



**Key figures**

- 192 309**  
Treatment courses provided
- 6470**  
Trauma cases delivered
- 346**  
Healthcare providers trained
- 86 518**  
Outpatient consultations provided
- 61**  
Tonnes of health supplies delivered
- 80 %** of sentinel sites submitted weekly disease surveillance reports
- 92%** of disease alerts were responded to within 72 hours



*WHO and the Syrian Ministry of Health (MoH) organized a workshop to prioritize the national health agenda for health system recovery in Syria*

**Top four morbidities reported by Early Warning, Alert and Response System (EWARS & EWARN)**

|  |
|--|
| Influenza-like illness (ILI)<br><b>133 894 (52%)</b> |
| Acute Diarrhea (AD)<br><b>108 227 (42%)</b>          |
| Leishmania<br><b>5 267 (2%)</b>                      |
| Acute Jaundice Syndrome<br><b>3 433 (1%)</b>         |

**Highlights**

- WHO and the Ministry of Health (MoH) organized a one-day workshop to set priorities for the national health agenda for health system recovery in Syria. The workshop focused on three strategic objectives: addressing humanitarian needs, attaining universal health coverage (UHC), and ensuring health system resilience and preparedness. 45 participants, including professionals from the MoH, UN agencies, key stakeholders, and health partners, collaborated to work towards early recovery of the health system with the support of the WHO Regional Office for the Eastern Mediterranean UHC team.
- On 24<sup>th</sup> of June, WHO regained access to the Al-Hol camp following a meeting between OCHA and the camp administration. WHO field team resumed their regular activities, including camp coordination meetings, conducting investigation alerts, collecting samples, advising on secondary health care referrals and supporting routine immunization activities – including risk communication and community engagement.

**WHO Country Office Syria**

**Security and Access Situation**

- The security situation within WHO Syria’s area of operations remained unstable in several hotspots, including northeast (Al-Hassakeh, Ar-Raqqqa, and Deir-ez-Zor), Dara’a, Quneitra, Aleppo, Idlib, Lattakia, Hama, and Homs.

- Hostilities continue in rural areas of northeast Syria (NES), causing instability and security and threatening the safety of both civilian populations and security forces. In Deir-ez-Zor, the security incidents have increased: explosions were heard on the outskirts of Al-Sukkariya village and Al-Bukamal city, however, no casualties were recorded.

### **Expanded Program on Immunization (EPI)**

- WHO held 15 workshops for the immunization teams to prepare for the second round of the Big Catch-up (BCU) activity scheduled for 21-25 July 2024.
- WHO organized a central seminar on surveillance activities, in coordination with the school health department and the Paediatrician Association at the Ministry of Health.
- During the initial round of the BCU activity, which was concluded in early May 2024, a total of 1 843 327 million children across all governorates were screened. Additionally, 1 818 890 million children received oral polio vaccine, more than 300 000 children under the age of five were vaccinated with routine vaccines, and 1 115 667 children were provided with vitamin A supplements. In addition, COVID-19 vaccines were also provided during the activity with 1143 adults receiving their doses.

### **Primary Health Care (PHC) and Non-Communicable Diseases (NCDs)**

- With WHO support, 325 health workers from the Directorate of Health (DoH) in Damascus, Rural Damascus, Homs, Hama, Tartous, Lattakia, Aleppo, Quneitra, and As-Sweida received training on various topics including patient safety, elderly care at home, tobacco cessation services, oral health integrated services in reproductive health interventions, chronic respiratory diseases, cancer registry, and primary health care quality assurance and accreditation.
- WHO conducted supervisory visits to the diabetes specialized center and public hospitals providing non-communicable diseases (NCDs) services in Aleppo. The team reviewed automated data, service delivery, reporting system, and prepositioned stocks to fill the gaps.

