Medical Evacuation for eastern Aleppo city
14-23 December 2016

Final Report

HIGHLIGHTS

- 811<sup>1</sup> patients admitted to the referral hospitals
- 8,836 evacuees served by mobile clinics
- 16 referral hospitals operational and supported with supplies
- 26 mobile clinics providing services for temporary settled people

Photo provided by Health Cluster Partners

OVERVIEW

Through the overall coordination maintained by the Health Cluster and with the support and close communication with the Cluster partners the medical evacuation of the people residing in the eastern Aleppo city was carried out. IHH Humanitarian Relief Foundation, Syrian Red Crescent (SARC) and ICRC managed the transportation from eastern Aleppo city to pick up point, while health cluster partners – Turkey hub provided medical services and referral to rural western Aleppo. In total, 36,086<sup>2</sup> people were evacuated to rural western Aleppo.

On top of it, some 53,773 people were internally displaced to the government-controlled areas. Many may still be unaccounted due to the large number of the private vehicles departed from eastern Aleppo city.

---

<sup>1</sup> Cumulative figure including evacuees from eastern Aleppo who were seeking medical care at the places of temporary settlement

<sup>2</sup> Estimated number of individuals arrived, as reported by Camp Coordination and Camp Management (CCCM) Cluster on 27 December 2016.
BACKGROUND

Besiegement and intensified fighting in eastern Aleppo city has resulted in thousands of injured and killed while civilian population had no access to essential services including health care. No medical supplies were delivered into the area since early July 2016 and with 28 attacks on hospitals in eastern Aleppo city in the past few months no functional health care facility was available in the area since beginning of December 2016. Lack of resources and intensified workload has overstretched the capacity of local health workers who were not able to meet the increasing demand anymore.

As a result, provision of quality essential health care services was hampered especially for essential and life-saving support, thus identifying the urgent need in medical evacuation. Despite the immediate need and continuous efforts of Health Cluster partners since September 2016, medical evacuation has not been possible due to the lack of security guarantees and/or access grants until 15th December 2016. In order to enable response to enormous health needs of the population who have been lacking health services for months, the Health Cluster has continued prepositioning of essential medical supplies, including life-saving medicines to be delivered once access is granted or medical evacuation would take place.

The plan to evacuate civilians from eastern Aleppo city was announced on 13th December with the possibility of a ceasefire and movement to evacuate medical cases and civilians to begin on 14th December early morning. The Health Cluster led the coordination among partners, and organized the referral of cases to specialized facilities in western rural Aleppo and Idleb (opposition controlled areas). The number of people to be evacuated was unclear according to
UNOCHA, but the estimate was 50,000.
HEALTH CLUSTER PREPAREDNESS

Through the Shock Room operating in WHO premises in Gaziantep, Health Cluster closely monitored and coordinated Medical Evacuation.

In total, 17 referral hospitals in western rural Aleppo and Idleb were prepared and supported with essential medicines and supplies to receive critically ill patients and provide proper care.

HEALTH CLUSTER RESPONSE

Health Cluster mobilized more than 156 ambulances to the collection point in Al-Soura, western rural Aleppo, for patients’ transportation. Medical triage was initially established at Aqrabat hospital.

Area along the evacuation route was covered by 26 mobile clinics, operational in the areas of Big Orem, Atareb, Sarmeda, Small Orem and Kafernaha and serving more than 80 locations where evacuated people were temporarily settled.

Table 1. Hospitals prepared for referral for medical cases evacuated from eastern Aleppo city

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>No of Beds</th>
<th>ICU* beds</th>
<th>General surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Houda Hospital</td>
<td>14</td>
<td>4</td>
<td>yes</td>
</tr>
<tr>
<td>Al-Ihsan/ Saraqeb (Odai) Hospital</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>Al-Majd Gynecology and Pediatrics hospital</td>
<td>no data</td>
<td>no data</td>
<td>yes</td>
</tr>
<tr>
<td>Aqrabat Hospital</td>
<td>80</td>
<td>0</td>
<td>no</td>
</tr>
<tr>
<td>ATMA Hospital</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>Bab Al-Hawa Hospital</td>
<td>70</td>
<td>8</td>
<td>yes</td>
</tr>
<tr>
<td>Barisha Hospital</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>Bennish Hospital</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>Darkoush (Al-Rahma) Hospital</td>
<td>30</td>
<td>6</td>
<td>yes</td>
</tr>
<tr>
<td>Haretan advanced medical point</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>Idleb National Hospital</td>
<td>35</td>
<td>10</td>
<td>yes</td>
</tr>
<tr>
<td>Idleb Internal Medicine Hospital</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>Maaret Al-Nouman Hospital</td>
<td>70</td>
<td>12</td>
<td>yes</td>
</tr>
<tr>
<td>Maaret Mesrin Hospital</td>
<td>35</td>
<td>0</td>
<td>yes</td>
</tr>
<tr>
<td>Sarmin Hospital</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>Teftaz Al-Nour Hospital</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td>Teftaz Al-Hikma Hospital</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
</tr>
</tbody>
</table>

