HEALTH CLUSTER BULLETIN
October 2019

Turkey Cross Border
Emergency type: complex emergency
Reporting period: 01.10.2019 to 31.10.2019

13.2 MILLION* PEOPLE IN NEED OF HEALTH ASSISTANCE
2.9 MILLION HEALTH PIN IN NWS HRP2019
3.66 MILLION SYRIAN REFUGEES IN TURKEY
73** ATTACKS AGAINST HEALTH CARE (**JAN-OCT 2019)

* figures are for the Whole of Syria HNO 2019

HIGHLIGHTS

- On the 9th October, a Turkish offensive into northeast Syria, code-named ‘Operation Peace Spring’ was launched; with the aimed to “eliminate Kurdish rebels” and establish a “safe zone” for refugees. By month ends, the operation precipitated the displacement of over 200,000 people.

- In the northwest Syria, the continue escalation of attacks in Idleb kick-off one of the largest internal displacement toward the northwestern borders closer to Turkey. With no belongings and no essential items to survive, an estimated over half million people were substituting their houses by a shelter under the trees and/or in one of the camps already settled.

- Of the approximately 630,000 IDPs who live in camps or informal settlements in northwest Syria, some 457,000 are concentrated in Harim District, in Atma and Deir Hassan sub-districts.

- As per the WHO Surveillance System for Attacks on health care (SSA), 215 attacks on health care reported over the course of 34 months – 73 between January and October 20191.

- On 24th October, the Turkey Syria Cross Border Humanitarian Fund (SCHF) announced the launch of the 2019 Second Standard Allocation.

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1 WHO Surveillance System for Attacks on Healthcare (SSA): http://ssa.who.int
2 Supplies were cross border delivered by the WHO Gaziantep Hub and distributed to implementing health cluster partners in northwest Syria.
3 Figures reported and updates are from 1 – 31 October 2019.
4 Routine immunization with pentavalent vaccine (5 in 1 vaccine)
Situation update

The second week of October 2019 was marked with the Turkish armed forces launching the named ‘Operation Peace Spring,’ - a military offensive aimed to create a 30-km “safe zone” (see insert to the right) in north-eastern Syria with the intentions to “eliminate Kurdish rebels” according to Ankara in the region, and with the end-goal to relocate the Syrian refugees living in Turkey⁶.

The “safe zone” area described by Turkey’s President Recep Tayyip Erdogan extends parallel to Turkey’s border with Syria for about 300 miles⁷. The territory proposed by President Erdogan at the United Nations General Assembly comprises an area that could provide living space for some 3 million Syrians. The “safe zone” comprises Jarablus, Manbij, Ayn al-Arab (Kobane), Tell Abyad, Suluk, Ras al-Ayn, al-Darbasiyah, Amuda, Qamishli, and al-Malikiyah⁸.

The military Turkish military offensive caused major internal populations displacements and interruption of humanitarian activities in the region. Following the start of the offensive, the US and Turkey reached, on 17 October, an agreement for a 120-hour ceasefire calling for Kurdish armed forces to move away from the Syria-Turkey border, and by the end of the month according to OCHA over 200,000 people were displaced.

During the same period, in the NW Syria, an estimated more than 500,000 people were forced to move as a result of the increase of violence between the Government of Syria forces and its allies and non-state armed groups. Seeking for secure shelter people were leaving behind their houses, belongings and shelters; some were forced to move more than twice too, heading toward areas near the Syrian-Turkish border which are densely-populated with an overwhelmed humanitarian assistance.

According to CCCM Cluster of the approximately 630,000 IDPs who live in camps or informal settlements in northwest Syria, some 457,000 are concentrated in Harim District, in Atma and Deir Hassan sub-districts. Adequate shelter remains one of the most pressing needs for the internally displaced people and for the host communities. With winter rapidly approaching, winterization needs are becoming more urgent as women, children and men who live in open air, makeshift settlements or unfinished buildings will be at greater risk as the weather gets colder⁹. To respond to these, identify population needs, the SCHF announced the launch of the 2019 Second Standard Allocation targeting the most vulnerable population in the most affected geographical sub-districts identified by the cluster partners.

