

# World Health Organization

Syrian Arab Republic

*Donor Update 2014 (Q3)*



World Health  
Organization



“The damage to health systems is enormous. Access to basic public health functions and basic health services is impeded. The damage to health systems takes many forms. Health infrastructure itself may be destroyed, and medical staff killed or displaced. The increased health needs of affected populations and reduced supply result in shortages of medical equipment, supplies, and critical medicines.”

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

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## Message from the WHO Representative, Syria

Until the conflict started, Syria was a middle income country with life expectancy of 76 years, child mortality rate of 15 per 1,000 live births and on track to achieve MDG Goal 4- to reduce child mortality rate from preventable diseases by two-thirds. The country had a functional health system which guaranteed availability, access and utilisation of standard health services.

**A**LMOST FOUR YEARS AFTER THE CRISIS started, the situation could not be more different: health and living conditions of millions of Syrians in need of humanitarian assistance have degenerated to deplorable levels and continue to rise. By the end of August 2014, approximately nine million Syrians were internally displaced and facing difficult health and living conditions. By the end of June 2014, 24% of hospitals have been rendered non-functional, and 46% are reported damaged 12% fully damaged while 34% partially damaged facilities with local drug production reduced by 70%.

Five governorates (Aleppo, Rural Damascus, Homs, Da'ra and Deir er-Zor) had the highest number of non-functional public hospitals. With the population increasingly exposed to the threat of communicable diseases, there were 2,976 cases of typhoid fever, 610 cases of suspected measles, 60,012 cases of acute diarrhoea and 41 cases of Acute Flaccid Paralysis according to the Early Warning and Response System (EWARS) as at mid-September 2014 in Q3. Further, access to the opposition-controlled and besieged areas continued to be hampered by growing insecurity, population mobility and constraints imposed on humanitarian operations by the Syrian government.

Despite the increasing strain on health service delivery, Q3 was quite remarkable in terms of WHO interventions in Syria. Populations reached with lifesaving devices, medicines and supplies increased from 2.2 M in Q1 to 2.5 M in Q2 and to over 4 M in Q3. The number of EWARS sentinel sites also expanded from 466 in Q1 to

573 in Q2 and 627 in Q3. Engagement with non-governmental organizations (NGOs) increased from 46 in Q2 to 51 in Q3, leading to more beneficiaries being reached. In Q2, approximately 123,621 benefitted from various kinds of services offered by the NGOs compared to 178,548 in Q3.

With the support of donors, notably Canada, ECHO, Finland, Kuwait, Norway, Russia, USAID, United Arab Emirates and UNOCHA among others, WHO leveraged on the achievements made in the Q2 by providing strong leadership, technical and operational support in collaboration with health authorities and other partners to deliver health and humanitarian services to millions of Syrians in need of assistance across the country.

This report highlights activities conducted and milestones achieved in Q3 2014 capturing results, challenges and mitigation measures, as well as priorities for Q4. WHO is committed to doing all within its capability to improve the health conditions of all affected Syrians ■

Elizabeth Hoff  
WHO Representative, Syrian Arab Republic

### Contact Details

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

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

WHO Country Office (Damascus, Syrian Arab Republic)  
**Mr Karim Shukr, Media and Communications Officer**  
shukrk@who.int

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

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# Executive Summary

**T**HE CURRENT conflict in the Syrian Arab Republic has continued to deteriorate, thus giving rise to critical humanitarian situation. The number of people in need has increased significantly since Q2: the barriers to accessing humanitarian assistance remain; there is reduced agricultural production, scarce employment opportunities, decreased purchasing power, and exhausted coping mechanisms.

By the end of September 2014, the United Nations Refugee

Agency (UNHCR) estimated that more than 9.5 million people have been displaced as a result of the crisis. The total number of displaced people is comprised of over 3 million refugees who are living in neighbouring countries and 6.5 million internally displaced persons (IDPs) within Syria. The number of people affected, half of whom are children, equals 40 percent of the country's pre-war population.

With this, experts have estimated that the Syrian refugee situation is the largest and the

worst worldwide and responsible for the astronomical increase in the total number of refugees globally, exceeding 50 million for the first time since the World War II.

The health system in Syria has been adversely affected. WHO continues to provide technical support to the health authorities to save lives and ease suffering. This report highlights activities conducted in Q3 2014, milestones achieved, challenges and mitigation measures adopted, priorities for Q4 and WHO's strategic interventions under SHARP.

Photo credit: WHO - Syria/O. Samadiki

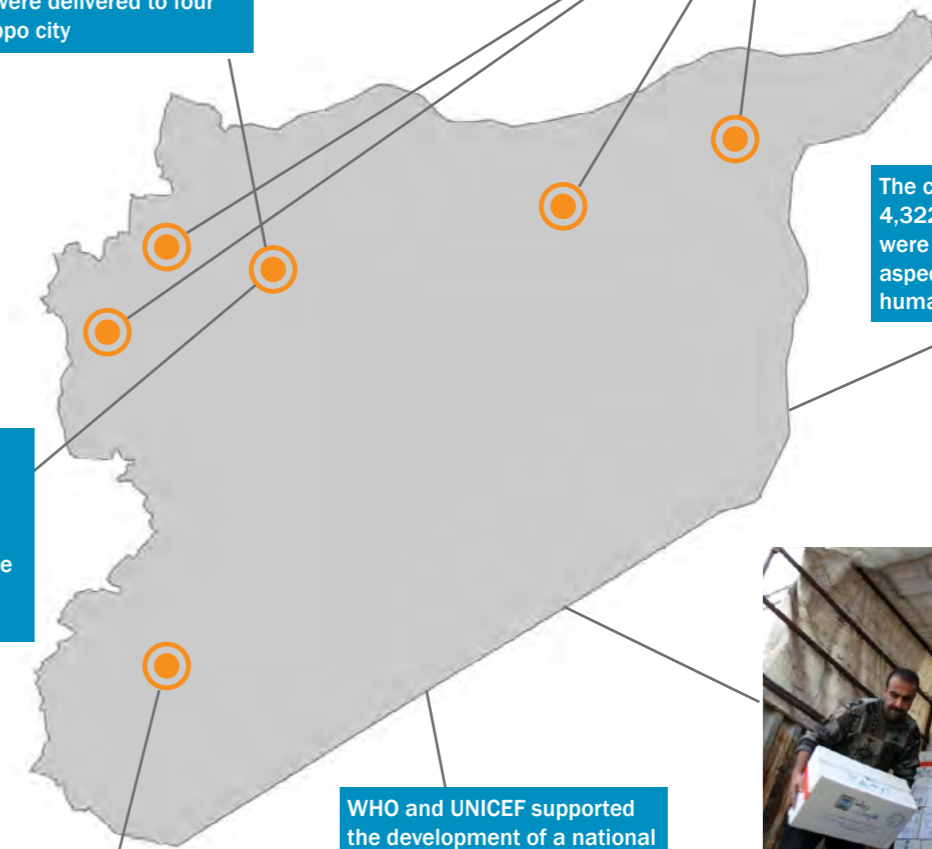
Photo credit: clockwise from the top: WHO - Syria/B. Khabieh; WHO - Syria/Aleppo; WHO - Syria/ Mouadamiya; WHO - Syria/Aleppo

Q3 was remarkable for many reasons, including the following breakthroughs:



Following a ceasefire between parties to the conflict, 10 metric tonnes of surgical supplies, including antibiotics, sterile gauze, syringes and catheters, as well as chronic disease medicines, for over 22,300 people were delivered to four hospitals in eastern Aleppo city

Intravenous fluids for 18,733 people were also delivered to health authorities in Ar-Raqqa, Al-Hassakeh, Idleb and Lattakia



WHO supported local NGOs and health authorities in Aleppo with medical assistance for over 919,000 beneficiaries

The capacities of 4,322 health workers were built in different aspects of health and humanitarian operations

About 50,000 treatments of antibiotics, multivitamins for children, and chronic disease medicines were delivered to Mouadamiya in Rural Damascus to support a population of 24,000 people in need

WHO and UNICEF supported the development of a national response plan for measles and other vaccine preventable diseases



WHO supported over 4 million people through the provision of lifesaving treatments and medical supplies with 31% delivered to hard-to-reach and opposition-controlled areas



Achievements attained in the Q3, leveraged on the lessons learnt and results generated in the second quarter. Invariably, Q4 priorities and plans are derived from lessons learnt from the Q3 and unfolding emergency peculiarities.

