General developments & political & security situation

- The security situation in the country remains volatile and unpredictable. Hot spots are: East Ghouta, Idlib, Aleppo, Afrin and Deir Ez-Zor. Developments in these areas have direct impact on the general security situation countrywide. They are also likely to affect UN operations and activities.
- Airstrikes on the province of Idlib struck the last functioning hospital in the southeastern strip of the rebel enclave.
- The Turkish army established its sixth observation post in northern Syria as part of a de-escalation zone agreement brokered by Russia, Turkey and Iran in May. Turkey agreed to set up 12 observation posts in northern Syria.
- Turkey never used chemical weapons in its operations in Syria.
- Six civilians suffered breathing difficulties and other symptoms indicative of poison gas inhalation after an attack launched by Turkey on the Kurdish-controlled enclave of Afrin.
- Damascus has reportedly agreed to send troops to the Kurdish enclave of Afrin to help defend Kurdish forces fighting a Turkish offensive.
- Turkey threatened to confront pro-government forces if they enter the Kurdish enclave of Afrin to protect Kurdish fighters battling Ankara in the region.
- Turkish and Russian presidents discussed Turkey’s ongoing operation in northwest Syria and the establishment of new observation points in Idlib.
- The Syrian government is purportedly preparing for a ground offensive against the East Ghouta suburbs of Damascus.
- More than 100 people were killed in government attacks on the Eastern Ghouta on 19 February. This number was expected to rise as many of those injured remain in critical condition, but that it was already the highest one-day death toll in Eastern Ghouta in three years.
- Over 50 mortar shells and rockets fell on Damascus neighborhoods and suburbs, reportedly killing and injuring several people.
- Statement attributable to the Spokesman for the Secretary-General on Eastern Ghouta in the Syrian Arab Republic

KEY HEALTH ISSUES

- High level advocacy (DG WHO) on the worsening humanitarian situation and on eastern Ghouta and Idlib, with a focus on escalation and attacks on health facilities. Reaching out to the SG to offer WHO’s support on strong political advocacy: Focus on the need for urgent access for medicine and medical supplies to HTR and besieged areas and sustainable and regular medical evacuations. Addressing the ban on importation of medical items (those being produced in Syria) and impact on health response. Health systems planning.
- An updated briefing on the situation in the country is provided to the DG for the UN Executive Committee.
An update is prepared for Health Security Council meeting in Geneva focusing on the current acute events/hot spots; WHO cross-border engagement (Turkey, Jordan and Iraq); challenges and key advocacy issues; key messages and asks for the DG.

An update is prepared on health situation for the WoS Strategic Steering Group.

The UN is deeply alarmed by the escalated military operations in eastern Ghouta, with airstrikes reportedly killing dozens of civilians and impacting nearly 400,000 men, women and children in the besieged enclave. In the besieged eastern Ghouta reportedly five hospitals (the Al Marj Hospital, the Saqba Hospital, the Saqba Maternity Hospital and Al Hayat Hospital, as well as another hospital in Douma) were hit on 19 February by airstrikes resulting in the death of at least three medical staff. Three of the five hospitals were rendered inoperable, with the other two only partially functioning. Each month, these hospitals were providing an average of 10,000 consultations, 1,200 major surgeries, 160 deliveries and 550 trauma treatments. A sixth hospital in the town of Zamalka was reportedly struck on 20 February. Due to intense shelling and aerial bombardment, movement among towns in eastern Ghouta has been extremely limited impacting access to markets and local supplies.


Whole of Syria Strategic Steering Group endorsed the medical evacuation plan. WHO was tasked to take the lead in organizing a process with all relevant health partners to urgently agree on the next steps.

WHO is on standby with 52 tons of health supplies or 700,000 medical treatments for the response to multiple locations inside the besieged eastern Ghouta.

No new cases of cVDPV2 were reported this week. The total number of cVDPV2 cases remains 74. The most recent case (by date of onset of paralysis) is 21 September 2017 from Boukamal district, Deir Ez-Zor governorate. An inactivated polio vaccine (IPV) immunization round has successfully concluded in Damascus, Hasakah, parts of Aleppo and Rural Damascus governorates. Reportedly, a total of 233,518 children aged 2-23 months received IPV, representing 71% of the estimated target. IPV vaccination is continuing in accessible parts of Aleppo governorate. Overall, post campaign monitoring (that was completed in all implementing governorates) indicates 81% vaccination rates by parental/caregiver recall and 77% by finger marking.

