WHO launched the first phase of a project to improve the early detection of tuberculosis cases in Syria. WHO will focus on screening patients in hard-to-reach areas and in settlements for internally displaced people in 11 governorates. (Photo: WHO)

**KEY FIGURES**

- 12.2 M IN NEED OF HEALTH CARE
- 6.1 M INTERNALLY DISPLACED
- 5.6 M REFUGEES
- 1.5 MILLION LIVING IN HARD-TO-REACH AREAS
- 2.9 MILLION WITH DISABILITIES

**HIGHLIGHTS**

- The humanitarian situation continued to deteriorate in specific locations across the country, with intense violence reported in parts of Idleb, Aleppo, Hama, Sweida, and Deir Ez-Zor governorates. The escalation of hostilities resulted in the death and injury of civilians and the destruction of civilian infrastructure such as hospitals and schools, placing even greater strain on humanitarian responders and vulnerable host communities.

- Fewer than 60,000 people were estimated to remain displaced across Dar'a, Quneitra, and Sweida governorates, with the Government of Syria (GoS) having regained control over the vast majority of the southern part of the country.

- At Rukban, on the Syria-Jordan border, the population estimate at the end of August was 45,000, with the vast majority being women and children.

- Close to 150,000 people were estimated to have returned to Raqqa city. Unexploded ordnances and improved explosive devices continue to pose enormous threats to life and hinder the scale-up of assistance.

- WHO prioritized a scale-up of emergency response throughout areas in the northwest that were expected to experience an escalation in hostilities in the weeks to come.
Situation update

<table>
<thead>
<tr>
<th>Whole-of-Syria</th>
</tr>
</thead>
<tbody>
<tr>
<td>In August, WHO and its health partners updated its preparedness plan for several scenarios for the northwest. There was deep concern about the growing risk of a humanitarian catastrophe in the event of a full-scale military operation in Idlib governorate. To further support its work preparing for any escalation of hostilities in Idlib and the surrounding areas, WHO developed and submitted a concept note requesting USD$ 11 million. Both Damascus and Gaziantep require urgent funding for a planned scale-up of emergency operations in northwest Syria. Large waves of displacement were expected to follow any offensive in the northwest, with hundreds of thousands of Syrians expected to move into the Afrin and Euphrates Shield areas. As Health Cluster Lead Agency, WHO worked with partners in the field to scale-up the capacities of health care structures in Idlib and north-west Aleppo governorates to receive an increased number of patients for both acute and chronic care.</td>
</tr>
<tr>
<td>WHO prepositioned medical supplies for approximately 188 400 treatments in north-west Syria. The stock includes basic, essential and supplementary medicines for 184 500 treatments; and surgery, trauma, chemical event and burn kits for 5 900 treatments. The prepositioning and preparedness plan included maintaining the medical emergency supply line for the northwest from inside Turkey as well as strengthening the surgical and critical medical response capacities of geographically “safe” hospitals along the Turkey-Syria border.</td>
</tr>
<tr>
<td>The chemical event response plan was updated in conjunction with local health authorities currently operating in NSAG-held areas in Idlib, Hama, Aleppo, and Latakia, and relevant supplies prepositioned in qualified health facilities. Trainings for first responders on trauma preparedness are currently ongoing.</td>
</tr>
<tr>
<td>Gaziantep hub’s most critical needs in terms of supplies are anti-tuberculosis medicines, dialysis kits, orthopaedic consumables and surgical equipment, surgical kits, gynaecological and obstetrics kits, and antivenoms for snakes and scorpion bites.</td>
</tr>
<tr>
<td>Persistent challenges include continued disruption to health services across the country as well as an ongoing and increased risk of disease outbreaks, particularly in vulnerable areas such as northeast Syria.</td>
</tr>
<tr>
<td>In August, WHO delivered 30 metric tonnes of medical supplies to health facilities in 10 governorates, amounting for 673 635 treatments. The delivered supplies included a haemodialysis machine to Tal Abiad National Hospital in Ar-Raqqa as well as sessions, trauma medicines, aqua-tabs, haemodialysis sessions, insulin syringes, and non-communicable disease kits.</td>
</tr>
</tbody>
</table>

Northwest Syria (Idleb, Aleppo, Afrin, Rural Hama)

- 26 494 families (138 807 individuals) remained displaced from Afrin.
- Due in part to the recent population movements in Aleppo governorate, approximately 16,100 cases of leishmaniasis were reported between January and June 2018. WHO is supporting the leishmaniasis control programme in Aleppo by providing 51 000 bed nets and is covering the cost of their distribution in high-risk areas and among IDP settlements. The distribution of bed nets began on 15 August.

