



WHO-supported mobile clinic providing essential health services to vulnerable people in Rural Homs and Hama – Credit: WHO

HEALTH SECTOR BULLETIN
NOVEMBER 2020

SYRIAN ARAB REPUBLIC
Emergency type: Level 3 Emergency
Reporting period: 01-11-2020 to 30-11-2020

 **12 M**
PIN of Health Assistance

 **11.4 M**
Targeted with Health Interventions

 **3.4 M**
IDPs

 **443.2 M**
Funds required

 **146,200**
Returnees

HIGHLIGHTS

- As of 30 November 2020, the Ministry of Health reported COVID-19 cases in Syria have reached 7,887 including 417 deaths and 3,560 recoveries*. The first confirmed case was declared on 22 March and first death on 29 March.
- WHO dispatched 102.72 tons of medical, WASH & lab supplies, kits, equipment, artificial limbs, etc. The number of treatment courses are 3.3 million.
- The health sector partners procured and distributed 14.9 million COVID supplies while about 13.7 million are in the pipeline. The COVID supplies include PPEs, diagnostics, biomedical equipment, etc.
- IDPs' departure from Al Hol to A-Raqqa, has taken place during November. The number of IDPs who have left the camp is 120 families /515 individuals.
- UNFPA provided to Education Directorate in Al-Hasakah governorate more than 19,000 personal hygiene kits for distribution in schools as part of the measures taken to address the COVID-19 outbreak.

HEALTH SECTOR



61 HEALTH SECTOR PARTNERS



KITS DELIVERED TO HEALTH FACILITIES/PARTNERS

07 IEHK BASIC & SUPPLEMENTARY KITS
02 FISRT AID KITS
20 CHOLERA KITS



SUPPORTED MOBILE HEALTH UNITS

141 MOBILE HEALTH UNITS/TEAMS



HEALTH ACTION

1,033,049 MEDICAL PROCEDURES
699,347 TREATMENT COURSES
12,359 TRAUMA CASES



VACCINATION

36,141 PENTA 3



EWARS

1,370 REPORTING SITES



FUNDING \$US

443.2 M REQUESTED WOS
FUNDED
138 M FUNDED (31% ONLY –SOURCE -FTS)

Situation update

As the Syria crisis enters its tenth year, the scale, severity and complexity of humanitarian needs remain extensive. This is the result of continued hostilities in localized areas, new and protracted displacement, spontaneous returns and the sustained erosion of communities' resilience during more than nine years of crisis. Syria is still one of the biggest and most complex crises globally. The Syrian crisis created more than six million refugees and displaced a further 6 million Syrians inside their own country.

Health needs in Syria are already significant. Thousands of children are suffering from severe malnutrition. Thousands of more people suffer from cancer, diabetes, and other chronic conditions for which treatment is limited.

50% (56) hospitals were reported fully functioning, 26% (30) partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 24% (27) were reported non-functioning. 47% (842) were reported fully functioning, 21% (373) partially functioning, 32% (575) non-functioning (completely out of service).

In 2020, more than 12 million people (out of the total estimated population of 20 million) are in need of health care service. 70 % of the sub-districts (188 out of 268) have most severe health needs and severity score of 3 and above.

COVID-19 has aggravated the situation further. In November, health authorities announced 2,159 confirmed COVID-19 cases, as compared to 1,528 in October, 1,435 in September, 2,008 in August, 478 in July, 157 in June and 79 confirmed cases in May 2020. All indicators point out to the disease occurrence across the communities in the country.

The health sector agencies continue supporting interventions to suppress the transmission of the virus through risk communication and community engagement; procurement and distribution of medical supplies and equipment; supporting COVID-19 clinical readiness; supporting case management and safeguarding the public health care system.

Public health risks, priorities, needs and gaps

The ongoing conflict, violence and displacement have grave public health consequences with increased morbidities, mortalities and disabilities among affected and vulnerable population. The most affected are children, women and elderly people.

Despite challenges, the Ministry of Health, WHO and humanitarian partners continue to assist people in need where access is possible, with focus on vulnerable people, by delivering essential health services and supporting referrals.

The first confirmed case of COVID-19 was announced on 22 March. As of 30 November 2020, the number of reported cases in Syria has reached 7,887 including 417 deaths and 3,560 recoveries.

