



World Health Organization
Syrian Arab Republic

SYRIAN ARAB REPUBLIC RESPONSE TO EARTHQUAKE

SITUATION REPORT #7
16 MARCH 2023



WHO supported mobile teams providing MHPSS services to children in an IDP shelter in Aleppo



4 MILLION
PEOPLE AFFECTED



2 MILLION
SEVERELY AFFECTED



346,800
DISPLACED



4+
GOVERNORATES AFFECTED

“The earthquake has destroyed whatever minimum capabilities & minimum strength Syrians had left. Let us help #Syria and the Syrian people rebuild their country regardless of political considerations or agendas. Enough is enough.”
- Dr Ahmed Al-Mandhari, @WHOEMRO Regional Director”

HEALTH CONCERNS

- **Mental health needs** continue to increase, mental health and psychosocial support (MHPSS) has been reported as the most needed service.
- **Maintaining essential services** especially for elderly and people with chronic diseases requiring essential NCD treatment
- **Overcrowded living conditions** and poor WASH services resulting in increased reported cases of scabies, lice and diarrhoea.
- **Exacerbation of pre-existing outbreaks** in affected areas:
 - o Cholera (all affected governorates, especially Aleppo)
 - o Hepatitis A outbreak in coastal area
 - o Measles

HIGHLIGHTS

- A 7.8 magnitude earthquake struck southern Türkiye and Syria in the early morning of 6 February 2023. Hundreds of aftershocks occurred in the days that followed.
- In Syria, Latakia, Hama and Aleppo governorates are the worst affected areas, with further impact reported in Tartous.
- WHO completed a rapid HeRAMS assessment dedicated to assessing the impact of the earthquake on health facility functionality and availability of services
- 114 MHPSS teams deployed in Aleppo, Hama, Homs, Idlib, and Latakia to provide mental health services at emergency shelters and host communities

SITUATION UPDATE

More than 1 month ago, on 6th of February, two earthquakes hit southern Türkiye and northern Syria border at a magnitude 7.8 and 6.7 respectively. The earthquakes were followed by aftershocks across the region. Rapid assessments that have been carried out and the immediate response that followed, have reported on significant damages in the areas of southern Türkiye and northern Syria. More importantly, the earthquakes have had a momentous impact on the people in the affected areas. On 7 February 2023, WHO graded this event at the highest level of Grade 3.



Infrastructure damages in Latakia due to the earthquake

MOH has reported 2537 injuries and 1414 deaths in the governorates of Aleppo, Latakia, Hama, and Tartous, with additional reports received at local levels. 31 health workers have reportedly died – 16 doctors and 15 pharmacists. The greatest number of injuries were reported from Aleppo, Latakia, and Hama.

The Syrian Ministry of Health (MoH) continues to coordinate its response via the activated Emergency Operations Centre (EOC) under the chairmanship of the Deputy Minister. In all affected governorates, public and private health facilities as well as medical outreach teams have been providing essential health services at collective shelters and host communities. WHO and health partners have scaled up response in affected areas through deployment of mobile medical teams and clinics, provision of life-saving and medical supplies and specialized service delivery such as MHPSS, nutrition, immunization, communicable and noncommunicable diseases.

As reported by OCHA (9 March), since the first earthquake of 6 February, 77,234 families, or 364,854 people, have been newly displaced in Aleppo (38,649 families), Latakia (36,312), Homs (748), Tartous (656), Hama (346), Rural Damascus (298), As-Sweida (83), Deir-ez-Zor (68), Dar'a (64), and Damascus (10). [OCHA Situation Report No3 \(9 March\)](#)

Priority response actions are focused on maintaining essential health services as well as expanding mental health services tailored to needs, distribution of life-saving and essential supplies and services especially for NCDs, preventing outbreaks and disease transmission through vaccination and risk communication.

PUBLIC HEALTH IMPACT

- From preliminary findings of the HeRAMS assessment specifically tailored to assess health facilities after the earthquake, 6 PHC centres in Latakia and Tartous have had significant damages and are no longer functional, 133 PHC centres and 18 hospitals in 4 governorates have sustained minor to moderate damage due to the earthquake.
- WHO, along with partners, is leading the health component of a Post Disaster Needs Assessment (namely Syria Earthquake Rapid Needs Assessment (SERNA)) to assess and quantify the health sector damages and losses, as well as recovery needs. Initial results point to 56.7 million USD in damages and nearly 208.3 million USD in losses. Overall, an estimated 265.6 million USD is needed to address approximately 60% of the damages and losses, and build-back-better: 116 million in the first year and 149.6 million in years 2 and 3.

