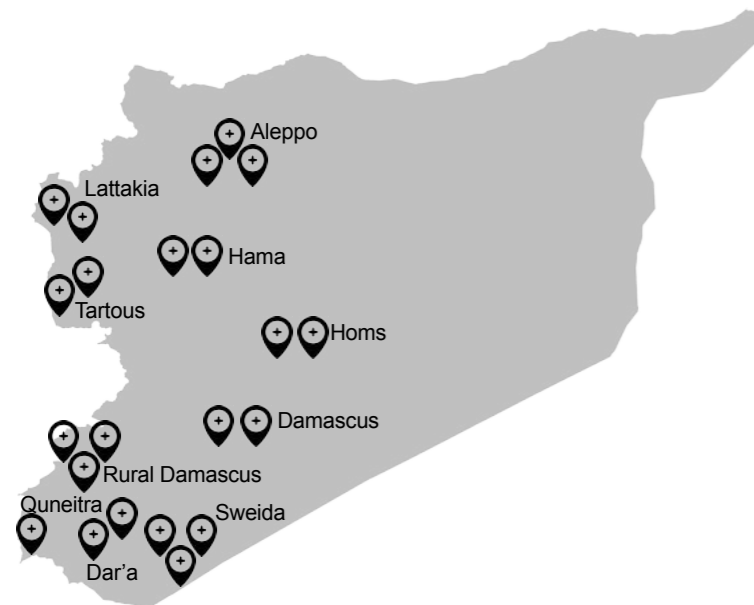
- Trained over 170 staff from 58 NGOs on disease surveillance, primary and secondary health care, mental health, nutrition, trauma care and health information.
- Contracted three NGOs to support patients in Ibn Khaldoun mental health hospital in Aleppo and Ibn Sina mental health hospital in Rural Damascus.

2.9 NUTRITION

In Q3 of 2016, WHO:

- Screened 161 054 children under five years of age for malnutrition.
- Supported 444 nutrition surveillance centres.
- Delivered emergency nutrition supplies to besieged locations to treat over 400 severely malnourished children requiring hospital care.

Hospitals with integrated BFHI by Governorate



- Donated nutrition supplies to 20 nutritional stabilization centres, and provided technical support. A total of 141 patients with severe acute malnutrition were treated.
- Revitalized the Baby-Friendly Hospital Initiative (BFHI), which aims to promote and support breastfeeding in maternity hospitals. To date, BFHI has been integrated in 21 hospitals.
- Expanded early child development activities in stabilization centres in 10 governorates to help malnourished children recover, grow and reach their full potential.

2.10 WASH

In Q3 of 2016, WHO:

- Completed the rehabilitation of five existing groundwater wells in Aleppo. The water supplies now conform to WHO's standards for drinking water quality. The wells are providing safe water to five public hospitals in Aleppo (Al Tawlid, Ibn Rushd, Al Razi, University and Heart Surgery hospitals). Rehabilitation works included the provision of submersible pumps, water purification units, electrical generators and solar panels, and the installation of drinking water fountains and special outlets for water tankers. As a result of this work, 35 000 people now have enough safe water to meet their daily needs.
- Launched a second initiative to improve the water supply system for Aleppo Kidney Hospital, including the provision of a double reverse osmosis water purification unit, water storage tanks, and a 150 kVA electric power generator to support the functioning of 60 dialysis machines ●



Photo credit: WHO/Khalil Ashweh

The recent escalation of violence in and around Aleppo has forced Hasna and her three children to flee to a shelter close to the Turkish border. “We barely have food to eat. We have been eating bread for the past two weeks”, she said. Increasing numbers of people are in need of humanitarian aid. Civilians trapped in conflict areas face acute shortages of food, medicine, water and other basic life essentials. Those who are trying to flee are in urgent need of assistance and protection.

3.0 Capacity Building

In Q3 of 2016, WHO trained 3841 health workers across the country on the following topics:

TRAINING TOPIC	TRAINING COURSE	PEOPLE TRAINED
Trauma	First aid and basic life support	715
	Major incident medical management	
	Burn management	
	Hospital major incident medical management	
	Dealing with hazardous materials	
	Upper limb amputation and rehabilitation	
Primary health care	Management of NCDs	992
	PHC information systems, infection control practices	
	Noncommunicable disease interventions for northern Syria (training of trainers)	
	Polio and routine immunization	
Secondary care	Rational use of medicine (with focus on cancer medicines); improving patient safety; infection control practices	334
	Infection control	
Mental health	mhGAP	983
	Psychological first aid	
	Psychiatric nursing	
	Self-care/staff care for humanitarian health workers in northern Syria	
	Substance abuse	
	Self-Help Plus programme	

