

Donor update The Syrian Arab Republic

9 April 2013



Hospitals in Aleppo are overburdened with patients and the shortage of health staff workers is heavily affecting health care delivery. Photo: WHO

The World Health Organization (WHO) requires US\$ 39.8 million until June 2013 to respond to the acute health needs of populations affected by the crisis in the Syrian Arab Republic, estimated at almost four million persons, including internally displaced persons (IDPs) and returnees.

Current situation

As the situation in the Syrian Arab Republic degenerates, the adverse impact on the most vulnerable sectors of society increases. With 80 000 lives lost and over 400 000 persons injured since March 2011, projections are that these figures will double during the next twelve months alone. Concurrently, the constraints affecting preventive and curative primary and secondary health care are growing.

The conditions are exacerbated by a **disrupted health system**: 57% of public hospitals have been damaged, 37% are out of service and 20% are partially damaged. Lack of fuel and electricity have forced many hospitals to operate with reduced capacity despite being overburdened with patients (for example, the main referral hospital in Latakia receives a new emergency patient every 32 seconds) or even to close completely. Some of the hospitals that are non-functioning are being used for shelter by IDPs.

The **health workforce** has been severely reduced as many health professionals have fled the country. Affected governorates are now lacking qualified medical expertise particularly for trauma, anaesthesia and specialized laboratory personnel. For those health workers that have remained, it is difficult to report to duty.

For instance, in Damascus, Aleppo and Homs, at least 70% of the health providers live in rural areas and frequently cannot access their work place due to irregular public transportation, blocked and unsafe roads, with an increasing number of military check points, snipers and the unpredictable occurrence of street fights. At present, according to the Joint Rapid Assessment of Northern Syria, only 36 doctors are practicing in and around the city of Aleppo compared to 5000 before the crisis started. In the northern governorates, female staff for reproductive health and sexual and gender-based violence (SGBV) is limited.

The **referral system** has broken down. There is an acute shortage of means of transportation for patients, high numbers of ambulances are damaged. As a result, patients requiring surgical and medical interventions are no longer referred to hospitals for proper care.

There are **critical shortages of life-saving medicines**, including anaesthesia, analgesics, antibiotics, serums and intravenous fluids, as well as those needed for the continuous treatment of **chronic diseases**. Non-communicable diseases (NCD) were the leading cause of morbidity and mortality in the Syrian Arab Republic (2011). NCDs frequently observed include hypertension, hyperglycemia, diabetes, cancer, epilepsy, asthma, and kidney failure.

Insulin is not available in a number of areas. There are more than 430 000 registered diabetic patients in the Syrian Arab Republic of which 40 000 are children with insulin dependent diabetes. In Al Raqa, with the influx of IDPs, the number of dialysis and cancer patients has doubled. The dialysis machines and medicines delivered from Damascus to treat patients are no longer sufficient. Delivery of renal dialysis sessions as well as provision of treatments for chronic diseases such as cardiovascular diseases, diabetes mellitus and hypertension is essential for survival of a high number of patients, including children.

Hospitals throughout the country report of shortage of cancer medicines. One of the consequences is that treatment of children with leukemia has had to be interrupted.

Local pharmacies are increasingly unable to provide regular medicines such as simple pain killers.

With the substantial damage to pharmaceutical plants, **local production of medicines has been reduced by 90%**. Given that prior to March 2011, 90% of medicines in the Syrian Arab Republic were locally produced, the impact is evident, added to which are the side effects of economic sanctions, currency fluctuations, and unavailability of hard currency, fuel shortages, and increases in operational costs. Additionally, the main government storage for imported medicines, which included most of the required needs for the first quarter of 2013, has been destroyed. Medicine prices on the black market have risen steeply and are not available to the majority of the population, especially, in the rural areas where the communities are traditionally economically worse off than in the cities.

The Ministry of Health has a sufficient stock of vaccines for 2013, but the **shipment of vaccines** has been complicated due to the deteriorating security situation. There are difficulties in maintaining the cold chain, which is resulting in destroyed vaccines. According to the WHO/UNICEF joint reporting form 2012, the official estimates of immunization coverage for the Syrian Arab Republic represent low percentages for all vaccination coverage. As for

polio, the coverage rate was 46% for the third dose in 2012.

