HEALTH CLUSTER BULLETIN
November 2017

Turkey Cross Border

Emergency type: complex emergency
Reporting period: 01.11.2017 to 30.11.2017

12.8 MILLION IN NEED OF HEALTH ASSISTANCE
700 000 CHILDREN <5 DEPRIVED OF VACCINE
6.3 MILLION INTERNALLY DISPLACED
4.54 MILLION BESIEGED AND HARD-TO-REACH

(All figures are for the Whole of Syria)

HIGHLIGHTS

- In November 2017, five verified incidents of violence against the health care infrastructure were reported, resulting in the deaths of at least five people.

- In November 2017, 616 doctors, nurses, midwives and community health workers were trained by Health Cluster partners.

- Health cluster partners vaccinated more than 720 000 children with the oral polio vaccine (OPV) in November.

- More than 500 hundred of patients suffering from critical medical conditions are waiting to be referred out of Eastern Ghouta to receive specialized medical treatment.

- The Health Cluster partner, UOSSM started supporting health governance in Syria, by providing salaries and operation costs for the health directorates of Idlib, Hama and Rural Damascus, and health facilities run by these directorates.

HEALTH SECTOR

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<th>61 HEALTH CLUSTER PARTNERS</th>
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<td>MEDICINES DELIVERED(^1)</td>
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<td>80 567 TREATMENT COURSES FOR COMMON DISEASES</td>
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<td>FUNCTIONING HEALTH FACILITIES</td>
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<td>FUNCTIONING FIXED PRIMARY HEALTH CARE FACILITIES</td>
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<td>FUNCTIONING HOSPITALS</td>
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<td>MEDICAL PROCEDURES IN BESIEGED AND HARD-TO-REACH AREAS</td>
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<td>VACCINATION</td>
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<td>CHILDREN AGED &lt;5 VACCINATED(^2)</td>
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<td>HEALTH CARE WORKERS(^3) TRAINED</td>
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<td>DISEASE SURVEILLANCE</td>
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<td>SENTINEL SITES REPORTING OUT OF A TOTAL OF 494</td>
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<td>FUNDING $US(^4)</td>
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<td>RECEIVED IN 2017</td>
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\(^1\) Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northern Syria.
\(^2\) Routine immunization with pentavalent vaccine.
\(^3\) Medical staff and community health care workers.
Situation update

Idleb governorate witnessed an increase in the IDP arrivals as compared to October because of heightened clashes and insecurity in Hama and Aleppo, with 75% of all IDPs arriving in Idleb from these governorates. More than 40,000 IDPs arrived in Idleb during the month of November mostly from Daret Azza, As Saan and Oqeirbat. The IDPs arrived at Dana, Ma’arrat An Nu’man, Sanjar and Saraqeb.

The existing health systems in Idleb governorate are under severe stress due to continuous influx of IDPs.

Public health risks, priorities, needs and gaps

Communicable diseases

The trend of diarrheal diseases is within the expected range, the age distribution shows that more than 50% of the reported cases are in <5 years old age group. In addition to the regular update of the cholera risk scale map, the Early Warning, Alert and Response Network (EWARN) team is monitoring any conversion in children aged >5 years to those aged <5 years as a warning sign of a possible cholera outbreak.

The incidences of ILI and SARI observed among the affected population are within the seasonal baselines, with the increase of ILI trend we need to keep monitoring the situation closely. Therefore, the trends on subnational level are monitored regularly to investigate and respond to any possible outbreak.

Due to the continues displacement and movement of IDPs, there is heightened risk of exposure of the children and elderly to cold weather and contracting infectious diseases.

Needs and gaps

The health cluster members are underfunded. There are gaps in the delivery of essential package of primary health care services.

- More than 550 critical patients are awaiting approval for evacuation from East Ghouta for advanced medical care to save their lives
- Shortage of anaesthetics, medicines and medical supplies to treat chronic diseases and cancer patients, consumables for patients with renal failure, orthopaedic consumables and nutritional supplements and supplies.

The following health facilities in Idleb governorate are running at low capacity and need urgent support:

- Three hospitals - Al Kindi, Owdai, Al Hikma
- Four primary health care facilities – Green Idleb, Sarmada, Armanaz, Abi Thar Al Gifari

Fig. 1. Trends in the priority diseases for weeks 35–47 of 2017
A – ILI; B – SARI; C – diarrhoeal diseases (acute bloody diarrhoea, acute diarrhoea and acute watery diarrhoea); D – leishmaniasis.
Source: EWARN.
Health Cluster action

Health Cluster coordination

The Health Cluster conducted two coordination meetings in November. Among the issues discussed were: medical waste management, ambulance system communication network, HRP 2018 health projects and revisions, disposal of unwanted/expired “pharmaceuticals”, progress of the mHGAP program, attacks on health care, health situation in east Ghouta, performance of technical working groups etc.

Support to health service delivery

In November, Health Cluster partners provided 1,039,836 outpatient consultations and supported 32,114 hospital admissions. 8612 people living with disabilities were supported with rehabilitation services.

Routine immunization. The expanded programme of routine immunization was revitalized in seven additional health centres in northern Syria, making a total of 53 operational centres by the end of November.

Health services: Supported by Islamic Relief, Idleb Health Directorate (IHD) has started operating three mobile hospitals in Abu Dhuhoor and Al Rouj. The Directorate has been handed over six ambulances by UOSSM to strengthen the ambulatory system attached with four hospitals.

Cluster partners of Turkey hub are present in 09 governorates, 31 districts, 84 sub-districts and 275 communities in northern Syria providing support to 355 health care facilities, including 76 mobile clinics

As of November, 53 primary health care facilities are providing services of expanded programme of routine immunization

Find out more

https://www.facebook.com/
healthclusterturkeyhub
Monitoring of violence against health care

In November 2017, 19 incidents of violence against health care were reported. Of these, five have been verified and 14 others are still being verified (nine out of them are in besieged and hard to reach areas). Among the verified attacks, one incident was identified on a specialized surgical hospital in Rural Damascus (Eastern Ghouta). Another one on a primary health care center in rural western Aleppo, while a third attack resulted in complete destruction of an ambulance system center having three ambulances.

In total, from January to November 2017, 96 verified incidents of violence against the health care infrastructure were reported. For more details, see the Monitoring violence against health care, November report, 2017.

Plans for future response

The Health Cluster response priorities for next 3 months are:

1. Ensure continuity of quality health care at a primary and secondary health care level with focus on acute trauma care, referral pathways, maternal and child health.

2. Reinforcing capacity of existing health facilities.

3. Strengthen and enhance disease surveillance - EWARS

4. Support rehabilitation of people with disabilities.

5. Improve access to health services by supporting community resilience, and strengthening institutional capacity by trainings and refreshers.

6. Improved communication between health actors.

Capacity building

During November 2017, Health Cluster partners have trained a total of 616 health staff in diverse topics, namely:

- WHO Gaziantep trained 90 doctors, nurses, midwives and surgical assistants in methods to prevent infection
- Case definitions and case management
- Rational use of drugs

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https://www.humanitarianresponse.info/en/operations/stima/health