HEALTH SECTOR BULLETIN

February 2019

Syria Arab Republic
Emergency type: complex emergency
Reporting period: 01.02.2019 to 28.02.2019

<table>
<thead>
<tr>
<th>13.2 MILLION in need of health assistance</th>
<th>6.1 MILLION internally displaced</th>
<th>3 MILLION with disabilities</th>
<th>1.16 MILLION in HTR locations</th>
<th>2.2 MILLION children (under 5)</th>
<th>5.2 MILLION women of reproductive age</th>
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HIGHLIGHTS

Since December 2018, approximately 45,000 people have fled the Hajin and Al-Baghouz areas of Deir-ez-Zor and arrived at Al Hol camp. 53,000 people are in Al Hol camp.

So far, there are reports of more than 84 deaths; two-thirds of them are children under five years of age that lost their lives either en route or shortly after arriving at the camp. 175 children have been hospitalised due to medical complications from severe acute malnutrition, with 12 new cases reported in one day. More than 150 children are presently being treated for diarrhoea.

- Approvals for medical teams' presence at transit sites for early detection of patients in need of medical care and ambulances for referral of critical patients to hospital.
- Approvals for medical teams to do triage of medical cases in the reception area followed by immediate referral of critical cases to hospital.
- Approval for road transportation from Damascus to Qamishli for medical supplies, to improve the provision of health services in-camps and referral hospitals in surrounding areas.

Health sector Syria hub developed the response priorities for Rukban.

<table>
<thead>
<tr>
<th>806,607</th>
<th>1,793,932</th>
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<tbody>
<tr>
<td>Number of medical procedures</td>
<td>Number of treatment courses</td>
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<tr>
<th>57,940</th>
<th>2,143</th>
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<tr>
<td>Number of trauma cases supported</td>
<td>Number of deliveries attended by skilled attendant</td>
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<th>3,631</th>
<th>6,497</th>
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<tr>
<td>Number of physical rehab sessions</td>
<td>Number of mental health consultations</td>
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<th>23.1%</th>
<th>32.9%</th>
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<tr>
<td>of treatment courses provided to severity scale &gt; 3</td>
<td>of medical procedures supported to severity scale &gt; 3</td>
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<th>1,313</th>
<th>12</th>
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<tr>
<td>Number of referred cases</td>
<td>Number of reporting organizations into 4W</td>
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<tr>
<th>34</th>
<th>85%</th>
<th>59%</th>
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<tr>
<td>Number of implementing sector partners on the ground</td>
<td>Districts are reached by health sector partners</td>
<td>Reached sub-districts</td>
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<tr>
<th>36%</th>
<th>TBC</th>
<th>TBC</th>
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<tr>
<td>Reached sub-districts in severity scale above 3</td>
<td>Required (US$ m), WoS</td>
<td>Funded (US$ m), WoS</td>
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<th>TBC</th>
<th>TBC</th>
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<td>Coverage (%)</td>
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SITUATION OVERVIEW

The security situation in the East of Syria is assessed as tense and unstable, mainly on the frontlines of Hajin pocket (ISIL) in the far South East rural of Deir Ez-Zour, where the fighting intensified between the SDF fighters, backed by US and ICF airstrikes, and ISIL. Meanwhile, the threat of a Turkish military operation against SDF/YPG is on hold. Since December 2018, approximately 45,000 people have fled the Hajin and Al-Baghous areas of Deir-ez-Zor and arrived at Al Hol camp. Those fleeing have told of a desperate situation for civilians in the areas affected by hostilities, with widespread reports of civilians killed and injured, large-scale destruction of civilian infrastructure, extensive contamination, and shortages of food, medicines and other basic necessities. The military situation in the Northern area remains volatile and tense. While Idlib governorate is still witnessing a series of IED related incidents.

The security situation in the central area remains volatile and unstable. The main hot spots remain north rural Hama and East Rural Homs. Military offensives by SAA are ongoing against NSAGs positions in north rural Hama and against ISIL positions in the deserted areas of Eastern Homs with no change in the areas of control.

The situation in the southern area was relatively calm but unpredictable. Tension is still witnessed between GoS and reconciled NSAGs in Daraa governorate.

