



## Whole-of-Syria health cluster bulletin 1-31 October 2018

MoH Staff in National Polio Laboratory. The lab was upgraded during the course of the polio outbreak which increased Syria's National Polio Laboratory (NPL) poliovirus diagnostic capacities, allowing for more comprehensive testing of samples and faster identification of results. Photo: WHO



12M  
NEED HEALTH ASSISTANCE



7M  
IDPS AND RETURNEES



25%  
CLUSTER FUNDING



137  
ATTACKS ON HEALTH CARE

### HIGHLIGHTS (OCTOBER 2018)

- **Conflict** remained intense around the last remaining ISIL stronghold in NE Deir-ez-Zor. On October 11th a raid occurred on the makeshift Hajin IDP camp, followed by the relocation of the inhabitants to ISIL-controlled areas. Regular coalition airstrikes continued, with frequent reports of civilians being affected. In Idleb, hostilities were reduced across the governorate during October, although an increase in kidnapping incidents of medical and humanitarian workers was reported.
- The Outbreak and Response Assessment (OBRA) mission conducted in October concluded that the 2017 **outbreak of vaccine-derived polio** has now been contained. An outbreak of **acute jaundice syndrome** was reported in Afrin schools. Regular sand storms occurring across Syria have contributed to a marked increase in the burden of **respiratory illnesses** since September, while floods due to rains increased the risk of **water-borne infections**, especially in camps. The lack of access to **TB diagnosis and treatment** by populations in NSAG controlled areas is an oft-reported concern.
- The situation of the population in **Al Rukban camp** on the border with Jordan remains dire, with only minimal humanitarian assistance provided since January 2018. The UN inter-agency convoy scheduled to take place in October to deliver assistance to over 50,000 inhabitants was delayed to November due to logistic and security reasons.

### HEALTH SECTOR DATA (SEPTEMBER 2018)



191 HEALTH CLUSTER PARTNERS ACROSS SYRIA  
4 HEALTH COORDINATION HUBS: SYRIA (2), JORDAN AND TURKEY

#### HEALTH SUPPLY DELIVERY



1 200 000 TREATMENT COURSES DELIVERED

#### HEALTH FACILITIES



504 FACILITIES PROVIDING REHABILITATION  
178 FACILITIES PROVIDING EMERGENCY OBSTETRIC CARE  
279 MOBILE CLINICS IN OPERATION

