Situation report # 1
FEBRUARY 2018

SYRIA CRISIS
Whole-of-Syria update

12-year-old Fatima lives in Aleppo. Her family couldn’t afford therapy to treat her symptoms of Guillain-Barré syndrome. Through funding from the Government of Japan, WHO provided her with physical treatment, and Fatima is now able to walk to school for the first time in months. Photo: WHO Syria

11.3 M IN NEED OF HEALTH CARE
6.1 M INTERNALLY DISPLACED
5.6 M REFUGEES
2.9 MILLION LIVING WITH DISABILITIES
25% INCREASE IN ATTACKS ON HEALTH CARE

KEY FIGURES

| WHO STAFF IN WOS | 121 |
| HEALTH CLUSTER PARTNERS IN DAMASCUS, GAZIANTEP AND AMMAN |
| WHO STAFF IN WOS | 95 |

| TOTAL NUMBER OF HOSPITALS | 111 |
| HOSPITALS FUNCTIONING (56 FULLY AND 26 PARTIALLY) | 82 |

| WHO FUNDING US$ | 143 M |
| REQUESTED | 121 |
| FUNDED (15%) | 22 M |

HIGHLIGHTS

- Close to 400,000 men, women and children remain besieged in eastern Ghouta, where intense hostilities continue to exact a heavy toll on the civilian population. The besieged enclave has seen a dramatic upsurge in civilian casualties amid a sharp escalation in airstrikes and ground-based attacks.

- More than an estimated 1065 people require urgent medical evacuations from eastern Ghouta, including children with life threatening conditions. WHO has developed a medical evacuation plan, and continues to negotiate access for the most critically-ill requiring evacuation.

- Over 35,000 civilians in the Berm remain inaccessible to humanitarian partners in Syria. The last time the camp was supplied with food and non-food items was from across the border in early January 2018.

- Cross-border medevac services to Jordan remain suspended. The health sector continues to advocate for funding to resume services.

- In February 2018, 43 incidents against health care were reported, of which 41 were verified.

- In February, WHO and implementing partners delivered a total of 1,321,068 medical treatments including 217,909 treatments across conflict lines and 77,275 treatments cross-border.

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1 One standard treatment course (e.g. a course of antibiotics for 8 days) is considered as treatment for 1 person. Treatment courses are determined for each medicine distribution based on international WHO standards.
Situation update

North-western Syria (Idleb, Rural Aleppo, Rural Hama)

- In Idleb, military operations resulted in increased casualties and movement of civilians to safer areas. Some people have been forced to move several times to escape fighting. With the high concentration of displaced people, the governorate may not be able to withstand the consequences of renewed fighting.
- There are currently 8 IDP sites and reception centres in north-western Syria that are supported by the UN and its partners, with additional sites being prepared. Hundreds of tents are also being provided to those in need. However, the capacity of partners to respond to the ongoing displacement is being stretched to the limits.
- In Afrin, the ongoing military operations, the reported blockage of exits, have virtually trapped many civilians preventing them from accessing safer areas. So far, 380 families have reached surrounding villages and Aleppo city neighbourhoods while thousands of people have been displaced within Afrin. As the fighting escalates, the number of civilians affected by violence is bound to increase.
- WHO partners have suspended activities in Afrin for security reasons.

North-eastern Syria (Ar-Raqqa, Hassakeh, Deir Ez-Zor)

- An increase in Guillain-Barré Syndrome (GBS) cases have been observed in Hassakeh governorate since December 2017. About 36 cases were reported from Hassakeh. Most cases were IDPs from Deir-ez-Zor. 19 cases were referred to hospitals in Damascus and Qamishly and treated by plasmapheresis or intravenous immunoglobulin.
- Health authorities of Tal Abiad and Al Tabqa national hospitals report an increasing number of leishmaniosis cases. Deir-ez-Zor civil council has requested WHO support to treat suspected patients in northern areas.
- In Ar-Raqqa, many civilians trying to return home have been killed and injured by unexploded ordinances. Health services are absent, and access for humanitarian workers to the city is almost impossible due to unsafe conditions.