IDPs in collective accommodation are among the most vulnerable with regard to health conditions and access to health care, as are those hosted by families and the resident population. IDPs suffer from depleted resources and low income and therefore generally cannot afford medical services and medicine expenses.

Damage to the **water, sanitation and hygiene infrastructure** is particularly severe in Rural Damascus, Idleb, Deir-ez-Zor, Homs, Aleppo, and Al-Raqa, and per-capita availability of water supply has decreased to one third of pre-crisis levels, from 75 to 25L per person per day. Deteriorating conditions are a particular concern in collective centres, with unsanitary conditions due to lack of toilets (range 50:1 to 70:1 people: toilet) and lack of water for basic needs.

The Early Warning and Response System (EWARS) reports frequent cases of diarrhoea. An increasing number of typhoid cases are being reported in Deir-ez-Zor as well as scattered cases in Homs and Hama. An increasing number of hepatitis A cases can be attributed to the deterioration of sanitation and hygiene and the breakdown of water management systems in some areas. There is an outbreak of cutaneous Leishmaniasis in several governorates including Hama, Hassakeh and Deir-ez-Zor. Measles is also re-emerging and the low immunization coverage is exacerbating the risk of outbreaks of vaccine preventable diseases. With the **forthcoming summer** months, the health situation is expected to deteriorate further, with potential water-borne disease outbreaks. Typhoid and cholera present real risks.

WHO activities in the Syrian Arab Republic

WHO interventions are based on the **Health Sector strategy of the 2013 Syria Humanitarian Assistance Response Plan (SHARP)**. WHO has been using a multi-pronged approach to ensure that the medical supplies, equipment and care reach those in need in both **government- and opposition-controlled areas**.

WHO has decentralized its presence from Damascus and has national focal persons in

Aleppo, Derezor, Homs, Hassakeh, and Idlib. The following current WHO interventions have been guided by information coming from regular health facility-based functionality assessments and effective coordination with health partners:

Monitoring and surveillance

The **Early Warning and Response System (EWARS)**, is gaining momentum with increasing coverage. At present, 108 sentinel sites are reporting from across the country. The number of sites is expected to further increase to 148 as additional newly selected sites are starting to report, including from opposition-controlled areas.

WHO has begun to coordinate with the Arab Medical Union, which has health facilities in the opposition-controlled areas of Aleppo, and has agreed to report to WHO on a weekly basis using EWARS standard reporting format.

The findings emanating from EWARS are also being used as an important tool by a large spectrum of partners for planning and situation oversight.

An outbreak response plan for the summer months is being finalized to permit a targeted approach for maximum impact to minimize morbidity and mortality and optimizing value-for-money based interventions.

WHO also collaborates with the Ministry of Health (MoH) and the health authorities in the 14 governorates through continuous coordination to regularly **report on health facility infrastructure and service provision** based on previously developed and agreed upon reporting formats. In February 2013, a workshop was conducted to train 40 health professionals from seven governorates to strengthen the national capacity in order to report regularly to the system.

WHO receives monthly reports from the contracted NGOs detailing consultations/treatments provided as well as health kits and medicines delivered in the geographical areas where the NGOs are present. Reporting follows WHO-developed formats with defined diseases, disaggregated by gender and age. Additionally, some of the WHO support to NGOs involves in-kind assistance, i.e. direct provision of kits and medicines. In-kind assistance

is monitored initially through delivery reports and is later verified with number of beneficiaries reached per the specific items provided.

The WHO supply tracking system, categorized by governorate, end user and beneficiaries reached, monitors the distribution and provision of kits, medicines and supplies to implementing partners, namely, MOH, MOHE, and local NGOs.

Needs assessment and planning

An **essential medicines list** has been developed, reflecting disease profiles, current gaps and critical needs. The list will serve to enhance the effectiveness of WHO's and partners' emergency response efforts for health by enabling projection and quantification of essential medicine requirements and the development of standard procurement procedures. The needs for the next 12 months in terms of essential medicines, medical supplies, medical consumables and anti-cancer medicines is estimated at a minimum of US\$ 900 million. Based on this list, a second list of most urgently-needed and life-saving items has also been developed, containing 168 items (92 urgently needed essential medicines, 33 cancer medicines and 43 consumables) and estimated to require US\$ 467 million for 2013.