#### HEALTH ACTION



1 960 000 MEDICAL CONSULTATIONS  
13 900 DELIVERIES WITH SKILLED BIRTH ATTENDANTS  
1 351 WAR-RELATED TRAUMA CASES

#### VACCINATIONS



35 250 PENTA3 FOR CHILDREN <1

#### EWARN AND EWARS



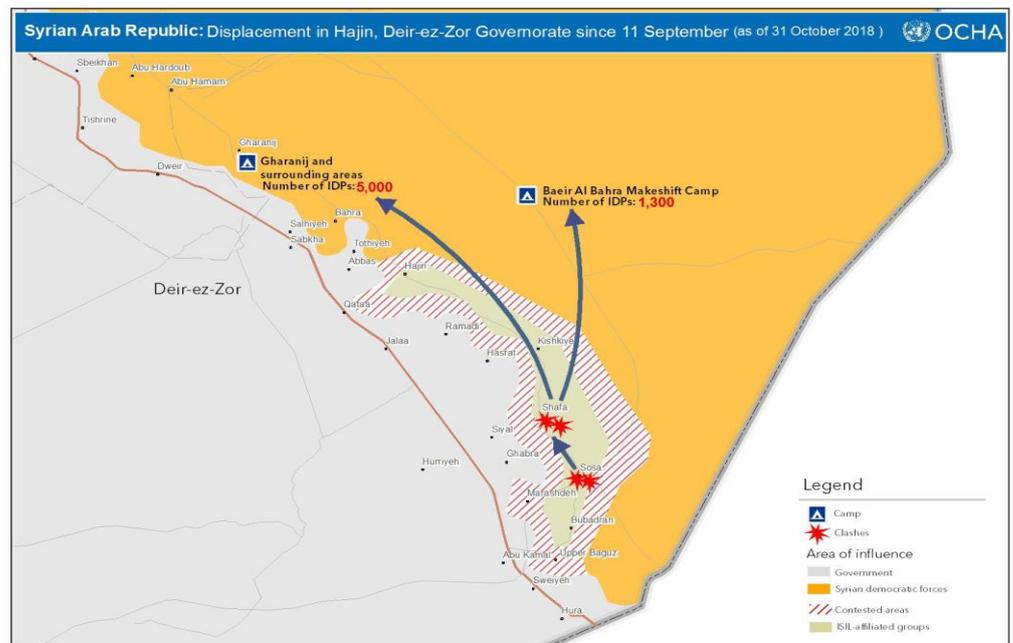
1 582 SENTINEL SITES REPORTING

## Situation update

Access to northern rural Homs improved in October with agreements being reached between the UN and the GoS. Access to E. Ghouta remains restricted, with the UN inter-agency humanitarian missions on hold since June 2018. The majority of the population has returned to their homes, and approximately 5,000 people, mostly males, remain in the IDP camps. Once Decree 18 issuing general amnesty for military deserters has been issued, most of these are also expected to return.

Conflict remained intense around the last remaining ISIL stronghold in NE Deir-ez-Zor. On October 11th a raid occurred on the makeshift Hajin IDP camp, followed by the relocation of the remaining inhabitants to ISIL-controlled areas.

Agencies working in this camp relocated their services to Al Busayra villages/IDP settlements. During October, regular coalition airstrikes continued, with frequent reports of civilians being affected. Despite the continued hostilities, the number of newly displaced people from the ISIL-controlled Hajin enclave to surrounding SDF areas was relatively small (see map).



The demilitarized zone around Idleb officially took effect on October 15<sup>th</sup>, with the condition of removal of all heavy weaponry from the area by this date generally being met. With the ceasefire holding, hostilities were reduced across the governorate during October, allowing humanitarian actors working cross-border from Turkey to continue their activities, although this was constrained by restrictions on the use of the Bab Al Hawa border crossing for US and UK funded relief efforts. Insecurity continued, with reports indicating an increase in kidnapping incidents of medical and humanitarian workers in Idleb during October.

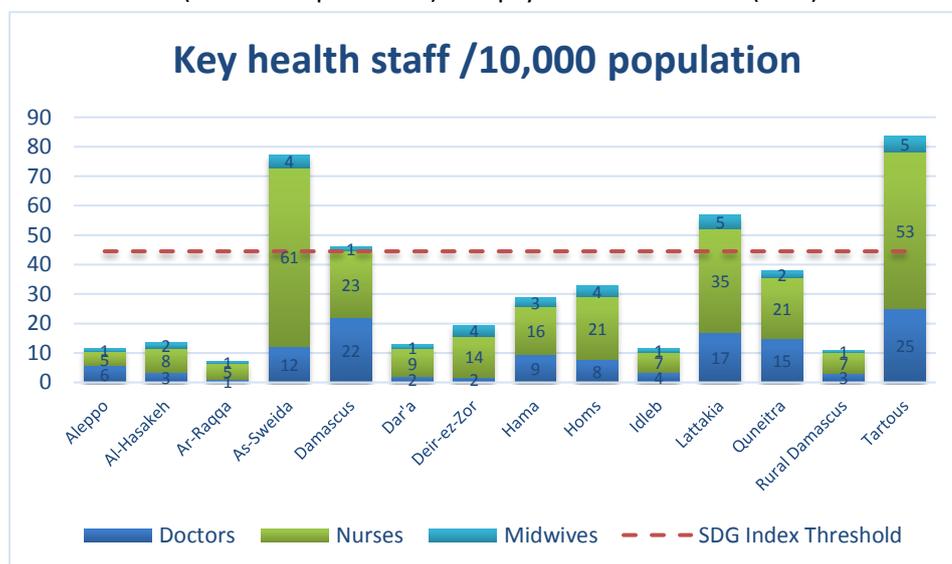
The critical humanitarian situation in Al Rukban camp at the border with Jordan received increasing media attention during October. Limited supplies reached the camp since January 18<sup>th</sup> and the one existing health facility is only able to provide basic first aid due to limited supplies of medicines and human resources. During October sandstorms and floods further compounded the dire situation of the camp's inhabitants. A convoy from Damascus scheduled to provide food, non-food items, basic health kits, WASH and nutrition supplies to over 50,000 camp inhabitants was postponed to November due to logistic and security constraints.

In NE Syria, reports were received of disruption to education and health services in Ar-Raqqa and Al-Hasakeh governorates. On the 24<sup>th</sup> of October the Kurdish Self-Administration (KSA) reportedly closed four Primary Health Care Centres (PHCs) and immunization services centres supported by UNICEF and WHO. On the 25<sup>th</sup> of October a number of health and nutrition clinics treating cases of severe and acute malnutrition in Ar-Raqqa city were also closed. Conditions in many IDP sites have reportedly deteriorated, with harsh weather conditions (cold, floods and sandstorms) as well as decreasing assistance. An organised process of return continues from all IDP sites, with the overall trend of return slowing, likely due to the approaching winter season.