The end of the month concluded with the news that Daesh/ISIS terror leader Abu Bakr al-Baghdadi was killed during an October 26th raid by the U.S. forces in Idlib governorate¹⁰.

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⁷ Timeline Turkey, 8 October 2019 http://timelineturkey.com/refugees/turkey-offers-safe-zone-for-3m-syrians
⁸ Timeline Turkey, 8 October 2019 http://timelineturkey.com/refugees/turkey-offers-safe-zone-for-3m-syrians
⁹ Syrian Arab Republic, Recent Developments in Northwestern Syria, Situation Report No. 13 - as of 8 October 2019-OCHA
Public health risks, priorities, needs and gaps

As population continue to be displaced in overcrowded sub-districts with already overstretched health services, the current situation is overwhelming for health facilities and mobile units, including ambulances, the needs for further supported with running costs, additional human resources, and medicines and supplies continues to increase.

Gaps in neonatal intensive care services was highlighted during health cluster coordination meeting as an urgent need. Essential equipment such as neonatal incubators to care for premature new-borns, complicated deliveries with neonatal asphyxia and respiratory distress requiring transport to special care facilities are absent or ill equipped.

Although, respiratory infections as the winter approach seems within expected trends, taking into account the early drop in temperatures and the worldwide flu epidemic potential, the Health Cluster and the EWARN team warns to be prepare and have contingency medical stocks to respond for possible outbreak including timely ILI, SARI surveillance elements in staff training.

Health Cluster Coordination

During October 2019, an average of 75 cluster’s partners/members attended three-regularly scheduled health cluster coordination meetings. Attendees represented national Syrian NGOs, international NGOs, Turkish NGOs, donors and other members observers. During the cluster discussions, the key needs and gaps for the response were identify by partners. Simultaneously, the 2019 SCHF second allocation was launched.

The SCHF has allocated a total of US$78.8 million and has an ongoing fourth allocation of US$30 million, exceeding the 2018 allocated funding figures. The first reserve allocation responded to the people affected by floods in northwest Syria and the first standard allocation provided life-saving support and services to conflict-affected populations in northwest Syria. The second reserve allocation responded to the priority emergency requirements of newly displaced and people affected in the frontline areas. The fund remained flexible to adjust to the changing context by reprogramming some projects while expanding others to target additional needs and increasing allocated funding.

The objectives of this standard allocation are covering all three objectives of the HRP: to provide life-saving humanitarian assistance to the most vulnerable people to alleviate suffering; to respond to protection needs with an emphasis on those in areas with high severity of needs; and to increase the resilience of affected communities by improving access to livelihood opportunities and basic services, especially among the most vulnerable households and communities. Cluster strategic objectives to which this allocation will contribute to are identified under each strategic objective.

In line with the HRP objectives highlighted above and using learning from previous allocations, this standard allocation aims to foster an integrated approach across clusters to better addresses the needs and priorities of vulnerable people and communities. This integrated response aims to provide a more cohesive and intersectoral approach at the allocation strategy development stage. It also calls to be more than just the simple inclusion of multiple cluster elements within a project, but rather support a different approach that combines mutually supportive programme elements, either as a single multisector project or single sectoral projects, that collectively contribute to achieving a common result in a given setting. It thereby strives to enhance coordination and collaboration between partners and clusters. The strategy aims to have an integrated approach through the following key objectives applicable to the health cluster interventions:

- **Helping to create a safer and more secure environment for children.** This priority will focus on children under the age of 18 in and out of school by providing an integrated set of services that targets the gaps and needs of the most vulnerable groups while ensuring the centrality of protection. The clusters prioritized to support this this objective are Health with attention to child health, Education, Child Protection, Nutrition, Health and WASH. (estimated budget is $10M^*)
• Improving the living conditions of vulnerable conflict-affected people both in camps and out of camps. This priority aims to pull together the key clusters to ensure provision of basic services and working in collaboration on a set of mutually agreed-upon locations and communities to ensure integrated response. The clusters prioritised are CCCM, Shelter/NFI, Protection, Health and WASH; with an estimated budget to be allocated of $15M^a.

