



PEOPLE AFFECTED

2.98 million

Estimated population in Idleb, western Aleppo, Northern Hama and Eastern Lattakia

2.1 million

Estimated people-in-need, including an estimated **1.38 million** people displaced

200,000 - 700,000

People who may be newly displaced

HEALTH RISKS

For an already vulnerable population, many of whom have been displaced multiple times, health risks are severe:

- Increased gaps in essential health service provision for patients with noncommunicable diseases.
- High levels of disability, trauma and burns related injuries from ongoing and increased hostilities.
- Potential cases of exposure to chemical agents, requiring provision of specialized care.
- Increased risk of communicable diseases due to displacement, overcrowding and poor immunization coverage.
- Insecurity and limited access impeding referral of urgent medical cases to hospital.
- Shortages of medical supplies.

FUNDING REQUIREMENTS

US\$ 11 million

Required by WHO to respond to immediate health needs of people in north-western Syria affected by conflict



A child receives treatment for diarrhea-related dehydration in the WHO-supported primary health care centre in Ma'ra Horma, southern Idleb countryside

Photo: WHO/SRD

WHO has scaled up preparedness and is activating response plans for increased humanitarian needs in north-western Syria, including for all areas in rural Hama, Aleppo, northern Latakia and Idleb governorates that may be affected by an escalation of violence. US\$ 11 million is required to allow WHO and implementing partners to respond immediately and flexibly to emerging needs.

Current Situation

Almost three million people are currently living in Non-State Armed Group-controlled (NSAG) areas of Idleb, western Aleppo, northern Hama and Eastern Latakia, where the security situation remains volatile and unstable. The ongoing conflict has had a negative impact on civilian populations, resulted in mass displacements and the destruction of civilian infrastructure, including medical facilities and settlements hosting displaced populations.

Less than half of the previously existing public health facilities remain functional across areas that may soon witness increased violence. To fill the gap and meet the health needs of the population, WHO will continue to support health service provision using a Whole-of-Syria approach which targets people in need using the most direct route.

The health situation in Idleb is particularly dire as a result of more than 500,000 displacements to and within the area since January 2017, coupled with limited access to health services. Improvised explosive



KEY HEALTH ASKS

- All people in need are to be provided with uninterrupted healthcare, and when necessary, evacuated to the closest and most appropriate health facility for emergency treatment.
- Health facilities and all healthcare workers must be protected. The targeting of health means that injured people, including children, lose their access to healthcare.
- Humanitarian convoys bearing all essential life-saving and life-sustaining supplies must be allowed to proceed immediately to provide medical assistance across conflict lines and to newly accessible areas.

WHO RESPONSE PRIORITIES

- Improve access to basic and advanced health services.
- Reactivate public health facilities in newly accessible areas.
- Temporarily deploy mobile medical teams and clinics.
- Improve / expand emergency referral system, adapt referrals for relocation, and integrate new health facilities.
- Strengthen preparedness and response levels for management of trauma and other emergency cases.
- Strengthen preparedness for management of cases of exposure to chemical agents.
- Provide routine and supplementary vaccinations for children.
- Prevent, detect and respond to disease outbreaks.
- Support diagnostic and treatment services through the provision of medical equipment and supplies to health facilities or mobile teams/clinics.
- Strengthen the capacity of health staff and reinforce application of staff duty of care.

devices, targeted assassinations, kidnappings and poor living conditions already make the situation in Idlib insecure and dangerous.

In Afrin, 136,000 individuals are estimated to remain in the district, including more than 40,000 in Afrin city. An additional 134,000 people from Afrin remain displaced in the Tall Refaat sub-district, Nabul and Zahraa towns and surrounding communities. WHO has been responding to health needs of these populations since their displacement earlier this year, although it is unclear how future hostilities will impact them.

Displaced people are at increased risk of infectious diseases due to limited access to safe water and sanitation, overcrowding and other risk factors. Some of these individuals are patients suffering from trauma injuries that still require post-surgical care, disability and rehabilitation services. A majority of displaced people require continuity of care for the prevention and treatment of cardiovascular and renal diseases, diabetes, cancer, psychosocial and mental health, and as well maternal and child health services.

As conflict in the area escalates, significant levels of displacement from areas to which Government of Syria forces are advancing are likely to occur, with estimates of 200,000 -700,000 people potentially displaced, mainly from Idlib city.

