WHO and its partners provided access to primary health care services to hundreds of internally displaced people in al-Marj Camp in rural Quneitra as part of its response in southern Syria. (Photo: WHO)

### Key Figures

<table>
<thead>
<tr>
<th>WHO Staff in WOS</th>
<th>Health Cluster Partners in Damascus, Gaziantep and Amman</th>
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<tbody>
<tr>
<td>95</td>
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<th>Target Population for Health Response in 2018</th>
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<th>Health Facilities</th>
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<tr>
<td>Total Number of Public Hospitals</td>
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<td>Public Hospitals Functioning (56 Fully and 26 Partially)</td>
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<th>WHO Funding</th>
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<td>US$ Requested as Part of Syria Humanitarian Response Plan</td>
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<td>US$ Received by WHO (22.8%)</td>
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### Highlights

- The escalation of hostilities in mid-June in Dar’a and Quneitra governorates and the subsequent local agreements triggered the displacement of up to 184,000 people by the end of July. Thousands of IDPs relocated to areas in the north, including Idleb and northern Aleppo governorate.
- The response to health needs in Idleb was constrained due to increased insecurity, including attacks on health care workers. These shifting dynamics have driven new patterns of displacement, which increased the health-related vulnerability of the population.
- Increased hostilities expected in the northwest are expected to result in the displacement of 250,000 to more than 750,000 people.
**Situation update**

### Whole-of-Syria

In southern Syria, hostilities escalated throughout July, with an estimated 285,000-325,000 individuals displaced at the height of the conflict on 4 July. On 15 July, the UN convoy from Ramtha was cancelled after sitting at the border since 26 June, when it was meant to initially cross. The WHO convoy of seven trucks (50.7 tonnes of supplies) returned back to the WHO warehouse at Zarqa, Jordan. WHO began to plan the redirection of stockpiles to other hubs. By the end of July, an estimated 110,000 newly displaced Syrians remained in Quneitra governorate in areas that were largely cut off from sustained humanitarian assistance.

In the north-west, an agreement was reached in Idlib for the evacuation of people from the besieged towns of Foah and Kefraya. On 16 July, an agreement was reached to evacuate the towns with some 120 buses (6,900 people) transporting people to the Mahalej shelter in Aleppo. Since November 2017, the total number of people in need of humanitarian assistance in Aleppo and Idlib governorates has increased by close to 600,000, to 4.2 million. Half of these people were in acute need due to new displacement and exposure to ongoing conflict. Nine mobile medical teams and three static medical points provided essential health care services in the north west, and MHPSS and nutrition surveillance systems were integrated into nine medical teams.

Fewer than half of the previously existing public health facilities throughout the country remained fully functional in July, resulting in gaps in essential health service provision, such as vaccination, antenatal care, deliveries, and family planning. In addition, there were notably higher needs in trauma, mental health and physical disability care. The waiting lists for prosthetic services, when available, were a clear indication of this service gap.

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, and cases of measles were found across Syria, with leishmaniasis found across the north and acute diarrhoea in north east Syria. Urgently addressing health needs of populations located in areas subject to changes in control remained challenging, requiring rapid upscaling of service delivery with very few partners with lacking the access to respond quickly.

A significant expansion of clinical care for survivors of sexual assault and gender-based violence is required to cover the estimated needs.

WHO delivered 104.5 tonnes of supplies, accounting for 455,274 treatments, to seven governorates during the reporting period. Delivered supplies include Interagency Emergency Health Kits, pneumonia kits, cholera kits, Italian emergency kits A and B, NCD kits, PPE kits, and surgical supply kits. One cross-border shipment was made to Aleppo through Bab Al Hawa crossing point.

