



World Health Organization
Syrian Arab Republic
Donor Update 2014 (Q2)



World Health
Organization

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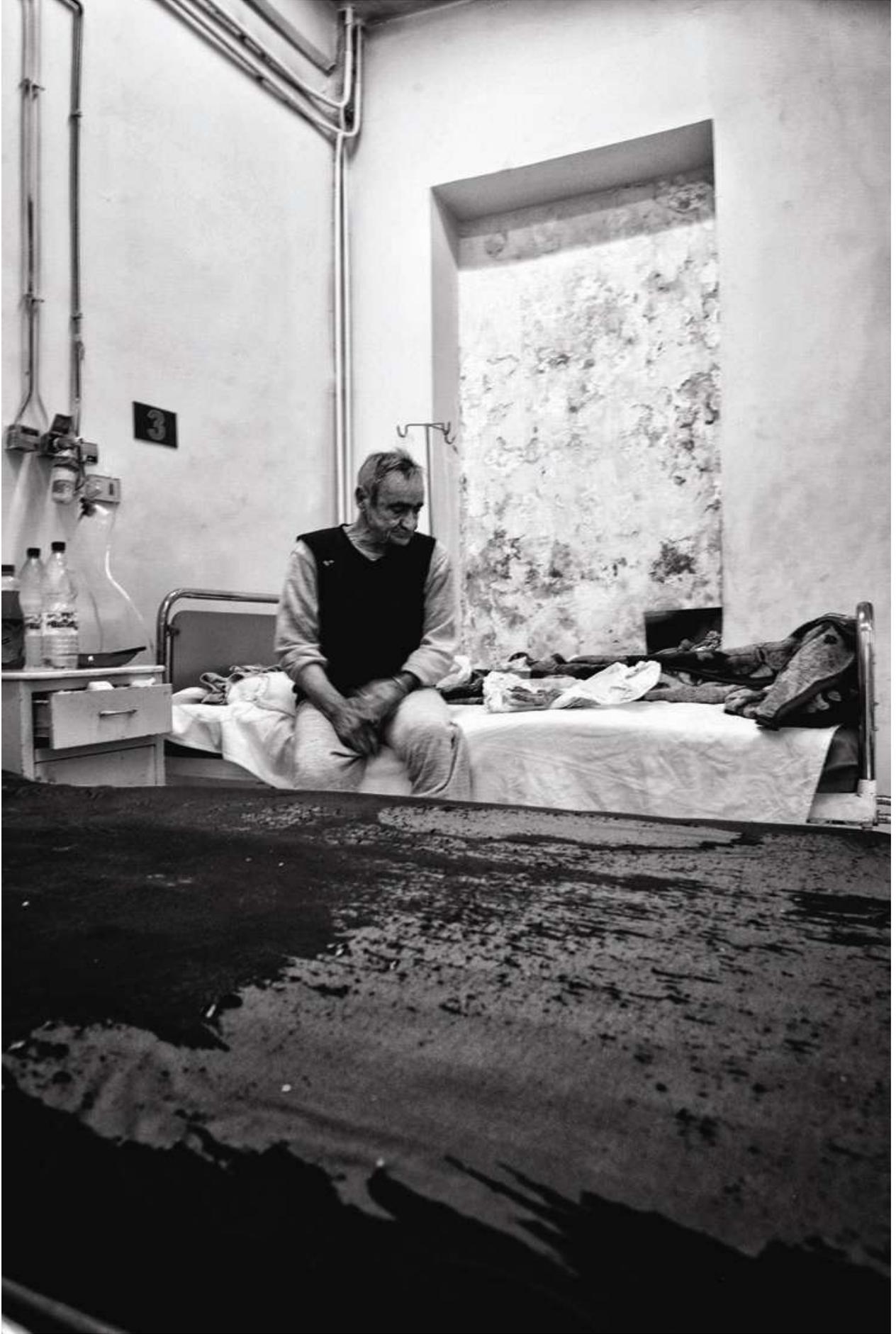


Photo credit: WHO/O.Sanadiki

The Situation in Syria in Q2 of 2014

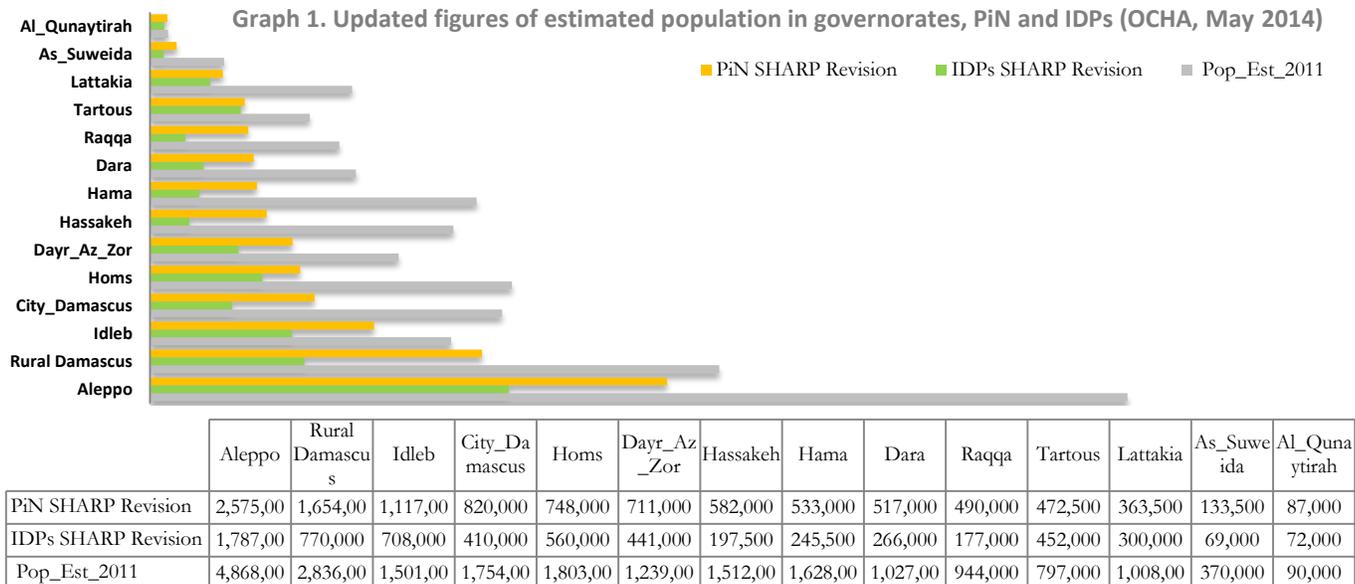
1. People in need of humanitarian assistance

The violence in the Syrian Arab Republic has continued to escalate during Q2. The past three months have been marked by continuing conflict, with pockets of sustained high-intensity fighting. There have been no major changes in the balance of power in the central and southern regions, in spite of government gains in these areas. Opposition groups continued to fight the Syrian Armed Forces (SAF) along the main highway linking Syria's major urban centres, from Aleppo to Dar'a, while combat between armed opposition groups including The Islamic State of Iraq and Levant and Kurdish forces continued in the east and north. Clashes in frontline areas (including Dar'a, Deir ez-Zor, Rural Damascus, Homs and Aleppo) have led to new large-scale displacements and a worsening humanitarian situation. The number of people in need has therefore increased significantly due to barriers accessing humanitarian assistance, reduced agricultural production, scarce employment opportunities, decreased purchasing power, and exhausted coping mechanisms.¹



- **People in Need (PiN): 10.8 M** (compared to 6.8 M in Q2 2013 and 9.3 M in Q1 of 2014);
- **Internally Displaced People (IDPs) 6.5 M** (compared to 4.25 M in Q2 2013; the UN has not yet released updated figures for the number of IDPs for Q2);
- **People killed: 160,000** (compared to 93,000 in Q2 2013 and 150,000 in Q1)
- **People injured: 750,000** (compared to 465,000 in Q2 2013 (same figure as in Q1 of 2014)).