Northeast Syria (Ar-Raqqa, Hasakeh, Deir Ez-Zor)

- High vulnerability to infectious diseases due to low immunization rates, poor living conditions, high numbers of displaced living in poor and overcrowded conditions.
- Several highly underserved areas with high needs e.g. Raqq city and the rural Deir Ez-Zor.
Since 23 July, 283 suspected cases of typhoid were reported across the three governorates. As of 12 August, 699 cases, including 12 deaths, of acute bloody diarrhoea had been reported since 4 March. Between 12-25 August, 11,332 households on the eastern bank of the Euphrates River in Deir Ez-Zor were provided with aqua-tablets and health education.

Southern Syria (Dar'a, Quneitra, Sweida)

By the end of August, several Quneitra public health centres had resumed their services, save for Asahra, Um Batna, Al Hamidiya, and Kodena. On 16 August, a United Nations/Syrian Arab Red Crescent (SARC) inter-agency team delivered health and other supplies and humanitarian assistance for 7,500 people and conducted a rapid needs assessment in Busra al-Cham in Dar'a. It included WHO haemodialysis sessions, insulin, and other medicines for non-communicable diseases.

Health system status

Q2 WoS HeRAMS data indicates that a little over half of the surveyed public health facilities remain fully functional, with 27% of the surveyed public health facilities were either fully or partially damaged. Non-communicable diseases such as hypertension, diabetes, renal diseases, and chronic respiratory illnesses remain a main cause of morbidity and mortality in Syria and pose a great burden on the disrupted health system, particularly in the north of the country.

Public health concerns

WHO and health partners require sustained access to re-establish public health service provision across locations that have recently changed hands. Advocacy for the protection of patients, health workers, and health facilities during transitional phases must continue. Per reports from WHO's Early Warning, Alert and Response System (EWARS), the most commonly reported diseases were influenza-like illness (31,220 cases reported with the majority coming from Deir Ez-Zor, Latakia, and Aleppo), acute diarrhoea (24,388 cases reported with most coming from Latakia, Deir Ez-Zor, and Damascus), and acute jaundice syndrome (1,683 cases reported, mostly from Raqqa, Deir Ez-Zor, and Aleppo). There were also reports of 2,107 cases of leishmaniasis, 1,592 cases of typhoid, and 1,128 cases of brucellosis.

WHO actions

Leadership and Coordination

From 25-30 August, a high-level WHO mission, including the WHO HQ Director of Emergency Operations and the Eastern Mediterranean Regional Office Regional Emergency Director, travelled to Damascus and Aleppo for the purpose of reviewing progress on WHO planning, preparedness, and capacities for the humanitarian response, as well as to establish an understanding of the existing and projected humanitarian gaps WHO should address in its response. The team met with health partners in Aleppo, including the management of Aleppo University Hospital, Al Razi Hospital, SARC, ICRC, and the DoH Director in addition to staff from active NGOs. The team also met other senior UN agency staff and national authorities in Damascus. WHO conducted several follow-up meetings with the Turkish health authorities in Hatay to discuss health care provision and immunization in Afrin and the Euphrates Shield areas. An agreement was reached to launch vaccination activities in collaboration with Syrian NGOs, and leishmaniasis and tuberculosis were identified as priorities for urgent support.

Information and planning

Damascus hub published the second-quarter HeRAMS snapshot of public hospital functionality.
Health expertise and operations

