Turkey Cross Border
Emergency type: complex emergency
Reporting period: 01.01.2019 to 31.01.2019

13.2 MILLION* PEOPLE IN NEED OF HEALTH ASSISTANCE
2.9 MILLION* HEALTH PIN IN NWS HRP2019
3.58 MILLION SYRIAN REFUGEES IN TURKEY
139** ATTACKS AGAINST HEALTH CARE (**JAN-DEC 2018)

HIGHLIGHTS

On 9th January 2019, local sources reported that an agreement between Hay’at Tahrir al-Sham (HTS) and National Liberation Front (NLF) leaders was reached whereby HTS took over control from NLF and Ahhr Al-Sham (NFL forces) of large parts of the region.

In NWS suspension of support to health activities as of end of January by some agencies, is directly impacting 14 hospitals and 35 primary health care centers providing an average of over 164,000 medical consultations every month; and additional 11 health centers providing specialized services (hemodialysis, TB treatments, blood banks, and thalassemia centers) are been affected.

HRP 2019 HEALTH CLUSTER / SECTOR OBJECTIVES

1. Increase access to life-saving and life-sustaining coordinated, equitable health services for those most vulnerable and in need.

2. Strengthen health sector capacity to prepare for, detect, and deliver timely response to disease outbreaks.

3. Strengthen health system capacity to support continuity of care, strengthen community resilience, and respond to IDP movements and changes in the context.

By the end of 2018 the funding of the health sector stood at 40% of the original appeal for the year.

GAZIANTEP HEALTH CLUSTER

116 HEALTH CLUSTER MEMBERS
460,000 MEDICINES DELIVERED*
1,057,016 TRAUMA CASES SUPPORTED
299,994 CONSULTATIONS
10,787 REFERRALS

FUNCTIONAL HEALTH FACILITIES HERAMS

163 FUNCTIONING FIXED PRIMARY HEALTH CARE FACILITIES
82 FUNCTIONING HOSPITALS
69 MOBILE CLINICS

HEALTH SERVICES*

959,994 CONSULTATIONS
9,792 DELIVERIES ASSISTED BY A SKILLED ATTENDANT
10,787 REFERRALS
1,057,016 MEDICAL PROCEDURES
26,866 TRAUMA CASES SUPPORTED
2,545 NEW WAR RELATED TRAUMA CASES

VACCINATION

12,655 CHILDREN AGED <5 VACCINATED*
4,454 MENTAL HEALTH CONSULTATIONS

DISEASE SURVEILLANCE

478 SENTINEL SITES REPORTING OUT OF A TOTAL OF 484

FUNDING $US*

178 MILLION RECEIVED IN 2018
436M GAP 60%

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1 Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northwest Syria (Aleppo, Idleb, and Hama).
2 Figures reported as for the end of December 2018.
3 Routine immunization with pentavalent vaccine
Situation update

As been reported, infighting between NSAGs increased sharply in the first two weeks of January resulted in civilian casualties and the destruction of civilian infrastructure, and impacting humanitarian action. On 9 Jan, local sources reported that an agreement between Hay'at Tahrir al-Sham (HTS) and National Liberation Front (NLF) leaders was reached whereby HTS took over control from NFL and Ahrar Al-Sham (NFL forces) of large parts of the region.

As a result, several donors/agencies, NGOs and INGOs suspended their activities and financial support to health projects in Aleppo, Hama, and Idlib governorates. For example, one donor organization suspended all financial support to the Free Health Directorates until further notice. As a result, over 1,000 health practitioners in western and south rural of Aleppo are working without salaries. In mid-January, 45 health facilities in western rural of Aleppo issued a joint statement in which they emphasized their neutrality in the conflict and announced they would carry on treating patients in spite of the reduced funding.

In north Hama, four health centers, two specialized hospitals and one blood bank are also affected by the suspension of activities, with medical staff working without salaries. Local medical staff anticipate that the quality of health services provided will eventually be affected by the situation.

Across Syria health-related needs continue to be driven and exacerbated by insufficient access to healthcare due to a combination of damage and destruction of health facilities, insufficient human resources, and imposed access constraints. These latter constraints constitute a particular barrier to health care in hard-to-reach areas and areas with high severity scores, including those that recently witnessed changes of control.