## The Situation in Syria in Q3

THE OVERALL SECURITY environment in the Syrian Arab Republic further deteriorated during Q3 as active fighting continued between the different parties to the conflict across the country.

No key changes in the balance of power occurred during Q3 and the worsening of the security context severely affected the overall humanitarian situation.

The advances of the Islamic State in Iraq and Levant (ISIL) led to the establishment of an International Coalition

of 62 nations, including five (5) Arab countries to degrade the militant group. The continuous fighting against the extremist group, which is currently in control of a large swathe of territory in Syria, has resulted in displacement of tens of thousands of people especially in Ar-Raqqa, Deir ez-Zor and Al-Hassakeh governorates, while humanitarian convoys' access has been further limited.

The violent conflict has not only had a direct impact on millions of Syrians, but also on the

prospect of economic and social development for the medium and longer term. In 2013, the Syrian economy shrank by 16.7% compared to 2012 and by 28.2% compared to 2011. Export and import decreased sharply by 95% and 93% respectively and inflation rose by up to 90%. During the past three years, the total loss of real Gross Domestic Product (GDP) is estimated at approximately US\$ 70.67 billion.

All these factors,

combined with the restricted access for humanitarian aid, already stretched resources, decreased purchasing power, reduced agricultural production and exhausted coping mechanisms have contributed to a significant increase in the number of people in need to up to 10.8 million Syrians. If the conflict continues in 2015, it is expected that 90% of Syrians will be poor and 60% will not be able to secure their own food requirements.

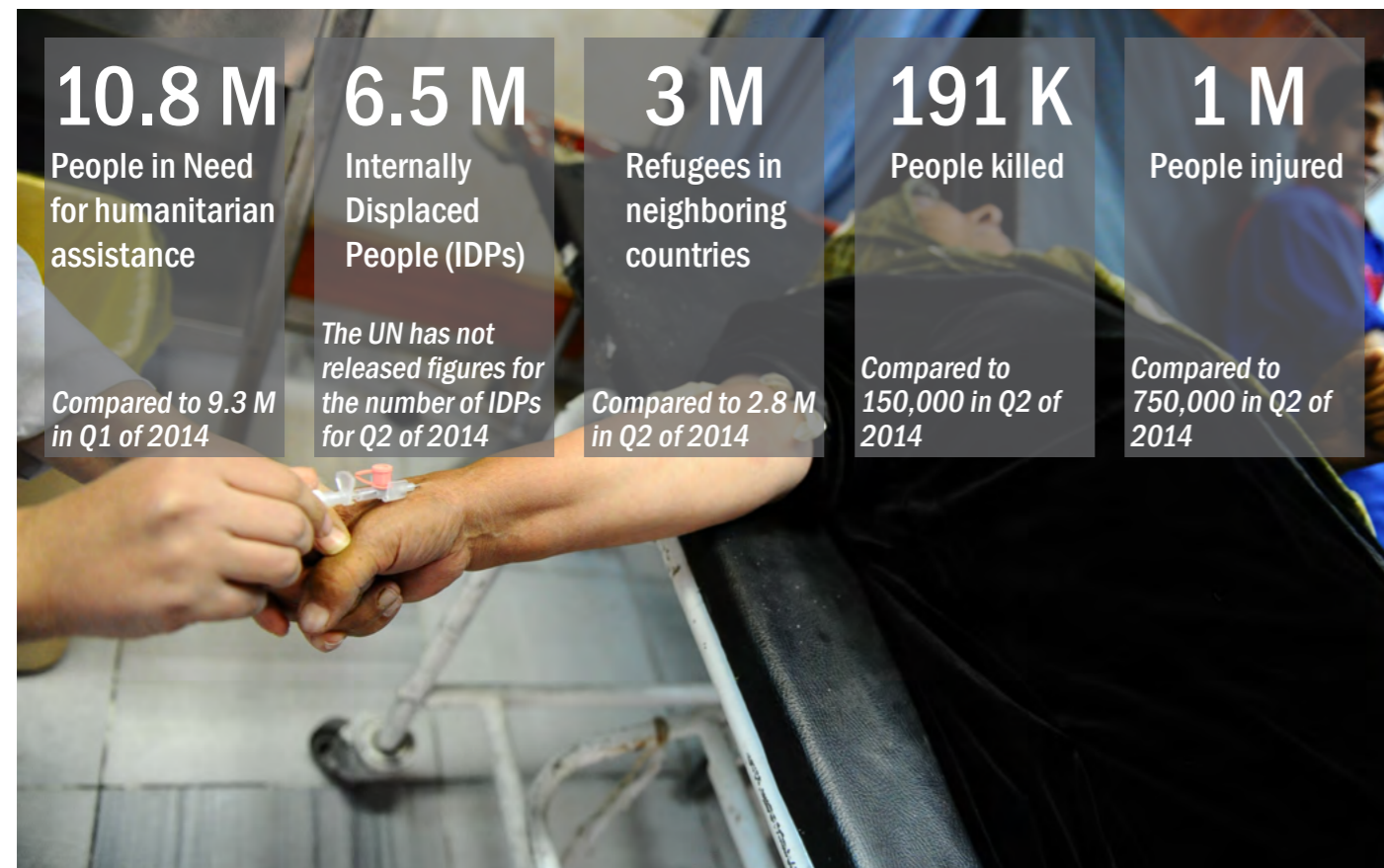
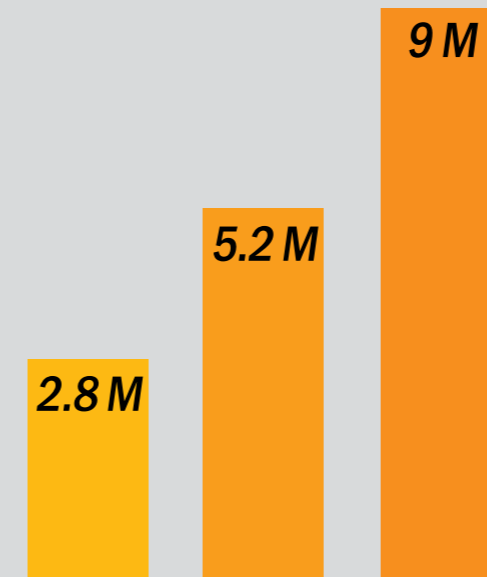


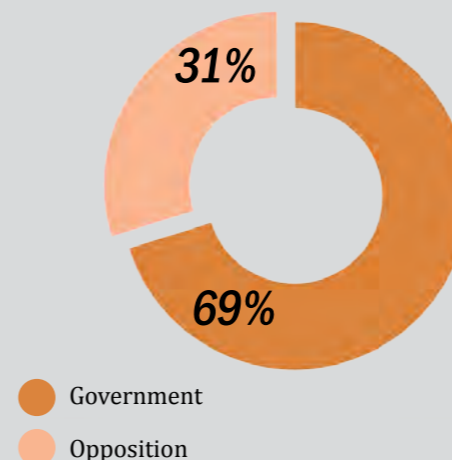
Photo credit: WHO - Syria/O. Samadiki

## Major Achievements in Q3



People reached with medical treatments between January and September 2014

People reached in opposition vs. government-controlled areas:



POPULATIONS REACHED WITH lifesaving devices, medicines and supplies increased from 2.2 M in Q1 to 2.5 M in Q2 and to over 4 M in Q3. The number of EWARS sentinel sites also expanded from 466 in Q1 to 573 in Q2 and 627 in Q3. Engagement with non-governmental organizations (NGOs) increased from 46 in Q2 to 51 in Q3, leading to more beneficiaries being reached. In Q2, about 123,621 persons benefitted from various kinds of services offered by the NGOs compared to 178,548 persons in Q3.