Graph 1. Updated figures of estimated population in governorates, PiN and IDPs (OCHA, May 2014)



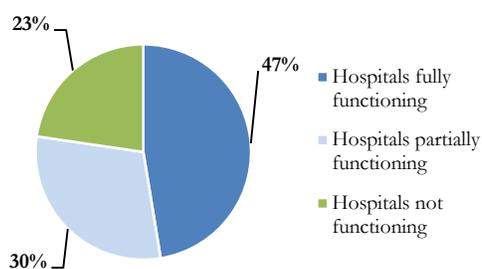
¹ Source: Syria Needs Analysis Project (SNAP), ACAPS, May 2014

2. Disintegration of the public health system

The crisis has disrupted health care services and led to dire shortages of essential medicines, supplies and health care workers, especially those trained in emergency care. Despite the challenges faced in reaching contested/remote areas, WHO managed to reach 2,519,270 people in Q2 (making a cumulative total of 5,071,776 people reached between January and June 2014). For the first time in three years, WHO was able to deliver noncommunicable disease medicines to Douma in the besieged area of East Ghouta in Rural Damascus.

Even when people in need were able to access health services, positive health outcomes were undermined by the effects of protracted stress, suffering and increased vulnerability.

Graph 2. Overview of functionality of hospitals (June 2014)

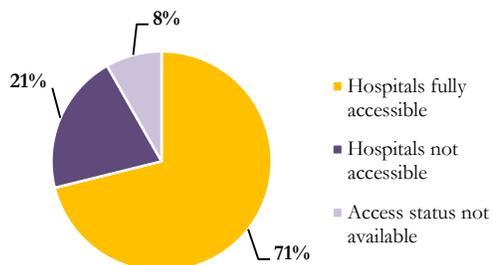


As of June 2014, hospitals and health care facilities have been damaged in 11 of Syria's 14 governorates. The most heavily affected governorates are Aleppo, Rural Damascus, Homs, Dar'a and Deir ez-Zor.

- **Functionality of hospitals² (see Graph 2):** Just under half of the 97 MoH hospitals are fully functioning. The remainder are either only partially functioning, or have ceased to function altogether.

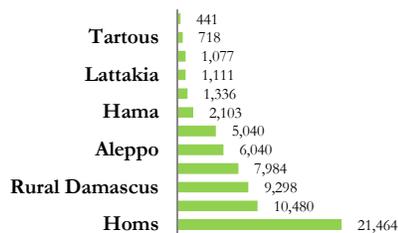
- **Access of patients to hospitals (see Graph 3):** 69 of the 97 MoH hospitals are accessible, and 20 are not accessible. The status of accessibility of the remaining 8 hospitals is unknown. Almost two thirds of ambulances have been damaged.

Graph 3. Overview of access of patients to hospitals (June 2014)

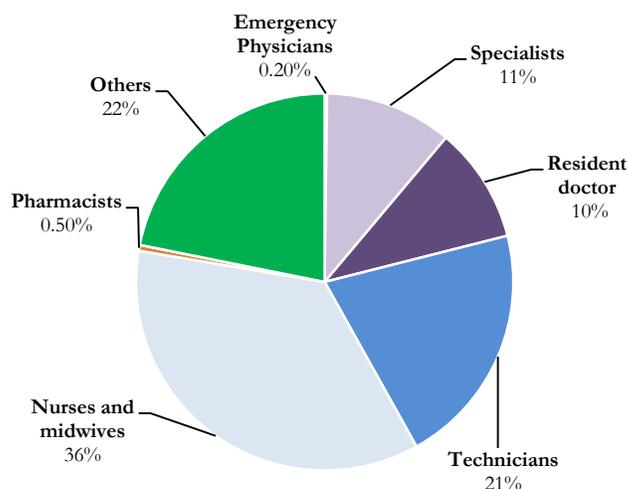


Mortar and artillery attacks, including barrel bombing and airstrikes, car bombs, hijackings and kidnappings are some of the daily challenges faced by health care workers. Many health professionals have left the country³, creating severe shortages in many areas including trauma care, anaesthesiology and laboratory diagnosis.

Graph 4. Number of people per medical doctor by governorate (March 2014)



Graph 5. Percentage of health staff estimated to be present in the country by category (March 2014)



² Percentages have changed compared to previous quarterly reports, as the Ministry of Health previously reported all hospitals located in opposition-controlled areas as 'not functioning'. Thanks to the expansion of the HeRAMs and the increased number of health workers trained in reporting on functionality and accessibility, WHO is now able to provide a more comprehensive picture of the situation on the ground.

³ Unfortunately no updated data is available from the MoH



WHO in Syria: Responding to Needs

Achievements in Q2

2,519,270 people (for a total of 5,071,776 between January and June 2014) directly benefited from the distribution of medicines and equipment as well as from health care.

137,975 people (for a total of 447,875 between January and June 2014) benefited from the delivery and distribution of health kits.

2,913,640 children under 5 years of age were vaccinated against polio in all governorates.

Over 3,660 health care workers were trained on first aid, infection control, HeRAMs reporting, chemical hazards and water testing, early detection of malnutrition, etc.

62 new EWARS sentinel sites were established throughout Syria in Q2, including over 21 sites in opposition-controlled areas (reaching a total of 528) after WHO successfully advocated with the Government for the expansion of EWARS and the distribution of essential medicines and medical supplies in opposition-controlled areas.

1.2 million aquatab tablets were distributed in Aleppo city. Each tablet is sufficient to disinfect the daily drinking water supply of a single family.

6 river water purification units were distributed to Al-Boukamal Town in the Governorate of Deir ez-Zor, where the local water filtration plant was damaged in the fighting.

35 HIS sentinel sites were established across Syria and 90% of health care facilities were assessed for damage and functionality across the country.

The lives of over 45 children under 5 years of age were saved in Hama, Deir ez-Zor, Homs, Aleppo, Latakia and Damascus, thanks to the WHO-supported programme to establish therapeutic feeding centres in hospitals.

