11.3 MILLION* IN NEED OF HEALTH ASSISTANCE
6.6 MILLION* INTERNALLY DISPLACED
3.58 MILLION SYRIAN REFUGEES IN TURKEY
137** ATTACKS AGAINST HEALTH CARE (**JAN-NOV 2018)

HIGHLIGHTS

• The **polio outbreak** of circulating vaccine-derived poliovirus type 2 (cVDPV2) detected in 2017 in Syria has been successfully stopped, with no international spread, according to experts.

• In northwest Syria, a total of 837 renal failure patients are receiving lifesaving hemodialysis services through 20 specialized facilities (6,575 sessions on a monthly basis).

• The number of IDP movements so far during 2018 were highest in Aleppo and Idlib governorates, with some 515,000 IDP movements recorded in Idlib Governorate alone (as 30 Sept 2018)

• The rate of disability in Syria is significantly over 15% of the population. An average of 45% of persons injured during the Syria crisis are expected to sustain a permanent impairment (e.g., amputation, spinal cord injury) and required specialist support.

• The Turkey Humanitarian Fund 4th Reserved Allocation was launched with the Health Cluster requesting ca $5.5M to fill urgent gaps in identified priorities.

1 Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northern Syria.
2 Figures reported as for the end of October 2018.
3 Routine immunization with pentavalent vaccine
Situation update

Humanitarian organizations raise alarm over attacks on health workers in northwest Syria

There have been a large number of attacks on health workers in Syrian Arab Republic, according to the humanitarian health organizations operating in northern Syria. Reports from the field have shown that removal of health workers (kidnappings) was a rarity in 2017, yet by the end of 2018 it has become systematic with an attack almost every month with a total of eight attacks so far. The attackers are obstructing life-saving interventions to vulnerable people.

Humanitarian organizations have noted that the majority of reported attacks in recent months have been mostly in northwest Syria, where over three million people are in need of healthcare services. Every attack is devastating with immediate consequences for provision of health care including repeated suspension of services in the health facilities and the psychological toll on health workers impeding their ability to perform their duties.

At the moment, northwest Syria has a structural shortage of qualified health workers with only 2.45 health staff per 1,000 people when the minimum as per global standards should be 4.45 per 1,000. Increased kidnappings of health care workers are having a negative psychological effect the last remaining staff, particularly in hard-to-reach places close to the control lines, and further loss of health workers will mean more health needs remain unmet both in the short and long term.

At the time of writing this bulletin, WHO EMRO officially reported on 2 December 2018 that Polio outbreak in Syria successfully stopped\(^5\). “In October 2018 an official outbreak response assessment (OBRA) review concluded that the transmission of vaccine-derived polio had been successfully interrupted in Syria. The assessment, comprising experts in global public health, virology and epidemiology, reviewed all available surveillance and immunization evidence from the past 18 months, and conducted first-hand field visits to the affected areas, including the epicenter of the outbreak, Deir Ez-Zor. The group concluded that the outbreak could now be closed.

The first cases of the cVDPV2 outbreak were confirmed in June 2017, in Deir Ez-Zor governorate in eastern Syria. It resulted in 74 cases, the most recent of which had onset of paralysis more than 12 months ago, on 21 September 2017.

This outbreak was tackled with the same outbreak response approach that successfully stopped a wild poliovirus type 1 (WPV1) outbreak in 2013 in the same area of Syria. Despite the high risks associated with large-scale population movements, deteriorated health infrastructure, and the access and insecurity issues affecting some of the outbreak area, effective collaboration by local authorities on surveillance and vaccination ensured health workers could reach and vaccinate enough children to raise immunity levels.

*Syria is no longer infected with polio but is vulnerable to re-infection.* It remains subject to temporary recommendations issued by the International Health Regulations Emergency Committee.”

Public health risks, priorities, needs and gaps

The Tuberculosis (TB) program of Government of Syria does not deliver services cross line to the north west of Syria. Access to TB diagnosis and treatment is not sufficient in north western Syria due to lack of trained adapted and appropriately equipped health care structures, lack of trained staff (doctors, nurses and laboratory technicians) and repeated and prolonged stock outs of quality TB medicaments due an unreliable local supply chain. Reporting, monitoring and evaluation mechanisms are also not adapted or not existing.

In 2018, partners reported to consult an increasing number of suspected TB cases. An evaluation by WHO in July documented 605 TB patients under treatment. The detection rate is low. According to the TB profile by WHO for 2016, the estimated TB incidence in Syria (number of new TB every year) is 21 per 100,000

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population. Considering an estimated population in northern Syria of around 4.5 million, the estimated incidence of new TB cases should be 960 TB patient/ year. Yet, it is very important to consider that due to the particular conditions of the areas covered, existing TB cases are very likely to be much higher and cumulative over several years.