Public health risks, priorities, needs and gaps

According to the WHO Surveillance System of Attacks on Healthcare (SSA), 139 targeted attacks on health care took place in Syria during the first 10 months of the year, resulting in a reported 97 deaths and 169 injuries, compared to 122 verified attacks in 2017, reportedly resulting in 73 deaths and 149 injuries. Attacks and resource constraints impact the functionality of health facilities. September 2018 Health Resource Availability Monitoring System (HeRAMS) data indicated that across Syria 46 per cent of health facilities were either non-functional or partially functional, with 167 facilities completely destroyed, and a further 419 facilities partially destroyed and in need of rehabilitation. The national ratio of fully functional Primary Healthcare Centres (PHCs) of 2.28 per 50,000 population is above Sphere Standards, but the distribution is highly unequal, with 101 of 270 surveyed sub-districts reporting having no fully functional PHC, and an additional 9 sub-districts not meeting minimum standards. Nationally, less than one functional hospital bed is available per 1,000 population, which barely below Sphere standards and very low when measured against a global average of 3 beds per 1,000 population. As for PHCs, availability of and access to hospital services is not distributed evenly across the country.

The average reported travel time, generally by car, to the nearest PHC facility (either public or private) was reported to be 25 minutes, with a range of 5 minutes (Damascus) to over 120 minutes (32 communities in Aleppo, Ar-Raqqa, and Deir-ez-Zor). Travel to a hospital took on average 41 minutes, ranging from 5 minutes (mostly Homs and Hama) to 2-5 hours (227 communities, mostly in Aleppo).

Attacks on health as well as population movements have contributed to the depletion of human capital engaged in healthcare provision, especially with regards specialized services. Across the country, the availability of doctors, nurses and midwives in the public sector is below internationally recommended standards, with only 2.44 health staff per 1,000 population available, against the Sustainable Development Goal (SDG) minimum standard of 4.45 per 1,000 population. A recent assessment showed that in 127 out of the 267 sub-districts surveyed, female respondents mentioned the unavailability of female midwives and/or gynaecologists in health facilities as a serious problem faced by women in their community. In the whole of northern Syria, approximately 50 gynaecologists serve a population of about 4 million people, and similar ratios have been recorded in southern Syria. Active hostilities also restrict access by creating fear, as evidenced by responses to a household survey in one of the governorates. When asked about unmet health
needs, almost half of the respondents reported fear of moving outside of their homes as a main barrier to accessing health services. The combination of rapid onset displacement, protracted displacement, as well as rapid shifts in areas of control has put existing health service provision under significant strain.

Specially in NWS heavy reliance on life-saving and life-sustaining health services specially provided by the humanitarian response will continue throughout 2019, with a forecasted level of 2.1 medical procedures per person in need per year. Currently, humanitarian actors are supporting one-third of the 1,500 births occurring on a daily basis across the county. Over 500,000 new-borns in 2019 will require routine immunization while an additional 320,000 children under one year of age did not receive their full immunizations during 2018. As of December 2018, in north-western Syria, 843 registered renal dialysis patients are receiving treatment through 20 facilities fully supported by humanitarian programs. Thirteen disease outbreaks were reported across the country during 2018, detection and response were made possible through the support of humanitarian programs with many areas still at risk of recurring outbreaks due to lack of basic services and preventive measures. In addition, restoration of non-functioning and partially functioning health facilities and supporting the capacity of health staff is essential for the provision of life-saving and life-sustaining activities.

**Health Cluster Coordination**

**2019 SYRIA HUMANITARIAN RESPONSE PLAN CLUSTER SECTOR STRATEGY**

As per OCHA “Humanitarian response plans (HRPs) articulate a shared vision of how to respond to the affected populations assessed and expressed needs in a humanitarian emergency. They are also a management tool for response and support decision-making by humanitarian country teams (HCTs). HCTs comprise UN agencies, NGOs and other actors. The plans include: a country or context strategy, with strategic objectives and indicators; and cluster plans, with objectives, activities and accompanying projects. Together they detail how the strategy will be implemented and how much funding is required.

