Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northern Syria.

Routine immunization with pentavalent vaccine.

Medical staff and community health care workers.


1. Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northern Syria.
2. Routine immunization with pentavalent vaccine.
3. Medical staff and community health care workers.
Situation update

In July, clashes erupted between non-state armed groups in Bab al-Hawa, al-Atareb, Dana, Armanaz, Harem, Saraqeb, Hazarin and Kafr Nabel (Aleppo and Idlib governorates). As a result, a few health care facilities in Idlib governorate have temporarily suspended their services, including the hospital in Kafar Nebull.

Following these incidents, movement through Cilvegozu-Bab al-Hawa crossing was temporarily limited for non-humanitarian goods. The corridor for humanitarian aid and some categories of people is not affected.

Displacements from and within Ar-Raqqa governorate continued, with estimated 215 678 people have been displaced since 1 April, and some other 45 486 – since 1 June. Up to 25 000 people are estimated to be remaining inside Raqqa city. Currently, 14 of 24 Ar-Raqqa neighbourhoods are abandoned or almost abandoned, access to health care is extremely limited, represented only by informal health care points, typically clinics established in personal homes and not staffed by medical professionals, providing only the most basic of medical services.

Public health risks, priorities, needs and gaps

Communicable diseases

The incidences of influenza-like illness (ILI) and severe acute respiratory infection (SARI) observed among the affected population are within the seasonal baselines. An overall seasonal decline in the number of reported ILI and SARI has been observed since the beginning of March, with a slight increase in ILI cases in mid-July. Fig. 1 shows the trends in ILI, SARI, diarrhoeal diseases and leishmaniasis.

The trend in diarrhoeal diseases shows a decrease in comparison to the same period in 2016. More than 50% of the reported cases are in the group aged <5 years. In addition to the regular update of the cholera risk scale map, the Early Warning, Alert and Response Network (EWARN) team is monitoring any conversion in children aged >5 years to those aged <5 years as a warning sign of a possible cholera outbreak.

Needs and gaps

Local health providers report a shortage of medical supplies. The tuberculosis (TB) centres in Idlib, Al-Maara and Maret Hurma are running out of anti-TB drugs; the available medicines will cover approximately one month’s treatment for the patients currently enrolled. Two dialysis centres in Aleppo governorate are facing shortages in consumables.

Seven health care facilities in Idlib are at risk of discontinuing their services owing to lack of funding. 25% health facilities are damaged, 23% of the facilities are non-functioning or partially functioning. 37.6% of the functioning facilities works without/with interrupted electricity services, 26% of comprehensive health centres are not providing basic laboratory services, 37% of the facilities are not providing primary injury care, and only 11% of the facilities provide physical rehabilitation services. Almost half of the hospitals and the comprehensive health centres do not provide Comprehensive Emergency Obstetric Care. Only 50% of the facilities provide outpatient treatment of acute malnutrition. Only 18% of the total health facilities provide mental health services.

Fig. 1. Trends in the priority diseases for weeks 18–30 of 2017

A – ILI; B – SARI; C – diarrhoeal diseases (acute bloody diarrhoea, acute diarrhoea and acute watery diarrhoea); D – leishmaniasis.

Source: EWARN.
Health Cluster action

Health Cluster coordination

The **Health Cluster conducted two coordination meetings** in July. Among the issues discussed were: measles outbreak in Idlib and Aleppo, strengthening routine immunization by expansion of fixed immunization centres and improving outreach services, funding status for the Health Cluster and its impact on health assistance; status of Cluster Coordination Performance Monitoring; response to cVDPV2 outbreak in Deir Ez Zour and post-campaign independent monitoring.

In addition, an ad-hoc meeting on Eastern Gouta was held on 12 of July, where the overall situation and challenges were assessed, and the mapping of the services will be further reviewed in order to identify the gaps in health services and develop an action plan to address the gaps.

In light of the evolution of the situation in Ar-Raqqa city, the Inter-sector group has developed a specific response plan. The Ar-Raqqa City response plan outlines a 10-step phased-response to meet the needs of the estimated 10,000-25,000 civilians remaining in the city.