^Note: As per the SCHF guidance, please note that these amounts are indicative to inform the reviews and subsequent recommendation of projects; the final decision will be based on the quality of the proposals received, the extent to which they correspond to the allocation strategy and alignment with the strategic objectives of this allocation.

Health Cluster Coordination and Service Delivery

During the month of October 2019, following the monitoring and reporting indicators, the health cluster team received the 4Ws data from 40 partners, one more than in previous month.

The number of reporting partners shows a positive improvement (see insert graph), as the number of implementing partners and reporting dropped in previous months. The main reasons standing behind decrease in reporting, was reported at first to be the safety and security; as safe access is a must to operate without jeopardizing the staff and the beneficiaries.

In addition, dozens of health facilities did swing between suspended, temporary close and/or forced to shut down due to the armed conflict escalation. Furthermore, several donors financial support has stopped, as the shifting of line of control and the armed groups activities in the ground escalates.

Measuring the health service delivery as a cluster, the cumulative monthly 4Ws collected indicators are summarized in the below table:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Total</th>
<th>Reached %</th>
</tr>
</thead>
<tbody>
<tr>
<td>#OPD consultations (EXCLUDES trauma, mental health and physical rehabilitation)</td>
<td>942,326</td>
<td>880,908</td>
<td>937,717</td>
<td>943,981</td>
<td>701,335</td>
<td>880,495</td>
<td>838,975</td>
<td>771,767</td>
<td>894,044</td>
<td>875,445</td>
<td>8,667,991</td>
<td>77%</td>
</tr>
<tr>
<td>#treatment courses provided</td>
<td>460,000</td>
<td>136,290</td>
<td>588,555</td>
<td>92,420</td>
<td>290,435</td>
<td>798,520</td>
<td>122,310</td>
<td>308,078</td>
<td>397,050</td>
<td>72,552</td>
<td>3,297,542</td>
<td>77%</td>
</tr>
<tr>
<td>#Hospital Admissions</td>
<td>27,267</td>
<td>14,643</td>
<td>27,059</td>
<td>28,350</td>
<td>24,742</td>
<td>25,547</td>
<td>27,712</td>
<td>24,821</td>
<td>24,621</td>
<td>21,925</td>
<td>215,560</td>
<td>78%</td>
</tr>
<tr>
<td>#Referrals to Turkey</td>
<td>7,669</td>
<td>6,915</td>
<td>7,905</td>
<td>12,267</td>
<td>7,651</td>
<td>6,490</td>
<td>7,143</td>
<td>6,915</td>
<td>7,455</td>
<td>7,566</td>
<td>78,560</td>
<td>89%</td>
</tr>
<tr>
<td>#Referrals inside Syria</td>
<td>2,319</td>
<td>2,281</td>
<td>2,702</td>
<td>2,404</td>
<td>2,553</td>
<td>2,441</td>
<td>2,159</td>
<td>2,026</td>
<td>2,198</td>
<td>2,282</td>
<td>23,082</td>
<td>8%</td>
</tr>
<tr>
<td>#total Deliveries</td>
<td>10,095</td>
<td>9,196</td>
<td>10,913</td>
<td>10,371</td>
<td>14,419</td>
<td>10,082</td>
<td>8,619</td>
<td>9,169</td>
<td>9,111</td>
<td>9,747</td>
<td>101,642</td>
<td>80%</td>
</tr>
<tr>
<td>#Minor surgery</td>
<td>24,769</td>
<td>21,060</td>
<td>20,140</td>
<td>19,868</td>
<td>17,760</td>
<td>19,643</td>
<td>16,278</td>
<td>22,041</td>
<td>22,992</td>
<td>15,413</td>
<td>200,364</td>
<td>83%</td>
</tr>
<tr>
<td>#Major surgery</td>
<td>8,741</td>
