May 2022

Syria
Emergency type: Complex Emergency
Reporting period: 01.05.2022 to 31.05.2022

<table>
<thead>
<tr>
<th>Total population</th>
<th>People in need</th>
<th>People in health need</th>
<th>People in acute health need (Severity scale &gt;3)</th>
<th>People targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>21,633,512</td>
<td>14,560,823</td>
<td>12,225,470</td>
<td>3,200,000</td>
<td>7,976,025</td>
</tr>
<tr>
<td>PIN (IDP)</td>
<td>PIN (Returnees)</td>
<td>PIN (Non-displaced)</td>
<td>PIN (Refugees)</td>
<td>PIN (Children 0-17 years)</td>
</tr>
<tr>
<td>4,338,533</td>
<td>47,673</td>
<td>7,839,264</td>
<td>-</td>
<td>5,359,602</td>
</tr>
<tr>
<td>PIN (women)</td>
<td>PIN (with disabilities)</td>
<td>Required (US$ m)</td>
<td>Funded (US$ m)</td>
<td>Coverage (%)</td>
</tr>
<tr>
<td>6,022,040</td>
<td>3,459,454</td>
<td>582.8</td>
<td>26.1</td>
<td>4.5</td>
</tr>
</tbody>
</table>

KEY ISSUES

- 2022 - 2023 Syria HRP
- Joint Consultation on Addressing Public Health Priorities in Syria within the Early Recovery and Resilience Framework, 8 May 2022
- Suspected meningitis outbreak in NES
- Area based response system (ABRS)
- Health sector priorities under first standard allocation of SHF
- Health impact: Anticipated Turkish establishment of “30 km zone” along the border
- Al Hol camp strategy (health segment)
- Access severity vs needs severity
- Accountability to Affected Population
- National COVID-19 vaccination campaign, 22 May – 5 June 2022
- Overview of health sector support with medical equipment

<table>
<thead>
<tr>
<th>2022 HRP indicators (April 2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment courses provided</td>
</tr>
<tr>
<td>Treatment courses provided in areas of severity scale &gt;3</td>
</tr>
<tr>
<td>Medical procedures supported</td>
</tr>
<tr>
<td>Medical procedures supported in areas of severity scale &gt;3</td>
</tr>
<tr>
<td>Cases referred for treatment</td>
</tr>
<tr>
<td>Number of PPE distributed (gloves, masks, gowns)</td>
</tr>
<tr>
<td>Health staff trained/re-trained on different health topics</td>
</tr>
<tr>
<td>Community health workers trained/re-trained on different health topics</td>
</tr>
<tr>
<td>Percentage of reached sub-districts</td>
</tr>
<tr>
<td>Percentage of reached sub-districts in areas of severity scale &gt;3</td>
</tr>
<tr>
<td>Number of operational mobile medical units, including teams</td>
</tr>
<tr>
<td>Number of operational mobile medical units, including teams, in areas of severity scale &gt;3</td>
</tr>
<tr>
<td>Number of reporting organizations</td>
</tr>
<tr>
<td>Number of implementing partners</td>
</tr>
</tbody>
</table>
SITUATION OVERVIEW

Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mr. Martin Griffiths, Briefing to the Security Council on the Humanitarian Situation in Syria, New York, 20 May 2022”:

- Close to US$ 6.7 billion have been pledged for 2022 and beyond during the Sixth Brussels Conference “Supporting the future of Syria and the region”.
- Hostilities, including airstrikes and shelling in north-west Syria, continue to affect civilians, including women and children. Constant care must be taken to spare them.
- The insecurity continues in Al Hol camp. So far in 2022, 13 murders and four attempted murders have been reported in that camp. The situation in Al Hol is a disgrace for the 56,000 civilians living there, the vast majority of whom are women and children. In fact, nearly 10,000 children and their mothers in the north-east are detained in prisons and prison-like camps.
- Fast approaching summer and its scorching heat in most parts of Syria. This will lead to increasing demand for water. Already, water levels in the Euphrates River are dropping to a critically low point. Nearly 5.5 million people in Syria rely on the Euphrates and its subsidiaries for drinking water.

World Health Assembly adopts a Resolution in favor of the occupied Syrian Golan and the occupied Palestinian territories: World Health Assembly stressed the importance of ensuring the availability of psychological, physical and environmental health services and availability of COVID-19 vaccines in an equitable, safe and non-discriminatory manner to the people of the occupied Syrian Golan and to the Palestinians in the occupied territories in accordance with the provisions of international law. This came during the Assembly’s adoption at its seventy-fifth session today of a resolution in favor of the occupied Syrian Golan and the occupied Palestinian territories, entitled “Health Conditions in the Occupied Syrian Golan and the Occupied Palestinian Territories,” by a majority of 77 member states against 14 opposition.

Syrian Foreign and Expatriates Ministry: The so called “safe zone” northern Syria mounts to be a war crime and a crime against humanity. The Kurdish Syrian Democratic Council (SDC) urged Member States of the international anti-ISIS coalition to intervene to prevent Turkey's planned offensive on regions in northeastern Syria.

On 6 May WHO Syria in partnership with the Italian Agency for Development Cooperation and UNDP hosted the virtual side event on Health and the Impact of the Socio-economic Crisis in Syria, followed by the Brussels Conference on Syria on 10 May where donors pledged $6.7 bln ($4.3 bln for 2022 and $2.4bln “for 2023 and beyond”), while international financial institutions also pledged $1.8 bln in loans.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

2022 - 2023 Syria HRP

Full version of 2022-2023 Syria HRP has been shared with the Government of Syria (MoFA) for consultation. One can access the document through the following link: PDF version.

