The Syrian Arab Republic

Situation highlights

Increased violence in the suburbs of Damascus resulted in hundreds of deaths, wounded and injured people on 21 August. There were reports that some of the shells used in the attacks contained chemical substances. Following a request from the Secretary-General, the United Nations Chemical Weapons Investigative Team mission has studied the alleged incident and will release a report of their findings in the coming weeks. Three WHO staff are members of the investigating team.

There has been an upsurge of violence in Hassakeh, Dara’a and Latakia. The violent conflict is spreading to new areas and forcing more of the population to flee. In Hassake governorate, approximately 250 000 people have recently been displaced, and access to people in need is increasingly restricted. Heavy shelling and armed clashes in Dara’a governorate have reportedly cut electricity, telecommunications and water supplies to the area. By 30 July, more than 22 500 new internally displaced people had been registered in neighbouring towns and villages. In Latakia City local agencies expect the number of displaced families to reach over 3000.

As violent conflict escalates around the country, causing increased need for medical services and, at the same time, impeding safe access, the Ministry of Health reported in July that up to 60% of public hospitals have limited or no capacity. In Homs, the health infrastructure has been severely constrained as almost half of the public health centres are no longer operating. In Aleppo, Deir-ez-Zor and Idleb governorates, 70% of health centres are either damaged or out of service. Health workers are increasingly at risk of death, injury or kidnap, public ambulances and vaccination/supply/service vehicles are unable to provide service. Delivery of essential medicines and medical supplies to those most in need in both government- and opposition-controlled areas remains severely problematic due to the security situation.

UNHCR reports that 1.98 million refugees have fled the Syrian Arab Republic and are residing in the neighbouring countries of Lebanon, Jordan, Turkey, Iraq and Egypt. At least 70% of the registered refugees are women and children.

Health priorities

- Trauma care
- Primary health care support
- Access to essential medicines
- Management of chronic diseases
- Disease and nutritional surveillance
- Health information management
- Mental health care
- Strengthening referral systems
- Health coordination
- Water, sanitation and hygiene

WHO response

- WHO continues to provide support for provision of primary health care services throughout the country thanks to a network of 36 NGO implementing partners and national focal points in Aleppo, Derezor, Dara’a, Homs, Hassakeh, Idleb and Tartous. During the month of July, a total of 107,000 people benefited from medicines and medical supplies and 214,000 from health kits provided by WHO in Aleppo, Damascus, Homs, Hassakeh, and Lattakia.
- During the month of August, a total of 232,566 people benefited from medicines and medical supplies and 115,000 from health kits provided by WHO in Dar’a, Ar-Raqqah, Lattakia and Damascus in affected government- and opposition-controlled areas:
  - Health authorities and the Syrian Arab Red Crescent (SARC) in Dar’a governorate received medical supplies and interventions for more than 23,956 direct beneficiaries and IEHK Supplementary and Basic Unit kits for a population of 30,000 beneficiaries.
  - Health authorities in Lattakia received medical supplies and interventions to treat...
more than 4000 beneficiaries, two defibrillator machines and midwife kits for more than 350 beneficiaries.

- WHO supported health authorities in Damascus with medical supplies and interventions for more than 181 615 direct beneficiaries, in addition to 15 Portable Ventilators, 10 Oxygen Concentrators and two Shredder sterilizers.
- After a reported escalation in violence and urgent needs of medicines and medical supplies in rural Lattakia, WHO supported health authorities in the governorate with medical supplies and interventions for more than 26 600 direct beneficiaries, IEHK Supplementary and Basic unit kits for a population of 40 000 people, in addition to a portable X-Ray machine, a surgical instruments module and 3 defibrillators.

- Health authorities and (SARC) in Aleppo received medical supplies and interventions for more than 35 000 beneficiaries, dialysis sessions for more than 200 beneficiaries, two defibrillator machines, and interagency emergency health kits (IEHK), and midwife kits for more than 80 000 beneficiaries.
- WHO supported the Islamic Charity Organization which operates the Aicha Charity Hospital in Deirez-Zor governorate via the provision of oxygen cylinders, defibrillator, ultrasound imaging machines, generator, procurement of medicines and I.V. fluids, permitting treatment of more than 13 000 beneficiaries for three months.
- Health authorities and SARC received medical supplies and interventions for more than 4500 beneficiaries, midwife, IEHK and emergency kits type A and type B to treat more than 124 000 beneficiaries.
- WHO supported health authorities in al-Hassakah with medical supplies and interventions to treat more than 7500 beneficiaries, three defibrillator machines, midwife and IEHK Basic Unit Kits for a population of 10 000 beneficiaries.
- After 30 days under siege, aid was successfully delivered to Idleb city via inter-agency convoys on 3 and 12 August. This aid included a three-month supply of primary health care medicines for 45 000 people, and specific medical interventions, including surgical supplies, and medicine for 6350 direct beneficiaries.
Pakistan

**Situation highlights**

Heavy monsoon rains in Pakistan triggered flash floods, which have claimed the lives of at least 193 people and rendered over 30,000 people homeless since 1 August. According to the National Disaster Management Authority (29 August), 1.3 million people have been affected by the floods.