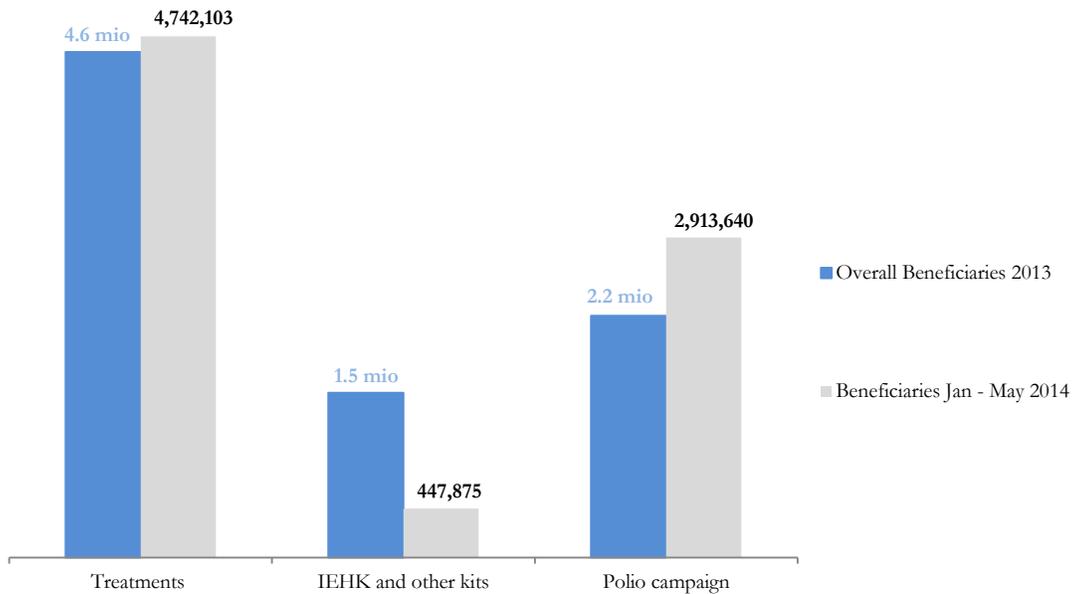
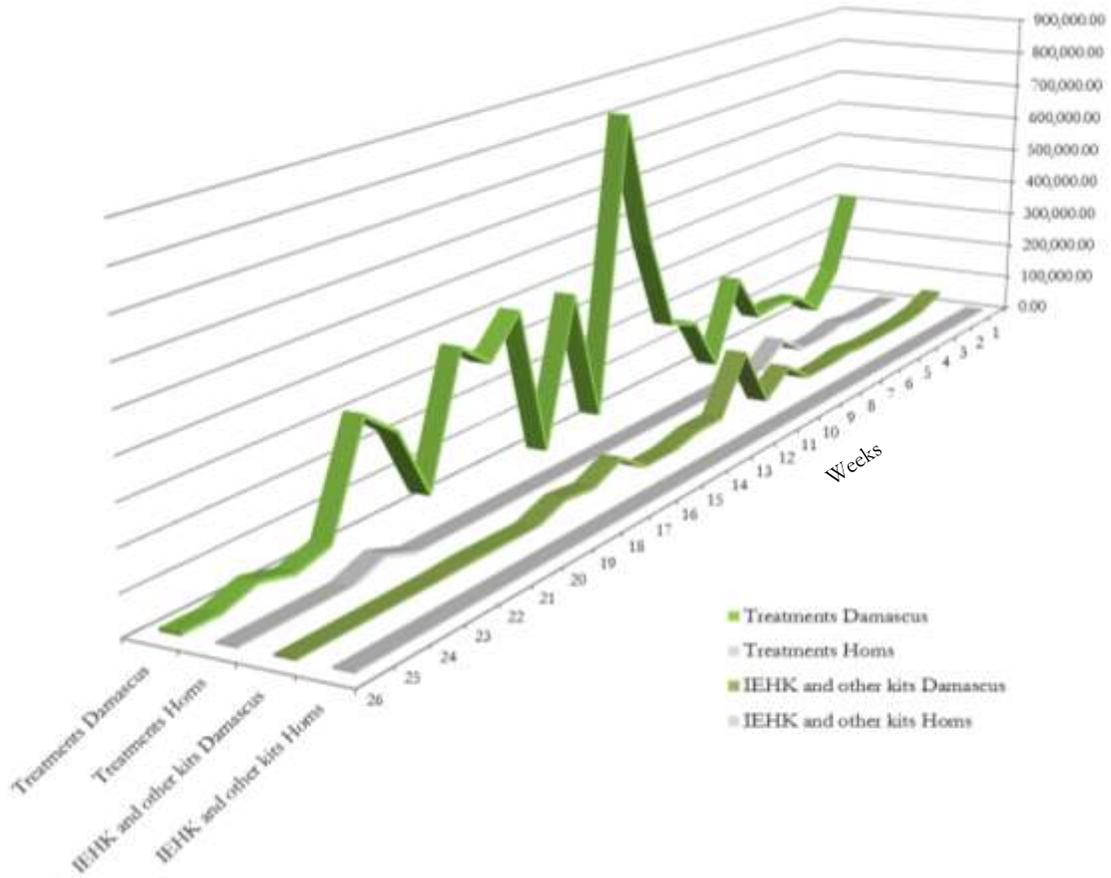
A plan to establish an in-patient psychiatric unit for 20 people was prepared in collaboration with Al-Mouwasat hospital.

Despite serious obstacles in delivering humanitarian aid to contested areas, the medicines, medical supplies and equipment delivered to opposition areas by WHO accounted for over 28% of all items delivered in Q2 of 2014. A total of 705,396 people benefited from these efforts.



Photo credit: WHO/B.Khabbieh

Graph 6. Overview of beneficiaries reached by end of Q2 of 2014
by distribution hub (including week 26)



Overall goal: to reduce morbidity and mortality in the Syrian population

WHO's regional strategy for the Syria crisis, falling within the WHO Emergency Response Framework, focuses on five priorities:

1. **Leading and coordinating the health sector;**
2. **Providing health information to provide evidence for the emergency response;**
3. **Enhancing access to quality and priority preventive and curative health services;**
4. **Strengthening disease surveillance and response;**
5. **Providing technical guidance on priority public health issues.**

Q2 of 2014 was characterized by the increased momentum in the delivery of essential life-saving medicines, medical supplies and equipment to hard-to-reach areas, of which 28% went to opposition-controlled areas, thanks to successful negotiations with the government with regard to bureaucratic procedures.

1. Health sector leadership and coordination

As the lead UN agency for the health sector, WHO works with central and local health authorities, other UN agencies, local and international nongovernmental organizations (NGOs) and community-based organizations (CBOs) in both government- and opposition-controlled areas. WHO and partners jointly map resources, review the evolving health response, and identify and fill gaps, thus making the best possible use of limited resources.

The Health Working Group (HWG) -

Emerging health needs were discussed, as in previous quarters, at the HWG's bi-weekly meetings bringing together UN agencies and NGO representatives. Health authorities participated once a month. HWG members reviewed requests for assistance from national health authorities and NGO partners, and jointly planned inter-agency convoys to distribute life-saving medicines, health kits and supplies throughout the country. The EWARS weekly bulletins provided essential information to underpin HWG decisions on the pre-positioning of medicines and supplies.

Inter-agency needs mapping – In Q2, WHO provided consolidated health information each month to OCHA's 'Dashboard' – a multi-sector monitoring tool that displays the number of beneficiaries reached by each sector. WHO also provided consolidated health sector information to OCHA's bi-weekly Humanitarian Bulletin.

Working with local NGOs and focal persons -

WHO has increased the number of local NGO partners from 36 (in December 2013) to 45⁴. These NGOs - located in all 14 governorates of Syria - provide primary and secondary level medical care, including trauma care⁵, through fixed and mobile clinics. Via these networks, vulnerable and hard-to-reach populations are able to access health care services. In addition, WHO's national network of 22 focal persons⁶ continues to monitor activities and assess the health situation in Aleppo, Al-Hassakeh, Ar-Raqqa, Deir ez-Zor, Dar'a, Idleb, Lattakia, Quneitra, Hama As-Suwayda, Qamishli, Rural Damascus and Damascus. Their reports are used to underpin decisions on the distribution of medicines and medical supplies and training needs across the country.

