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World Health Organization
Syrian Arab Republic



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Ambulances donated by WHO to the Syrian Arab Red Crescent.

WHO

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FOREWORD



In 2018, the rapidly evolving situation in Syria required WHO to intervene in many different geographic locations. We responded to simultaneous health emergencies in eastern Ghouta, northern rural Homs, south-west, north-east and north-west Syria.

Our focal points across the country were our eyes and ears. Working under difficult and often dangerous circumstances, they assessed each situation and worked closely with our office in Damascus, our

hubs in Gaziantep and Amman and our cross-border partners in north-east Syria to plan and implement interventions targeting those most in need.

We monitored almost 1100 hospitals and primary health care (PHC) centres throughout the country and delivered medicines and supplies to where they were needed most. Almost 100 hospitals received essential medical equipment in 2018.

Regular health assessments underpin everything we do. They allow us to implement transparent, impartial and timely interventions that are grounded in science and based on demonstrated needs. They focus our response on substantive matters and reduce the scope for political considerations. This past year we assessed the health situation in IDP camps in the northeast and the status of trauma care services in Ar-Raqqa city and surrounding areas. The health cluster in Amman, led by WHO, produced the first comprehensive picture of health care services in southern Syria. Our hub in Gaziantep examined the treatment options for growing numbers of patients with tuberculosis in north-west Syria. These are just some examples – there were many more.

We responded to outbreaks of acute diarrhoea and typhoid fever in the north and hepatitis A in the south. In response to measles outbreaks across the country, we worked closely with partners to vaccinate children at points of entry in IDP camps, through routine immunization services and during national immunization days. An outbreak of circulating vaccine-derived poliovirus type 2, first detected in 2017, was successfully controlled thanks to strong coordination between our offices in Damascus, Amman and Gaziantep, with close support from our regional and headquarters offices. We worked with government agencies and partners to test water quality throughout the country and make sure that hospitals had safe water supplies. We expanded our nutrition activities. Over 800 nutritional surveillance units in health care facilities screened children for malnutrition and referred them for specialized treatment when necessary. We successfully launched a school-based mental health programme and continued to train non-specialist health professionals in PHC centres on basic interventions to help patients in distress.

WHO continues to be the authoritative voice on the health situation in Syria. On behalf of all partners, we appealed for an end to attacks on health care and called for the guaranteed medical evacuation of critically ill patients and their families from besieged and hard-to-reach areas. In November, we briefed the UN Security Council in New York on the impact of the crisis on Syria's health care system and set out the minimum steps to be taken to improve the lives of millions of vulnerable people.

Primary health care is the backbone of the health response in Syria and the theme of this year's annual report. Strong collaboration with our NGO partners ensured that millions of Syrians, especially those in besieged and hard-to-reach areas, continued to receive basic health care through mobile teams and clinics.

Over the past seven years, we have trained tens of thousands of health care providers throughout Syria. An evaluation of the effectiveness of our training programme is underway. We are assessing the quality of our NGO partners and continuing to train them and other health care providers to help ensure that they are able to provide quality care to some of the most vulnerable people in Syria.

Over the last year I travelled throughout the country to meet and talk with ordinary Syrians, many of whom have lost everything. Their dignity and resilience in the face of so much suffering is a testament to their courage and spirit. I also met many health care staff working in cities, towns and villages throughout Syria. Seeing at first hand the difference that they are making in the lives of their fellow Syrians has been one of the most humbling and moving experiences of my life.

Elizabeth Adly

SITUATION IN 2018

Overview

Millions of innocent civilians continued to bear the brunt of the Syrian conflict. In 2018, approximately 1.5 million people were newly displaced by hostilities in many areas including eastern Ghouta, the south and north-west, northern rural Homs and eastern Deir- ez-Zor. Overall, more than 13 million people in Syria need humanitarian assistance, 5.2 million acutely so. At least 6.2 million people have been displaced, many of them more than once. Two thirds of Syrians are living under the poverty line.