Inter-Agency Humanitarian Evaluation of the Humanitarian Response to the COVID-19 Pandemic in Syria

The Inter-Agency Evaluation of the Humanitarian Response to the COVID-19 pandemic was launched to ensure that learning from this unprecedented global mobilization of humanitarian aid informs future action. The IAHE focuses on the collective preparedness and response of the IASC member agencies at the global, regional and country level in meeting the humanitarian needs of people in the context of COVID-19 pandemic. Its purpose is to assess the results achieved from these actions and identify best practices, opportunities and lessons learned, as well as enabling factors and tools that can be replicated across the humanitarian system. The scope of the evaluation is thus global, based on eight country case studies. Syria has been prioritized as case study to be undertaken tentatively in late May 2022.
The evaluation team will conduct most of the work remotely (desk review, some interviews and focus group discussions) and it will be supported by a national consultant who will conduct the field data collection. The case study will take approximately ten days. OCHA has been appointed as in-country focal point for the evaluation team and Damascus Governorate was identified for conducting the interviews and FGDs.

Health sector separately shared the materials contained at the link for further consideration and familiarization by the evaluation team: https://www.humanitarianresponse.info/en/operations/syria/health

**Joint Consultation on Addressing Public Health Priorities in Syria within the Early Recovery and Resilience Framework, 8 May 2022**

Overall objectives were to build a common understanding on the strategic directions toward health system early recovery and resilience and to build a consensus on the who draft CCS strategic priorities.

Three presentations were shared:

- **MoH:** Health situation, needs, priorities and challenges in light of the National Health Strategy (2023 – 2027)
- **System Thinking for Early Recovery and Resilience in health**
- **Planning for Health System Early Recovery**

Of note, a joint consultation with the Ministry of Health, Syria regarding the Country Cooperation Strategy (CCS), Syria, 2022 – 2024 was conducted. This workshop came as a follow up meeting to the first meeting which held in the 5th of October 2021. The main objective of this session was to review and to build consensus on the WHO draft CCS strategic priorities, considering the current health needs, priorities and challenges in Syria. Participants included programme managers from the Ministry of Health and WHO country office and regional office staff; 26 attended in-person; an additional 19 colleagues attended virtually.

Strategic priority 1. Moving towards Universal Health Coverage (UHC) through policy dialogues and investments ensuring that the health care system will be resilient, accessible and of good quality

- **Health information:** Challenges to reporting on data include indicators, such as for the SDGs, are based on estimates, data sources are fragmented and need to be better managed and coordinated, household surveys are difficult including delay in analysis and reporting. UNICEF is conducting MICS in 2022 which will prove useful. The importance of baseline surveys for the main health indicators as a reference was highlighted as was done in preparing first Voluntary National Report (VNR) on SDGs in 2019 covering the period from 2011 till 2015; the second VNR is currently being prepared.

- **Health workforce:** Health labour market analysis is on-going, however, data regarding health providers is limited and should go beyond MOH sources to include other providers so as to better understand the impact of the brain drain of human resources for health which can guide the development of a health workforce strategy

- **Medicines and Technologies:** Mapping of the pharmaceutical industry is a sensitive issue but there is potential in reactivating a pharmaceutical development plan including building capacity for good manufacturing practices and establishing a national regulatory authority. The greatest barrier is the sanctions which is affecting the pharmaceutical sector including vaccination coverage rates.

- **Health financing:** Developing a health financing strategy is dependent on better data to understand the cost of services like the essential service package and is key in identifying mechanisms for mobilizing resources. Different approaches could also be used to strengthen the national health insurance policy.

Strategic Priority 2. Protecting people from emergencies by strengthening national and sub-national emergency preparedness and response

- **Outbreaks:** A more coordinated approach using a unified systems with other sectors is needed to better respond to outbreaks, which are mostly water-borne diseases and leishmaniasis.

- **IHR:** Plans are underway to conduct the Joint External Evaluation for IHR which once completed would guide the development of a national action plan for health security using a One-health approach and could address key IHR issues emerging from COVID-19 response such as cross-border concerns and points of entry.

- **Emergency case management:** COVID-19 response highlighted the importance of emergency case management of injuries, need for liquid oxygen, and strengthening laboratory capacity.
Strategic Priority 3. Advocating for and building a conducive environment to promote health and well-being

- **Community-based initiatives:** Health volunteers have been very useful in supporting neonatal care at home during the COVID-19 pandemic. The successful health cities/health villages programme was dropped during the crisis and needs to be revitalized.

- **Integrated services:** Greater integration of basic health services is vital for health prevention/promotion. Mental health needs to be better integrated using the MHGap approach.

Monitoring and evaluation framework

- Agreement for a short-list of indicators focusing more on output indicators (process indicators) due to the short timeframe but to include a few outcome and impact indicators.

- Suggestions to expand the list of indicators to include a few more process indicators such as related to JEE and IHR.

The Strategic Priorities and list of indicators were amended to reflect the discussions/

**Suspected meningitis outbreak in NES**

Situation: An increase of suspected meningitis cases (a total of 200) was reported in the NES governorates throughout May 2022.