<td>8,322</td>
<td>8,955</td>
<td>10,191</td>
<td>7,426</td>
<td>8,219</td>
<td>8,001</td>
<td>7,600</td>
<td>8,850</td>
<td>8,645</td>
<td>85,208</td>
<td>87%</td>
</tr>
<tr>
<td>#trauma cases consultations</td>
<td>37,976</td>
<td>35,129</td>
<td>35,611</td>
<td>42,571</td>
<td>39,176</td>
<td>37,172</td>
<td>36,826</td>
<td>39,738</td>
<td>43,575</td>
<td>45,149</td>
<td>392,943</td>
<td>75%</td>
</tr>
<tr>
<td>#trauma cases consultations (war related)</td>
<td>2,554</td>
<td>3,644</td>
<td>2,971</td>
<td>4,446</td>
<td>4,376</td>
<td>3,138</td>
<td>1,958</td>
<td>3,896</td>
<td>4,128</td>
<td>4,857</td>
<td>36,368</td>
<td>108%</td>
</tr>
<tr>
<td>#Physical rehabilitation sessions provided</td>
<td>14,820</td>
<td>17,933</td>
<td>15,254</td>
<td>16,746</td>
<td>11,774</td>
<td>8,344</td>
<td>12,666</td>
<td>12,398</td>
<td>16,327</td>
<td>15,413</td>
<td>140,261</td>
<td>123%</td>
</tr>
</tbody>
</table>
| #New patients who received physical rehabilitation | 2,625 | 3,885 | 3,221 | 3,340 | 3,066 | 2,802 | 4,105 | 4,715 | 4,856 | 5,174 | 36,217 | 85%
| #Mental health consultations | 4,040 | 3,942 | 4,693 | 4,408 | 4,328 | 4,451 | 4,767 | 4,190 | 5,611 | 4,680 | 45,066 | 75%
| #New patients who received mental health consultation | 1,952 | 2,048 | 1,894 | 1,562 | 1,468 | 1,715 | 2,179 | 2,196 | 2,139 | 2,143 | 19,196 | 90% |
| #Children 1-2 years covered with DPT3 or equivalent pentavalent vaccine | 8,264 | 7,669 | 8,379 | 9,268 | 6,575 | 8,016 | 10,267 | 7,294 | 11,078 | 9,227 | 85,827 | 55% |
| #Children 1-2 years covered with MMR2 or equivalent measles vaccine | 7,237 | 7,208 | 8,662 | 10,355 | 6,375 | 8,011 | 11,063 | 7,582 | 11,136 | 10,013 | 88,242 | 57% |
| #Referrals inside Syria | 7,709 | 7,198 | 8,643 | 8,155 | 5,602 | 6,586 | 9,674 | 8,201 | 8,011 | 8,225 | 77,804 | 78% |
| #Referrals to Turkey | 1,077 | 1,021 | 1,087 | 1,133 | 796 | 1,022 | 2,433 | 2,185 | 1,114 | 838 | 12,626 | 135% |
| #Total Referrals cases | 8,786 | 8,219 | 9,530 | 9,288 | 6,338 | 7,608 | 12,047 | 10,386 | 9,123 | 9,063 | 90,430 | 75% |
| #Number of deaths in the facility | 315 | 235 | 203 | 286 | 286 | 320 | 217 | 299 | 272 | 371 | 2,804 |
| #Medical procedures | 1,017,953 | 955,327 | 1,013,654 | 1,047,385 | 806,370 | 888,160 | 913,040 | 849,648 | 977,813 | 958,263 | 9,458,333 | 72% |

#4Ws data from 40 partners, one more than in previous month.
In an overview of some of the indicators which will need to be closely monitor, the graph on the left side of the page shows the total number of deliveries (9,747) which includes vaginal (7,365) and reported Caesarian sections (2,382). The total number of C/S are a 24.4% of the total deliveries, figures beyond the recommended standards. The SRH working group is interfering with partners to check the reasons behind and to identify facilities which required support.

The graph on the left side of the page shows a drop in minor surgeries in October, otherwise there were no significant changes in major surgeries. Anecdotal is been noted that IDPs will postpone minor surgical procedures, as safety is a main concern. As well displacements, to new areas were limit the knowledge where health services available.