### Other Achievements Recorded in Q3, Include:

An estimated 31% of the over 4 million people in hard-to-reach and opposition-controlled areas were reached with medical supplies and lifesaving treatments in this quarter; Ten (10) metric tonnes of medical supplies including antibiotics, sterile gauze, syringes and catheters were delivered to four hospitals in Eastern Aleppo following a ceasefire agreement between parties to the conflict; Above 24,000 people received antibiotics for various ailments in the besieged area of Moudamiya in Rural Damascus; A total of 35.5 metric tonnes of medicines and supplies were delivered to hard-to-reach

areas in Rural Damascus, Ar-Raqqa and Al-Hassakeh; WHO commenced the establishment of a Water Pollution Alert and Response System in Syria which will detect drinking water contamination incidents across the country starting with Damascus and Rural Damascus with possible extension to other governorates by 2015; Rehabilitation of the psychiatric unit in Al-Mowasat general hospital, funded by WHO, to increase the available psychiatric in-patient beds to cope with increasing needs; Multivitamins distributed to more than 40,000 children and 10,000 pregnant and lactating women as a preventive measure against acute malnutrition; Re-vitalisation of nutrition surveillance system, reaching up to 85 health centres in urban and rural areas in 12 governorates through re-trained health personnel following modified reporting modalities and referral procedures; Establishment of 11 stabilisation centres or in-patient care of complicated cases of severe acute malnutrition in 10 governorates; Promotion of breastfeeding through educational sessions conducted for 1,450 women at IDP shelters in Damascus, Rural Damascus, Aleppo, Lattakia ■



**“People have witnessed their beloved ones die. The situation is now improving with the World Health Organization and other agencies providing this hospital with lifesaving medicines.” – Dr Ayman, resident medical doctor at a hospital in Damascus**

## ***Reducing Morbidity and Mortality in Syria***

The scale of humanitarian assistance needed to respond to the crisis in Syria is unprecedented. WHO's programmes are driven by its Emergency Response Framework with special focus on five priorities as follows:

- 1 Leadership and coordination of the

- 2 Provision of strategic health information for evidence based emergency response;
- 3 Facilitation of access to preventive and curative medical services;
- 4 Strengthening disease surveillance and response;
- 5 Provision of technical guidance in priority public health

health sector; issues. In pursuit of the priorities outlined above, WHO leveraged on its technical capacity to improve on the achievements made in Q2. Interventions were determined by needs assessment, availability of medical supplies, accessibility to targeted areas and cost-effectiveness.

# 1

## HEALTH SECTOR LEADERSHIP COORDINATION

AS THE LEAD UN agency for the health sector, WHO coordinates health and humanitarian needs and service provision with central and local health authorities, other UN agencies, local and international non-governmental organizations (NGOs and INGOs) and Community Based Organizations (CBOs) in both government and opposition-

controlled areas. WHO and partners jointly mapped resources, reviewed the evolving health needs and planned responses, identified and filled gaps, thus making the best possible use of available limited resources. Partners who work with WHO include IOM, ICRC, IFRC, OCHA, SARC, UNDP, UNFPA, UNHCR, UNICEF, UNRWA, as well as international

NGOs including International Medical Corps (IMC) and Premieres Urgence (PU).

### The Health Working Group

Under the leadership and coordination of WHO, the Health Working Group conducted an assessment of Primary Health Care (PHC) Services in Syria. The objectives of the

assessment were: i) to assess the impact of the current crisis on the functionality of MoH/PHC facilities in accessible governorates; ii) to identify urgent needs of public and primary health care facilities, especially in most affected areas, and; iii) to generate evidence-based information to facilitate donors' and partners' response to the needs of the population.

The working group held bi-weekly coordination meetings in the Q3. Current health issues were discussed and actions plans developed. Several topics were discussed including:

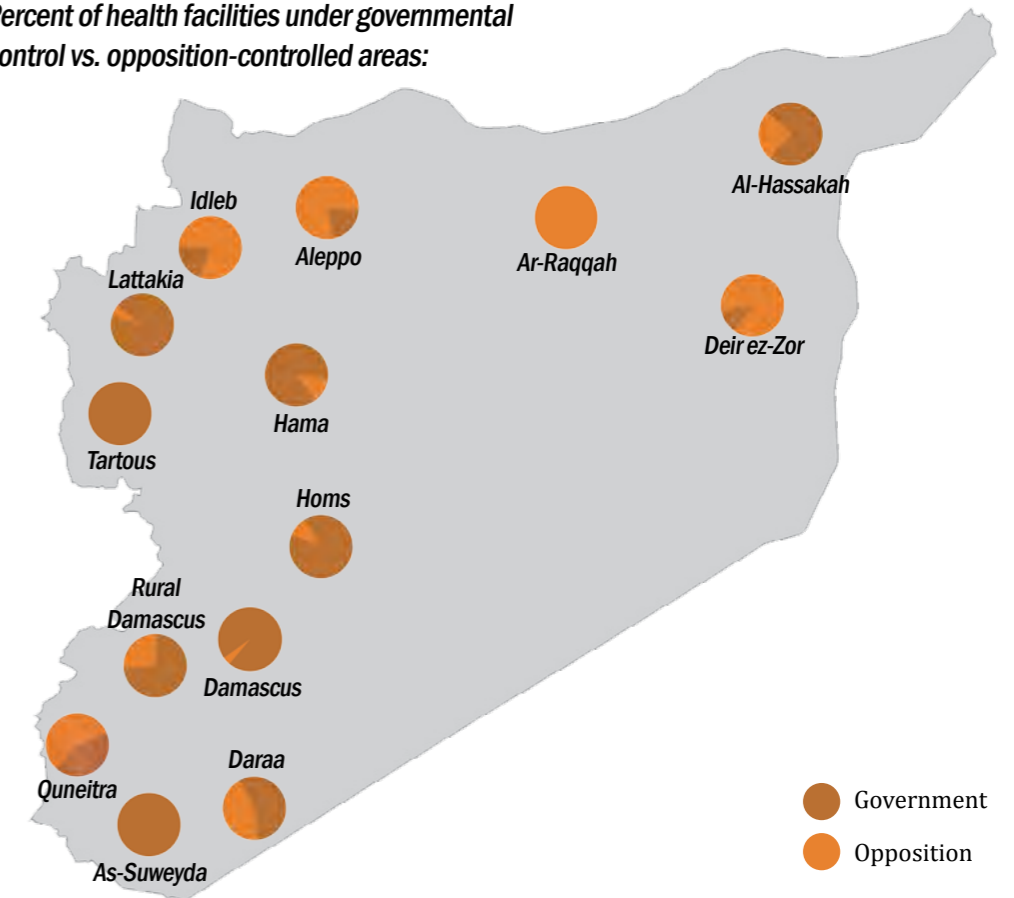
- 1 The preparation of the Humanitarian Need Overview (HNO) to inform the SHARP 2015 joint appeal;
- 2 The Whole of Syria Approach in planning for the next phase of humanitarian response in Syria;
- 3 Introduction of a health specific prioritisation tool;
- 4 Circulation of updated health information such as the epidemiological bulletin, maps on health situation of public health facilities

at district level, Health Resources Availability Mapping System (HeRAMS) summary on public hospitals and centres, which provide snapshots on functionality status,

is crucial to optimise resources by adopting a referral system among them. Direct collaboration with NGO partners is also crucial for expanding coverage of needed

from 46 in Q2 to 51 during Q3, permitting over 178,000 beneficiaries to be reached. In order to effectively support NGOs and build sustainable

Percent of health facilities under governmental control vs. opposition-controlled areas:



level of damage and accessibility to public MoH facilities;

- 5 Cross-cutting issues, plans and the detailed two-month joint plan for the health sector.

