



Whole-of-Syria
Donor Update
January - June 2020



World Health
Organization

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Cover photograph is taken during a WHO team field visit to the Damascus University Children's Hospital

All photographs in this report are courtesy of WHO



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1. FOREWORD

While the targeted attacks on health care facilities and workers that were a major obstacle in 2019 have all but ceased, delivery of health services to those in need in Syria remains challenging in 2020, not least because of the threat posed by the COVID-19 pandemic. With more than half of all health care facilities closed or only partially functioning, it is difficult to reach the over 11 million people throughout Syria in need of humanitarian health assistance.

Almost seven million people remain displaced within the country despite increased but as yet limited movement of IDPs to their hometowns. Meanwhile renewed violence in south-west Syria added to the challenges faced by residents, IDPs and health care

providers, although intensified fighting in Aleppo led to a change of control resulting in access to areas that for years had been hard to reach.

Reaching those in transit and in hard to reach areas has been the primary objective of 51 WHO-supported mobile medical teams throughout the country. Ensuring both mobile and fixed medical units receive the supplies they need to offer quality care is a priority and became increasingly challenging in January following de-authorization of the use of the Al Yarubiyah crossing on the Iraqi border, and ahead of the cross-border resolution decision in July regarding the Bab Al-Salam crossing along the Turkish border. The Organization adapted its operations in response by pre-positioning and continued cross-border delivery of critical services and supplies for the population in the north-west, and enhancing cross-line delivery of supplies to the north-east based on “all-modalities” approach.

Global market deficits and sanctions (particularly since the introduction of the Caesar Act) further strained WHO operations. Procurement, especially of items needed as part of the COVID-19 response, has been extensively delayed. The Organization continues to make every effort to cover the high demand for life-saving medicine and medical supplies and equipment in Syria, including the use of WHO’s global supply portal.

The ability of WHO and its partners to adapt to such everchanging circumstances and challenges in Syria is key and proved critical in the first half of the year, both prior to and following confirmed reports of the first positive cases of the novel coronavirus on 22 March. The Organization worked with health care specialists and a broad array of national and international partners to plan, prepare for and respond to an outbreak and a potential influx of critical patients; provided technical leadership and coordination to other sectors involved in the response, raising national capacity, the capacity of health care professionals and awareness among the public; and ensured support reached the most vulnerable, especially those living in cramped environments with limited hygiene and health care facilities.

While the number of reported positive cases of COVID-19 remains low, compared to other nations, it is essential that preparedness and prevention efforts continue, particularly as many districts fall below the emergency threshold of beds and health care professionals per capita. The Organization’s partnerships with NGOs is therefore evermore critical and the network of implementing partners continues to grow. In addition to providing health care services and treatments, WHO partners play an essential role in monitoring and the collection of data that informs priority setting and the allocation of resources, which continue to be extremely limited, as evident by a funding gap that currently stands at 75 percent.

Akjemal Magtymova
Head of Mission and WHO Representative

2. OVERVIEW

As the crisis enters its tenth year, 6.1 million people remain internally displaced within Syria. Changes in security and control in different areas continue to drive internal population movements, over 1.7 million of which have been reported thus far this year.

An additional 5.6 million people have fled their homes, mostly to neighbouring countries. Prospects for return remain limited due to ongoing hostilities, concerns regarding safety, and the lack of adequate housing, basic services and livelihood opportunities. 11,060,000 people are in need of some form of humanitarian assistance.

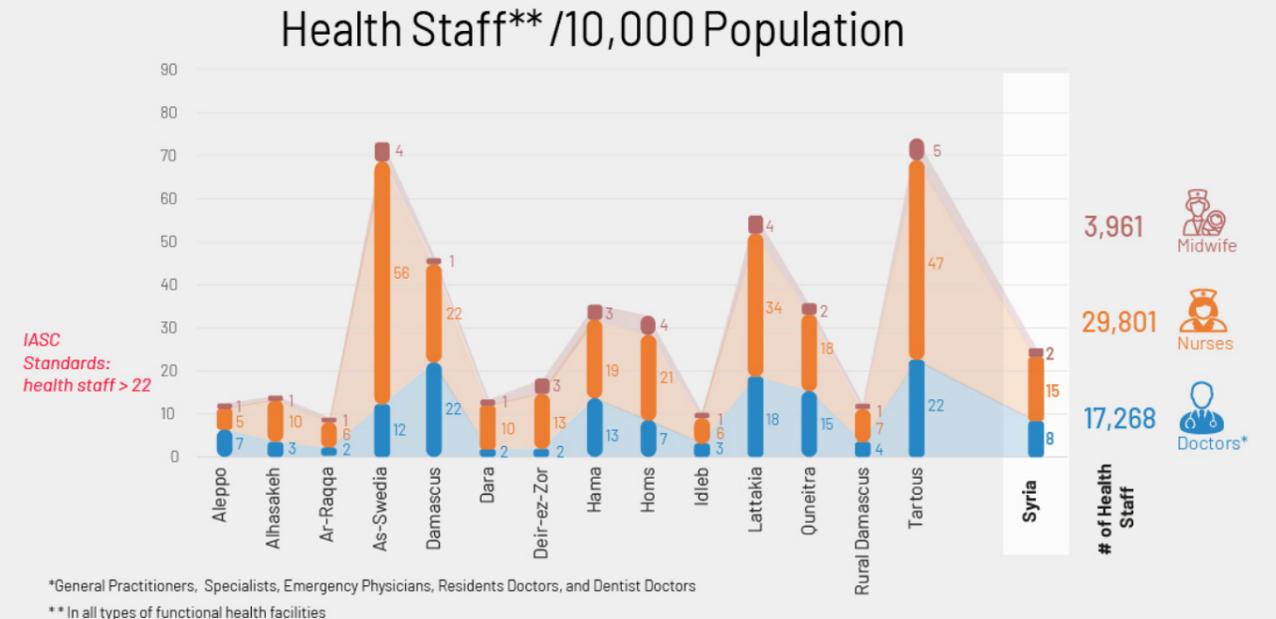
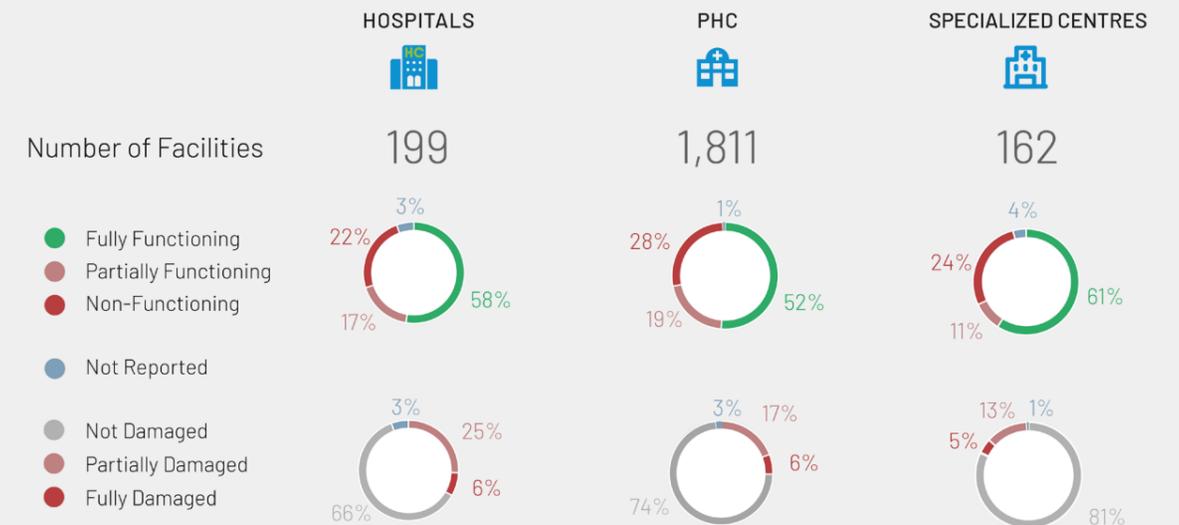
Almost half of those are in acute need. The consequences of the suffering in the war torn country are wide-ranging and profound. In areas where hostilities have subsided, life remains a daily struggle, with millions facing increasing financial hardship and an eroding capacity to cope. Up to ninety per cent of the population is estimated to live under the poverty line. Recent economic shocks stand to further set back the recovery of the Syrian people and render many more vulnerable. Millions of men, women, boys and girls continue to rely on humanitarian assistance as a vital life-line and to meet their basic needs.

Crucial civilian services related to health, water supply, housing and education have been disrupted largely as a result of extensive damage to infrastructures that remain largely unrestored. As of June 2020, 57% of the 2,172 health facilities registered in HeRAMS across Syria are fully functioning. 15% are functioning with limited capacity and 25% are completely out of service.¹



WHO staff visit the National Hospital in Aleppo to assess the extent and impact of the damage

¹ WoS HeRAMS Q2 2020 snapshot. humanitarianresponse.info/whole-of-syria/HeRAMS/Q2



12,244,385 million people throughout Syria were in need of humanitarian health assistance.²

18,988,116 people were living in locations graded 3 and above.³

6,701,972 people were displaced.⁴

52% (1,003 out of 1,924) of public health care facilities were either closed or functioning only partially.⁵

28% of treatment courses delivered by WHO's Country Office in Syria went to locations in acute and immediate need of humanitarian assistance.⁶

36% of medical procedures delivered by WHO's Country Office in Syria went to locations in acute and immediate need of humanitarian assistance.⁷

96% of assistance delivered by WHO's sub-office in Gaziantep went to locations in acute and immediate need of humanitarian assistance.