Ongoing activities:

- Health sector Syria (Damascus and Qamishli) is in close contact with the health cluster in Gaziantep, WoS health team in Amman and XB partners in NES.
- WHO Syria (Damascus and Qamishli) is in a continuous contact with WHO Gaziantep, WHO EMRO teams. Technical consultations take place.
- WHO Syria is in a continuous contact with health authorities on the ground and Damascus, working on the extent of the reported outbreak, its etiology and response.

Some of the immediate follow up actions:

- Support strengthening of routine immunization that contains pentavalent vaccine for Haemophilus Influenza
- Support RRTs for case investigations
- Strengthen clinical case management
- Deployment of RDTs
- Initiate RCCE activities

For more details, please contact directly:
Dr. AL-EMAD, Mohammed alemadm@who.int, a.i. Emergency Team Lead, Damascus, WHO Syria
Dr. IBRAHEM, Oday ibrahemo@who.int, head of WHO sub-office in Qamishli, Syria

**Area based response system (ABRS) as part of Return and Reintegration Working Group**

WHO produced and shared with the RRWG (returns) WHO collected analysis on availability of health services on all areas defined for area-based response system (using existing set of tools (HeRAMS, EWARS, COVID-19, 4Ws, etc.)

Snapshots on health services’ situation in each of those ABRS recommended areas are available.

<table>
<thead>
<tr>
<th>Priority Areas 1</th>
<th>Priority Areas 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damascus/South</td>
<td>Maliha (Damascus/RD)</td>
</tr>
<tr>
<td>Yarmouk/Tadamoun</td>
<td></td>
</tr>
<tr>
<td>Sheikh Miskine (Dara’a)</td>
<td>Kherbet Ghazala (Dar’a)</td>
</tr>
<tr>
<td>Homs</td>
<td>Hafiaya (Mulhradah, Hama)</td>
</tr>
<tr>
<td>Al Qusayr</td>
<td></td>
</tr>
<tr>
<td>Coastal</td>
<td></td>
</tr>
<tr>
<td>Salma and Wata Al Khan (Al Hafta, Lattaki)</td>
<td></td>
</tr>
<tr>
<td>Idleb</td>
<td></td>
</tr>
<tr>
<td>Khan Shaykun</td>
<td></td>
</tr>
<tr>
<td>Aleppo</td>
<td>Haritan</td>
</tr>
</tbody>
</table>
Qamishli  Nazia Ash-Shahad and Sabka city (Ar Raqqa)  
Deir Ez Zoir  Abu Kamal/Julaa (DeZ)  Shiek Yasin (DeZ)  

Health sector priorities under first standard allocation of SHF

As part of the upcoming SHF allocation, health sector was requested to consult sector partners and sub-national sector coordinators to submit the attached sector inputs (for Priority 1 and Priority 2) to the allocation strategy paper by COB, 31 May.

On priority 1 – Health sector draft was submitted and guided by the objectives and geographic coverage for this priority proposed by the Nutrition sector. On priority 2 – Health sector draft was submitted and guided with a focus of this priority on strengthening resilience, including the list of proposed geographic locations for this priority, which is based on the analysis of severity of needs and intersector response reach. If the health sector is to propose different activities or geographic coverage, it is to provide sufficient justifications.

Tentative timeline:

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>19 May</td>
<td>Meeting with sector coordinators on the strategic prioritization for the SHF allocation</td>
</tr>
<tr>
<td>2</td>
<td>19 May – 2 June</td>
<td>Sectors develop inputs to the allocation strategy paper using templates provided by the SHF team</td>
</tr>
<tr>
<td>3</td>
<td>2 June</td>
<td>Deadline for sectors to provide inputs to the allocation strategy paper</td>
</tr>
<tr>
<td>4</td>
<td>5 June</td>
<td>The SHF team consolidates inputs from sectors into a draft allocation strategy paper and shares it with the ISC for review</td>
</tr>
<tr>
<td>5</td>
<td>6 June – 8 June</td>
<td>ISC reviews the draft allocation strategy paper and provides comments back to the SHF team</td>
</tr>
<tr>
<td>6</td>
<td>9 June</td>
<td>SHF team addresses comments from the ISC on the draft allocation strategy paper and sends it to HC for review</td>
</tr>
<tr>
<td>7</td>
<td>12 June</td>
<td>The HC reviews the allocation strategy paper and provides comments back to the SHF team</td>
</tr>
<tr>
<td>8</td>
<td>12 June</td>
<td>The SHF team addresses the comments from the HC on the draft allocation strategy paper and sends it to the SHF Advisory Board for review</td>
</tr>
<tr>
<td>9</td>
<td>12 – 16 June</td>
<td>The SHF Advisory Board reviews the allocation strategy paper and provides comments</td>
</tr>
<tr>
<td>10</td>
<td>19 June</td>
<td>The SHF team addresses the comments from the SHF Advisory Board on the allocation strategy paper and clears it with the HC</td>
</tr>
<tr>
<td>11</td>
<td>20 June</td>
<td>The SHF team launches the allocation</td>
</tr>
<tr>
<td>12</td>
<td>20 June – 4 July</td>
<td>SHF partners develop project proposals for SHF funding and submit them through the online Grants Management System</td>
</tr>
<tr>
<td>13</td>
<td>21 June</td>
<td>The SHF team delivers a briefing for all SHF-partners on the allocation</td>
</tr>
<tr>
<td>14</td>
<td>22 June</td>
<td>SHF conducts first Q&amp;A session for partners and provides guidance on entering projects into the online Grants Management System</td>
</tr>
<tr>
<td>15</td>
<td>20 June – 23 June</td>
<td>SHF staff support sector coordinators in the sectoral meetings on the SHF allocation</td>
</tr>
<tr>
<td>16</td>
<td>26 June</td>
<td>SHF conducts second Q&amp;A session for partners and provides guidance on entering projects into the online Grants Management System</td>
</tr>
<tr>
<td>17</td>
<td>4 July</td>
<td>Deadline for SHF partners for submission of project proposals in the online Grants Management System</td>
</tr>
</tbody>
</table>

Priority needs as defined by the MoH

As a follow up of the joint health sector consultations on 14 April 2022 and national health sector coordination meeting in Damascus on 26 April, the Ministry of Health (23 May) shared as identified priorities to support ongoing response by the national health authorities across the country. This includes various medicines, consumables, equipment, support with rehabilitation.