Non communicable diseases remain among the most prevalent health issues in Syria. WHO estimates that approximately 12% of the population have diabetes and 20% suffers from hypertension. Untreated non-communicable diseases lead to serious complications such as renal failure and disability due to stroke and amputations. In northwest Syria, a total of 837 renal failure patients are receiving lifesaving haemodialysis services through 20 dialysis centres (6,575 sessions on a monthly basis).

Health Cluster Coordination

During the month of November two health cluster coordination meetings were held plus one an ad-hoc meeting addressing the health cluster identified priority funding gaps and was presented to the Turkey Humanitarian Fund emergency allocation. The following priorities were agreed by the partners:

1. **To ensure life-saving and continuity of care to the most vulnerable affected people under severe limitations to access specialized care by providing:**
   - Supporting dialysis centres with drugs, medical consumables for 400 patients
   - Support for 1,200 tuberculosis patients in selected TB centres with medicines, equipment and laboratory consumables, required developing human resource capacity and support running cost to provide prevention, early diagnosis, treatment and community based activities
   - Leishmaniosis Prevention (*IRS Plus) and expanded Medical (Diagnosis and Treatment) coverage.

2. **To ensure access to health care services to most vulnerable people living in underserved areas:**
   - Assuring efficient referrals of vulnerable patients to and between health facilities.
   - Support the operation of 10 PHC centres and 7 hospitals covering underserved areas.

The Heath Cluster team represented the Gaziantep Cluster Hub and actively participate in the WHO Department of Health Emergencies First Regional Health Cluster Meeting held at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt from 5 - 7 Nov 2018.

The purpose of the first Regional Health Cluster Coordinators Meeting was to strengthen Country Cluster’s capacity to better coordinate health response in emergencies through operationalizing cluster-specific guidelines and documents, connect health clusters in the region together to exchange ideas, activities and successful experiences to boost the cluster work discuss, harmonize health cluster critical areas of work with agreement on minimum requirements and identify solutions for some common challenges facing health clusters in the region and to identify other areas of support that health clusters would need from the regional level.

In addition the HCC attended a-training by the Global Health Cluster (GHC) Health Cluster Coordination on 20-29 November 2018. The meeting included Health Cluster Coordinators and Health Cluster Public Health Information officers in order to develop a cadre of high performing personnel to effectively lead and coordinate the cluster to deliver an effective response to achieve better health outcomes.

**WHO EMRO First Regional Health Cluster meeting objectives:**

- Strengthen the understanding of how clusters align with WHO at the regional and country level
- Operationalize of cluster guidelines and document such as implementation of cash-based programming, integrated approach with other sectors/cluster and other guidelines based on contexts of each cluster.
- Improve information management through identifying gaps, suggesting solutions and sharing experience and resources as available.
- Improve quality of health care provided by health partners through improved cluster capacity and monitoring of services.
The GHC Health Cluster Coordination meeting objectives were:

- Build and strengthen the capacity of Health Cluster Coordinators to lead and coordinate the planning, implementation and monitoring of more effective, efficient, timely and predictable evidence based humanitarian health interventions in acute and protracted emergencies.
- Build and strengthen the capacity of Information Management Officers/Public Health Information Services Officers to lead and coordinate the generation of evidence based planning, implementation and monitoring of humanitarian health interventions in acute and protracted emergencies.
- Ensure that participants can effectively and collaboratively carry out the tasks and duties associated with the Terms of Reference for Health Cluster Coordinators and Information Management Officer/ Public Health Information Services Officers.

**Support to health service delivery**

- 90% of the active health partners reported [43/48]
- 68 of the sub districts reached in six governorates (Idleb, Aleppo, Hama, Lattakia, Ar-Raqqa and Al-Hasakeh)
- Over 960,000 outpatient consultations provided by the health partners
  - decrease of 7% as compared to previous month
  - 13% of the total provided by mobile services
- Over 8,500 cases referred for specialized/secondary health care
  - 8% of the cases referred to Turkey
  - 10,463 deliveries assisted by skilled birth attendant
    - 24% by caesarean section.

### Provision of health services per Indicator – 2018

<table>
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<tr>
<th>Indicator</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>AVERAGE</th>
<th>Grand Total</th>
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Report includes late report figures of previous months

Members Updates:

In November Bahar Organization continued to provide free preventative and curative health services, both in primary and secondary health care levels. Health activities are 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, all evaluations performed revealing compliance with standards and great beneficiaries’ appreciation for the services.

