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Credit: Lindsay MACKENZIE

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Credit: WHO Syria

FOREWORD

Seven years into the conflict, Syria's catastrophic conflict has driven almost 12 million people from their homes and created the largest refugee crisis in recent history. Approximately 400 000 people have died, over six million have been displaced inside Syria, and over five million have left the country altogether. For the past five years, WHO has classified Syria as a grade 3 emergency – the highest level according to WHO's Emergency Response Framework (ERF). The duration and severity of the conflict make Syria the longest major emergency the Organization has had to tackle since the ERF was introduced in 2013.

The effects of war are long-lasting. Many who survive chemical attacks, mortar explosions, bombings and gunshot wounds suffer life-changing injuries that persist long after the horrifying images have disappeared from television screens and news headlines. Prolonged exposure to horrific acts of violence has left many people susceptible to profound distress. Children are particularly vulnerable; many of them have known nothing but conflict, displacement, distress, hunger and despair.

The sheer numbers of people in need are overwhelming. A staggering two thirds of the population are living in extreme poverty. More than one third have no access to safe water. Rates of acute malnutrition in children under five years of age are growing, leading to potentially lifelong health problems. Over 13 million people require humanitarian assistance. After years of conflict, Syria's economic collapse has led to a descending spiral where people are increasingly unable to meet even their most basic needs.

More than half the country's health care facilities have been damaged or destroyed. As a result, tens of thousands of children and adults injured in the conflict may die unnecessarily or be permanently disabled. People with chronic diseases may die because they are unable to obtain basic medicines that would be readily affordable and available in normal times. Pregnant women are unable to obtain

emergency obstetric care, putting their lives and those of their unborn babies at risk. Many people are forced to travel long distances to reach hospitals; some die before they can reach help. The breakdown of water supply networks leaves many people at risk of potentially deadly diseases such as acute watery diarrhoea and even cholera.

The year 2017 saw an escalation of the conflict in north-east Syria, but brought glimmers of hope in other areas. Ceasefire agreements were reached in four locations, and thousands of people in besieged areas were allowed to leave under local agreements. However, in many other parts of the country, the situation was as grim as ever. Hundreds of thousands of people in East Ghouta have remained under siege since 2013. In late December 2017, some critically ill patients were allowed to leave East Ghouta for medical treatment, but for others the authorization came too late. Over 400 000 people in Syria remain confined to besieged areas, where they are not allowed to leave and humanitarian assistance is rarely permitted to enter.

In late December 2017, the United Nations Security Council renewed Resolution 2165, which authorizes cross-border and cross-conflict-line humanitarian access to Syria for another twelve months. The new resolution (2393) authorizes UN humanitarian agencies and their partners to continue to deliver aid to Syria through border crossings in Iraq, Jordan and Turkey. Until a political solution is found, WHO's main office in Damascus and its hubs in Gaziantep (Turkey) and Amman (Jordan) will continue to work with partners to bring humanitarian health assistance to the people of Syria by all means possible.

Elizabeth Hoff

1. SITUATION IN 2017

Overview

North-east Syria, much of which was under the control of the Islamic State of Iraq and the Levant (ISIL), was the focus of intense fighting in 2017. Health care services in all three north-eastern governorates¹ were severely disrupted, leaving civilians caught up in the conflict more vulnerable than ever. Hundreds of thousands of people were displaced, many of them more than once, as they sought to escape shifting battle lines.

Following the start of the offensive to recapture Ar-Raqqa city from ISIL in June 2017, tens of thousands of civilians fled. Up to 15 000 civilians remained trapped in the city in increasingly desperate conditions. The city was retaken in October 2017, but it had been utterly devastated. Its main hospital had been destroyed in an airstrike, and all other hospitals had been forced to shut down due to military activity in the area. Thousands of civilians in the neighbouring governorate of Deir-ez-Zor were displaced following intensified military operations. In early September, government forces finally broke ISIL's three-year siege on parts of Deir Ez-Zor city, but it too lay in ruins.

The acute insecurity caused by the fighting meant that most areas in north-east Syria were off-limits to humanitarian agencies. Nonetheless, a WHO team managed to travel to rural areas in Ar-Raqqa and Al-Hasakeh governorates in July to assess the situation

at first hand. The team's mission was to identify the hospitals and health care facilities to which patients could be referred, and explore ways of setting up triage mechanisms and evacuation routes for wounded patients. Alarming, it found that there was only one trauma stabilization point in the whole of Ar-Raqqa governorate. (Trauma stabilization points are essential because they give patients rapid access to life-saving first aid and advanced resuscitation techniques. Once stabilized, patients can then be transferred to other medical facilities for treatment.)

