HIGHLIGHTS (JUNE 2018)

- **Access constraints:** Although Eastern Ghouta is back under government control, significant access constraints remain to this former besieged area. The health sector is unable to meet most of the basic health needs.

- **Conflict:** The SW Syria offensive started in Dara’a on the 17th of June, with heavy shelling and artillery. By the end of June, 66,000 people had left their homes, seeking safety near the border with Jordan and the Golan Heights.

- **Trauma:** High levels of contamination with explosive hazards in Ar Raqqa continues to lead to ~75 severe trauma cases per month.

- **Infectious diseases:** An outbreak of acute bloody diarrhoea in Deir-ez-Zor, started in March and still poses a challenge to health providers in the area. A joint WHO/UNICEF field visit found that piped water is untreated and comes straight from the river, and support to primary health care services is needed urgently.

- **Attacks on health:** Nine health facilities were attacked in June, with two health staff losing their lives. The total number of health facilities attacked in 2018 is 120, with 97 fatalities and 165 injured.

HEALTH SECTOR (MAY 2018)

- 121 HEALTH CLUSTER PARTNERS ACROSS SYRIA
- 4 HEALTH CoORDINATION HUBS: SYRIA (2), JORDAN AND TURKEY

HEALTH SUPPLY DELIVERY

- 535 400 TREATMENT COURSES DELIVERED

HEALTH FACILITIES

- 38 FACILITIES PROVIDING PHYSICAL REHABILITATION
- 467 FACILITIES PROVIDING MENTAL HEALTH SERVICES
- 251 MOBILE CLINICS IN OPERATION

HEALTH ACTION

- 1 876 774 MEDICAL CONSULTATIONS
- 7 341 MENTAL HEALTH SESSIONS
- 3 457 WAR-RELATED TRAUMA CASES

VACCINATIONS

- 47 178 DPT3 FOR CHILDREN <1

EWARN AND EWARS

- 1 471 SENTINEL SITES REPORTING
Situation update

With the rapid changes in areas of control that have happened across Syria over a very short time period, the relatively small number of health partners in Damascus are faced with the challenge of rapidly scaling up essential service delivery over a very large area. This includes displacements from Afrin district (137,070 individuals), Tall Refaat, Nabul, Zahraa and Fafin areas in northern rural Homs (150,000 people, although largely inaccessible to health assistance), and in southern Syria (80-160,000 individuals). Humanitarian access to the estimated 200,000 people inside Eastern Ghouta that are newly under government control remains severely restricted. The UN has no access at all.

On the 17th of June, a new offensive started in contested areas in south-western Syria, which resulted in 66,000 people fleeing their homes for the relative safety of the border areas with Jordan and the Golan Heights by the end of June. Numbers in July escalated to over 320,000. Eight health facilities in southern Syria were attacked in June and two health staff died in the line of duty. Security concerns on the Syrian side of the border led to the suspension of cross-border convoys from Jordan through Ar-Ramtha since the 27th of June, with 13 trucks with medical supplies remaining on standby at the Jordanian border. Health partners from Damascus provided services in newly accessible areas.

OCHA’s June updates for hard-to-reach and besieged locations in Syria indicate that the most significant changes in access since April took place in NW Syria. With large parts of Aleppo now no longer classified as hard-to-reach, this increased access has contributed to an overall reduction of the hard-to-reach population in Syria from 2M in April, to 1.5M in June. This improved access nevertheless masks dire health needs that are not being met at present. Other stressors also exist. For example, with roughly half of the population of Idleb currently consisting of IDPs, the strain on host communities and health service providers is high, with many health facilities having seen patient loads double. Similar challenges exist in the governorates of Quneitra and rural Damascus, where the proportion of the IDP population is over 40%.