The areas of concern are densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps and informal settlements in northeast Syria (NES), collective shelters throughout the country. Populations living in low capacity settings face enhanced vulnerabilities in the COVID-19 context. Persons who are homeless, displaced, whether internally or as a refugee or asylum-seeker, those who are stateless and migrants with tenuous legal status face additional compounding risk factors, which may dramatically increase the risks they face in the context of the COVID-19 pandemic. It is important to recognize the extent to which the COVID-19 outbreak may affect people differently according to their age, sexual orientation and gender identity, ethnicity, disability, education, employment, displacement, migration status and other socio-cultural attributes.

The populations of concern are all groups susceptible to the virus. However, the elderly (those 60 years and above) and people with underlying health conditions are particularly at risk; as are vulnerable refugee and IDP populations and healthcare workers with inadequate personal protective equipment (PPE).

COVID-19 testing is taking place at **six** laboratories in **Damascus, Rural Damascus, Aleppo, Homs and Lattakia** governorates. One Gene Xpert machine is functioning at health centre at Syria-Lebanese border, mostly for returnees.

There are 32 quarantine centers with 5,182-bed capacity; 86 hospitals with 956 ICU beds; 22 designated isolation hospitals with 1,090 beds and 214 ICU beds.



WHO continues its efforts to strengthen the national capacity at the public health lab in Aleppo- Credit WHO

COVAX is the vaccines pillar of the ACT-Accelerator, convened by CEPI, GAVI and WHO

- Syria is one of the 92 AMC countries participating globally in COVAX facility with ODA assistance.
- WHO and UNICEF provide detailed technical assistance to the Ministry of Health, in communication with GAVI, with all Guidelines communicated and discussed.
- Submitted Technical Assistance proposals by 27 November.

The enhancement of laboratory and case investigation capacity across Syria remains a priority, as does the timely communication of all information relevant to the safeguarding of public health.

[EWARS and epidemiological updates at national level \(week 45-48\)](#)

Surveillance performance:

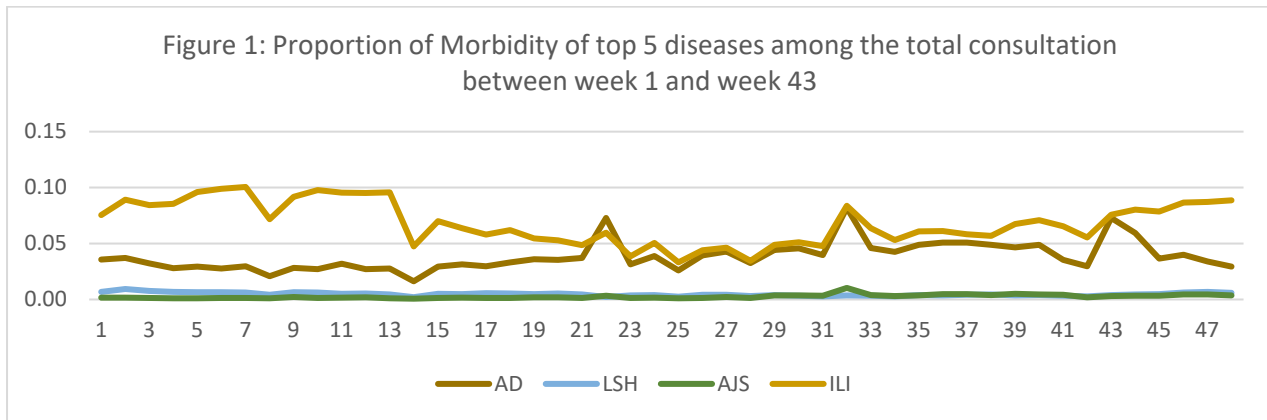
- A total of 1,238 out of 1,370 active reporting sites (87%) in all 14 governorates of Syria reported through early warning alert and response system (EWARS) with 90% of timeliness.
- Total number of consultations was 862,889, the number decreased by 3.5% than in the previous month.
- Out of 862,889 total consultations, a total of 129,277 EWARS notifiable cases were reported.

