



World Health Organization
Syrian Arab Republic

SYRIAN ARAB REPUBLIC RESPONSE TO EARTHQUAKE

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

SITUATION REPORT #4
13 FEBRUARY 2023



WHO delivered 34.1 metric tons of medical supplies and equipment



10.1 MILLION

PEOPLE AFFECTED



4.1 MILLION

NEED IMMEDIATE ASSISTANCE



2 MILLION estimated

DISPLACED



4+

GOVERNORATES AFFECTED

“Once again, WHO is committed to supporting the Syrian people now, and in the days, weeks, months and years ahead, to respond to this disaster and to a stronger health system for all Syrians”
– Dr. Tedros Adhanom Ghebreyesus, WHO Director General

HEALTH CONCERNS

- **AFTERCARE FOR TRAUMATIC INJURIES, PSYCHOSOCIAL SUPPORT, and NCD CARE** – including **MEDICATIONS**, are immediate health needs.
- **CONTINUITY OF ESSENTIAL HEALTH SERVICES** is critical to prevent excess mortality and morbidity.
- More than **51 HEALTH FACILITIES** are reportedly damaged so far, with assessments ongoing.
- **3 PRE-EXISTING OUTBREAKS IN AFFECTED AREAS:**
 - Cholera (all affected governorates, especially Aleppo)
 - Hepatitis A outbreak Latakia
 - Measles (northeast Syria)

HIGHLIGHTS

- A **7.7 magnitude earthquake** struck southern Türkiye and Syria in the early morning of **6 February 2023**. Hundreds of aftershocks occurred in the days that followed.
- In Syria, **Latakia, Hama and Aleppo governorates** are the worst affected areas, with further impact reported in Tartous and Deir ez-Zour.
- As of **17:00, 12 February**, **1414 deaths and 2349 injuries** have been recorded in Aleppo, Latakia, Hama, and Tartous governorates, with the death toll expected to rise.
- More than **150 buildings** have fully collapsed (~100 in Latakia, ~50 Aleppo) with hundreds more heavily damaged and uninhabitable.
- At least **31 health care workers** tragically lost their lives in Latakia
- **WHO Director General Dr. Tedros Adhanom Ghebreyesus and Dr. Mike Ryan, Executive Director of WHO's Health Emergencies Programme**, arrived to Aleppo on **11 February** on a cargo plane carrying **34.1 tons of WHO medical supplies and equipment**.

SITUATION UPDATE

In the early morning of 6 February 2023, a magnitude 7.7 earthquake struck southern Türkiye near the northern border of Syria. The earthquake was followed 11 minutes later by a magnitude 6.7 aftershock. Many aftershocks continue to be felt across the region. Whilst the impact is still being assessed, initial reports evidence significant damage in the areas of southern Türkiye and northern Syria.

In response, the Syrian Ministry of Health (MoH) activated its Emergency Operations Centre (EOC) on 6 February 2023 under the chairmanship of the Deputy Minister. In all affected governorates, public and private health facilities and medical convoys have been repurposed to support the response and are being managed by the National Ministry of Health (MoH) and Directorates of Health (DoH) at governorate level. Support has been directed to affected areas, with medical convoys, including 28 ambulances and 7 mobile clinics, deployed from the health directorates of Damascus, Rural Damascus, Quneitra, Homs, Tartous, Aleppo and Latakia.



Dr. Iman Shankiti WHO Country Representative a.i. speaks to a survivor in Aleppo governorate. Credit: WHO

As of 12 February 2023, 2349 injuries and 1414 deaths have been recorded in the governorates of Aleppo, Latakia, Hama, and Tartous, with additional reports expected as search and rescue efforts continue. So far, 31 health workers have reportedly died – 16 doctors and 15 pharmacists. The greatest number of injuries were reported from Aleppo, Latakia, and Hama.

Due to damaged buildings and the fear to return to their homes, hundreds of thousands of people have been displaced and seeking shelter in vehicles, public parks, mosques, schools, and other community centres. Nearly 250 collective shelters have been set up, mainly in Aleppo and Latakia.

Priority response actions include distribution of life-saving and essential supplies and services such as health care, water and hygiene, shelter, and protection.

Currently, a joint needs assessment is being conducted to better understand the full extent of the impact and needs. On 7th February 2023, WHO graded this event at the highest level of Grade 3.

“In addition to trauma care, we have a risk of infectious diseases. Other priorities right now are respiratory diseases [and] we already had pre-existing outbreaks such as cholera and measles.”