By the end of the year access to north-east Syria had improved but the situation remained extremely challenging due to the continuing shortage of functioning health care facilities and the overall insecurity. As 2017 drew to a close, over 80 000 internally displaced people (IDPs) were living in makeshift camps and spontaneous settlements in bitterly cold conditions, with access to only rudimentary health care.

In the south of the country, 50 000 people, 80% of whom were women and children, remained trapped between Syria and Jordan following a decision by the Jordanian authorities to close the border. Humanitarian access to this area remains very limited, and reports indicate very high rates of diarrhoeal disease among children and increasing rates of common infections.

¹ Ar-Raqqa, Al-Hasakeh and Deir-ez-Zor.



IDPs in a makeshift settlement in Al Malha area, Ar-Raqqa governorate.

Credit: WHO Syria

The health impact of the crisis

At the end of 2017, more than half the country's hospitals, clinics and primary health care (PHC) centres were only partially functioning or had been damaged beyond repair. Millions of people had no access to health care or had to travel long distances to obtain it. Many hospitals were working at minimum capacity in extraordinarily difficult conditions, with frequent electricity cuts, dwindling fuel supplies, broken equipment and extreme shortages of medicines and medical staff. International sanctions on Syria meant that critical spare parts could not be imported to maintain or repair essential medical equipment. Patients resorted to sleeping in hospital corridors and stairwells because there were not enough beds for them.

Referral services for trauma care, emergency obstetric care and surgical services were wholly

inadequate. Frequent attacks on hospitals and clinics severely limited patients' ability to obtain any kind of health care. Many patients were too fearful to make the journey. The collapse of water supplies and sanitation networks also had a dramatic impact on health. Growing levels of extreme poverty further exacerbated the situation, and many people were forced to choose between paying for health care or buying other necessities such as food and clean water.

In 2017, WHO shipped medicines, supplies and equipment to almost 1300 hospitals and health care centres throughout Syria, providing a lifeline to many ill and wounded civilians. Page 36 of this report describes WHO's work maintaining the medical supply chain.

Disease outbreaks

In 2017, measles outbreaks affecting thousands of children were reported in all 14 governorates of Syria². An outbreak of circulating vaccine-derived poliovirus was detected in March 2017, but rapidly contained.

WHO, UNICEF, the Syrian Arab Red Crescent (SARC) and local health authorities conducted several mass emergency vaccination campaigns to safeguard Syria's children. WHO supported two national measles vaccination campaigns that reached almost 4.8 million children.

Access to north-east Syria was extremely difficult in the first half of the year. Despite these constraints, WHO and its partners managed to vaccinate over 315 000 children in rural Deir-ez-Zor against polio during a national vaccination campaign in March 2017. They also reached over 45 000 children in one area of conflict-torn Ar-Raqqa governorate. Page 30 of this report describes these vaccination campaigns in more detail.

Leishmaniasis

Cutaneous leishmaniasis, caused by the bite of certain sandflies, is a growing health problem in Syria. The disease is associated with population displacements and poor sanitation. Sandflies are attracted to crowded areas because they provide a good source of blood-meals. Overcrowded IDP camps with rudimentary living conditions and poor sanitary facilities provide ideal conditions in which sandflies can breed and prey on humans.

Cutaneous leishmaniasis usually produces disfiguring ulcers on exposed parts of the body such as the face, arms and legs. Patients may have a large number of lesions that can cause serious deformities. WHO has ordered 100 000 vials of meglumine antimoniate to treat leishmaniasis and has supported the establishment of a medical post in Ain Issa camp (Ar-Raqqa governorate) to treat leishmaniasis patients. WHO also procured 56 000 insecticide-treated bed nets, an effective preventive measure, for distribution to households in the most affected areas, and supported the treatment of around 41 000 leishmaniasis patients.



A child with leishmaniasis in rural Hama.

Credit: WHO

² Thousands of children were clinically diagnosed as having measles; 733 cases were confirmed through laboratory tests (compared with only 85 confirmed cases in 2016).