Political instability persisted. By the end of June, the Syrian government had ended its longstanding sieges and regained control of several areas formerly controlled by non-state armed groups. Conversely, Syrian non-state armed groups and Turkish military forces took control of most of Afrin district in Aleppo governorate, resulting in the collapse of the local health system and the displacement of 167 000 people.

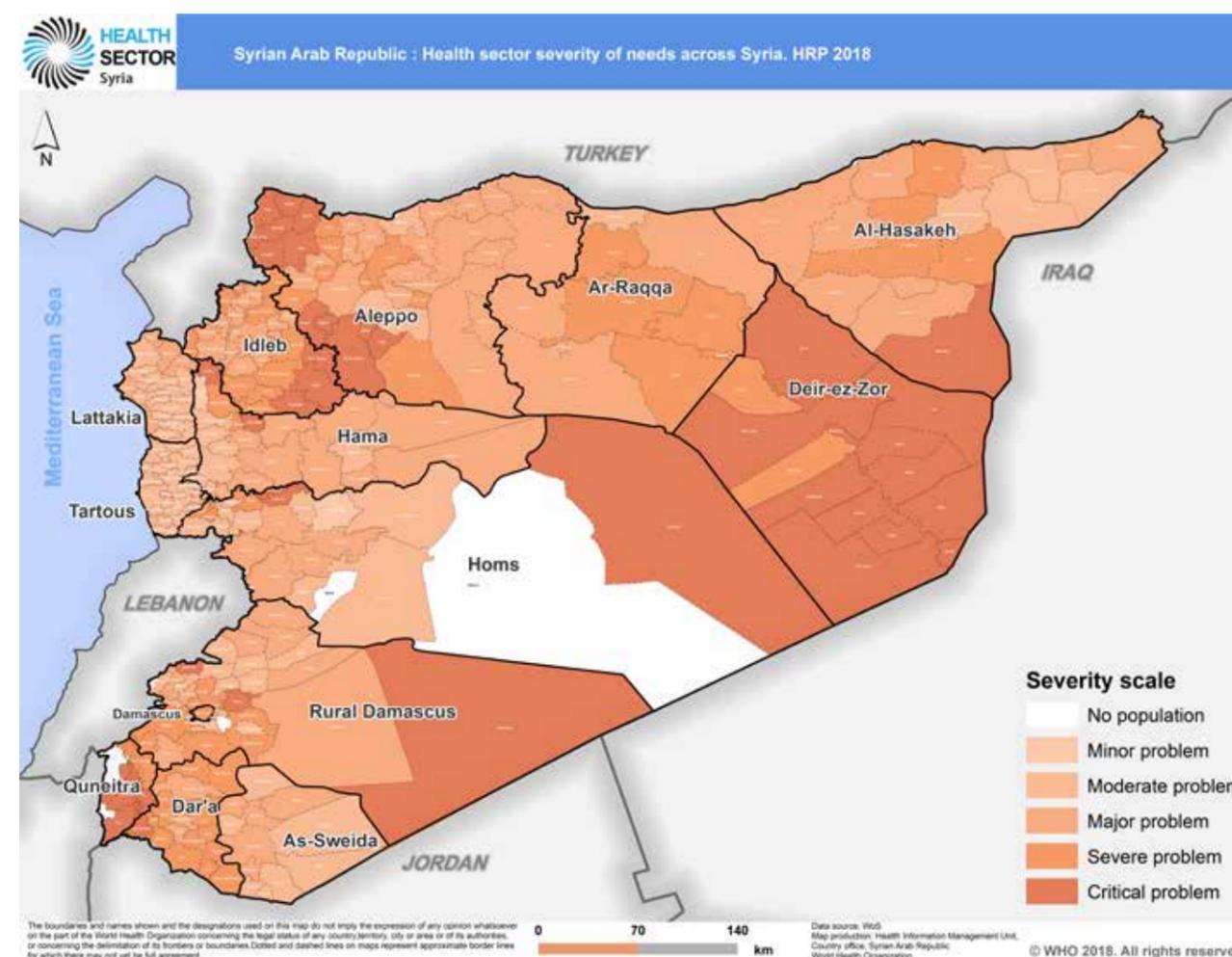
Changes in political control led to further waves of displacement to and within north-west Syria. Tens of thousands of internally displaced people (IDPs) from eastern Ghouta, northern rural Homs and southern Hama were forcibly evacuated to Idleb governorate. The population of Idleb has doubled since 2011 and most IDPs there have very limited access to health care and other services.