- In Aleppo, approximately two-thirds of water network in the city has been affected, causing leakages due to structural damages and affecting access to safe and clean water. This heightens risks of water-borne disease and requires WASH interventions to improve access to safe drinking water and risk communication efforts to prevent disease and use of contaminated water.
- In Latakia and Tartous, rapid response teams (RRTs) are reporting cases of hepatitis A, measles, diarrhea, and flu-like illnesses. There are concerns regarding possible exacerbation of pre-existing cholera and hepatitis A outbreaks, especially with overcrowded living conditions, requiring concerted preventative efforts including RCCE, WASH services and access to health services.
- In Hama and Idlib, the utmost need reported has been for mental health and psychosocial support services, as many families and children experienced trauma and are still presenting significant distress and fear to return homes even if the structure has been assessed and confirmed as safe.
- The need for NCD medication remains a priority, where many elderly and patients with chronic diseases require their monthly supply of NCD medicine to reduce risk of complications while health facilities and mobile teams are struggling to meet the surge in demand.
- Across Hama, Homs and southern Idlib, there are reported shortages of services at secondary health care level due increased load and backlog of surgeries, shortage of health human resources, overuse/disruption of medical equipment and shortage of medical supplies
- Numerous medical devices and equipment require replacement and/or maintenance after the earthquake.
- Overcrowded living conditions and poor WASH conditions are increasing the risk of infectious and waterborne disease. Rapid response teams have reported cases of respiratory infections, influenza like illnesses, acute watery diarrhea, hepatitis A, scabies, and lice.
- The earthquake has further highlighted the weaknesses of an overburdened and overused health system after 12 years of crisis. The system is no longer resilient to withstand any further crises, which increases the vulnerability and risk lives lost in case of another emergency.
- The catastrophe has also underscored the need for capacity building on mass casualty management.

“WHO warns against the increase of waterborne diseases, with the risk increasing significantly in the aftermath of the devastating earthquake, especially in overcrowded camps and collective centres,” says Dr Richard Brennan, Regional Emergency Director for WHO's Regional Office for the Eastern Mediterranean.

RESPONSE PILLARS:

Leadership and Coordination

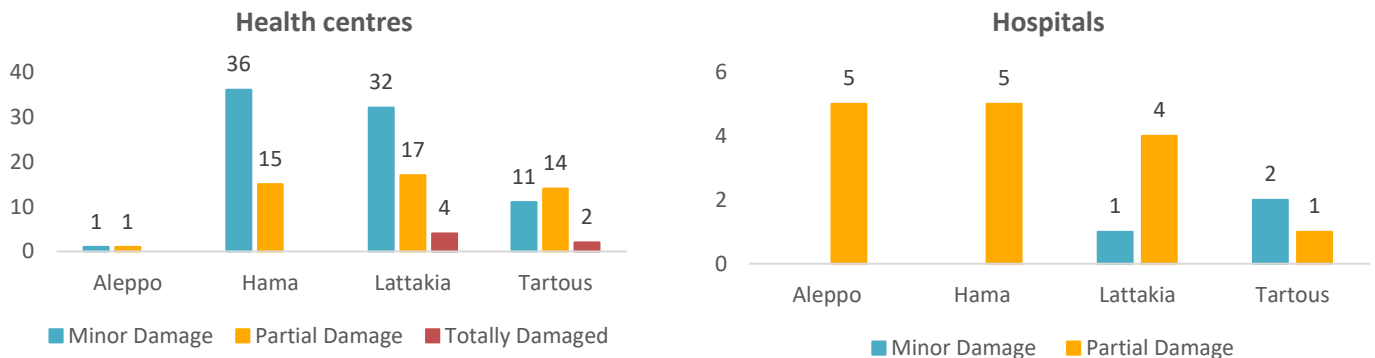
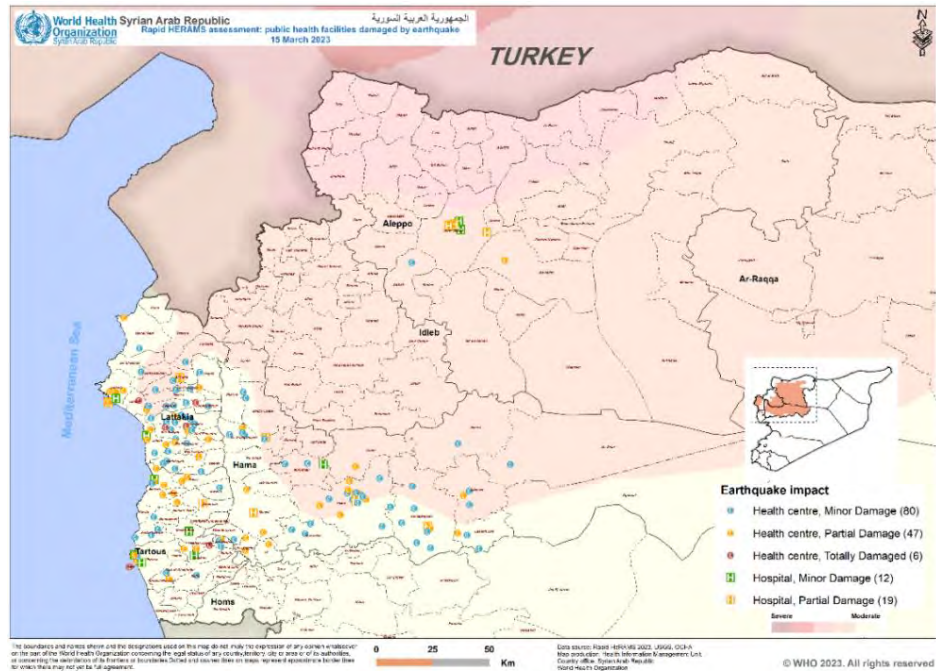
- The emergency health response is being led by the MoH and Directorates of Health (DoH) at governorate level, and the Emergency Operations Center has been fully activated at the MoH while DoH works closely with emergency operations rooms established at governorate level.
- WHO has activated a full-scale incident management response, activating all pillars under the global Emergency Response Framework. A detailed operational plan has been developed.
- A total of 7 surge personnel are currently deployed to Damascus and Aleppo, while 3 local staff have been re-deployed to Latakia, Hama and Aleppo and local recruitment is underway to bolster capacity.