“…The UN is deeply concerned that those arriving at Al Hol, in particular young children and pregnant women, are in dire condition, having had limited access to health and other essential services in the Hajin area and on their long and tiring journey to the camp So far, there are reports of more than 84 deaths; two-thirds of them are children under five years of age that lost their lives either en route or shortly after arriving at the camp. 175 children have been hospitalised due to medical complications from severe acute malnutrition, with 12 new cases reported in one day. More than 150 children are presently being treated for diarrhoea…”

Statement, *The UN in Syria expresses grave concern about the plight of civilians fleeing Deir-ez-Zor; calls for urgent funding to scale up response, Damascus, 28 February, 2019*

Briefing to the Security Council on the Humanitarian Situation in Syria, 26 February 2019
PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Top-line messages for the conference in Brussels

- Millions of people in rural areas in Syria, including displaced people living in IDP camps and informal settlements, have no or very limited access to health care services where they live.
- In many areas, the nearest health care centre may be dozens of kilometres away. It can often take several hours to travel relatively short distances: roads are in a state of disrepair, and frequent stops at checkpoints can add several hours to journeys. For seriously ill or injured patients, these delays can mean the difference between life and death.
- Moreover, the related travel costs are beyond the means of many Syrians. Two thirds of the population is living on less than $2 a day.
- For these reasons, restoring health care facilities and re-training health care staff are essential to ensure that people in remote, rural and historically deprived areas have direct, rapid access to free-of-charge health care services where they live. This will have an immediate, positive impact on the lives of millions of Syrians.
- Local health care services will help:
  - Improve vaccination rates and limit the need for costly, logistically challenging mass vaccination campaigns.
  - Limit the spread of diseases. PHC centres that report to the disease surveillance system will enable WHO and health partners to rapidly detect cases of epidemic-prone diseases and avert their further spread.
  - The availability of local obstetric, maternal and newborn health services will help ensure that Syrian children have a healthy start in life.
  - NCDs account for 45% of all deaths in Syria. WHO estimates that approximately 12% of Syrians have diabetes and around 20% suffer from high blood pressure. Improving the access of NCD patients to local health care services and treatments will save many lives.

Health sector Syria hub 2019 HRP

A total of 20 projects were reviewed with the estimated amount of 70,931,471 USD. A total of 15 projects were approved for the amount of 59,733,228 USD.
Al Hol camp:

Camp population: More than 50,000 people (with initial capacity of 12,000). Over the last three months, more than 40,000 people, mainly women and children fleeing hostilities in rural areas of neighbouring Deir-ez-Zor, have arrived in Al-Hol camp in Al-Hasakeh governorate.

As of 28 February, there were 85 registered deaths. Infants accounted for almost two thirds of all deaths. As more and more pregnant women arrive, the number of infant mortalities is expected to rise in the immediate future.

- Almost two thirds of deaths have occurred in different areas of the camp, and the remaining third have occurred in hospitals. Many infants and young children have perished from hypothermia on the way to or shortly after arrival at the camp.
- The camp is severely overcrowded and there are huge bottlenecks in the reception area. Once new arrivals have completed administrative and security screening, they remain inside the reception area until space to accommodate them has been identified. People who do not complete screening on the day of their arrival are forced to sleep in the open.
- Even after screening is completed, many people continue to sleep outside because there are not enough shelters in the reception area to accommodate them. The few shelters that are available are overflowing with people who are waiting to be transferred to other parts of the camp.
- Those sleeping outside, most of whom are vulnerable women and children, are exposed to the cold, wind and rain. Their situation is made worse by the fact that they do not receive blankets, mattresses, clothes and other assistance until they have been transferred to shelters in the reception area.
- Protection is a serious issue. Women and children have been left without assistance for several days. High-value items such as money and jewellery have been confiscated from new arrivals.
- Other problems in the overcrowded reception area include shortages of essential medicines and water and sanitation facilities. High numbers of children and pregnant women remain stranded in this area and have no access to nearby maternal and child health and reproductive health care services.
- The main health conditions in the camp include malnutrition, lice and scabies.
- There are shortages of health care services throughout the camp.
- The referral system faces several challenges mainly related to the lack of hospitals and secondary health care facilities in surrounding areas. The WHO-supported Al-Hikma private hospital in Al-Hassakeh is overwhelmed and struggling to manage the influx of new patients.
- The situation is likely to worsen as thousands of new displaced people continue to arrive at the camp. Many of these people require emergency health care on arrival because there are very few health care facilities in rural Deir-ez-Zor. (All public health facilities in Hajin, from where many displaced people have fled, are nonfunctioning.)
- On 23 February 2019, a fire broke out following the explosion of gas cylinders in a camp warehouse. Sixteen people were injured and referred to hospitals in the area. Nine were discharged and seven remain hospitalized.

