Update: WHO health operations in the Syrian Arab Republic
20 August 2012

Highlights

• The principal challenges facing the health sector are access to health care, including the severe shortage of medicines and the safety of health personnel and patients. WHO calls on all parties in Syria to take responsibility for protecting patients, health staff and facilities, and calls on the international community for urgent support to cover the critical gaps in medicines inside Syria.

• According to the Syrian Humanitarian Response Plan, an estimated 2.5 million persons are in urgent need of humanitarian assistance, including an estimated 1.2 million that have had to leave their homes.

• WHO has already provided medicines and supplies for treating approximately 700,000 persons. In addition, 60,000 blood safety kits are being procured in response to an urgent MOH request and is negotiating with donors for the purchase of a stockpile of blood transfusion kits to cover at least six months (approximately 270,000 kits).

• WHO works with the Ministry of Health the Ministry of Higher Education and several NGOs and community-based organizations to expand health programmes to areas most affected by the conflict.

• WHO is currently supporting four mobile clinics (each serving approximately 90,000 people), three in Rural Damascus and one in Homs. When further funding is made available, WHO is ready to expand the network of mobile clinics to Aleppo and other areas of Homs.

Security situation:

Syria's fourteen governorates are now affected by the unrest and the security situation is volatile. There is an increasing number of unpredictable, violent clashes. Safety of health personnel, patients and health facilities is of great concern, as they are being targeted. Access of humanitarian personnel to conflict areas is at times restricted.

Access to health facilities

• The Ministry of Health (MOH) reported that 38 MOH hospitals and 149 MOH health care facilities have been destroyed. Private health care facilities account for around 60% of health care services in Syria. Private health facilities which have also suffered considerable damage.

• Access to health care facilities, for both patients and health care providers, is one of the main obstacles to the provision of health care. There are severe staffing shortages in hospitals and other health facilities, especially in areas experiencing high levels of violence.
• In addition to health facilities being badly damaged, they are overwhelmed with patients, and lack personnel, medicines and supplies.
• All agencies participating in the Health Working Group (WHO, UNICEF, UNFPA, UNHCR, UNDP, UNRWA, ICRC, IFRC, and IMC) are experiencing considerable difficulties in accessing areas of the country, due to security restrictions.

Severe shortage of supplies and medicines: Before the unrest began in February 2011, more than 90% of medicines in Syria were locally produced. The combined effects of economic sanctions, currency fluctuations, unavailability of hard currency, fuel shortages, and increases in operational costs have adversely affected the production of medicines and pharmaceutical products. The recent escalation in the conflict has resulted in substantial damage and closure of pharmaceutical plants and medical storage facilities, causing a critical shortage of life-saving medicines and supplies (including for non-communicable and chronic diseases, trauma and surgical care, vaccines, blood safety, etc).

Disruption in the referral system for injured patients: There is an acute shortage of transportation. As a result, there are a large number of patients requiring surgical and obstetric care who are no longer being referred to hospitals for adequate care. In addition, there are reports of 200 ambulances being damaged or stolen and 120 vaccination/supply vehicles damaged in the past weeks.

Need for new health assessments: With the escalation of the conflict, the previous assessments have become outdated. It is essential to conduct a new rapid assessment as soon as possible in order to gather updated information. Then a more accurate picture of national health needs can be used to plan the humanitarian response accordingly. New health assessments should include highly populated areas, such as Aleppo and Damascus, which are now heavily affected by the conflict.

Implementing partners: WHO implements its programmes in partnership with the Ministry of Health (responsible for the national health system), the Ministry of Higher Education (responsible for major hospitals), Syrian Red Crescent Society (SARC) and through a number of NGOs and community-based organizations such as Syria Trust, Lamest Shifa, Al Afyed Fund, Albir and Social Services, Rahmet Mohdat and the Syrian Family Planning Association, which can provide health services in the areas most affected by the conflict.

Syria Humanitarian Response Plan (SRP) 2012: new update
As the situation in Syria continues to worsen and the humanitarian needs increase, the Syria Humanitarian Response Plan is being updated to more appropriately reflect the current situation and to call for financial support to scale up operations. The Syria Humanitarian Response Plan has been revised to serve an estimated 2.5 million persons, which are in urgent need of humanitarian assistance, including an estimated 1.2 million that have had to leave their homes. The revised plan is to be launched at the end of August.
For the members of the Health Sector Working Group participating in the appeal (WHO, UNICEF, UNFPA, UNHCR, UNRWA and UNDP) the main priorities for the next months, as outlined in the SRP, are to:

1. **Promote access to essential health care services**, including mobile clinics, child health care, management of chronic illnesses, reproductive health, communicable diseases, mental health and psychological support.

