Supplies were cross border delivered by the WHO Gaziantep Hub and distributed to implementing health cluster partners in northwest Syria.

Figures reported and updates are from 1-31 May 2019.

Routine immunization with pentavalent vaccine (5 in 1 vaccine)

The Health Sector Humanitarian Response Plan contains 107 projects from 52 partners across Syria valued at $449 Million.


**HIGHLIGHTS**

- Since the beginning of April, more than 330,000 displacements from northern Hama and southern Idlib governorates have been recorded.
- Six new attacks were reported against the health care in this month and two WHO-supported routine immunization centers activities had been suspended and one is no longer accessible.
- Specialized surgical mobile units continue to support and replace conflict front line health facilities, while primary and secondary care facilities have been forcefully relocated according to population movements at destination areas.
- Newly displaced individuals are moving to areas that are already densely-populated, such as the Dana sub-district. This puts humanitarian operations that are already at or above capacity under considerable strain.
- To meet the needs of the recently displaced people, the WHO and partners have deployed mobile clinics since the beginning of May 2019.
- 23,764 suspected cutaneous leishmaniasis cases reported through EWARN network in NWS.
- Nutrition Cluster partners dashboard and nutrition surveillance data are showing a significant increase in severe malnutrition cases among newly displaced families in Atmah camp, Dana and Afrin as well as other areas in NWS.

**HEALTH CLUSTER MEMBERS**

113

**MEDICINES DELIVERED**

1

290,457

**TREATMENT COURSES FOR COMMON DISEASES**

**FUNCTIONAL HEALTH FACILITIES HERAMS**

2.9 MILLION

HEALTH PIN IN NWS HRP2019

3.58 MILLION

SYRIAN REFUGES IN TURKEY

13.2 MILLION*

PEOPLE IN NEED OF HEALTH ASSISTANCE

* figures are for the Whole of Syria HRP 2019

39** ATTACKS

AGAINST HEALTH CARE (**JAN-JUN 2019)

163

FUNCTIONING FIXED PRIMARY HEALTH CARE FACILITIES

79

FUNCTIONING HOSPITALS

52

MOBILE CLINICS

674,914

CONSULTATIONS

13,469

DELIVERIES ASSISTED BY A SKILLED ATTENDANT

5,786

REFERRALS

746,742

MEDICAL PROCEDURES

37,378

TRAUMA CASES SUPPORTED

4,729

NEW CONFLICT RELATED TRAUMA CASES

**VACCINATION**

6,575

CHILDREN AGED <1 VACCINATED

3,894

MENTAL HEALTH CONSULTATIONS

464

SENTINEL SITES REPORTING OUT OF A TOTAL OF 480

**HEALTH HRP 2019 FUNDING**

$US

$38.3

MILLION

RECEIVED

IN 2019

REQUIREMENTS $449M

8.5% funded

---

1 Supplies were cross border delivered by the WHO Gaziantep Hub and distributed to implementing health cluster partners in northwest Syria.

2 Figures reported and updates are from 1 - 31 May 2019.

3 Routine immunization with pentavalent vaccine (5 in 1 vaccine)

4 The Health Sector Humanitarian Response Plan contains 107 projects from 52 partners across Syria valued at $449 Million.

Situation update

North-west Syrian Arab Republic remains one of the most volatile regions of Syrian Arab Republic and hosts a population of around 4 million, including large numbers of internally displaced people from other parts of the country. In May 2019 alone, as a result of the recent escalation of the conflict in north Hama and south Idleb governorates, it is estimated that 330,000 people were displaced. Most moved towards the north of Idleb governorate, close to the Turkish border into open areas with high levels of existing IDPs creates the danger of overwhelming already overstretched services. There is a pressing need to reach every person with much needed healthcare.