The respective health sector organizations were requested (within 2 weeks) to review the key needs and respond back directly to the Ministry of Health, Directorate of Planning and International Cooperation (contacts below), copying Azret Kalmykov, on existing capacities and capabilities to support the national health authorities.
Dr Weam Heaidar, Director, Directorate of Planning and International Co-operation, weamheaidar@gmail.com
Dr. Rasha Al Khouri, Directorate of Planning and International Co-operation, racha.khoury.86@gmail.com

Health impact: Anticipated Turkish establishment of “30 km zone” along the border

Health sector was briefed about the necessity of possible consideration of the latest announcement of the Turkish President Recep Tayyip Erdogan on 23 May 2022, that Turkey would launch a new military operation across its southern borders with Syria to create a "safe zone".

To note, the operation will be the fourth of its kind in northern Syria. Earlier operations were the: Euphrates Shield (2016), Olive Branch (2018) and Peace Spring (2019) operations.

A separate overview presenting the impact on availability of health services is developed.

<table>
<thead>
<tr>
<th>Operations</th>
<th>Health centre</th>
<th>Hospital</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Euphrates Shield (Old)</td>
<td>26</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>Olive Branch (Old)</td>
<td>16</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Peace Spring (Old)</td>
<td>13</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Potential in 30 km</td>
<td>71</td>
<td>2</td>
<td>73</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>126</strong></td>
<td><strong>6</strong></td>
<td><strong>132</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Health centre</th>
<th>Hospital</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleppo</td>
<td>71</td>
<td>3</td>
<td>74</td>
</tr>
<tr>
<td>Al-Hasakeh</td>
<td>47</td>
<td>2</td>
<td>49</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>126</strong></td>
<td><strong>6</strong></td>
<td><strong>132</strong></td>
</tr>
</tbody>
</table>

Al Hol camp strategy (health segment)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total requirements ($)</th>
<th>Total Funding Received/ Confirmed ($)</th>
<th>Funding Gap ($)</th>
<th>% Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>8,213,414</td>
<td>3,099,208</td>
<td>5,114,206</td>
<td>62%</td>
</tr>
</tbody>
</table>

Thirty-eight per cent of the sector budget will be to sustain the provision of full package primary health care through mobile and fixed clinics and to conduct health promotion activities in the camp including supporting the isolation area of COVID-19 and related COVID-19 prevention and response measures and risk communication, and community engagement and running of ambulances with emergency services for external referrals.

36 per cent of the budget will go towards sustaining and strengthening secondary health care with field hospital providing inpatient care, surgical consultations, and trauma care services while 16 per cent will be required to operate emergency field hospitals for maternal health with the provision of needed equipment, reproductive kits, medical supplies including PPE (Personal Protective Equipment) and support referrals to advanced health services.

Five per cent of the sector budget will continue to support operational costs to enhance vaccination, disease surveillance, and medical care of leishmaniosi across the camp, support of referral system for all health actors via operation desk including coordinating the ambulances for internal referrals.

While another 5 per cent of the budget will be used to continue with the provision of multi-disciplinary rehabilitation services (Physical Rehab sessions, Assistance Devices distribution, Psychosocial Support (PSS) sessions for beneficiaries and caregivers) and conduct Mental Health PSS (MHPSS) capacity-building activities for health and community workers in the camp.

Access severity vs needs severity

Access Severity vs Needs Severity - four advocacy strategies:
• **Addressing challenges within the humanitarian community’s control**: 102 sub-districts, relatively low access severity but relatively high severity of inter-sector needs. Scaling up of humanitarian operational presence.

• **Changing the humanitarian narrative**: 60 sub-districts, relatively low access and needs severity levels. Addressing the main misconceptions on the needs, prioritized needs and appropriate response modalities.

• **Advocacy for improved access**: 63 sub-districts with high access and needs severity levels. Scaling up focused advocacy efforts - to mitigate or eradicate access constraints in this area.

• **Testing best practices**: 6 sub-districts, with high access severity and low needs severity.