TRAINING TOPIC	TRAINING COURSE	PEOPLE TRAINED
Disease surveillance and response	EWARS web application	761
	Laboratory safety procedures	
	<u>EWARS implementation and expansion</u>	
	Polymerase chain reaction techniques	
	Laboratory diagnosis of cholera, HIV, malaria, leishmaniasis, TB, brucellosis, medium preparation, virus cul-ture, food poisoning	
Management of communicable diseases (leprosy, TB, leishmaniasis)		
HIS	Data gathering, analysis and reporting	430
Nutrition	Expanded reporting on early detection of malnutrition	287
	Nutrition surveillance and severe acute malnutrition	
	Early child development programme	
	infant and young child feeding	
	Treating severe acute malnutrition	

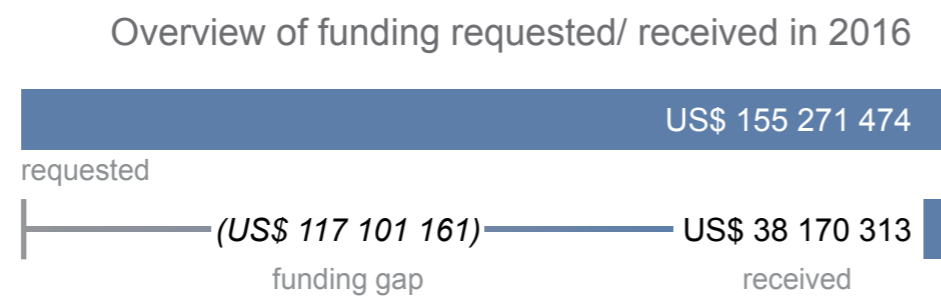
Photo credit: WHO/Omar Samadiki



**38% OF WHO'S
DELIVERIES WENT TO
PEOPLE IN BESIEGED AND
HARD-TO-REACH AREAS**

4.0 Financial Overview for Q3, 2016

In the Humanitarian Response Plan for 2016, WHO appealed for US\$ 155 271 474 to implement its emergency health response. As of the end of September 2016, WHO had received just under 25% of the required amount.



Donor	Funding per donor Amount received
ECHO (pledge)	6 659 268
Norway	6 135 722
UNOCHA	5 861 180
DFID	1 578 947
USAID	17 500 000
Spain	335 196
Japan	100 000
Total	38 170 313



Photo credit: WHO/Omar Samadiki

5.0 HUMANITARIAN RESPONSE PLAN FOR 2017

WHO has led the health sector's contribution to the Humanitarian Needs Overview and the Humanitarian Response Plan for Syria for 2017. WHO aims to address immediate health needs in 2017 as well as longer-term, more sustainable approaches to strengthen the health system and health care delivery. WHO's priority activities in the 2017 Humanitarian Response plan include interventions under the Health, WASH and Nutrition Sectors, as well as priority actions under the UN Strategic Framework.

6.0 WHO WEB STORIES AND MEDIA UPDATES

[WHO condemns multiple attacks on Syrian hospitals](#)

[Health care increasingly out of reach for Syrians in eastern Aleppo City](#)

[Hospitals turned into graveyards: child and maternity hospital in Aleppo hit](#)

[ProtectHealthWorkers: stop the attacks on health care in Syria](#)

[Conjoined twins evacuated to Damascus, among 20 urgent cases](#)

[Regional Director's statement: Stop the war on hospitals!](#)

[Humanitarian Airdrop No 100 in Deir Ez-zor](#)

[Almost daily, health care is targeted in Syria](#)

[Bi-monthly Health Emergencies Update](#)

[WHO calls for immediate safe evacuation of the sick and wounded from conflict areas](#)

[GENEVA / SYRIA MEDICAL EVACUATION](#)

[Medical supplies airlifted to Al-Qamishli, Syria](#)

[Syria: Reaching besieged populations](#)

[Health workers and patients between life and death in eastern Aleppo city](#)



Photo credit: WHO/Aleksander Nordahl

Like many children, 12-year-old Hiba, suffers from severe injuries and loss in both legs. Three months ago, a mortar fell on her house in Aleppo, and since, she has been receiving treatments at the Aleppo University Hospital. WHO is providing the needed medicines and medical supplies for her recovery. Despite the continuous migration of doctors and qualified nurses, those who remain strive to deliver quality health care for victims like Hiba.



“My neighbour told me about a group of doctors who are vaccinating children in our camp”, said Hasna. She immediately took her one-year old son to be vaccinated. Every day, vaccination teams immunize around one hundred children in camps and shelters. They aim to cover all children in an area that hosts some 5000 families.

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



**World Health
Organization**