### Working with local NGOs and focal persons

Collaboration and coordination of NGOs operating in the same geographical areas

health services as they provide services where no health facilities are operational. In Q3, WHO partnered with an increased number of local NGOs to provide health and humanitarian services to people in need, especially those in hard-to-reach areas. WHO expanded its partnership with NGOs

capacity, WHO assessed partner NGOs in Q3 using a standard assessment tool. Based on the outcome of the analysis, which indicated some structural managerial weaknesses, including insufficient internal management controls, inadequate staff development opportunities, poor



project management practices and limited experience in providing humanitarian support, WHO developed a comprehensive capacity development programme to address the challenges faced by the partners and help them to provide better services more effectively and efficiently.

### WHO Health information System (HIS)

The availability of up-to-date relevant health information is imperative for the design and

implementation of appropriate and effective evidence-based emergency responses to the current situation in Syria. In collaboration with health authorities at the national and governorate levels and other health sector partners, WHO mapped the health needs and service availability of affected populations; and provided the baseline variables for planning and effective implementation of humanitarian services according to needs and priorities ■

## Key achievements:

*During Q3 2014, HeRAMS was further strengthened through continuation of capacity-building sessions for national health staff, expansion of the system to cover new sites in both governmental and opposition-controlled areas and developing new analytical tools to support better identification of needs and gaps.*

*As a result, improved completeness and quality of data, as well as utilisation of information, were secured:*

- 1 90% of the public health facilities [MoH and MoHE] were assessed using HeRAMS;
- 2 531 persons were trained on HeRAMS as part of comprehensive training sessions at all levels -at health district level (8 workshops in Damascus, and 3 workshops in Daraa) and at governorate level (workshops in As-Suwayda, Hama, Quneitra, Daraa and Tartous).

Photo credit: WHO - Syria/O Samadiki

Photo credit: WHO - Syria/Douma

**24% of all public health hospitals and 17% of all public health centres in the country are completely out of service.**





**“The occurrence of a polio outbreak in Syria after 14 years of being polio-free is a disaster. WHO’s rapid response through the provision of essential technical and operational support has reduced the impact of the outbreak. The excellent partnership among national authorities, WHO, UNICEF and SARC must continue toward the day when we celebrate the return of polio-free Syria”. – Dr Salah Haithami, WHO polio expert.**

## 2 ENHANCED ACCESS TO PREVENTION AND CURATIVE HEALTH SERVICES

ENHANCING THE accessibility of essential lifesaving medicines is a critical step towards improving the lives of Syrians in need. WHO supported the provision of lifesaving medicines and medical supplies as follows:

- 195,653 Intravenous fluids distributed to public hospitals in Sweida, Damascus, and Rural Damascus, Aleppo and Lattakia;
- 13,900 haemodialysis sessions distributed to several governorates: Idleb, Aleppo, and Homs to serve around 1,737 patients;
- 1,500 vials of Sevoflurane to Ibn Al-Nafis and Damascus Hospitals. Sevoflurane is a specific anaesthetic needed for children;
- Six (6) sterilizer shredders of waste to treat medical waste for a 350-bed hospital

distributed to six hospitals in Damascus, Rural Damascus and Aleppo;

- 1,000,000 PUR chlorine sachets for distribution to the local population in Douma for disinfecting drinking water;
- 40,000 children and 10,000 pregnant and lactating women benefitted from multi-vitamins supplies for prevention of acute malnutrition;
- 20 chlorine testing kits to personnel from the Deir ez-Zor Water Authority.

The WHO Distribution Plan for 2014, based on information collected from assessments across the country, continued to guide WHO’s interventions. The plan specifies the number of people in need of assistance by governorate/disease

and pinpoints which medicines should go to which hospital, health facility and partner NGO. During Q3, WHO procured and distributed essential medicines and medical supplies based on the distribution plan for 2014 Syrian Essential Medicines List (EML). These included medicines for anaesthesia, cardiovascular diseases, blood products, antibiotics, immunosuppressant analgesics, anti-allergy and insulin.

### Strengthening the Capacity of First-Responders

To enhance for emergency response, WHO trained a total of 45 health professionals in first aid and another 131 in trauma care and management.



Photo credit: WHO - Syria/Homs

### Primary Health Care (PHC): Polio

One sub-national polio vaccination campaign was conducted, targeting one million children in high risk areas. More than one million (1,010,693) children under 5 years were vaccinated using bivalent oral polio vaccine (bOPV). Prior to the campaign, WHO facilitated two workshops to evaluate team performance in the previous campaign with a view to enhancing effectiveness of subsequent ones. A total of 559 participants were trained on supervision, monitoring and reporting among others topics. In each workshop, participants from seven governorates attended.

In these workshops, the participants discussed the plans of October 2014 polio vaccination campaign. The post-campaign evaluation result was 86% coverage indicated by presence of finger mark as evidence of vaccination. WHO also supported the production of social mobilisation materials in several governorates to raise awareness and secure community participation.

The last case of polio in Syria was in Q1 and the country has remained polio free since then. The polio surveillance system is improving and this is evidenced by the increased reporting of acute flaccid paralysis as per WHO recommendations.

## Vaccine-preventable diseases:

- 1 Routine Immunisation Support Plan for the second half of 2014 was developed to increase the coverage rate of vaccines such as DPT, HiB, HepB, BCG and measles to reach 80% at national level;
- 2 Outreach strategy was revitalised to reach every child, especially in the hard-to-reach areas;
- 3 Supervision of activities was enhanced to follow up on implementation of vaccination activities;
- 4 Capacity-building activities for the vaccination field workers started in Q3. Five hundred and fifty-nine (559) polio vaccination officers were trained during 19 training workshops ahead of August 2014 polio campaign. The training workshops took place at national and governorate levels with special focus on: the mechanism of independent monitoring, supervision, roles and responsibilities of polio team leader /members and polio reporting system.

## Mental Health

As the level of violence increases, the need for mental health and psychosocial support services also rises. People with severe mental disorder (psychosis, severe depression, severely disabling anxiety, severe substance abuse, etc.) constitute approximately 2-3% among general populations of countries across the world according to World Mental Health Survey (2,000).

WHO provided technical support to psychotherapists and relevant health professionals to provide evidence and community based mental health and psychosocial services to the most vulnerable populations, including children affected psychologically by the conflict.

Towards achieving this objective, WHO implemented these activities in Q3:

- Training of 188 non-psychiatric doctors to provide services to mental health clients based on WHO mhGAP guidelines for mainstreaming mental health care at non-specialised health care setting. Trainees were selected from seven

- governorates;
- Training of 124 primary health care workers from Damascus, Rural Damascus, Homs, Hama, Lattakia and Tartus on psychological first aid;
- Training of 36 clinical psychologists and a team of clinical psychotherapy supervisors from various governorates on advanced counseling and cognitive behavioral therapy;

- Rehabilitation of the psychiatric unit in Al Mowasat general hospital, funded by WHO to add psychiatric in-patient beds to cope with emerging needs and fill the gap following the decrease in number of psychiatric beds in the country;

- Data collection and collation from various agencies for MHPSS mapping for assessment of resources;

- Signing of agreement with two NGOs in Hama and Rural Damascus to integrate mental health services into other health services and establishing out-patient psychiatric clinics;

- Coordination of the provision of essential medical supplies and equipment to psychiatric facilities in Damascus and Aleppo.