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**Access Severity vs Needs Severity**

Syria

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**Access Advocacy Strategies**

Based on Severity of Access and Needs

- Addressing challenges within the humanitarian community’s control
- Changing the humanitarian narrative
- Advocacy for improved access
- Testing best practices
- Areas not covered by HCT response modality

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GBV materials

• **GBV AoR Strategy 2022-2023**: 
  [https://drive.google.com/open?id=1hOx93IwxFHMMoFDUwMPumfhd4-kqiK6A&authuser=almalki%40unfpa.org&usp=drive_fs](https://drive.google.com/open?id=1hOx93IwxFHMMoFDUwMPumfhd4-kqiK6A&authuser=almalki%40unfpa.org&usp=drive_fs)

• **GBV AoR annual Work plan 2022**: 
  [https://drive.google.com/open?id=1hRIObFb7mY7tRUAVrB7FOz3Q2xIeS1Jx0&authuser=almalki%40unfpa.org&usp=drive_fs](https://drive.google.com/open?id=1hRIObFb7mY7tRUAVrB7FOz3Q2xIeS1Jx0&authuser=almalki%40unfpa.org&usp=drive_fs)

• **GBV AoR Capacity building Plan 2022**: 
  [https://drive.google.com/open?id=1hSKCoWPFXvkqR_ApEdbmpW8XYqo4SpM3&authuser=almalki%40unfpa.org&usp=drive_fs](https://drive.google.com/open?id=1hSKCoWPFXvkqR_ApEdbmpW8XYqo4SpM3&authuser=almalki%40unfpa.org&usp=drive_fs)
HEALTH SECTOR ACTION/RESPONSE

Operational plan for WHO/UNICEF mission to Ras Al Ein, northeast Syria

WHO and UNICEF finalized the operational plan for a joint mission to Ras Al Ein. The purpose of the mission is to dispatch basic PPE items (soaps, sanitizers, masks, gloves) and COVID-19 vaccines sufficient to cover one mobile team capacity (4 HCWs) to vaccinate of RA population aged 18 and above; routine immunization and glucantemine donation to control LSH outbreak.

Health sector response across the south of Syria

Health sector update for the south of Syria was produced.

Accountability to Affected Population

- The AAP technical working group in Syria was established in 2019 and mandated by the UNCT to provide technical support to humanitarian sector stakeholders in strengthening efforts in mainstreaming issues around accountability to affected populations.
- AAP is an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organizations seek to assist.
- In its efforts to operationalize commitments to AAP, the working group is supporting the roll out of capacity building initiatives aimed at increasing the overall capacities of humanitarian and development actors in Syria.
- The Health sector partners are prioritized during 2022 for capacity building activities on Accountability to affected populations and Community Engagement. The training sessions are delivered by the working group members and will equip participants with knowledge on definitions, objectives and main principles of Accountability and Community engagement and application of these in the programme implementation cycle. 21 health sector organizations provided nominations. The workshops were recognized of high quality and added value for further mainstreaming of AAP into health sector work.

<table>
<thead>
<tr>
<th>#</th>
<th>Title</th>
<th>Type</th>
<th>Date</th>
<th>Venue/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AAP training for Health Sector Partners – English</td>
<td>in-person</td>
<td>26 May</td>
<td>Dama-Rose – Damascus 09:00 – 15:30</td>
</tr>
<tr>
<td>2</td>
<td>AAP training for Health Sector Partners – Arabic</td>
<td></td>
<td>29 May</td>
<td></td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>AAP training for Health Sector Partners – Arabic</td>
<td>Online</td>
<td>30 &amp; 31 May</td>
<td>Teams 10:00 – 13:00 Each Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>06 &amp; 07 June</td>
<td>Teams 10:00 – 13:00 Each Day</td>
</tr>
</tbody>
</table>

Various technical missions in Syria

Joint GF IOM EMRO mission to Syria for TB, HIV and COVID-19 (15-19 May)

- Dr. Nevin WILSON, Senior Regional Project Coordinator, Middle East Response International Organization for Migration
- Dr Hoda Atta, Coordinator, HIV, tuberculosis, and malaria, WHO/EMRO
- Dr Ghada Muhjazi, Technical Officer, DCD, WHO/EMRO

Mission objectives:
Advocate for key strategic priorities and programmatic directions based on the outcomes of various funded studies, GF investments, evaluation and reports as well as the vision for MER3.

To ensure that we country team and principal recipient are making steady progress with implementation of the MER3 (C19RM and Standard grant), discus programmatic objectives, main challenges and possible solutions.

To connect with in-country stakeholders as we roll-out MER3 implementation, especially this being a replenishment year for the Global Fund.

Mission outcomes:

It is expected that by the end of the mission there will be agreed upon recommendations with clearly defined strategic priorities and programmatic direction regarding TB HIV and mitigating the impact of COVID-19.

Comprehensive VPDs surveillance review, 12-26 May

Objective and expected outcome:

- To determine the status of the surveillance system for all VPDs (Measles and rubella, IBD/Meningitis, Rota, NT, Diphtheria and Pertussis and polio) in Syria at National, sub national and down to the surveillance reporting sites to identify strengths and weaknesses and opportunities for further improvement.

The results from this review will be used by the MOH to further strengthening the surveillance system to be able to document disease control, elimination, and eradication of different VPDs. It will also be used for updating the country’s plan for strategic documents for diseases targeted by control/elimination or eradication e.g., measles and rubella elimination.

The specific objectives of the comprehensive VPDs surveillance review will be to assess the following areas:

- Structure and organization of the VPDs surveillance system
- Case detection, reporting and investigation
- Specimen collection and transport to the laboratory
- Performance of VPDs surveillance core indicators
- Outbreak detection and response
- Communication for surveillance
- Active visits, supervision, and feedback
- National VPDs Laboratory procedures and performance

Expected result: Mainly qualitative description and some element on quantitative information of the situation of the VPDs surveillance system indicators with documentation of strengths and weaknesses. Recommendations for improvement by surveillance components.

