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Figures reported as for the end of November 2018.

Routine immunization with pentavalent vaccine


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2. Figures reported as for the end of November 2018.
3. Routine immunization with pentavalent vaccine
Situation update


Adopting resolution 2449 (2018) by a vote of 13 in favour to none against, with 2 abstentions (China, Russian Federation), the Council extended the authorization first established by resolution 2165 (2014) for United Nations humanitarian agencies and their implementing partners to use four border crossings with notification to Syrian authorities for a further 12 months, until 10 January 2020.

By the text, the Council further demanded that all parties allow safe, unimpeded and sustained access for the humanitarian convoys of the United Nations and its partners, including medical and surgical supplies, to all requested areas and populations in all parts of Syria in need according to the Organization’s assessments. As he began his briefing after the adoption, Mark Lowcock, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, said that cross-border aid is a critical lifeline for millions of Syrians who cannot be supported through other means. “You have done your part,” he stated. “We will now do ours to sustain aid in a way that is as effective and accountable as possible.”

Reporting on the overall humanitarian situation in Syria, he said the situation in the north-west remains very challenging, with fighting in and around the demilitarized zone continuing to take a civilian toll. Idlib remains on the edge of a humanitarian disaster, he warned; while thousands are trapped in areas under the control of Islamic State in Iraq and the Levant (ISIL/Da’esh) suffer as a result of both ground fighting and air strikes.

Turning to other areas that have been hard to access, he underlined a need to build on the first delivery to Rukban with a second convoy later in December. Scaling up the humanitarian response is also critical in other parts of the country, including in areas under the control of the Government, where an estimated 8.7 million people are in need of humanitarian assistance. A key priority has been addressing the needs of some 1.6 million people living in areas that have changed control since the beginning of 2018.

Noting the continued implementation of the agreement between the Russian Federation and Turkey in the north-west, he said it should be sustained, with respect for civilians and infrastructure. Also emphasizing the importance of financing for the current humanitarian response plan, he pointed out that while donors have provided more than $2.1 billion, the initiative remains only two-thirds funded.

Public health risks, priorities, needs and gaps

Based on information from on CCCM reports, Afrin district (Aleppo Governorate) has a current population of 400,000 people. Although improving, Afrin suffers from severe restrictions in access to services since January 2018, when all health facilities ceased operations. A total of 24 Primary Health Care centres are needed in Afrin. Currently 8 primary health care centres operate in the 3 main urban areas of the district (Afrin, Cinderes and Sharan). More than 200,000 people live in isolated areas with no access to health. Lack of funding will deprive patients from accessing vital life consultations; therefore the risk of losing lives can be rationally high.

Hepatitis-C Virus (HCV) is a major concern for the public health sectors worldwide (WHO, 2018). North Africa and the Middle East (Algeria, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, Turkey, United Arab Emirates and Yemen) has an estimated prevalence of 2.7% of HCV in the general population (Petruzziello et al., 2016). The HCV viremic rate is about 70%. Genotype 4, accounting for about 65% of the cases, is the predominant genotype in this region.

After an acute infection and if left untreated, about 60–80% of patients will develop chronic HCV infection, 15-20% will progress to cirrhosis over a 20- to 25-year period, and 1-4% will develop hepatocellular carcinoma (Tyagi & Koirala, 2018). The diagnosis of an HCV infection is mostly based on the detection of
antibodies to recombinant HCV polypeptides. However, direct testing for HCV RNA is necessary to distinguish between ongoing or prior infections among the anti-HCV seropositive persons.

A previous study on the epidemiology of haemodialysis (HD) patients in Aleppo city in 2006 identified a total of 550 patients, including 145 new cases (Moukeh et al., 2009). The population was estimated to be around 2.431 million. Accordingly, the prevalence and incidence rates of patients undergoing HD were calculated at 226 and 60 per million person, respectively. Anti-HCV antibodies were detected in 229 (54.4%) of the HD patients. The prevalence of anti-HCV antibodies increased in line with the duration of HD. The prevalence was relatively equal between males and females. The occurrence of HBV hepatitis was 7.8%. About 53% received the HBV vaccine (3 shots, 2 mL/shot).

Currently, there is no data on the exact prevalence, incidence and viremic rates of HCV among Syrian dialysis patients. However, it is estimated that up to 70% of dialysis patients in some units are positive for hepatitis C. Of concern, anecdotal evidence suggests that de novo infections are occurring in some units.

**MHPSS Challenges:**
- Difficulty to let trainees from NW Syria to cross the border for training (general restriction).
- Nonexistence of Referral Mental Health Centre without acute inpatient care in Euphrates shield area and in Afrin.