2. WHO's health information system (HIS)

WHO's Health information system (HIS) maps health care needs and service availability, and provides the basis for comprehensive and effective health sector planning and coordination and the more efficient coordination and use of resources.

During Q2 of 2014, the Health Resources & Services Availability Mapping System (HeRAMs) was further strengthened through:

- Enhanced capacity of health staff – WHO strengthened the capacity of 625 health professionals and statisticians on HeRAMs reporting by conducting nine training workshops in Damascus, Rural Damascus, Quneitra, Lattakia, Dar'a, Aleppo, As-Suwayda and Tartous. Some workshops that could not be conducted at governorate level for security reasons (Quneitra and Dar'a) were conducted in Damascus instead.
- Recruitment of additional focal persons to address gaps in reporting and data verification especially in heavily affected and inaccessible areas (e.g. Ar-Raqqa, Deir ez-Zor and Dar'a).

⁴ 25% increase compared to previous quarter

⁵ Currently, 122 NGOs are approved by the Ministry of Foreign Affairs, and less than 30% out of these have a health mandate.

⁶ Including 5 new focal persons appointed in Q1.

Key achievements in Q2:

Strengthened management for emergency response –90%⁷ of the public hospitals were assessed (compared to 83% in Q1). The results of these assessments will be used to make strategic decisions on the distribution of medicines and medical supplies, as well as the priority hospitals to be rehabilitated. The data collected from the 35 HIS sentinel sites will also feed into the response strategy of WHO.

WHO mapped all hard-to-reach and inaccessible areas for polio vaccinators and closely monitored changes in access to those areas.

Continued information flow between different reporting levels – WHO used data collection mechanisms such as tele-assessments to obtain timely information at different reporting levels - from individual health facilities up to the level of the health directorate.

3. Enhancing access to preventive and curative health services

Increasing the availability of essential life-saving medicines - In Q2, WHO continued to procure and distribute essential medical supplies and life-saving medicines for trauma and emergency obstetric care. This included:

- Medical kits, including burn-dressing kits, Emergency kit type A and B, basic and supplementary health kits covering the needs of approximately 350,000 people in heavily affected governorates (i.e. Deir ez-Zor, Homs, Aleppo, Dar'a, Idleb and Ar Raqqa);
- Essential life-saving medicines and medical supplies for more than 200,000 trauma care treatments. The medicines were distributed to most governorates across Syria, including in opposition-controlled areas such as Al-Boukamal, Ar-Raqqa and East Aleppo.

Almost one third (28%) of these items were distributed to opposition-controlled areas.

Maintaining blood safety –

In Q2, WHO procured safety blood kits for both the central blood bank and hard-to-reach areas, including equipment for ELIZA testing for the Hepatitis C Virus (HCV). Blood safety kits (enough to screen 150,000 blood bags) were provided to the central blood bank to be

distributed to accessible governorates. Additional quantities of rapid blood tests (enough for 20,000 blood bags) were provided for hard-to-reach areas.

Effective distribution of medicines – The WHO Distribution Plan for 2014, based on information collected from assessments across the country, continued to guide WHO's interventions in Q2 of 2014. The plan specifies the number of people in need of assistance by governorate/disease and pinpoints which percentage of medicines should go to which hospital, health facility or partner NGO.

Supporting emergency services and operating theatres in health facilities –WHO provided gases to operate anaesthesia machines for an MoH central hospital in Damascus.

Strengthening the capacity of first-responders To alleviate the steady loss of health professionals across the country, WHO trained a total of 45 health professionals in first aid and another 131 in trauma care and management during Q2.

Primary health care (PHC)

Responding to the decrease in vaccination coverage –

Polio

- 110 cases of Acute Flaccid Paralysis were reported, out of which one was confirmed as a polio case (in 2014).
- 3 polio vaccination campaigns were conducted in Q2 [April (2,913,640 children < 5 years of age), May (2.83 million children < 5 years of age) and June (2.7 million⁸ children <5 years of age)] utilizing bivalent oral polio vaccine (bOPV).
- Two workshops were conducted after each campaign polio vaccination campaign for evaluation purposes.
- The national polio laboratory was provided with technical support.

Other vaccine-preventable diseases:

During Global Vaccination Week (24 – 30 April 2014), the MoH with the support of WHO vaccinated 300,000 drop-out children <5 years of age in all governorates against diphtheria, pertussis and typhoid (DPT), measles, mumps and rubella (MMR), tuberculosis (TB) and hepatitis B. Special efforts were made to reach children in

⁷ 10% increase since previous quarter

⁸ This is an estimate as reporting forms from the field are still being collected.

inaccessible areas. The high turnover of field vaccinators means that constant efforts are required to identify and train new staff. WHO also supported the training of new MoH staff in most governorates, with the help of local NGOs.

Mental health

WHO implemented the following mental health activities in Q2:

- Introduced a community-based multi-disciplinary care model to fill urgent gaps in service provision according to WHO standards. A total of 34 psychologists and four clinical psychotherapy supervisors will undergo an intensive five-month training course on the use of the model. WHO has hired four international experts to lead the course. As a result of the above intervention, over 43,000 persons from the most vulnerable population groups across Syria will have access to professional supervision.
- Conducted 15 training courses in seven governorates (Damascus, Rural Damascus, As-Suwayda, Homs, Hama, Tartous and Lattakia) for a total of 70 practitioners from selected centres. Topics addressed included depression, psychosis, stress-related conditions, self-harm/suicide and other significant emotional or medically unexplained complaints. Participants will continue receiving on-the-job training at their respective centres and will be able to diagnose, treat and follow up on patients suffering from moderate to severe mental illness (approximately 15% of the Syrian population).
- Prepared a plan to 1) rehabilitate and expand the in-patient psychiatric unit for 20 beds at Al-Mouwasat hospital in Damascus 2) rehabilitate parts of the out-of-service Ibn Khaldoun for Mental Disorder Hospital in Aleppo, including the out-patient clinics, and 3) restore Ibn Ruchd psychiatric hospital in Damascus. The establishment of the first in-patient unit at a general hospital in Syria is in line with WHO recommendations to mainstream mental health care into general health care to enhance access and reduce stigma.
- Provided psychotropic medicines to various health care facilities levels across the country (e.g. the psychiatric hospital in Douma).
- Revised its plan to scale up the mental health response in Syria to meet emerging needs in 2014 and 2015. The plan was developed during a joint MoH – WHO workshop in May 2014. Participants included the representatives

of different Syrian line ministries as well as UN agencies and national and international NGOs.

- Recruited three mental health focal persons in Lattakia, Homs and Aleppo. These focal persons will: a) coordinate between WHO and the MoH at field level and b) strengthen the case management skills of the newly trained general practitioners and psychotherapists.
- Supported nation-wide, inter-agency assessments of: a) mental health and psychosocial needs, b) child protection status and c) availability of services to treat the victims of gender-based violence. The results will be published in September 2014.
- Assessed the status of mental health care in Ibn Sina hospital (Rural Damascus), Ibn Rush hospital (Damascus), and various facilities in Homs and Hama. Immediate needs were reported to the MoH and followed up, i.e. through the distribution of psychotropic medicines.
- Initiated the development of a toolkit in Arabic (audio and print) to guide families and communities on coping with stress, including self-help techniques.
- Began developing Arabic materials for the integration of mental health and psychosocial support services into health care services for children with severe acute malnutrition. (This material will be finalized in Q4 of 2014.)