There were outbreaks of measles, leishmaniasis and acute bloody diarrhoea, fuelled by displacement, hostilities and poor living conditions. Vaccination coverage rates remained low despite mass immunization campaigns and routine vaccination

activities to curb the spread of diseases such as vaccine-derived polio and measles. Shortages of safe drinking water, due in part to the deliberate targeting of water networks, left up to 35% of the population relying on alternative and often unsafe water sources¹.

The operating environment in Syria continued to be demanding. WHO and other humanitarian agencies faced significant challenges to delivering assistance because of heavy fighting, the widespread presence of improvised explosive devices, and delays in obtaining authorization to enter many areas. In December 2018, the United Nations Security Council reiterated its grave concern over hindrances to the delivery of humanitarian assistance. It called on all parties to allow the safe, unimpeded and sustained passage of humanitarian convoys to all parts of Syria and renewed its earlier resolution (2165) authorizing the delivery of humanitarian aid from the neighbouring countries of Iraq, Jordan and Turkey².

In 2018, WHO and the United Nations shifted from a response by geographical location to one based on a detailed assessment of the severity of needs in all 270 sub-districts in Syria³. While this has allowed for a more targeted delivery of assistance, it cannot be used as the only measure for determining health interventions. WHO has continued to work in areas with relatively low severity of need⁴ in order to vaccinate children and raise vaccination coverage rates across the country. It also continues to support referral hospitals located in areas of low severity because they provide essential services to people from nearby areas still caught up in the conflict.



It is clear that humanitarian needs will continue throughout Syria for some time, regardless of who is in charge. Two thirds of people in need of humanitarian assistance currently live in areas under the control of the government, with the remainder in areas controlled by non-state armed groups and other forces.

¹ Syria HNO, 2017, <https://hno-syria.org/data/downloads/en/full.pdf>.

² UN Security Council Resolution 2449 of 13 December 2018.

³ Severity scales are used by humanitarian agencies to estimate the severity of needs at sub-district level. The severity scale, set out in the Humanitarian Response Plan for 2018, is derived from a range of data sources that yield information on 1) accessibility to health care, 2) number of people affected, 3) humanitarian access, 4) the availability of health resources and services, and 5) the impact of the conflict on health and morbidity.

⁴ The severity of needs in different geographic locations in Syria are based on a scale from 0 to 6. Areas ranked between 4 and 6 are classified as being in acute and immediate need of humanitarian assistance.

The impact of the crisis on health care delivery

The continuing conflict and waves of displacement placed a massive strain on the health system. In 2018, fewer than half of the previously existing public health care facilities were fully functioning. Fighting continued in many areas; mobile medical teams were unable to reach patients and patients were unable to reach hospitals and PHC centres. The situation was compounded by attacks on health care facilities and personnel that deprived tens of thousands of Syrians of health care at the time they needed it most.

There were severe shortages of medical specialists, medicines and supplies, especially in rural and historically deprived areas and those that were formerly besieged or hard to reach. In many parts of the country, medical supply chains functioned only sporadically, leading to widespread shortages of medicines to treat common diseases. Although public health care facilities were supposed to provide medicines free of charge, many patients were forced to buy them in private pharmacies because they were not available otherwise.

For people wounded in the conflict, the outlook was grim. In many hospitals, essential equipment was broken and could not be repaired, partly because international sanctions prevented the importation

of critical spare parts. There were acute shortages of reconstructive surgery and other services to treat badly burned patients. Emergency surgery for trauma patients was often delayed because supplies and equipment were lacking. Thousands of wounded Syrians had no access to physical rehabilitation services. Approximately 15% of Syrians have suffered disabilities as a result of the conflict, and almost half of them are likely to have lifelong impairments that will require specialist support long after the hostilities have ended.

