

World Health Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

Syrian Arab Republic WHO Response to the Conflict in Syria

Situation Report #5 Reporting period: 1 – 31 July 2014 01 August 2014

| * | 10.8 million 6.5 million | People affected |
|-----|-----------------------------|--|
| WHO | | |
| | 27% | % funded |
| | 185,966,152 | US\$ requested |
| | 65 7,561,241 | Staff in the country People reached with medicines and |
| | | medical supplies (since the beginning of 2014) |
| | 2,173,608 | People reached with medicines and medical supplies during reporting period |



Highlights

- WHO Reached Eastern Aleppo City with Surgical Supplies
- Medical Aid Reached Daraa and Mouadamiya
- Over 7.5 million Syrians Have Been Supported with Medical Assistance Since January

Situation Update

The delivery of medical assistance continues to be hampered by the deterioration of the security situation. Humanitarian needs have increased with the recent conflict in Iraq, as seen with the influx of Iraqi refugees into the hard-to-reach Al-Hassakeh governorate. Recent clashes in Deir ez-Zor between the Islamic State (IS) and opposition groups have led to water shortages, lack of access to health services, and significant population movement, resulting in the displacement of approximately 76,000 people. In addition, daily shelling, airstrikes and barrel bombarding in Aleppo, Idleb, Hama, Daraa, Quneitra, Rural Damascus and Damascus have led to further internal population displacement and increased 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

| 6 | 13 | Health Sector Partners |
|----------|-------------------------|--------------------------------------|
| | 33% | % funded |
| | 233,376,172 | US\$ requested |
| н | 24% ¹ | Public hospitals out of service |
| E | 17% ² | Public health centres out of service |
| | 2.7 M | Children vaccinated against polio |
| | | |

Public Health Concerns

Syria's public health profile, including health practices, protocols and preventive services continuous to be hampered by and the consequent of population movement, limited access of patients and health workers to health facilities and shortages in essential medicines and medical services, all due to the on-going conflict

The situation is exacerbated by a disrupted health system, as hospitals and health care facilities have been damaged in 12 of Syria's 14 governorates.

The Health Resources Availability Mapping System (HeRAMS) reported that 41% out of the 97 public hospitals are fully functioning, 35% are partially functioning and 24% are completely out of service. Moreover, 51% of public health centres are fully functioning, 22% are partially functioning and 17% are completely out of service.

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

^{1/2} HeRAMS, http://www.emro.who.int/syr/publications-other/

| | The dramatic increase in the number of injured –an average of 25,000 injuries each month- combined with 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 and as such those in need of critical treatment are going without. 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 has dropped sharply across the country <i>(from 90% before 2011 to 52% in March 2014)</i> , increasing the risk of childhood morbidity and mortality from vaccine-preventable diseases. In July, The Early Warning, Alert and Response System (EWARS) reported a total of 304 cases of suspected measles; 8 Acute Flaccid Paralysis (AFP) cases, and; 702 pertussis cases. |
| | Overcrowded living conditions and diminished per capita availability of water supply result in poor hygiene and increased risk of infectious diseases, particularity water-borne diseases. A total of 2,173 cases of hepatitis A have been reported in July, in addition to 876 typhoid cases and 533 cases of bloody diarrhoea. |
| | The water supply infrastructure in Syria has been subjected to major destruction and disruption since the start of the conflict, but most dramatically during the first half of 2014 when vast areas of Aleppo and Deir ez-Zor governorates were left completely without running water. The current availability of safe water inside Syria is now one third of pre-crisis levels. The EWARS continues to report an increase in the number of acute diarrhoea with 22,169 cases reported across the country in July. The highest number of cases was seen in Deir ez-Zor (23%). |
| | The conflict has also caused severe damage to sewage systems, pumping stations and other water infrastructure. Moreover, Frequent power cuts, and fuel shortages especially in areas with high levels of violence like Rural Damascus, Idleb, Deir ez-Zor, Homs, Aleppo and Ar-Raqqah. |
| | Since the beginning of the conflict, a severe increase in psychological distress has been observed among the population. Out of only 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 60% of public hospitals reported as 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 expansion of routine and outbreak 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, pertussis and tuberculosis is to be halted |
| | 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 obstacles 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 medication have affected patients' ability to purchase needed medications and treatments, which is being further affected by the reduction of local production of medicines by 70%. 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 | WHO continues to scale up life-saving interventions with particular focus on facilitating the delivery of surgical supplies and consumables to hard- to-reach areas and besieged locations, such as eastern Aleppo city, Daraa, Ar-Raqqah and Rural Damascus. Focus has also been on strengthening the delivery of WASH services and medicines to prevent and treat water-borne diseases in Aleppo and Deir ez-Zor. |
| | During this reporting period, WHO supported over 2.1 million people through the provision of life-saving treatments and medical supplies. 79% of WHO deliveries were to hard-to-reach and opposition-controlled areas. |
| | With regard to the provision of medical aid, a breakthrough delivery to Eastern Aleppo city took place on 30 July 2014 when WHO and SARC delivered from Damascus 10 metric tonnes of surgical supplies, including antibiotics, sterile gauze, syringes and catheters, as well as chronic disease medicines for over 22,300 people to four hospitals through the Boustan Al-Qasser crossing. Moreover, on July 28, WHO and SARC delivered 50,000 treatments of antibiotics, chronic disease medicines and multivitamins for children to Mouadamiya in Rural Damascus. This constituted the first medical assistance delivery to the area since October 2012. |
| | WHO supported over 424,500 people in Daraa governorate through the delivery to of 25 metric tonnes of essential, chronic disease medicines, including intravenous fluids and multivitamins. |
| | Intravenous fluids for 18,733 people were also delivered to health authorities in Ar-Raqqah, Al-Hassakeh, Idleb and Lattakia governorates. Furthermore, WHO supported health authorities in Rural Damascus, Idleb and Damascus with medical kits, chronic disease and non- communicable disease medicines for over 590,000 people. |
| | WHO supported local NGOs and health authorities in Aleppo with medical assistance for over 919,000 beneficiaries. |
| | WHO conducted trainings for over 1,100 health care professionals on health information systems, EWARS, first aid, nutrition surveillance, performing PHC assessment, polio, mental health and lab procedures. |
| Health Sector Response | UNICEF Mobile teams continued to reach vulnerable and displaced communities in affected areas. During the reporting period, 73,880 children and women were supported with basic health care and referral services. |
| | 3 million doses of oral polio vaccine were delivered to Ministry of Health ahead of the sub-national immunisation campaign in August, which is targeting over 1.2 million children in high-risk districts across Syria. |
| | UNFPA 19,500 women were supported with reproductive health services and RH information, including emergency obstetric care for 8,400 women, safe delivery for 500 women and family planning for 3,000 women in Damascus, Rural Damascus, Homs, Aleppo, Deir ez-Zor, Ar-Raqqah, Hama, Daraa, Tartous and Latakia. |
| | 800 Iraqi woman refugees in Al-Hasakeh governorate were supported with RH services. |

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.

| Funding Status of Appeals (US\$) | | | | | | | |
|----------------------------------|--------------------|--|-------------|----------|--|--|--|
| | Name of the appeal | Required funds | Funded | % funded | | | |
| WHO | SHARP 2014 | 185,966,152 | 50,103,538 | 27% | | | |
| Health Sector | SHARP 2014 | 233,376,172 | 76,982,115 | 33% | | | |
| Total | | 419,342,324 | 127,085,653 | | | | |
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