Morbidity:

The leading causes of morbidity among all age groups were influenza-like illnesses, and acute diarrhoea (Figure 1). The breakdown was as follows:

- Influenza-like illness (ILI): 72,882 accounting for 56.3% of total cases. Most cases reported from Deir-ez-Zor, Aleppo, and Tartous, the average number of ILI case per week was 18,221.
- Acute diarrhoea (AD): 30,231 (23.3 % of total cases), most reported from Deir-ez-Zor, Idlib, and Aleppo.
- Severe acute respiratory infection (SARI): 761 cases were reported, which increased by 86.7% compared to the number of SARI during the previous month (535).
- Acute jaundice syndrome (AJS): 3,410, most reported from Deir-ez-Zor, Ar-Raqqa, and Idlib.
- Suspected measles (SM): 34, most reported from Idlib, Deir-ez-Zor, and Aleppo.
- Acute flaccid paralysis (AFP): 18, reported from Homs, Aleppo, Deir-ez-Zor, and Homs.

- Suspected COVID-19: 7,841. Most reported from Idleb, Hama and As-Sweida.
- For the “other diseases” category 13,476 cases were reported, out of which the most reported is Lice (3,316), leishmaniasis (5,076), and scabies (1,548).



EWARS and epidemiological situation in Al-Hol camp (week 45 - 48, 2020)

Surveillance performance:

- Total number of reporting sites is 25.
- Average completeness of reporting is 100%, and average timelines is 100%.
- Total number of consultations were 17,362. Out of the total consultations, 2,966 EWARS notifiable cases were reported.
- 57.9% of the cases were among females, and 42.8% were distributed among children under 5 years.

Morbidity:

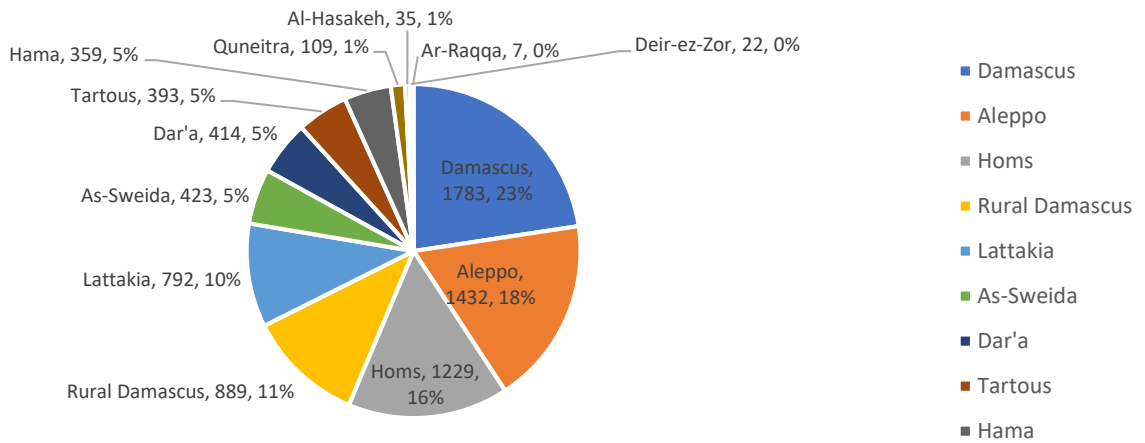
- The leading causes of morbidity among all age groups were influenza-like illnesses (47.7% or 1,417 cases).
- Then acute diarrhoea (39.3%/1,167).
- One suspected measles case was reported, sample result was negative.
- Zero cases of AFP reported.
- Zero suspected case for COVID-19.

COVID-19 updates 30 November

Situation:

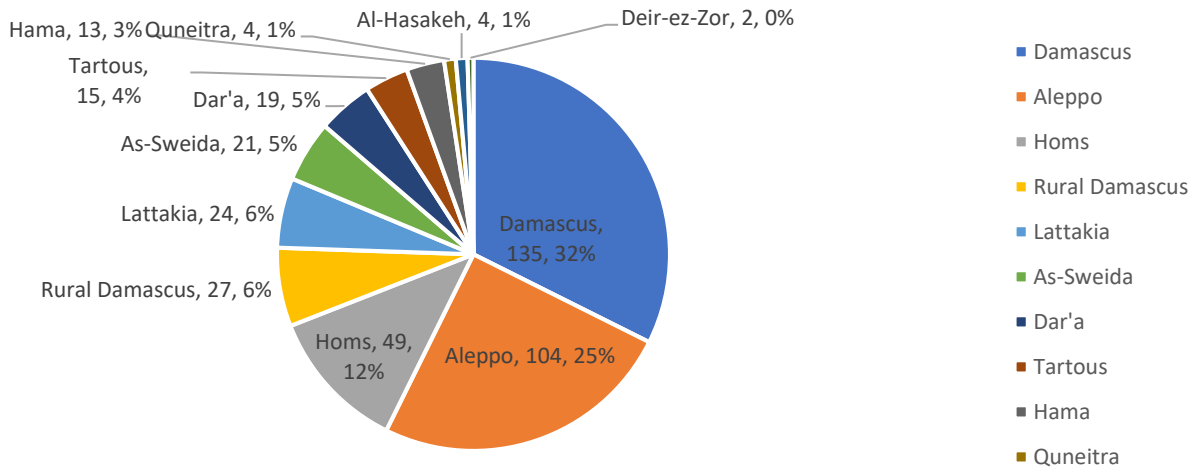
- The first case of COVID-19 – 22nd of March 2020 in Damascus, imported from USA; no positive cases through contact tracing.
- As of 30 of November 2020, 7,887 cases - in 13 governorates (Figure 2).