Widespread bombing and shelling have wounded hundreds of thousands, but the disruption of the health care system has been equally devastating for millions of Syrians who are living with one or more chronic diseases. WHO estimates that approximately 12% of Syrians have diabetes and around 20% suffer from high blood pressure⁵. Left untreated, these diseases can lead to serious complications such as heart attacks and kidney failure. There were widespread shortages of medicines and specialist services to treat patients with cancer, renal failure and other serious illnesses. Untold numbers of people in Syria have died because they could no longer obtain the life-saving medicines and treatments they once took for granted.

⁵ <https://www.who.int/nmh/publications/ncd-profiles-2018/en/>.



The WHO team views the badly damaged TB hospital in Aleppo.

WHO

Disease outbreaks

In 2018, there were outbreaks of acute bloody diarrhoea, typhoid fever and hepatitis A. These diseases are almost always the result of unclean water and poor sanitation and they disproportionately affect the poorest and most vulnerable.

The number of cases of measles doubled compared with 2017. Rates of cutaneous leishmaniasis, which is endemic in north-west Syria, rose sharply, highlighting Syrians' increasing vulnerability to communicable diseases. Rates of tuberculosis (TB) are estimated to be on the rise (15.8 per 100 000 people in 2017 compared with 13 per 100 000 people in 2013). Because the national TB surveillance system has been badly disrupted, the real number might be much higher.

There were also success stories. WHO and the health authorities managed to stem an outbreak of vaccine-derived poliovirus that began in 2017. Cases of vaccine-derived poliovirus are a warning sign. They occur when vaccination rates are dangerously low. WHO and UNICEF are working to strengthen routine vaccination services in PHC centres and support mass vaccination campaigns in newly accessible areas. Sustained efforts will be required to protect the country's children against measles, polio and other vaccine-preventable diseases.

Page 50 of this report describes WHO's response to disease outbreaks in greater detail.

Access to people in need

In 2018, the number of people living in hard-to-reach areas dropped from almost 3 million to just over 1.1 million. Moreover, for the first time in over five years, no areas in Syria were classified as besieged by the UN. This led to improved access to several parts of the country to deliver humanitarian aid. However, ongoing hostilities, the widespread presence of explosive remnants of war and bureaucratic obstacles continued to hamper operations.

WHO's efforts focused on reaching people in areas where political control had changed and where health needs were severe. In many of these areas, people had suffered for years under siege, had been subjected to intense military activity, or had seen no resumption of basic services since changes in control.

Inter-agency convoys

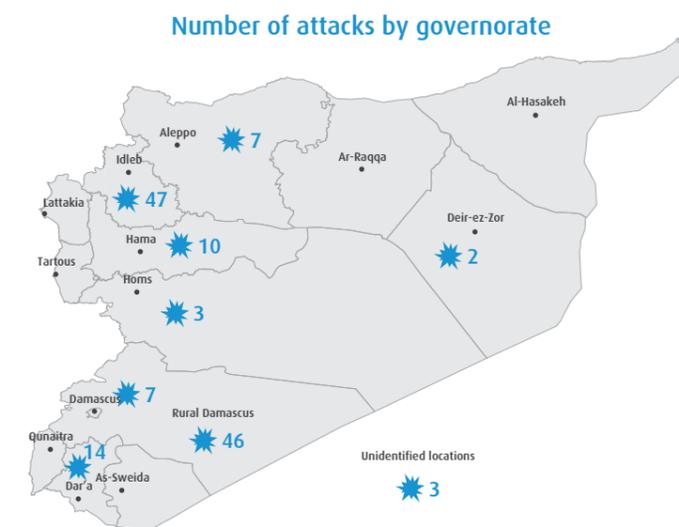
The number of inter-agency convoys inside Syria dropped sharply (17 in 2018 compared with 41 in 2017) as more areas came under government control. At the request of the government, WHO and its UN partners delivered supplies to these locations through their regular programmes rather than through inter-agency convoys.