² estimation based on population taskforce Aug 2020 and severity scale Jan 2020

³ ibid

⁴ number of IDPs based on population taskforce Aug 2020

⁵ based on HeRAMS Jun 2020

⁶ severity >3 based on WHO-4Ws Jan-Jun 2020 for Treatment courses provided

⁷ severity >3 based on WHO-4Ws Jan-Jun 2020 for Medical procedures supported

3. GEOGRAPHICAL AREAS OF FOCUS

North-west Syria

Several health care facilities were badly damaged during targeted attacks in 2019, forcing over 80 health facilities to suspend activities or close altogether. While such attacks have all but ceased and health care services have resumed, the capacity of a significant number remains greatly impacted. Over 430 health facilities are registered under HeRAMs in north-west Syria, of which 42% are either out of service or functioning with limited capacity. The number of functioning facilities has however increased in the second quarter of 2020 compared to the first, with an additional seven hospitals re-operationalized, as well as 27 PHC centres and 30 mobile clinics, specialized care centres, and other health facilities. Changes in areas of control throughout this region led the Gaziantep sub-office to remove of 55 health care facilities - which were already non-functional - from the HeRAMs database.

A total of 81% of implementing partners reported to the Health Cluster in June 2020. They provide health care services to 141 communities in 40 sub-districts in the four governorates of Idleb, Aleppo, Ar-Raqqa and Al-Hasakeh. Reports indicate that over 860,600 outpatient consultations were provided, 13% of which through mobile services. WHO has been instrumental in providing support for cross-border operations, including the delivery of over 25% of all essential medicines, supplies, and equipment for over 4 million civilians (2.7 million of whom are internally displaced) dependent on humanitarian assistance, supplied almost entirely through cross-border operations from southern Turkey. A ceasefire announced by Turkey and Russia in north-west Syria remains in place, but breaches in the ceasefire and ongoing violence continue to be reported.

WHO delivered 30 truckloads of medical supplies to northern Syria for distribution and prepositioning through Bab Al-Hawa and Bab Al-Salam in June, ahead of the renewal of UN Security Council (UNSC) Resolution 2533 to extend the cross-border aid delivery mechanism for the delivery of food, medicine and other lifesaving assistance in place since the adoption of Resolution 2504 in 2014. Supplies included essential medicines, specialized emergency health and dialysis kits, insulin, and intensive care supplies aimed at providing over 1.5 million treatment courses across 120 health facilities in north-west Syria. The consignment included essential medicines for primary care and specialized kits for the care of non-communicable diseases for a population of 750,000 over three months. WHO also provided specialized health kits for 7,200 trauma and surgical interventions and about 10,000 vials of meglumine antimoniate for leishmaniasis control in north-west Syria.

Following a UNSC resolution on 10 July 2020, the Bab Al-Salam crossing through which WHO delivered many supplies is no longer authorized. Cross-border support is therefore now being provided solely through the Bab Al-Hawa border crossing. This has had an impact on the timeliness of supply delivery and resulted in increased transportation and logistics costs with certain medicines and immunization supplies requiring refrigeration. Fighting intensified in west, south and parts of north rural Aleppo at the beginning of the year, which resulted in access to areas in west rural Aleppo and parts of Idleb

Governorate that had been out of the control of the Government of Syria (GoS) for almost nine years. While families began to return to these areas once conflict subsided, the number of returns has been limited due to severe damage and a lack of services, according to local community representatives. Moreover, the majority of displaced families are currently located in areas controlled by non-state armed groups (NSAGs), have limited accessibility and have been impacted by COVID-19 precautionary measures. East Aleppo and the Tel Reffat enclave, which continue to host tens of thousands of internally displaced people (IDPs) from Afrin District, witnessed sporadic clashes in the first half of the year, with no change in control reported.

As of April 2020, OCHA, the Syrian Arab Red Crescent (SARC), NGOs and local stakeholders have been collecting information on IDPs coming from Idleb and west rural Aleppo and seeking refuge in GoS controlled areas through Al Tayha crossing point in east rural Aleppo. A total of 1,331 households in Aleppo have been identified as coming from NSAGs areas to be hosted by friends and relatives. UN agencies and humanitarian actors have been providing IDPs with humanitarian assistance and non-food items (NFIs).



The Surgical Hospital in Kafr Nabl, Idleb was attacked in November 2019

North-east Syria

More than 1.6 million people in the three north-eastern governorates of Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor require humanitarian assistance, among them 646,621 IDPs.⁸ IDP settlements and formal camps are adding to the burden of an already weak health care system. The four formal camps are at Al-Hol (housing 65,576 individuals), Areesha (13,678), Roj (1,811) and Mahmoudli (13,727). Five informal camps - known as Washokani, Twaihina, Abu Khashab, Menbij East, and Newroz - and 73 collective shelters house an additional 13,727 individuals. As such, IDPs are at higher risk of communicable disease, including COVID-19, due to overcrowding and lack of reliable water, sanitation and shelter.

Most health facilities are either not functioning or only partially functioning. Of the 17 public hospitals in the region, only one is fully functioning (Qamishli Hospital, which struggles with outdated infrastructure and equipment), eight are partially functioning and seven are not functioning at all. None of the districts in north-east Syria meet the emergency threshold of at least 10 hospital beds per 10,000, according to HeRAMS data for the second quarter of 2020. Data from January 2020 indicates that only three of the 281 public health care centres in the area are fully functioning. 114 are partially functioning and 164 are not functional.

Over fifty percent of physicians are estimated to have left the region to other cities within or outside Syria, raising serious human resource challenges. Only one district in all of north-east Syria meets the emergency threshold of at least 22 health care workers per 10,000 according to HeRAMS data from the fourth quarter of 2019. The trained staff that is present rotates so frequently between functions that quality of service is adversely impacted.

In a bid to improve access to public PHC services, WHO has been contracting NGOs to provide medical care through fixed medical centres, medical points, mobile clinics and mobile teams, particularly in camps and other spaces inhabited by IDPs. The Organization has also been supporting secondary care, through formal agreements to cover the costs of patients admitted for trauma and emergency care at three hospitals (two in Al-Hasakeh governorate and one in Ar-Raqqa).

A UN Security Council resolution that extended the cross-border humanitarian corridor in January 2020 resulted in the de-authorization of the use of Al Yarubiyah crossing, which borders Iraq. This placed WHO under additional pressure, requiring an expansion in capacity for cross-line deliveries and the transfer of consignments of humanitarian supplies from Damascus to WHO's Qamishli hub. While in 2019 all consignments to Qamishli were delivered by air, WHO was able, in 2020, to gain the necessary approvals to enable delivery of medical supplies by road, cross-line, using the 'all modalities' approach.

⁸OCHA (30 April 2020)



In the first half of 2020, WHO delivered over 179 tonnes of medical supplies, equipment and kits to final beneficiaries based in all three governorates in north-east Syria through cross-line deliveries, both by air and road. The supplies supported the delivery of 2,047,274 treatments in health facilities across NES.

Al-Hol camp has been considered by all humanitarian actors as a challenging area to cater to. This was compounded during the COVID-19 pandemic, which forced, at the onset, a reduction in non-essential services and referrals in a bid to limit exposure to people from the cities in which outbreaks of the virus had been detected.

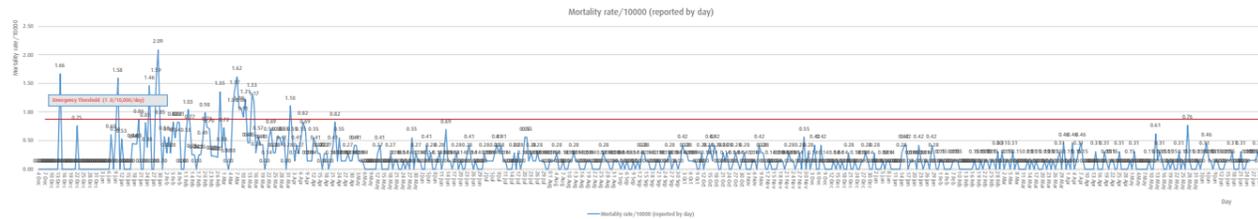
WHO leads the health working group for Al-Hol camp, coordinating the health response and supporting the provision of PHC services and the management of critical cases referred to hospitals under contract in Al-Hasakeh. WHO supported the establishment of nutritional screening services in the camp and referred children with severe acute malnutrition (SAM) and medical complications to nutritional stabilization centres. The Organization also monitored water quality and investigated suspected cases of epidemic-prone diseases and, in response to an increase in the number of cases of diarrhoea at the camp, investigated stool samples to exclude vibrio cholerae. All samples tested negative.

WHO tracks mortality at Al-Hol, producing and sharing monthly reports and using analyses of the data to improve health service provision, as well as the delivery of other services such as WASH, nutrition, protection and shelter.