-Dr Richard Brennan, Regional Emergency Director

Impact

Latakia and Tartous

Governorate	Deaths	Injuries
Latakia	638	958
Tartous	0	48

- In Latakia, 57 buildings have collapsed, 1500 are partially destroyed, and 16 schools are partially damaged.
- More than 1500 buildings and towers are being assessed, the majority of which have been evacuated. Displaced people are currently housed in collective shelters, nearby hotels, villages and governorates.
- At least 4 hospitals have reported damages, with at least 1 CT scanner fully destroyed. Assessments are ongoing.



A building in Latakia rendered unsafe. Credit WHO

- New trauma and injury cases are no longer arriving at area hospitals
- 5 primary health care centres were evacuated due to buildings rendered unsafe.
- Estimated reports from health facilities
 - Tishreen Hospital: reported 325 cases and 110 deaths
 - National Hospital: reported 129 cases and 151 deaths
 - Jableh Hospital: reported 179 cases and 292 deaths
 - Qurdaha Hospital: reported 43 cases and 17 deaths

Aleppo

Deaths	Injuries
451	714

- Aleppo population in need: 1.3M (intersectoral)
- Trauma cases admitted: 41 cases at Al Razi Hospital, 5 in ICU; 43 cases at Aleppo University Hospital, 6 in ICU
- Earthquake response shifted to massive displacement response with more than 200,000 IDPs currently estimated.
- ~250 shelters (mosques, churches, schools, sports stadiums) are currently operating
- One common shelter for up to 150,000 IDPs is planned.
- More than 30% buildings are believed to be damaged and unsafe for habitation according to initial assessments by the safety committee established by Governor’s Office.
- IDPs lack access to safe water supply and basic needs leading to an increased risk of infectious diseases including cholera, SARI, measles and hepatitis A.
- More than 50 mobile medical teams (MMTs) reported 15,664 consultations to date along with 1986 MHPSS interventions and 3,254 medicines dispensed
- Most commonly reported needs are a lack of medications for noncommunicable diseases, especially diabetes, and widespread requests for mental health and psychosocial support.



WHO team visits the Syrian Arab Red Crescent (SARC) team assisting in evacuation at collapsed building in Aleppo. Credit WHO

Challenges include insufficient shelter solutions and transient populations at existing shelters

“The only CT scanner in Aleppo is broken and there are no spare parts. That’s a tragedy. Some of these patients have complex injuries. We need to put the tools in the hands of the health workers wherever they are.” -Dr Mike Ryan, Executive Director.

Hama:

Deaths	Injuries
51	75

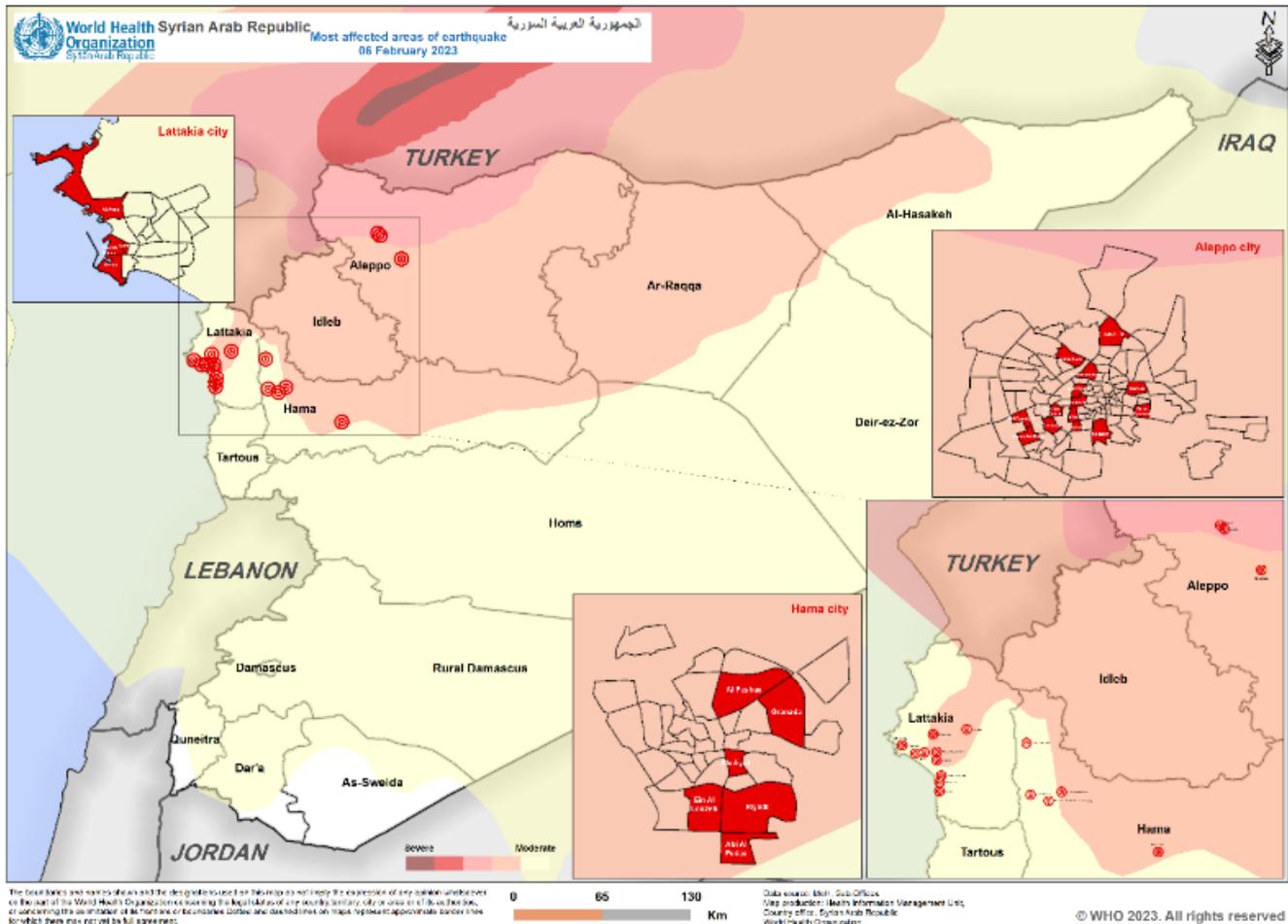
- Homs has begun receiving IDPs: 429 from Hama, in addition to 129 families from Aleppo.
- Medical supplies from WHO’s Damascus hub were immediately sent to Hama National Hospital.
- 140,000 water disinfection tablets to be distributed to affected areas.
- Needs include treatment and medications for NCDs, especially insulin.
- 71 total admitted injuries in Hama National and Sqelbiya hospitals.

Deir ez-Zour

Deaths	Injuries
0	1

- 6 buildings collapsed in Deir ez-Zour (2 in Jubila, 2 in Al Rushdiah, 1 in Al Hamydia and 1 in Umal)
- More than 600 families are reportedly displaced from their homes due to damages while an additional 68 families were forcibly evacuated due to unsafe buildings.
- Many people are afraid to go back to their homes.
- No new injuries or deaths are reported.
- Collective shelter currently lacks heating facilities. IDPs are instead living with well-wishers /families
- WHO has been asked to support collective shelters by UNHCR with first aid kits.

- Intersectoral UNOCHA team has requested Governor's Office to conduct intersectoral assessments for estimation of damage of earthquake.
- Governor's Office also requested that mobile medical teams be deployed support those sleeping in public spaces, particularly outdoors.
- Risk communications and MHPSS support have been identified to be highly needed.



Public Health Impact

- Immediately following the earthquake, trauma-related deaths, and injuries from collapsed building and debris were reported.
- Response efforts are now moving to massive displacement from response and recovery.
- Within the affected areas, the number of trauma and injury cases have declined following a tremendous surge in the immediate aftermath of the earthquake. Additional needs related to plastic and orthopaedic surgery, as well as provision of physical rehabilitation, prosthetics and assistive devices are expected.
- Prior to the earthquake, 1120 public health facilities were included in quarterly HeRAMS, of which only 28 public hospitals and 540 primary health centres (PHCs) were fully functional and 15 public health hospitals and 80 PHCs were partially functional. Assessments are ongoing to determine extent of damage on facilities.
- Persons exposed to harsh weather because of displacement and/or damage to their accommodation are at high risk for hypothermia. With thousands of people displaced and cold weather conditions, shelter needs are top priority at this time.
- Due to crowded conditions in existing shelters, there is heightened risk of outbreaks and disease transmission, including spread of respiratory illness such as COVID-19 and influenza, as well as those related to pre-existing outbreaks of cholera, hepatitis A and measles.
- Mobile teams are receiving frequent requests from displaced and affected persons to supply and/or replace their non-communicable disease (NCD) medications as many have lost their monthly regimen during the earthquake, and local primary health care centres (PHCs) are struggling to meet the surge in demand.