Damascus, Rural Damascus

- Close to 400,000 men, women and children remain besieged in Eastern Ghouta, where intense hostilities continue to exact a heavy toll on the civilian population. The besieged enclave has seen a dramatic upsurge in civilian casualties amid a sharp escalation in airstrikes and ground-based attacks. Hundreds of civilians have reportedly been killed in recent weeks, many of them children, while over a thousand have been injured.
- An estimated minimum of 1065 people require urgent medical evacuations from Eastern Ghouta, including children with life threatening conditions.
- Chronic and non-communicable diseases (NCDs) are still a significant concern as patients with cardiovascular conditions, epilepsy and thyroid disorders have no adequate treatments available. In addition, tuberculosis medicines are required, with current stocks due to expire in March 2018; oral diabetes medication is needed regularly for 1,000 patients with only limited quantity currently reported in three communities. On 22 January, the medical staff running the only dialysis centre, located in Duma in eastern Ghouta, reported the total depletion of medical supplies required to deliver 210 dialysis sessions every month for patients suffering from kidney failure in eastern Ghouta.
• Negative coping mechanisms were reported in almost all health centres in eastern Ghouta, with the recycling of medical items, use of non-medical items for treatment, and use of expired medications especially prevalent. Medical supplies are urgently required and include medications for NCDs, anesthetics, dialysis supplies, blood bags and blood test kits for blood transfusions, antibiotics as well as surgical and reproductive health supplies.

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

• Civilians in Al-Rukban camp remain inaccessible to humanitarian and health teams in Syria. The last time the camp was supplied with food and non-food items was from across the border in early January 2018. Regular and sustained access to the camp population is critical to meet urgent needs that cannot be addressed with sporadic deliveries.

• The Russian Reconciliation Center in southern Syria is increasing political pressure on local leaders to consider reconciliation or face military a military offensive. Areas of southern Syria have also seen a steady increase of military activity since 21 February. The prominent use of heavy weapons was witnessed during the reporting period. However, mass casualties have not been reported nor resumption the resumption airstrike in the Southern De-Escalation Area (DEA).

**Health system status**

• As of January 2018, out of the 111 assessed public hospitals [MoH & MoHE], 51% (56) were reported as fully functioning, 23% (26) hospitals were reported as partially functioning (i.e., shortages of staff, medical equipment, medicines or damages to infrastructure), 26% (29) were reported as non-functioning.
As of Quarter 4, 2017 out of 1,804 assessed public health centres, 46% (825) were reported fully functioning, 20% (354) partially functioning, 34% (621) non-functioning (completely out of service), while the functionality status of 0.2% (4) of health centres were unknown.

Public health concerns

In February, an increase in suspected measles cases was reported from the north eastern of Syria, mainly from Hassaka (505 cases) and Ar-Raqqa (253 cases). The increase of cases in Ar-Raqqa is attributed to low coverage of routine vaccination. The EWARS system also reported an increase in cases of Severe Acute Respiratory Infections in February, with the majority of the cases reported in Hama, Damascus, and Hassakeh.

Lack of rabies vaccine in any health facility in opposition-controlled areas of southern Syria is a serious gap as revealed by recent rabid dog attacks, two of which have resulted in deaths of children. While medevac to Damascus is possible in cases of exposure, not all patients are able or willing to travel.

Cross-border medevac services to Jordan remain suspended. The health sector coordinators continue to advocate for funding to resume services. Narcotics and ambulances also remain restricted for cross-border transport.

No new cases of cVDPV2 have been reported this month. The total number of cases remains 74. The most recent case (by date of onset of paralysis) is 21 September 2017 from Boukamal district, Deir Ez-Zor governorate.

Attacks on medical facilities continued to be reported, depriving hundreds of thousands of people of their basic right to health and putting the lives of health workers at considerable risk. In February 2018, 43 incidents against health care were reported, of which 41 were verified. Collectively, the verified attacks resulted in at least 19 people killed and 28 people injured, including 4 health workers killed and 7 injured.

Health needs, priorities and gaps

Rapid deterioration of the security situation inside eastern Ghouta. Key asks: (i) Convoys are allowed to proceed with medicines and medical equipment, (ii) urgent medical cases can be evacuated, (iii) UN medical teams can be granted regular access to follow up on the care provided to hospitalized patients from eastern Ghouta, (iv) patients and accompanying family members can promptly return safely to their homes upon completion of treatment.