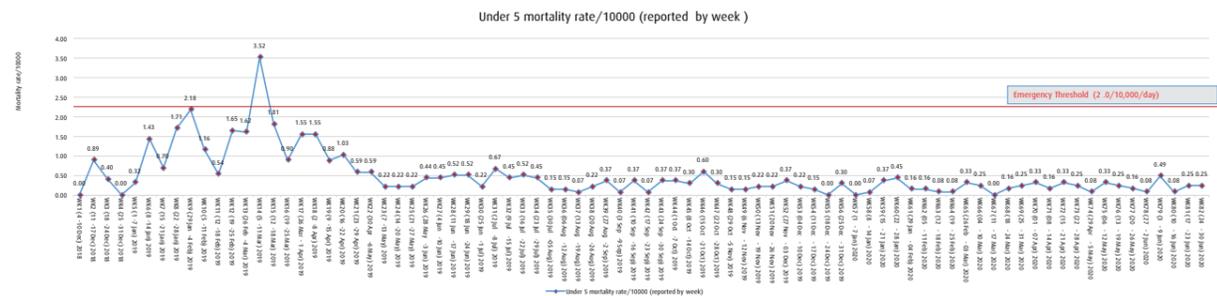


Weekly mortality rates in the population of Al-Hol camp, Al-Hasakeh governorate, Syria (4 December 2018 to 30 of June 2020)

Weekly mortality rates indicate one episode of the mortality rate above the emergency threshold



Weekly U5 mortality rates in the population of Al-Hol camp, Al-Hasakeh governorate, Syria (4 December 2018 – 30 June 2020)



South-west Syria

Families displaced during the conflict gradually continue to return to the area. A longstanding shortage of general and specialized physicians however continues to hamper efforts to cater to the growing need for health assistance and services. So too does the lack of functioning electricity and water networks in most areas and a renewed wave of violence, which may call for the adoption of a dual approach to humanitarian and resilience activities. The revitalization of existing health care facilities, the expansion of primary care and the reintegration and training of health care staff remain key priorities for WHO and its partners active in south-west Syria, which have been increasingly challenged by lack of access and a lack of security. To this end, WHO expanded its network of implementing partners in the first half of 2020 to include an additional six NGOs providing outreach medical services in the area.

Only two of the eight public hospitals and less than one third of the 166 public health centres in the area are fully functioning. Five hospitals and 93 PHC centres are partially functioning. Between them, these MoH facilities have provided close to half a million consultations in the first six months of 2020.

4. COVID-19 EMERGENCY RESPONSE

The clustering of pneumonia cases reported from Wuhan China on 31 December 2019 was later confirmed as an outbreak of a novel coronavirus causing COVID-19 disease.⁹

WHO declared the outbreak as a Public Health Event of International Concern (PHEIC) on 30 January 2020 and a Pandemic on 11 March 2020.^{10,11} Syria declared its first case on 22 March 2020.¹² As of 30 June 2020, 216 countries were affected, with a total of over 10 million cases reported¹³, 285 of which in Syria, 10 of which were fatal¹⁴.

A COVID-19 Preparedness and Response Plan for Syria was formulated in March 2020 by the 15-member COVID-19 Task Force in cooperation with the Health Sector. Since then, WHO has equipped a total of 159 hospitals and PHC centres with COVID-19 triage systems, and four community-based treatment centres have been operationalized to treat patients with mild-to-moderate cases of the novel coronavirus. Of the nine hospitals designated for COVID-19 response, five were fully operationalized and receiving suspected cases by the end of June.

The overall goal of the response has been to reduce morbidity and mortality resulting from COVID-19 in Syria by scaling up country preparedness and response operations, which have included: strengthening readiness to rapidly identify cases; diagnoses and treatment; identification and follow-up of contacts; infection prevention and control in health care settings; implementation of health measures for travellers; and awareness raising in the population through risk communication and community engagement. The plan has also aimed at mitigating and responding to socio-economic impacts of the potential outbreak, resulting from loss of livelihoods, disruptions in supply chains for essential commodities, overcrowding of medical response facilities, and stresses on the social fabric.

The interventions aimed to: (i) identify, isolate and care for patients early, including providing optimized care for infected patients; (ii) limit human-to-human transmission, including reducing secondary infections among close contacts and health care workers; (iii) communicate critical risk and event information to the communities while countering misinformation; (iv) enhance coordination among national and sub national levels and across key sectors; (v) ensure timely response in the event of cases; and (vi) minimize social and economic impact through multi-sectoral partnerships.

⁹ World Health Organization. WHO Situation report 1. Novel Coronavirus (2019-nCoV) 21 January 2020.

¹⁰ World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020.

¹¹ World Health Organization. Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV).

¹² WHO Syria internal bi-weekly situation report. No.1

¹³ WHO COVID-19 Dashboard. <https://who.sprinklr.com/>

¹⁴ Syrian Arab News Agency. <https://www.sana.sy/?p=1138158>

Interventions were categorized as per the 9 pillars of intervention: (1) country-level coordination; (2) risk communication and community engagement; (3) surveillance, rapid response teams and case investigation; (4) points of entry; (5) national laboratory; (6) infection prevention and control; (7) case management; (8) operational support and logistics; (9) socio-economic impact.

One hundred and twelve rapid response teams (RRTs) were trained and activated to collect samples for referral to the Central Public Health Laboratory (CPHL) for testing, in line with similarly established mechanisms for sample testing, verification and investigation. By 30 June 2020, 432 RRT personnel in 13 governorates had received dedicated training, supported by WHO, on COVID-19 case investigation, sample collection and referral. Further trainings at the governorate level are planned between July and December 2020.

Meanwhile, 24 laboratory technicians at CPHL in Damascus received training on-site, including four new technicians hired to support expansion of laboratory capacity to include Rural Damascus. Rehabilitation of the laboratories to establish one designated for COVID-19 was supported by WHO and completed in June. It included the provision and installation of new air conditioning, ventilation and refrigeration units and the repair of the laboratory generator.

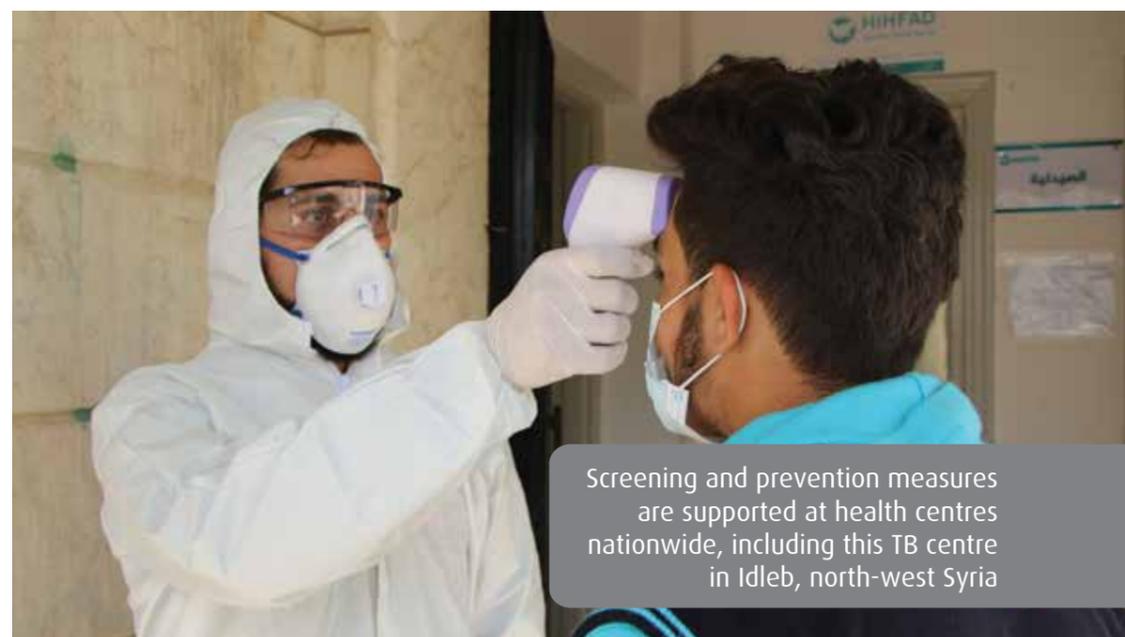
Following WHO support for on-site training of laboratory technicians and delivery of essential supplies, COVID-19 testing is ongoing at the Tishreen University Hospital in Lattakia, the Zahi Azraq Hospital in Aleppo, and at the public health laboratory in Homs. The MoH reported that 8,700 tests had been performed as of the end of June, at an average rate of 226 tests per day. The government is committed to establishing laboratories in all 14 governorates and increased capacity and decentralization of testing continues to be a priority for WHO to support.



Capacity building workshops are run at medical facilities nationwide, including the Central Public Health Laboratory in Damascus

WHO continues to support the MoH with contact tracing through the WHO-developed application "Go.Data". The Organization supported screening of suspected COVID-19 cases in Ras al-Ma'ara in Rural Damascus and Jdeidet al-Fadl in Quneitra - both areas subject to lockdown following clusters of confirmed cases. Approximately 60 and 103 samples were randomly collected from these areas respectively and following testing results the lockdowns on both areas were eased.

To enhance surveillance efforts, WHO worked with the MoH to update the case definition for COVID-19 as well as expand active surveillance beyond the existing 125 hospitals to include all primary health care facilities. Teams of health workers received training on case definition and prevention measures and, in the months up to 30 June, WHO supported the 25 active surveillance teams in conducting 450 visits and detecting suspected cases. Plans are underway to strengthen the existing surveillance system by developing an electronic surveillance platform for COVID-19 to facilitate analysis of data on demand for improved evidence-based planning and intervention.



Screening and prevention measures are supported at health centres nationwide, including this TB centre in Idleb, north-west Syria

WHO has supported screening efforts at all points of entry - at which the MoH has stationed at least one ambulance and medical personnel of WHO implementing partners conduct screenings - through the provision of personal protective equipment (PPE), infrared thermometers, guidance notes, registration forms and a thermal scanner camera. To reduce the risk of importing and exporting cases, WHO has developed a three-tiered strategy to enhance preparedness and response capacity at PoEs, including early detection and timely isolation of suspected cases among travellers, effective IPC measures, and the establishment of multi-sectoral mechanisms for preparedness.