Reaching the vulnerable populations for trauma and Primary Health Care (PHC)

In the first quarter of 2013, WHO distributed medical supplies for basic health care to cover the needs of **914 000 people**, including **Emergency Health Kits** and **Reproductive Health Kits**. Additionally, 45 620 medical interventions were provided through the delivery and distribution of medical kits, **medical equipment** and essential **medicines** (e.g. anesthesia, antibiotics, insulin, cardiovascular disease medicines, hemodialysis consumables, cancer and reproductive health supplies). WHO and UNICEF are currently supporting the MoH in the implementation of a vaccination campaign (launched on 17 March 2013), targeting about 2.5 million children in IDP shelters, schools and health facilities. WHO is supporting transportation of vaccines to affected areas, capacity building and support of MOH vaccination teams.

Improving the delivery of health care in affected areas

As access to health care services for patients and health care providers remains a principal challenge, **innovative partnerships with strategic Non-Governmental Organizations (NGOs)** have been established to respond to the identified needs through support to health facilities, provision of mobile clinics and teams, targeted capacity building and support to referrals of patients to appropriate levels of care.

From January to March 2013, WHO has supported 22 local NGOs in the provision of basic health services and/or referral services for secondary and tertiary care, reaching a total of 29 805 direct beneficiaries.

Planned WHO response January to June 2013 and beyond

The below stated figures relate to interventions from January to June 2013. Beyond June, WHO activities will be adjusted according to the updated SHARP as the situation is expected to deteriorate further.

1. Strengthen trauma and referral management

- Delivery of medicines, medical supplies and equipment to meet the health needs of an estimated 300 000 beneficiaries in Damascus, Rural Damascus, Al Raqqa, Aleppo, Idlib, Hamah, Homs, Swieda and Qunaitera.

2. Support delivery of primary health care

- Support health authorities to complete the second phase of the polio and measles immunization campaigns for up to 2.5 million children.
- Expand services provided by NGOs.
- Provide essential medicines, vaccines and medical supplies and care for four million people.

3. Support delivery of secondary and tertiary health care

- Provide consumables to serve 3 500 hemodialysis patients.
- Provide essential medicines, supplies and equipment for non-communicable disease treatment with a priority for life-saving

medicines including medicines for 4 200 cancer patients.

4. Support health information management and coordination

- Provide a systematic approach for managing health information and support database management systems.
- Map available health resources, services, status of facilities, medicines and equipment.
- Map public health risks and partners' capacities and activities at all levels.
- Strengthen regular coordination through effective information sharing and dissemination among UN health partners and participating international and local NGOs working in the health sector.

5. Support mental health services

- Conduct community awareness campaigns to address mental health problems throughout the country.
- Build capacity of 10 health care providers per governorate at primary and secondary level to identify, manage and refer mental health cases.
- Provide medicines, supplies and equipment for 5 000 mental health patients.

6. Strengthen the surveillance and early outbreak response

- Expand the EWARS to 148 sentinel sites.
- Train 280 staff from governorates on surveillance.
- Strengthen the laboratory surveillance network.

7. Water, sanitation and hygiene

- Conduct awareness-raising campaigns to prevent potential water-borne disease outbreaks targeting four million people in 14 governorates.
- Regular monitoring of drinking water in most affected areas and a proper buffer stock of disinfectant to respond to any biological contamination to drinking water.

Funding requirements

The total financial needs of the Health Sector in the Syrian Arab Republic for **January to June 2013** amounts to US\$ 81 905 133 of which WHO requested US\$ 48 465 000. To date, the funding

gap for the WHO-requested amount is 81%, i.e. **US\$ 39 776 247** is still needed.

WHO has demonstrated the capacity to effectively respond to the increasing health needs of the Syrian population including the severe shortage of medicines and medical supplies across the country.

It should be noted that the above described financial needs are only up to June 2013. Estimates from June to December 2013 are likely to supersede those of the first six months of 2013. Added to this is the necessity of commencing complementary **medium-term approaches**.

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