UN Security Council Resolution 2165 (2014) authorizing the UN and partners to deliver humanitarian aid to people throughout Syria from neighbouring countries provided a lifeline to millions of Syrians. WHO's cross-border operations from Iraq, Jordan and Turkey were crucial to delivering humanitarian assistance to people who could not be reached from Damascus. WHO's hub in Gaziantep accounted for approximately 43% of the total volume of medical supplies delivered by WHO in 2018.

Throughout the year, WHO advocated on behalf of all its health partners for the free passage of medicines, equipment, supplies and personnel to all parts of Syria and the safe passage of critically ill and wounded patients to health care facilities outside conflict zones.

Attacks on health care

WHO uses the Organization's new online system – the global Surveillance System for Attacks on Health Care (SSA) – to track attacks on health care facilities and personnel in Syria. The SSA uses a standardized methodology to allow it to identify global and context-specific trends and allow comparisons between regions and contexts. There were 139 confirmed attacks on health care in Syria in 2018. Syria accounted for the second-highest number of attacks worldwide, second only to the occupied Palestine Territories.



Kafr Nubbol Hospital in north-west Syria after it was damaged in the hostilities.

WHO Gaziantep

⁶ <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>.

139 Total Attacks

101 Killed
Of whom
17 were health care providers
11 were patients

189 Injured
Of whom
44 were health care providers
41 were patients

Impact of attacks

43 attacks
affected personnel

14 attacks
affected patients

42 attacks
affected supplies

112 attacks
affected health facilities

12 attacks
affected warehouses

19 attacks
affected transport

In June 2018, the Al-Ehsan hospital and the E. Ghariyeh blood bank in Dar'a were badly damaged by airstrikes and forced to close. The airstrikes killed one

go unreported so as not to jeopardize the safety of hostages and their families.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_25457



Reported use of chemical weapons

In early April, reports emerged concerning the new use of chemical weapons in the town of Douma in eastern Ghouta. The signs and symptoms reported to WHO were consistent with exposure to toxic chemicals. At the time of writing, the incident is still under investigation by the Organization for the Prohibition of Chemical Weapons (OPCW).

On 24 November 2018, WHO received unconfirmed reports of patients arriving in health care facilities in Aleppo with symptoms consistent with exposure to chemical agents. At approximately the same time, the United Nations Department of Safety and Security office in Syria reported unconfirmed information that several areas of Aleppo city had been shelled with rounds of mortar fire that included an unknown type of gas. According to unconfirmed reports, dozens of patients were admitted to Aleppo's two public hospitals. WHO activated its emergency procedures and immediately distributed supplies requested by the hospitals and the Syrian Arab Red Crescent (SARC). All 122 victims of these attacks were discharged from the hospitals the following day. This incident is also under investigation by the OPCW.

WHO has been helping the country prepare for the management of chemical events since 2012. It has trained more than 900 health care workers (including 265 clinicians in Aleppo and 80 in Idleb) on immediate decontamination, referral, triage and treatment measures. WHO maintains strategic stocks of protective equipment for health care workers and kits of medicines that are distributed to hospitals and medical points that undergo training. The Organization has issued clinical management protocols, distributed personal protective equipment to hospitals and health care facilities, and raised Syrians' awareness of how to protect themselves against exposure and when to seek treatment. WHO's hub in Gaziantep has recently trained 160 first responders in northern Syria on basic measures to respond to the victims of exposure to toxic chemical agents. To help manage Syrian patients evacuated to Turkey, WHO has also trained Turkish medical rescue teams in areas bordering Syria.

WHO reiterates the United Nations Secretary-General's statement that any confirmed use of such weapons, by any party to the conflict and under any circumstances, is abhorrent and a clear violation of international law.



Participants at a training course on preparedness for chemical events practise putting on personal protective equipment.

WHO Gaziantep