WHO has been providing testing kits to the MoH since 12 February, including enzyme kits (31,240 reactions), extraction kits (27,250 reactions), screening kits (57,792 reactions) and confirmatory testing kits (1,920 tests) as of the end of June. An additional 52,000 swabs and viral transport medium for sample collection, five polymerase chain reaction machines, 5,000 waste bags, 21,000 bags for samples, and PPE for health workers were also supplied, with more deliveries planned, to include four GeneXpert machines. The 2.5 million PPE items delivered include surgical masks, gloves, reusable heavy-duty aprons, gowns, headcovers, alcohol hand-rubs, medical masks, goggles, coveralls, and alcohol hand-rubs. These were in addition to the tens of thousands of PPE items provided by UNICEF to hospitals in the capital and Rural Damascus. Plans to increase ventilator, laboratory, referral system and human resource capacity for COVID-19 are ongoing, however gaps in PPE and IPC materials remain significant, with reports of a 60-80% deficiency in surgical masks, protective gowns, examination gloves, and IPC kits. While countries worldwide have faced challenges in the provision of necessary supplies due to global market failure and supply deficits, medical suppliers in Syria face the added challenge of navigating the impact of sanctions on administrative procedures. WHO has established various consortia in a bid to ensure that some critical supplies are reserved to meet the requests of countries most in need. WHO Country Office, in coordination with the Health Sector, developed an online COVID-19 Supplies Tracking System to monitor items procured, distributed and in the pipeline in real time by health sector partners. The tool, part of an initiative established by WHO that aims to support strategic guidance, operational decision-making, and overall supply chain monitoring, is accessible to all UN and Health Partners.

In addition to providing medical supplies, WHO provides training to health workers to ensure correct use of PPE, as well as infection protection and control. Four workshops held in Damascus were attended by 100 health care workers. Skills taught related to triage, IPC/PPE measures and case management for SARI cases when COVID-19 is suspected. WHO also supported one-day workshops on triage, IPC/PPE, case definition and referral pathways at 226 primary health care centres in 13 governorates, and a further series of workshops on IPC and waste management for 50 health care providers at isolation hospitals.

Working closely with MoH technical teams, and health and WASH partners, WHO continues to hold daily meetings to monitor, plan and assess incident management system functions. In support of the MoH's plans to establish quarantine and isolation sections in selected health facilities in all governorates, WHO completed inter-sectoral mapping in coordination with various departments of health and continues to deliver case management trainings (resuscitation and ventilation management). The Organization supported specialist training for 175 health care workers from five governorates in the months up to 30 June, targeting doctors, nurses and anaesthesia technicians working in ICU and emergency departments.

5. ACTIVITIES JANUARY-JUNE 2020

Trauma care

The WHO Trauma & Disability programme supported over 178,000 trauma cases in the first half of 2020, delivering 175,872 treatments and 90 pieces of medical equipment to public hospitals and health care facilities across the country. While most trauma cases in the past were the result of direct violence, unexploded ordnances (UXO) became an increasing cause of trauma in 2020, causing death and disability among civilians, and yet going largely unreported.

Six ambulances were also delivered to different Readiness & Emergency units – including one to Aleppo University Hospital - to help restore functionality and repair the referral system so that seriously-ill and wounded patients can be transferred to hospitals with the best conditions within and in neighbouring governorates, particularly in the north-west and south-west of Syria. Two-third of ambulances functioning before the conflict have been damaged as a result of it.

A total of 1,249 health care workers received training on trauma care management and the treatment of patients with disabilities. Trainees learned about the management of burns and war wounds; first aid and basic life support; immediate life support and ventilator management; the management of COVID-19 patients in emergency and isolation departments; hospital emergency management during a respiratory diseases pandemic; hospital major-incident medical support; and hazmat management and evacuation of buildings. Topics related to the treatment of disabilities were also included among the training workshops, all of which were adapted in line with the COVID-19 response.

Meanwhile WHO also supported the delivery of 4,457 physiotherapy sessions for patients with disabilities. WHO leads the Physical Rehabilitation Working Group (PRWG) in Syria, which meets regularly and includes the Syrian MoH, UN agencies (UNDP, UNHCR, UNFPA, UNICEF), and national and international NGOs (including ICRC, SARC, Dorcas, Armadilla, MEDAIR, Zahret Madayin, Khotwa, RDC). The aim of the group is to coordinate the prioritization, planning and provision of activities between stakeholders as well as provide opportunities to discuss specific topics related to physical rehabilitation, such as: intervention locations and methodologies; logistical challenges; human resources; and capacity building. The working group met twice during the first half of 2020.

A field mission to Qamishli was conducted in March. The EMRO Health Emergency Officer and the Syria CO WHO team leader joined the mission during their first visit to north-west Syria to observe first-hand the WHO response and provide guidance and support on health operations in north-east Syria to the Qamishli sub-office. The mission included a field visit to Al-Hol camp to follow up on WHO-supported health services, including field hospitals providing secondary services. The WHO team attended a health coordination meeting at the camp and discussed enhancement of the health response. They also conducted site visits to the WHO-contracted referral hospitals of Al Hikmeh and Al Haya in Al-Hasakeh city, WHO-contracted NGOs, DoH, Qamishli Hospital and the Governor of Al-Hasakeh.

The needs of communities and health care workers in the north-east where camps and IDPs are prevalent have also been a priority. WHO conducted training sessions in surveillance and specimen collection for 242 NGO health care workers across 14 reporting health facilities in the area; distributed 55 tons of medical supplies and equipment (including 11 ventilators, 8 ICU beds, 15 x-ray machines, patient monitors, pulse oximeters and oxygen concentrators) to support case management in functioning hospitals and isolation centres; and conducted mass awareness campaigns in the camps in collaboration with UNICEF, printing and distributing EC materials.



Hundreds of health care workers, including these at Damascus Hospital, have attended practical workshops on the use of PPEs

Furthermore, a WHO team, headed by the WHO Representative, conducted field visits in June to the four governorates of Homs, Hama, Aleppo, and Qamishli to follow up on health needs and responses, in particular those that have arisen as a result of the COVID-19 pandemic. While visiting public health centres and facilities run by WHO-supported NGOs, the team focused on the designated isolation centre and the laboratories for COVID-19 testing. While in Qamishli, WHO teams visited the WFP cluster warehouse to receive a cross-line road shipment from Damascus - the largest yet - which arrived after passing various check points two days after leaving the capital.

WHO was able to deliver this much needed consignment of 85 tonnes of medical supplies, in close cooperation with the MoH, as part of its response to the urgent health needs in north-east Syria. The supplies enable the provision of over 1,058,100 treatments requiring lifesaving medicines, in addition to treatment of 4,300 trauma cases, and comprised medicines to treat communicable (CDs) and non-communicable diseases (NCDs), surgical supplies, interagency emergency health kits, intravenous fluids and various types of medications needed by health facilities in north-east Syria.



WHO leads the Physical Rehabilitation Working Group in Syria

Secondary health care and referral

WHO supported the provision of supplies for the treatment of cancer patients to oncology departments affiliated to the Ministry of Higher Education - including at both Al Bairouni Hospital and the Children's Hospital in Damascus - as well as to NGOs specialized in cancer treatment. Supplies comprised medications and medical equipment, including those needed as a result of the planned expansion of a care unit for children with cancer to treat 400 children registered in 2020. Among the equipment supplied was a 32-slice CT-scanner, delivered to Al Bairouni Oncology Hospital in rural Damascus to enhance its diagnostic capacity, and x-ray machines, installed at two public hospitals in Damascus and rural Damascus. Treatments provided under the STHC programme in the first half of 2020 totalled 234,975.

WHO also continued its support of key referral hospitals in north-west Syria, including at the Idleb Internal Medicine Hospital, Afrin General Hospital, Al-Sham Sarmada Pediatric Hospital, and Harem and Medina Association MNCH Hospitals. These hospitals have provided secondary and tertiary care services to 29,174 beneficiaries, 27,382 of which received outpatient medical consultations and treatments and 488 of which were normal deliveries provided by skilled health personnel at the hospital level. Meanwhile a total of 1,304 trauma and surgical consultations and interventions were conducted, of which 662 were minor surgical interventions, 109 were major surgeries, and 533 were trauma consultations and/or follow-ups.



Teaching hospitals, including Al Bairouni Hospital and the Children's Hospital in Damascus, were supplied with medications and equipment for the treatment of cancer patients

WHO continues to support quality of care in the treatment of non-communicable diseases (NCD) through field mentoring and technical support to 15 intensive care units and 17 general hospitals in north-west Syria. In the month of June, the NCD quality of care team conducted a 3-day training session for 30 trainees – of whom 28 were male and 2 female - that included specialized physicians/internists, medical doctors, and nurses.



WHO supports and visits public health laboratories nationwide, including this one in Aleppo

Primary health care

WHO continued its support of improved coverage and access to basic health care in the first half of 2020 through the provision of supplies, capacity building and funding for medical professionals. In order to enhance accessibility to functioning health care and diagnostic services, WHO donated lifesaving medicines, NCD kits, insulin vials and syringes. Basic medical equipment and electricity generators were donated to health partners including MoH, SARC and NGOs in the south-west governorates of Damascus, Rural Damascus, Qunitera, Dara'a and Swayda'a; the north-west governorates of Homs, Hama, Aleppo, and Latakia; and in the north-west of Syria, to the Kurdish Red Crescent at Al Hol camp. A total of 96 pieces of basic medical equipment and 6 electricity generators were provided, supporting the delivery of 526,532 treatment courses during the first half of the year, as part of the WHO PHC programme.