### Northwestern Syria (Idlib, Aleppo, Afrin, Rural Hama)

- WHO and its partners, including the Turkey Health Cluster, started a planned response based on planning assumptions regarding events that might unfold in Idlib de-escalation area during the second half of 2018.
- Nine mobile medical teams and three static medical points provided essential health care services. MHPSS and nutrition surveillance systems were integrated into nine medical teams.
- The response to health needs in Idlib was constrained due to increased insecurity, including attacks on health care workers. The shifting dynamics have driven new patterns of displacement, which increased the health-related vulnerability of the population.
- Increased hostilities expected to come in the north west are expected to result in the displacement of 250,000 to 700,000 people in Idleb and the surrounding areas, which will cause an increased need for humanitarian assistance to the newly vulnerable as well as host communities, especially emergency health services.
- 7,364 cases of leishmaniasis were reported in four areas of Aleppo governorate, particularly Darret Ezza.
- The Al Ghab Plain in Al- Suqaylabiyah district suffered from a severe shortage of health services due to the suspension of support for three public health centres and one hospital. Hama Health Directorate continues to prepare for any potential arrival of IDPs from Dar’a.
- The Aleppo Health Directorate was renovated and will be providing more statistics and updates. Unsupported facilities in Aleppo, to date, are reported as seven primary health care centres, two hospitals, two physiotherapy centres, and one tuberculosis centre.

**Northeastern Syria (Ar-Raqqa, Hassakeh, Deir Ez-Zor)**

- As of 22 July, the outbreak of acute diarrhoea in Deir Ez-Zor continues, with 674 cases, including 12 deaths, reported since week 10.
- The programme for the disinfection of tankers ended as WHO exhausted supplies of chlorine tablets. WHO is coordinating with UNICEF to support the distribution of 650,000 chlorine tablets to residents of Deir Ez-Zor for disinfecting drinking water.
- An increase of suspected typhoid cases was reported from Areesha Camp over the last two weeks of July; the cumulative cases for week 30 and 31 rose from 24 to 46 cases, respectively.

**Southern Syria (Dar’a, Quneitra, Sweida)**

- On 15 July, the UN convoy from Ramtha was cancelled after sitting at the border since 26 June. The WHO convoy of seven trucks (50.7 tonnes of supplies) returned back to the WHO warehouse at Zarqa, Jordan. WHO is working on the planning of redirection of stockpiles to other hubs.

**Health system status**

- The quarterly HeRAMS data is collected and verified during June and July. The database is currently being consolidated at a Whole of Syria level. Data and maps will be available early August.

**Public health concerns**

- Fewer than half of the previously existing public health facilities remain fully functional, resulting in gaps in essential health service provision, such as vaccination, antenatal care, deliveries, and family planning.
- 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 northwest of the country.
- Urgently addressing the health needs of populations located in areas subject to changes in control was challenging as it required very rapid upscaling of service delivery with very few partners with the capacity to respond rapidly.
- 15,767 measles cases were reported to EWARN through epidemiological week 23, with the main epicentres of caseloads being in Ar-Raqqa, Deir Ez-Zor, and Aleppo governorates. Overall, 61% of the suspected cases in Aleppo and 64% in Idleb governorate were children under five years old.

**WHO actions**

**Leadership and Coordination**

- WHO leads regular coordination meetings from its hubs in Amman, Gaziantep, and Damascus with health cluster partners to identify gaps and priorities.
• Coordination is in place with DoH and SARC on the most effective mechanisms to transport critical emergency patients to Aleppo city facilities.
• WHO's response for southern Syria will start to transition from an emergency response to target the continuity of existing and sustained health services.
• OCHA has received scenarios for the Idleb response and the chemical event plan. WHO has made it a priority to update the scenario-based contingency plan for Idleb, the Euphrates Shield area, and Afrin, and to preposition sufficient quantities of supplies.

Information and planning

• WHO and its partners, including the Damascus and Gaziantep health clusters, started a planned response based on planning assumptions regarding events that might unfold in Idleb de-escalation area during the second half of 2018.
• The HeRAMS snapshot for July 2018 of the functionality of public hospitals across Syria was produced.
• WHO published the snapshot of attacks on health care across Syria on 19 July.