Total number of Sever Acute Respiratory Infections cases in 2018 is 1250. Most cases were reported by Damascus hospitals - 361, followed by 298 cases in Hama, and 243 in Al Hassakeh. Samples are only collected from SARI cases admitted to ICU. Till week 7 a total number of samples is 38. 4 sampled were positive for H1N1 (2 in Damascus and 2 in Sweida).

Three new cases of Guillain Barre Syndrome were reporte from Al Hassakeh. All cases are from Dier-ez-Zoir. A total number of cases reported since December 2017 is 39. Most of reported 39 cases were Dier-ez-Zoir and Al-Hassakeh residents. 22 people were referred to hospitals in Damascus and Qamishli hospital.

Three Acute Flaccid Paralysis cases were reported in Deir-ez-Zoir. Investigation forms were filled. Stool samples were collected and sent to the reference lab in Damascus. Cases were admitted to the pediatric hospital in Damascus.

**OPERATIONAL UPDATES**

**Coordination:**

- Conducted national level Health Working Group Meeting in Damascus (UNFPA, ICRC (observer), Medair, UNICEF, EU Delegation (observer), MSJM, Dorcas, IMC, Rescate, OCHA, protection sector, UOCA, UNHCR, WHO, SOS Syria, JICA (observer), BICS, ICMC/PoM, health sector).
- Enhancing the mandatory reporting to 4Ws by health sector Syria.
- WoS health team finalized the health sector preparedness and response plan for north-west Syria.
- Developed the annual 2018 work plan of the health sector Syria.
- Revised the health sector strategy of 2018 HRP as requested by OCHA following technical consultations with MoFA. The WoS health team finalized the document and shared with OCHA.
- Finalizing the details of WHO health supplies for the bi-monthly IA plan to HTR and besieged locations.
• Leading the process of consolidation of health sector key performance indicators on access to besieged locations (planned, delivered, removed, etc.)

Information and planning:

• Provided WHO figures for 2017 end-year Strategic Framework reporting as well as participation in the relevant UN meeting.
• Developed a concept note of implementing HeRAMS in SARC.
• Continuing analyzing and producing outputs of “Service Availability and Readiness Assessment” (SARA) survey.
• Participated in the technical meeting with CBS (Central Bureau of Statistics) on the progress of sociodemographic survey.

Health operations:

Aleppo response:

• A separate weekly update is being provided
• The sub-national health working group meeting was conducted.
• A plan for Mar/Apr IA convoys is prepared and submitted. The plan includes WHO contribution of health supplies, standard kits and medicines (NCD and trauma/live-saving) for Afrin, Menbij, Big Orem, Tall Refaat, Al-Tareb areas, and the total estimated number of the targeted population in the five locations is 270,000
• An overview regarding the nursing status in Aleppo governorate has been submitted and shared with responsible technical officers in WCO.
• The medical shipments (2.2 tons) for Tal Refeat, Nubbol and Al-Zahraa were handed-over to SARC (providing 38,000 treatment courses) however, they are still pending due to the security and safety situation in the area
• 400 prefilled syringes of Enoxaparin (life-saving medicine) have been provided to University cardiovascular surgery hospital which requested a rapid intervention to be able to deal with the increase emergency cases they have.
• Three coordination meeting were held during this week with the following nationals NGOs (SSSD, YBY, and Noor AL-Ihsan): main discussed issue was the locations of health services will be covering through the under process MOU with them in addition to MHPSS intervention provided by mobile team in Aleppo city.
• 3 NGOs are the implementing WHO partners: Al Beer, Al Ihsan, and GOPA (GOPA is starting this week). The work of 3 mobile teams and 7 health facilities are supported.