2. **Strengthen communicable disease early warning** to rapidly detect and respond to public health emergencies.

3. **Procure and distribute medicines and medical supplies** to fill in critical shortages.

4. **Monitor children’s nutritional status to prevent any deterioration**.

5. **Coordinate the health sector response**, including the provision of up-to-date information on the health status of affected populations and health sector response capacities; and building the capacity of health partners to deliver essential health interventions, monitoring gaps and coordinating response.

6. **Pave the way for the rehabilitation and early recovery of health facilities**, while ensuring health sector readiness for emergency response.

**WHO response:**

- WHO is scaling up its operations in Syria to better support MOH and NGO-run health facilities with medicines and medical supplies; and to provide mobile clinics, water quality control, technical advice on disease surveillance, nutrition, maternal and child health, etc.

- WHO has already provided medicines and supplies to treat approximately 700,000 persons in Damascus, Rural Damascus, Daraa, Homs, Deir ez-Zor and Idlib. In addition, 60,000 blood safety kits are being procured in response to an urgent MOH request and WHO is negotiating with donors for the purchase of a stockpile of blood transfusion kits to cover at least six months (approximately 270,000 kits). The supplies are being distributed through the MOH, the Ministry of Higher Education and NGOs.

- WHO is chairing the Health Sector Working Group in Damascus. Partners participating in the group include UNICEF, UNFPA, UNHCR, UNDP, UNRWA, ICM, IOM, ICRC, SARC and national and international NGOs. In addition to responding to the humanitarian needs in the health sector, the working group is developing joint work plans, common indicators for assessments and joint monitoring of the health situation.

- At present, WHO is expanding its partnership with national NGOs providing health services and has invited NGOs to submit proposals describing their capacity and access to affected areas in responding to emerging health needs. In addition to working with SARC, WHO has recently contracted Albir Hospital and Social Services Association in Homs, AlAfye Fund in Rural Damascus and Syria Trust (which is working throughout Syria and currently has access to Aleppo) to provide emergency and trauma kits, as well as direct funding support for implementation of life saving health interventions on the ground. Furthermore, WHO is in the process of contracting two additional NGOs namely Rahmah AlMohdat and Lamset Shifa working in Rural Damascus to provide them with priority medicines for non-communicable diseases and seed funding in support of referral services.
• In March 2012, WHO participated in the Syrian Government-led Assessment Mission, supported by UN/OIC, (including eight governorates) which was the basis for the Syria Humanitarian Response Plan (SHRP). The situation has evolved since then and therefore there is a need to conduct new assessments.

• Currently, WHO is supporting four mobile clinics (three in Rural Damascus and one in Homs). Each clinic has a catchment population of approximately 90,000 people - 12,500 patients have received treatment thus far. The clinics were established in May and the reports from June and July indicate that the patients are mostly women and children. Based on consultations registered at the mobile clinics the main health problems are upper respiratory infections, diarrhea, skin diseases and reproductive health needs. As new funding is made available, WHO is ready to expand the number of mobile clinics run by partner NGOs to cover further areas of the country heavily affected by the conflict.

• WHO and UNICEF are supporting MOH in preparing for a large measles/rubella campaign scheduled to take place in October, if a humanitarian corridor is opened.

• WHO is working with MOH to strengthen the national disease surveillance system.

• WHO supports the health authorities in monitoring the quality of the water supply.

**Funding requirements:**
During her recent visit to the Syrian Arab Republic, Ms. Valerie Amos, the Emergency Relief Coordinator, announced that she is extremely worried about the escalating health needs in Syria. The shortage of medicines and lack of access to health care are serious concerns. The health sector remains underfunded. The updated Syria Humanitarian Response Plan revises the total requirements for the Health and Nutrition sector to US$ 55.2 million. Out of this amount, WHO is asking for US$ 31 million to cover operations until the end of the year. In 2012, the United Nations Emergency Response Fund (CERF) and the League of Arab States contributed US$3.8 million. The Government of India has pledged US$1 million for medicines and supplies.

 Additional funding is urgently needed.

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