Increasing access to life-saving and life-sustaining coordinated, equitable health services for those most vulnerable and in need remains the health sector’s first priority. This will be done through (but not-limited) to specific interventions focusing on:

- Increasing access to primary health care through the provision of essential primary health services to cover the health care needs of vulnerable populations, including Reproductive, Maternal, Newborn, and Child Health (RMNCH), as well as continuity of treatment for people who live with non-communicable disease – including cancer and dialysis.
- Improving access to secondary health care including comprehensive phased trauma during both the acute and post-acute management phases, with support to the referral pathways for trauma cases, as well as medical referral system for people living with chronic disease who develop complications and emergency obstetric and newborn care (EmONC) services.
- Expanding access to specialized services for conflict-affected populations, including Mental Health and Psychosocial Support (MHPSS) services and physical rehabilitation and the provision of assistive devices.
- Improving mobility of services to adapt to population displacement flows, shifting front-lines, and access to new areas by different hubs through all available response modalities.
- Strengthening and consolidating medicines and medical equipment supply chains – ensuring availability of safe and quality medicines for trauma, obstetric care, infectious diseases, and chronic conditions. Forecasting needs on the basis of contingency scenarios and pre-positioning of emergency supply stocks at storage and health facility levels in anticipation of reduced access, increased level of hostilities, and in the face of an increased demand for trauma and emergency surgical kits.
- Supporting targeted, essential repairs and rehabilitation of health centres and health facilities providing public and specialized health services, in particular in areas of most acute need where the resumption of basic healthcare services will have the greatest life-saving impact.
- Supporting health education and public health awareness, as well as cross-training of staff on key essential services, with task shifting of basic services to staff to provide care in their home communities when mobility restrictions or health facility destruction occurs.
• Continued support of epidemiological surveillance and capacity to detect, investigate, and support the response to diseases outbreaks through early warning systems.
• Implementing the expanded programme of immunization routine for all children under five and supplementary immunization activities (SIA) in hard-to-reach areas, and accessible areas following shift in control lines.

**HRP 2019 HEALTH CLUSTER / SECTOR OBJECTIVES:**

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The Health Cluster/sector will seek to continue strengthening health sector coordination and health information systems to improve the effectiveness of the life-saving health response for people in need, with an emphasis on enhancing protection and increasing access to health services.

Activities will include:

- improved reporting of health partners into 4W database,
- quarterly reporting on HeRAMS,
- continuous reporting the Surveillance System of Attacks on Healthcare (SSA), and
- conducting advocacy on verified attacks on health care, in addition to protection of health care staff and patients at health facilities.

Coordination within and across cluster/sectors and hubs will continue to be strengthened, including through joint contingency and preparedness planning for disease outbreaks and changes in context.

During the month of January 2019, two health cluster coordination meetings were held, including an ad-hoc urgent meeting addressing the suspension of some NGOs funds. Under the Health Cluster approach, all the following Technical Working Groups (TWG) resume meetings; the monthly Non-Communicable Diseases and the monthly MHPS TWGs, the Sexual & Reproductive Health (SRH) WG lead by UNFPA, the Advocacy/Communications WG chair by WHO, and the Trauma and Rehabilitation WG by an NGO partner and the cluster team.

Last but not least, as part of the cluster support for the **2019 SYRIA 2019 HRP** process, the cluster coordinated and conducted two ad-hoc workshops. One presented the new OCHA HRP project module platform or new OPS tool for project submission. And the IASC Gender with Age Marker (GAM) to be use for first time in the HRP projects.

The Gender with Age Marker is an innovative tool for enhancing and assessing programme quality and has been rolled out globally for the 2019 humanitarian planning cycle. The GAM replaces the IASC Gender Marker and was developed collaboratively by UN, INGO and donor stakeholders, under the auspices of the GenCap project, after extensive piloting from 2015 to 2017. For the first time, humanitarian experts have designed a tool which, based on a code, provides an automatic and objective calculation of the quality of humanitarian programming.
The Syria HRP 2019 Projects must fulfill the 12 criteria below to be included in the plan:

- Have humanitarian objectives and be in line with humanitarian principles.
- Be based on a needs assessment or evidenced-based if needs assessments are not available.
- Be in line with the HRP’s overall strategic priorities and objectives; as well as with the relevant sector/cluster response plan and related objectives/activities.
- Target the most vulnerable groups as identified in the HRP.
- Target areas of high severity of needs as identified in the HRP (inter-sector severity areas complemented by sector-specific severity areas).
- Meet the relevant sector/cluster response strategy, criteria and standards.
- Planned activities should be realistically achievable within twelve months.
- Include a monitoring and evaluation mechanism/capacity, including targets in line with the sector framework, and commit to 4W reporting.
- Include a Protection Risk Analysis (including mitigating gender-based violence and preventing sexual exploitation and abuse), and a self-assessment against the three distinct markers: (a) the Gender with Age Marker (GAM), (b) the Resilience tagging, and (c) youth/adolescents percentage (No Lost Generation tagging).
- Reflect realistic targets and proportionate funding requirements.
- The project is submitted by a partner that participates to existing cluster/sector coordination mechanisms.
- The project reflects funding trends (funding requested/ received in previous years) and the operational capacity of the partner.

Support to health service delivery

By the end of year (as December 2018) the Turkey Health Cluster 4Ws shows the following highlights:

- 90% of the active health partners reported [44/49].
- 67 of the sub districts reached compare to 77 in the 2nd quarter 2018.
- Near 996,000 outpatient consultations provided by the health partners, 13% of the total provided by mobile services.
- Over 1 million medical procedures provided of which 84,000 of the total served in hard to reach areas.
- 9,792 deliveries assisted by skilled birth attendant. On average of 25% caesarean sections provided per month in 2018.
- On average about 10,700 cases referred specialized/secondary health care per month in 2018. On December 7% of the cases referred to Turkey.
Health Cluster Members Updates
There are two psychiatric hospitals in Syria, one in Damascus and the other in Aleppo. In 2013, the patients at the Ibn Khaldun Mental Hospital in Aleppo suffered from frequent battles and attacks, for that, a group of hospital staff take decision to transport 175 patients with chronic and incurable cases to a temporary shelter in the Henanu district of Aleppo.

Physicians Across Continents (PAC) as of August 2013 took the care of temporary psychiatric hospital from Aleppo to the city of Darret Azza. The facility until recently supported by PAC, hosts 115 patients and provide 290 OPD consultations.

The mental health facility (as seen above), have not been able to provide the required services due to lack of financial and human resources. PAC is working with the cluster in an exit strategy for the best outcome of the patients.

Syria Relief and Development (SRD) support 26 primary health care facilities and 7 secondary health care facilities in northern Syria and three ambulance systems. SRD supported PHCs provided 60,696 primary health care and MHPSS services and the secondary care facilities including two trauma hospitals providing 4,010 outpatient consultations, 231 inpatients services, 239 minor surgeries and 173 major surgeries.

In addition, SRD supports two dialysis centres in Aleppo with 612 treatments given, two Rehab Centres (Azaz and Albab / Aleppo) servicing 321 beneficiaries, and 1,455 sessions.

Two nutrition centres (IYCF) (Azaz, Aleppo) servicing as follows: A total of 3,769 of PLWs reached through IYCF indoor and outdoor activities delivered by IYCF facilitators via outreach activities, household visits, re-lactation sessions, individual counselling, group sessions and awareness raising activities. Moreover 3,352 pregnant and lactating women (PLW) were screened for malnutrition, 2,337 children aged 6 - 59 months (1,135 boys and 1,202 girls) were screened for Mid-Upper Arm Circumference (MUAC.)

Last in January, SRD supported five Maternity and Child Hospitals and serviced 16,858 outpatients and 1,681 inpatients; 761 normal deliveries and 224 Caesarean-sections. Ten integrated Family planning-GBV mobile clinics and three Women & Girls Safe Space Centres provided consultations of RH and GBV services. Referral system provided 6,167 referral services (1,177 emergency cases & 4,990 non-emergency cases).

Social Development international (SDI) continuing its works in the health sector in north Syria throughout providing health care services and nutrition services to vulnerable people. In Al-Mara district SDI provide services in 12 communities through Al-Hakeem center and SDI’s mobile clinics. During the month report –January 2019-, the total number of the beneficiaries was 6,906 beneficiaries, 90% of them were Women and Children under 5 years, whereas SDI provided 5,972 health services and 4,948 nutrition services.