**Health Cluster Coordination**

During the month of December 2018, two health cluster coordination meetings were timely held. Under the Health Cluster approach, the following monthly Technical Working Groups (TWG) meetings were held; the Non-Communicable Diseases WG and the MHPSS TWG. The Sexual and Reproductive Health WG hold two meetings as well.

In addition, two advisory Advocacy and Communications Working Group (ACWG) meetings were conducted addressing the reports of increasing number of kidnappings of health workers. With ACWG support, the Health Cluster was able to issue a statement condemning the attacks and a call for all actors of the conflict to respect the sanctity of health care, ensuring the protection and safety of health care workers.

Lastly, a Trauma and Rehabilitation WG was conducted, followed with a one day Rehabilitation Services Workshop, on 12<sup>th</sup> December addressing: Review of Minimum Standards for Rehabilitation, Review of Training Needs & Possibilities for 2019, Review existing facilities levels for PHC in NWS, Review existing levels of service delivery for rehabilitation/post trauma care, and Proposing standardized categorization of rehab facilities in NWS.

A working group on Afrin was created to organize PHC services in this district of Aleppo. The Working Group has meet at produced a proposal to define 15 PHC centres to cover the district population ca 400,000.

<table>
<thead>
<tr>
<th>There are 72 managing and supporting health partners reported in the HeRAMS Q3 September</th>
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<tr>
<td>• 452 Health facilities reported compared to 440 (Q2 June 2018)</td>
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<td>• 377 HFs are functional compared to 370 in the previous quarter.</td>
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<td>82 (22%) Hospitals, 69 (18%) mobile clinics, 18 (5%) ** others health facilities</td>
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</table>

* Specialized care facility: health center provides one health service (Physical Rehabilitation centers, Leishmaniosis centers. Nutrition center, Dialysis center Etc.)
**Ambulance network, Blood Bank, Central Lab
Support to health service delivery

In November 2018, WHO as cluster lead agency delivered 6 cross border shipment to Idleb and Aleppo, providing 520,220 treatments to 186 Health Facilities (128 PHC, 53 SHC) supported by 26 health cluster NGO partners, namely:

- 116 Interagency Emergency Health Kits (IEHK), basic units providing 116,000 treatments,
- 13 Interagency Emergency Health Kits, supplementary units, providing 130,000 treatments,
- 15 Surgical Supply Kits, providing 1,500 treatments,
- 14 Trauma Kits, providing 1,400 treatments,
- 268 Burn Dressing Kits, providing 10,720 treatments,
- 11 items of Essential Medicine sets, providing 160,000 treatments,
- 12 Anaesthesia Kits, providing 600 treatments,
- 10 Non-Communicable Diseases Basic Kits, Insulin and Medicine Modules (10,000 treatments)

The Health Cluster HRP monitored Indicators Report for November 2018 was produced. Based on the report, 90% of the active health partners reported (45 out 50), reaching 67 sub-districts in six governorates (Idleb, Aleppo, Hama, Lattakia, Ar-Raqqah and Al-Hasakeh). 8% of the all medical procedures were served in hard to reach areas. Circa 882,000 outpatient consultations were provided by the health partners, showing a decrease of 12% compared to the previous month. 14% of the total outpatient consultations were provided by mobile services. Over 7,700 cases were referred for specialized/secondary health care, 9% of them were referred to Turkey. 8,970 deliveries were assisted by skilled birth attendant, of them 26% – by caesarean section. The full update indicators can be seen in below table:

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<th>Indicator</th>
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Health Cluster Members, Technical Working Groups (TWG) and task forces Updates

Non-Communicable Diseases (NCD) WG

During the month of November the NCD TWG conducted assessment of the capacity of nine PHCs participating in NCD kit piloting. Assessment was conducted based on a graded criteria covering human resources availability, access to a good functioning pharmacy, waiting area, reception area, triage area, consultation area, laboratory, access to electricity and water, numbers of doctors trained on NCD/PEN and assistant pharmacists/pharmacists trained on pharmacy management, access to essential equipment, pharmacy services, laboratory, ambulance and referral network.

Based on the assessment, PHC were graded as follows: Maar Dibsi PHC (HiH) got the highest grade of 27; Heish PHC (RI) – 26; Zarbah PHC (SAMS) – 25; Zardana PHC (QRCS) – 25; Ariha PHC (Al-Ameen) – 24; Abzemo PHC (SAMS) – 23; Telef Al Sham (WATAN) – 22; Rakaya PHC (SRD) – 21; Qah PHC (MdM) – 16.

Recommendation was made to start pilot in Maar Dibsi PHC. SRD field team will start on-job training and supervision on NCD process, SOPs and template for guards, cleaners, receptionists and triage nurses. The field team will follow up on the implementation of the processes, SOPs, template and reports, and will re-train PHC staff as needed based on supervision and follow up findings.