Health expertise and operations

• In Aleppo and Afrin, WHO provided support to nine NGO-supported mobile medical teams (MMTs) and three static medical points. MHPSS and nutrition services were integrated into nine MMTs.
• In Idleb and rural Aleppo, WHO started support to several mobile units, through the NGO implementing partners (Orient NGO), and two other grants were provided to Bahar and SAMS for improving equipment and rehabilitation of secondary health care facilities.
• Site visits were conducted to 14 primary health care and community health centres to follow up on the implementation of the MhGAP programme.
• In southern Syria, WHO continues to support primary health care in Dar’a through two static medical points and three mobile clinics in Dael/Abtaa, Dar’a city, Jbab, and local IDP shelters.
• WHO, in coordination with DoH teams, initiated active tuberculosis surveillance in Al-Hassakeh governorate, camps, and all high-risk areas. The surveillance will continue up to 35 days from 15 July.
• On 19 July, WHO participated in an interagency convoy to Bait Jan and Beitima, Bait Sabr, and Kafr Hoor to deliver supplies sufficient for 9,992 treatments and 200 trauma cases.
• On 26 July, WHO participated in an interagency convoy to Douma to observe the delivery of medication and other non-food-item supplies from the Government of France, distributed through SARC. The medical supplies equated to 6.5 tonnes, including emergency medicines and consumables, 20 basic kits (10 adult/10 paediatric medicines), and 10 emergency medicine kits. The mission also included an assessment by health teams of the health facilities in Douma.
• WHO and implementing partners continued supporting the only blood bank in Dar’a. Due to the security situation and changes in control, the blood bank relocated numerous times until it was finally closed for good on 17 July.
• Partners maintained NCD care services at four piloted primary health care centres and extended their NCD services to IDP communities in Dar’a and Quneitra.

Immunization

• The preliminary results of the measles campaign conducted from 15-26 July indicated that 927,911 children were vaccinated against the disease. The campaign continued until the end of July in Deir Ez-Zor but the coverage rate remained low due to shortages of both field officers and vaccines.
• Routine immunization reached 86 working EPI centers out of total 87 established in north-west Syria, providing on a monthly basis vaccination services to over 45,000 children under five.
Operational support and logistics

- WHO delivered 104.5 tonnes of supplies, accounting for 455,274 treatments, to seven governorates. Delivered supplies include IEHK kits, pneumonia kits, cholera kits, Italian emergency kits A and B, NCD kits, PPE kits, and surgical supply kits.
- One cross-border shipment of 14 metric tons of medical supplies was made to Aleppo through Bab Al Hawa crossing point, delivering 38 health facilities (30 PHC, 8 SHC) operated by 12 NGOs, providing 178,820 treatments.

Capacity-building

- WHO supported 84 activities for 2,266 participants, covering topics such as war-wounded injury management, burn management, electronic data entry for nutrition surveillance, mental health, and communication with disabled persons.
- WHO has finalized operational plans and SOPs for all staff of PHC facilities in northwest Syria (guard, cleaner, registration clerks, data officers, triage nurse, laboratory technicians and the pharmacist) that will standardize processes and operations for common triage of patients and integration of NCD screening at PHC facilities.

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 Idleb Governorate and other parts of the northwest.

Cross-border from Turkey

- Identify key hospitals and health facilities to relocate and displace health staff to continue the medical care of the affected population.
- Revise the Idleb referral system, including ambulance inventory, and integrate the new health facilities within the currently established mechanism.
- Establish decentralized and strength surgical trauma units as per identified scenarios, with an effective referral mechanism.
- Strengthen the surgical and critical medical response capacity of geographically “safe” hospitals along the frontier with Turkey.
- Establish direct coordination with Turkish health authorities to avoid wasting resources and improve the coordination of services to the affected population.
- Preposition medical supplies in the north and south of Idleb governorate.
- Finalize the cholera contingency plan and update the scenario-based contingency plan for Idleb, the Euphrates Shield area, and Afrin.

Resource mobilization

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**FUNDING STATUS OF APPEALS US$**

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