* ICU – intensive care unit
b no data available
C former RH hospital. The only RH hospital in western rural Aleppo with full capacity is Al-Fardos hospital in Daret Ezza supported by SRD.

Health Cluster Priorities

- Triage and provide life-support and first aid services to the population who require medical care at Al-Soura and at registration points along the evacuation route.
- Evacuate critically ill patients to appropriate secondary referral facilities.
- Alert and support receiving hospitals in western rural Aleppo and Idleb to properly manage the medical cases.
- Pre-position medical supplies to support service provision in receiving hospitals in western rural Aleppo and Idleb.
- Refer complicated cases to receive specialized care in Turkey in coordination with Turkish authorities.
Medical triage

Health Cluster established primary medical triage in Aqrabat in western rural Aleppo. On 22 December UOSSM was operating additional triage point at Bab Al-Hawa hospital due to the weather conditions and difficulties to access Aqrabat.

Triage was conducted with the technical support of the experts in the cluster shock room in Gaziantep who were guiding the transportation of patients for further medical care, supporting referral and follow up with the destination hospitals and ensuring availability of medical supplies, bed capacity and medical services at the referral hospitals.

In-patient health care

In-patient care was provided for the patients who were evacuated with the ambulances from eastern Aleppo city, as well as for the people, who were seeking medical care after temporary settlement in rural western Aleppo. Some critical patients were referred to Turkey and are followed up by a working group comprised of WHO, SEMA, SRD, OUSSOM and SAMS.

In total, 811 patients were hospitalized as of 26 December 2016 (see Figure 1).

Table 2. Distribution of patients by hospital.

<table>
<thead>
<tr>
<th>Destination Hospital</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Mara Central Hospital</td>
<td>2</td>
</tr>
<tr>
<td>Aqrabat Hospital</td>
<td>150</td>
</tr>
<tr>
<td>Atma Hospital</td>
<td>77</td>
</tr>
<tr>
<td>Bab Al-Hawa Hospital</td>
<td>205</td>
</tr>
<tr>
<td>Barisha Hospital</td>
<td>12</td>
</tr>
<tr>
<td>Bennish Hospital</td>
<td>5</td>
</tr>
<tr>
<td>Darkoush (Al-Rhma) Hospital</td>
<td>18</td>
</tr>
<tr>
<td>Harim Hospital</td>
<td>10</td>
</tr>
<tr>
<td>Idleb Central Hospital</td>
<td>11</td>
</tr>
<tr>
<td>Idleb Internal Medicine Hospital</td>
<td>5</td>
</tr>
<tr>
<td>Idleb Surgical Hospital</td>
<td>15</td>
</tr>
<tr>
<td>Maaret Mesrin Hospital</td>
<td>65</td>
</tr>
<tr>
<td>Salqin Hospital</td>
<td>24</td>
</tr>
<tr>
<td>Saraqeb (Odai) Hospital</td>
<td>13</td>
</tr>
<tr>
<td>Taftanaz (Al-Nor) Hospital</td>
<td>5</td>
</tr>
<tr>
<td>Taftanaz (Al-Hekma) Hospital</td>
<td>6</td>
</tr>
<tr>
<td>others</td>
<td>22</td>
</tr>
<tr>
<td>evacuated to Turkey</td>
<td>100</td>
</tr>
<tr>
<td>discharged</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>811</td>
</tr>
</tbody>
</table>

Different government hospitals in Hatay Province.
Cumulative figure includes evacuees from eastern Aleppo who were seeking medical care at the places of temporary settlement.