In the flood-affected areas, some communities are using contaminated water for all household/drinking purpose and are at risk of diarrhoea, malaria, typhoid, skin diseases and eye infection. The flooding is increasing both water and vector-borne diseases and snake bites.

Acute watery diarrhoea in flood-affected districts of Punjab is showing an increasing trend with 25 alerts received and appropriate measures taken. There were five alerts received for measles and five for scabies; four for dengue fever; two each for acute watery diarrhoea, acute respiratory infection, Crimean–Congo haemorrhagic fever, and typhoid; while 1 alert each for acute jaundice syndrome, bloody diarrhoea and rabies. Increasing trend of skin diseases have been reported from Rajanpur and Sialkot. Diphtheria cases are on the rise in Punjab – half of the year’s 18 total cases have been reported during the current monsoon season.

**Health Cluster priorities**

- Disease outbreak prevention and control
- Provision of essential medicines and medical equipment to provincial departments of health
- Support water disinfection/chlorination and hygiene awareness in flood-affected communities.

**Health Cluster response**

- WHO Disease Early Warning System (DEWS) teams are working with provincial health department and partner organizations in flood-affected areas for disease outbreak prevention and control. Regular visits are being carried out by DEWS Surveillance Officers along with Essential Medicines and Environmental Health teams to affected areas and relief camps.
- WHO-DEWS teams conducted an investigation and verified six cases and one death due to measles in Naseerabad. An immunization campaign was initiated in response to the outbreak. A total of 177 children under five years of age were vaccinated in Union Council of Kubasher of Tehsil Dera Murad Jamali in district Naseerabad where the first alert had come from. There were six suspected cases of measles with one death reported from Kubasher.
- WHO is supporting health authorities and NGOs with essential medicines, environmental health supplies, health education material and technical support to the provincial departments of health. WHO has provided essential medicines for 165,693 people through customized kits, including emergency health kits, diarrhoeal disease kits, hygiene kits, and other supplies including anti-malarial drugs, and rapid diagnostic kits.
- There were 158 snake bite cases reported from 15 July – 31 August in Jaffarabad and 53 in Jhalmagsi. In response to the reports of snake bite cases, WHO provided 170 vials of Anti Snake Venoms to the Department of Health in Jaffarabad and Jhalmagsi.
- WHO conducted an emergency training session for staff of the Public Health Engineering Department (PHED) on the provision of safe drinking water including the disinfection and chlorination of water sources. PHED is providing drinking water tankers to flood-affected communities in the Jaffarabad and Sohbatpur districts to ensure properly chlorinated water to flood-affected communities.

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**Statistics**

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<th>Category</th>
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<tr>
<td>Total population***</td>
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<tr>
<td>Gross national income per capita*</td>
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<tr>
<td>Life expectancy at birth m/f (years)</td>
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<td>Probability of dying between 15 and 60 years m/f **</td>
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<tr>
<td>Total expenditure on health per capita* (2010)</td>
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<td>Total expenditure on health as % of GDP (2010)</td>
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</tbody>
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* Source: PNUD 2011
** Source: WHO/GHO.

WHO’s emergency activities in 2013 in Pakistan have been supported by the Central Emergency Response Fund, European Commission Humanitarian Aid Office, OCHA Emergency Response Fund and United States of America.

For more information: [http://www.who.int/hac/crises/pak](http://www.who.int/hac/crises/pak)
Sudan

Situation highlights

Heavy rains and floods in Sudan have affected around 341,000 people across 14 states. As of 21 August, there were 48 deaths and 70 people injured.

As a result of the rains, the number of mosquito breeding sites has increased and water sources have been contaminated by the collapse of over 54,000 latrines. All areas affected by the floods are at risk of water and vector-borne disease outbreaks such as diarrhoea, malaria and haemorrhagic fever. Morbidity reports indicate increasing trends of malaria cases. During this crisis, reporting of communicable diseases has been changed from weekly to daily basis. Across the flood-affected states, 96 emergency health facilities are functional. However, 31 more mobile clinics are urgently needed.