In Ar Raqq city in North-East Syria, humanitarian actors are gradually increasing their presence and operations in major areas of population return. Explosive hazard contamination hampers humanitarian access as well as the safe return of the population in both Ar Raqq and Deir-ez-Zor, areas, where access to trauma care is limited. Civilians remain trapped in ISIL-held areas of Deir-ez-Zor. An outbreak of acute bloody diarrhoea primarily along the NE border of the Euphrates is still ongoing. Lack of access to safe water resulted in 578 cases, including 12 deaths, by the end of June.
Public health challenges

- **Attacks on health care facilities, health workers and patients** continue. The targeting of health facilities means that injured people, including children, have practically no access to health care. During the month of June, 9 facilities were attacked, resulting in 3 deaths (of which two were health workers), and 5 injured.

- There is an acute need for **specialist trauma and burns care** across all of Syria, with the highest needs flagged for northern governorates such as Aleppo, Ar-Raqqa, Al-Hasakeh and Deir-ez-Zor. Here the provision of such services is reliant on only a very small number of actors. In Ar-Raqqa, it is estimated that 3 out of every 1000 people returning to the city have been wounded as a result of explosive weapons left behind in the city, with 56% of incidents occurring in people’s homes or residential areas. In Al Hasakeh and Tell Abyad hospitals the burns stabilization points are working beyond their capacity, with many severe burns cases coming in from IDP camps.

- Unlike other humanitarian crises, where the main burden of disease is due to infectious diseases, a major health need across Syria that is consistently noted is **access to treatment for non-communicable diseases (NCDs) such as hypertension and diabetes**. This requires long-term, and often life-long, treatment and care. NCD medications are in short supply across the country, and are one of the first health needs expressed by the primary health care facilities in besieged and hard-to-reach areas such as SW Syria and NW Aleppo, especially Afrin district.

- In order to avoid major gaps in the delivery of life-saving services, the rapid progression of recent conflicts requires an equally **rapid scaling up of all health service delivery when lines of control change**. In some cases there is only limited access to vulnerable populations such as those in Eastern Ghouta and Homs, and/or limited response capacity for newly accessible areas. In the case of major population displacements such as those in southwest Syria, the modality of service delivery has required a shift to mobile medical units. Other essential services, such as reproductive health and emergency obstetric care, are more challenging to re-establish, especially when medical staff have fled the area due to concerns for their personal safety.

- **Infectious disease outbreaks and resurgences** continue across Syria. One example is leishmaniasis, previously known as the “Aleppo boil”. The conflict has resulted in a resurgence of the disease across Northern Syria largely due to lack of healthcare, and poor sanitation and vector control. Numbers of cases are significant. Between the 3rd and 10th of June alone, 152 cases were reported from Ar-Raqqa and 3104 cases from Deir-ez-Zor.

- Although **vaccination coverage** has historically been high across Syria, the conflict has resulted in coverage gaps, especially in the northern Governorates of Syria where over 300 suspected cases of measles and between 50 to 100 cases of measles were reported from northeastern Syria.

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**Success story**

**The expansion of the immunization programme in NW Syria**

The WHO office in Gaziantep, in partnership with the Syria Immunization Group, has been working on the expansion of immunization services in the NW governorates of Syria.

In March 2017, eight vaccination points were functional. Now, at the end of June 2018, this has increased nearly ten-fold, to 83 functional facilities. The number of children under 1 year of age receiving their third dose of the vaccine against diphtheria, pertussis and tetanus has doubled since January.
100 cases of pertussis and mumps are consistently reported each week. No new cases of Acute Flacid Paralysis were reported from Menbj.

- With the summer coming, and the weather getting hotter, **cases of both acute diarrhoea in children under 5 and associated cases of malnutrition traditionally increase**. The proportion of cases with acute diarrhoea seen in public health facilities has followed this expected trend, increasing by nearly 60% between late April and late June, from 7% to 11% of all cases treated. Expected further increases in cases of diarrhoea will also contribute to an associated increase in the prevalence of acute malnutrition in children under 5, most likely until September, after which rates of both malnutrition and diarrhoea normally start dropping again.