### **Secondary Health Care (SHC)**

- WHO supported the training of 25 health workers, and infection, prevention, and control (IPC) staff from Al-Zahrawi Hospital in Damascus on patient safety, and quality assurance criteria.
- WHO dispatched:
  - Life-saving medicines and medical equipment to several hospitals in Syria. This includes 3 C-arm machines to Al-Haffeh Hospital in Lattakia, Banyas National Hospital, and Al-Suqaylabiyah National Hospital in Hama. Additionally, 1 vein imaging device infrared has been sent to Aleppo University Hospital, and 1 digital radiographic X-ray imaging unit has been delivered to Tishreen Hospital in Lattakia.
  - IPC supplies, including 1100 surgical latex gloves, to the Ministry of Local Administration and Environment and the Directorate of Health in Tartous.

### **Trauma Care**

- WHO conducted four 5-day workshops on “Major Incident Medical Management and Support” (MIMMS) and disaster management in Homs, Lattakia, Damascus, and Aleppo Governorates. These workshops equipped 100 health professionals from the Ministry of Health with the skills and knowledge necessary to respond to human-made and natural emergencies. MIMMS is a comprehensive tool that supports a systematic approach to disaster medical management, including the planning, implementation, and evaluation of medical care during emergencies. The training emphasized on-the-scene management and practical skills, providing a standardized approach to medical management and support. MIMMS can also be used to track the performance of health systems during emergencies, helping to ensure access to life-saving health services.

### **Nutrition**

- A total of 66 770 children under the age of five were screened for malnutrition across 981 health centers.
- A total of 1754 cases of acute malnutrition were identified, including cases of 145 severe acute malnutrition (SAM) and 1609 moderate acute malnutrition cases (MAM).

## Mental Health and Psycho-Social Support (MHPSS)

|  |   |
|--|---|
| Primary health centers (PHC), outpatient clinics, and specialized facilities provided: | <ul style="list-style-type: none"><li>- 5905 psychotropic medication treatment courses.</li><li>- 15 723 mhGAP and specialized consultations at the PHC level.</li><li>- 19 144 basic psychosocial support services and 461 therapeutic psychological interventions.</li><li>- 662 therapeutic psychological interventions, with 11 cases referred to psychiatrists.</li><li>- GBV awareness sessions to 945 beneficiaries.</li></ul> |
| Online MHPSS-services  | <ul style="list-style-type: none"><li>- 207 MHPSS online services were provided for those in need of psychological support.</li></ul>   |

## Tuberculosis (TB) & HIV

- In cooperation with MoH, WHO held a coordination meeting with the head of the HIV counseling center. Discussions focused on implementing the new HIV treatment guidelines, the needs of the people living with HIV, and challenges at the national level. A follow-up meeting was conducted with the HIV regional adviser to provide the necessary support.
- TB mobile clinics continued operating in Aleppo, Deir-ez-Zor, and Rural Damascus. A total of 4573 beneficiaries attended 21 TB awareness sessions, and 256 suspected cases were tested for TB, resulting in 12 confirmed cases.
- With WHO support, 50 health workers were trained on multi-drug resistant TB treatment guidelines and the National TB Committee met in Damascus to review the guidelines.

## Neglected Tropical Diseases (NTD)

- WHO delivered 4000 vials of human anti-rabies immunoglobulin and 3800 doses of human rabies vaccines to the national rabies programme at the MoH. These will provide life-saving post-exposure prophylaxis to individuals bitten by dogs. However, the supplies will only meet the needs of 10% of dog-bite cases annually.

## Health Systems Strengthening

- On 12 June, WHO supported MoH to conduct a 1-day capacity-building workshop around health financing at the Centre of Strategic Studies. The workshop was conducted virtually by the health financing unit at WHO Headquarters and targeted the team responsible for preparing the national health account.

## Preventing and Responding to Sexual Misconduct (PRS)

- In June, the PRS team conducted a field mission to Lattakia to carry out awareness sessions targeting 102 participants from the Directorate of Health (DoH).
- On 30 June, WHO facilitated a 5-day in-country network (ICN) training of trainers (ToT) for 25 PRS focal points from various UN agencies on Prevention and Responding to Sexual Misconduct (PRS). Following the ToT, the participants were certified as trainers and were added to an interagency roster.

## Community Engagement (NGOs)

- The WHO-supported implementing partner Al-Taalouf Association in the Aleppo Governorate to provide telemedicine consultations and 478 health care services.