On 15 July, **Primary Health Care network** comprised of 11 PHC facilities at four levels of care⁸ facilities in Saraqeb was launched⁹. It is estimated that coordination of referral services through the Network will allow increasing accessibility to health care services by 30%.

**Support to health service delivery**

In July Health Cluster partners has provided 926 657 outpatient consultations and supported 26 721 hospital admissions. 7 244 people living with disabilities were supported with rehabilitation services.

**Routine immunization.** The expanded programme of routine immunization was revitalized in four additional health centres in northern Syria, making a total of 34 operational centres by the end of July.

**Emergency care.** An ambulance system project was launched in Aleppo governorate in collaboration with Qatar Red Crescent. In addition, Hand in Hand for Syria has provided 63 ambulances to Idlib governorate. Central ambulance system in Idlib governorate will be coordinated through the Technical Working Group under the Health Cluster umbrella.

---

⁸ five Mobile Primary Health Care (PHC) units, three PHC fixed units, two PHC centres and one Comprehensive PHC centre

⁹ in coordination with Union of Medical Care and Relief Organizations (UOSSM), Physicians Across Continents (PAC), Syria Relief and Development (SRD), Hand in Hand for Syria (HiH), Syrian American Medical Society Foundation (SAMS)
Monitoring of violence against health care

In July 2017, eight reported incidents of violence against the health care infrastructure were reported: seven were verified and one is in the process of verification. The seven verified attacks resulted in temporary closure of one hospital in Homs and three hospitals in Idlib governorate; killing of at least three people, including one health worker, and injuring at least 15 people, including three health workers.

In total, from January to July 2017, 69 verified incidents of violence against the health care infrastructure were reported. For more details, see the Monitoring violence against health care mid-year report, 2017.

Assessments, information and planning

Health Cluster in currently conducting the Salary Scale Survey, in order to develop a unified salary package for health care providers.

In order to identify the gaps in medical waste management system a mapping of available incinerators per governorate was conducted. According to the mapping, 38 incinerators are available in Idlib governorate and 31 – in Aleppo governorate.

In addition, WHO/Health cluster trained four health partners on HeRAMS and 4Ws. The training course mainly focused on how to manage, report and analyse information using the online tool.

Capacity building

During July 2017, Health Cluster partners have trained in total 416 health staff in various topics, namely:

- preparedness and medical management of chemical incidents;
- first aid and emergency management of war injuries;
- gender based violence;
- reproductive health, antenatal and postnatal care, infant and young child feeding;
- management of noncommunicable diseases;
- health information management.

Also, 56 health care providers and community health workers were trained to provide routine immunization services in Idlib and Hama governorate, and other 40 received training on adverse reactions.

An advanced medical training on chemical incident management was conducted during July for 29 health care professionals, including medical doctors, nurses, ambulance and civil defence workers.

WHO in collaboration with Sustainable International Medical Relief Organization (SIMRO) conducted a training course on the District Health Information System (DHIS) within the pilot project on implementation of the DHIS system in Syria. 195 doctors, nurses, midwives, data entry staff and management staff from nine health care facilities were trained on the data entry and analysis, and were provided with accounts in the system. Data entry will be launched on 1 of August 2017.

Plans for future response

The Health Cluster developed priorities for HPF second Standard Allocation 2017. The priorities are: (1) to support access to primary health care through Essential Package of Primary Health Services; (2) to support prevention and control of communicable diseases; (3) to strengthen and expand District Health Information System that is accurate: (4) to enhance capacity development of health workforce and balancing the skill mix at facility; (5) to support secondary health care including trauma care.

Contacts

Dr Annette Heinzelmann
Emergency Coordinator
World Health Organization
Mobile: +90 530 011 4948
Email: heinzelmanna@who.int

Dr Jamshed Tanoli
Health Cluster Coordinator
World Health Organization
Mobile: +90 530 238 8669
Email: tanolij@who.int

Dr Abd Arrahman Alomar
Health Cluster
National Co-Lead
Mobile: +90 538 052 9213
Email: aalomar@sams-usa.net

Dr Ganna Radysh
Reports Officer
World Health Organization
Mobile: +90 538 544 2944
Email: radyshg@who.int

https://www.humanitarianresponse.info/en/operations/stima/health