Figure 2: Distribution of COVID-19 cases by governorate, 30 November, (n= 7,887)

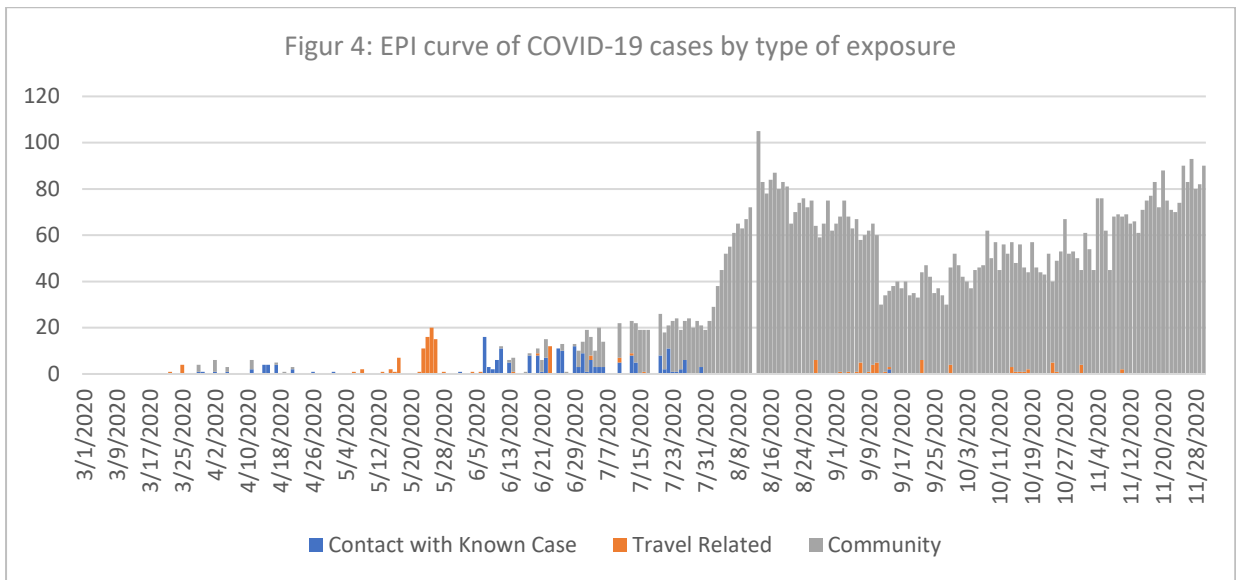


- **Number of COVID-19 deaths is 417 and CFR is 5.3% (Figure 3)**

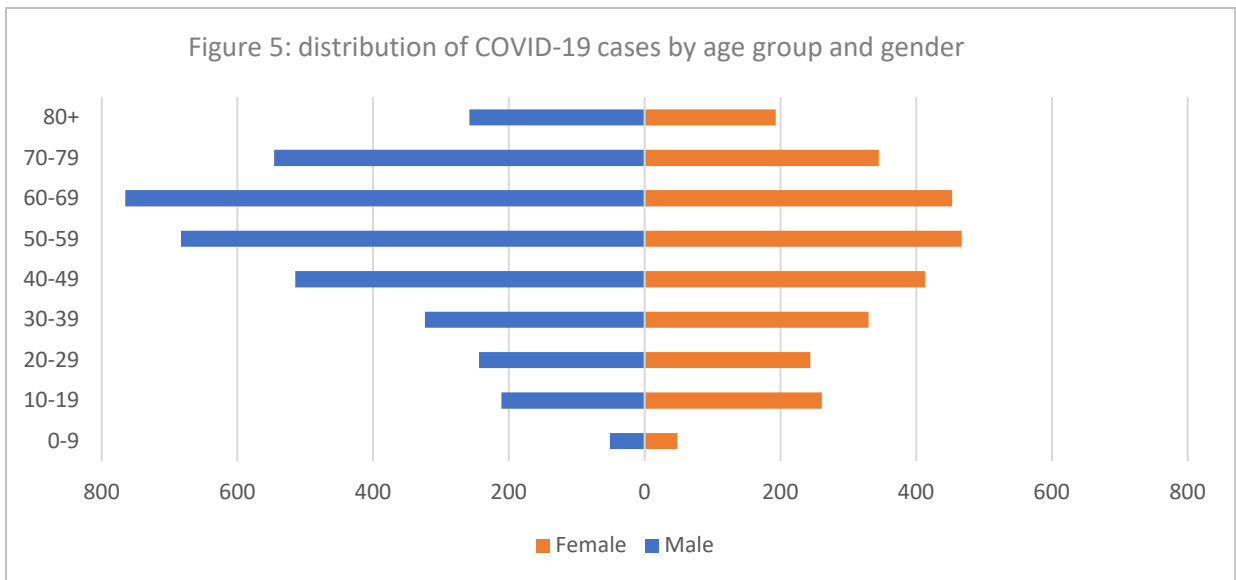