## National Health Sector Coordination

- In June, the Health Sector contributed to completing the mapping of gender representation in the health sector coordination structure in Syria.
- Additionally, the Health Sector provided final inputs for prioritizing activities under the planned Syrian Humanitarian Fund (SHF) allocation.



*A WHO-supported implementing partner in Aleppo providing online medical consultation.*

## WHO Syria Sub-Offices

|                               |  |
|-------------------------------|--|
| <p><b>Aleppo Hub</b></p>      | <ul style="list-style-type: none"> <li>• WHO, in collaboration with the Ministry of Health and Health Sector partners, developed a response plan to facilitate the arrival of 9000 students from the hard-to-reach areas for their final national exams. WHO provided in-kind donations of medication through four national implementing partners.</li> <li>• In June, WHO's response included providing the following health services:             <ul style="list-style-type: none"> <li>○ 3270 medical consultations</li> <li>○ 13 emergency referrals.</li> <li>○ 2643 treatment courses</li> <li>○ 3026 group psychological interventions</li> <li>○ 455 recreational activities</li> <li>○ 43 individual psychological counseling sessions</li> </ul> </li> <li>• WHO Aleppo sub-office delivered a 0.3-tonne shipment of medical items to the Directorate of Health and Aleppo University Hospital.</li> <li>• 75 health workers from Aleppo received training on various interventions, including Early Warning, Alert and Response (EWARS), trauma, and pharmacovigilance.</li> </ul> |
| <p><b>Lattakia Hub</b></p>    | <ul style="list-style-type: none"> <li>• 30 participants, including representatives from the Directorates of Health (DoH) in Lattakia, Tartous, Homs, and Hama and focal points from local NGOs, attended a workshop in Lattakia. The workshop aimed to develop an electronic database for NGOs, with the goal of creating a tool to assist the Ministry of Health (MoH) in tracking NGOs activities and incorporating their recommendations and challenges.</li> <li>• WHO conducted monitoring visits to the PHCs in Lattakia and Tartous to assess the implementation of health programs, including the Expanded Program on Immunization (EPI), Health Resources and Services Availability Monitoring System (HeRAMS), Early Warning, Alert and Response (EWARS), and nutrition.</li> <li>• WHO, together with 14 associations, conducted health education sessions in Lattakia to deliver impactful health messages on summer diseases.</li> <li>• WHO delivered 12 tonnes of medicines, medical supplies, and equipment to public health facilities in Lattakia and Tartous.</li> </ul>   |
| <p><b>Homs Hub</b></p>        | <ul style="list-style-type: none"> <li>• On 24 June, WHO held the mental health and psychosocial support services technical working group (MHPSS TWG) for Hama partners. The meeting included an update on the current mapping for the provision of MHPSS health services for people with disabilities.</li> <li>• WHO facilitated the Homs Health Sub-Sector meeting, which included updating the current mapping of health services.</li> <li>• In response to the increase in reported scabies and lice cases, WHO, in cooperation with the Directorate of Health (DoH) in Hama, distributed 35 000 bottles of permethrin shampoos and 4000 informational brochures.</li> <li>• In Homs, WHO launched the tuberculosis (TB) screening campaign in prisons. A total of 492 individuals were screened, resulting in the diagnosis of 2 positive TB cases.</li> </ul>  |
| <p><b>Deir-ez-Zor Hub</b></p> | <ul style="list-style-type: none"> <li>• WHO delivered a mobile X-ray machine and 38 oxygen regulators to Al-Assad Hospital in Deir-ez-Zor, in addition, to an overhead light for the operating rooms and 15 oxygen cylinders. This vital equipment will bolster the hospital's capacity to provide essential diagnostic and respiratory care to patients in need and ensure a reliable supply of oxygen for critical care patients.</li> <li>• WHO, in cooperation with the Directorate of Health, conducted a workshop for 25 health workers on detecting biologically resistant tuberculosis using the GeneXpert device. The aim was to increase the detection rates of undiagnosed patients and those who had contact with suspected cases.</li> </ul>   |