Aas part of the ongoing response to the massive population displacement, the Syria Immunization Group has continued to provide routine immunization to children, including to the newly displaced. Due to the ongoing conflict, the work of two routine immunization centres has been suspended and one is no longer accessible. However, through the remaining 95 centres, thousands of Syrian children are protected against polio, measles, diphtheria and other childhood diseases. In the areas with large numbers of displaced people, social mobilizers are deployed to inform newly arrived populations about the available immunization services and centres so that the most vulnerable children don’t miss out on the routine vaccines. In addition to the increase risk from vaccine preventable outbreaks such as polio and measles, the ongoing leishmaniasis outbreak continues to be a further high risk to the population displaced in open fields.

The health cluster with the support of WHO and other partners has deployed over 10 mobile clinics to provide primary healthcare services for displaced people in the arrival areas. Each mobile clinic, consisting of a doctor, a midwife, a nurse and a community health worker, offers services for child health, nutrition, communicable and non-communicable diseases, maternal and newborn health, and is equipped with essential medicines and medical devices. Mobile units rotate across several communities for internally displaced people ensuring the provision of basic health care services and coordinating the referral and transportation of patients to other health facilities whenever this is required. With funding from the United States Agency for International Development (USAID), on average, each of these mobile clinics provides between 1,500 to 1,800 health consultations per month.

To support the delivery of health care in this volatile security context, WHO lead’ cluster partners in supporting surgical units. These are mobile units, set-up in strategic need-base front line locations for primary surgical interventions and stabilization prior to referrals to the closest hospital. Through these units, the cluster partners can offer emergency care to patients that are physically too far away from hospitals or are inaccessible due to insecurity. Of these units, two supported by WHO were set up close to Sarmada and Atma, specifically for the needs of the internally displaced, whilst other three remain in the southern Idleb countryside. The units are supported by a network of 13 ambulances.

Location of the clinics varies according the conflict dynamic situation and the community needs. Acceptance or the presence of medical units and/or health facilities by the communities had become a critical issue. As the attacks against health care continues, have not only directly affects the mental wellbeing of the workforce, but as well the communities perception were the services are given. Is been reported that several communities are not welcoming mobile units or medical teams nor agreed with the re-opening of fix health facilities close to city centers or towns as they perceived the humanitarian support in the health facilities as probable target in the ongoing armed conflict.
Public health risks, priorities, needs and gaps

With increased displacements, there is concern over disease outbreaks, although no significant changes have been reported so far by the surveillance teams.

At the moment, WHO’s and partners leishmaniasis control activities are also ongoing. As at end of June 2019, 22,603 suspected cutaneous leishmaniasis cases have been reported through the sentinel sites of the EWARN network from North West Syria. In coordination with key cluster partners a comprehensive plan was developed for prevention, control and treatment of leishmaniasis cases. Although WHO provided capacity building training to 450 doctors and nurses of cluster partners organizations, procured 107,250 Meglumine Antimonate (Glucantime) for treatment of the cutaneous leishmaniasis cases, and 250 vials of Liposomal Amphotericin B (AmBiSome) to treat visceral leishmaniasis cases, the major population displacements and the escalation of the armed conflict had required to be flexible in the implementation. In addition, for preventive measures, WHO procured insecticide (FICAM) to do indoor residual spray (IRS) in 250,000 households in collaboration with the Mentor Initiative. As areas of Hama governorate extended, the population whose dwelling was not feasible due to safety constraints, a 100,000 long-lasting insecticide-treated bed nets (LLINs) were procured to be distributed to the vulnerable population whose dwelling was not being sprayed by IRS. The distribution plan was developed and a base-need portion of the LLINs is been coordinated for distribution in July with health and nutrition clusters partners at camp and community level.