## Public health challenges

- The health sector response across Syria is constrained by an **irregular health supply chain**, meaning people often have to pay out of pocket for treatments. Among 12,191 key respondents to the national MSNA survey in June, the types of medicines that were reported to be not available in their communities include NCD treatments such as cancer (identified by 73% of respondents), asthma (20%) and diabetes (18%). Other medicines included those for tuberculosis (62% of respondents) and psychiatric disorders (33%).

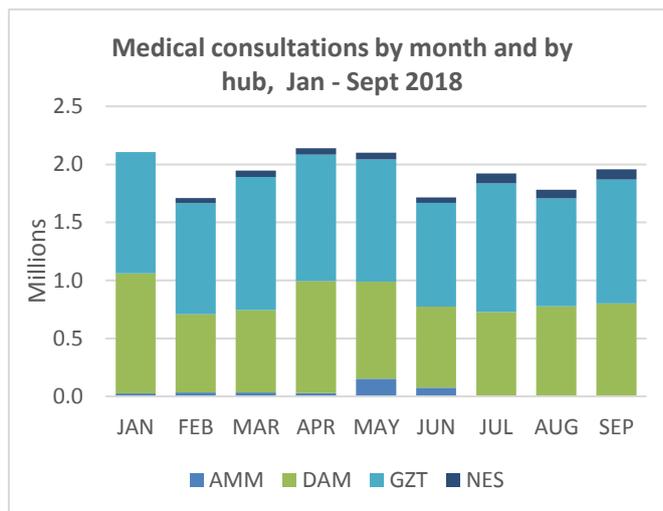
- Human resources for health shortages** exist across the country, with Q2 consolidated HeRAMS data indicating that only four governorates meet the SDG Index Threshold of 44.5 doctors, midwives and nurses per 10,000 population. Additional challenges include high staff turnover, taxation by local authorities, and different salary scales for health workers used by humanitarian partners.



- The poorly or non-functioning water and sanitation infrastructure in many parts of the country, in addition to flooding due to the start of the rains in October, contributes to an **overall high risk of transmission of water-borne infectious diseases**. The risk is especially high in IDP camps and makeshift settlements. Outbreaks currently being investigated include suspected Typhoid in NES camps and Acute Jaundice Syndrome (Hepatitis A) in Afrin schools.
- The capacity for diagnosis and treatment for **HIV and Tuberculosis** is limited across Syria. In NES suspected cases and patients who do not have access to GoS services in Al Hasakeh cannot receive treatment. Access is better in NWS, but targets for TB case-finding are not being met, and there is a suspicion that actual numbers of cases are even higher than the established targets.
- Routine vaccination** coverage rates remain low, especially in Ar Raqqa and Deir-ez-Zor. Nonetheless, with targeted campaigns and concerted efforts, the overall incidence of measles and other vaccine-preventable diseases has been on the decline across Syria during the second half of the year. An OBRA assessment conducted in October confirmed that the vaccine-derived polio outbreak that started in 2017 is now over.
- Attacks on health** continued to take place, although numbers were low. Three incidents were reported during October, with no reports of loss of life or injuries. Until the end of October 2018 the total attacks reported were 137, with 97 fatalities and 169 injured. Targeted attacks on health facilities, use of facilities for military purposes, and the safety of patients and health workers remain one of the primary concerns of the health sector.
- Access constraints** continued to hamper the provision of humanitarian health services across Syria, including East Ghouta, Ar Raqqa and parts of Deir-ez-Zor.
- Referral of patients to specialist services** remains a challenge across the country, with a considerable organizational burden falling on the Damascus hub as many such services are available only in GoS controlled areas. For the Gaziantep hub, cross-border referrals of severe cases to Turkey is a key coordination issue. In NES safe evacuation of trauma cases remains a practical and security concern. The Government of Jordan has accepted to allow severe medical cases from Rukban camp access to medical treatment in the country.