Health needs of hospitalized evacuees

- Every third hospitalized evacuee is a child, women or elderly person (see Figure 1);
- 9 of 10 hospitalized cases are due to injury (see Figure 2, 714 of 811 cases);
- At least four pregnant women have received reproductive care including delivery assistance.
Mobile clinics
26 mobile clinics were serving area along the evacuation route. The clinics were operating in the areas of Big Orem, Atareb, Sarmeda, Small Orem and Kafernaha and covering more than 80 locations where evacuated people are temporary settled.

The clinics were providing essential primary health care services, mental health screening, nutrition screening and referral of cases to specialized services as needed.

Medical supplies
WHO delivered 66 Interagency Emergency Kits, basic modules, to support service provision by mobile clinics. Also, supplies were delivered to hospitals including:
- 146 Interagency Emergency Health Kits, basic module (146,000 treatment);
- 16 Interagency Emergency Health Kits, full (160,000 treatments);
- 7 types of anesthesia drugs (57,500 treatments);
- 7 Surgical supply kits (700 treatments) and 8 Italian trauma kits (800 treatments);
- 20 tons of intravenous fluids.

Additional supplies were put on stand-by ready to be sent when requested:
- 23 Surgical supply kits and 22 Italian trauma kits (4,500 surgeries);
- 7 interagency emergency health FULL kits (70,000 treatments)
- 18 interagency emergency health kits (18,000 treatments)

INTERCLUSTER COORDINATION

Nutrition: 11 mobile clinics also had nutrition screening programme in communities. 136 children (6 to 59 months) were screened and it was identified that 14 children are moderately malnourished and two are severely malnourished. No severely malnourished child with complication was detected.

Population movement: Locations of mobile clinics were coordinated with CCCM Cluster based on the distribution of evacuees. CCCM cluster reported that evacuees were transported to 99 different locations in opposition-controlled Idlib and western rural Aleppo. Most of the arrivals were in urban areas and hosted by friends, relatives and families. Some 12% of the new arrivals reportedly moved to informal IDP camps in the northern countryside of Idlib and Aleppo governorates. Health Cluster partners coordinated mobile clinics in the areas where population is residing, the service is still ongoing.

Protection: Protection agenda continue to be an issue during the medical evacuation. Health Cluster partners worked closely with Protection Cluster partners to ensure that issues such as

Table 3. Services provided by mobile clinics to the evacuees from eastern Aleppo city.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultations</td>
<td>8,836</td>
</tr>
<tr>
<td>Locations served by mobile clinics</td>
<td>80</td>
</tr>
</tbody>
</table>

Top four reasons for consultation by mobile clinic:
- acute respiratory infections
- acute diarrheal diseases
- diabetes
- hypertension
family reunification, unaccompanied children and gender issue were properly addressed.
Evacuation Timeline

14 December 2016  
*late evening*  
A notice on resuming of evacuation was received. WHO and the Health Cluster reviewed plans and readiness for 15 December.

15 December 2016  
The Medical Evacuation Plan was presented and activated at the Health Cluster meeting. Health Cluster sent a team to the collection point (NCP2) dedicated to organizing the transportation of patients and conducted triage for referral. The team was working in direct communication with the operation room. At 1500 facilitated by Syrian Red Crescent and ICRC buses and ambulances carrying evacuees left besieged eastern Aleppo city and by 1700 they reached the collection point.

16 December 2016  
Evacuation was suspended pending the exhaustive negotiation between the parties.

18 December 2016  
An agreement among the parties was reached and loading of evacuation buses started at 1300. The first round of buses departed from eastern Aleppo city around 2300.

19 December 2016  
Buses left Foah and Kafraya in the morning at around 0630. SARC and ICRC buses departed from eastern Aleppo city heading towards the Al-Rashideen area in the outskirts of western Aleppo city.

20 December 2016  
At 1600 over 10,332 people (52% male, 48% female) have been evacuated from eastern Aleppo city. Following that all movement was suspended again.

21 December 2016  
At 0300 two buses and one ambulance<sup>3</sup> departed from eastern Aleppo city. The remaining 65 buses and 600 private vehicles were loaded carrying approximately 5,500 people inside but were not allowed to depart.

22 December 2016  
The movement was granted. By 1400 ten buses and 700 private vehicles has passed the first collection point (NCP2). Next ten buses departed later that day. By 2025 all buses and private vehicles carrying evacuees have successfully arrived to collection points.

23 December 2016  
The evacuation was announced to have officially ended.

Table 4. Evacuation transportation from eastern Aleppo city<sup>a</sup>.

