Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northern Syria.

Routine immunization with pentavalent vaccine.

Medical staff and community health care workers.

Situation update

Most ISIS fighters have surrendered in Al-Raqqa and most of Al-Raqqa city has been taken from ISIS. The Syrian regime has taken the control of much of Deir-ez-Zor. An estimated 120,000 people were displaced from areas of Deir-ez-Zor governorate on the border with Iraq. Medical response in Raqqa and Deir-ez-Zor is being handled through Damascus and NES Working group.

The East Ghouta medical evacuation plan, to transfer critically ill patients to key referral hospitals in Damascus, Rural Damascus and Idlib governorates, has remained unapproved.

Public health risks, priorities, needs and gaps

Communicable diseases

The trend of diarrheal diseases shows a slight increase in the seasonal trend and 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 the sub-national level are monitored regularly to investigate and response to any possible outbreak.

Due to the military operations in Ar-Raqqa and Deir EzZor governorates some of the sentinel sites either stopped or re-allocated to other areas, EWARN team is continuously mapping the newly established settlement to add any new suitable health centers to the network.

Needs and gaps

In besieged area of Eastern Ghouta, there is dire need of:

- Anaesthetics
- Medicines and medical supplies to treat chronic diseases and patients suffering from cancer
- Medicines and consumables for patients with renal failure
- Nutritional supplements

The assessment of Zoghra IDP site showed the need for improving the water quality and increasing the quantity, conducting hygiene and health education campaigns, improving the sanitation services and distribution of hygiene kits and Aqua tabs to the community beside strengthening existing health care services including mother and child health.
Health Cluster action

Health Cluster coordination

The Health Cluster conducted two coordination meetings in October. Among the issues discussed were: needs and gaps in northwest Syria and Rural Damascus, support to ambulance system, medical evacuation from Eastern Ghouta, outbreak response to Acute Jaundice Syndrome, routine immunization and polio campaigns, de-confliction, health sector response plan for HRP 2018,

Support to health service delivery

In October, Health Cluster partners provided 1,060,770 outpatient consultations and supported 34,794 hospital admissions. 7476 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 46 operational centres by the end of October.

Displacement from Ar Raqqa and Deir ez Zor. The displacement from Ar Raqqa and Deir ez Zor continued throughout the month within the governorates and to Idleb and Aleppo. More than 75,000 people were displaced to northwest Syria- Idleb, Hama and Aleppo. The medicines and medical supplies were prepositioned and the delivery of primary health care and trauma care was strengthened to address the critical health needs of additional IDPs.

Support to health partners: 11 health partners were allocated USD 4 million under HPF 2nd Standard Allocation to deliver primary and secondary health care in Idleb, Aleppo, Hama and Rural Damascus through more than 20 health facilities – primary health care centres, mobile clinics, general hospital and ambulatory services.

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 October, 46 primary health care facilities are providing services of expanded programme of routine immunization

Find out more

https://www.facebook.com/healthclusterturkeyhub

Health Cluster Partner provide health care for a patient
Photo: Syria Relief and Development

Cholera training Gaziantep Turkey
Photo: WHO Turkey
Monitoring of violence against health care

In October 2017, six incidents of violence against the health care infrastructure were reported: three of them were verified. The three verified attacks affected a specialized physical rehabilitation center. The other one on a primary health care center in Rural Damascus (Eastern Ghouta) and the third an on-duty pharmacist was killed in Ar-raqqa city, Al-Tawasouyiah neighbourhood because of an attack in the area.

In total, from January to October 2017, 91 verified incidents of violence against the health care infrastructure were reported. For more details, see the Monitoring violence against health care, October report, 2017.

Capacity building

During October 2017, Health Cluster partners have trained a total of 1056 health staff in various topics, namely:

- Cholera case definition, case management, sampling, surveillance and reporting mechanism
- District health information system
- Immunization, including routine and intravenous polio vaccine administration
- Chemical agent preparedness and response

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

(3) Support rehabilitation of people with disabilities.

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

(5) Improved communication between health actors.

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