<table>
<thead>
<tr>
<th>Partner</th>
<th>District</th>
<th>Commune/Village/Town</th>
<th># of outpatient consultations PHC services</th>
<th># of patients received assistance with medicines</th>
<th># of SHC services</th>
<th># of trauma patients</th>
<th># of MHPSS</th>
<th># of people with disability</th>
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<tbody>
<tr>
<td>Al-Ihsan</td>
<td>Jabal Samaan</td>
<td>Mogambo</td>
<td>1512</td>
<td>1487</td>
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<td>Sheikh Said</td>
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<td>Jabal Samaan</td>
<td>Salah Al-Deen</td>
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<tr>
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<td>Jabal Samaan</td>
<td>Mshatia</td>
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<td>456</td>
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<td>Al-Ihsan</td>
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<td>Bostan Al-Zahra</td>
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<tr>
<td>Al-Beer (Mobile team)</td>
<td>Dayr Hafir</td>
<td>Little Hmeimeh</td>
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<td>85</td>
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<td>Maskana</td>
<td>Maskana</td>
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<td>85</td>
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<td>Dayr Hafir</td>
<td>Dayr Hafir</td>
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<td>Sub-total:</td>
<td></td>
<td></td>
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<td>3325</td>
<td>119</td>
<td>2</td>
<td>265</td>
<td>5</td>
</tr>
</tbody>
</table>

• 3 NGOs receiving in kind donation of medicines reported their related activities:

<table>
<thead>
<tr>
<th>Partner</th>
<th>District</th>
<th>Commune/Village/Town</th>
<th># of outpatient consultations</th>
<th># of patients received</th>
<th># of SHC services</th>
<th># of trauma</th>
<th># of MHPSS</th>
<th># of people</th>
</tr>
</thead>
</table>

3
NES (Al-Hassakeh; Ar Raqqa; Deir-ez-Zoir) response:

Coordination:
- Follow up with the decisions of AHCT Qamishli that the response for Ar Raqqa city should go through strategic planning and coordination at Qamishli level. Joining any planned assessment missions to Sur, Jazrat, Basira and Al-Kasrat areas in DEZ governorate.
- Provided donor feedback on the inquiry on service provision in Ein Issa camp related to referral support, availability of medicines for treatment of chronic diseases, etc.

Health information:
- Developed a map on distribution of camps in NES.
- Released the monthly (January 2018) WHO Syria report, response in north-east Syria.

Pharmacy and secondary/tertiary health care:
- Conducted a follow up meeting with the Director, DoH Al Hassakeh on the set up of the dialysis center in the DoH building and release of all previously provided health supplies to various health facilities.
- Conducted a field supervisory visit to Areesha camp on the performance on 2 supported national NGOs working in the camp. The newly developed check list was tested.
- Local procurement of 11 blood bank refrigerators (Al Hassakeh, Ar Raqqa and Aleppo) and 300 wheelchairs (200 adults, 100 children) is being in process.
- Distribution plan is finalized to provide health supplies to UNFPA (to support 19 RH teams in Al Hassakeh and Ar Raqqa); DoH Al Hassakeh, Aloola hospital and emergency center in Hassakeh city. In addition, other partners will receive health supplies to support their 13 facilities (PHCs, hospitals, emergency centers and mobile clinics in Al Hassakeh, Ar Raqqa, north Deir-ez-Zoir, eastern rural Aleppo) as well as set up of a new PHC in Aljun area in Tal Abiyad city and health point in Ein Issa camp.
- Providing medicines to a local NGO to fill the gaps with medicines to cover Ein Issa camp, Al Hol camp, Al Karama, Al-Mansoura and Al-Jurneyah, Ma’adan, Menbij and Abu Khashab camp.

Immunization:
- Finalized the results of the independent monitoring campaign which followed a previously conducted IPV vaccination campaign.

<table>
<thead>
<tr>
<th>Clusters</th>
<th>Health Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>% coverage by children based on family</td>
<td>% coverage by FM</td>
</tr>
<tr>
<td>#</td>
<td>Health district</td>
</tr>
<tr>
<td>---</td>
<td>-----------------</td>
</tr>
<tr>
<td>1</td>
<td>Al Malkeih</td>
</tr>
<tr>
<td>2</td>
<td>Ras Al Ain</td>
</tr>
<tr>
<td>3</td>
<td>Al Qamishli</td>
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<td>4</td>
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</tr>
<tr>
<td>5</td>
<td>Al Shadadi</td>
</tr>
<tr>
<td>Total</td>
<td>Al Hassakeh</td>
</tr>
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</table>
Some of the challenges faced in certain areas/camp included: non-Arabic speakers. Coverage rates were lows due religious beliefs, mistrust, communication difficulties. Follow up actions are undertaken to overcome these challenges.