WHO also covered the operational costs of four mobile medical teams providing basic PHC services in north-west Syria for IDPs. There has been increased movement between Al Rukhban camp and Homs governorate, with 19,483 transiting through Homs shelters on their way back to the villages of Mhen & Al Sukhna in the east of rural Homs, which are administratively under the Department of Health (DoH) Homs (Qaryteen Health District & Palmyra Health Districts respectively). WHO has been supporting the operational costs for two mobile medical teams deployed, by DoH Homs, to cover basic health services to affected population in the aforementioned locations. The mobile teams have covered the health needs of 7,285 individuals in 10 locations in east Homs, given the dire lack of functioning public health centres in the target locations. WHO has also supported the operational costs of two additional mobile medical teams, in coordination with DoH Hama, deployed to north-east Hama (which continues to receive returnees from south-east Idlib), south-west Hama & south-east Idlib, including Sanjar and Abu Al-Thohur sub-districts. 10,527 individuals have received treatment in these target locations that lack basic primary health care services and are home to a total of 88,000 individuals. The mobile teams will also cater to IDPs who will be travelling across two humanitarian corridors for civilians leaving areas controlled by NSAGs towards those controlled by the Government (such as Hobait town in south Idlib and Abu Al-Dohur sub-districts in east Idlib), taking the total target group size to 187,800 individuals, or 37,560 households.

Child health, reproductive health and the management of communicable and non-communicable diseases were also supported at 29 PHC facilities and mobile teams in north-west governorates, 17 of which in Afrin, 8 of which in Idlib and four of which in Azzaz and Al-Bab. Over 300 staff received training in PHC practices and specialized services - such as NCD and mental health and psychosocial support (MHPSS) – and are now integrated in 16 of the 29 PHC centres. Moreover, secondary health care facilities (hospitals and mobile clinics) supported by WHO in the north-west provided over 27,000 outpatient medical consultations and treatment courses and 488 normal deliveries by skilled health professionals (at the hospital level) between January and June 2020. WHO also continued to provide technical support for the referral systems in both Idlib and Afrin.

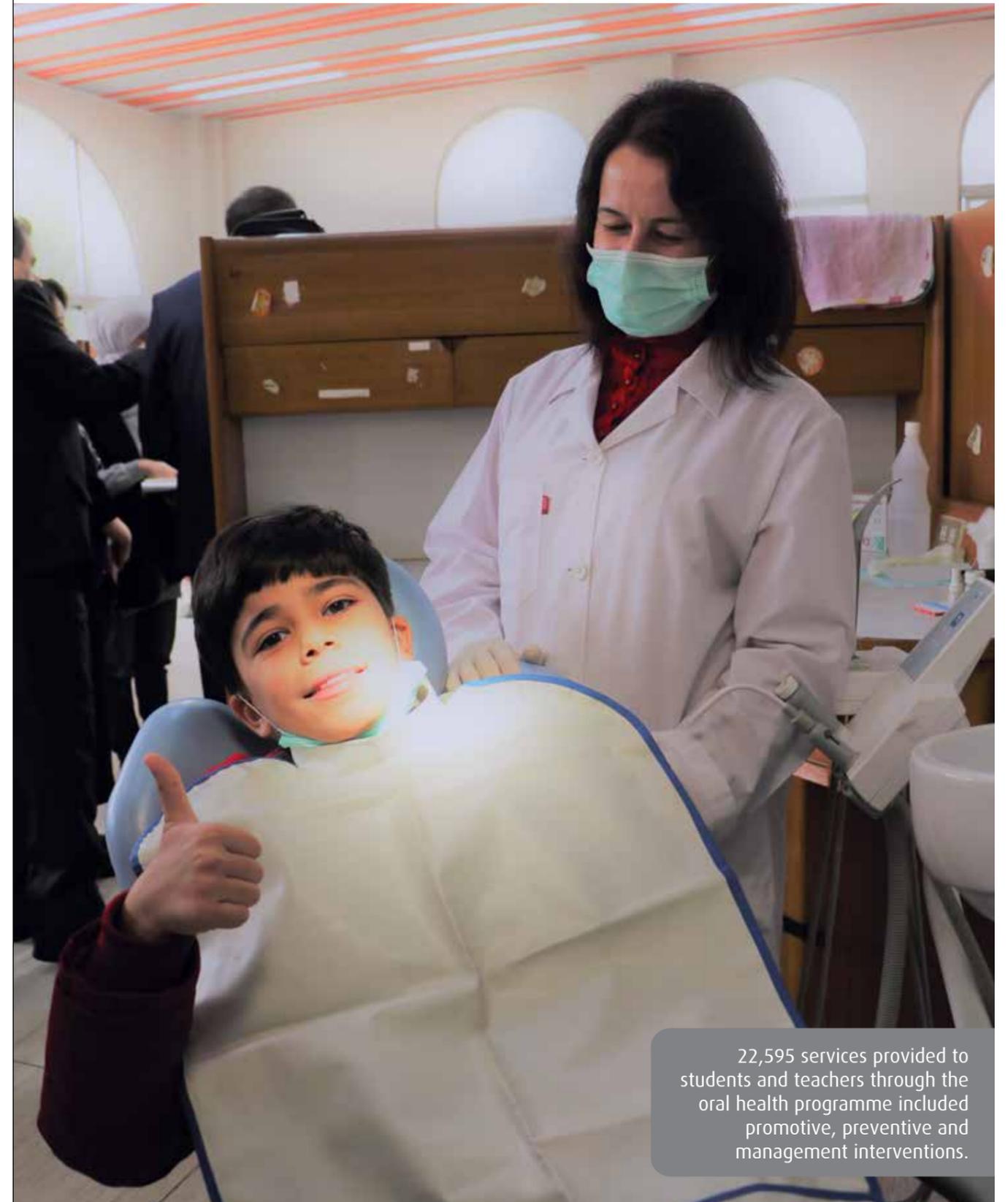


The Central Public Health Laboratory has received WHO support for facility rehabilitation, new equipment, and personnel training to enhance and expand testing capacity

An oral health programme was run in the area of East Ghouta, in the governorate of Rural Damascus in south-west Syria, until mid-March, when it was put on hold due to school closures resulting from the COVID-19 pandemic. Two mobile clinics deployed by the Ministry of Education targeted students in school, providing dental examinations and treatments. Students, as well as 188 teachers, also attended health promotion sessions. In the months before the school closures, the mobile clinics provided services to 6,079 students at five schools. The 22,595 oral health services offered included promotive, preventive and management interventions.

WHO supported a sectoral meeting on thalassemia in February at which strategies to reduce the prevalence of the inherited blood disorder in future generations were discussed. The meeting was attended by the heads of: the NCD department at the MoH, the Directorate of Communicable & Non-communicable Disease, and thalassemia centres in various governorates; as well as multisectoral stakeholders from the ministries of education & higher education and endowments & Islamic affairs; and representatives of the media. The action plan developed during the meeting included consideration for awareness raising of the importance of premarital lab tests and the role of different sectors in community health promotion interventions.

Other medical concerns - including tobacco cessation, early detections of NCDs, prevention and management approaches utilising the WHO PEN protocols, data entry for diabetes registry and Essential Package of Health Services (EPHS) – were addressed through the delivery of capacity building training to over 200 medical professionals in various governorates, included in the north-east of Syria.



22,595 services provided to students and teachers through the oral health programme included promotive, preventive and management interventions.

Immunization & disease surveillance

Syria became eligible for support from Gavi, the Vaccine Alliance in 2019. WHO provided technical assistance to the MoH during the development of a comprehensive multi-year plan (2021-23) and with assistance from partners, the MoH finalized the vaccine procurement application, and the partnership engagement framework that was endorsed by the Gavi board in Geneva in the first half of 2020. The board is currently reviewing subsequently produced documents the outline the programme support rational for the improvement of health systems related to WHO's Expanded Programme on Immunization (EPI) and the cold chain equipment optimization platform.

Though lockdown measures in place during April and May impacted the provision of some basic services, the immunization programme in Syria did not stop. National Immunization Days targeted drop-outs in June 2020 with multi-antigen campaigns to combat (i) measles, mumps and rubella, (ii) polio and (iii) diphtheria, whooping cough and pertussis, through the provision of oral and injectable vaccines. The campaigns, conducted by the Syrian MoH with technical and financial support from WHO, identified 79,000 children as eligible to receive vaccines (from a total of 872,865 children who visited the EPI vaccination sites). The tables below list the number of children that received each of the different vaccinations during the National Immunization days in Syria June 2020.

Vaccine	BCG	Hep1	opv0	DPT-Hib1	IPV1	Hep2	DPT-Hib2	IPV2	MESLES	V.T A 1
Syria	28,208	24,485	22,222	23,572	23,572	17,420	21,760	21,252	26,935	26,053

Vaccine	DPT-Hib3	OPV1	OPV2	MMR1	V.T A1	MMR2	V.T A2	OPV3	DPT-Hib4
Syria	21,333	23,094	30,233	31,027	31,048	32,897	32,432	32,702	32,572

Fixed, outreach and mobile immunization activities continued to be run in all governorates during the initial phase of the COVID-19 pandemic, with physical distancing and personal protection measures followed and supported by the purchase of personal protective equipment by WHO for the MoH on a regular basis. WHO supports immunization transport and operation costs and WHO focal points monitor implementation in coordination with MoH field officers. Rates of immunization during the first quarter of 2020 were down approximately 5-8% compared to the same period the previous year. Once COVID-19 related lockdown measures were eased however the programme was able to reach more people, though figures for the first six months remain lower than for the same period the previous year.