National COVID-19 vaccination campaign, 22 May – 5 June 2022

The MoH plans to conduct a national COVID-19 vaccination campaign along with intensified media campaign in the period 22 May – 5 June 2022. The campaign will target 3.2 million population above 18 years old in all governorate. The campaign will be using different vaccines (Sinovac, Sinofarm, AZ and J&J). This campaign is planned to be combined by an intensive media campaign. According to the MoH plan, this campaign will deploy more than 6157 health workers who will work in 1056 fixed vaccination teams and 386 mobile teams.

Health sector was recommended to factor in and streamline its COVID-19 related activities during this campaign using the right momentum.

Overview of health sector support with medical equipment

Support with medical equipment is one of the essential key asks by the national health authorities. Latest technical discussions on this subject can be summarized as following:
There is a need for health sector to consolidate a 100% list of donated medical equipment to the authorities at national and sub-national levels.

There is a need for health sector to clearly present on equipment donated and distributed directly to the end users, facilities.

There is a need for health sector to have a clear overview of medical equipment being dispatched to the central and other warehouses as at times there is no feedback provided on its further status and/or distribution.

There is a need for health sector as act as a technical lead on standardizing equipping process (by alignment of standards, SOPs, guidelines, etc.).

There is a need for health sector to support bio-medical service of the MoH.

In order to align ourselves with support with medical equipment, health sector received the template proposed for its consideration and feedback. WHO inputs were reflected as an example. The coordination focal point is Dr Ismail Shahin, shahini@who.int. Sector was requested to share feedback by 31 May directly to Dr Ismail Shahin, copying Azret Kalmykov.

**COVID-19**

Weekly and monthly COVID-19 EPI updates are being produced.

**COVID-19 interactive dashboard:**
https://app.powerbi.com/view?r=eyJrIjoiNmY5OGYzNDYtNjZhMy00MWIyLWIyMzctYzc4MmI3ZDNiODk5IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjciLCMiOjh9

**Health sector meetings in May:**

- National health sector coordination meetings, Damascus, 17, 31 May.
HEALTH SECTOR BULLETIN
May 2022

- NES Health Sector Inter-hub call, 10 May.
- Hama sub-national health sector meeting, 11 May.
- RCCE interagency group meeting, 11 May.
- IM meetings on how to use Activity Info platform to enter the 4Ws data, 12, 15 May.
- Reproductive Health sub-sector working group meeting, 19 May.
- Al-Hol health sector coordination meeting, 12, 26 May.
- MHPSS sub-sector working group meeting, 12 May.
- MHPSS online brainstorming session on MHPSS for elder adults, 28 May.
- Idleb sub-national health sector meeting in Hama, 23 May.
- Homs sub-national health sector meeting, 24 May.
- Aleppo sub-national health sector meeting, 31 May 2022.

Health Sector Field Directory, May 2022: The second quarterly Health Sector Field Directory is produced. Out of 25 health sector organizations which provided inputs for the first edition, only 12 provided updated information.

Health Information Management materials produced:
- Updated https://www.humanitarianresponse.info/en/operations/syria/health
- Links to interactive dashboards and updates:
  - Various interactive dashboards maintained by WHO Syria
- WoS Health Cluster materials are located here: https://www.humanitarianresponse.info/en/operations/whole-of-syria/health
- 4Ws HRP health sector infographics. Interactive dashboard: link.
- 4Ws HRP WHO Syria infographics. interactive dashboard: link.
- HeRAMS public health centres. Interactive dashboard: link.
Various reference sources (HNAP):

- Total Population Dashboard
- IDP Dashboard
- Returnee Dashboard
- Community COVID-19 Perceptions Dashboard
- Water Sources Dashboard

Materials disseminated in May:

- Health Sector Syria Bulletin, May 2022
- The minutes and materials of the national health sector coordination meeting, 31 May.
- The latest overview of impact on health sector situation and response in NWS and NES in case of continued Turkey on creation of “30 km safe zone”, May 2022
- Update on suspected outbreak of meningitis in NWS.
- Syria Protection Sector Resources and Service Mapping First Quarter 2022.
- Draft, overview, health sector support with medical equipment, May 2022.
- Update: guidance on monkeypox.
- 4W health sector 2022 HRP, April 2022.
- WHO Syria KPI Snapshots, April 2022 (across the country, NES, NWS, southern Syria).
- WHO Syria COVID-19 operational snapshot.
- 4W health sector 2022 HRP, April 2022.
- The minutes and materials of the sub-national health sector meeting, Hama, 11 May.
- Priority needs as identified by the MoH Syria.
- Draft; health sector priorities for the SHF with prioritized locations.
The minutes and materials of the MHPSS TWG meeting, 12 May.
- Materials to support national COVID-19 vaccination campaign, 22 May - 5 June.
- The minutes and materials of the national health sector coordination meeting, 17 May.
- The presentation of Health System recovery in protracted emergencies.
- The presentation on Health System Early Recovery for Syria.
- The presentation of MoH on its priorities.
- Health sector update for Al-Hol camp, March, 2022, including information on referrals, mortality and EWARS data as well as detailed map of health services by phases.
- EWARS/EPI bulletin for Northeast Syria, March 2022.
- Health sector update for the south of Syria.
- Background on the Brussels VI Side Event on Health and the Impact of the Socio-economic Crisis in Syria, 6 May.

UPDATES FROM PARTNERS:

Aga Khan Health Services (AKHS) Syria

Community Health

Develop and implement the procedures to reduce the percentage of unnecessary c-sections: 20 females participated in a raise awareness session about reducing unnecessary cesarean sections in Alsaan village. Several meetings were conducted with 72 (5M-67F) CHVs of mental health local support teams to review their work and plan for 2022 activities.