Figure 3: Distribution of COVID-19 Deaths by governorate, 30 November, (n= 417)



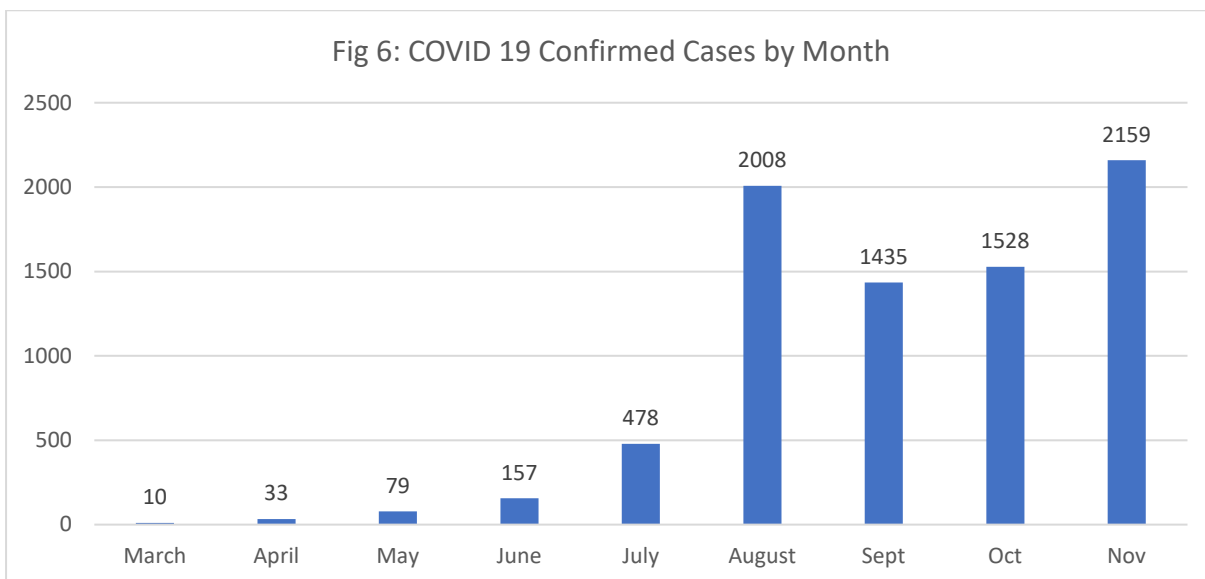
- 161 cases (2%) are travel related cases, 205 (2.6%) are contacts of confirmed cases, and 7,521 (95.4%) are community infection (Figure 4).



