



World Health Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

Syrian Arab Republic
WHO Response to the Conflict in Syria

Situation Report #4
Reporting period: 1 – 14 June 2014
15 June 2014



Photo credit: WHO/O.Sanadiki



9.3 million People affected

6.5 million Internally displaced

WHO



24% % funded

185,966,152 US\$ requested



59 Staff in the country

5,186,245 People reached with medicines and medical supplies (since the beginning of 2014)



46,523¹ People reached with medicines and medical supplies during reporting period

Highlights

- Significant Increase in the Number of Typhoid and Pertussis Cases Reported
- WHO Reached more than 46,500¹ People with Medicines and Medical Supplies

Situation Update

Access of medical supplies and equipment continues to be hampered by the continuing deterioration of the security situation, by population displacement and constraints imposed on humanitarian operations. The clashes in Deir ez-Zor, in addition to the heavy fighting and daily shelling, including airstrikes and barrel bombing in Aleppo, Idlib, Hama, Daraa, Rural Damascus and Damascus governorates, resulted in further internal population displacement and increase in the number of injured people. Since March 2011, over 160,000 people are estimated to have been killed and over 750,000 injured.

Health Sector



13 Health Sector Partners

32.4% % funded

233,376,172 US\$ requested



25%² Public hospitals out of service

27%³ Public health centres affected



2.79 M Children vaccinated against polio

Public Health Concerns

The on-going conflict and the consequent population movement, impeding patients' and health workers' access to health care facilities as well as shortages in essential medicines and medical services have changed the country's public health profile, affecting overall health practices, protocols and preventive services.

The Health Resources Availability Mapping System (HeRAMS) revealed that five governorates (Aleppo, Rural Damascus, Homs, Dar'a, and Deir ez-Zor) have registered the highest number of non-functioning public hospitals in Syria. Rural Damascus has almost half of its hospitals non-functional. Similarly, in Deir ez-Zor none of the 7 public hospitals are fully functioning.

Overcrowded living conditions and diminished per capita availability of water supply result in poor hygiene and increased risk of infectious diseases, including skin and respiratory tract diseases.

The water supply infrastructure in Syria has been subjected to major destruction since 2011. The current availability of safe water inside Syria is now a third of pre-crisis levels.

The conflict has also caused severe damage to sewage systems, pumping stations and other water infrastructure. The situation is

¹The number is low comparing to previous reporting period due to movement restrictions imposed before and during the week of the presidential elections.

² HeRAMS.

³ Ministry of Health.

worsened by frequent power cuts, fuel shortages and limited maintenance of water works, especially in areas which witnessed high levels of violence like Rural Damascus, Idleb, Deir ez-Zor, Homs, Aleppo and Ar-Raqqa. These combined factors have dramatically increased the risks of waterborne diseases such as cholera, shigella, typhoid and hepatitis A.

Insufficient access to safe blood is increasingly exposing the Syrian population to the risk of blood-borne diseases such as hepatitis B.

The dramatic increase in the number of injured- an average of 25,000 injuries each month-, combined with the severe shortages in surgical supplies, including basic anaesthetic medicines and the frequent power cuts, are rendering functioning hospitals unable to cope with the demand for surgical treatment. An increasing number of complications such as septicaemia, gangrene, organ failure and/or deaths is being reported.

Since the beginning of the crisis, the overall vaccination coverage dropped sharply across the country (from 90% before 2011 to 52% in March 2014), increasing the risk of childhood morbidity and mortality from vaccine-preventable diseases.

During reporting period, the number of reported Hepatitis A and Typhoid cases through the Early Warning and Response System (EWARS) has substantially increased with 1,056 and 82 cases seen respectively. This increase is due to reduced access to safe drinking water, especially in Deir ez-Zor where 85% of the Typhoid cases have been reported.

Also, the number of reported Pertussis cases continued to increase with 142 cases reported, 61% of which were in Deir ez-Zor. Similarly, the number of reported Brucellosis cases has also notably risen with 198 cases reported, 32% of which were seen in Rural Damascus.

Measles continues to increase with 179 cases reported; 34% of which were in Ar-Raqqa (during reporting period). Since the beginning of 2014, the EWARS reported a total of 3,512 suspected cases of measles across the country, 389 of which have been laboratory confirmed mainly in Deir ez-Zor and Ar-Raqqa governorates.