The WHO immunization initiative extends to camps, including this one in Al Hol, north-east Syria

Immunisation Reach Nationwide

Coverage percent of children under the age of one immunized within target population

Vaccine	Coverage Semester 1, 2019	Coverage Semester 1, 2020
DPT-3	75%	70%
MMR1	88%	78%
MMR2	76%	74%
OPV3	81%	74%

WHO support for immunization extends to north-east Syria, where technical and financial support is provided to the EPI department and includes the delivery, by air, of vaccines in Al-Hasakeh, Deir-ez-Zor (east of the Euphrates) and Ar-Raqqa governorates. Immunization at all camps in north-east Syria is also supported, with oral and injectable polio and MMR vaccines given to eligible children. A total of 1,406 were vaccinated in these camps during the first half of 2020.

Routine immunization and special vaccination activities run in high-risk areas east of the Euphrates within Deir-ez-Zor governorate are supported both technically and financially by WHO. Ten-day long campaigns offering multi-antigen vaccinations are run every quarter. One run in February reached 44,414 children under the age of five (9% of whom received first time doses), while in May the campaign reached 39,245 children under the age of five (8% of whom received first time doses).

Coverage of children under the age of five, per antigen per round, in areas of Deir-ez-Zor governorate that are east of the Euphrates

Round	BCG	Hepatitis	Penta	IPV	OPV	MMR	Td	Measles	Vita A 100 IU	Vita A 200 IU
Feb	9,482	2,982	27,966	16,130	22,225	11,519	6,217	3,829	3,913	11,519
May	6,618	2,693	22,353	12,410	18,538	10,694	4,505	5,614	5,614	10,694

Routine vaccination for all children throughout Syria remains an ongoing priority for WHO, with planned expansion of 102 EPI centres to low coverage areas. Although polio campaigns were postponed due to COVID-19, ongoing efforts in north-west Syria include the vaccination of children and communities through 91 EPI centres, 28 of which were relocated to new areas during the first half of the year in order to serve populations on the move. The 91 EPI centres vaccinated more than 68,441 children under the age of five with more than 155,680 vaccine doses during the month of May 2020 as part of their routine EPI programme.

For more information on polio and measles vaccinations, see “Main diseases of concern”.



Surveillance

In addition to nationwide immunization campaigns, WHO supports the Early Warning and Response System (EWARS), one of the main sources of data for monitoring and response to disease outbreaks in Syria. The number of sentinel sites rose in the first six months of 2020 from 1,256 to 1,272. Of these sites, 81 have been newly recruited to collect data on epidemic prone diseases in seven governorates to feed into the EWARS system (37 in Deir-ez-Zor, 19 in Al-Hasakeh, 12 in Ar-Raqqa, 5 in Aleppo, 4 in Hama, 3 in Daraa, and one in Homs). Sustained WHO support of the surveillance system resulted in an average completeness of reporting of 92% and an average timeliness of 92.1% by the end of June 2020. Priority will now be given to the expansion of coverage in north-east Syria by increasing reporting sites in its various governorates.

During the first half of 2020, WHO, in collaboration with engaged partners, responded to approximately 70% of reported alerts of disease outbreak within 72 hours. Rapid investigation and response interventions were limited in Idlib due to inaccessibility, with the security situation in many areas continuing to hinder timely response measures. WHO response measures to reported alerts included: (i) the provision of essential medicines, (ii) financial support to investigation visits (transportation, collection and transfer of specimens), (iii) awareness raising activities, including the production and distribution of educational materials, and (iv) the provision of training for surveillance and rapid response teams.

WHO also provided diarrhoea kits and oral rehydration salts; vaccines against pneumococcal disease and rabies; (iii) medicines to treat brucellosis and lice; and (iv) different types of antibiotic and antipyretic, predominantly to high risk areas and vulnerable populations and IDPs in the camps of north-east Syria.

Mental health and psychosocial support

WHO chaired seven MHPSS working group meetings and lead coordination efforts among key partners, paving the way for the development of the MHPSS referral pathway, which has been updated regularly, with special adaptation to COVID-19. All MHPSS partners have been fully engaged to ensure the development, translation and adaptation of guidelines in line with the Syrian context.

In a bid to harmonize MHPSS interventions and maximize the impact of scaled up coordination efforts, WHO managed bi-lateral coordination with MoH, UNHCR, UNICEF, UNDP, other UN agencies, and INGOs and NGOs.

Rapid needs assessments were conducted with MHPSS partners every quarter to enhance and develop accurate distribution plans. A working group coordinator in touch with local MHPSS partners in north-east Syria ensured the region was well considered in the plans. Following one such assessment, which indicated a need for increased capacity in laboratory testing in mental health and substance use of both in and out patients at MoH hospitals, a 3-part hematology analyzer was procured for the Ibn Sina Hospital and three automated biochemistry analyzers ordered.

40,465 courses of treatment were delivered to patients through MoH, various health facilities and other community-based partners at different locations in the country, for which WHO covered the need for psychotropics in all governorates in order to enhance accessibility to medication.

The psychotropic medicines delivered are essential for the recovery of patients with acute symptoms and to maintain stability among patients with chronic cases of poor mental health. These medications treat a large spectrum of mental health disorders, particularly patients with psychosis, bipolar disorders, and epilepsy, covering all ages, including children. This intervention was crucial to maintaining continuity of care during the COVID-19 pandemic.



A pilot project was launched during the pandemic through which a mobile team delivered 520 specialized consultations and services to more than 250 mental health patients in Aleppo. The intervention saw specialists from Ibn Khaldoun Psychiatric Hospital and a partner NGO conduct over 45 community-based visits throughout the governorate. A geographic expansion of the modality, which relies on collaboration between MoH facilities and community organisations, is currently in development. A total of 130,265 consultations and services were delivered through WHO-supported local NGOs in response to the needs of survivors of gender-based violence (GBV), IDPs, returnees and host communities in north-west and north-east Syria. The interventions helped to promote wellbeing and reduce emotional suffering within these local communities. A special pilot project catering to persons with disabilities was also launched in the city of Damascus.

Capacity building efforts in north-west Syria focused on mhGAP ToT, psychological first aid, NCD/PEN, and pharmacy management for PHC staff and included the delivery of mental health drugs to 16 active PHCs facilities throughout the region. As a result, 48 PHC centres in north-west Syria now deliver services related to NCD and MHPSS, up from 16 the previous year.

Interventions in the north-east were strengthened through the establishment of an internal referrals system with other health organizations and NGOs within Al-Hol camp, at which residents were engaged in discussions about mental health and encouraged to seek assistance. As a result of this process of integration, the provision of proper psycho-social support through hospitalization at specialized mental health care facilities in public health field hospitals was strengthened. Other interventions in north-east Syria included the delivery of MH specialized consultations and follow up to 274 patients; pharmacological interventions for 262 patients; and the provision of 300 psychological interventions, including psychoeducation, problem solving skills, parent training, brief cognitive behavioural therapy and family therapy.

Interventions nationwide were supported by a scale-up of mental health and community facilities that took place as part of a capacity building initiative in the second half of 2019 and saw their number rise to 587. Other capacity building initiatives run both during and prior to the COVID-19 pandemic included training workshops for professionals at different levels and locations. 1,332 health educators, nurses, community and health workers, stake holders, and managers received training in awareness raising and mainstreaming of MHPSS. 200 physicians and 15 health and community workers received training related to mhGAP; 205 community, health and social workers were trained on PFA, GBV/FLS basic coping skills with distress, self-care strategies and burnout preventions, while 120 were trained on BPS for emergency responders and 68 received training on various types of counselling; and a further 225 physicians underwent refresher courses.

A cross-sectorial approach: mental health & gender-based violence

WHO has been actively engaged in cross-sectorial campaigns launched in response to the COVID-19 pandemic, working jointly with other agencies to mainstream MHPSS within other sectors, including safety, education and gender-based violence. As a result, and in coordination with UNDSS, MHPSS has been included within the UN safety plan. 17 orientation sessions were delivered online to 324 active humanitarian workers from different UN agencies and INGOs who learned about the important role of MHPSS in the COVID-19 response, combating stigma, and how cope with stress caused by the pandemic.

Meanwhile, a draft MoU with Syria's Ministry of Education has been approved and is awaiting the approval of the Ministry of Foreign Affairs. A thematic working group led by WHO has been established in parallel to harmonize MHPSS interventions with the Ministry of Education and within the school system; while the MHPSS referral pathway has been updated to include an education-specific column.

Having incorporated counselling of GBV survivors into its MHPSS training programme in 2019, WHO has this year been mainstreaming GBV activities into much of its MHPSS interventions. Survivor support is being incorporated into the humanitarian response plan for 2020 as well as for the 2020-21 biennium, and integrated into the COVID-19 strategic response plan with context-related adaptation. Key messages and guidelines are regularly updated at the MHPSS TWG level and disseminated to health and MH partners and the MHPSS referral pathway has been updated to include a GBV-specific column aligned with the COVID-19 response.

MHPSS services specialized for GBV survivors have been developed and are being delivered aided by the development of an advanced training package that includes a set of case studies/vignettes that illustrate the specific issues survivors face. WHO EMRO and HQ have also delivered technical support aimed at reducing suffering and improving mental health and psychosocial well-being among women and girls affected by gender-based violence. Referrals to psychological services including individual and family or group counselling run by trained and supervised community workers at local NGOs are offered as a first line of support.

Community engagement is an essential component in the successful delivery of GBV and MHPSS interventions and as such WHO partners with local NGOs to deliver key messages within target community populations. WHO implementing partners held a number of awareness raising sessions focused on the impact of GBV on physical and mental health, prevention and promotion of wellbeing, and the importance of linking GBV survivors with other service providers.

Health information

WHO continues to produce regular analyses of the health situation and its response. Monthly reports outline progress against key performance indicators, while HeRAMS provides real-time information on the status of services and resources in Syria's 113 public hospitals and 1,811 PHC centres. HeRAMS now also covers all 59 health care centres managed by SARC, the 28 health care centres managed by the United Nations Relief and Works Agency for Palestine Refugees in the Near East, the 76 health care centres managed by NGOs supported by WHO, and the 24 private hospitals in Al-Hasakeh Governorate. The Organization monitored the quality of health care services delivered through site visits and interviews with both health care staff and beneficiaries.