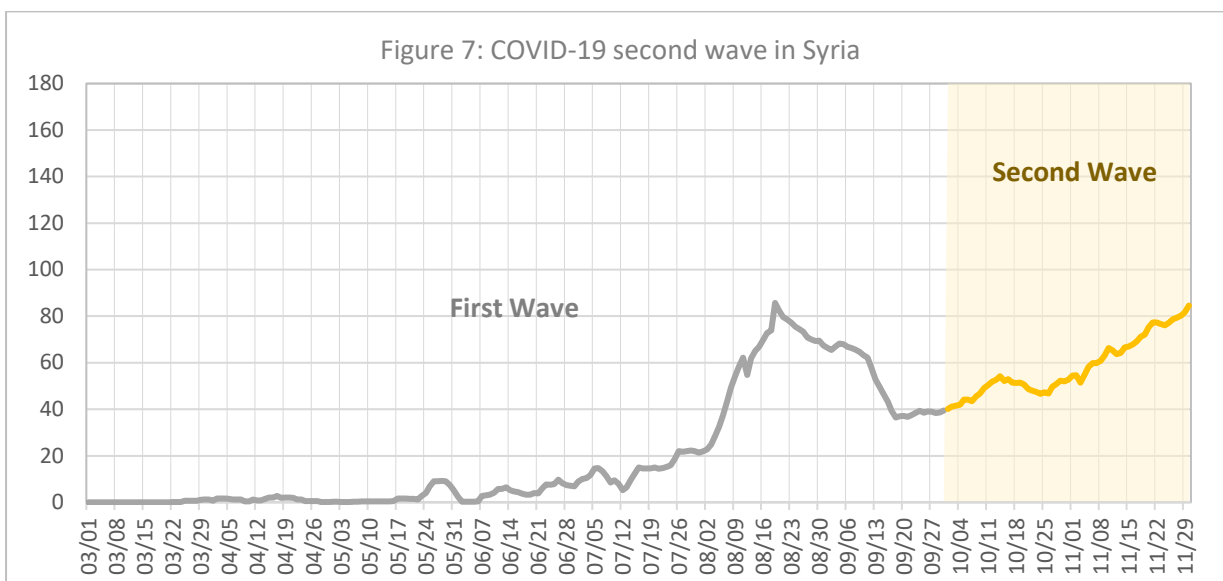
- Clinical presentation of cases: 665 of cases (11.6%) were asymptomatic, 1,379 (24.1%) had moderate symptoms, 3,432 (59.9%) were severe, and 252 (4.4%) have not reported yet.
- 56.6% are male and 43.3% are female. The average age is 51 (ranging from 1 to 98) (Figure 5).



- An increase of COVID-19 cases by 41.2% in November with 2,159 cases compared to 1,528 cases reported on October (Figure 6).



- The current transmission is presented as “community”. Taking the average number of confirmed cases, it appears to indicate the Syria has entered a second wave. The chart below shows the seven-day rolling average of new COVID-19 cases in Syria. The chart shows the first peak was on the 19th of August with average cases of 86, which declined in September. The second increase started in October with an average 50 reported cases (10 October), and reached 85 cases in December (Figure 7).



- The number of confirmed COVID-19 cases among health workers increased to 239, mainly in Damascus hospitals, Lattakia, Aleppo and Rural Damascus. 12 health worker deaths were reported among positive COVID-19 cases (6 in Damascus, 2 in Rural Damascus, 2 in Aleppo and 2 in Homs).
- The total number of 43,984 lab tests were performed in public health laboratories in five governorates - Damascus, Aleppo, Homs, Lattakia, and Rural Damascus. The current testing rate is 216 tests per 100,000, and positivity rate is 17.9%.

Table 1: The number of confirmed cases by governorate

Governorate	Population size	Test done	Testing rate / 100,000	Number positive	Positivity rate	Incidence / 100,000	Deaths	CFR
Damascus	1,835,380	13,145	716	1783	13.56%	97.1	135	7.57%
Rural Damascus	3,160,454	5,275	167	889	16.85%	28.1	19	2.14%
Homs	1,451,058	2,666	184	1229	46.10%	84.7	104	8.46%
As-Sweida	379,170	955	252	423	44.29%	111.6	24	5.67%
Al-Hasakeh	1,060,341	357	34	35	9.80%	3.3	2	5.71%
Dar'a	1,015,275	2,158	213	414	19.18%	40.8	13	3.14%
Lattakia	1,186,494	11,380	959	792	6.96%	66.8	27	3.41%
Aleppo	3,933,168	4,604	117	1432	31.10%	36.4	49	3.42%
Ar-Raqqa	690,801	15	2	7	46.67%	1.0	0	0.00%
Deir-ez-Zor	741,249	83	11	22	26.51%	3.0	4	18.18%
Hama	1,342,187	1,297	97	359	27.68%	26.7	21	5.85%
Quneitra	103,269	1,030	997	109	10.58%	105.5	4	3.67%
Tartous	906,362	1,019	112	393	38.57%	43.4	15	3.82%
Idleb	2,588,454	0	0	0	0.00%	0.0	0	0.00%
Total	20,393,662	43,984	216	7,887	17.93%	38.7	417	5.3%