Malnutrition

WHO implemented the following activities in Q2:

- Convened a workshop in April to launch the pilot phase of a project to re-evaluate and revive the country's nutritional surveillance system. The project will be piloted in seven centres in Damascus, Rural Damascus, Homs, Aleppo, Dar'a, Tartous and Deir ez-Zor. A total of 56 health workers from these centres were trained on modified anthropometric and reporting modalities and on the nutritional screening of children under five.
- Convened a second workshop in early June to evaluate the pilot phase and plan for the expansion of the surveillance system across the country.
- Trained 33 doctors from Damascus, Rural Damascus, Deir ez-Zor, Dara'a, Hama, Lattakia, As-Suwayda and Idleb on the management of severe acute malnutrition.

Since the official inauguration in April 2014 of the WHO-supported programme for the establishment of Therapeutic Feeding Centres in

hospitals, the lives of more than 45 children under five have been saved in Hama, Deir ez-Zor, Homs, Aleppo, Lattakia and Damascus. So far, 10 centres have been established and more are being set up to cover a catchment population of over 1.5 million children under five across Syria.

Photo credit: WHO/O.Sanadiki



WHO is a member of the Nutrition Sector Working Group chaired by the MoH. The group has recently revised the nutrition sector's targets, indicators and activities under the Syrian Humanitarian Assistance Response Plan (SHARP) for 2014.

Essential medical care at the secondary and tertiary levels

More than 2 million people remain in acute need of secondary and tertiary health care services. WHO implemented the following activities in Q2:

Gaps in medicines for NCDs and emergency/trauma care –WHO procured and distributed critically needed medicines, based on the 2014 Syrian Essential Medicines List. These included:

- 2,190 Factor VIII vials of different strengths (distributed to MoH hospitals, the Children's Hospital in Damascus and Lattakia Hospital);
- Four trucks filled with IV fluids (for MoH/MoHE warehouses in As-Suwayda, Lattakia, Tartous and Aleppo);
- 10,000 ampules of ceftriaxone antibiotic to treat severe bacterial infections (distributed to the Children's Hospital in Damascus);
- 30,000 doses of Tacrolimus for kidney transplant patients (distributed to MoH and MoHE hospitals).

Infection control – A week-long theoretical and practical workshop on infection control was conducted for 40 health professionals (to be followed by a second training in August).

Hospital supplies and equipment – WHO delivered 10 haemodialysis machines to health facilities and local NGOs (Al-Afyiah and Al-Ihsan) in Rural Damascus (Qalamoun), Ar-Raqqa, Homs, Hama, Quneitra, As-Suwayda, Deir ez-Zor and Aleppo, along with medical supplies to support haemodialysis sessions. In addition, at the request of the MoH, a three-day workshop was conducted in May for 45 doctors and other health staff to improve the level of care provided to kidney transplant patients.

Strengthening Syria's overall readiness and capacity to respond to acute public health events involving chemicals

Since late 2012, WHO has increased preparedness for the possible use of toxic chemicals against the Syrian population. This has included continuous public health threat assessments, increased response capacity at WHO, and the deployment of chemical expertise to the field. In 2013, WHO was involved in both the United Nations Secretary General's mechanism, and in responding directly to acute public health risks in the field through training, issuing guidelines for clinicians, and distributing medical supplies. In 2014, WHO has realigned its programme to the new context of chemical disarmament and the destruction process currently under way. Nevertheless, continued vigilance, preparedness and support for a potential response have been maintained.

Clinical training in pre-hospital and hospital settings

WHO has established a roster of trainers to build capacity across the country, each of whom has been given advanced training by international experts outside the country. WHO has trained approximately 200 Syrian clinicians and public health officials from NGOs (including the Syrian Arab Red Crescent) in six priority governorates (Aleppo, Damascus, Rural Damascus, Homs, Lattakia and Tartous).

WHO has developed a four-day course that covered:

- Command and control and incident management systems.
- The use and maintenance of Level C personal protective equipment (PPE) for chemical hazards.
- The initial clinical management of chemical exposures from nerve agents, vesicants, and toxic industrial chemicals.
- Basic life support and airway management.
- Emergency decontamination.

Procurement and distribution of personal protective

equipment to priority hospitals across Syria – In cooperation with the Organization for the Prohibition of Chemical Weapons-United Nations Joint Mission, WHO procured 500 sets of level C chemical PPE for Syrian healthcare facilities. A total of 300 sets have been distributed (based on training carried out) to 20 locations across six governorates. Another 100 have been supplied to SARC, and 50 have been reserved for training activities. WHO is holding the remaining 50 in reserve for emergencies.

Strengthening planning capacity - An incident planning tool has been developed and will be rolled out to Syrian hospitals in the next quarter.

Training and protection of UN/WHO staff – In Q1 and Q2, WHO trained over 140 UN staff on chemical weapon awareness and self-protection. Since February, WHO has maintained a stockpile of 1,500 nerve agent auto-injectors.

Distribution of medicines to treat chemical exposures
Since early 2013, WHO has distributed atropine supplies to health care facilities in Syria. Since the removal of chemical weapons from the country, the risk of large-scale nerve agent exposures has decreased; WHO has adjusted its distribution strategy accordingly. In the first half of 2014, WHO distributed atropine for approximately 100,000 beneficiaries in formulations used in standard medical interventions as well as organophosphate therapy.

4. Disease surveillance and response

Another 62 new sentinel sites were added to the Early Warning and Response System (EWARS) system in Q2, making a total of 528 sites reporting on epidemic-prone diseases throughout the country. Just over one third of these new sites are in opposition-controlled areas.

During Q2, data were collated into weekly epidemiological bulletins that were used to support informed decisions on contingency planning and the strategic pre-positioning of supplies in key areas.

A tool to assist planning for pre-positioning medicines and kits, called the ‘medicines calculator’ was developed in Q2. The tool captures the attack rate and epidemiological profile of specific diseases, and calculates the quantities of medicines required based on these factors and the estimated population likely to need treatment. Based on the findings of the medicines calculator, WHO is

procuring additional medicines and diarrhoea kits to support a rapid response to outbreaks (especially in view of the upcoming summer months).

Main achievements under the EWARS programme in Q2:

- The quality of EWARS reporting was monitored by MoH and WHO focal persons by means of bi-weekly supervisory visits and quality control checklists in all 14 governorates.
- WHO responded to a typhoid fever outbreak in Deir ez-Zor governorate by distributing medicines and WASH items.
- Regular shipment of stool samples of suspected polio cases continued throughout Q2.
- Capacity-building activities were conducted targeting a total of 1,624 people.

Water, sanitation and hygiene (WASH)

In Q2, WHO distributed water disinfecting chemicals, purification units, and water quality testing kits to heavily affected areas including:

Aleppo City - 1.2 million aquatab tablets were procured for Aleppo City, where over half the population was deprived of water following the destruction of the main pipelines for the Suleiman Al-Halabi pumping station. Government-operated health care centres distributed the aquatabs and information leaflets to the local population. Each aquatab is sufficient to disinfect the daily drinking water supply for a single family. WHO also distributed 108 residual chlorine testing kits and eight mobile kits for testing water quality for bacteriological contamination. Currently, SARC and GOPA are cooperating with WHO in the field of water quality testing.