**Nutrition:**
- Nutrition screening is conducted for 261 children under 5 in Hamrat, Houzaimah, Karamah, Kasrat and Arrakh city. 9 severe and 2 moderate malnourished cases were detected.

**Disease surveillance:**
- Recruited 25 new EWARS reporting sites: 20 in Deir-ez-Zoir and 5 in Ar Raqqa governorates.

**National NGOs coordination:**
- A report is produced on the work of national NGOs in Deir-ez-Zoir.

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Area</th>
<th># of PHC consultations</th>
<th># of beneficiaries reached with the medicines</th>
<th># of secondary health consultations</th>
<th># of trauma referrals</th>
<th># of MHPSS consultations</th>
<th># of assisted people with disability</th>
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</thead>
<tbody>
<tr>
<td>Hassakeh</td>
<td>Al-Hol camp</td>
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<td>446</td>
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<td></td>
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<td>636</td>
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<td>Hamra Nasser village/ Al-Karama</td>
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<tr>
<td></td>
<td>Maadan/Al-Kasrat</td>
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<td>70</td>
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<td>0</td>
<td>10</td>
<td>0</td>
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<td></td>
<td>Al-Mansoura</td>
<td>147</td>
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<td>0</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Manbij</td>
<td>553</td>
<td>519</td>
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<td>0</td>
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<td>0</td>
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<td>Al-Jurneyah</td>
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<td>37</td>
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</tr>
<tr>
<td></td>
<td>Abo Khashab</td>
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<td>337</td>
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<td>24</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Dier-Ezzor city center</td>
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<td>0</td>
</tr>
<tr>
<td></td>
<td>Sub-total</td>
<td>4741</td>
<td>4172</td>
<td>56</td>
<td>3</td>
<td>312</td>
<td>8</td>
</tr>
</tbody>
</table>

**Homs response:**
- A separate weekly report is being produced.
- Participated in child Protection sector meeting held by UNICEF. A list of action points is developed.
- Facilitated three workshops: mhGAP phase II for NGOs doctors (15 participants), EPI surveillance program / public and private sectors, including hospitals in Homs governorate (25 participants) and medical equipment workshop for medical engineers and technicians of MoH Homs, Hama and Aleppo (20 participants).
- Facilitated NGO coordination team visit to Homs.
- Finalized the list of nonfunctioning health facilities currently registered under DOH Homs EWARS SSs, to be activated in order to ensure adherence to notification measures. Follow up visits to be carried out regularly by WHO & DOH teams.
- Finalized Health Assessment Tool for Palmyra and Qaryateen districts in Homs; reports to be sent to WCO for analysis.

**Lattakia response:**
- Conducted field assessment to the obstetrics hospital, national hospital, Al-Qurdaha & Jbleh hospital
- Collected needs from 3 health centers in Lattakia city: Skantori, Ramel Al-falasteni, Al-Adeen
- As part of deworming campaign, dispatched Mebendazole to Tartus MoE.

**Immunization:**
A nationwide immunization round utilizing bivalent OPV (bOPV) is planned for March 2018. The campaign will target all children aged less than 5 years (2,485,176) in all governorates except Idlib. The campaign micro plan was developed by each governorate and more than 8,374 field workers would participate in the field work. WHO will support the operation cost of this campaign including vaccines delivery, incentives for field staff in addition to support capacity building activities at national and governorates level.

**Nutrition program and child health:**

- Analyzing the results of the neonatal resuscitation program for January 2018. The data is received from 17 hospitals in 9 governorates.

**Secondary health care program:**

- Plans in place to procure 6,550 hemodialysis sessions to cover the needs of IA convoy and NGO partners.
- Prepared a concept note to rehabilitate children hospital in Damascus.
- Conducted site visit to Lattakia governorate to assess the capacity of WHO warehouse and to identify the health needs of the two MoH hospitals: national and children hospitals.
- Participated in IA assessment visits to Al-Mouaddamiyeh and Ziabiyeh (Rural Damascus).
- Provided training on rational use of medicines for 25 experts from Aleppo and Damascus.