Another health risk is been reported by cluster partners and the EWARN network, as a total 2,174 cases of suspected meningitis in NW Syria were cumulative recorded by EPI-Week 26 (23 - 29 June 2019). An increase in number of cases was observed from EPI-Week 24 (9-15 June 2019). The EWARN database recorded 3 health facilities in Aleppo and 6 health facilities in Idleb found to have increase number of cases. A line list of a total of 37 cases has been recorded. The onset of the 1st case of the line list was on 24 February 2019 (EPI-Week 9) and the last case was on 02 July 2019 (at the time of writing this bulletin). The known cases came from 8 communities. There were 3 camps among the communities. EWARN team visited the affected camps for additional case finding and risk communication. Four (4) reports of CSF test received, with 3 test revealed gram positive bacteria and 1 test was negative. There were increase number of cases in Dana sub-districts in EPI-Weeks 25 and 26. Dana sub-district has been a major host of the newly displaced IDPs. Second, the EWARN team is also following-up on increases in acute diarrhoea cases, especially in localized areas where cases have doubled in the last three weeks. In both cases, emergency-alert thresholds have not been reached. Furthermore, to ensure maximum preparedness, WHO trained and equipped teams in Idleb for a possible cholera outbreak in previous months.

As for June 2019, the Nutrition Cluster partners dashboard and nutrition surveillance data are showing a significant increase in severe malnutrition cases among newly displaced families in Atmah camp, Dana and Afrin districts as well as other areas in NW Syria.

When compared the cases admitted from January to May 2018 and 2019, we can see an increase of 48% of cases, among which many cases are severely complicated cases. Although all the children were identified and treated, the Nutrition Cluster is collecting data to establish mortality rates among SAM children at the time of writing this bulletin.

Lastly, although the Mental Health and Psychosocial Support providers cluster partners are fully functioning to provide immediate MHPSS to newly IDPs through fixed and mobile MHPSS facilities by their mhGap doctors and PSS workers, the limited/non-access to basic life services and the increased risk of psychological stress/anxiety is high, especially for more than 50,000 who are living under olive trees with no shelters.
Health Cluster Coordination

During the month of June, two health cluster coordination meetings were held. Besides the major displacements as a result of the ongoing attacks against the health care, and the UN OCHA lead de-confliction mechanism discussed through the month, the health cluster did focus as well in the urgent need to revisit the Turkey hub (NWS) adopted the Essential Health Service Package and the PHC implementation plan to be developed with all cluster partners aiming to deliver quality of essential health care to all affected population. Addressing the population displacements, a mapping of camps and health service availability is been revised to further identified gaps.

The health cluster partners continue to support the provision of health care services and the monthly 4Ws reported indicators as per the below highlights the cumulative people in need reached as compared with 2018 annually reached.

As per the indicators reported is important to see the significant increase attention given to patients which received physical rehabilitation sessions, as a gap previously identify and supported by the THF 2019 1st Standard Allocation.

Lastly, the Health Cluster team represented the cluster and attended the following meetings during the month of June, as follows:

- The Humanitarian Notification for “Deconfliction”: Policy & Practice (10th June); sponsored by the International Peace Institute, MSF, ICRC at the Trygve Lie Centre for Peace, Security and Development in New York.
- The Health Resources Availability Monitoring System (HeRAMS) Evaluation Results and Strategy Development Workshop (24 - 25 June); the two-day workshop evaluation main recommendation aims to globalize the HeRAMS and to be considered as a baseline data (health facility master list) instead of been only limited to emergencies.
- The Annual Global Health Cluster Coordinators Forum (26 - 28 June); the Health Cluster Forum aims to update Health Cluster Coordinators on recent strategic and technical developments, to provide a forum to share lessons learned and good practices, to conduct an evaluation of the technical support provided to health clusters in countries, and to strengthen the linkages between the Global Health Cluster and health clusters. It also provides an opportunity to identify and recommend measures for improving health cluster performance, including improved support from WHO headquarters and regional offices.
Health Cluster Technical Working Groups and Members Updates

The Mental Health and Psychosocial Working Group

The MHPSS TWG Service mapping for the Q2 2019 as of June 16, 2019 showed that all of the on-going MHPSS facilities (fixed and mobile) were all mobilized in providing Psychosocial First Aid (PFA), PM Plus, mhGAP, plus GBV / CP services for the massive movement of IDPs.