Response activities

- WHO continues to support building the capacity of MoH surveillance teams. WHO conducted a three-day workshop to train MoH relevant officers on developing regular analysis of COVID-19. The analysis of COVID-19 data is essential to guide MoH public response measures. The training was conducted between 5 to 7 of December for 30 MoH and DoH officers on the following topics:
 - Describe data to collect based on the objective of a surveillance system (Focus on COVID-19).
 - Identify how to analyze and present surveillance data.
 - Interpret surveillance data and suggest interventions or policy actions.
 - Monitoring COVID-19 cases and calculating indicators.
- WHO continues to provide needed support for the Rapid response teams (RRTs) to undertake investigation and response of COVID-19 alerts by facilitating the transportation of RRTs, sample collection and transporting to designated laboratories in 5 governorates.

- During the reporting period, more than 10,255 suspected COVID-19 cases were investigated properly within 24 hours. In addition, WHO supported the transportation of 2,384 specimens of COVID-19 suspected cases to the central laboratories in four governorates.
- On the 17th and 18th of November, WHO supported a training workshop for 25 EWARS surveillance officers in Deir Ezzor governorate. The workshop aimed to train surveillance officers on EWARS reporting sites on COVID-19 weekly reporting of COVID-19 suspected cases.

Health facility Functionality

Public Hospitals

By the end of June 2020, out of the 113 assessed public hospitals [MoH & MoHE], 50% (56) were reported fully functioning, 26% (30) hospitals partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 24% (27) non-functioning.

79% (89) hospitals were reported accessible, 8% (9) hard-to-access, and 13% (15) were inaccessible.

The general practitioner (0.2%) and emergency physician (0.3%) were the lowest proportion of health staff in public hospitals, followed by dentists (0.6%), pharmacists (0.7%), midwives (4.7%), laboratory (5.1%), specialists (12.6%), resident doctors (23.5%), and nurses (52.4%).

Public Health centres

By end of June 2020 and out of 1,790 assessed public health centers, 47% (842) were reported fully functioning, 21% (373) partially functioning, 32% (575) non-functioning (completely out of service).

82% (1,473) health centres were reported accessible, 3% (59) hard-to-access, and 14% (251) were inaccessible, while the accessibility status of 0.4% (7) health centres were unknown.

The resident doctors represented 2% of total health staff at centers' level, along with pharmacists (1%), followed by general practitioners (4%), laboratory (6%), specialists (7%), dentists (9%), midwives (11%), and nurses (60%).

Health Sector Action

Health Sector Coordination and service delivery

During this month, two virtual health sector coordination meeting were held at Damascus and were attended by national Syrian NGOs, international NGOs, SARC and observers. The Health Working Group meetings were also held at hubs and in Al Hol Camp with special focus on COVID-19 response and continuity of essential health care.

The health sector partners delivered health services and the cumulative monthly indicators (September and October) are summarized in the below table.

HRP Indicator 2020 (Per Month)		September	October
Medical	1.1.1 Number of outpatient consultations provided	951,017	972,034
	1.1.2 Total number of trauma consultations supported	18,352	12,359
	1.1.3 Number of mental health consultations supported	17,493	35,483
	1.1.4 Number of physical rehabilitation sessions supported	1,550	1,815

1.1.5 Number of vaginal deliveries attended by a skilled attendant	4,357	4,130
1.1.6 Number of caesarean sections supported	3,753	3,514
1.1.7 Number of cases referred for specialised treatment	847	3,714

Child Health

26, 141 children were immunized for Penta 3 in October as compared to 29,270 children in September.

Reproductive Health

Skilled birth attendants conducted **3,514 normal deliveries** while **3,514 mothers underwent caesarean** sections.

Health Cluster Partners Updates

Health Cluster Partners continued supporting health service delivery across the country. Some of the highlights are:

UNICEF

- A Communication for development (C4D) campaign was conducted in two governorates (Hassakeh and Arraqqqa) with a focus on low coverage areas to stimulate and catalyze positive social and behavioral change. The campaign reached out to over 101,471 (70% women) individuals. The community engagement activities were implemented for eight days. First three days focused on meeting community leaders and awareness raising session in the health center. The next five days, C4D workers accompanied the vaccination team with cars and megaphone, and distributed IEC materials, such as posters, banners, and sticker cards for bread bag.
- UNICEF supported MoH with furniture and equipment for the establishment of the Field Hospital in Al Faihaa Sport City to deal with COVID-19 cases that need oxygen and hospitalization.