**Disease surveillance:**

- For case management of GBS, WHO supported two hospitals in Damascus and one in Qamishli with Immune Globulin (IVIG) plasmapheresis sessions.

**Mental health:**

- Training was conducted on mhGAP-Intervention Guide in Lattakia to 20 health professionals working with NGOs.
- More than 15 health professionals previously trained on mhGAP-Intervention Guide working at PHC centers received on-the-job training in Lattakia and Tartous.
- Training was conducted on the WHO School Mental Health Programme (SMHP) to 25 school counselors working at several schools in Damascus.
- Mission was conducted to Lattakia and Tartous to follow up on the implementation of MHPSS programme in the two governorates.

**Trauma:**

- Participated in Whole of Syria (WoS) Rehabilitation Working Group meeting, which included actors from multiple hubs (Gaziantep, Amman & Damascus). The focus of this meeting was a preliminary work on the joint development of minimum standards, competencies and treatment guidelines for physical rehabilitation within the Syrian context. In addition, the aim was to identify priority tools and methodologies (next steps will include an in-person workshop to develop these). A short survey will be also circulated to assess the feasibility of one common workshop with technical participants from multiple hubs, and to assess whether participants are happy to continue with WoS meetings.
- Conducted a meeting with UNICEF, UNFPA and MOH to ensure the coordinated support to MOH and to stress on the involvement of all concerned partners, sectors and experts in the area of the reproductive, maternal, newborn and child health (RMNCH) in the national reproductive and maternal strategic planning process (as part of the comprehensive RMNCH strategic plan 2018-2022). It was agreed to have regular meeting and to share and exchange expertise and publications related to respective areas of work.
National NGO coordination:

- Field mission was conducted to Hama to monitor on going agreement that support the provision of essential package of health care services to vulnerable groups and IDPs in Al Dahrieh, Al Masafi in Rural Hama and Al Asi center in Hama city.
- Field mission was conducted to Homs to monitor on going agreements with NGOs. The visit included 2 PHC centers affiliated to Al Ber & social service association in addition to their hospital in Al Waer area. In addition to visiting the 3 community centers operated by Al Inshaat association in Al Inshaat area, Hisya Al Synayeh and Hsia Al Balad.
- Clearance was received to support community center in Aleppo.

WASH:

No changes from previous week.

Capacity support (details):

- Support to 17 training events for 425 participants

<table>
<thead>
<tr>
<th>Date</th>
<th>Participants</th>
<th>Subject</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-19/02/2018</td>
<td>25</td>
<td>Diagnosis &amp; Treatment protocol of Cardiovascular diseases for Medical Doctors - Part 1 in Damascus</td>
<td>PHC/NCD</td>
</tr>
<tr>
<td>18-19/02/2018</td>
<td>25</td>
<td>mhGAP-IG follow-up and basic psychological support to BGV survivors for NGOs in Damascus</td>
<td>MH</td>
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<tr>
<td>18-22/02/2018</td>
<td>25</td>
<td>Mental health GAP phase 2 for NGOs in Homs</td>
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<tr>
<td>25/02-01/03/2018</td>
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<td>Mental health GAP phase 2 for NGOs in Aleppo</td>
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<td>Mental health GAP phase 2 for NGOs in Lattakia</td>
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<td>18-20/02/2018</td>
<td>25</td>
<td>First aid for contusion in Damascus</td>
<td>Trauma</td>
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<td>Disability training course in Damascus</td>
<td>Trauma</td>
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<td>ToT Vaccination technicians in Damascus</td>
<td>PHC</td>
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<td>22/02/2018</td>
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<td>Seminar on Surveillance program for Private sector Doctors in Tartous</td>
<td>PHC</td>
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<tr>
<td>22-24/02/2018</td>
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<td>Surveillance program workshop for Surveillance officers in Damascus</td>
<td>PHC</td>
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<tr>
<td>22-24/02/2018</td>
<td>25</td>
<td>Surveillance program workshop for Surveillance officers in Homs</td>
<td>PHC</td>
</tr>
</tbody>
</table>

External Relations, Coordination and Communications:

- Engaging with Japan for possible additional funding in 2018
- Engaging with TPMs of DFID and OFDA
- Prepared a report on Al-Nashabieh inter-agency health assessment mission and shared with the communication and social media teams.
- Shared with the UN communication team in Syria the materials of: media reflecting WHO’s achievements and their impact on people’s lives in 2017 (this will be part of a UN product prepared to demonstrate the impact of the UN operations in Syria); some photos and videos from the latest IA convoy,
- Shared with the EMRO and HQ communication team the press-lines materials.
- Attended a meeting with MoE to prepare for the launch of the deworming campaign for school students.
Preparing the weekly media briefing on WHO main operational activities to be published in the "UN Syria: A week in a focus".