Health Cluster priorities

- Strengthen the disease early warning mechanism and respond promptly to outbreaks.
- Establish a water quality control mechanism and disinfect collapsed latrines.
- Monitor and treat mosquito breeding sites.
- Strengthen the network of mobile clinics where needed.
- Provide essential medicines and medical supplies to cover shortages in health facilities.

Health Cluster response

- The Ministry of Health, OCHA and WASH and Health Clusters have carried out health assessments and joint planning for response activities.
- Initial response activities to reduce the public health risks and threats from communicable diseases outbreak include water quality monitoring and chlorination in all affected areas, disinfection or closing down of collapsed latrines and spraying of flies/mosquitoes breeding sites.
- WHO and health partners are supporting the environmental health units to monitor water sources, and provide necessary interventions. Chlorination activities are on-going and around 1665 out of 2024 water sources have been chlorinated (31 August).
- As of 18 August, over 37,000 of the 54,661 collapsed latrines had been disinfected.
- Search and monitoring for mosquito breeding sites is on-going. So far, only six states of the flood-affected 14 states have reported vector control activities. In these states, around 57,987 breeding sites are monitored, and 3734 sites were treated (FMOH 31 August).
- WHO provided medicines, supplies, as well as disinfectants, to restore the services of El Fasher maternity hospital in North Darfur, which was damaged by heavy rains.
- WHO provided essential medicines and supplies for around 1000 people for three months to cover the shortage faced by the health facility inside Zam Zam IDP camp. In addition, life-saving medicines and supplies sufficient for the needs of 1000 patients for one month were donated to cover the shortage in Abu Shouk, a primary health care clinic run by SMoH. WHO provided two emergency basic health kits to support mobile health clinic activities in Damazine.
Global Health Cluster and Global Nutrition Cluster joint mission to Afghanistan

July 15 – 22 a joint mission was conducted to Afghanistan with representatives from the Global Health Cluster and Global Nutrition Cluster. The missions objectives were to:

1. Review the cluster mechanism and assess coordination performance at national and subnational levels, and reflect on continued need for cluster coordination for the coming years.
2. Assess current collaboration between the Health and Nutrition Clusters, as well as with other clusters as relevant to the nutrition and health humanitarian strategic objectives (at national and sub-national level).
3. Propose options that can make Health and Nutrition Clusters more efficient, their staffing capacities, as well as modalities for inter-cluster collaboration.

The performance of the Health and Nutrition clusters was reviewed against the generic six core functions for clusters and their deliverables. Overall, the Health Cluster performed well. Risk and needs analyses are completed, and the Disease Early Warning System (DEWS) provides valuable information at district level to detect and respond to outbreaks.

The Nutrition Cluster has made significant contributions to supporting establishment of nutrition services across Afghanistan, conducting capacity building of nutrition staff at both national and sub-national level on Community Management of Acute Malnutrition (CMAM) and Nutrition in Emergencies (NIE), facilitating the revision of protocols and guidelines for CMAM; and translation of the NIE handbook.

Several good examples of inter-cluster coordination were identified during the mission. Nonetheless, the team identified a number of missed opportunities for greater strategic joint analysis and joint programming to improve effectiveness of cluster responses. The preliminary report from this mission is posted on the Emergency Risk Management and Humanitarian Response web site (http://www.who.int/hac/crises/afg/sitreps/afghanistan_joint_mission_report_22july2013.pdf).

World Humanitarian Day – August 19

August 19, 2013 marked the 10 year anniversary of the bombing of the UN Headquarters in Baghdad that killed 22 people. Started in 2009, World Humanitarian Day recognizes all aid workers who have lost their lives in the line of duty and celebrates the passion of humanitarian work.

To mark World Humanitarian Day 2013, WHO released the publication "Building Back Better: Sustainable Mental Health Care after Emergencies". Global progress on mental health reform will happen more quickly if, in every crisis, efforts are made to convert short-term interest in mental health into momentum for long-term improvement. Mental health is crucial to the overall well-being, functioning, and resilience of societies recovering from emergencies.

Emergencies, in spite of their tragic nature and adverse effects on mental health, are unparalleled opportunities to build better mental health systems for all people in need. This publication shows how this was done in 10 diverse emergency-affected areas.

This monthly report, which is not exhaustive, is designed for operational use and does not reflect any official position of the WHO Secretariat. The designations employed and the presentation of the material do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.