Although major surgeries were steady during the month and minor surgeries decrease, it is interesting to not see an increase in number of war related trauma. The war trauma related consultations are expected to increase as the armed conflict escalates, it may be assumed that population moving from unsecure places had had physical minor trauma/injuries without a need for major surgery seeking care later.

**Health Cluster Technical Working Groups and Partners Updates**

**Hand in Hand for Aid and Development (HIHAFD)** supports Kafr Nobol Surgical Hospital and during the month of October reported 144 surgical procedures and 932 trauma consultations.

The hospital admitted 174 cases of which 24 required Intensive Care Unit services. In addition, it provided 192 dialysis sessions to renal failure patients.

**Al Resala Foundation (RF)** continue to provide free of charge primary healthcare and mental health care consultations through mobile clinics and/or PHC centers (Afrin, Bulbul, Atareb, Shamarin & Armanaz) in Aleppo. The project has been supported by the Syria Cross border Humanitarian Fund covering human resources and running cost. Health services include early detection of diseases, diagnosis, treatment, rehabilitation and promotion of healthy behaviors, as well as reproductive health services for women through the provision of prenatal care, periodic child screening, immunization, postnatal or abortion services, family planning services.
Al-Resala health project consists of two main components by continuity of quality primary health care at health facilities, and conduct capacity building training for mental health and physical rehabilitation.

The total number of beneficiaries, through Afrin PHC, Shamarin PHC (Al Ressala camp), and the mobile clinic in Bulbul, during the month of October 2019:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Month</th>
<th>Total consultations</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Host</th>
<th>IDP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al Resala PHC</td>
<td>October 2019</td>
<td>3962</td>
<td>390</td>
<td>305</td>
<td>488</td>
<td>469</td>
<td>483</td>
<td>433</td>
<td>1307</td>
<td>701</td>
<td>7055</td>
</tr>
<tr>
<td>Al Resala Afrin PHC</td>
<td>October 2019</td>
<td>1743</td>
<td>273</td>
<td>104</td>
<td>288</td>
<td>159</td>
<td>227</td>
<td>166</td>
<td>765</td>
<td>461</td>
<td>1207</td>
</tr>
<tr>
<td>Al Resala outmixed</td>
<td>October 2019</td>
<td>1215</td>
<td>176</td>
<td>340</td>
<td>461</td>
<td>251</td>
<td>945</td>
<td>300</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total consultations for all facilities</td>
<td>October 2019</td>
<td>5350</td>
<td>742</td>
<td>1375</td>
<td>1654</td>
<td>1116</td>
<td>1488</td>
<td>1162</td>
<td></td>
<td></td>
<td>7285</td>
</tr>
</tbody>
</table>

The mobile clinics in Bulbul provided screening (MUAC) for acute malnutrition in addition to the advocacy provided via community health and mental health support services. The average number of beneficiaries per day was approximately 45 beneficiaries. Also, there was provision of medicines and referral to relevant medical centers or hospitals based on the case.

Lastly, Al Resala Foundation provides individual psychological counseling, psychological first aid, psycho-education, group counseling, referral, home visits, and community awareness basic health education on most common mental health illness.

NGO (wishes to remain anonymous): supports medical and physical rehabilitation services, nutrition interventions and Psychological First Aid (PFA) to new IDPs. The NGO, also provides emergency patient transfers and medical evacuations from conflict-affected areas. In October 2019, the NGO supported a total of 13 health facilities in Idleb and Aleppo, including three hospitals, five primary health clinics, four mobile medical units and one rehabilitation center with an attached mobile medical unit, in addition to its support for a network of 15 ambulances. Through these facilities it provided 49,170 outpatient consultations and transferred 786 patients by supported ambulance network.

Out of the total health services provided during October 21.2% were basic reproductive health services for women and girls in reproductive age. Further, 40% of the total health services were provided to children between 0-14 years of age.

In Aleppo, two static primary health clinics (Bab Al-Salameh PHC, Olive Grove PHC) delivered services to 5,730 patients, whereas in Idleb three primary health clinics (Atmeh PHC 1, Atmeh PHC 2, and Kafr Yahmoul PHC) provided 19,332 patients with primary health services.

