Summary

The civil uprising in Syria started with public demonstrations on 26 January 2011. Following mass protests in Daraa two months later, the situation quickly developed into a nationwide uprising. Since then, there have been clashes between government and opposition forces in several cities including the indiscriminate shelling of urban residential areas by government forces.

According to the UN, more than 7500 people, primarily protesters, have been killed and many more injured since the beginning of the uprising.

The lack of security in the affected areas makes it difficult for the population to access supplies and services to meet their basic needs. Humanitarian space and secure access for needs assessment and medical support is limited.

Current health situation

There are five priority health concerns:
1. Limited access to health services resulting from difficulties by both health personnel and patients in safely reaching hospitals and health centres.
2. Disruption of the supply and distribution of medicines, medical supplies and equipment due to limited access and the effect of the sanctions on international procurement.
3. The increase of weapon-related injuries as a result of armed clashes.
4. In some areas, the disruption of basic health services, including treatment of chronic diseases.
5. The interruption of all preventive services including vaccination and its serious consequences on the health of children.

Health priorities

The main priorities for the coming weeks are:

Coordination of the humanitarian health response. This includes the coordination of health assessments, health information management, health sector strategy and action plan, and dissemination and the management of medicines and medical supplies.

Scale up the management of injuries and trauma care through the provision of trauma and surgical supplies and the facilitation of medical evacuation.

Support the continuity of basic curative and priority preventive health services in the affected areas by:
• providing essential medicines, vaccines and medical supplies,
• coordinating the deployment of medical teams, including mobile units, as needed
• strengthening health care services with a focus on child health, maternal health, chronic...
diseases, mental health and psychosocial support
• supporting patient referral,
• strengthening environmental health services in facilities, and
• support safe access to hospitals and health care centres for patients and health care personnel.

Provide up-to-date health information on the health status and disease trends in affected populations by implementing a disease early warning and response system. This would include preparedness for the rapid detection and containment of communicable disease outbreaks. Monitor the health status of the migrant/refugee population in border areas and implement public health measures, when necessary, including targeted vaccination campaigns.

If humanitarian space and the availability of implementing partners continue to be restricted, WHO will develop a framework for readiness and build capacity for response. A number of activities will also be focused on refugees in neighbouring countries, the numbers of which are likely to increase.

**WHO's response**

WHO is part of the humanitarian response coordination mechanism established by OCHA and the other UN agencies present in the country. The Health Working Group is composed of WHO, UNICEF, UNHCR, UNFPA, MOH, SARC and national NGOs.

The WHO Country Office in the Syrian Arab Republic was able to provide ambulances and life-saving medical equipment such as ventilators, incubators for newborn babies and medical supplies for surgical operations and trauma care. These items were provided to the Ministry of Health and the Syrian Arab Red Crescent (SARC). There has been continuous monitoring to make certain that items are delivered to the beneficiaries and distributed to the affected areas.

The WHO Country Office is scaling up its response to the crisis. A rapid response team composed of an Emergency Coordinator and a Public Health Officer has been deployed to reinforce coordination and health information management and dissemination.

WHO is working closely with Health Working Group partners to finalize the UN 90 day contingency plan. The contingency plan will need to take into account and be modified according to humanitarian space, security, access and availability of implementing partners.

**WHO funding needs**

WHO requires a total of US$ 5 million for the next three months to cover the costs of the following activities:

1. Coordination of health actions, including needs assessments and health information management.
2. Scale up the management of injuries, trauma care and medical evacuation including the upgrading of medical facilities with equipment and supplies.
3. Support health care services in affected areas
4. Strengthen the disease early warning and response system
5. Support health status monitoring and implement appropriate public health measures for the migrant/refugee population in the border areas

Each of these activities will include the deployment of staff and the provision of supplies and equipment to implement the tasks.

**Donors**

WHO relief operations in the Syrian Arab Republic have been supported by Italy, the United States of America and the Central Emergency Response Fund.

New funding is urgently needed.

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For more information

**Syria**
Dr Ibrahim Betelmal, Head of WHO Country Office
betelmali@syr.emro.who.int

**WHO Regional Office for the Eastern Mediterranean**
Dr Assaedi Abdullah
assaedi@emro.who.int

WHO Headquarters
Ms Elizabeth Hoff, Polio, Emergencies and Country Collaboration
hoffe@who.int
http://www.who.int/disasters