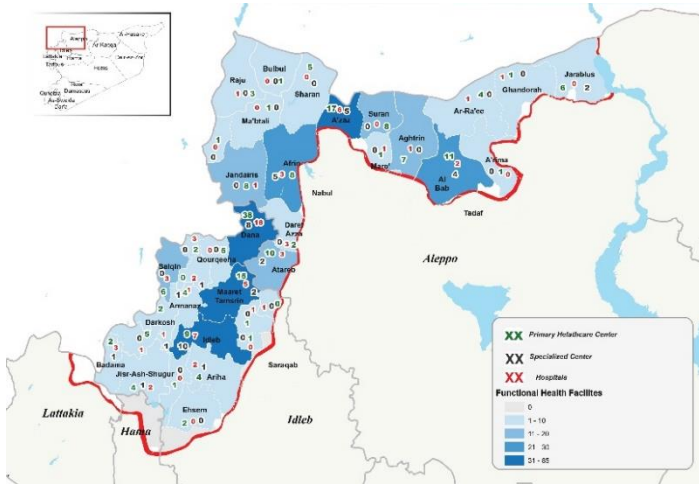
|  |   |
|--|---|
| <p><b>Northeast Syria (NES) - Qamishli Hub</b></p> | <p>Camps:</p> <ul style="list-style-type: none"> <li>• WHO closely monitored and documented the challenges in referring severe acute malnutrition (SAM) cases to Al-Hikmeh stabilization center. 11 cases were rejected, 7 from Areesha camp and 4 from Al-Hol camp, due to security requirements and capacity challenges within the stabilization center. WHO is working with health partners to resolve these challenges.</li> </ul> <p>Other health response activities:</p> <ul style="list-style-type: none"> <li>• On 13 June, a WHO team conducted a mission to Al-Hassakeh to attend an ad-hoc RCCE meeting and discuss preparations for the upcoming Big Catch-up (BCU) activity, which is planned for 21-25 July 2024.</li> <li>• On 27 June, WHO chaired the NES mental health and psycho-social support service (MHPSS) technical working group, effectively guiding discussions, fostering collaboration, and ensuring the achievement of joint objectives.</li> <li>• Provided key messages and a presentation on suicide prevention to the MHPSS partners to be used during the suicide prevention campaigns.</li> <li>• WHO conducted a desk review assessment on the Al-Hassakeh water contamination, shared reports, and proposed an immediate action plan to mitigate the risk of water-borne diseases.</li> <li>• WHO successfully installed essential medical equipment at Qamishli National Hospital. This equipment included a computed tomography (CT) scanner, magnetic resonance imaging (MRI) machine, colour Doppler ultrasound scanner, a cardiac diagnostic machine, C-arm machine, X-ray unit for the operating theatre, and a mobile digital radiographic X-ray unit. In addition, comprehensive training sessions were conducted for the hospital staff to ensure proper operation and maintenance of these advanced technologies.</li> <li>• WHO conducted water quality monitoring at more than 102 locations in NES. A total of 1989 water samples were tested, 14 of which showed bacterial contamination.</li> </ul> <p>Sub-national health sector coordination in Qamishli/NES:</p> <ul style="list-style-type: none"> <li>• On 11 June, WHO held the health sub-national health sector coordination meeting at the Directorate of Health (DoH) in Al-Hasakeh, and provided technical updates on the health situation.</li> <li>• WHO attended the online Al-Hol health coordination meeting and provided updates on ongoing response activities.</li> </ul> |
|--|---|

## WHO Gaziantep Field Presence for the Cross-Border Response \_ Northwest Syria (NWS)

### Situation Update

- The security situation in northwest Syria remains unstable with ongoing hostilities continuing to endanger civilians, in particular women and children.
- The health of 2 million displaced persons living in more than 1500 displacement camps and informal sites is being impacted by the rise in temperature. 70 per cent live in overcrowded conditions without adequate ventilation and cooling. Water and hygiene services have been suspended in 188 camps in Idleb and 190 camps in northern Aleppo due to the lack of funds. As temperatures continue to rise, the health impact is expected to be severe. A notable increase in other acute diarrhea cases was observed in June 2024, exceeding the average rate observed over the past four years.
- The recent inflow of donor contributions has supported the continued operation of health facilities that were at risk of suspension of services. In June, a total of 104 health facilities partially or fully suspended operations which was fewer than the expected 160 closures. However, the Health Cluster estimates that, by September, 153 health facilities will face full or partial closures, and by December almost 50 per cent of all functional health facilities will fully or partially cease operations unless funding levels increase.