PHC Network, Referral system & Afrin WG

The Referral system currently covers 85 facilities in the vicinity areas of Saraqeb, Marat Numan and Idleb cities in Idleb Governorate. Partners include SRD, PAC, HIH, UOSSM, SAMS, SR, SHAFAK, SIMRO and IHD. Population living in the area served by these facilities is around 800,000 people. December referrals were 5,746. Increasing referrals (see graph) requires training, regular visits to facilities and facilitation of emergency & non-emergency vehicles.

WHO is supporting the referral system, training and supervision on NCD process, SOPs and template for guards, cleaners, receptionists and triage nurses. The field team will follow up on the implementation of the processes, SOPs, template and reports, and will re-train PHC staff as needed based on supervision and follow up findings.

A working group on Afrin was resumed to organize PHC services in this district of Aleppo. The Working Group met and produced a proposal to define 15 PHC centres to cover the district (population 400K). More than 40 communities with an average of 1,500 population will be served by 7 mobile teams to be linked to specific PHC unit.

A referral system of patients from Mobile teams and PHC centres to two hospitals also included in this service delivery model. The model also includes 8 ambulances, 6 non-emergency, with a central referral desk to be created to coordinate referrals. Training for ambulance paramedics and health staff at facilities to ensure efficiency and quality of referrals included in this model.

The Health Cluster with WHO support finished preparation of a common Standard Operational Procedures (SOPs) for Infection Prevention and Control at PHC facilities in the referral network of Idleb.

Preparations for first pilot of the SOPs started in October 2018 and expected to be launched in January 2019.
In July 2018, a group of organisations involved in providing healthcare services for Syrians conducted a survey. The aim was to assess the number of people with disabilities in Syria, and to understand what type of healthcare they needed and if they experienced problems getting this care.

Teams of interviewers were specially trained and then went to randomly selected households in Western Aleppo, Idleb and Ar-Raqqa. These teams asked to speak with every adult in the house at that time, and asked about their health - whether they had significant problems doing everyday activities like seeing or walking, and what health services they needed but could not get, and why.

Persons with disabilities are disproportionately affected during situations of conflict and emergency. Aggravation of existing impairments due to environmental change, stress and limited access to and disruption of services, in addition to the creation of new impairments from ongoing violence, all contribute to the burden of disability. Women and girls with disabilities are particularly vulnerable to experiencing violence, exploitation and abuse. Despite these risks, data on persons with disabilities in conflict situations remains limited. In the absence of more specific evidence, the global prevalence rate estimated at 15% by WHO. However, this figure is not designed to account for increases related to protracted conflict. Rates of disability in Syria must also be interpreted in light of the high levels of contamination with unexploded ordnance, which will contribute to the creation of new disabilities for years to come.

**The Survey Key Findings:**
- The prevalence of disability and reported cause of impairment varied by governorate, with a higher representation of conflict related injuries among young males in the Northwest. A comparatively lower rate of disability in Ar-Raqqa (21%) can be partially explained by the gender breakdown of participants, given that men are more frequently injured by fighting, and made up around three quarters of the surveyed population in the Northwestern governorates.
- The most common difficulties recorded were related to mobility, whether walking or climbing stairs or activities such as being able to dress or wash oneself. An average of 12% of respondents with disabilities experienced difficulties in more than one domain of functioning, such as walking and vision.
- Across the governorates, one in 6 people reported feeling “a lot” of anxiety on a daily or weekly basis, while one in ten reported feeling “a lot” of depression daily or weekly. One in eight people experiencing either of these feelings on a daily basis was the primary caregiver for at least one child.
- Majority of persons with disabilities stated that they had unmet health needs, with cost and distance from the service the most common barriers to accessing healthcare across the three governorates. Specifically in Idleb, an area that has experienced heavy attacks on health facilities, half of all persons (50%) wanting to access health services stated they were afraid to travel to health facilities to do so.
- Knowledge about available services, particularly mental healthcare, was limited and lack of information was reported as a common barrier to accessing healthcare across the three governorates. 1 in 3 people in Ar-Raqqa and approximately half of respondents in Idleb and W. Aleppo reported they either did not know whether mental health services were available, or where to find them. Over 75% of people with a disability or feelings of anxiety or depression said that they needed healthcare which they weren’t able to get because it was too expensive, too far away, or that the right service didn’t exist.

**Monitoring and prevention of aid diversion, sexual exploitation and abuse (PSEA)**

During August to October 2018, the Turkey cross-border interagency PSEA Network conducted community consultations in the governorates of Idlib, Hama and Aleppo on the conduct of humanitarian workers and the community’s experiences, perceptions and preferences in using complaints and feedback mechanisms (CFMs).