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 7,285 consultations during the month of October.

The Al Salam Maternity and Child Hospital (CEmONC) in Idleb provided 4,541 consultations including assisting 215 normal deliveries and 138 caesarian sections, when Afrin Maternity and Child Hospital in Aleppo provided 4,445 consultations including assisting 155 normal deliveries.

Then NGO also supported one static physical therapy centre and one mobile unit serving the purpose of physical rehabilitation services in Al Dana, covering Al Dana town and surrounding IDP camps. During the reporting period, the physical rehabilitation center received 167 new patients with physical disabilities and war-related injuries and provided 1,521 physical rehabilitation sessions for both new and follow-up patients. On another hand, 42 mobility and 23 orthoses devices were donated to the beneficiaries based on their specific needs. Lastly, a total of 75 caregivers were trained on different acceptance of disability, supporting their family member with a disability (using assistive devices) topics, which were adapted as per the needs of each beneficiary and their caregivers.
Social Development International (SDI) Organization (SDI) continuing its health services to vulnerable people in Ariha Central Hospital, provided 5,467 medical consultations, including 1,319 trauma cases, 358 surgeries - of which 166 were major surgeries -, and 410 MHPSS consultations. During October, the hospital provided a total of 12,348 medical treatment courses, including laboratory and radiology services.

The SDI supported Save the Soul Hospital for Maternal and Child health, in Salqin, Idleb serviced 2,145 medical consultations, 139 vaginal & C/sections deliveries, and a total of 5,413 medical services including treatment courses and laboratory services.

The Afrin Blood Bank, provided 302 blood units and other blood components for the patients and facilities in the Afrin’ district.

In the Al-Hakeem PHC centre in Afrin, the NGO staff provided 5,419 medical consultations for 3,081 beneficiaries, most of them women in reproductive age and children under five.

In the serviced communities, 32 community health workers provided 11,574 health and nutrition services to IDPs and host communities in four districts; Atareb, Marrat tamasrin, Afrin and Harim districts. The number of households reached was 2,364 households.

In support of people with disabilities, a capacity building activity of 10 days training was held for 120 new and current physiotherapy service providers from 16 organizations. Within the SCHF funded project, accessibility features were modified in 13 health facilities to made easy access for people with physical disabilities.

The SDI SCHF funded a health facility access ramp for people with physical disabilities.

Swasia Centre for Prosthetics and Orthotic and for Physiotherapy, in Afrin, Aleppo served 55 patients through 204 sessions as seen in below pictures.

SDI SCHF funded a health facility access ramp for people with physical disabilities.

SDI-P&O Center-Patient playing football using his prosthesis

SDI-Prosthesis on the making
The Sexual & Reproductive Health Working Group (SRH) finalized the first draft report of Caesarean section tool after the pilot implementation that took place in September 2019. Following the preliminary findings, significantly the high rates of C-sections, the SRH team and working group is meeting with partners to understand the root of the problem.

On behalf of SEMA, the Turkey Hatay Health Directorate and WHO, the working group took coordinated with partners and facilitated the selection of participants to attend a Neonatal and Paediatric Intensive Care Trainer of Trainers’ (ToT) workshop. The training lead by WHO as cluster lead agency aims to improve the neonatal outcomes as well to enhance the capacity of staff to stabilize the neonates before needed referrals. The ToT to be held, in Hatay, end of November for 20 participants. Out of 20, half were selected by Hatay Health Directorate from Afrin area while the other half selected through the working group from Idleb.

Syria Relief and Development (SRD) is supporting 27 primary health care facilities and five secondary health care facilities in northern Syria, in addition to 64 ambulances, in Idleb and Western Aleppo, in order to improve the referral system.

During this month, 86,370 PHC services including laboratory (see right pic) and mental health and psychosocial services (MHPSS) were provided to the affected communities.