Operational support and logistics:

Dispatched 6.58 tons of medical supplies, equipment, health kits and printing materials covering 4 governorates (Aleppo, Damascus, Homs & Tartous). The recipients included 5 MoH facilities, 2 Ministry of Education (MoE) facilities, 3 NGOs & UN agency. The total number of treatments is 259,000 and 420 trauma cases. The dispatched supplies included:

- 2 Burn dressing kits, 2 trauma kits (B), 1 Italian emergency kit (A), 1 Italian emergency kit (B), 3 complete family doctor’s practice kits, 2 Mercurial sphygmomanometer + stethoscope sphygmomanometer adult cuff, 1 centrifuge machine for tubes, 1 water bath model - WNB 14, MEMMERT, 5 adults wheelchairs and different types of STHC medicines delivered to MoH central warehouse in Damascus in favor of Al-Zahrawi hospital.
- 176,014 tablets of rifampicin U.S.P 150 mg + isoniazid U.S.P 75 mg + pyrazinamide U.S.P 400mg + ethambutol hydrochloride U.S.P 275 mg and 11,996 tablets of Pyrazinamide BP 400 mg delivered to MoH central warehouse in favor of TB program.
- 30 bottles of Lamivudine USP 10 mg/ml Oral Solution (with Syringe) and 80 bottles of Zidovudine USP 50 mg/5 ml Oral Solution (with Syringe) delivered to MoH central warehouse in Damascus in favor of AIDS program.
- HIV printing materials and publications delivered to MoH central warehouse in favor of HIV control program.
- Different types of EWARS, MH, Trauma, PHC, STHC & Nutrition medicines, consumables and printing materials delivered to DoH Homs in favor of Fa’oa & Kafyra displaced people health center in Hessya.
- 50,000 Bacterial dental plaque tablets delivered to MoE – the regional center for guidance, training and research in oral medicine in Damascus.
- 146,850 tablets of Mebendazole 500 mg delivered to MoE - school health directorate in Tartous.
- Different types of mental health & STHC medicines delivered to 3 different NGOs in Aleppo & Homs.
- 7 vials of Octagam® 10 g in 200 ml delivered to UNHCR.

KEY GAPS & CHALLENGES

- Rapid deterioration of the security situation inside eastern Ghouta. Destruction of health facilities. No access: health supplies and medical evacuations.

RESPONSE PRIORITIES

- Pending shipment of 25 tons of health supplies by road (56,585 medical treatments and 700 trauma cases) to Qamishli for further distribution in all 3 governorates.
- To follow up with Gaziantep: to continue sharing the details of bi-monthly IA convoys to the besieged locations; to request Gaziantep to agree on development and sharing of the consolidated list of health needs (at this stage, the updates are received from various sources, e.g. ACU report, SAMS, MSF, etc.)
- On medical evacuation: Cross-border partners report on a list of 765 names, which has become a recurrent advocacy ask with the UN and member States. There are issues on lack of clarity and transparency as to how these lists are put together, prioritization criteria, etc. The latest communication from inside the besieged area shows that there are still significant reservations to the implementation of the medical evacuation plan as the current lists of patients have not followed the agreed upon procedures. It is essential for health actors inside Eastern Ghouta to revise the list, prioritize those most in need as there is realistically very little chance of being able to evacuate 765 patients and their families at once.
- Collecting feedback on health service coverage by health partners of the areas signed local agreements and others, including: Serghaya, Saasaa-Kanaker, Zabadani, Madaya, Wadi Barada, Khan El-Shieh, Madamiyet El-Sham, At-Tall, Qudsaya, Al-Hameh, Al-Wa’er, Zakiyeh, Deir Khabiye, Sbeineh, Khan Arnabeh and Saasaa, Al Ziablyeh – Quneitra.