<table>
<thead>
<tr>
<th>Villages</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qeb-Alhat</td>
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<td>Tal-Adara</td>
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<tr>
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</tr>
<tr>
<td>Dnebieh</td>
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<td>7</td>
<td>8</td>
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<tr>
<td>Khnifis</td>
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<tr>
<td>Ali-Kasoun</td>
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<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>76</strong></td>
<td><strong>72</strong></td>
</tr>
</tbody>
</table>

Enhance the development and implementation of comprehensive and integrated approach of mental health: Two activities were conducted in cooperation with the women's committee of the Ismaili local council in Alsaan village about mental health topics. 57 females were participated in the depression and perinatal depression awareness session. 28 females were participated in the suicide awareness session. 26 (1M-25F) health workers from elderly and diabetes clinics of PHCFs were trained on dementia.
Establish nutrition programme: A session was conducted in cooperation with the women's committee of the Ismaili local council about nutrition and anemia prevention (62 females were participated in this session and received iron pills)

Continue the promoting for preventive measures of Covid-19 and increase the demand of Covid-19 vaccines: Accessing Vaccination Services: By implementing various strategies to scale up vaccination campaigns in the district and with support from AKHS, the health authorities established special teams to provide COVID-19 vaccination at humanitarian assistance distributions in coordination with Aga Khan Foundation, and for university students at Hama university, Salamieh branch

Addressing COVID-19 Vaccine Hesitancy Among People: Community health volunteers (400 CHVs) were mobilized and encouraged to disseminate the scientific messages about the COVID-19 vaccines to deal with the hesitancy during the MoH campaign. AKHS's Facebook page continues to raise awareness about the COVID-19 vaccines to deal with the hesitancy and reached to 70.1K people in the last 7 days. Community-based interviews were conducted for collecting community insights about COVID-19 vaccines in order to design a rapid community assessment.

Enhance the NCDs control programme: Two activities were conducted in cooperation with the women's committee of the Ismaili local council about fighting the risk factors of NCDs and early detection of hypertension and diabetes. 63 females over 40 years old participated in the early detection of hypertension session. 53 females over 40 years old participated in the early detection of diabetes session.

Build capacity of community health volunteers: Three meetings were conducted with 58 (11M-47F) CHVs from health backgrounds to review their work experiences and plan for 2022 activities.

UNHCR

- Support the access of PoCs to primary health care services: During May an estimated 23,291 IDPs, and 1958 refugees & asylum seekers assisted to access basic package of primary health care services through 13 PHCs supported by UNHCR in Damascus, rural Damascus, Homs, Hama, Aleppo and Al Hassakeh. Services included medical consultations, investigations. Treatment courses were provided to 14,759 IDPs and 1670 refugees & asylum seekers.

- Access of PoCs to secondary health care services: 244 refugees & asylum seekers in need for secondary care were referred by UNHCR partners to hospitals and received partially supported secondary care services. UNHCR supported public hospitals with electricity generators which should contribute to continuity of health services at secondary health care level. UNHCR delivered three (3) electricity generators, capacity 250 KVA each, to support Al Louloua medical center in Hassakeh, department of health in Al Hassakeh including laboratory and cold chain, and Aleppo university hospital. This donation is part of an ongoing delivery of 15 generators to support MOH/MoHE hospitals.

- Al Birr NGO- UNHCR partner in Al Hassakeh, hosted the launching of COVID-19 vaccine campaign of MoH/DoH Hassakeh. Launching ceremony headed by the director of health in Hassakeh and included discussion of the most frequent questions by POCs, challenges and common false information which create hesitancy among POCs. COVID-19 vaccine availability to all residents in the country territories regardless of their status, nationality, ethnicity was emphasized.

- Community health: 17,359 POCs reached out by community-based health activities through 38 health points in community centers. Out of the total, 1846 individuals received basic medical consultation in the 18 basic clinics of the health points and 15,513 individuals participated in and benefited from the health promotion and disease prevention activities provided through community health workers and community volunteering teams. The followings are part of community health activities conducted:
  - Community led health initiative “helpful Hands” in Aleppo city – Al Kallaseh area. The community health workers in the health point in the community center run by Al Nama NGO in the area conducted joint assessment with the community health volunteers after which dental health problems were identified as
one of the non-covered needs. The CHWs organized several FGDs to identify the root causes, based on which community led health initiative was developed and implementation started in the last week of May. The initiative included the contribution of student doctors of Cordoba private university with the community health volunteers to raise awareness about dental health and provide dental treatments to 125 persons of different age groups. The beneficiaries were selected based on their protection situations, hence, orphans, elderlies, and working women were given priority. Since the beginning of the ongoing initiative (during the last week of May) 179 persons were surveyed to identify their dental needs and 15 received free of charge dental treatment.

- **Wound management training**: Community health workers in the health point of social care Society NGO in Harbanifseh in rural Hama conducted a capacity-building session for community health volunteers on wound management which covered types and management of each. The volunteers will act as a source of reliable information and referral in their community.

- **Focus group discussion in the health point in Sinjar Community Center**, run by SSSD NGO at Sinjar school for the teachers, through which the group discussed the most important health issues facing the students, the reasons behind such health problems, the proposed solutions, and the available resources at the community to support in resolving some of the identified problems. Such FGDs assist in mobilizing the community and preparing for community led health initiative to address health risks/problems.