## Nutrition

Shifting conflict lines,

inflation of food prices and food inaccessibility in addition to water shortages/contamination and poor hygiene are factors of increased susceptibility to acute malnutrition especially for children under 5, and pregnant and lactating women. In order to address these challenges in the Syrian crises, WHO implemented the following activities:

- Multivitamins distributed to more than 40,000 children and 10,000 pregnant and lactating women as a preventive measure against acute malnutrition;

- Re-vitalised nutrition surveillance system, reaching up to 85

- health centres in urban and rural areas in 12 governorates through re-trained health personnel following modified reporting modalities and referral procedures;

- Established 11 stabilisation centres for in-patient care of complicated cases of severe acute malnutrition in 10 governorates;

- Built capacity of health workers on a variety of nutrition-related topics including management of severe acute malnutrition, nutrition surveillance and infant and young child feeding;

- Enhanced promotion of breastfeeding through educational sessions was conducted for 1,450 women at IDP shelters in Damascus, Rural Damascus, Aleppo, Lattakia.

## Essential Medical Care at the Secondary and Tertiary levels

One of the main challenges in the current situation in Syria is the delivery of lifesaving surgical and medicines for populations on need, including trauma patients. WHO advocated for several deliveries of surgical items to contested areas including the delivery of four surgical kits to east Aleppo.

In Q3, more than one million people in Syria remained in acute need of secondary and tertiary health care services due largely to lack of skilled health professionals and shortages of lifesaving medicines like insulin, oxygen, nitrogen gas, aesthetics, serums and intravenous fluids, antibiotics, and medicines and supplies for renal failure patients.

In response, WHO provided technical support to the health authorities to develop policies and procedures for infection control

## Infection Control

One workshop was conducted this quarter on infection control and safe practices in hospitals. 50 health workers as against 37 for Q2 participated in the workshop. Infection control guidelines were developed. These are currently being reviewed by the health authorities.

Photo credit: WHO - Syria/O. Samadiki

and focused on strengthening the capacity of health staff to provide specialised care. WHO also procured and distributed critically needed medicines based on the 2014 Syrian Essential Medicines List. These include medicines for anaesthesia, cardiovascular diseases, blood products, antibiotics, immunosuppressant analgesics, anti-allergy and insulin.

Specifically, WHO procured and supplied: lifesaving medicines

and medical supplies for more than 400,000 treatment courses for trauma care. The medicines were distributed to most of the governorates, including those under opposition-control, such as Deir ez-Zor (Alboukamal), Ar-Raqqah, and Aleppo (East).

In details:

- A shipment to fill the gap of the Blood Safety kits that cover the screening of 90,000 blood bags were provided to the Blood Bank to

- be distributed to all accessible governorates;
- Insulin pen fills (Insulin pen fills mix-cartridge with needle 78,000, Insulin pen fill N-cartridge with needle 39,000, Insulin pen fill R-cartridge with needle 19,500);
- 195,653 intravenous distributed to MoH and MoHE hospitals in As-Sweyda, Damascus, and Rural Damascus, Aleppo and Lattakia. It is expected that approximately 32,600 patients in critical care will benefit from these intravenous fluids;

- 13,900 haemodialysis sessions - distributed to several governorates; Idleb, Aleppo, and Homs to serve around 1,737 patients;
- 1,500 vials of Sevoflurane, specific anaesthetic needed for children were distributed to Ibn Al-Nafis and Damascus Children's Hospital, and;
- Medicines and supplies needed in secondary and tertiary hospitals were distributed to Damascus, Daraa, Aleppo, and Rural Damascus. 80,478 patients benefited from them ■

### 3 DISEASE SURVEILLANCE AND RESPONSE

#### Early Warning and Response System (EWARS)

OUTBREAKS WERE detected in hard-to-reach areas and besieged governorates including Rural Damascus where typhoid fever and a high number of diarrhoea diseases were reported (in East Gouta). WHO in collaboration with SARC provided necessary medicines and WASH items for a population of over 349,000 to local authorities in Douma town in the Eastern Ghouta to manage the existing cases and prevent further increase in the number of cases.

Ninety-nine (99) new sentinel sites were added to the Early Warning and Response System (EWARS), making a total of 627 sites reporting on epidemic-prone diseases throughout the country. Of note, one third of reporting sites are located in opposition-

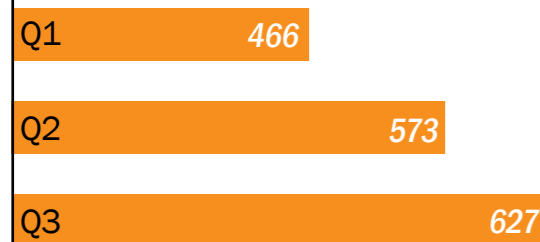
controlled areas.

The quality of EWARS reporting continued to be monitored by WHO focal persons in collaboration with the health authorities and by means of supervisory visits. Two visits were conducted per month using quality control checklists in the 14 governorates.

Other deliverables for the quarter included:

- Regular shipment of stool samples of suspected polio cases.
- Capacity-building activities were conducted for 1,450 participants drawn from MoH, SARC and community volunteers.
- Publication of weekly epidemiological bulletins continued using weekly reported data and served to support informed decisions on contingency planning and the strategic pre-positioning of supplies in key areas.
- Based on the findings of the medicine calculator which was developed in

Number of sentinel sites during Q1, Q2 and Q3



Q2 by WHO, procurement of influenza vaccine and different types of medicines to prevent and respond to any outbreaks as per the preparedness plan for the winter season.

#### Water and Sanitation Hygiene (WASH)

Safe drinking water and sanitation infrastructure continued to deteriorate across the country, directly impacting on the health

of local populations as manifested in the high rate of outbreaks of water-borne diseases. Examples are typhoid fever and the high number of diarrhoea cases reported in the

Eastern Ghouta in Rural Damascus, Aleppo, Deir ez-Zor and Daraa. The situation was further exacerbated by the use of water as a weapon of war by parties to the conflict.



To address the situation, WHO undertook the following:

**Douma, Rural Damascus:** WHO provided 1,000,000 PUR Chlorine sachets for distribution to the local population in Douma for disinfecting drinking water; The community was also provided with 18,000 Jerry cans for storage of disinfected drinking water; One unit to Al-Qutaifah hospital; Provision of 50,000 Aquatabs for the NGO Al-Nour for distribution to the Khan Al-Shieh Palestinian refugee camp.

**Damascus:** Provision of six sterilizer shredders of

waste capable of treating medical waste for a 350-bed hospital were distributed as follows:

One unit to the Paediatric hospital; One unit to Al-Muwassat hospital; Two units to Ibn Al-Nafees medical; Supply of four chlorine testing kits and training of personnel from the NGO Secours Islamique France; Supply of 10 bacteriological testing kits and training of personnel from the NGO GOPA.

#### Aleppo

One unit of steriliser shredder to Al-Razi Hospital.

#### Deir ez-Zor:

Supply of 20 chlorine testing kits to the

Water Authority; Supply of two bacteriological testing kits the Water Authority.

Capacity-building activities were also implemented to strengthen health workers ability to respond to water related issues. Hence, over 1,000 hospital staff members including senior management, doctors, head nurses, supporting medical staff and waste management employees were trained this quarter on the good practices in medical waste management. This programme was initiated in July and ended in September 2014. In addition, training was also provided for 14 people from government agencies and NGOs on water quality testing ■

Photo credit: WHO - Syria/Aleppo

# 4

## TECHNICAL GUIDANCE ON PRIORITY PUBLIC HEALTH ISSUES IN EMERGENCIES

IN ACCORDANCE WITH its mandate, WHO provided technical guidance to central and local healthcare authorities, health professionals, partners and other stakeholders to tackle the health and humanitarian situation arising from the current crisis. Thus, guidance was provided in, but not limited to these broad categories:

- Disease outbreak alert and response;
- Health management;
- Capacity-building;
- Provision of essential medicines and lifesaving services;
- Prevention of vaccine-prone and non-communicable diseases;
- Monitoring and evaluation.