The agreed inter-agency bi-monthly plan to reach besieged and hard-to-reach areas is paralyzed due to access restrictions or lack of agreement concerning locations, supplies and number of beneficiaries. If access is granted, three convoys could be dispatched each week, reaching over 700,000 people in these areas in two months.

Engagement with Kurdish Self Administration to ensure NGO partners in NES to continue operating after the two month agreement and to facilitate a conducive operating environment as well finding solutions on timely registration of NGOs with MOSA in Damascus.

Syrian Health care specialists supposed to attend trainings in Turkey are often denied access to Turkey. New regulation on border crossing allows only 5 candidates to cross the border per day. This results in many trainees forced to stay at the border overnight and eventually return back without attending training.

In Jordan, requests to bring Syrian medical staff to Jordan for training remain stalled. UN OCHA continues to negotiate on behalf of all sectors to enable capacity-building of colleagues inside Syria.

Number of health partners in the Raqqa response is still small, registration process with Kurdish authorities is challenging for new NGOs as they favour collaboration with local organizations embedded in the existing Kurdish system.
WHO and health sector actions

Leadership and Coordination

- High level advocacy by WHO Director-General to the UN Secretary-General on the worsening humanitarian situation in eastern Ghouta and Idleb, with a focus on the need for urgent access for medicine and medical supplies to HTR and besieged areas and sustainable and regular medical evacuations. The ban on importation of medical items being produced locally in Syria and its impact on the health response was also addressed.
- Whole of Syria Strategic Steering Group endorsed the medical evacuation plan developed by WHO for eastern Ghouta. WHO was tasked to take the lead in organizing a process with all relevant health partners to urgently agree on the next steps.
- The INGO partner facilitating medevac services for war-wounded patients from southern Syria to Jordan ended their project in January 2018. As health sector co-lead, WHO is working with Jordan-based health actors, including UNHCR, to identify a suitable partner to restore services, as well as conducting donor advocacy to ensure this service is resumed.
- The Whole-of-Syria health team finalized the health sector preparedness and response plan for north-eastern Syria.

Information and planning

- WHO expanded the number of disease surveillance sentinel sites across Syria from 1163 in January to 1183 in February.

Health expertise and operations

- In response to an increase in Guillain-Barre Syndrome (GBS) cases in Hassakeh governorate, the following measures have been taken: Line list of cases admitted to hospitals developed. Stool samples collected from cases under 15 years old and their contacts and will be tested for polio. For case management of GBS, and based on the request of MoH and MoHE, WHO supported two hospitals in Damascus and one in Qamishli with Immune Globulin (IVIG), and is in the process of procuring plasmapheresis device, and 150 sessions. WHO is also following up on 6 suspected cases of Guillen-Barre Syndrome and polio in Al Hol camp.
- Three WHO implementing partners operating 3 mobile teams and 7 health facilities in Aleppo conducted a total of 5300 PHC outpatient consultations and 172 SHC consultations, treated 23 trauma patients, and provided 4719 patients with medicines. Additionally, 49 patients were provided with MHPSS services.
- Two WHO implementing partners provided health care services at Zafaranah primary health care centre and maternity centre (Homs governorate) to 19,869 people, and delivered outreach primary health care services to 3385 people at camps and settlements in Hantonin, Marayan, Kafr Shlaya, Darkosh, Orm Eljoz and Majdaliya.
- Following up to the response in NES, a nutrition screening was conducted for 465 children under 5 in Karameh, Houzaimah and Haysheh IDPs camps and Ar-Raqqa city. Cases of severe and moderate malnourished cases were detected and referred for treatment.
- Supported the National TB program with medicines to treat 250 children (in 2017 there were 198 patients).
- Supported the National HIV control programme with medicines to treat 5 HIV/AIDS children patients for two years (in 2017 there were 3 patients).
- Organized refresher teleconference with PCI trainers and NCD pilot participants in southern Syria to provide technical guidance on implementation questions and clarify data collection and Dharma platform.

