



**Draft, the Minutes of Health Working Group Meeting, Syria  
8 May (Tuesday), 10:00 – 12:00**

**Present:** Medair, SARC, Al Sham, MSJM, Dorcas, Canadian Red Cross, Al Tamaoyoz, Triangle, Rescate, ICRC, EU Delegation, IFRC, UNICEF, UNFPA, UNRWA, UNHCR, WHO, protection sector, health sector coordinator

**COORDINATION**

**Response to eastern Ghouta**

Based on the presentation by the surge response health sector coordinator for eastern Ghouta and discussions during the meeting:

*Service delivery EG shelters:*

- All eight shelters are covered by fixed and mobile teams providing ambulance/emergency services, OPD, RH and child, and mental health services.
- Consultation numbers are high, total # of consultation per day reaches 10% of shelter population consulting daily in one of the services.
- No EWARS alerts in last 2 weeks.
  - SARC has an established presence of 3 Emergency Health Points in 3 of 8 shelters. The process of recruitment of long-term staff is under the process. One EHP in Najha shelter is to be opened. SARC procures the necessary equipment, drugs and consumables. At this stage each EHP provides an average of 300 consultations a day. Earlier mobilized mobile health units from Homs and Sweida for eastern Ghouta have been reassigned for the response in northern Homs.

*Challenges in shelters:*

- Coordination and collaboration between health care providers in each shelter.
- High utilization rate of health services with continued high number of consultations per team per day (Sphere standard <50 consultations per doctor per day).
- Referrals of non-life threatening conditions limited. Need for dentistry and X-ray services.
  - SARC reported on the increasing number of children identified in need of mental health support (e.g. high number of children with enuresis). There is a high number of children detected with prosthetic related problems (e.g. a high number of children with amputations).
  - Al Tamaoyoz and SARC mentioned frequent cases of insects and scorpion bites.
  - There is a number of detected cancer patients not being able to be hospitalized for repeatedly required treatment.
  - SARC highlights that referral of patients though in place but faces a number of challenges mainly linked with receiving the necessary approvals from the authorities, nature of continuously changing rules to take a patient outside the shelter (e.g. SARC first aid team members are requested to sign papers as guarantors of the return of the patient to the shelter upon completing the treatment).

*Challenges inside eastern Ghouta:*

- DoH, SFPA, Al Sham assoc. for health and MSJM provide mobile clinic services in eight locations in EG.
- No access by UN agencies to date. WHO, SARC, MoH assessment still pending.
- High level interagency (Heads of Agencies) visit approved for the 8th of May.
- One EWARS alert, 2 suspect measles in Saqba, under investigation.
  - MSJM reports on the number of patients identified with acute Jaundice, brucellosis, etc.

- UNICEF informed that vaccination activities have been so far covered various areas across eastern Ghouta.

#### ***Recommendations to consider:***

- Stationary points for dentistry and X-ray in one of the shelters. WHO and UNFPA – to report further on undertaken activities to enhance provision of dental services across eastern Ghouta (including plans for reactivation of dental mobile clinic by MoE (WHO) and procurement of 4 dental mobile clinics for MoE (UNFPA).
- Weekly meetings between healthcare providers in shelters.
- Use of family health card and/or patient card to better track patients between services. Clarity is required with availability of MoH templates of patients' cards for different categories of patients.
- Health sector is to support SARC and DoH Rural Damascus with a comprehensive assistance (consumables, assistive devices, etc.) to address the needs of people with disabilities, especially children.
- With all identified patients in need of cancer support, health sector is to address WHO technical units (secondary health and national NGO coordination) to coordinate further with authorities the treatment and hospitalization of these patients.
- Functionalization of the hospital in Kafr Batna is to take place to enable provision of enhanced health service provision within eastern Ghouta.
- Further follow up with OCHA and UNHCR on opening of any new IDP shelters to de-congest the existing 8.