- WHO is leading on the health sector component of a multi-sector post-disaster needs assessment aimed at bringing together multiple assessments to estimate the impact of the recent series of earthquakes and by defining an inclusive recovery strategy including its funding implications.
- WHO is partnering with 29 NGOs (27 national and 2 international) to scale up provision of primary health care and MHPSS services at shelters and cost communities.

Information Management and Surveillance

Information Management and Assessments:

WHO completed a rapid HeRAMS assessment dedicated to assessing damage as well as the impact of the earthquake on health facility functionality and availability of services. In total, 673 health centres and 30 hospitals were assessed in 5 governorates. Six health centres in Latakia and Tartous witnessed significant damages and went out of service in addition to partial damage to 133 PHC centres and 18 hospitals in the four governorates affected by the earthquake.



Disease Surveillance: In earthquake-affected areas, 461 Early Warning, Alert and Response System (EWARS) sites in Aleppo, Hama and Latakia are reporting, of which 379 sites have reported (82.2% completeness) in the epidemiological week 9 (26 Feb-4 March).

Forty-one Rapid Response Teams (RRTs) are deployed in Aleppo, Hama, Latakia to verify and investigate alerts reported. Last week 30 alerts were reported and are under verification or investigation.

The most detected concerns by WHO's electronic early warning, alert, and response system in emergencies (EWARS) were as follows, in order of frequency and percent change in comparison to week 8 (19-25 Feb):

- Aleppo – influenza-like illness (ILI) (0.5% increase), acute diarrhea (7% increase), leishmaniasis (6% decrease), lice (126% increase) and severe acute respiratory illness (SARI) (26% increase)
- Latakia – ILI (2.3% increase), acute diarrhea (18% decrease), lice (154% increase), scabies (136% increase) and acute jaundice syndrome (450% increase)
- Hama – ILI (11% decrease 8), acute diarrhea (73% increase), leishmaniasis (17% decrease), SARI (26% increase) and acute jaundice syndrome (75% increase)

Health Operations and Technical Expertise

Essential Health Services: As part of sustaining the essential health services and trauma care, WHO Syria has delivered medications and supplies to cover more than 551,979 treatments to 23 health facilities and public hospitals in the affected areas. This includes life-saving and essential medicines, 5,700 hemodialysis sessions and 65 different types of medical kits (IEHK and NCD), trauma and surgical supplies and medical equipment to provide an adequate provision of life-saving interventions and sustain health care provision for patients in needs.



WHO-supported mobile clinic providing health services in Aleppo to affected populations.