In coordination with the Education Cluster, WHO, Education office in Al-Mara district, and other partners, SDI responded to cases of lice, scabies, and leishmaniasis in the schools in Kafr Nobol sub-district through one mobile clinic and eight CHWs. The teams visited five schools (Marrat Moqas, Albris, Albrij, Alyarmook muhdatha, Fadl Alkhatib) and provided the following services:

- Screening of infection with lice, scabies, and/or leishmaniasis.
- Provide treatment to cases infected with scabies and/or lice and counselling how using the permethrin and benzyl benzoate
- Provide awareness of prevention from infection with lice, scabies & leishmaniosis and distribute IEC materials.
- Refer the cases infected with leishmaniosis to treatment in specialized centres.

The total number of reached students was 1,958 students (1,180 male, 778 female), the infected with lice were 442 students (117 male, 325 female), the infected with leishmaniosis were 14 students (8 male, 6 female) (5 new cases, 9 old cases).
Another NGO supported a total of 17 health facilities in Idleb and Aleppo, including two hospitals, seven primary health clinics and five mobile medical units in addition to supporting a network of 15 ambulances. Through these facilities this NGO provided 58,938 outpatient consultations and transferred 1,126 by supported ambulances. Of the total health services provided during January 2019, 11,299 or 19.2% of total consultations were provided as basic reproductive health services for women and girls of reproductive age. Further, 21,171 or 36% of total health services were provided to children between 0-14 years of age.

In Aleppo, three static primary health clinics in Aleppo (Bab Al-Salameh, Olive Grove and Khan Toman) delivered services to 11,344 patients; where as in Idleb four primary health clinics (Atmeh 1, Atmeh2, Green Idleb and Kafer Yahmoul) provided 24,969 patients with primary health services.

The average number of consultations provided per this NGOs PHC was during January 2019 was 5,188 with Idleb facilities providing receiving a higher monthly caseload of an average of 6,242 while Aleppo facilities provided 3,781 consultations per month. Additional 10,806 or 18.3% of total primary health consultations were provided through mobile medical units, 9,448 of which were provided through 4 mobile medical units in Aleppo and 1,358 consultations through Atmeh mobile medical unit.

Atmeh Hospital provides general consultations for adults and children through multiple outpatient clinics, medical and surgical inpatient services, and management of emergency cases, in addition to intensive care services through its Intensive Care Department, which consists of six beds. The hospital provided 8,263 consultations during January 2019.

The Al Salam Maternity and Child hospital in Idleb provided safe delivery services and inpatient care for mothers and new-borns with pharmacy and laboratory support services starting from September. The hospital provides Comprehensive Emergency Obstetric and New born Care (CEmONC) services. During January the hospital provided 3,556 consultations, of which 2,135 paediatric consultations for children, 280 of which were inpatient services, and 1,421 were reproductive and maternity health consultations including assisting 137 normal deliveries and 44 caesarean sections.

As part of this NGO’s physical rehabilitation program, the NGO supported a network of three static centres and four mobile units working on physical rehabilitation centres in cooperation with Hama and Idleb health directorates and one static and two mobile teams in Aleppo. In Idleb the NGO continued to support the Idleb City Static Rehab Centre and two mobile units covering Idleb City, Ariha, and Maaret Tamsrin; Al Dana Static Rehab Centre and mobile unit in northern Idleb, covering Al Dana town and surrounding IDP camps; and in Hama supported Al Madiq Castle Static Rehab Centre and mobile unit covering north Hama countryside.

During the reporting period, the rehab centres received 593 new patients/persons with disabilities and war injuries and provided 3,435 physical rehabilitation sessions for both new and follow up patients. Complementing the rehab sessions, 83 mobility and 28 orthoses devices were donated to the beneficiaries based on their specific needs. In addition, a total of 425 caregivers were trained on different topics which were adapted as per the needs of each beneficiary and their caregivers.

Furthermore, this NGO conducted a second session of Peripheral Neuropathy Injuries (PNI) training for 15 Rehab Workers (8 male, 7 female), delivered by a trained Physiotherapist. The training will improve services to the patients different rehab facilities by providing the skills to rehab workers and to provide services for complex physiotherapy cases.

Further this NGO distributed gym equipment and assistive devices to supported Rehab centres to utilize in patients’ treatment and distribute to beneficiaries based on their needs.

In February, this NGO will receive additional items (mobility and orthosis) for distribution to beneficiaries and rehab centres supported through other partners, which will be done in coordination with Rehab Working Group of the Health Cluster.
Hand in Hand For Aid and Development (HiHFAD) provided the below summary figure for their Health and Nutrition January update:

Al-Ameen for Humanitarian Support (AHS) continue the supports five Primary Health Care facilities in Afrin district, one PHC in Albab district (‘Euphrates Shield’) and one Comprehensive Health Care facility in Ariha district in NWS.