### 1. Disease Outbreak Alert and Response:

One of the critical roles of WHO in crisis situation is to establish a system of alert and response to potential

and imminent disease outbreaks. Consequently, WHO established an Early Warning, Alert and Response System (EWARS) for early detection, prevention and instant response to disease outbreaks. Most outbreaks were detected early in Q3 in hard-to-reach governorates especially East Gouta, a besieged area in Rural Damascus, where cases of typhoid fever were reported. In response, WHO provided essential medicines to contain outbreaks accordingly and built the capacity of health staff and NGOs for sustainability of response strategies.

### 2. Capacity Building:

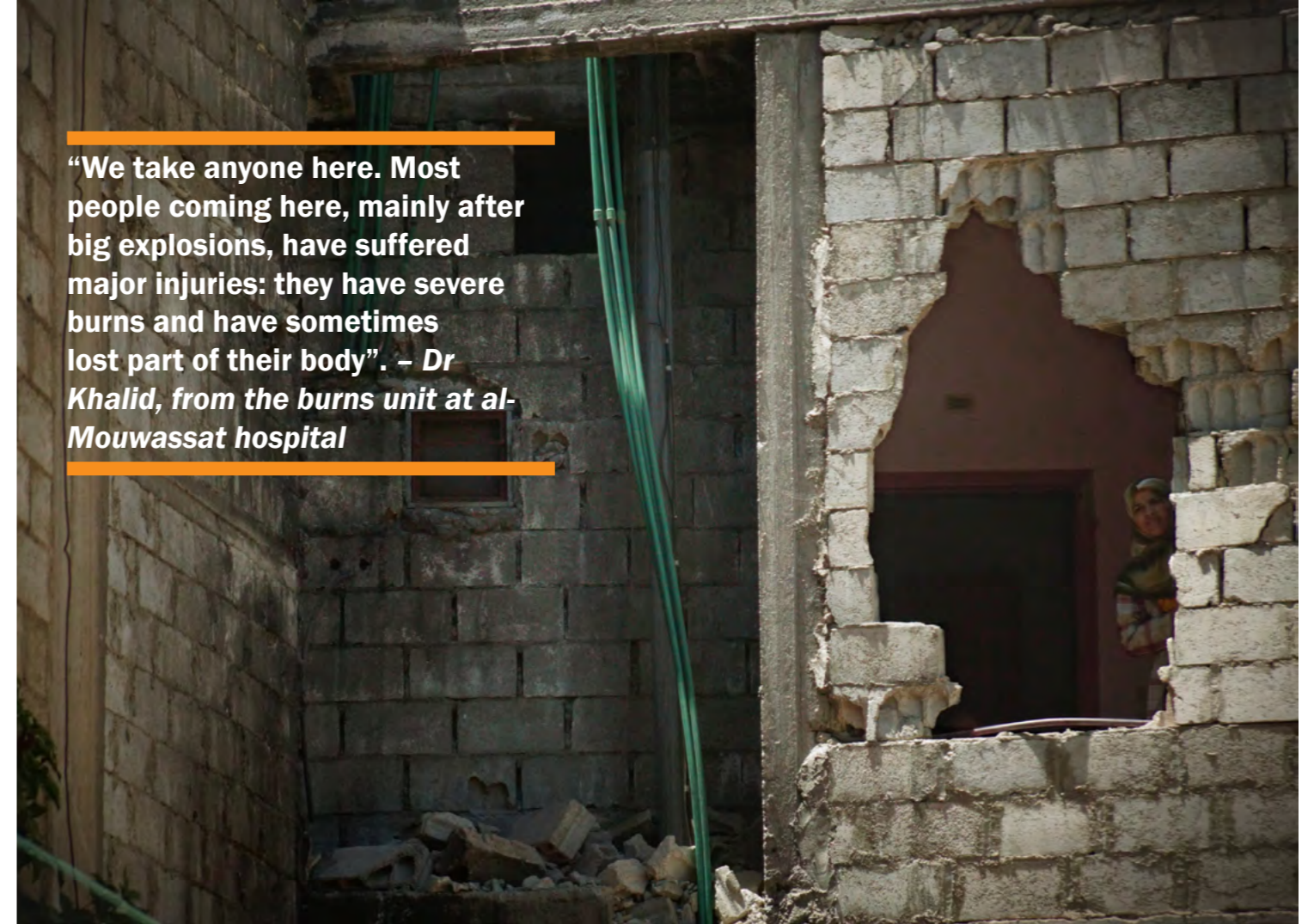
Recognizing that the capacity of health workers is indispensable for sustainability of initiatives, treatment regime and adherence to recommended health behaviours for prevention of outbreaks,

WHO continues its efforts in building the capacity of national health workers and NGOs, including medical doctors, mental health professionals, nurses, nutrition officers among others.

### 3. Provision of Essential Medicines and Lifesaving Services:

To improve access to medical and lifesaving services, WHO actively supported the provision of essential medical care at secondary and tertiary levels, provision of trauma and mental health medicines in accordance with the Essential Medicines List. Syrians in government and opposition-controlled areas in Rural Damascus, Aleppo, and Dier ez-Zor were reached in Q3 with essential medicines and lifesaving services. Capacity building activities were also conducted to enable health workers to treat patients more effectively.

**“We take anyone here. Most people coming here, mainly after big explosions, have suffered major injuries: they have severe burns and have sometimes lost part of their body”.** – *Dr Khalid, from the burns unit at al-Mouwassat hospital*



### 4. Monitoring and Evaluation:

Process monitoring and evaluation of interventions for impact is a core function of WHO to guide planning and implementation.

WHO has increased its presence in the field with the aim of strengthening its capacity to perform real-time assessments and verification of needs based on health facilities and NGOs' records. WHO has focal points in all 14 governorates. The focal points report on emerging health needs and shortages of priority medicines

based on interviews with staff in health facilities, discussions with leaders of local NGOs and CBOs, and members of governorate health authorities. In addition, WHO focal points conducted routine monitoring missions to implementing partners i.e. contracted NGOs, MoH and MoHE health facilities.

Distribution and provision of kits, medicines and supplies to implementing partners - namely MoH, MoHE and local NGOs - is monitored by the WHO supply tracking

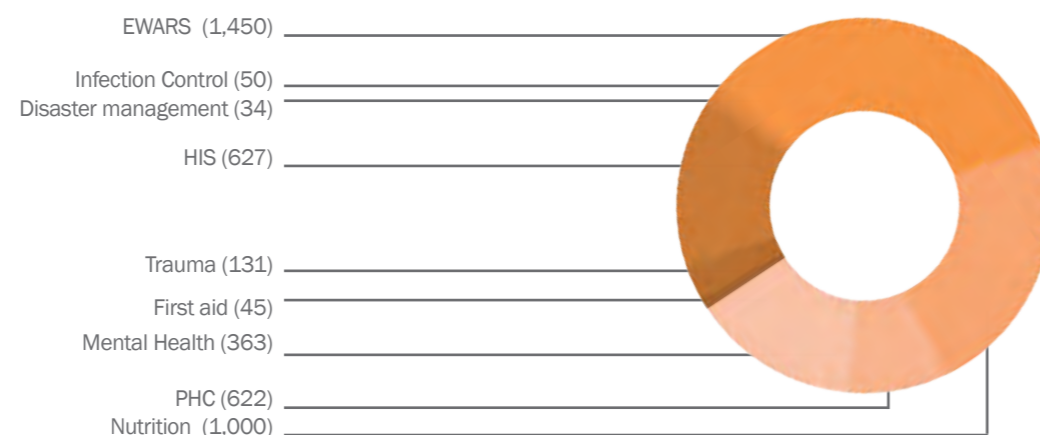
system categorised by governorate, end-user and beneficiaries reached.