Photo credit: WHO/O.Sanadiki

Deir ez-Zor (Al-Boukamal Town) - Six river water purification units were provided to Al-Boukamal where the local water filtration plant was damaged due to the persistent fighting and shelling. Prior to WHO's delivery of these units, locals were relying on untreated water from local groundwater wells containing sewage water mixed with river water. The six purification units have enough capacity to provide clean drinking water for 200,000 people (treatment capacity of 1,440 m³ of water per day). In addition, WHO delivered 400,000 aquatab tablets, 20 residual chlorine testing kits and four bacteriological test kits, better equipping Al-Boukamal town to mitigate the risk of water contamination and spread of waterborne diseases.

Damascus (Al-Mouwassat Hospital and Paediatric Hospital) - Sterilizers and disinfectant units for medical waste were distributed to Al-Mouwassat and Paediatric Hospitals of Damascus. The two additional units, which supplement an earlier delivery from WHO, will allow both hospitals to disinfect additional amounts of medical waste, and provide a back-up unit if required. WHO plans to train the staff of both hospitals on the safe management of medical waste.

Capacity-building

- A total of 114 people including WHO focal points, NGO representatives and water utility technicians were trained on the use of residual chlorine test kits. Those trained will go on to train other individuals in their respective organizations.
- Twelve laboratory chemists from water quality laboratories, GOPA and SARC were trained on the use of mobile bacteriological test kits. Additional bacteriological kits were provided to the trainees to distribute to other chemists in the water quality laboratories.

5. Technical guidance on priority public health issues

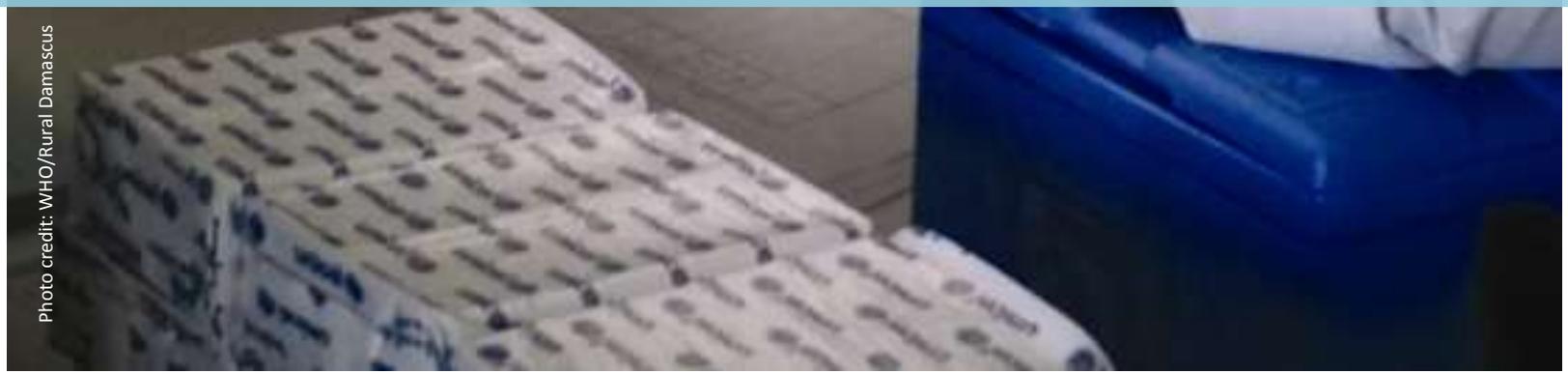
Building national capacity

In Q2 of 2014, WHO supported training initiatives for 3,664 health care providers on:

- HIS reporting (625);
- Polio (375);
- Trauma care (131);
- EWARS (1,624);
- Nutrition (252);
- Mental health (139);
- First aid (40);
- NCD management (181);
- Hepatitis management (52);
- PHC centres assessment (85);
- Secondary health care (49);
- Management of chemical injuries (78);
- MoH logistics (33).



Challenges and Mitigation Measures



The main challenge to the delivery of trauma care in Syria continues to be the interdiction of the government of Syria with regard to the distribution of essential life-saving surgical and all related medicines and supplies (including sedatives, antibiotics and all injectable items) to the contested areas.

Thanks to its intensive advocacy efforts, WHO has managed to reach both government- and opposition-controlled areas during Q2. Medical supplies were delivered via international convoys and distributed to local NGOs providing health care services, as well as through air-lifts to i.e. Al Hassakeh governorate.

The recent (5 May 2014) introduction by the Government of the new MoFA- and MoSA-developed “transport facilitation mechanism” has led to a reduction of overall aid access. After recent discussions with the MoH and the Office of the President, WHO has now been exempted from some of its provisions. WHO’s distribution of aid will continue through the MoH on a case-by-case basis. However, WHO will implement the required sealing of trucks carrying humanitarian supplies under the auspice of designated security officials.

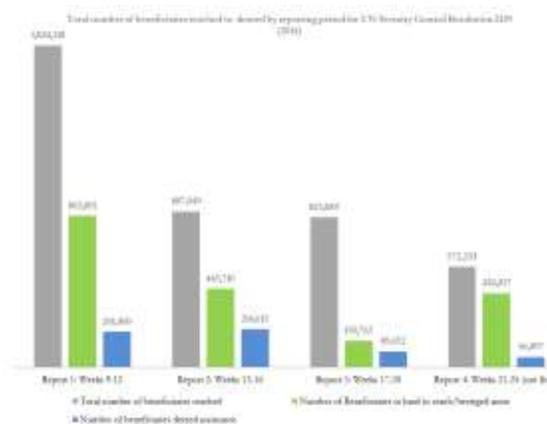
In the distribution of its supplies, WHO is currently requested to submit the following information: i) description of materials; ii) warehouses; iii) routes; iv) quantities; v) transport vehicles used; vi) recipients vii) area of distribution, and viii) start and end date of the delivery. This information is required even for deliveries within the boundaries of Damascus.

The prevention of delivery of certain medical supplies and equipment, particularly to opposition-controlled areas, continues to lead to civilian loss of life and lack of access to life-saving medical assistance.

Only polio vaccine and medicines for noncommunicable diseases, painkiller tablets, and some antibiotics are routinely allowed into opposition-controlled areas. Shipments containing injectable medicines, antiseptics, serums, psychotropic medicines and surgical equipment, or any item that may be used for surgical interventions, are often denied access. In addition diarrhoeal disease kits (diarrhoea is the most common cause of death in children), syringes for routine vaccine and measles vaccines (over 2800 cases of suspected measles have been reported during the first and second quarters of 2014), are

regularly denied inclusion in inter-agency convoys and some WHO-specific shipments.

In each of the four reports submitted by the UN Secretary General to the Security Council on Resolution 2139 (2014), WHO has provided information on difficulties faced with the delivery of medicines and medical supplies to “hard-to-reach” areas across Syria. During the first half of 2014, WHO has reported a decrease in the proportion of beneficiaries denied assistance.



However, access of medical supplies and equipment has been severely constrained by the continued deterioration of the overall security situation and continued denial of some medical assistance and most surgical supplies into opposition-controlled areas. Key challenges include:

- Lack of access to all areas (including during polio vaccination campaigns) due to insecurity.
- The continuing prevention of delivery of essential medical supplies and equipment, particularly to opposition-held areas, with injectable medicines, antiseptics, psychotropic medicines, surgical supplies and vaccines (except polio) routinely denied inclusion in convoys.
- Removal of medicines and medical equipment from government-approved WHO convoys.
- Increasingly complex government requirements for the movement of humanitarian supplies

In order to enhance clarity of needs and thereby improve efficiency in providing **essential secondary and tertiary care**, WHO increased in Q2 the number of coordination meetings and

strengthened the presence of MoH staff at the Health Sector Working Group meetings.