Awareness raising banner for the C4D campaign to stimulate positive social and behavioural change - Credit: UNICEF

- UNICEF provided PPEs to Al-Mwasat Hospital for MoHE and MoH: 9,779 items to Al-Mwasat Hospital, 618,069 items to MoH, and 114 items to Homs field office during November.

UNFPA

- On 23 November, the "Syria Al-Yamamah Charitable Association" in Al-Hasakah Governorate inaugurated a new health care center with the support of the United Nations Population Fund.
- UNFPA and the directorate of health provided free medical services to the local community, including women and children.
- The new center includes 3 clinics for children, women, and internal medicine, in addition to a laboratory for medical test and a pharmacy equipped with the necessary tools.
- Patients with difficult health conditions will be regularly received.
- On 14th November, the Education Directorate in Al-Hasakah governorate has begun distributing 19,000 personal hygiene kits to schools provided by UNFPA as part of the measures taken to address COVID-19.
- The kits that included personal hygiene and sterilization supplies were distributed to 19,000 students of the seventh and eighth grades in schools in the cities of Hasakeh, Qamishli and Tal Hamis district to further prevent the COVID-19. The kit contained soap, sterile gel, paste, toothbrush, sterile tissues and a towel.



Distribution of hygiene kits to children in Al-Hasakah governorate - Credit: UNFPA

MEDAIR

- MEDAIR Syria is implementing the following interventions, mainly in the governorates of Deir ez Zor, Aleppo, Hama, South Idlib, Quneitra and Daraa: health facilities rehabilitation and re-equipping, capacity building and supporting health workers and community health workers (including malnutrition management training and support), support to people living with mobility impairment with the distribution of appropriate assistive devices and special hygiene kits.
- MEDAIR COVID-19 specific Intervention: RCCE in the communities of Medair's Areas of intervention, PPE procurement and distribution, capacity building of staff on COVID-19 awareness, and equipping, rehabilitation of the only isolation centre in Deir Ez Zour City.
- During November, MEDAIR took the final decision regarding the selection of clinics to support with rehabilitation, equipping, community health programme and capacity building.
- MEDAIR has a specific set of indicators to select a PHC over another and this includes percentage of returnees and IDP, HNO severities, catchment population, building frame condition among other things.



RCCE in communities - Credit: Medair

Governorate	Name of PHC
Ar-Raqqa	Hamadaniyeh
Hama	Majdal, Karnaz
Located in Rural Damascus, related to Quneitera DoH	Sbeineh, Shabaa

Success Story

WHO response on complicated severe acute malnutrition for children in Syria

In the northeast of Syria, due to an escalation of violence, tens of thousands of people fled north of Deir-ez-zor. Most arrived at Al-Hol camp in Al-Hasakeh governorate in a very poor health condition, including many children suffering from malnutrition, mostly severe. The population of the camp increased seven-fold in just four months. More than 70,000 people, mainly women and children under 12, are living in a camp designed to hold only 10,000.



WHO-supported stabilization center for children with acute malnutrition at Al-Hikmah hospital in Al-Hasakeh governorate – Photo Credit: WHO

WHO responded to the needs by working with a sub-contracted private facility in Al-Hasakeh. Children with severe acute malnutrition with medical complications were and still are being referred to a WHO-supported nutrition stabilization centre in the that private hospital. WHO provided training for the medical and nursing staff and therapeutic nutritional supplies, as well as meeting all other needs and covering the costs of hospitalization. 726 children with severe acute malnutrition with medical complications were admitted and treated. Most cases were under 24 months due to the severe food insecurity, dire humanitarian conditions and weak infant and young child feeding practices before arrival at the camp.

Despite severe circumstances, overwhelming caseload and minimum resources, the programme achieved good results in managing cases admitted to Al Hikmah hospital, with low mortality rates (3.3 %), high weight gain (14 g. per kg per day) and acceptable duration and cost of hospitalization.

Plans for next month

- Coordination with WoS for development of health sector HNO 2021
- Sharing and reviewing findings of IAR with health sector partners

CONTACTS:

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