<table>
<thead>
<tr>
<th></th>
<th>Ambulances</th>
<th>Buses&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Private vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total departed</td>
<td>4618</td>
<td>308</td>
<td>1231</td>
</tr>
</tbody>
</table>

<sup>a</sup> As reported by UNOCHA.
<sup>b</sup> In average, more than 50 persons could be accommodated in one bus.

---

<sup>3</sup> Local ambulances affiliated to Health Cluster partners inside EAC.
ACCOUNTABILITY TO THE AFFECTED POPULATIONS

Leadership/Governance: The medical and civilian evacuation was done in conjunction with local NGOs who were aware of the needs of the community. The selection of Welcome Centers at Big Orm, Atareb, and Sarmeda was made based on the accessibility to the host community where many evacuees may wish to go.

Transparency: Daily situation update was shared widely with local and field NGOs. The needs of the IDPs and host communities were thoroughly collected and taken into account. Health Cluster coordinated with the Office of the High Commissioner for Human Rights (OHCHR) to follow up on medical cases that were evacuated to Turkey.

Feedback: Health Cluster and the Inter-Cluster Coordination Group (ICCG) actively sought participation and feedback from the affected population. On 18th December, after a consultation meeting with the community, an additional Welcome Centre was set up Kafr Naha. Due to the bad weather circumstances, a second triage point was established at Al-Soura point. 26 mobile clinics were set coordinated by the Health Cluster to operate in 80 locations where people found their temporary settlement.

Participation. Health Cluster was working with Welcome Centers to assess needs of the population. When there were women with babies identified to be stuck in buses for more than 10 hours, Health Cluster mobilized partners to deliver appropriate food and safe water to them.
BEST PRACTICES AND LESSONS LEARNED

Preparedness

The eastern Aleppo city medical evacuation preparedness plan was drafted and agreed among the operational partners already in September 2016, in anticipation of the increase of the hostilities and possible need in evacuation. The document has been very useful for prepositioning of the supplies and resources. Large participation of partners and civil society in planning and response was ensured through on-the-ground central operation/coordination room which was established by UOSSM, and field inter-cluster meetings\(^4\).

Information, Communication and Coordination

Preparations and coordination of response were complicated by lack of data on number of population, routes, timing and number of injured and in need of medical services. The timeframe and scope of people outflow from eastern Aleppo city has been difficult to anticipate given the military control of the operation. Initially partners were prepared for a population of 70,000 but eventually around 30,000 to 40,000 people were received.

Medical evacuation, given the urgency of it, was not given the due priority. However, excellent communication between partners, triage points and referral hospitals was able to overcome the limitation of information gaps and ensured timely information exchange.

Transportation

The number of provided ambulances was adequate to the need and partners were able to coordinate them being on the ground. Critical patients were evacuated by ambulances directly to the Aqrabat Hospital. At the same time many patients when their condition allowed were transported by buses to the collection points where some 5 ambulances were assigned per each bus to collect them to Aqrabat Hospital, if urgent transfer of patient to referral facilities is needed.

Key factors of success

- Updated preparedness plan in place
- Readiness measures scaled up
- Cooperation and teamwork of health partners.
- On-the-ground coordination room and inter-cluster coordination

\(^4\) Inter-cluster meetings held on 15 December 2016 in Bab Alhawa hospital was attended by 32 NGOs.
Referral Hospitals
Having one big secondary level hospital (Aqrabat Hospital) as the main referral hospital has been a very effective idea. Patients were sent to Aqrabat Hospital by ambulances and then after performing the proper triage they were referred to other secondary care facilities. Most trauma cases were transported to Idleb hospitals, NCD cases were transferred to other secondary health care facilities, while critically injured and cancer cases were transferred to Turkey.

Transfer to Turkey
Upon agreement with Turkish authorities one hundred patients of the most critical conditions and/or complicated cases were transferred directly to Turkey. But the referral criteria have been unclear for the partners that made some patients to be turned back after initial referral.

POST-EVACUATION NEEDS

Short-term
Evaluated patients need to be followed up.
The priority also includes the rehabilitation of hospitals in rural western Aleppo, including procurement of hospital equipment and supplies.

Long-term
Strengthening of health system and particularly trauma care is a priority for the sustainable provision of the quality health care to the population.

Contacts
Dr Alaa Abou Zeid
Emergency Coordinator, HoO
World Health Organization
Gaziantep Field Presence, Turkey
abouzeida@who.int

5Equipment required: O2 generator, compressor, blood bank equipment, and operation room.