*With regard to the **Health Information System (HIS)**, data collection and reporting were disrupted for reasons of both access and frequent power cuts. WHO has continued to both procure and distribute communications equipment (faxes, computers and mobile phones) and to train health care staff. (A total of 625 health professionals and statisticians were trained in Q2, as outlined in sections above.)*

The implementation of the two **WASH programme** components was negatively affected by a number of challenges:

- **Complications in delivery of materials and implementation of activities in heavily affected areas** –With the most recent government-enforced regulations, many difficulties were faced in the timely delivery of supplies to the opposition-controlled area of Al-Boukamal. Problems were resolved through the constant follow-up of the growing WHO logistics team.

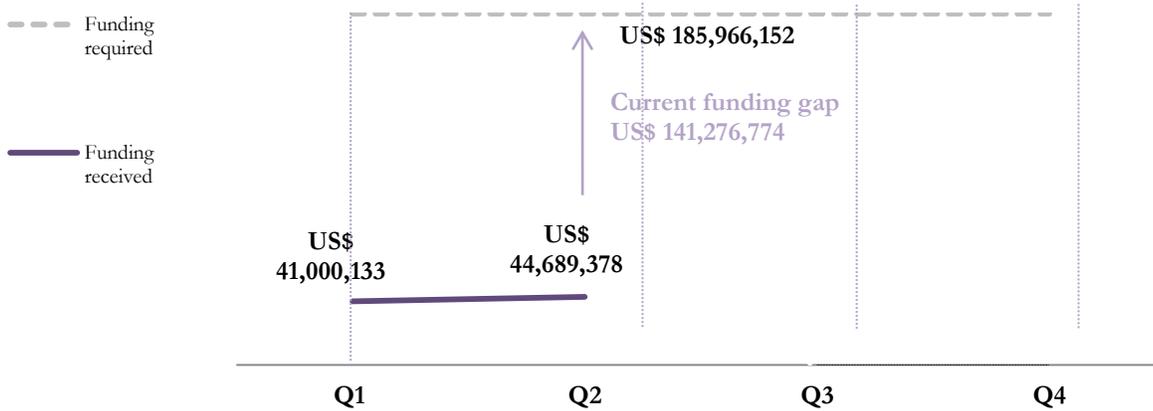
When installing water purification units; distributing aquatabs to people in need; and testing water quality in water tankers, coordination with other UN agencies and NGOs operating on the ground has proven crucial in reaching the most heavily affected areas. More efforts should be put into coordination at central and local level with MoH.



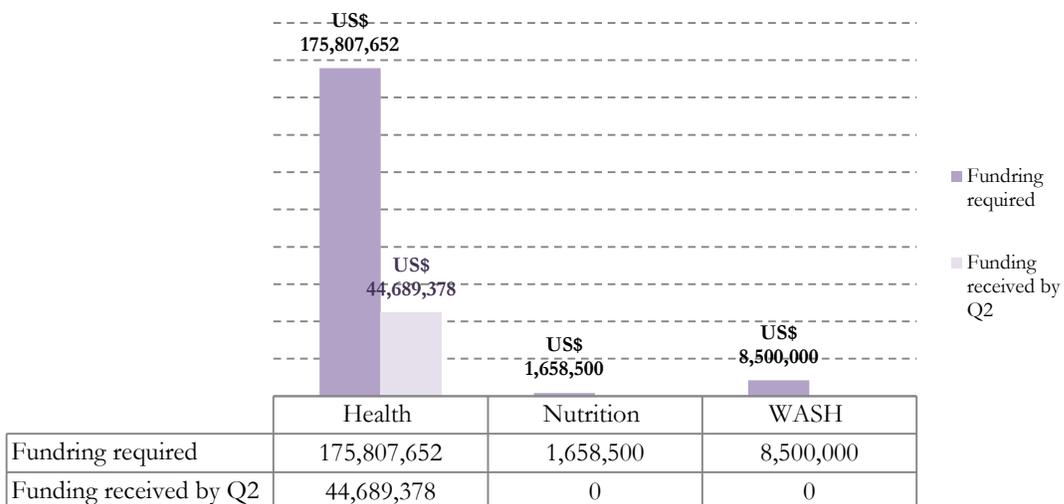
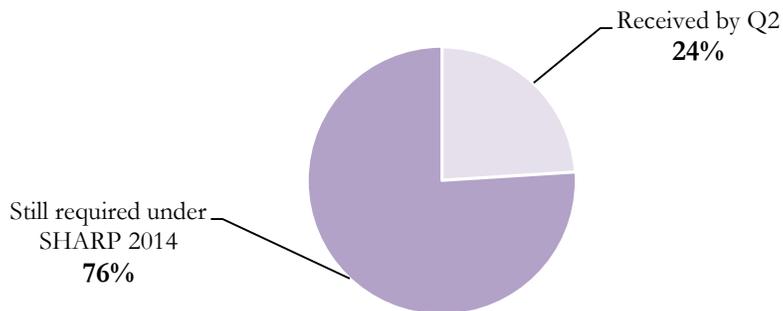
Photo credit: WHO/Aleppo

Financial Overview for Q2 of 2014

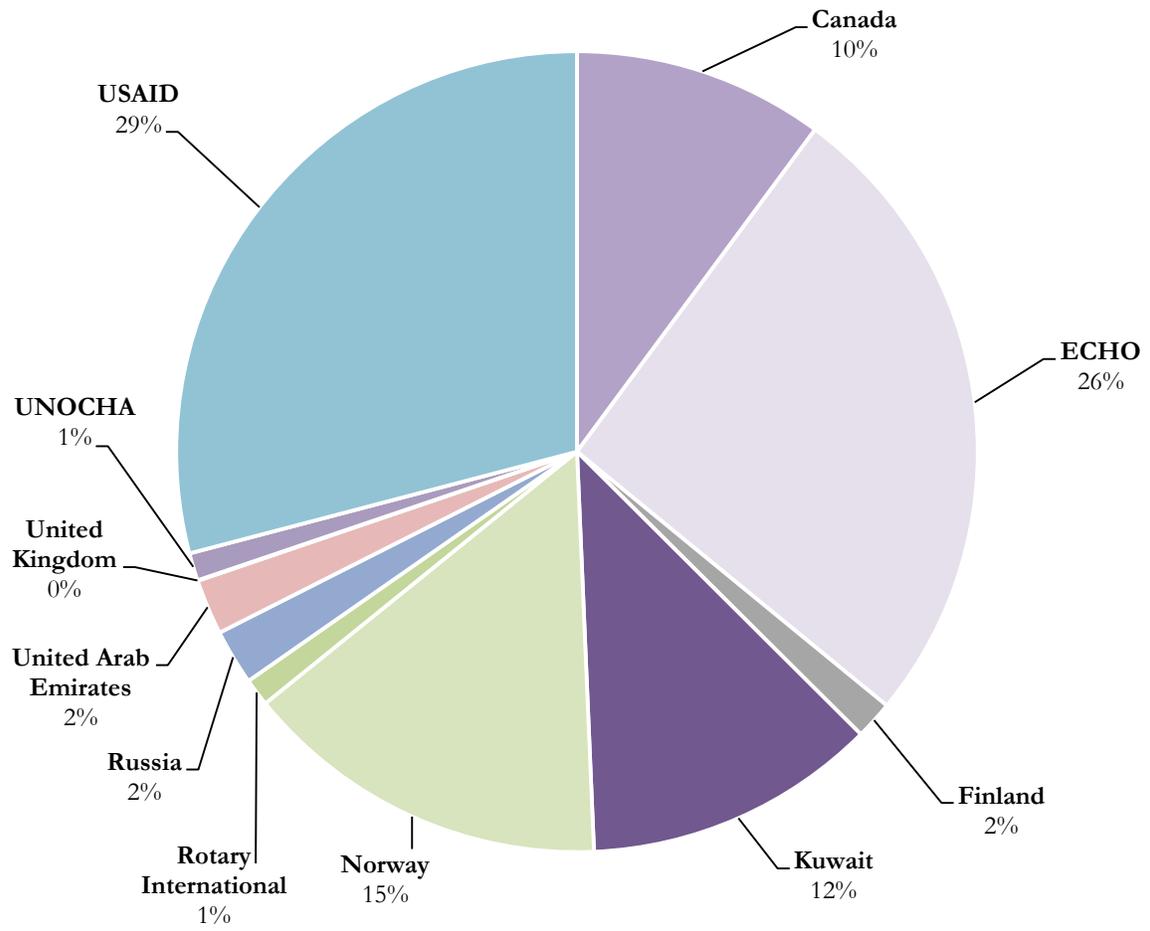
Graphic representation of the increase in funding between Q1 and Q2 and funding gap to be met in Q3 and Q4