- Mental health support is a priority need due to the extreme trauma and stress resulting from the earthquake on affected populations, experienced by children, as well as the response workforce.
- Significant damage to the water networks has been reported to above-ground infrastructure with dozens of tanks reportedly collapsed or fully damaged; WASH assessments continue. Turbidity, contamination, and reduced functionality have been reported, and as such there is anticipated higher risk of waterborne illness, including exacerbation of pre-existing cholera and hepatitis A outbreaks.

RESPONSE PILLARS

Leadership and Coordination

- The Director General of WHO arrived along with a team of experts on a charter flight delivering 34.1 M tons of medical supplies and equipment.
- The emergency health response is being led by the MoH and DoH at governorate level, and the Emergency Operations Center has been fully activated at the MoH.
- On 7 February, World Health Organization (WHO) co-chaired the first humanitarian health sector meeting within 24 hours of the earthquake and is co-leading the health sector with the MoH.
- WHO has activated a full-scale incident management response, activating all pillars under the global Emergency Response Framework.
- WHO has submitted a flash appeal for the earthquake for Türkiye and Whole of Syria found at: https://cdn.who.int/media/docs/default-source/documents/emergencies/2023/who_flashappeal_earthquakeresponse_11-feb-2023.pdf?sfvrsn=94d4de2a_1
- WHO is deploying technical and operational surge support to bolster earthquake response capacity (three experts already in country).
- A media briefing with WHO leadership took place on 12 February 2023 and can be accessed at: <https://twitter.com/i/broadcasts/1zqKVPWArNmJB>



Information Management and Surveillance

- Official casualty figures are being reported by Ministry of Health.
- WHO is closely coordinating with surveillance teams and rapid response teams to ensure ongoing surveillance and detection, as well as readiness for any surge in infectious disease cases, especially in affected areas.
- EWARS system is functioning at the affected areas for early detection of threats related to infectious diseases with a total of 237 reporting sites at the affected sub-districts.
- WHO supported affected governorates with rapid diagnostic kits for cholera and COVID-19.
- The Organization supported health directorates with medicines for treatment of acute diarrhea including IV fluids, antibiotics, oral rehydration salts.
- Increased the number cars to support the RRTs operations from 19 to 43 (Aleppo (25), Lattakia (7), Tartous (4), Hama (7)).
- The organization facilitated MoH central communicable disease directorate team field visits to Aleppo and Lattakia to be conducted from 14 - 17 February.
- WHO planned meetings on developing plans to strengthen the EWARS and disease surveillance for the EWARS teams planned on 19 - 20 and 22 - 23 February.

Procurement and Logistics

- In response to MoH and DoH requests for additional medical supplies and equipment, WHO has mobilized immediate essential supplies to the affected areas while also initiating procurement from local and global sources.

- Within the first 24 hours of the response, WHO dispatched essential medicines and supplies to Aleppo, Homs, Hama, Tartous and Latakia, in addition to the Syrian Arab Red Crescent (SARC). Supplies provided 102,415 treatments for 300 trauma cases, in addition to 550,000 water disinfection tablets.
- On 7 February 2023, surgical and trauma kits weighing 0.6 tons were delivered to Aleppo DoH.
- In Hama, WHO dispatched a cholera periphery kit, oxygen masks and oxygen cannulas (650 kg).
- A WHO chartered flight reached Aleppo on 11 February consisting of trauma and emergency surgical kits, pneumonia for 60,000 surgical interventions and 50,000 medical treatments .
- A second charter shipment is expected to arrive to Damascus in the next few days carrying trauma kits, body bags, and medical instruments.
- NCDs treatments – including hemodialysis sessions which are also vital for treatment of crush injuries – are in the pipeline for procurement, to support continuation of essential services to affected populations.

Health Operations and Technical Expertise



Syria Minister of Health Dr. Hassan Al-Ghabash and Director General WHO meet injured patients. Credit: MOH

- **Trauma:** Rapid assessments of the public hospitals in Aleppo and Latakia are completed. Technical support was provided to medical teams receiving trauma patients. Trauma kits are prepositioned mainly in Aleppo University Hospital and Razi Hospital.