Humanitarian impact

- **Interruptions in service provision and acute shortages of health staff and functioning health facilities** mean that people with life-threatening illnesses or injuries may not receive life-saving care.
- **Unsafe water and poor hygiene practices** among displaced people in shelters increase **the risk of water- and foodborne diseases**.
- **Unvaccinated children** are at high risk of contracting life-threatening diseases such as measles and polio.
- **Increasing incidence of communicable diseases** such as acute diarrhoea, upper respiratory tract infections, lice and scabies, gastrointestinal diseases.
- Sub-optimal **referral services** for seriously ill or wounded patients who require further hospitalization.
- **Inadequate antenatal and postnatal care services** for pregnant women, and lack of contraceptives (IUDs, oral contraceptives, injectable, male condoms).
- Lack of **mental health and psychosocial support services** for both children and adults.
- Chronic and acute malnutrition, particularly among young children, place them at greater risk to infectious diseases and complications.



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WHO response

Cross-line support

- Current access modalities are likely to be affected by changes in areas of control. A significant scale-up in WHO's north-western Syria response from Aleppo, Latakia and Homs is planned.
- WHO will expand the existing 9 WHO-supported national NGO mobile teams and 3 static points already providing an essential package of services to displaced people in north-western Syria.
- WHO will scale-up support to trauma, and secondary and tertiary health care services through an active referral pathway to district and national referral hospitals. WHO will also facilitate medical evacuations where and when needed.
- WHO will establish routine vaccination, and expand its early warning and response system for infectious diseases.
- WHO will increase mental health services to displaced populations and expand established family well-being community centers in newly accessible areas to provide mental health and psychosocial support services with special focus on women and survivors of gender-based violence.
- WHO will support identification and management of complicated Severe Acute Malnutrition cases.
- WHO will provide essential life-saving and life sustaining medicines and equipment to-people in-need.

Cross-border support

- A large wave of displacement to the north within Non-State Armed Group areas is likely to follow the offensive in the de-escalation areas, and hundreds of thousands of people may move into Afrin and the Euphrates Shield area.
- WHO is working with the partners in the field to scale up the capacities of health care structures in Idlib and north-west Aleppo governorates, to receive increased number of patients, for both acute and chronic care. WHO will also establish direct coordination with the Turkish health authorities, to improve the coordination of services to the affected population.
- Many of the aid workers and doctors currently in north-western Syria are expected to become part of the affected population. WHO is working with the local service providers to plan continuity of services and to ensure application of staff duty of care.
- WHO will coordinate the existing 13 WHO-supported local NGO mobile teams, and 35 fixed facilities to provide health care and effective referral at the transit points and in the areas of resettlement of newly arrived IDPs. WHO will also add additional five mobile clinics to enhance coverage in the remote areas.
- WHO will establish stabilization centres and will revise the Idlib referral system, including coordination of WHO-supported



ambulances and integration of new health facilities. WHO will also deploy additional trauma and surgical kits, sufficient to treat 150% increase of trauma cases.

- WHO will scale up the critical care for noncommunicable diseases, by providing life-saving treatment for patients with diabetes and kidney failure.
- WHO and local NGO partners will conduct supplementary polio vaccination campaigns in Afrin and Euphrates Shield area. This will be followed by a polio campaign for all north-western areas not accessible for cross-line and national vaccination activities.
- WHO will update the preparedness plan for chemical events and refresh stocks of medicines inside Syria to treat cases of exposure.
- WHO will deploy additional stocks of rapid diagnostic cholera kits and laboratory supplies, as well as medicines for the treatment of diarrheal cases.

WHO planned activities

US\$ 11 million is required by WHO to respond to the urgent health needs of people affected by conflict in Afrin.

Activity	Budget required US\$
Revitalization of public health facilities	1,250,000
Temporary deployment of mobile medical teams and clinics	781,500
Provision of routine and supplementary vaccination of children	1,442,000
Supporting diagnostic and treatment services through the provision of medical equipment and supplies needed for PHC services at health facility or mobile teams/clinics	4,230,000
Strengthening the capacity of health staff	269,000
Building up partnerships to strengthen and improve the emergency referral system to access secondary and limited tertiary health care services in health facilities; strengthen levels preparedness and response for and management of trauma and other patients	3,028,000
Total	11,000,500