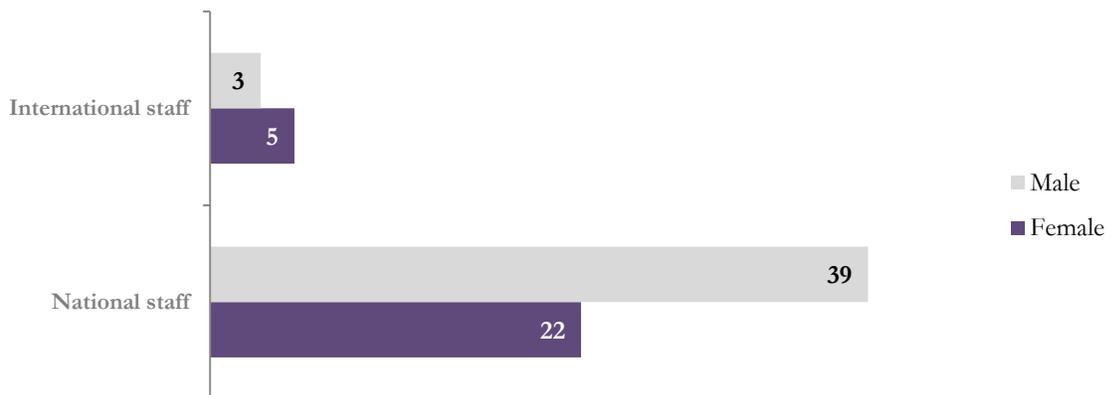
Percentage of funding received versus funding required (Q2)



Overview of Funding Received By Donor in Q2 Of 2014



Overview of human resources present in the WHO Syria country office



WHO Strategic Interventions Under SHARP 2014

The United Nations estimates that 9.3 million people will be affected by the crisis in 2014, including 6.4 million IDPs, and 2.8 million who have lost their jobs. **The Health Sector will require US\$ 233,376,172**, with WHO requiring US\$ 178,309,652, in order to continue providing essential health care services to increasingly vulnerable people in need across the Syrian Arab Republic. The Essential Medicines List for 2014 is budgeted at US\$ 450 million.

Building on lessons learned from the approaches adopted in 2013 and interventions undertaken, WHO is pursuing the following strategic areas for 2014:

1. Revitalization of primary health care

services: To improve access to comprehensive primary health care (PHC) services, including reproductive health and vaccinations.

- Funds needed: US\$ 101,898,970
- Implementing agencies: WHO, UNFPA, UNICEF, UNHCR, IOM, PU and IMC

2. Essential medical care at secondary and tertiary level:

To improve access (including to Palestinian refugees) to secondary health care services and limited tertiary health care services i.e. for burn victims.

- Funds needed: US\$ 55,514,126
- Implementing agencies: WHO and UNRWA

3. Trauma care: To strengthen the level of preparedness for and management of trauma, including referral mechanisms, for an increasing number of injuries across the country.

- Funds needed: US\$ 45,495,000
- Implementing agency: WHO

4. Early warning, alert and response system

(EWARS): To prevent, early detect and respond to epidemic prone diseases and contain the current polio epidemic and its spread to other countries/regions.

- Funds needed: US\$ 16,486,560
- Implementing agency: WHO

5. Mental health: To strengthen mental health service delivery across Syria.

- Funds needed: US\$ 8,206,900
- Implementing agency: WHO

6. Rehabilitation of health facilities: To support public and private health infrastructure and services affected by the crisis and enhance revitalization of health services and restoration of health facilities in affected areas.

- Funds needed: US\$ 4,000,000
- Implementing agencies: WHO and UNDP

7. Health information system (HIS): To further strengthen the HIS for emergency using Health Resources and Services Availability Mapping System (HeRAMs) for regular, timely and accurate collection and dissemination of data.

- Funds needed: US\$ 921,270
- Implementing agency: WHO

8. Coordination: (i) To strengthen health sector coordination to address the needs of people in need and (ii) to provide improved access of vulnerable populations to a quality basic health care package of services and allow for adequate preparation and response capacities for ongoing and new emergencies.

- Funds needed: US\$ 462,796
- Implementing agency: WHO

9. Tuberculosis and HIV/AIDS: To strengthen the national Tuberculosis and HIV/AIDS programme.

- Funds needed: US\$ 390,550
- Implementing agency: UNDP.

Health Sector partners will also continue implementing life-saving WASH and Nutrition interventions in 2014:

10. Water, sanitation and hygiene (WASH):

Ensure water, sanitation and hygiene services to the agreed standard with primary purpose of satisfying vital needs, dignity and reduction of public health related risk for population in need in all governorates.

Funds needed: US\$ 115,780,725

- Implementing agencies: UNICEF, UNFPA, UNDP, WHO, IOM and PU.

11. Nutrition: Emergency Life Saving Nutrition Services for crisis affected Internally Displaced population in all governorates inside Syria.

- Funds needed: US\$ 16,858,500
- Implementing agencies: UNICEF and WHO.

List of Abbreviations

CBO	Community-based Organization
EMST	Emergency Support Team
EML	Essential Medicines List
EWARS	Early Warning, Alert and Response System
GOPA	Greek Orthodox Patriarchate of Antioch and All the East
HeRAMs	Health Resources Availability Mapping System
HIS	Health Information System
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IEHK	Inter-agency Emergency Health Kit
MoH	Ministry of Health
MoHE	Ministry of Higher Education
MoFA	Ministry of Foreign Affairs
MoSA	Ministry of Social Affairs
NCDs	Noncommunicable Diseases
(I)NGO	(International) Nongovernmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PFA	Psychological First Aid
PHC	Primary Health Care
PSS	Psychosocial Support
SAM	Severe Acute Malnutrition
SARC	Syrian Arab Red Crescent
SHARP	Syria Humanitarian Assistance and Response Plan
UNFPA	United Nations Population Fund
WCO	WHO Country Office
WHO	World Health Organization