- **Mental Health and Psychosocial Support (MHPSS):** WHO is focused firstly on support staff and their families in this challenging time. In its coordination role for the MHPSS working group, WHO is mobilizing local stakeholders and sectors, including MoH, NGOs, as well as child protection services, to provide MHPSS support to affected communities. MoH and Ministry of Education

MHPSS personnel trained on Psychological First Aid (PFA) and Basic Psychosocial Skills (BPS) are forming quick response teams in the affected areas. As of 8th February, 72 PHCs in the affected governorates (Hama 8, Latakia 14, Tartous 20, Aleppo 19, Deir Ez-Zour 5, and Homs 6) are providing integrated MHPSS services.

- **Surveillance and Outbreaks:** EWARS system is functioning at the affected areas for early detection infectious disease threats with a total of 237 reporting sites in the affected sub-districts. WHO is working with MOH and DOH counterparts to assess the needs for strengthening disease surveillance in the affected governorates. RRTs will be supported with chlorine tablets, DOHs will be supported with rapid diagnostic kits for cholera and COVID-19, as well as medicines for treatment of acute diarrhea including IV fluids, antibiotics, and ORS. Thirty-five RRTs are currently in the affected areas: 12 in Aleppo, 8 in Hama, 7 in Latakia, and 8 in Tartous. There are no reports of infectious diseases of concern in GOS affected areas since the earthquake struck.
- **WASH:** In addition to the dispatch of water disinfection tablets and brochures, WHO is working with focal points on the ground to monitor water quality and prepare for impacts on water infrastructure. Approximately 550,000 water disinfection tablets were deployed to affected areas.
- **Essential Health Services:** Coordination is ongoing with MoH counterparts to identify urgent PHC/NCD list of medicines required to sustain response at PHC level. WHO is supporting the provision of the basic package of health care services – including primary care, NCD care, reproductive health, and psychosocial support – for IDPs in shelters. WHO NGO partners are currently operating 7 MMTs in Aleppo and 7 MMTs in rural Hama. MMT operations in Latakia are expected to begin in the coming days. TB and HIV programs are working to connect with affected patients. and ensure delivery of new medicines supplies for patients under treatment.
- **Nutrition:** Thirty-one (31) mobile teams are conducting nutrition efforts in Aleppo, Hama and Latakia. In Hama, 300 malnourished cases who were supported for diagnosis and treatment of whom 3 were admitted to hospital for treatment of SAM with complications.
- **Risk Communication and Community Engagement:** Social insight continues to be collected. The main emerging issues are:
 - Increasing need for psychological/mental health support, especially for children
 - All basic needs (food, water, shelter, emergency healthcare, etc.) are increasing Also, need for body bags detected.

CHALLENGES

- Limited hospital capacity (human and health resources) to address mass casualties.
- Dynamic and evolving situation on the ground.
- High risk of:
 - Spread of water- and food-borne diseases due to disrupted water supplies, including exacerbation of ongoing cholera and Hepatitis A (pre-existing outbreaks).
 - Disease transmission in crowded shelter conditions, including respiratory illness, measles (pre-existing outbreak).
 - Significant mental distress and disorders, especially among children.
- Harsh winter weather and extreme cold temperatures complicate search and rescue efforts, as well as shelter solutions.
- Significant distress and fear within the affected population, with households not returning to residences. Likelihood of rumors and misinformation increasing as situation evolves.
- Ongoing fuel crisis has hindered response efforts.
- Non-communicable diseases supplies are missing in the local market while needs increased in IDP
- Overwhelmed DoH staff capacity in the response and relief actions resulting in limited information related response populations and needs.
- Weak coordination mechanisms in the affected areas.

PRIORITY NEEDS AND ACTIONS

- New resources to accelerate flow of aid and assistance to affected areas.
- Unhindered access to most affected populations.
- Facilitated entry and distribution of medicines, supplies, equipment, and surge support staff.
- Continuity of health care services, especially for women, children, the elderly, and persons with NCDs.
- Ensured access to MHPSS for the affected population, particularly children.
- Fuel for response to enable ambulance transport, search and rescue, MMTs, community outreach, etc.
- Support to partners, in particular NGOs providing immediate services, to ensure supply of sufficient safe water and continuation of essential health services.
- Noncommunicable diseases treatment as immediate asks.

FUNDING NEEDS FOR IMMEDIATE RESPONSE

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

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WHO's initial response to the earthquake in the Syrian Arab Republic has been made possible thanks to the generous contributions from the Organisation's Contingency Fund for Emergencies (CFE). WHO wishes to thank all those donors who have contributed to the CFE, including USA, Germany, Norway, and Canada, among many others.