The polio vaccination campaigns are subject to routine and independent vaccination monitoring using finger markers in most cases. A standard monitoring framework now covers the three phases of campaign activity: planning, implementation and post-campaign assessment. The focus is on ensuring monitoring procedures identify missed children, and ascertain the reasons they were missed.

When implementation is complete, end-process evaluations are used to gauge the overall effectiveness of campaigns and identify areas needing further corrective action.

Furthermore, WHO uses its HeRAMS strategy to monitor and evaluate the functionality of public and primary health care facilities and availability of health resources and services in public hospitals in order to provide the emergency programmes with data driven information to inform programme decisions ■

**In Q3, over 2,000 healthcare workers were trained in different aspects of health emergencies**



*“It is vitally important for the people of Mouadamiya to receive essential medical and humanitarian assistance on a regular basis. More than one single delivery is required to save the lives of all patients in need”.*  
– Dr Wael, a medical doctor at the only operational health facility in Mouadamiya in Rural Damascus



## ***Challenges and Mitigation Measures***



A United Nations' interagency convoy to rural Aleppo

# 5

## CHALLENGES AND MITIGATION MEASURES

THE MAIN CHALLENGE facing WHO in the delivery of health and humanitarian services in Syria remains the inaccessibility to target beneficiaries due to insecurity. Other challenges, though linked directly or indirectly to insecurity, are operational, inadequacy of human resources and funding. WHO sought to mitigate some of the impact of these challenges during Q3 by forecasting, strategic planning, inter-sectorial collaboration with relevant stakeholders including other UN agencies, and advocacy

Inaccessibility due to insecurity: Access of

medical supplies and equipment has been hampered severely by the continued deterioration of security in Syria. Key challenges in this regard include: i) Lack of access to all areas, including during polio vaccination campaigns due to the open conflict; ii) Continuing prevention of delivery of essential medicines and equipment to opposition-controlled areas; iii) Exclusion of injectable medicines, surgical supplies and vaccines except polio and measles from convoys.

In order to overcome these challenges, WHO collaborated more closely with international and

local NGOs, conducted high-level advocacy with MoFA, MoH, and MoHE and partners to proffer solutions. Ultimately, WHO supported over 4 million people through the provision of lifesaving treatments and medical supplies with 31% delivered to hard-to-reach and opposition-controlled areas in Q3.

Furthermore, during a negotiated ceasefire between the government and the opposition, 10 metric tonnes of surgical supplies, including antibiotics, sterile gauze, syringes and catheters, as well as chronic disease medicines, for over 22,300 people were delivered to four

**“We were moving medical supplies to our warehouse in Rural Damascus when our vehicles were exposed to gun fire. We felt the weight of the responsibility we have toward the people in need in the country. Despite the many occasions the team has been confronted with physical danger, our safety put in jeopardy; our commitment kept us working to support the affected population across the country.” – Jehad Eibesh, WHO Syria Logistics Team Leader**

hospitals in eastern Aleppo city.

Bureaucratic bottlenecks: In the distribution of its supplies, WHO is currently requested to submit the following information: i) description of materials; ii) warehouses; iii) routes; iv) quantities; v) transport vehicles used; vi) recipients vii) area of distribution, and viii) start and end date of the delivery. This information is required even for deliveries within the boundaries of Damascus. An approval must be given by the Minister of Health and MoFA before deliveries are executed. Nonetheless, as a result of high level advocacies with government authorities, processing and necessary documentations are expedited for WHO requests.

Secondly, in the event of vehicle breakdown, a fresh process has to be

initiated and approved before trans-loading to a new vehicle can be achieved. These processes sometimes take weeks thus delaying emergency humanitarian supplies and resulting in loss of civilian lives or lack of access to lifesaving medical assistance. But this is being mitigated by closer collaboration with the relevant government authorities (MoFA, MoH) and proactive planning.

### Programme - Specific Challenges

**WASH:** WHO also encountered challenges specific to programme areas. For example, the Water, Sanitation and Hygiene programme faced a great deal of challenges in Q3 as destruction of water sources has suddenly become a new weapon in the hands of warring parties coupled with

inability to transport disinfecting materials and water filtration/treatment units in a timely manner to areas affected by the spread of diseases. These challenges are being addressed by strategic plans for areas that lack infrastructure for supply of drinking water. Accordingly, disinfecting materials, jerry cans, filtration units are being prepositioned in various WHO warehouses for rapid response when the need arises.

**EWARS:** There has been an increase in besieged areas in north Aleppo and Rural Damascus, thereby affecting the existing sites' capacity to report from the area. The effect was slightly mitigated in north Aleppo through "EWARN" reports received in the area and through informal communication and reports received from inside besieged areas in Rural Damascus. Access for proper investigation and response was also partially resolved through training of the WHO focal points at governorate level to play a more strategic role in improving access to hard-to-reach areas.

**NGOs:** Communicating with NGOs in many of the

hard-to-reach areas was problematic in Q3. This was partially mitigated through reliance on WHO focal points and third parties and through communication with some NGOs operating in remote areas through telephone lines from bordering countries (Turkey and Iraq). Furthermore, processes required for engagement and signing of an MOU with an NGO prior to release of funds for implementation are unduly long due to procedural requirements from MoFA for approval and listing of an NGO coupled with WHO procedures for initiation of proposal, development of budget and implementation plans. Capacity building sessions were conducted for NGOs to build their capacities in the development of proposals budgeting, implementation, monitoring and evaluation plans.

**Nutrition:** Like all other programmes, there is an acute lack of trained health workers especially in hard-to-reach areas where vulnerable populations live and where children under five are prone to macro and micro deficiencies (i.e. malnutrition) ■

# Financial Overview

WHO Syria is currently funded at 28% of the amount originally sought for 2014. Critical funding is needed if deaths are to be averted and suffering eased in the immediate, as well as in the medium term. Investment in strategic, mutually reinforcing public health areas is essential if resilience is to be bolstered and the higher costs arising from complications stemming from untreated conditions are to be avoided. Building on lessons generated from operations during the past three years in Syria and other conflicts, WHO has identified innovative approaches for enhancing equitable access of people in need to treatment.