WHO has deployed 30 mobile medical teams (MMTs) via WHO standing partnerships with NGOs to affected communities in Aleppo, Latakia, Hama. Last week, 13 mobile medical teams in Aleppo governorate provided 3,870 outpatient consultations in 79 shelters.

Mental Health: WHO continues to co-chair the MHPSS technical working group in Syria while also supporting the operation of 114 MHPSS teams and providing psychotropic medication in Aleppo, Hama and Latakia providing over 420,000 mental health services.

Trauma and disability: 25 health workers from Latakia were trained on Major Incident Medical Management and Support, 25 health workers in Tartous were trained on Immediate Life Support and Ventilator Management, and 50 health workers from Damascus were trained on disability and rehabilitation at the MOH Centre for Prosthetics and Rehabilitation in Damascus.

Nutrition and Child Health: During the reporting period, 35 WHO MMTs screened 7204 children under 5 years in Aleppo, Latakia, Hama and Idlib for malnutrition. 104 cases were detected and referred to their respective clinics for follow up. 43 mobile teams provided a total of 6773 consultations for Integrated Management of Childhood Illness (IMCI) at targeted shelters in Aleppo, Latakia and Hama.

Surveillance: WHO has scaled up the capacity of public surveillance officers and NGOs on EWARS reporting. Since the earthquake on 6 February:

- WHO trained 111 NGO health workers from Aleppo(66) and Latakia(45), deployed as part of MMTs, to report to EWARS.
- Two trainings were carried out (5-9 March) in Aleppo for 90 Directorate of Health personnel (RRTs) in 12 districts where IDPs shelters are present. The trainings focused on disease case definitions, reporting mechanism of EWARS prioritized diseases.

WASH and IPC: WHO-supported WASH monitoring teams conducted water testing in 27 emergency shelters in Aleppo; 16% were found to be contaminated by bacteria. In response, WHO distributed 1250 water purification tablets to the affected population. 90 health workers from Damascus and Aleppo were trained on cholera standard definition, IPC standards and case management.

Risk communication and community engagement: WHO continues to conduct weekly social listening to detect emerging issues, needs and concerns coming from online digital platforms, including social media, mass media and online search platforms.

Procurement and Logistics

- Between 6-12 March, medical supplies valued at US\$ 300 000 and weighing 22 metric tonnes were delivered to 23 health facilities in Aleppo, Latakia, Tartous, Hama and Homs.
- In response to the earthquake and based on MOH and WHO assessed needs, WHO has requested additional kits, life-saving and essential medicines, and medical equipment to sustain health supply chain to earthquake affected areas. Supplies for over 5M (acquired via WHO's Contingency Fund for Emergency) are in the pipeline.



WHO shipment of medicines and emergency medical supplies in response to the increasing health needs on the ground due to earthquake.

CHALLENGES

- Closure collective shelters and continuous movement of displaced families.
- High risk of:
 - Spread of water- and food-borne diseases due to disrupted water supplies, including exacerbation of ongoing cholera and Hepatitis A (pre-existing outbreaks).
 - Disease transmission in crowded shelter conditions, including respiratory illness, measles.
 - Significant mental distress and disorders, especially among children and first responders.
- Significant distress and fear within the affected population, with households not returning to residences.
- Ongoing fuel crisis has hindered response efforts.
- Medications and supplies are missing in the local market while needs have increased among IDPs.

PRIORITY NEEDS AND ACTIONS

- New resources to accelerate flow of aid and assistance to affected areas.
- Unhindered access to the most affected populations.
- Facilitated entry and distribution of medicines, supplies, equipment, and surge support staff.
- Continuity of health care services, especially for women, children, elderly, and persons with NCDs.
- Ensured access to MHPSS for the affected population, particularly children.

- Noncommunicable diseases treatment.
- Fuel for response to enable ambulance transport, MMTs, community outreach, as well as continuous electricity at hospitals and health facilities.
- Support to partners, in particular NGOs providing immediate services, to ensure supply of sufficient safe water and continuation of essential health services.

FUNDING NEEDS FOR IMMEDIATE RESPONSE

For the first 3 months, WHO estimates it will require 18 million US\$ for immediate response needs in Syria. Further resources will be required to support repair and rehabilitation of affected health facilities, as well as respond to anticipated outbreaks and the longer-term health needs of those affected by the crisis.

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To support WHO's response in SYRIA, please visit:

<https://earthquakeresponse-turkiyesyria.who.foundation/>

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