- In collaboration with the National Tuberculosis Programme and other health partners, WHO is working to strengthen the surveillance and detection of tuberculosis among vulnerable populations. Active case detection has been initiated in 11 governorates since 25 July.
- WHO conducted an assessment of the level of damage to public health facilities across Dar’a and Quneitra governorates.
- The cholera preparedness plan was updated, with northern Idleb and the Euphrates Shield areas as the areas with the highest risk of outbreaks. WHO prioritized a scale-up of emergency response throughout all potentially affected areas in the northwest in the event of an escalation of violence.
- Seven national NGO mobile teams, supported by WHO, continued to be deployed in areas of Afrin displacement. Sixteen specialists and 25 health workers provided essential health care services in Tal Refaat and surrounding villages.
- Four teams were deployed to Fafin camp to continue tuberculosis case finding among the camp population. Fifteen cases were confirmed by the end of August.
- WHO supports approximately 6000 consultations per week in north-east Syria (NES) through WHO partners at 6 fixed point clinics in IDP camps, 1 PHCs, 1 community centre and 9 mobile teams.
- A field investigation was conducted by WHO to test the quality of drinking water in Areesha camp in NES in response to the suspected typhoid outbreak. WHO’s findings included evidence of poor hygiene practices, with UNICEF to take action on improving the WASH situation.
- WHO supports ten camps around Eastern Ghouta and local communities through mobile teams. WHO supported fixed points in seven locations across Rural Damascus.
- From 15 March-26 August, 58 field assessment missions to shelters were conducted by WHO staff. Thirteen WHO-supported NGOs deployed for the response through eight mobile medical teams.
- Nine mental health/psychosocial support (MHPSS) mobile teams deployed, and 71 static medical points provided integrated MHPSS services. 16 381 basic psychological interventions have been provided to people.
- Three mobile health teams supported by WHO provided health services in 13 villages across Northern Rural Homs. Between 1-28 August, the teams provided 4551 consultations, 4363 treatments, and screened 1568 children for their nutritional status.
- From 17 June-1 September, DoH Dar’a teams provided more than 42 603 primary health care consultations in IDP shelters, crossing points, and newly accessible areas.
- 29 493 patients have been assisted by WHO-supported NGOs through two fixed points and three mobile teams across the three governorates.

Immunization

- In northwest Syria, 84 of the total 87 EPI centres are providing routine immunization services. Three centres stopped their activities due to the local security situation. During July 2018, 73 229 children under five received the Penta vaccine.
- In southern Syria, 75 public health centres, 16 mobile teams and medical points restarted EPI services after the interruption in June, with two public health centres remaining out of service for EPI.
- WHO supported the delivery of vaccines to Al-Hasakeh governorate by air. The shipment included measles vaccines to be used in the pending school campaign as well as routine vaccines.
- During phase one of the sub-national measles campaign conducted in July, a total of 160,106 children were vaccinated.

Operational support and logistics

- WHO delivered 30 metric tonnes of medical supplies to health facilities in 10 governorates, amounting for 673 635 treatments. The delivered supplies included a haemodialysis machine delivered to Tal Abiad National Hospital in Ar-Raqqa, trauma medicines, interagency emergency health kits, surgical
supply kits, burn dressing kits, essential medicine sets, anesthesia medicines, aqua-tabs, haemodialysis sessions, insulin syringes, and non-communicable disease kits.

- Nine WHO shipments containing 313,278 medical treatments were delivered to Dar’a, Quneitra, and Sweida, accounting for 63 tonnes of supplies.

**Capacity-building**

- WHO supported 70 trainings for 1,785 participants on topics such as war-wounded injury management, first aid and basic life support, hospital major incident medical management support, and psychological first aid and self-care strategies.
- On 15 August, to mark World Humanitarian Day, WHO in Gaziantep coordinated a self-care session with aid workers, with two sessions conducted for 45 participants.

**Planned health actions**

**From inside Syria**

- Establish fixed health posts supplemented by mobile teams and revitalize non-functioning health facilities across all areas newly accessible to WHO from inside Syria
- Continue to increase the coverage and quality of health services in NES and respond to communicable disease events over the summer season.
- Support health authorities and partners to increase health service delivery in Southern Syria with further supplies, including medicines for non-communicable diseases.
- Health authorities and partners to increase health service delivery in Southern Syria
- Prepare for the deterioration of the humanitarian situation in other areas of Syria including Idlib Governorate and other parts of the northwest.

**Cross-border from Turkey**

- Vaccination of newly arriving IDPs according to population displacements, with the polio supplementary and measles campaigns for children 5-15 years old continuing in accessible areas of northwest Syria, and maintaining access to routine vaccinations through EPI centres and outreach teams in accessible areas
- Maintain access to primary and secondary health care for IDPs and host communities in any potential humanitarian emergency situation
- Roll-out the WHO preparedness plan, including chemical incidents and mass casualties preparedness
- Deliver medical supplies to priority health care facilities in northwest Syria
- Address the recurrent gaps in the supply of anti-tuberculosis medicines and capacities in case detection and management
- Support the health response to the reported increase of leishmaniasis cases by building capacity and providing medicines
- Advocate for the protection of health facilities and humanitarian workers according to International Humanitarian Law

**Resource mobilization**

<table>
<thead>
<tr>
<th>FUNDING STATUS OF APPEALS US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF APPEAL</td>
</tr>
<tr>
<td>WHO</td>
</tr>
</tbody>
</table>

**Contacts:**

Brice de le Vingne, Emergency Operations Manager, bde@who.int
Inas Hamam, Regional Communications Officer, hamami@who.int