## Funding Received in Q3 per Intervention Area

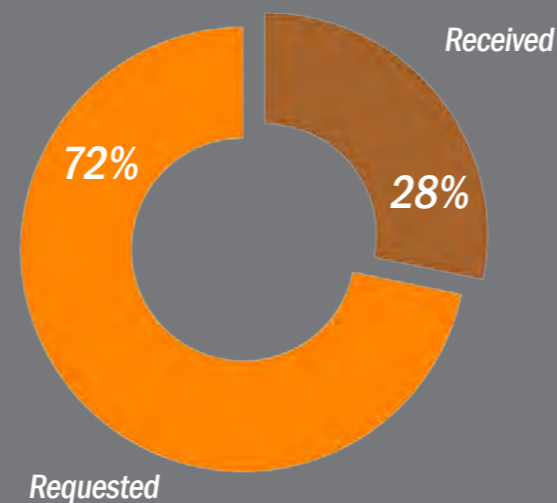


## Funds Requested vs. Received



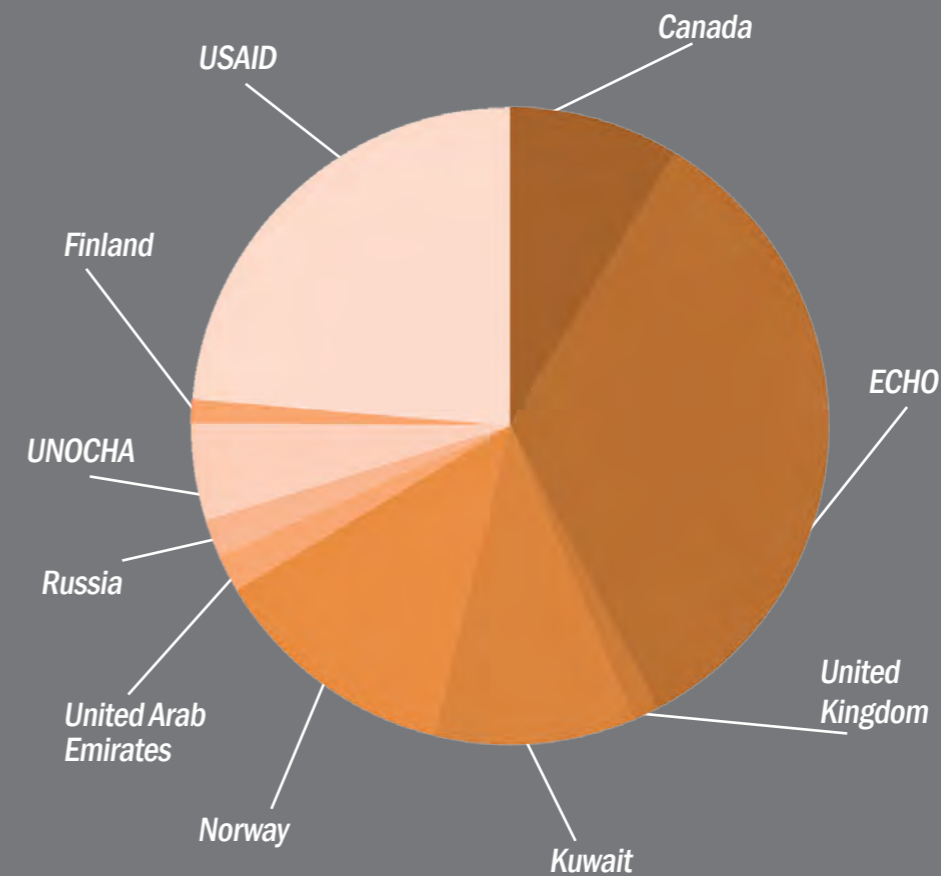
## Funding Gap

The gap between funds requested and funds received as of Q3 is obviously wide. A total of US\$ 185,966,152 was requested but only US\$ 52,123,636 (28%) was received. About 72% (US\$133,842,516) of the requested funds have not been received.



## Funding per Donor

As of end of September 2014, 19 donors supported WHO operations in Syria. The highest donor as of this quarter is Kuwait, followed by USAID, ECHO and the government of UK. This chart reflects the proportions of overall donations received by donors.





## WHO Priorities for Q4

Q4 will see the onslaught of winter. Reports from the sentinel sites and WHO focal points, as well as residual knowledge from previous years, since the Syrian crisis started, indicate that as the winter period commences, populations affected by the crisis will become vulnerable to some diseases associated with overcrowding and indoor air pollution such as influenza, acute lower respiratory infections, chronic respiratory diseases such as asthma, tuberculosis (TB), and skin diseases.

WHO has developed a winterisation plan which requires US\$ 55.9 million to

implement. This plan covers interventions ranging from medicines and medical supplies to generators for critical hospitals and health facilities.

Priority attention will be paid to increasing delivery of medicines and supplies to hard-to-reach areas by collaborating with appropriate authorities and daily monitoring of delivery processes, whilst continuing to equitably serve the population as a whole, in both government- and opposition-controlled areas.

Moreover, WHO will embark on small-scale rehabilitation in selected governorates (which presently have no functioning hospitals) to enable emergency public health interventions to be undertaken, and health

authorities to develop a national plan for physical rehabilitation, for example, to support injured with artificial limbs.

Generally, the priorities of the Organization in the next quarter remain to improve the health of all Syrians including the internally displaced. WHO intends to continue to improve and expand its strategic support to health services, integrated disease surveillance, monitoring and supervision, capacity-building of health personnel, provision of essential medicines and supplies, partnership with NGOs and other partners, and collection, collation and analysis of strategic health information to guide programme decisions.

## WHO Strategic Interventions Under SHARP 2014

The United Nations estimates that 10.8 million people have been affected by the crisis in 2014, including 6.5 million IDPs, and 2.8 million who have lost their jobs. The Health Sector will require US\$ 233 million, with WHO requiring US\$ 185 million. This is in order to continue providing essential health care services to increasingly vulnerable people in need across the Syrian Arab Republic. The Essential Medicines List for 2014 is budgeted at US\$ 450 million.

Building on lessons learned from the approaches adopted in 2013 and interventions undertaken, WHO is pursuing the following strategic areas for 2014:

### I. Revitalisation of Primary Health Care Services:

To improve access to comprehensive primary health care (PHC) services, including reproductive health and vaccinations.

**Funds needed: US\$ 101,898,970**  
**Implementing agencies: WHO, UNFPA, UNICEF, UNHCR, IOM, PU and IMC**

### II. Essential Medical Care at Secondary and Tertiary Level:

To improve access (including to Palestinian refugees) to secondary health care services and limited tertiary health care services i.e. for burn victims.

**Funds needed: US\$ 55,514,126**  
**Implementing agencies: WHO and UNRWA**

**III. Trauma Care:** To strengthen the level of preparedness for and management of trauma, including referral mechanisms, for an increasing number of injuries across the country.

**Funds needed: US\$ 45,495,000**  
**Implementing agency: WHO**

### IV. Early Warning, Alert and Response System (EWARS):

To

prevent, early detect and respond to epidemic prone diseases and contain the current polio epidemic and its spread to other countries/ regions.

**Funds needed: US\$ 16,486,560**  
**Implementing agency: WHO**

**V. Mental Health:** To strengthen mental health service delivery across Syria.

**Funds needed: US\$ 8,206,900**  
**Implementing agency: WHO**

### VI. Rehabilitation of Health Facilities:

To support public and private health infrastructure and services affected by the crisis and enhance revitalisation of health services and restoration of health facilities in affected areas.

**Funds needed: US\$ 4,000,000**  
**Implementing agencies: WHO and UNDP**

### VII. Health Information System (HIS):

To further strengthen the HIS for emergency using Health Resources and Services Availability Mapping System (HeRAMs) for regular, timely and accurate collection and dissemination of data.

**Funds needed: US\$ 921,270**  
**Implementing agency: WHO**

**VIII. Coordination:** (i) To strengthen health sector coordination to address the needs of people in need and (ii) to provide improved

access of vulnerable populations to a quality basic health care package of services and allow for adequate preparation and response capacities for ongoing and new emergencies.

**Funds needed: US\$ 462,796**  
**Implementing agency: WHO**

### IX. Tuberculosis and HIV/AIDS:

To strengthen the national Tuberculosis and HIV/AIDS programme.

**Funds needed: US\$ 390,550**  
**Implementing agency: UNDP.**

Health Sector partners will also continue implementing lifesaving WASH and Nutrition interventions in 2014:

**X. Water, Sanitation and Hygiene (WASH):** Ensure water, sanitation and hygiene services to the agreed standard with primary purpose of satisfying vital needs, dignity and reduction of public health related risk for population in need in all governorates.

**Funds needed: US\$ 115,780,725**  
**Implementing agencies: UNICEF, UNFPA, UNDP, WHO, IOM and PU.**

**XI. Nutrition:** Emergency Lifesaving Nutrition Services for crisis affected and Internally Displaced population in all governorates inside Syria.

**Funds needed: US\$ 16,858,500**  
**Implementing agencies: UNICEF and WHO ■**



## Abbreviation

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

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

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