In preparation and response to the COVID-19 crisis, WHO CO in Damascus developed infographics highlighting monthly progress, based on the Syria COVID-19 Response Monitoring Framework; a COVID-19 supplies tracking system; and a bi-lingual (AR/EN) dashboard presenting daily updates.

The web-based supplies tracking system developed by WHO Syria office provides one central database for information related to procurement and logistics, enabling WHO and health sector partners to track procurement plans, pipelines, stock, distribution, and gaps on a weekly basis. The dashboard meanwhile presents data on total, active, recovered, and fatal cases by location, date of notification, age, gender, exposure, per 10,000 population; as well as data on health worker availability, clinical presentation, treatment and isolation in hospitals, quarantine centres, laboratories, and tests performed.

Health sector coordination

WHO's Office in Damascus leads the health sector, which comprises over 60 members including national authorities, national and international NGOs, and observers. Five sub-national sectors are active in Aleppo, Deir-ez-Zor, Homs, Latakia and Qamishli. The sector continues to hold national and sub-national level meetings to support coordinated response and delivery of health care to those in need. More than 50 meetings were held in the first half of 2020, the increased frequency a response to the COVID-19 outbreak.

The overall response rate to a Cluster Coordination Performance Monitoring (CCPM) undertaken for the Syria Health Sector in March was 69%, while the effective response rate was 104%. Based on the monitoring activities, the overall performance of the Sector was labelled as "good".

The sector work is driven by priorities agreed under the Humanitarian Response Plan (HRP), and the 4W mechanism is in place to eliminate duplication and overlap in the response and delivery of health services. The sector produced and disseminated six monthly dashboards outlining key performance indicators and six monthly health sector bulletins in the first half of 2020, and developed a COVID-19 Preparedness and Response Plan, an operational plan and a response monitoring framework in consultation with MoH and partners. US\$ 14.6 million were mobilized from the Syria Humanitarian Fund Emergency Reserve to the health sector as a result of the pandemic, enabling health sector partners to support more than 20 quarantine and isolation centres and distribute more than 7 million PPE items in the six months to June. COVID-19 response indicators were measured against targets on a monthly basis and a separate COVID-19 Preparedness and Response Plan for north-east Syria was developed.

WHO's hub in Gaziantep, Turkey leads 124 health cluster partners (up from 113 last year), and runs technical working groups for reproductive health, MHPSS, information management and physical rehabilitation. The Health Cluster ensured a coordinated opening or resumption of at least 25 health facilities in north-east Syria, where one million people were displaced at the beginning of the year and many health facilities had ceased functioning following a deteriorating security situation.

Monitoring of cluster performance was conducted in March/April and the resulting report was shared with all the stakeholders. Targets were met for most indicators: 4 million medical procedures and 3.6 million OPD consultations were completed; GHC SBP HR mobilization was on track; 2019-2020 funding mobilization reached USD \$49 million, while so far in 2020 \$35 million has been mobilised; \$20 million alone to address needs related to the COVID-19 pandemic.

Whole of Syria (WoS) Health Cluster Coordination plays an essential role in unifying and integrating data and advocacy across hubs. The Cluster is the focal point for information products, including cluster response and work plans; contingency, preparedness and emergency response plans; and communication and information documents, such as dashboards, 4Ws, situation reports and bulletins. Information management officers meet every quarter in order to streamline data collection, reporting, and distribution processes.

WHO Country Office is the OCHA focal point for WoS data delivered through tailored information products that include information on humanitarian needs and severity scales, 4Ws, attacks on health care, medical resources (through HeRAMS) and spread of disease (through EWARS). The development and dissemination of information products is complemented by various coordination meetings. A quarterly inter-hub meeting held in person in January was followed by a virtual meeting in April. Coordination in the humanitarian needs overview, HRP and sector defence were complemented by specialized coordination efforts relating to the COVID-19 crisis and response, which included a WoS dropbox and a tailored component for north-east Syria, sustained support for which included the planning and facilitation of their annual meeting and direct technical assistance to the health working group, particularly during the turnover when national staff was at the helm.

Nutrition

The nutrition surveillance system in Syria, founded by WHO, consists of a network of 926 health centres, up from 828 in 2019. Together they serve the needs of 608,614 beneficiaries. The number of facilities offering counselling in infant and young child feeding is also up, from 707 at the end of 2019 to 807 in June 2020.

WHO supports a total of 25 stabilization centres nationwide that treat complicated cases of malnutrition. In the first half of 2020, these centres treated 537 children under the age of five, down from 2,145 in 2019. The highest concentration of admissions (125) was in Aleppo governorate, reflecting the dire health status of children there. Stabilization centres are still needed in Ar-Raqqa and Idleb.

WHO is working with other UN agencies including UNICEF and WFP, both of which are supporting therapeutic and supplementary feeding programmes. A total of 5,764 cases of global acute malnutrition were detected and referred for treatment. While the 25 stabilization centres covered most needs, they required regular support for nutrition therapeutic supplies, equipment and staff training. New nutrition protocols within the context of the coronavirus pandemic were among the specialized training workshops delivered by WHO during the first half of the year.



Water, sanitation and hygiene

Although clean drinking water is essential for health, a striking 61% of water sources in the north-west is untreated, representing a severe health risk to the population. As a result of the prolonged crisis, poor living conditions and limited water networks have increased the risk of water-borne diseases caused by viral, bacterial, and parasitic organisms. Adequate supplies of clean water are needed to maintain health and reduce the risk of epidemics, especially in overcrowded settings such as IDP camps, which experience repeated spikes in cases of water-borne diseases.

WHO continues to coordinate with WASH partners to assess drinking water quality in rural areas in Aleppo, Al-Hasakeh, Deir-ez-Zor, and Rural Damascus, including in IDP camps, collective shelters, and ice factories. Between January and June 2020, WHO tested more than 2,900 different water sources in these governorates (including water networks, ground wells, reservoirs, and jerry cans) for ATP measurements, chlorine residues, pH levels, and cultures to identify pathogens. WHO helps equip and supply the public laboratories that analyze the water quality and enhances capacity by supporting training workshops run by the Ministry of Local Administration and Environment. Seven such workshops were held in the first half of the year, attended by a total of 80 officers who received training in water quality monitoring methods and water sterilization. WHO's contribution to WASH is of benefit to almost three million people (2,986,920), including IDPs in the four governorates.

Contaminated water sources that were detected by the monitoring activity were sterilized with chlorine tablets, two million of which were distributed this year by WHO to Aleppo, Al-Hasakeh, Hama, Lattakia, and Rural Damascus, reaching both IDP camps and collective shelters. An additional 3.6 million chlorine tablets are in the pipeline to be distributed to Rural Damascus, Aleppo, Tartous, Lattakia, Al-Hasakeh, and Deir-ez-Zor in the coming months.

Working with partners

WHO works with a wide range of non-state actors including non-governmental organizations that are often the first to respond to crises and remain present within the communities they serve before, during and after emergencies. Consequently, WHO relies heavily on its implementing partners to secure timely access and delivery of essential health care services. These include those in the domain of child health care, reproductive health, acute and chronic diseases, medication, life-saving and life-sustaining surgical intervention (on a referral basis to specialized health facilities), rehabilitation for people with disabilities and MHPSS services, including for survivors of GBV. The latter are delivered by trained community social workers based on WHO guidelines, tools and other evidence-based protocols.



WHO-supported partners deliver much needed health services at Al-Hol camp

A network of 39 non-state actors - including 36 NGOs and three private entities - assisted in elevating the burden of seeking health care in some of the most deprived areas, particularly in the north-west, the south and the north-east of Syria, where a great number of people reside in camps.

A total of 795,674 people benefited from services provided at three community centres, four PHC centres, 21 static medical points and 29 outreach medical mobile teams. Of these beneficiaries, 39% are IDPs, 10% refugees, 1% returnees and 50% host communities of the most vulnerable groups, including female headed families and children.

Al-Hol camp, Areesheh camp, Tal Tamer collective shelters, Al-Hasakeh collective shelters, Mahmudli Camp, Abu Khashab informal settlement and Menbij camp were among the key IDPs camps and informal settlements serviced.



A network of WHO partners support the delivery of services to vulnerable communities, including those in Jabal Samaan, Aleppo

6. MAIN DISEASES OF CONCERN

Measles

The first six months of 2020 witnessed a significant decline in the number suspected cases of measles reported, down by 32% compared to the same period the previous year (see Figure 1). The highest numbers of suspected cases were reported from Idleb, Ar-Raqqa, and Aleppo governorates. In line with the decline of suspected cases, there was also significant downturn in the number of positive cases, with only six cases of measles confirmed in the first half of 2020, compared to 738, 329, and 27 cases in each of 2017, 2018, and 2019 respectively. The decline in case rates over the years can be attributed to surveillance, lab work and national mass measles vaccination campaigns and surveillance (Figure 3), all of which received WHO support.

The few positive cases identified in the first half of 2020 were detected in Damascus, Daraa, and Hama (Figure 2). In response, WHO supported the MoH in conducting local immunization activities, providing measles vaccines and vitamin A to children under the age of five in areas where positive cases were detected. WHO also covered the operational costs of routine vaccination activities and supported continuous lab testing by supporting the national lab with necessary kits and supplies.