**Health cluster response**

- Between January and May 2018, health sector partners delivered 10.4 million medical procedures, including outpatient consultations through static and mobile services, mental health cases and services, physical rehabilitation cases, and cases referred inside Syria to specialized treatment. Some 7.5 million treatment courses were delivered across the country, and 258 thousand trauma cases were supported, of which 9.5 per cent were reported to have been related to hostilities.

- Activities towards achieving adequate immunization coverage included vaccinating 169,000 children under age one by DPT3 through routine EPI services. Skilled birth attendants assisted with 63,000 vaginal deliveries and over 31,000 Caesarean sections during the first 5 months of the year.

- A total of 467 facilities provide mental health services, while 38 facilities provide physical rehabilitation services. In May 2018, 1471 EWARN and EWARS sentinel sites reported on cases of infectious diseases on a weekly basis. Since the start of the year, almost 9,000 health workers, including community health workers, were trained or retrained on topics including disease surveillance, preventing HIV transmission, life-saving measures such as tracheotomy, management of cardiac tamponade and fatal bleeding.

- Health partners from the Jordan cross-border and the Damascus based hub in Syria worked on **joint coordination and emergency response to the conflict in the south of Syria**, prepositioning stocks, replenishing depleted stocks, establishing temporary mobile and static health units, providing nutrition screening, vaccination, reproductive health and mental health services, and ensuring the continuity of existing health services whenever possible.

- A WHO/UNICEF joint field mission travelled to Deir-ez-Zor to investigate an **outbreak of bloody diarrhoea** along the eastern side of the Euphrates River, with almost 600 cases reported in this region since the outbreak started in March. The team identified significant gaps in the availability of health services, as well as the longer-term need to improve the quality of piped drinking water in the affected region.

- Rehabilitation and expansion of **specialist trauma and burns facilities** is ongoing, but partners highlighted the significant lack of capacity to provide these services across the country. The presence of explosive weapons in Ar Raqqa and Deir-ez-Zor, the high numbers of burns cases coming from the IDP camps in the north east, and the challenges with medical referrals were highlighted especially.

- **Medical referral for patients requiring specialist care** is a constant challenge. The Damascus health cluster is seeking closer collaboration on referrals with the local health departments,
specifically for cases coming from NE Syria, while the Jordan health sector partners worked with SW Syria cross-border partners to ensure emergency referrals could obtain care in Jordan. The Turkey hub recently implemented a new referral mechanism in Idleb which includes 48 facilities and 14 NGO partners. It will be fully operating as a network by the end of August. In May 2018, training was completed for 28 PHC facilities and in June 1,469 medical referrals took place through the network.

- Between March and June 2018, three WHO convoys with medical supplies crossed into NE Syria from Iraq, marking the first time that the Yarubiya border crossing was used to provide humanitarian assistance.

Future response highlights

- The humanitarian response by the health partners will focus on the continued scaling up of the health response to provide life-saving and life-sustaining humanitarian health assistance. There will be an emphasis on those most at risk and in need, such as the populations of current and formerly contested areas in the governorates of Dara’a and Quneitra, rural Damascus, Aleppo, Idleb, Ar-Raqqa, and Deir-ez-Zor.
- Mobile Medical Units will be scaled up to deliver essential health services to displaced populations and newly accessible areas, while efforts will be stepped up to reconstruct damaged health care infrastructure and restore services. Convoys with medical supplies and trainings of health staff will continue in order to ensure the increased availability of quality health services. Measles and IPV vaccination campaigns are planned for the northern governorates.
- Health sector coordinators will continue to work closely with partners and other sectors to advocate for a sustained response to key health needs, the need for flexible and reliable funding, unrestrained humanitarian access to vulnerable populations, the cessation of attacks on health and the protection of health workers.

Funding status of action plan

$68M funding received (15.4 %) out of 442M funding required.

For specific data at hub level (Syria, Turkey, Jordan and NE Syria) please see the hub-level monthly bulletins and snapshots available online, or contact the health coordinator for the individual hub.

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<th>Whole of Syria</th>
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