- **COVID-19 vaccine rolling out**: The 38 health points embedded in 38 community centers of NGO partners in Aleppo, Homs, Hama, rural Damascus, Al Hassakeh, Idleb, contributed to the promotion and demand generation of COVID-19 tackled by MoH and agencies. The contribution included:
  - Training for 107 volunteers
  - Awareness sessions on COVID-19 vaccine key messages that addresses potential rejection or hesitancies at the individual and community levels and managing rumors and misinformation. 3190 individuals covered.
  - Facilitating vaccine administration through coordinating with vaccination mobile teams of MoH to reach out to the target groups in the community center which reduce the transportation burden on people or referring individuals to PHC vaccination centers. Total number of vaccinated people reached 1094

- **Procurement and rehabilitation**: Final handover to Aleppo DOH was completed for AlJameat PHC. Solar panels were installed at Tiba Elemam PHC, in Hama. Infection prevention and control (IPC) kits were delivered to DOH and 6 LNGOs in Al-Hassakeh, covering needs for 220 health staff working at 54 facilities, for 3 months.

- **Assessments**: Technical needs assessments were completed for Tal-Ahmad and Tal-Hmedi PHCs in Al-Hassakeh, revealing absence of health services in the areas and high rates of malnutrition, cancer, and disabilities among catchment populations.

- **Medicines**: As part of ongoing support to MOH and Al-Hassakeh DOH, AAH provided DOH with 32 essential medicines, including antibiotics, anthelmintics, micronutrient supplements, and respiratory disease medicines to cover needs for 12 PHCs and 2 mobile clinics, for 4 months.

- **Capacity building**: In continuation to AAH’s collaboration with UNFPA in Al-Hassakeh, 47 health workers and midwives (43 F: 4 M) working at UNFPA medical points, were trained on infant and young child feeding practices (IYCF) programme. 20 health workers (17 F: 3 M) from Muhradah Health District, Hama, were trained on community-based management of acute malnutrition (CMAM).

- **Service delivery**: With support from AAH, 2 psychotherapy clinics in Aleppo provided 1,923 advanced mental health services. In Al-Hasakeh, CMAM services were provided at the nutrition clinic in Loulou’a PHC, with technical support and supervision from AAH. 555 children under 5 (CU5) were screened for malnutrition. 141 moderate acute malnutrition (MAM) and 20 severe acute malnutrition (SAM) cases were detected in CU5 and managed accordingly. 16 acute malnutrition cases were detected among pregnant and lactating women (PLW) and were provided with iron, folic acid, and multivitamin supplementation. Integrated health and nutrition services were provided to people with physical disabilities at the community centre supported by AAH, in Al-Hassakeh, including 1,308 physical rehabilitation sessions provided to 206 beneficiaries, psychosocial support services
provided to 42 beneficiaries, 33 CU5 and 41 PLW screened for malnutrition, and 10 MAM cases detected among CU5 and referred to Loulou’a PHC. The mobile medical team (MMT) in northern and southern Hama provided basic health and nutrition services to 745 beneficiaries. The MMT in Idleb provided 489 basic health services in hard-to-reach communities in Tal Maraq, Hamadaniyeh, Tamanaah, Tabish, Al-Amriah, and Um Jalal villages. 84 PLW were provided with reproductive health services and screened for malnutrition. 328 CU5 were screened for malnutrition. 2 acute malnutrition cases in PLW and 4 MAM cases in CU5 were detected and managed accordingly.

- **Community outreach activities:** 1,470 households in Halfaya, Muhradah, Sifsafiyeh, Treismeh, and Shezer villages in Muhradah Health District, Hama and 210 households in Khan Shaykun in Idleb were targeted with health and nutrition consultations. PLW and CU5 were screened for malnutrition. 651 cases were referred to designated PHCs to receive facility-based services. CHWs in Al-Hassakeh targeted 10,488 beneficiaries with awareness sessions on infectious disease prevention integrated with malnutrition and leishmaniasis prevention and treatment. 546 CU5 and 517 PLW were screened for malnutrition. 33 MAM and 7 SAM cases in CU5 and 44 acute malnutrition cases in PLW were detected referred to be managed at health facilities. 91 severe acute diarrhoea cases among CU5 were detected and referred immediately for treatment. 107 leishmaniasis cases were detected and referred for treatment as designated health facilities.

**INFORMATION SOURCES:**

- [https://www.humanitarianresponse.info/en/operations/syria/health](https://www.humanitarianresponse.info/en/operations/syria/health)
- [https://www.facebook.com/MinistryOfHealthSYR](https://www.facebook.com/MinistryOfHealthSYR)
- [http://cbssyr.sy/](http://cbssyr.sy/)
- [http://cbssyr.sy/index-EN.htm](http://cbssyr.sy/index-EN.htm)

**CONTACT INFORMATION:**

Mr Azret Kalmykov, national health sector coordinator, Damascus, kalmykova@who.int
Dr Fares Kady, sub-national health sector coordinator, north-west Syria, kadyf@who.int
Dr Nadia Aljamali, sub-national health sector coordinator, Homs/Hama/Idleb, aljamalin@who.int
Dr Begench Yazlyyev, sub-national health sector coordinator, north-east Syria, yazlyyevb@who.int
Mr Hasan Hamza, sub-national health sector coordinator, Lattakia/Tartous, hhassan@who.int
Mr Ayman Al Mobayed, information management support, almobayeda@who.int