In addition, two specialized mental health facilities (referral centres) were also mobilized. The TWG have also trained a total of 302 humanitarian aid workers who are also providing PFA across NW Syria. Furthermore, psychotropic medicines are now available with buffer stock in WHO supported in NWS warehouses to serve the current emergency situation.

Al-Ameen for Humanitarian Support (AHS) continue the supports of 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 Northern West Syria. During the month of June, AHS PHCs provided 12,454 consultations.

The AHS Haemodialysis Centre provided 140 life-saving sessions to 16 patients; and their Rehabilitation Centre provided 178 physical therapy sessions. AHS also supported 3,580 medical services through mobile teams in Albab, Afrin and Ariha (mobile teams as seen in inserted photo above).

Nutrition activities were provided in all districts that AHS is active (PHCs & outreach activities). CHW teams provided 5,800 nutrition services for both children and women in rural areas of Ma’arat al-Nu’man to the displaced people in the camps.

Physicians Across Continents (PAC) runs a mobile clinics network serving 39 communities in NWS. Each mobile clinic covers six communities, which have no other health service provider. The services include IMCI, Reproductive Health with ANC-PNC-Family planning; Internal Medicine and NCD with attention to diabetes - high pressure - high triglycerides and cholesterol screening; and the Nutrition services IYCF and CMAM.

The number of beneficiaries received services from mobile clinics in June 2019 was 10,511. Most of the beneficiaries’ were children 6,367. The NGO also care for 607 pregnant and lactating mothers, and 1,916 elderly patients with chronic diseases.

PAC supports a Prosthetic and physio therapy centre in Azaz. The centre established in April 2018 has continuously provided the following scope of services:

- Upper and lower prosthetic limbs (synthesizing , installation and training )
- Knee Ankle Foot Orthosis (KAFO) ( synthesizing, installation and training )
- Training technicians and capacity building

Through the month of June, ten prosthetics (upper and lower) were delivered to the patients. 43 new patients received physical rehabilitation therapy and 17 were supported with assisting devices.

Syria Relief and Development (SRD) supports’ 26 primary health care facilities and seven secondary health care facilities in northern Syria and two ambulatory systems. The PHCs provided 49,762 primary health care and MHPSS services.

In addition, SRD supports two Dialysis Centres in Aleppo with 535 treatments given; one Rehabilitation Centre in Albab (Aleppo) servicing 373 sessions and 138 beneficiaries (75 of them were new patients).
SRD two Nutrition Centres in Azaz serviced a total of 802 of pregnant and lactating women (PLW) through IYCF indoor and outdoor activities. 1,288 PLWs were screened for malnutrition (39 of them were referred to supplemental feeding program). 1,156 children aged 6 - 59 months were MUAC screened for malnutrition, 14 were referred and admitted to CMAM program, 10 to SFP and 4 to outpatient therapeutic program.

The top morbidities among the IDPs were: URTIs, UTIs, Anaemia, dermatological infections and chronic diseases. During June, the total number of IDPs reached by the mobile team was 1,267 IDPs.

In 15th May, SAMs moved second team which included midwife, pharmacist, nurse and two PSS workers, in addition to one GP from Kafrieta PHC via Southern Rural Aleppo Mobile Clinic, towards Al-Dana district, close to the Turkish borders. The team provided primary health care services to the IDPs in the crowded camps of Kah, Salweh and Atmeh (as Al-Rahma camp is located).

The top morbidities were: respiratory tract infections, urinary tract infections, anaemia, chronic diseases and dermatological diseases. The total number of IDPs reached in June by the mobile team was 1,811.

SRD supports 10 immunization centres which provided 15,437 vaccination activities. Six integrated Family planning-GBV clinics, three Women & Girls Safe Space Centres and two Young Mother Clubs (YMC) mobile clinics provided 8,189 consultations in reproductive health and 4,861 GBV services.

**World Vision International** supports SRD as implementing partner in the Mariam Maternity Hospital, the Afes and Kafruma PHCs and the medical mobile units in Ehsem, Atareb and Haidat.