Health sector priorities:
Camp reception area:
- Support the deployment of a mobile team to support triage and a medical tent for mothers, pregnant women, neonates and children.
- Maintain the medical supply chain and deliver medicines and supplies to treat up to 10,000 people, mainly women and children.
- In collaboration with the Water, Sanitation and Hygiene (WASH) sector, strengthen water quality surveillance.

Camp health care services:
- Strengthen noncommunicable disease interventions, mental health services, disease surveillance, maternal and child health care, and screening and treatment for nutrition, tuberculosis and leishmaniasis.
- Identify a health partner that can set up a 20-50 bed field hospital.
- Identify health partners that can set up specialized services inside the camp or nearby areas.
- Deliver medicines, supplies and equipment to support the work of health care providers inside the camp.
- Set up static clinics in all new sectors/phases of the camp including phases 6 and 7.
- Coordinate the health response with other health actors in the camp.

Referral services:
- Increase the number of ambulances and improve the timely referral of patients to hospitals.
- Explore the possibility of referring patients to private facilities.

Advocacy:
- Advocate/negotiate with different local authorities and the Government of Syria for solutions to strengthen the health response.

Health sector response priorities for the next 6 months:

- Support 24/7 XB fixed health clinic (comprehensive polyclinic) in phase 1 (UPP reported funding problems to support this clinic the services of which are essential for the camp) – via XB WHO.
- Support 24/7 static medical point (operated by 4 medical teams on shift basis) in the reception area (triage and post-triage service in phase 1 (next 2 months)
  - Support 1 mobile medical team for phase 2.
  - Support a fixed health clinic in “Annex” (foreign nationals).
  - Support 24/7 fixed health clinic in phase 5 (most of newly displaced were relocated here).
  - Support fixed health clinic (pre-fab container) in phase 5 (currently set up by XB and ready to handover after May).
- Support 24/7 fixed health clinic in newly constructed phase 7 and 1 mobile medical team.
- Support 2 24/7 mobile medical teams (operated by 4 medical teams on shift basis) in any of established transit sites (Al Sewar and Omar oil field).
- Support with operational costs for DoH teams to enhance vaccination, disease surveillance, leishmaniosis across the camp.
- Supporting secondary and trauma health care services on referral basis including direct engagement with Al Hayat private hospital and expansion of Al Hikma private hospital.
• Procurement of health supplies locally (at Qamishli level) to enable non-interrupted services of mobile medical teams and health clinics and via XB modality (standard health kits) in parallel.
• Set up of a field hospital (20-50 beds) for Al Hol camp.

Health sector developed the following **key asks**: 

- Approvals for medical teams' presence at transit sites for early detection of patients in need of medical care and ambulances for referral of critical patients to hospital.
- Approvals for medical teams to do triage of medical cases in the reception area followed by immediate referral of critical cases to hospital.
- Approval for road transportation from Damascus to Qamishli for medical supplies, to improve the provision of health services in-camps and referral hospitals in surrounding areas.

**Rukban:**

Health sector Syria hub developed the following **response priorities**:

- Outreach Services: Sub-contracting national NGOs and DoH teams to provide static and mobile essential health services including: Setting up caravans/containers used as health clinics to provide PHC services; Scaling up health services to cover evening/night shifts.
- Initiation and coordination of SARC and DoH health response to be strengthened, especially in terms of referral of cases
- Referral of cases with regards to timeliness and acceptability of cases in receiving hospitals. Follow up on cases during admission and post discharged.
- Provision of mother and child health services (including RH) through DoH, SARC, UN implementing partners.
- Provision of life-saving and essential medicines, supplies and equipment to implementing partners including MoH (DoH Homs), MoHE, SARC and NGOs.
- Support outreach immunization services to cover all drop out and re-register children into the routine immunization program.
- Expand EWARS coverage through assigned DoH EWARS focal points to provide systematic weekly reporting as well as assigned central rapid response teams to conduct daily visits for investigation of any emerging outbreaks or diseases.
- MHPSS outreach: DoH and NGO MHPSS outreach teams to establish presence and expand further through additional teams and setting up private spaces for counseling sessions if possible.
- Support DoH teams to conduct outreach nutrition screening for the detection of malnutrition in U5 children and referral of severe cases to stabilization centers.
- Assess physical disability caseload and planning for required interventions (DoH or other partners)
- Training on water quality monitoring and response and raising awareness on best practices of maintaining safe drinking water quality
- Conduct Health Awareness sessions on health prevention and promotion (including MHPSS/GBV, First Aid, IYCF, hygiene
practices, oral health, etc.)