Figure 1: Trend analysis of suspected measles cases, weeks 1 to 26, 2019 and 2020

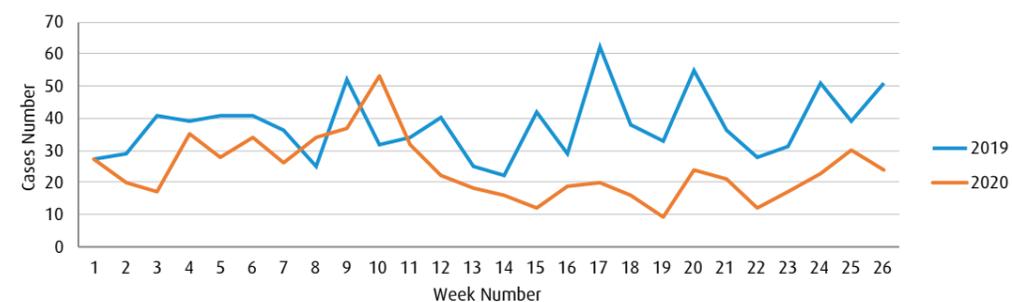
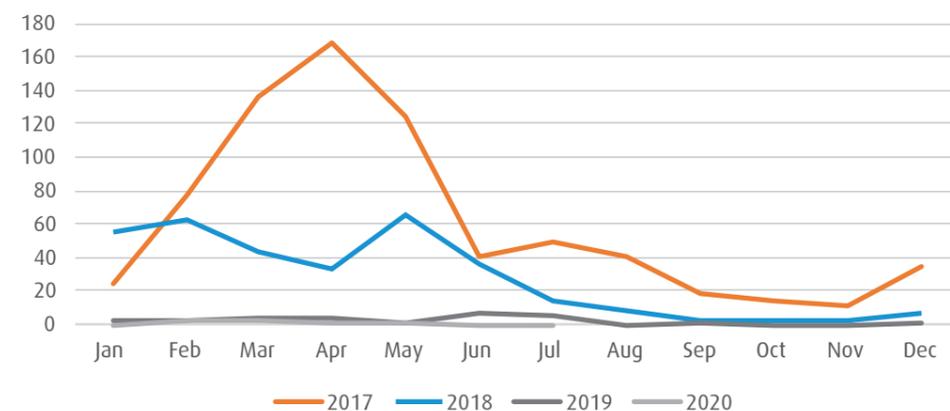
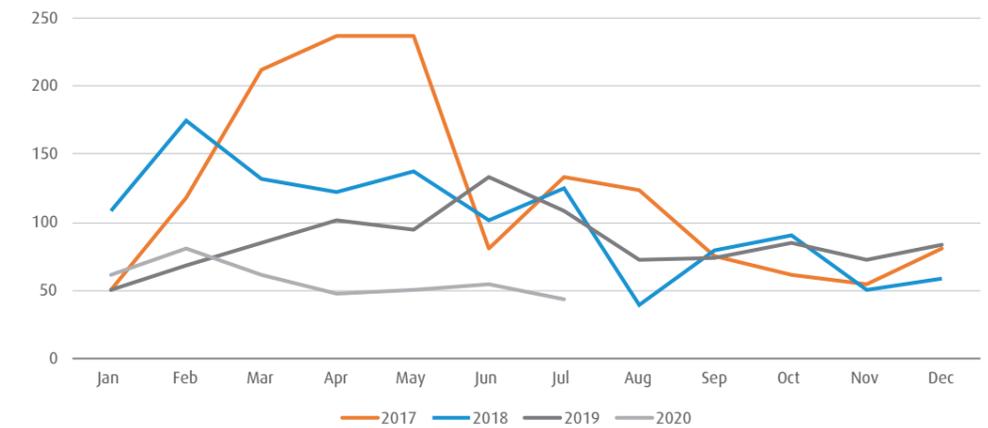


Figure 2: Number of positive measles cases detected per year (2017 to 2020)



EPI Curve of Suspected Measles Cases 2017-2020



Leishmaniasis

A total of 30 cases of visceral leishmaniasis were reported in north-west Syria in 2020. 27 have recovered and three are still receiving treatment. As of June 2020, WHO has distributed approximately 10,000 vials of meglumine antimoniate and aims to distribute an additional 8,000 vials to the eight WHO partners that are implementing the leishmaniasis control programme in north-west Syria. WHO received 145,000 pieces of insecticide-treated bed nets in June, which will be dispensed to beneficiaries according to a distribution plan.

Polio

A nationwide polio immunization campaign was launched by WHO in February targeting 2,804,269 children under the age of five in areas accessible from Damascus. 95% of the target population were vaccinated. A second sub-national campaign planned for March, which was to target an additional 954,658 children under five, was postponed due to the COVID-19 pandemic.

In addition to vaccination, WHO supports surveillance and detection measures. Syria has a robust surveillance system for acute flaccid paralysis. Stool specimens are collected and sent to the WHO-accredited National Polio Laboratory (NPL) in Damascus to determine whether poliovirus infection is the cause of paralysis. Despite the COVID-19 pandemic, surveillance indicators reached global targets set for 2020 with a detection rate of more than 3 per 100,000 children under the age of 15. Though no cases of Sabin type 2 or vaccine-derived wild polio virus were detected, the risk of polio remains.

Sewer samples were collected from 17 sites in 14 governorates to exclude the possibility of poliovirus circulating unnoticed within the community. WHO provides financial support for transport, incentives for timely collection and analysis, and capacity building to the MoH, which is responsible for training, supervising and managing surveillance staff.

The NPL in Damascus carries out viral isolation and intra-typic differentiation of the poliovirus. WHO funded all supplies and equipment required by the NPL and supported capacity building for senior NPL staff through internal and external workshops, in coordination with the WHO Regional office in Cairo. The laboratory passed the annual accreditation exercise carried out by WHO in 2019. Accreditation provides formal confirmation that the laboratory has the capabilities and capacity to detect, identify and promptly report wild and vaccine-derived polioviruses that may be present in clinical and environmental specimens. In an initiative supported by WHO, laboratory staff have since been trained on genetic sequencing, which will enable the laboratory to perform this function once it receives the necessary equipment.

Tuberculosis and HIV

Prior to the COVID-19 pandemic, the notification rate of tuberculosis (TB) in Syria was estimated to be 21 per 100,000. It is currently at 19 per 100,000. 2,545 TB patients were diagnosed in 2019. 1,395 patients were diagnosed between January and June 2020 inclusive.

58 patients were confirmed HIV-positive in 2019. In the first half of 2020, 17 patients were diagnosed. The total number of HIV-positive patients registered since 1987 is 1,039. These include 691 Syrians and 348 foreigners. Of the Syrian patients, 294 are dead, 271 are receiving treatment and 126 have defaulted. The incidence rate among the Syrian population is less than 0.3 per 100,000 of the general population and less than 1% among most-at-risk groups: female sex workers, men who have sex with men, injecting drug users and prisoners.

WHO continues to support the treatment and prevention of TB and HIV in Syria. Activities have been enhanced following receipt of a Middle East Response grant from The Global Fund to Fight Aids, Tuberculosis and Malaria, which enabled the procurement of 40,000 items of PPE and three gene expert machines to support MoH TB and HIV programmes; and the provision of medications for TB and HIV, 2 batches of which were received in the first half of 2020. WHO also procured three mobile clinics fitted with x-ray machines for the diagnosis, treatment and facilitation of discussion of TB among IDPs, prisoners and other vulnerable groups in Aleppo, Deir-ez-Zor and Rural Damascus.

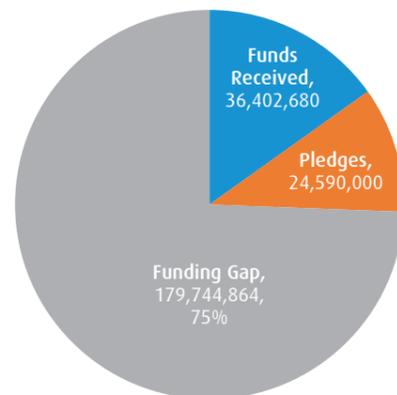
WHO also (i) provides technical support in the areas of programme evaluation, recording and reporting systems, national guidelines; (ii) supports prevention programmes through awareness raising; (iii) ensures proper monitoring and evaluation of activities at local and national levels; (iv) reinforces implementation of the Directly Observed Treatment strategy by bolstering its supporters; (v) enhances access to TB and HIV essential services in hard to reach areas through medication dispatches, sample transportation and the inclusion of medications in humanitarian aid convoys to besieged areas; (vi) promotes rapid diagnosis through the provision of HIV rapid diagnostic tests to the MoH (30,000 so far this year); and (vii) provides financial support for multidrug-resistant-TB patients through the provision of food baskets.



In response to the coronavirus pandemic, WHO expanded its support of TB programmes in Syria to include the delivery of workshops on infection control at TB centres

7. FUNDS RECEIVED AS OF END OF JUNE 2020

Whole of Syria Funding Status - COVID-19
& HRP 2020



Funds Received

Donor	Amount received for COVID-19	Amount received for HRP 2020	Total
United Nations Office for the Coordination of Humanitarian Affairs	12,410,972	297,901	12,708,873
United Kingdom Foreign, Commonwealth & Development Office	-	6,840,042	6,840,042
Norway	-	5,681,786	5,681,786
Central Emergency Response Fund	1,800,000	2,700,001	4,500,001
Japan	-	1,603,395	1,603,395
France	1,323,717	-	1,323,717
Australia	-	1,305,483	1,305,483
Austria	935,613	-	935,613
Kuwait	798,760	-	798,760
European Commission Directorate-General for European Civil Protection and Humanitarian Aid Operations	705,010	-	705,010
Grand Total	17,974,073	18,428,607	36,402,680