Two dialysis centres, in Aleppo, served 619 dialysis sessions to renal failure patients. SRD Physical Rehabilitation Centre in Albab (Aleppo) provided 577 sessions for 269 beneficiaries out of them 137 were new patients.

In addition to the nutrition services, especially for Pregnant and Lactating women, five Maternity and Child Hospitals provided 19,733 outpatients, 1,766 inpatients services, 208 Caesarean-sections and 1,182 normal deliveries in both primary and secondary health facilities. Also, nine immunization centers (EPI) provided 15,642 vaccination services. In Sexual and Reproductive Health care two Young Mother Club’s outreach teams, provided 12,213 consultations in reproductive health and 4,375 GBV services.

The World Health Organization (WHO) in Azaz Tuberculosis Treatment (TB) Centre—one the three TB supported centres in NWS-provided specialized treatment and clinical follow-up to detected susceptible TB cases in Azaz city and surrounding areas. Until the end of October 2019, the TB centre provided 127 new consultations and 63 patients are receiving TB treatment; 3 patients out of the 63 had already successfully completed their treatment.

WHO has published a global TB report every year since 1997. The main aim of the report is to provide a comprehensive and up-to-date assessment of the TB epidemic, and of progress in prevention, diagnosis and treatment of the disease, at global, regional and country levels. This is done in the context of recommended global TB strategies and targets endorsed by WHO’s Member States, broader development goals set by the United Nations (UN) and targets set in the political declaration at the first UN high-level meeting on TB (held in September 2018). The 2019 edition of the global TB report was released on 17 October 2019 and can be downloaded https://apps.who.int/iris/bitstream/handle/10665/329368/9789241565714-eng.pdf?ua=1

Tuberculosis (TB) Key Facts:

- 1.5 million people died from TB in 2018.
- TB is one of the top 10 causes of death and the leading cause from a single infectious agent.
- In 2018, an estimated 10 million people fell ill with TB worldwide. 5.7 million men, 3.2 million women and 1.1 million children.
- In 2018, 30 high TB burden countries accounted for 87% of new TB cases and 8 countries account for two thirds of the total, with India leading the count, followed by, China, Indonesia, the Philippines, Pakistan, Nigeria, Bangladesh and South Africa.
- Multidrug-resistant TB (MDR-TB) remains a public health crisis and a health security threat. WHO estimates that there were 484 000 new cases with resistance to rifampicin of which 78% had MDR-TB.
- Globally, TB incidence is falling at about 2% per year. This needs to accelerate to 4–5% annual decline to reach 2020 the End TB Strategy goal.
- An estimated 58 million lives were saved through TB diagnosis and treatment between 2000 and 2018. Ending the TB epidemic by 2030 is among the health targets of the Sustainable Development Goals.
Monitoring of violence against health care

WHO monitoring of violence against health care in NW Syria is strictly limited to what the health cluster’s partners report in the WHO Surveillance System for Attacks on Health Care tool.

One of the events happened on the 3rd of October, a PHC in Ma’arrat An Nu’man, southern Idleb, was hit by artillery shells causing structural damages to the health facility.

The health Cluster published a flash update number 117 reporting the incident which resulted in seven injuries including a doctor and six patients. The facility suspended services. The PHC provided a monthly average of 5,894 outpatient consultations and 50 normal deliveries.

Although, through the cluster we do not received all alleged attacks, as of the 31st of October, 73 attacks on health care in Syria were documented on the WHO SSA system. The reported attacks had resulted in the death of 52 persons and 96 injured when 19 health workers were impacted by the assault.

Plans for future Response

As the Second Standard 2019 Syria Cross-border Humanitarian Fund (SCHF) was launched, the OCHA managed Grant Management System (GMS) was open for project submissions on the same day Thursday 24 October with the deadline to submit as Monday 11 November 2019 at 13:00hrs (Turkey time).

Note: For partners’ eligibility for this allocation, please refer to the Eligibility Section. A maximum of two proposal per partner will be allowed.

75% of new-borns deaths and stillbirths are preventable, with this aim a Neonatal and Paediatric Intensive Care Trainer of Trainers’ (ToT) workshop will be held in November, dates TBC.

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