During the month of January 2019 AHS provided:
- 17,564 primary health care services
- 144 haemodialysis sessions
- 250 physical therapy sessions
- 2,261 medical services through mobile clinic teams in Albab, Afrin
- Raju PHC (Afrin) with 282 epi services in cooperation with SIG
- CMAM Idleh centre provided 1,339 services

As the NGO supported Nutrition Services in all districts that we are working in; these services were (5,050) for both children and women provided by CHW teams.

The Afrin area is one of the most important areas that have not been reached before. Al-Ameen was one of the first NGOs to enter the region and provides medical services to vulnerable people from both host community and IDPs through three Primary Health Care centres and several mobile clinics. Important medical services provided are in genecology, paediatrics, general medicine, first aid and nursing services as well as obstetric (delivery) and vaccine services in all centres.

Additionally, AHS provides community health services and nutrition in most areas. For Idleb (Euphrates Shield) and Afrin we continued our work well, developing the quality of our provision, and the number of medical services covered during the last year was 96,540.

In January, Bahar Organization (BO) continued to provide free preventative and curative health services, both at primary and secondary health care level. Health activities are developed in accordance with WHO recommendations for primary health care and secondary health care services. There has been no reported service interruption at any of the facilities during this month, and all evaluations carried out, have showed compliance with standards and great beneficiaries' appreciation for the services.

Since the 15th of January, Bahar started supporting primary health services in Basouta community, Afrin sub-district in Aleppo governorate, and Ma’batli sub-district in Aleppo governorate, respectively through Bahar PHC# F4, and Bahar PHC# F3.

Through this project, Bahar will activate and maintain the existing health services that are delivered to the target population.
Also, in coordination with the SIG, three Bahar’ EPI teams have started to provide both Fixed Vaccination Services and Outreach Vaccination Services covering Afrin and Ma’batli sub-districts, in Aleppo governorate.

The Routine Immunization Program (above picture) is targeting children under one year of age, children in school age (first & sixth class) and females in childbearing age (15-49) with TD vaccine. EPI presents multi antigens vaccines.

**Monitoring of violence against health care**

Syria has been one of the worst cases of violence affecting health care in recent years. OHCHR has reported numerous instances in which air or ground-based strikes have caused health care facilities to close permanently or temporarily throughout Syria due to attacks and health care staff killed and injured in such attacks.

![](image)

**Fig. SSA Summary of 2018 attacks on health care.**

The Cluster reported 112 attacks on health care facilities in 2017. As of 31 December 2018, the Health Cluster/Sector has verified a total of 139 attacks against the health care resulting in 101 deaths and 189 injured – six were reported as deconflicted health facilities.

These figures include kidnappings and other violations and not only health facilities attacks.

By established criteria: Attacks on health can include bombings, explosions, looting, robbery, hijacking, shooting, gunfire, forced closure of facilities, violent search of facilities, fire, arson, military use, military takeover, chemical attack, cyberattack, abduction of health care workers, denial or delay of health services, assault, forcing staff to act against their ethics, execution, torture, violent demonstrations, administrative harassment, obstruction, sexual violence, psychological violence and threat of violence.

**Plans for future response:**

**SAVE THE DATE**

*Consultation on the Side-event on ”Attacks on healthcare and Accountability in Syria” March 2019 – OCHA*

- Chemical Training will tentatively take place late January to early February 2019.
- Update Cholera preparedness and response plan meeting for 20 February 2019
- Burns training will tentatively to take place from 11-15 March 2019.
- The key donors’ Brussels Conference is scheduled for 13-14 March (the main objective of the Brussels conference is to raise funds for the Syria HRP and 3RP). It was agreed that HNO should be ready by mid-February; HRP – by early March; 2019 HRP to be about $3.5 Billion.

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1 World Health Organization Surveillance System for Attacks on Health Care. See ssa.who.int for the Public Dashboard


3 Whole of Syria Q3 2018 consolidated HeRAMS

4 Whole of Syria Q3 2018 consolidated HeRAMS

5 Health Sector questions in the 2018 MSNA


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