Access to besieged and hard-to-reach areas

Over 400 000 people in areas that have been besieged since 2013 continue to have very little access to the basic necessities of life. With few exceptions, civilians cannot leave these areas, and humanitarian aid workers cannot enter. Another 2.5 million people who live in hard-to-reach areas^[1] are denied regular access to life-saving humanitarian assistance including health care.

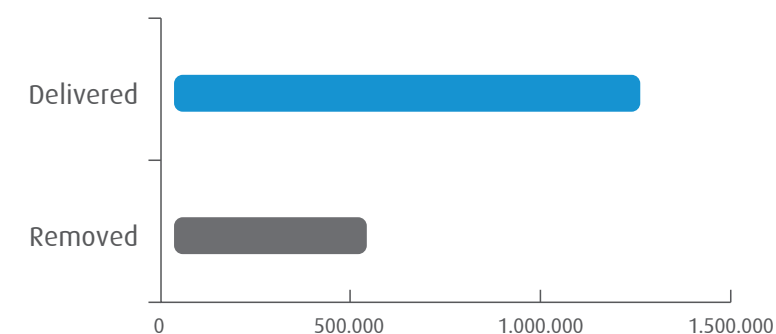
Much of the territory controlled by ISIL in 2016 was retaken by government forces in 2017, but access to the remaining areas continues to be extremely difficult. In 2017, WHO was able to implement limited

vaccination campaigns in these areas after prolonged negotiations with health authorities, but the situation remains precarious and unpredictable.

Inter-agency convoys to besieged and hard-to-reach areas

The number of humanitarian convoys authorized to enter besieged and hard-to-reach areas decreased sharply (from 69 in 2016 to 41 in 2017). Even when convoys were authorized, government forces routinely removed life-saving medical items such as anaesthetics and trauma supplies.

Treatments delivered versus treatments removed from inter-agency convoys in 2017



For example, in August 2017, WHO loaded 12 tons of medicines and medical supplies on an inter-agency convoy destined for the besieged town of Douma; this was the first inter-agency convoy authorized to enter the town in over three months. Government forces removed ten tons of WHO supplies³, allowing only two tons to be delivered.

^[1] The UN defines hard-to-reach areas in Syria as those that are not regularly accessible to humanitarian actors due to access constraints (for example, because there is active conflict in the area).

³ Supplies removed by military forces are immediately restituted to WHO, which returns them to its warehouses. WHO can then deploy the supplies to other locations based on needs.

Medical evacuations from besieged areas

Throughout 2017, WHO continued its efforts to secure life-saving health care for critically ill patients in besieged areas, especially East Ghouta which has been under siege since 2013. WHO advocated for three basic elements to be put in place: (1) sustained access to all besieged areas; (2) a system to evacuate critically ill patients; and (3) better protection of health care facilities and staff inside East Ghouta. Page 24 of this report describes WHO's advocacy efforts on behalf of the people of East Ghouta.

The "Whole of Syria" approach

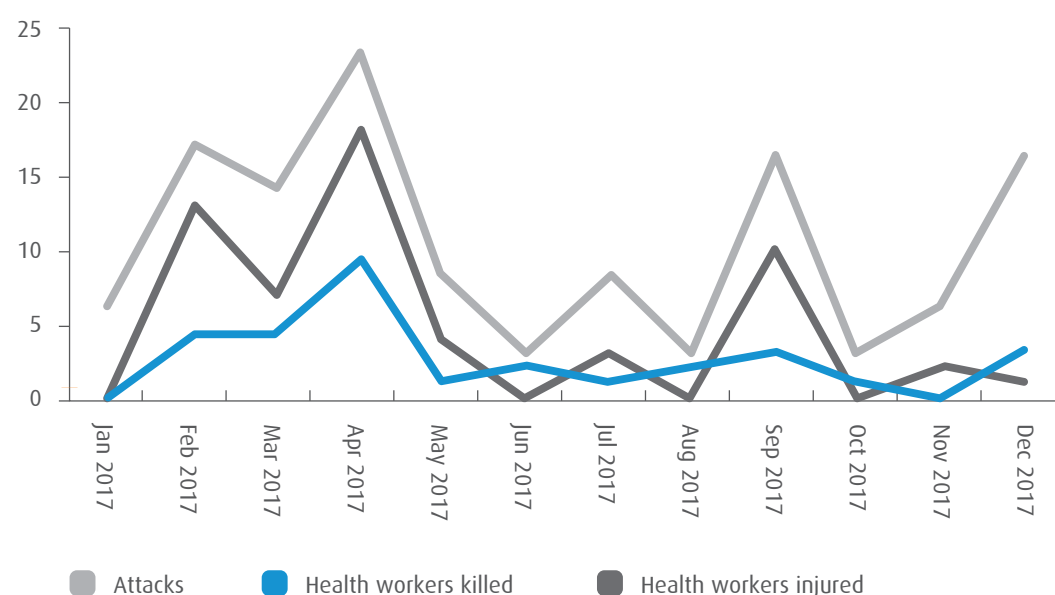
Under the "Whole of Syria" approach, WHO's main office in Damascus and its hubs in Amman (Jordan) and Gaziantep (Turkey) worked to bring humanitarian assistance to people in all parts of Syria. WHO's hub in Amman worked with partners in south Syria, and the hub in Gaziantep was responsible for the parts of north-west Syria that could not be reached from Damascus. Page 44 of this report describes the work of each office.