#### **Health sector planning and response to northern Homs**

- Following the evolving situation in northern rural Homs, health sector operational plan was developed.
- Earlier the health sector was requested for inputs (by 6 May) if covering Homs and Hama areas with the potential response capacity to the displacement from northern rural Homs and host community in Homs and Hama.
- Feedback was mandatory from WHO, UNICEF, UNFPA, UNHCR, UNRWA, Dorcas, GOPA, Medair, MSJM as operational in Homs area. Received from WHO, UNICEF, UNFPA, Dorcas and MSJM.
- Homs hub updated information on the capacity and readiness of the present national NGOs to contribute to the response: Aoun, Shabab Al Khir, Child Care, Al Afia Fund, Al Bir, Khaled Ibn Al Waleed, Al Shaheed foundation, Adoud Al Fukaraa, Palestinian, Inshaat Kareem, Bab Esseba, Sanabel, Al Hadi, SFPA.
- Similar update of the capacity of national NGOs based in Hama was received.

The details of the plan were presented.

On 07 May 2018 at or about 20.00 hrs, local media sources reported that:

70 buses carrying NSAGs departed Ar Rastan and Talbiseh towns, as part of evacuating the first batch from Homs northern/Hama southern countryside. Buses departed with about 3200 people on board, heading to Idlib.

- SARC provided departing people with essential food (bread, water, sandwiches)
- SARC provided the evacuation point with mobile toilets and water tanks.
- Medical team from SARC contains of paediatrician, internal and gynaecologist doctors, providing health services to evacuated groups.
- 3 ambulances from SARC at the evacuation point to transport patients to the other side. Medical evacuation for 14 patients by ambulances to Idlib.
- 362 children were vaccinated with OPV and 40 children out drop with routine vaccines by mobile vaccination team of DOH.
- 25 pregnant or newly delivered women.
- One child 18 months age was admitted in Kindy hospital (Albir) in Homs city.

SARC informed two established humanitarian corridors in Ar Rastan and Talbiseh. There is no further news on opening any IDP shelters. SARC is expected to be fully deployed for this response within this one week.

***Follow up:*** all health sector response activities are to be coordinated through Homs hub (Dr Nadia Aljamali, head of sub-national health sector).

#### **Health sector response plan for north-east Syria**

Feedback was provided earlier to OCHA and Qamishli AHCT on the updated health sector response plan for north-east Syria. The details of the plan were presented (attached).

**Follow up:** WHO and UNICEF – to discuss existing modalities for obtaining approvals from the national authorities to road deliveries of health supplies to Qamishli from elsewhere.

### **Health sector coverage of north-east Syria (Al Hassakeh, Ar Raqqa and Deir-ez-Zoir governorates)**

Updated health sector coverage of key locations in north-east Syria was presented and shared.

### **WoS Ar Raqqa city strategic response plan**

Upon the request of the WoS team, Ar Raqqa city strategic response plan was updated. The plan was presented and shared (attached).

### **Reaching out from “Damascus” with health support**

Lately there have been different deliberations and questions on the work and activities of “Damascus based” humanitarian organizations focused only for and support GoS controlled areas.

**Follow up:** All health sector organizations are requested to consider the following below and shared any developed reporting mechanisms on covering HTR areas:

**1. Distribution of people in need in different areas of control** (below provided information requires update for May 2018)

- 7.3 million (55%) of people living in GoS controlled areas.
- 3.4 million (26%) of people living under NSAG control.
- 1.3 million (9%) of people living under SDF and allied forces.
- 500,000 people in contested areas
- 300,000 people in ISIL controlled areas
- 300,000 people in areas under unclear influence

**2. Health response to multiple and simultaneously evolving emergency situations across the country:**

- Current response: Eastern Ghouta, Afrin displacement, North-east Syria (Al Hassakeh and Ar Raqqa governorates)
- Immediately planned response, (1-3 months), in association with possible deterioration in the security situation: Southern Damascus, South-west Syria (Dar’a and Quneitra), Northern Homs (Ar-Rastan, Tabliseh, Al-Houla), Idleb.

As conflict lines shift, majority of population who used to live in NSAG controlled areas, have continued to stay in their homes and equally requiring continuous access to social services, including health.

The latest ad-hoc update on besieged and hard-to-reach communities: As of 26 April, the UN estimates there are 2.05 million people in need in hard-to-reach locations including 11,100 people in besieged locations (3,000 in Yarmuk; 8,100 in Foah and Kafraya). (*Note: situation around Yarmuk and Foah/Kafraya has been rapidly evolving in May 2018 and a change of control is expected for both areas*).