**Syrian Arab Medical Societies (SAMS)** launched its emergency response to the escalated situation in Idlib and Aleppo, through two mobile teams.

In May 9th, SAMS moved a mobile team, which included one GP (paediatric resident), one midwife and PSS workers, via Al-ebzimo mobile clinic towards Mznaz camp (a temporary IDPs camp in western Aleppo countryside). The team provided primary health care services and the psychosocial support to IDPs, in addition to pregnancy monitoring services to the internally displaced pregnant women.

SAMs also relocated one GP from Kafr-nboudah to Salwa PHC, where the IDPs moved.

Through the month of June, SAMs facilities received 1,004 war related cases, of them 873 males, 132 females, and 229 children under 18, where Al Ma'ara National Hospital received the largest number with 210 cases.

**Shafak Organization (SO)** continue supporting two Dialysis and Kidney Centres (Idlib and Atareb) with operational costs and dialysis kits from May 2019 to April 2020 funded by NORWAC; in addition to providing Lithotripsy sessions to patients in Idlib centre provides kidney disease consultations, and laboratory testing to outpatients.

With Turkey pooled funds and in coordination with the cluster, the NGO finalized the distribution of the last dialysis kits quantities (dialysis drugs and medical consumables), which will be used for serving 234
renal-failure patients in dialysis centres in Idlib and Aleppo governorate as follows:

- Bal Al-Hawa Centre (supported by UOSSM)
- Maart Al Noman Centre (SAMS),
- Kafr nobol Surgical Hospital (HIHF)
- Daret Azeh Centre (SRD)

**Shafak Organization** new Al-Jeenah Comprehensive PHC Centre with basic obstetric and neonatal care is located in in the western rural of Aleppo (Aleppo, Jebel Samaan, Atareb, Jeineh), and is providing a package of health services as per the essential primary health care; these services include: child health services, reproductive health (including BeMONC) services, nutrition activities, management of communicable and non-communicable diseases, providing essential medicines and medical supplies as well as dental health services. Through the proposed project, Shafak will add to the health facility an additional component, mental health services, which will comprise services related to diagnosis and management according to mhGAP; this component will be integrated to Al Jeena centre through training health workers and PSWs according to WHO protocols.

The second PHC is Hoteh PHC Centre located in northern rural of Aleppo (Aleppo, Jebel Saman, Daret Azza, Hoteh). This centre provides PHC services as per the essential health care package.

**World Health Organization (WHO-Gaziantep)** shipped in total four truckloads of medicines and medical supplies across the two border crossings Bab al Salam and Bab al Hawa on 25 and 27 June. The shipment consisted of various kits such as essential medicines, surgical, burn dressing and cholera enough to provide an estimated 798,520 treatments. A portion of the shipment will be used as pre-positioned stock, whilst the rest will be distributed directly to the cluster implementing partners.

Following health cluster partners consultations to identify areas of concern, WHO has initiated a rapid health facility assessment in northern Idlib. The assessment will provide insights into the availability of services at primary and secondary healthcare level in Salqin, Harim, Qurqueena and Darqoosh, which are sub-districts of Idlib where an estimated 320,000 new internally displaced people have settled. WHO is also currently assessing the use and deployment of community health workers in the same areas.

WHO has launched an infection prevention and control (IPC) pilot project targeting 30 facilities, including 15 primary and 15 secondary facilities across north-western Syria. The objective is to strengthen infection prevention and control practice and prevent healthcare-associated infections through improved structures in medical teams and improved knowledge and adherence to WHO guidelines and standard operating procedures. WHO will be initiating various capacity building activities with health staff, informed by the baseline assessment that has recently been completed in the selected facilities. The project will be implemented over the coming eight months.