Immunization

- In cooperation with UNICEF a static vaccination tent was established in Areesha camp as in Mabrouka camp. DoH health workers will provide the services in full support of WHO and UNICEF.
• In February, the Ministry of Health, in coordination with WHO, conducted an inactivated polio vaccine (IPV) immunization round which successfully concluded in Damascus and Hassakeh governorates, parts of Aleppo governorate and Jaramana district of rural Damascus as part of the second phase of the outbreak response. A total of 233,518 children aged 2-23 months received IPV, representing 71% of the estimated target.
• A nationwide immunization round utilizing bivalent OPV (bOPV) is planned for March 2018. The campaign will target all children aged less than 5 years (2,485,176) in all governorates except Idleb. The campaign micro plan was developed by each governorate and more than 8,374 field workers would participate in the field work. WHO will support the operation cost of this campaign including vaccines delivery, incentives for field staff in addition to support capacity building activities at national and governorates level.
• To complement the nationwide OPV campaign, a sub-national campaign will be conducted at the same time in north-west Syria, targeting 764,550 children under five years old in Idleb, western Aleppo and parts of Homs and Hama governorates.
• WHO and the Ministry of Health are planning to provide measles vaccines in preparation for national vaccination week in April.

Operational support and logistics

• In February, WHO and implementing partners delivered a total of 1,321,068 medical treatments, including 217,909 treatments across conflict lines and 77,275 treatments cross-border.
  o From inside Syria, WHO and implementing partners delivered 217,909 treatments cross-line to hard-to-reach and besieged locations including the IA convoy to Nashabiyeh, and 1,025,884 treatments as part of regular programming activities.
  o From Turkey, WHO supplies delivered cross-border included specialized emergency kits, essential medicines, consumables, ICU medicines and anaesthesia drugs providing 74,575 treatments.
  o From Jordan, WHO shipped a set of surveillance supplies and equipment to the single reference lab in southern Syria via a UN convoys through Ramtha border crossing. This lab serves all of opposition-controlled Dar’a and Quneitra (Health Needs Overview total people-in-need: 643,000). The supplies will support detection for up to 2400 of either Measles, Mumps, Rubella, Hepatitis A, C and E or Salmonella and up to 300 cases of Cholera.
• WHO is on standby with 52 tons of health supplies or 700,000 medical treatments for the response to multiple locations inside besieged eastern Ghouta.

Capacity-building

• 2065 public and NGO health workers were trained inside Syria by WHO on a range of health disciplines including mhGAP and psychological first aid (550 health workers trained); Early warning and communicable disease management (100 health workers trained); nutrition related services including surveillance, complementary feeding, and new born care (400 health workers trained); vaccination and immunization related surveillance (710 health workers trained); infection control and chemotherapy (100 health workers trained); trauma management and first aid (100 health workers trained); data management for public health assessments (5 health workers trained).
• A total of 43 medical staff from different specialties in secondary care facilities in Syria participated in a series of three 6-day advanced specialized infection control training courses conducted in Turkey. Trainees learned how to apply standards of infection control during their daily work in operating theatres, catheter laboratories, endoscopy units, intensive care units, dialysis units, laboratories and blood banks, and hospital kitchens. Participants also received guidance on how to deal with waste management in the work place.

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Planned health actions

**Damascus**

- Double the amount of pre-positioned health supplies for multiple locations in Eastern Ghouta for the March-April inter-agency bi-monthly plan (from the current 41 tons, or 200,000 medical treatments).
- Delivering 25 tons shipment of health supplies by road (56,585 medical treatments and 700 trauma cases) to Qamishli for further distribution in all 3 governorates.
- Identifying a local supplier for procurement of 7 blood bank refrigerators.
- In cooperation with DoH and the Department of Nutrition, five additional nutrition surveillance centres will be added to the 2018 plan in Al Hassakeh, Shadadi, Al Qamishli and Ras Ain health districts.

**XB from Turkey**

- Deliver medical supplies to priority health care facilities in northern Syria and continue advocacy for opening the safe corridor for the delivery of medical supplies to the besieged and hard to reach areas.
- Vaccination for resettled IDPs in Jarablus and Idleb according to the evacuation plan.
- Development of the core requirement and training set for the community health workers.
- Elaborate with Health Cluster partners contingency plan for potential evacuations from Eastern Ghouta to Idleb.

**XB from Jordan**

- Conduct health sector planning workshop to address gaps in southern Syria and explore building health networks.
- Provide direct funding to implementing partners to take over a referral hospital and blood bank due to withdrawal of key health actor.

**Resource mobilization**

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<th>FUNDING STATUS OF APPEALS US$</th>
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<td>WHO</td>
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<td>HEALTH SECTOR</td>
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