	<b>December 19, 2017</b>		<b>February 28, 2018</b>		<b>April 26, 2018</b>	
Besieged	417,566		413,920		11,100	
Hard-to-reach	2,485,997		1,919,223		2,039,223	
- ISIL	485,800		138,646		138,646	
- Other	1,181,915		1,247,704		1,297,704	
- Military Encircled	818,283		532,872		602,872	
	<b>2,903,563</b>		<b>2,333,143</b>		<b>2,050,323</b>	

The latest maps of HTR locations (26 April) and operational access (5 April) were presented.

“Damascus based” health sector partners aim to reach out at maximum to the population living not only in the remaining besieged but HTR locations (2,039,223). As an example, a comprehensive health program in North-East Syria (Ar Raqqa, Al Hassakeh and Deir-ez-Zoir governorates) categorized as HTR has been launched by now.

Some latest concrete examples of WHO Syria assistance in HTR areas:

- Emergency response to typhoid outbreak: 1116 suspected typhoid cases in Al Hol camp in Al Hassakeh governorate (1 March – 17 April 2018). 366 cases were positive via Widal test).
- Emergency response to measles outbreak: 1863 measles cases have been reported in 2018 across the country and mainly in north-east Syria as HTR areas
- Outbreak response to detected cases of acute water diarrhea with mortality cases in Kurdish controlled part of Deir-ez-Zoir governorate.
- Planning and response for identified 400 TB patients who need continuous medical treatment in Turkish occupied and NSAG controlled areas.
- Enabling referral services for seriously ill or wounded patients who require further hospitalization from Afrin displacement (HTR areas) to Aleppo city.
- In addition, traditionally our main information systems (HeRAMS and EWARS) have maintained continued presence across the country regardless of the areas of control (including locations under NSAG control).
- Vaccination campaigns have been ongoing throughout the country in almost all HTR areas.

### **3. XL and XB outreach for 2017**

- In 2017, 60% of reported assistance came from within Syria. 12.2% of this assistance was XL to HTR and besieged locations. 40% of reported assistance came from cross border.
- In 2017, 2.8 million people were reached each month from cross-border response out of total of 7.6 million reached on average each month.

### **4. Health sector outreach to HTR and besieged locations:**

- In 2017, 57% of reached sub-districts were in HTR and besieged locations, 62% of total of medical treatments were delivered to HTR and besieged areas.
- In January 2018, 23% of reached sub-districts were in HTR and besieged locations, 50.4% of total of medical treatments were delivered to HTR and besieged areas.
- In February 2018, 27% of reached sub-districts were in HTR and besieged locations, 30% of medical treatments were delivered to HTR and besieged locations.
- In March 2018, 31% of reached sub-districts were in HTR and besieged locations, 28% of medical treatments were delivered to HTR and besieged locations.

### **5. Health sector Syria hub role in advocacy:**

The most important part and role of health sector Syria hub is in:

Health Leadership, including continuous advocacy with the GoS on access to the besieged and hard to reach locations and principled approach on the key health messages based on the needs of the people conveyed constantly at different forums of engaged stakeholders inside and outside of Syria:

- Improving access to essential, life-saving health care. 11.3 million people need health support in Syria
- Stop attacks against health facilities and personnel by all parties to the conflict.
- Discontinue the removal of medical supplies, including surgical items, from UN inter-agency cross-line convoys.
- Displacement of the population is expected which will lead to an increased need for medical mobile teams and mobile health units to be operated by our implementing partners/NGOs.
- Restoration of public healthcare facilities and services must be a priority (More than half of all public health facilities have been damaged or destroyed since the beginning of the crisis).
- Unsafe water and poor hygiene practices among displaced people increase the risk of water- and foodborne diseases
- Unvaccinated children are at high risk of contracting life-threatening diseases such as measles and polio.

## 6. Health sector Syria hub response:

Regardless of the area of control and health governance structure in place, the objective is, in cooperation with authorities and health sector partners, to recover the largely disrupted public health services system in the areas of displacement focusing on key health priority response activities:

- Improve access to basic and advanced health care services.
- Revitalize public health care facilities.
- Deploy mobile medical teams/clinics.
- Provide routine vaccination for children.
- Provide reproductive health services.
- Donate medicines, equipment and supplies to support diagnostic and treatment services in health care facilities and mobile teams/clinics.
- Train health care workers.
- Improve the emergency referral system in public health care facilities, and strengthen preparedness and response levels to improve the management of trauma and other patients.