## Health cluster response

- Between January and September 2018, health sector partners delivered 17.4 million medical procedures, including outpatient consultations through static and mobile services, mental health services, physical rehabilitation services, and cases referred inside Syria to specialized treatment. Some 9.5 million treatment courses were delivered across the country.
- Over 443 thousand trauma cases were supported, of which 7 per cent were war-related. In line with an overall de-escalation of the conflict across Syria, the number of war-related trauma cases has declined from a monthly average of 5,350 during Q1 of 2018 to a monthly average of 1,820 in Q3.
- The humanitarian assistance to NES has increased significantly over 2018. The number of medical procedures reported for three governorates (Al Hasakeh, Deir-ez-Zor and Ar-Raqqa) through the monthly 4W reporting has more than doubled, from 80,000 in January to over 160,000 in September. Where at the start of 2018 the bulk of the support was provided through the Damascus hub, in September 2018 more than half of the medical procedures in the three governorates were reported by NES HWG partners. With the 4W reporting for NES continuously being strengthened, and a number of key health INGOs not reporting into the 4W system, the overall health response coordinated through the NES HWG is actually higher than reflected by these figures.
- Training of health workers was intensified during September 2018. Over 2,270 health workers, including community health workers, participated in training courses. For the Damascus and Gaziantep hubs, the topic of many of the trainings was on the response to chemical attacks. Other courses were conducted on topics such as MH-GAP, psychological first aid, rational use of medicines, and the management of NCDs. In NES, training topics included breast cancer, and assistive devices and referral criteria for rehabilitation services.
- Although the deadline for submission of the HNO text was moved to January 2019, additional data analysis was done during October to further improve the Humanitarian Needs Overview, in line with the finalized document on Data Sources and Triangulation Methodology for the HNO for the Health Sector. Efforts were also undertaken to support mainstreaming of disability into most of the sector chapters of the HNO. In preparation of the proposal submission process to take place in 2019, training of health cluster partners on the new OPS and the new Gender and Age Marker took place in most hubs.
- The Attacks on Health Workshop conducted in Jordan in October made it clear that much of the reporting currently being done for Syria focuses on attacks with heavy weapons. Other types of incidents, such as obstruction to the delivery of care through intimidation or targeted closure of roads, militarization of health care assets such as ambulances and health facilities, theft and abduction/arrest/detention of health care workers are likely under-reported or not reported on at all.
- Women's health was a focus of attention during the month of October, with a session taking place in Aleppo on strengthening the health sector response on women's health, and activities took place across the country around the early detection awareness on breast cancer.
- In NE Syria, the Reproductive Health Working Group was established. During the first meeting it was decided to meet on a monthly basis, ensure the Minimum Initial Services Package for RH and Clinical Management for Rape are rolled out across NES, and plans were made to conduct a resource mapping exercise for RH. Additionally, NES health working group partners inaugurated a number of key health facilities during the month of October, providing services to key underserved areas. In Menbij and Kobane two PHCs were activated, providing emergency, delivery services, and ambulance transfers. Busayira hospital in Deir-ez-Zor also became functional, providing essential health services in an area that has been under-



resourced for a long time. Over 2,000 medical consultations were conducted during its first month of operation. The Kasra hospital maternity ward is still under rehabilitation, but OPD services are now operational, and a new PHCC and MMU are set to open in Abu Khashab.

### Future response highlights

- The main focus of the health sector for the month of November will be on the continuation of planned service delivery and the finalization of the text for the Health Sector to be included in the Humanitarian Needs Overview 2019.
- Efforts will continue to expand and strengthen health services across the entire country, with a specific focus on vulnerable populations and areas with limited access through further consolidation of referral services for specialist care and exploring opportunities for re-establishing services in under-resourced communities.
- Convoys with medical supplies, such as the further postponed exceptional convoy with supplies coming from Jordan, a cross-border convoy into NE Syria from Iraq, and the conducting of essential trainings for health staff will continue in order to ensure the availability of quality health services.
- Health sector coordinators will work closely with partners and other sectors to advocate for a sustained response to key health needs, the need for flexible and reliable funding, unrestrained humanitarian access to vulnerable populations, the cessation of attacks on health and the protection of health workers.
- The WoS team will expand the production of information products to be used by hubs and partners for strengthening planning and humanitarian response for the health sector.

**Funding status:** \$108M funding received (25 %) out of the 437M funding required for the health sector.

For specific data at hub level (Syria, Turkey, Jordan and NE Syria) please see the hub-level monthly bulletins and snapshots [available online](#), or contact the health coordinator of the individual hub.

## Success story

### The containment of the polio outbreak in Syria

On the 3<sup>rd</sup> of June 2017, it was confirmed that a circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) outbreak was taking place in Syria.

The Outbreak Response Assessment (OBRA) team conducted a follow-up mission to Syria between 29 September and 5 October 2018. Following a detailed assessment of available evidence, the OBRA team has recommended that WHO formally declare the outbreak as over.

This result could not have been achieved without the concerted and sustained efforts of all partners involved in the response.



Vaccination in Raqqa city – the first time in 2 years in Jan 2018

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