- WHO conducted a health services and facilities assessment in the second quarter (April-June 2024) revealing that 61 per cent of the 640 assessed health facilities were fully functional and 7 per cent were partially functional, and 13 per cent of health facilities were reported as damaged.



Functional health facilities in northwest Syria

### Northwest Syria Response

- Since January 2024, WHO has delivered 47 truckloads of emergency kits and essential medicines to northwest Syria. In addition, WHO continues to conduct cross-border missions into northwest Syria averaging two missions per week.

| Key figures<br>January to June<br>WHO cross-border response |
|---|
| 2 130 163<br>Treatment courses provided                     |
| 42 880<br>Trauma cases treatments delivered                 |
| 396<br>Tones of health supplies delivered                   |

### Heatwave emergency preparedness

- WHO updated and circulated a heatwave emergency preparedness
- plan to address the anticipated high temperatures in July and August 2024. The plan, which is available in English and Arabic, offers a multi-sectoral emergency management model for public health in northwest Syria.

### Prepositioning medical supplies to respond to a scabies outbreak

- In June, in response to the scabies outbreak, WHO prepositioned permethrin tubes for a large-scale permethrin-based mass drug administration for over 180 000 people in 70 camps and seven communities most affected by the outbreak with the financial support from the European Union Humanitarian Aid.

### Stock-up of medication for the treatment of tuberculosis

- In June, with assistance from IOM, WHO successfully finalized the request for tuberculosis (TB) medications.
- This included both first and second-line drugs, as well as preventive treatments. The aim is to prevent any potential shortages or interruptions in treatment for current tuberculosis patients in the northwest.
- Additionally, WHO received TrueNet kits procured by IOM to resume testing services in the four TB centers in northwest Syria. WHO received a total of 2000 TrueNet tests, sufficient to support these centers for one year.
- WHO also secured funding to restore the TB GeneXpert lab in Antakya City following its destruction in the 2023 earthquakes. This restoration will enhance the programmes' diagnostic capabilities, ensuring adherence to WHO standards and protocols.



Permethrin supplied being unloaded at a WHO-supported warehouse in northwest Syria

### Helping to improve human resources for health

- WHO completed its technical support for the Human Resources for Health (HRH) management assessment in northwest Syria, focusing on staffing norms and standards at the primary healthcare level and standardizing job descriptions for health facility staff.

- The MHPSS technical working group, led by WHO, has completed the revision of job descriptions for four key professionals: psychosocial workers, psychologists, mhGAP doctors, and MHPSS team leaders. These standardized job descriptions will enhance the workforce and ensure a consistent approach to mental health and psychosocial support services.

#### Capacity building efforts

- WHO offered technical support for the implementation of the Early Essential Neonatal Care (EENC) coaching programme across 14 new maternal and neonatal care hospitals, enabling them to start implementation of the programme.

- A workshop was conducted in June to establish guidelines for high-quality in-patient rehabilitation services, known as “rehabilitation minimum standard’.



*Practical exercises conducted at the rehabilitation minimum*

## Useful links

- [HeRAMS public hospitals](#)
- [HeRAMS public health centres](#)
- [WHO-Syria Summary of HRP indicators reported through the 4Ws](#)
- [WoS key performance indicators](#)
- [MHPSS dashboard](#)

## Follow WHO Syria



[Facebook](#)

[Twitter](#)

[Instagram](#)

[YouTube](#)

## Contact Us

**Dr Iman Shankiti**

WHO Syria Representative, a.i.

[shankitii@who.int](mailto:shankitii@who.int)

**Rosa Crestani**

WHO Health Emergencies (WHE)  
Team Lead, and Head of Office for  
WHO Gaziantep Field Presence

[crestanir@who.int](mailto:crestanir@who.int)