### Rehabilitation of PHC centers in Ar Raqqa (request from the MoH)

- The RC/HC received a letter from the Ministry of Health requesting to assist in rehabilitation of health facilities in Rural Raqqa.
- The letter (in Arabic) is from Mr Ihsan Abu Hamid, the Deputy Minister. It requests us to look into rehabilitation of health care centers at 7 villages in rural Raqqa (Al Sabkha, Ghanem Ali, AlBu Hamad, Al Namesah, Al Mughaleh, cross road at Jebili, Ma'dan), and providing them with the necessary medical emergency equipment such as Ultra Sound, first aid, etc.

**Follow up:** Health sector is requested to consider the letter and provide feedback to:

- Mr Azret Kalmykov, health sector coordinator ([kalmykova@who.int](mailto:kalmykova@who.int))
- Mr Usman Qazi, Early Recovery Advisor, [usman.qazi@undp.org](mailto:usman.qazi@undp.org)

### Displacement from Foah and Kafraya to Lattakia

- 7000 people are expected to be evacuated all at once to Lattakia governorate.
- Place of accommodation:
  - Rural Area: Al-Basset, at labor chalets (for those who don't have relatives in Lattakia)
  - The City: Squbben & Senjwan areas (for those who already have relatives there)
- Expected arrival date: within two weeks, probably before Ramadan. TBC later
- A separate response plan is in place:
  - Primary screening for all evacuees in their place of accommodation,.
  - Establish a temporary health point at Al-Baset area
  - Prepare one of the rooms in Rasol Al-Azam NGO as a clinic for examination and diagnosis.
  - DOH will conduct primary screening for all children (vaccination), all pregnant and lactated women (health and nutrition status), and need for referrals to the obstetric hospital at Lattakia.
  - Establish the mobile teams:
    - Vaccination team (DOH only) - Squbeen and Senjwan Area and Al-Basset Area
    - Examination Medical team (DOH and NGOs) - Squbeen&Senjwan Area: Child Care NGO + medical team from DOH; Al-Basset Area: Al-Zahraa NGO + medical team from DoH
    - Nutrition surveillance team (DOH and NGOs) - Squbeen&Senjwan Area: SACSNGO + DOH medical team. Al-Basset Area: Al-Zahra NGO+ SACSNGO+ DOH medical team
    - Mental health support teams (NGOs and DOH) - Squbeen&Senjwan Area: Mosaic NGO + DOH team. Al-Basset Area: Mosaic NGO + DOH team

**Follow up:** Request is shared to support with additional supplies. Organizations are requested to consider it.

## TECHNICAL expertise

- Situation update (Acute Diarrhea), Deir-ez-Zoir governorate

An update was provided by WHO (in separate presentation).

## **CORE SERVICES**

- The latest infographic Syrian Arab Republic: 2018 UN Inter-Agency Humanitarian Operations (as of 2 May 2018) was shared. Only 6 IA convoys have been undertaken in 2018 so far.
- At this stage the preparations have been requested for the IA convoy to Talbiseh and Tlul Elhomor (northern Homs).
- There is no access to Yarmouk area by SARC and others. SARC is engaged to transporting patients (medical cases) from YBB to different areas between Idleb and Jarabulus (under the current agreement between the Russian forces and NSAGs). UNRWA reports on its operational readiness to support the population of Yalda, Babbila, Beit Sahn. Health teams have been mobilized by UNRWA. UNRWA is in the process to facilitate the movement of students from conflict impacted areas to take the exams in Damascus.

**Reproductive Health – UNFPA** (A separate update is attached)

### **Updates by health partners (two weeks reporting period)**

WHO – delivered 23 tons of health supplies by road to Qamishli for north-east response.

Medair – a separate update was provided.

UNFPA – enhances further its operational presence across Ar Raqqa governorate. Details are to be provided later.

### **Announcements**

- Feedback to RC/HC office on the assistance to Moudamiya, Rural Damascus: *Organizations were requested to be more active when being requested to provide inputs and updates for supporting specific geographic locations.*
- HeRAMS summary report of 1<sup>st</sup> Quarter 2018 (January – March) for public hospitals
- HeRAMS annual report of 2017 for public health centres in Syria
- Health Cluster Bulletin, April 2018
- Report, WHO public health assessment in north-east Syria
- HPC timeline (OCHA)