Attacks on health care

WHO defines attacks on health care as any act of verbal or physical violence that obstructs or threatens to interfere with the availability and delivery of health care services during emergencies, and/or with patients' access to health care. Attacks can include bombings, looting, robbery, hijacking, shooting, the forced closure or military takeover of facilities and the abduction of health care workers.

The targeted destruction of health care facilities in Syria is unprecedented. In the first half of 2017, there was a 25% increase in attacks against health care facilities compared with the same period in 2016. By the end of the year 123 attacks against health care facilities and ambulances had been verified. A total of 88 health care workers were killed or injured in these attacks.

Monitoring violence against health care - Syria 2017



These attacks have an immediate impact on hospitals and the patients they serve. For example, shortly after the chemical attack on the town of Khan Sheikhoun in April 2017, the only nearby functioning hospital was shelled and forced to close temporarily, depriving civilians caught up in the attack of emergency health care.

In September 2017, three hospitals and several ambulances in Idlib governorate were hit by airstrikes within a few hours of each other, killing one health care worker and severely injuring another. All three hospitals suffered significant structural damage and were forced to close. These facilities, which had been serving approximately 16 000 people per month, are no longer functional. Two paramedics in Hama governorate were killed when two ambulances came

under fire. In December 2017, there were 16 separate attacks against health care facilities.

WHO has repeatedly and forcefully condemned attacks on health care. On 19 September 2017, it released another statement⁴ condemning the attacks in Idlib and Hama governorates and calling on all parties to the conflict to protect civilians and civilian infrastructure as required under international humanitarian law.

The dangers faced by humanitarian workers were the theme of World Humanitarian Day on 19 August 2017 (#NotATarget). Dozens of health care workers in Syria held "I am not a target" signs to underscore the issue of attacks on hospitals, clinics and staff.



A pharmacist in north-west Syria participates in the #NotATarget campaign. When WHO's office in Gaziantep asked its health partners in north-west Syria for photos, it received a strong response.

Credit: Health Cluster, Gaziantep

⁴ <http://www.who.int/mediacentre/news/statements/2017/attacks-hospitals-Syria/en/>.

WORLD HUMANITARIAN DAY 2017



Ibtisam Salam Alaik works at Al-Zebdeyeh PHC centre in Aleppo, where she has been vaccinating children for over 15 years. When the fighting in one area of the city meant it was too dangerous to remain, she moved to other parts of the city to continue her work. Ibtisam says that vaccination services have picked up since the fighting ceased in Aleppo. "People are bringing their children to be vaccinated again", she says. "The whole point is to feel safe."

Credit: WHO

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_25982



Delivering vaccines in Syria's conflict zones is highly dangerous, as Hasan Kassar knows all too well. "At the height of the conflict in Aleppo, we did our best to deliver vaccines to eastern Aleppo. Unfortunately, it simply wasn't possible because the fighting was so intense and because parties on the ground wouldn't let us in. Health care workers including me came under fire on more than one occasion."

Credit: WHO

Maher Hamzeh Abdul Kader has worked for Syria's national emergency services for 22 years. In 2015, he was shot in the back twice while distributing blood bags in East Ghouta. "Luckily, I survived", said Maher. "I've had several operations over the past five months, but I'm back doing what I want to do: helping ill and injured fellow Syrians."

Credit: WHO