The system recorded 6 (Acute Flaccid Paralysis) AFP cases, with 3 cases in Latakia, 1 case in Damascus and 1 case in Hama.

Since the beginning of the conflict, a severe increase in psychological distress has been observed among the population. Over 50% of the population is estimated to be in need of psychosocial support. Out of the 3 psychiatric facilities in the country, the Aleppo psychiatric hospital has been destroyed. Psychotropic and epilepsy medications are often removed from shipments of interagency convoys.

Health Needs and Gaps

Since the beginning of the conflict, the adequacy and equity of provision of services in public health facilities has been significantly affected with almost 55% of the public hospitals reported either partially functioning or non-functioning.

The restricted access for humanitarian aid to reach populations in need constitutes one of the main hindrances to WHO operations. This affects the patients, the most vulnerable people, as well as the whole population's morbidity and mortality.

The health workforce has been significantly reduced as many health professionals have fled the country (severe shortage of surgeons, anaesthesiologists, laboratory professionals, female reproductive health professions, etc.). Those who remain often encounter difficulties in accessing their place of work. Similar difficulties in accessing health centres and hospitals are faced by those seeking health services.

The devaluation of the Syrian Pound by more than 50 per cent and the increase of the cost of medications have affected patients' ability to purchase needed medications and treatments.

The expansion of vaccination activities into hard-to-reach areas is essential to achieve broader population coverage. This is of critical importance if transmission of vaccine-preventable diseases such as polio, measles and tuberculosis, is to be halted, particularly in the present context of high population mobility and overcrowded living conditions

The confluence of risk factors, including worsening food security, limited access to water, poor hygiene, sanitation and health services combined have contributed to a declined nutritional status of children under 5.

WHO Response

During reporting period, WHO supported over 46,500⁴ beneficiaries as follows:

- Local health authorities in Rural Damascus, Hama, Quneitra, Damascus, Lattakia and Tartous with intravenous fluids for 21,448 beneficiaries.
- Local health authorities in Rural Damascus with noncommunicable disease medicines for 25,075 beneficiaries.

During reporting period, WHO capacitated 542 health care professionals from all governorates on: Health Information Systems (107 health workers), mental health (39), malnutrition (30), CD management (52), infection control (40), trauma management (42), EWARS (189), lab capacity (43).

WHO and UNICEF are currently supporting MoH in developing a national response plan for measles, and other vaccine preventable diseases.

WHO is establishing a Water Pollution Alert and Response System (WPARS) in Syria: it will detect and validate drinking water contamination incidents across the country. The system will be initiated in Damascus and Rural Damascus and will be extended into other governorates in 2015.

Health Sector Response

UNICEF

Mobile teams and fixed health centres continue to attain vulnerable and displaced communities with basic health care and referral services for complicated cases. The health centres reached 119,077 children and 37,694 women, in addition, mobile teams were able to cover 23,080 children and 4,694 women.

A local NGO in Homs reached 539 children and women with basic medicines.

UNFPA

15,000 women were supported with 48,000 reproductive health services, including for family planning, in addition to safe delivery for 550 women through the RH vouchers.

A reproductive health awareness-raising campaign is being held in cooperation with WFP targeting 60 recruited DHL workers. Moreover, 25 project coordinators and accountants of UNFPA IPs were oriented on monitoring the humanitarian response.

Funding Status

WHO requires a total of US\$ 185 million in 2014 to provide life-saving health services to the growing number of increasingly vulnerable Syrians. Additionally, based on the 2014 Essential Medicines List, Syria will need more than US\$ 450 million to provide essential medicines and medical supplies to Syrians in government- and opposition-controlled areas.

⁴ The number is low comparing to previous reporting period due to movement restrictions imposed before and during the week of the presidential elections.

Funding Status of Appeals (US\$)

| | Name of the appeal | Required funds | Funded | % funded |
|---------------|--------------------|--------------------|--------------------|----------|
| WHO | SHARP 2014 | 185,966,152 | 44,189,378 | 24% |
| Health Sector | SHARP 2014 | 233,376,172 | 75,697,853 | 32% |
| Total | | 419,342,324 | 119,887,231 | |

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