Since the 1st of November, Bahar start supporting primary health services in Mareen community, Azaz sub-districts in Aleppo governorate through Mareen Primary Health Centres PHC.

Through this project, Bahar will activate and maintain the existing health services that are delivered to the target population. The project will support and improve the following aspects:
1- Health consultations and services.
2- Health Information System.
3- Pharmaceutical management.

Syria Relief and Development (SRD) supports’ 26 primary health care facilities and seven secondary health care facilities in northern Syria and three ambulance networks. The Referral system provided 4356 referral services (896 emergency and 3460 non-emergency cases).

SRD PHCs provided 64,357 primary health care and MHPSS services; and the secondary care facilities including two trauma hospitals provided 9,413 outpatient consultations, 628 inpatients services, 620 minor surgeries and 378 major surgeries during the reporting month of November.

In addition, SRD supports two dialysis centres in Aleppo with 699 treatments given, two Rehab Centres (Azaz and Albab in Aleppo) servicing 165 beneficiaries, and two nutrition centres (IYCF) (Azaz, Aleppo) servicing 696 beneficiaries which received IYCF awareness sessions, 3128 pregnant and lactating women (PLW) screened for malnutrition and 3198 children (6-59 months) screened for malnutrition.

SRD supports five (5) Maternity and Child Hospitals provided 21,829 outpatients and 2,020 inpatients services; and 885 normal deliveries and 293 Caesarean-sections. Ten integrated Family planning-GBV mobile clinics and three Women & Girls Safe space centres provided consultations of RH and GBV services.

Medical Teams International (MTI) with support from WHO and GIZ, developed a Community Health Project aiming at recruiting and training a network of 112 Community Health Workers (CHW) and supervisors in Aleppo and Idleb Governorate; in Sarmada, Atareb and Terminin to provide services to a catchment population of 100,000. This project serves as a pilot for rolling out the standard package of community health services which was developed by the Community Health Working Group.
MTI conducted CHW Training of Trainers (ToT) for 16 team leaders and 4 supervisors. The training has been conducted in Northern Syria and lasted for 14 days.

Besides the CH Project, MTI fully supports Sarmada and Termanin PHC and partially supports Armanaz PHC in Idlib governorate. In Aleppo governorate, MTI supports Atareb PHC. Moreover, MTI is maintaining a medical supply line to northern Syria through partner NGOs providing medical consumables to hospitals and PHCs in Azaz, Jarablus, Albab, in Aleppo in addition to several districts in Idlib.

Sustainable International Medical Relief Organization (SIMRO) continues supporting primary health care services in Al-Basheria, Jisr Al Shugur sub-district and in Saraqb sub-district, both in Idlib governorate.

During the reporting month, in their maternal and child programmes, the NGO attended to over 3,400 children and close to 2,600 females. 90% of their beneficiaries are children and women.

Independent Doctors Association (IDA) has opened six (6) Child Friendly Space “CFS” in the following IDP camps: Al-Nour, Al-Iman, Al-Rayyan, Shamarekh, Ekdeh, and Zoghara; and opened a PHC in Kafr Halab in western rural of Aleppo.

IDA conducted IMCI training for 5 days for PHCs’ physicians of Al-Nour, Al-Iman, Shamarekh, and Ekdeh; and started a 16 Days of Activism Against GBV Campaign since 25th November and will end on 12th December 2018 in six (6) PHCs.

The World Health Organization (WHO Gaziantep) delivered cross border in Syria from January – November 2018 a total weight of 496.99 tons of health supplies, including:

a) Essential Medicines – 181.86 tons
b) Medical Kits – 315.02 tons
c) Medical Equipment – 116 tons

WHO supplies delivered provided an estimated total number of 3,799,711 treatment courses.

Monitoring of violence against health care

The targeting of humanitarian workers in northern Syria continues to be a major challenge to humanitarian action and is worsening day after day in terms of kidnappings.

The Surveillance System of Attacks on Healthcare (SSA), registered 137 attacks on health care took place in Syria during the first 11 months of the year, resulting in a reported 97 deaths and 165 injuries, compared to 122 verified attacks in 2017, reportedly resulting in 73 deaths and 149 injuries.

In November, no health workers casualties as a result of the attacks were reported on the SSA. (http://ssa.who.int)

The Health Cluster partners condemn the attacks and call for all actors of the conflict to respect the sanctity of health care, ensuring the protection and safety of health workers.