A total of 630 community members were reached in the consultations: 516 persons participated in Focus Group Discussions and 114 persons participated in personal interviews. 1 in 6 persons reported that they had, or they knew someone who had, been asked to exchange something for aid. Subject of exchange was “personal relationships” (12%), money (23%), personal belongings (7%).
It was revealed that existing community based feedback mechanisms (CFMs) are not trusted widely and not designed according to community needs. Community responses about CFMs are as follows: 91% of respondents reported that they had not been consulted in the design of any CFM; 77% of males and 75% of females knew of at least one CFM, only 15% reported ever having used one.

Literacy rates are seen by the community as a factor determining whether people submit complaints. 37% of respondents perceived that those who cannot read or write are unlikely to submit complaints.

There is a disproportionately high risk of women from the affected population experiencing misconduct, and these women not reporting it: 72% of the sample perceived that women are the most likely to get asked for something in exchange for aid. Of those that reported having used a CFM, there are half as many women as men.

Persons with disabilities & adolescents have particularly low awareness levels. 1 in 6 persons did not know that humanitarian workers must follow a code of conduct. Half of these were persons with disabilities (33%) and adolescents (17%). 1 in 12 community members were not aware that aid is free; almost half of these (42%) were adolescents.

**Orient for Human Relief (OHR)**’ MRI department has been inaugurated at the **Orient Medical Complex** in Idleb city on Saturday 29/12/2018. This service is free of charge as well as all services that are provided by OHR. The Syrian NGO had developed a computer-based system to record the queue for MRI. This system takes into account the referrals received from different parties. Two days after the launch of the MRI department, the appointments reached till the month April 2019, at a full schedule of 8 hrs per day.

The MRI device is the only free of charge in NWS, where the cost of MRI scan in another paid device is nearly 70-100USD, and because of the availability of the operation of MRI machine up to 24 hours a day, Orient is welcoming any organization that would like to participate in the operation of this device for a longer time and contribute in this project through a partnership, which includes the payment of the additional costs of MRI operation, such as staff salaries, fuel and other running expenses.

**Syria Relief and Development (SRD)** supports 26 primary health care facilities and 7 secondary health care facilities in northern Syria and three ambulance systems.

The PHCs provided 68,244 primary health care and MHPSS services and the secondary care facilities including two trauma hospitals provided 7,456 outpatient consultations, 472 inpatients services, 591 minor surgeries and 329 major surgeries during the month of Dec-2018.

In addition, SRD supports two dialysis centres in Aleppo with 685 treatments given, two Rehab Centres (Azaz, Aleppo and Albab, Aleppo) servicing 120 beneficiaries, and 1,448 sessions. Two nutrition centres (IYCF) (Azaz, Aleppo) servicing 713 beneficiaries which received IYCF awareness sessions, 2,498 pregnant and lactating women (PLW) which screened for malnutrition and 2,286 children (6-59 months) screened for malnutrition.

Referral system provided 5,434 referral services (1,580 emergency cases & 3,854 non-emergency cases).

Lastly, SRD supports five Maternity and Child Hospitals provided 25,492 outpatients and 2,155 inpatients services; and 1305 normal deliveries and 269 Caesarean-sections.
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-Marra district, the Syrian NGO provided health services in 12 communities throughout Al-Hakeem centre and SDI’s mobile clinics. During the month of December, the total number of the beneficiaries reached was 9,833 beneficiaries, 90% of them were Women and Children under 5 years.

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The Health Cluster with WHO supports aims to determine the prevalence of Hepatitis-C Virus among haemodialysis patients in Northwest Syria and to identify the testing routines and infection control measures used in the dialysis centres.

Al-Ameen for Humanitarian Support (AHS) supports five primary health care facilities in Afrin district, one PHC in Albab district (Alfurat shield) and one Comprehensive health care facility in Ariha district in the NWS. In December AHS provided:

- 12,633 PHC consultations
- 160 Kidney dialysis sessions
- 265 physical therapy sessions
- 4,130 medical services by Mobile teams
- 690 CMAM services and 3,527 Nutrition services for both children and women provided by CHW team

By the end of 2018, the WHO managed Surveillance System for Attacks (SSA) on Health Care (http://ssa.who.int) has verified a total of 139 attacks against the health care, resulting in 101 deaths and 189 injured. Of the health facilities strike – six were reported as de-conflicted health facilities.

Monitoring of violence against health care

By the end of 2018, the WHO managed Surveillance System for Attacks (SSA) on Health Care (http://ssa.who.int) has verified a total of 139 attacks against the health care, resulting in 101 deaths and 189 injured. Of the health facilities strike – six were reported as de-conflicted health facilities.

SAVE THE DATE: Consultation on the Side-event on "Attacks on healthcare & Accountability in Syria" - March 2019 – OCHA

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