Health sector **key asks** to advocate with the GoS to receive approvals for any or combination of below reflected operational options:

- Set up of fixed SARC health center inside the camp (with rotating teams).
- Set up a fixed DoH Rural Damascus/Homs health center inside the camp (with rotating teams).
- Set up a field presence by UN partner (national NGO) inside the camp.
- Accompany of next UN/SARC convoys by mobile medical teams of national partners/NGOs.
- Accompany of next UN/SARC convoys by mobile medical teams of DoH for patients’ screening and service provision (beyond vaccination).
- Joint ‘roving’ SARC/DoH mobile teams’ presence inside the camp.
- Provide approvals for evacuation of patients to the public hospitals based on information received from health personnel based inside Al Hol camp.

**HEALTH SECTOR ACTION/RESPONSE**

January 4W Health Sector Syria hub performance 2019 HRP:

Rukban camp:

On 6 February, a joint UN/SARC convoy for 40,000 displaced people reached Rukban. Health supplies were delivered by WHO, UNICEF and UNFPA and offloaded at Sham health clinic after completion of assessment of all other
reported health points in the camp. The shipment contained lifesaving and life-sustaining medicines, including NCD medicines, standard health kits, supplies, wheelchairs and a generator.

On referrals outside the camp it was agreed that:

- All requests should go through the local health clinic(s), with which WHO and health sector maintained contacts.
- Coordination with UNHCR Jordan and WHO Jordan: Hotline number: +962792024342. No calls, only WhatsApp messages.
- WHO sent an NV to MoFA on 3/1/2019 requesting urgent medical evacuation of three critically ill patients. WHO received on the 28th of January, 2019 an official letter from MoFA inquiring about the criteria WHO has adopted in the selection process of the patients to be evacuated in order to take the appropriate decision.
- SOP on evacuation was developed by WHO technical unit and shared with health sector partners after the first convoy in October 2018.

Al Hol camp:

Current health sector composition in Al Hol camp:

- Syria hub: UN agencies (WHO, UNICEF, UNFPA, UNHCR) and implementing partners (national NGOs), ICRC/SARC, Al Hikma private hospital and Al Hayat private hospital
- National authority: DoH Al Hassakeh
- XB actors with Kurdish Red Crescent

For Al-Sewar transit point – WHO, UNICEF and UNFPA deployed mobile medical teams.

### Health sector composition, Al Hol camp, 28 February 2019

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<thead>
<tr>
<th></th>
<th>Reception area</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
<th>Phase 5</th>
<th>Phase 7</th>
<th>“Foreign” Annex</th>
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<tbody>
<tr>
<td><strong>SYRIA HUB PARTNERS</strong></td>
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<tr>
<td>WHO</td>
<td>4 mobile teams in rotation, 24/7 + triage team, 24/7</td>
<td>Static medical point</td>
<td>Mobile clinic</td>
<td>Mobile clinic</td>
<td>One of two mobile clinics visits twice per week</td>
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<tr>
<td>DoH / WHO</td>
<td>1 DoH leishmaniasis team (Twice a week)</td>
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<tr>
<td>DoH / WHO</td>
<td>2 DoH vaccination teams</td>
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<tr>
<td>DoH / WHO</td>
<td>DoH TB screening teams</td>
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<tr>
<td>UNICEF</td>
<td>1 health and nutrition mobile team 24/7</td>
<td>PHC clinic (H&amp;N)</td>
<td>1 mobile team (twice per week)</td>
<td>1 mobile team (twice per week)</td>
<td>1 RH mobile team, twice a week</td>
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<tr>
<td>UNFPA</td>
<td>1 RH mobile team</td>
<td>RH clinic</td>
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<td>UNHCR</td>
<td>5 outreach volunteers</td>
<td>PHC clinic</td>
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<tr>
<td>ICRC/SARC</td>
<td>1 mobile team + 1 ambulance</td>
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<td></td>
<td>1 mobile team + 1 ambulance (the same one of reception area)</td>
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Updates by selected health sector organizations:

<table>
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<tr>
<th>Organization</th>
<th>Activity</th>
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| IMC          | During Feb-2019, a total of 20,805 consultations were provided to 16,406 beneficiaries Through static clinics and MMCs as clarified below:  
• 7,014 consultations were provided in Masaken Barzah clinic.  
• 7,420 consultations were provided in Jaramana clinic.  
• 3,319 consultations were provided through As-Sanamayn clinic.  
• 539 consultations were provided by one MMC in three shelters in Damascus.  
• 495 consultations were provided by one MMC in Rural Damascus (Babila, Bait Sahem and Yalda – BBY).  
• 2,018 consultations were provided by two MMCs in Rural Damascus (Nashabia – in six locations). |
| UNHCR        | • During February an estimated 36,512 IDPs and 5533 refugees and asylum seekers assisted to access basic package of primary health care services through 13 PHCs supported by UNHCR in Damascus, rural Damascus, Homs, Hama, Aleppo and Al Hasakeh. Services included medical consultations, investigations. Treatment courses were provided to 19,586 IDPs and 2880 refugees.  
• Estimated 320 IDPs with critical medical conditions and 246 refugees in need for secondary care were referred by UNHCR partners to hospitals and received free of charge secondary care services.  
• Currently 15 health points are functional in 15 community centers in 7 governorates: Aleppo, Hama, Homs, Tartous, Quneitra, Daraa, Al Hassakeh , 1561 IDPs received medical consultations through the health points .  
• The delivery of ICT equipment to MoH rehabilitated PHC clinics in Daraa (Jasim, Al Shajara and Al Hrak, rural Damascus (DerKhabieh) and Hama (Taybet al Imam) took place. More deliveries are expected during the first quarter to furnish and equip all the above mentioned PHC clinics.  
• 3 days’ workshop for 20 referral focal points in PHC, university and contracted hospitals took place in Damascus. The aim was to discuss challenges in the implementation of the electronic referral system in 2018 and to build the technical capacity of the focal points to ensure proper and smooth referrals between primary and secondary health care for refugees.  
• An awareness session about cardiovascular diseases was conducted in Khan Aranaba CC, it focused on prevention measures of related complications. 21 PoCs were targeted.  
• As part of the health response to the influx of IDPs and asylum seekers in the north east, UNHCR supported PHC clinic in Al Hol camp run by Al Birr NGO received an average of 1000 patients weekly, with total of 4000 during February. 5 outreach health volunteers assisted in the identification, referral of nearly 1800 PoCs with health problems in the reception area and in remote phases of Al Hol Camp to the PHC clinics. Some follow up services was provided to injured PoCs in their tents. |
| WHO          | ![WHO Health Sector Bulletin](image) |
SUCCESS PHOTO STORY

Youth Charity NGO

On 2/2/2019, an emergency medical case was received at Youth Charity mobile medical clinic in Kafr Batna, for the child of the two years old, Malak Ammoury, in the case of apnea and pulse stop. Our medical staff performed the resuscitation until the breathing was restored. All necessary medical support was provided/Saline Serum – atomizer session – venous sitamol etc./until the situation stabilized. Many calls were made to get an ambulance in order to transfer the child to Al Mujtahid Hospital in Damascus. As a result of the inability to get the ambulance, the child was transported by Youth Charity’s car. She was monitored by Youth Charity medical staff and provided with oxygen and medicines from Al Ghouta to Al Mujtahid Hospital. The child is now in a good health condition and will return to home after a week from hospital.

SELECTED INFORMATION MANAGEMENT PRODUCTS

| HeRAMS reports | http://www.emro.who.int/syr/information-resources/herams-reports.html |
| EWARS reports: | http://www.emro.who.int/syr/information-resources/ewars-weekly-bulletins-2018.html |
| Health sector, Syria hub | https://www.humanitarianresponse.info/en/operations/syria/health |

CONTACT INFORMATION (NATIONAL AND SUB-NATIONAL LEVELS):

<table>
<thead>
<tr>
<th>Damascus: national level</th>
<th>Aleppo: sub-national level</th>
<th>Homs: sub-national level</th>
<th>Lattakia/Tartous: sub-national level</th>
<th>Qamishli (north-east Syria): sub-national level</th>
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<tbody>
<tr>
<td>Coordinators</td>
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<tr>
<td>Mr Azret Kalmykov</td>
<td>Dr Kady Fares</td>
<td>Dr Nadia Alamali, Head of WHO sub-office</td>
<td>Mr Hamza Hasan, Head of WHO sub-office</td>
<td>Dr Khaled Al Khaled, Head of WHO sub-office</td>
</tr>
<tr>
<td>Health sector coordinator</td>
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<td><a href="mailto:alkhaledk@who.int">alkhaledk@who.int</a></td>
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<tr>
<td>Dr Kady Fares</td>
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<tr>
<td>Head of WHO</td>
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<tr>
<td>sub-office</td>
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<tr>
<td>Dr Nadia Alamali, Head of WHO sub-office</td>
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<tr>
<td>Mr Hamza Hasan, Head of WHO sub-office</td>
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