As part of the leishmaniasis control programme, WHO and its cluster partners ensured the distribution of bed nets to benefit 153,000 people. Coordinating with the Nutrition Cluster and other partners, WHO has been able to prioritize distributions to internally displaced people who are most at risk for Leishmaniasis. These are people living in the open, exposed to the sand-fly which is responsible for transmitting leishmaniasis.

WHO and the health cluster have reaffirmed efforts with its partners to ensure effective coordination of available resources to ensure the maximum access to healthcare. Various needs assessments are ongoing and workshops with partners to facilitate coordination. In line with earlier reports, the main concern remains for the areas receiving the most internally displaced people, including but not limited to Idlib city, Darkush and Dana. It was agreed with partners that there is a need to ensure people have access to essential medicines, especially to treat non-communicable diseases like diabetes. Another priority remains effective referrals of patients to the closest primary and/or secondary health care facility for further care when and if needed. This includes emergency and non-emergency cases since most of the population don’t have the means to transport themselves. Since the population comprises mainly of women and children, child and maternal health care is also of importance.

During June, the SIG reported up to 11 routine immunization centres having to temporary close due to the security situation. Two WHO-supported centres from Hama have been relocated to Akkrabat area and another two are in the process of moving to Zerdanah and Idlib city. This is near to the settlements of internally displaced to ensure they can still access services.
As of end of June, **WHO Gaziantep** is funding the central referral desk for Afrin who will coordinate the planning of available services with partners and ensure appropriate and effective referrals as per WHO recommended standard operating procedures. Referrals in Afrin increased at a sustained pace reaching over 1000 per month.

In Idleb, capacity building of health staff is ongoing for the primary health care facilities in the network. This includes pharmacy management, assessment and screening of malnutrition and postnatal care.

**Monitoring of violence against heath care**

Since the escalation of violence approximately two months ago, WHO has been reporting regularly on the attacks on health care.

On the 21st June, reports of an incident in which two paramedic staff and one female patient were killed when travelling by ambulance to Maarat Al-Numan Hospital in Idleb shocked the Gaziantep humanitarian hub.

In response, chiefs of global humanitarian organizations on the 27th June spearhead the launch of a worldwide campaign in solidarity with civilians under fire in north-western Syria.

We see you  
We stand with you  
You are not forgotten  
You are #NotATarget  
#TheWorldIsWatching

The Regional Humanitarian Coordinator for the Syria Crisis Panos Mountzis’s released statement condemning the incident. “Such acts of violence against civilians, humanitarian workers and civilian infrastructure are deplorable and I condemn them in the strongest terms. International humanitarian law must be upheld by all parties and attacks on civilians and civilian infrastructure need to stop and they need to stop immediately.”

WHO reasserts its worry over the protection of civilians and mitigating the effects the ongoing violence has on them.

As reported in the SSA ([http://ssa.who.int](http://ssa.who.int)) - insert below - since the beginning of the year 39 and as end of June 39 attacks have been reported against the health care in Syria with 32 deaths and 55 injured.

**Plans for future response:**

To resume the mhGAP supervision by July 2019 for the active and mhGAP practitioners inside NW Syria.

To establish a Strategic Implementation Plan and Monitoring Framework for the EHSP in Northern Syria and a multi-year flexible work plan.

The Health Cluster will re-activate the Strategic Advisory Group with the composition of Syrian NGOs, International NGOs and UN agencies.

IASC Gender with Age Marker (GAM) is an inter-agency tool endorsed in March 2018, Partners responding to the Syria crisis committed to applying the GAM at the project design stage of the 2019 Humanitarian Response Plan (HRP) to ensure activities meet the needs of people in crisis equitably and promote gender equality in humanitarian action. Since partners have already used the GAM for project design, the mid-year PMR is an opportunity to report.

**Contacts:**

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

Dr Jorge MARTINEZ  
Health Cluster Coordinator  
World Health Organization  
Mobile: +90 530 238 8669  
Email: martinezj@who.int

Mr Mohammed Elamein  
Information Management Officer  
World Health Organization  
Mobile: +90 534 355 4947  
Email: elameinm@who.int