



**World Health Organization**  
Syrian Arab Republic

## SYRIAN ARAB REPUBLIC RESPONSE TO EARTHQUAKE

SITUATION REPORT #12 (17-30 APRIL 2023)  
4 MAY 2023



PHC services supported by WHO in Latakia governorate

 **4 MILLION**

PEOPLE AFFECTED

 **2 MILLION**

SEVERELY AFFECTED

 **32\***

EMERGENCY SHELTERS

 **4+**

GOVERNORATES AFFECTED

### HEALTH CONCERNS

- Outreach screening for tuberculosis at shelters has identified **48 new confirmed TB cases, for whom treatment and case management has been initiated.**
- Access and **availability of medication for chronically ill** remains a main reported need.
- Increase of **leishmaniasis cases is of concern.** 68 cases have been detected and provided treatment.
- **Mental health needs** continue to increase; mental health and psychosocial support (MHPSS) remain the most requested service.

### HIGHLIGHTS

- Shelters in Aleppo are being evacuated and now down to 3 shelters, families with damaged homes will be hosted in medium term shelters. Similar evacuations are being witnessed in Latakia.
- Twenty-two **mobile medical teams (MMTs)** operating in Aleppo and Hama governorate reached **over 6550 people** with consultations and treatments in shelters and communities.
- WHO has delivered essential medicines and supplies to **19 health facilities** and public hospitals in earthquake-affected areas sufficient to cover the needs of more than **650,000 beneficiaries.**
- MHPSS services are being supported through mobile teams and at health facilities providing cumulatively over **720,000 MHPSS services.**

\* Figures changing frequently as shelters are closing down

## SITUATION UPDATE

The two earthquakes that hit southern Türkiye and northern Syria border on 6<sup>th</sup> of February, mobilized WHO and partners to immediately assess and respond to the impact of the earthquake. After the immediate response, WHO has focused its response to fill in critical gaps of services at emergency shelters hosting internally displaced persons (IDPs).

As per OCHA's latest sitrep, (13 to 27 April), emergency shelters in Aleppo are being evacuated. Families have returned to their homes after being assessed as structurally safe, while those with confirmed structural damage will be residing in mid-term shelters (four rehabilitated and four under rehabilitation). In Aleppo, the number of emergency shelters in Aleppo reduced from 33 (13 April), to three (27 April). The evacuation process of emergency shelters is expected to conclude by the end of April.

In Hama Governorate, 1,996 IDPs (481 families) are hosted in 14 shelters while an additional four shelters are empty. In addition, 5,093 families are hosted within the local communities. In Homs City, 171 IDPs (40 families) are accommodated in two shelters. Moreover, 2,943 families (748 families) are hosted by local communities.

In Latakia Governorate, 2,958 IDPs (717 families) are accommodated in 13 shelters. As of 27 April, 12 collective shelters located in school buildings were closed down to allow the school to resume education, families were relocated to other shelters in the area. Up to 1000 prefabricated units are being set up in Latakia for families that require medium term residence.

Priority response actions continue to emphasize maintaining essential health services at shelters and in host communities, as well as scaling up mental health services tailored to needs, distribution of life-saving and essential supplies and services – especially for noncommunicable diseases (NCDs), and preventing outbreaks and disease transmission through disease surveillance, vaccination and risk communication.

The planning of earthquake related activities till the end of the year has been completed and progressively transitioning into ongoing humanitarian programmes.

## PUBLIC HEALTH IMPACT

WHO and health partners continue to support response in earthquake(EQ)-affected areas through deployment of mobile medical teams and support to health centres and hospitals with life-saving medicines and medical supplies, as well as specialized service delivery such as MHPSS, nutrition, immunization, communicable and noncommunicable diseases.

Reported health needs are consistent with previous weeks. The following key areas require support:

- **Mental health services:** Affected populations continue to suffer from anxiety, depression and post-traumatic stress disorder emphasizing the importance and increased need for mental health and psychosocial support (MHPSS) among the affected population. MHPSS teams deployed to shelters and health facilities are providing critical services, but more is needed as confirmed by data from health centres have reflected a surge of stress related disorders between February through April.
- **Medicines and supplies:** WHO continues to report critical needs for life-saving medicine and supplies to sustain treatments and health services to patients in EQ-affected areas. Persistent needs for

patients with chronic health conditions and people with NCDs who require ongoing medical care and medication to manage their conditions.

- **Medical equipment:** Hospitals in earthquake-affected areas are reporting limited functionality due to critical needs for medical equipment and associated supplies and spare parts to enhance capacity of operation theatres, intensive care units (ICUs) and diagnostics.
- **Infectious diseases:** Increase of vector-borne diseases, namely leishmaniasis, is of concern. Sixty-eight (68) cases have been reported and referred for treatment. Continued movement of people, including to new shelter sites, as well as make-shift accommodation can increase the risk of exposure and subsequent infection. Due to concerns of an outbreak, vector surveillance has started and preparation for residue spraying have been initiated. Respiratory infections are also of concern with reported increase in influenza-like illness and possible transmission of COVID-19.
- **Vaccine preventable diseases:** Measles cases continue to be reported in Aleppo, and Hama, highlighting the need to scale up detection, testing and preventive measures. Immunization and risk communication campaigns have been implemented to respond to this increase.
- **WASH:** Access to safe drinking water, appropriate Water, Sanitation and Hygiene (WASH) facilities and infection prevention and control (IPC) measures continue to be reported as a need. There is a need to restore the WASH sector functionality to pre-earthquake level to provide the minimum level of services to the population.
- **Protection concerns:** Continuous movement of IDPs between shelters and host communities, in addition to the recent rapid evacuation of collective shelters have exaggerated the needs and challenging access to regular health services and treatment regimens.

## RESPONSE PILLARS:

### *Leadership and Coordination*

The emergency health response continues to be led by the Ministry of Health (MoH) and in close coordination with the Directorate of Health (DoH) at governorate level.

WHO has activated a full-scale incident management response, including all pillars under the global Emergency Response Framework. A detailed operational plan has been developed for the first 90 days of response and has been updated to detailed planned activities until the end of 2023. This plan will be joined under a chapeau document to include the cross-border EQ response in northwest Syria.

The Health Sector meeting has been convening on a regular basis to consolidate efforts of all sector partners responding to the earthquake, highlighting priority areas for support and promoting complementarity of the response. Coordination meetings at hub-level are being led by WHO and bring together national and local partners, UN partners as well as local health authorities to map and focused support service delivery at collective shelters/affected communities to newly identified collective shelters and affected communities.

One surge personnel is currently deployed to Damascus. To bolster sub-national capacity, two National Public Health Officers have joined the WHO team in Latakia and Homs, in addition to programme support staff in Latakia. Additional national recruitment to strengthen sub-national coordination and information management is underway.

## *Information Management and Surveillance*

### *SYNAT:*

The Syrian Needs Assessment Template (SYNAT) has been completed, targeting earthquake-affected communities outside collective shelters with the aim to inform Inter-sector coordination group (ISC), UN Humanitarian Country Team (HCT) and partners on the humanitarian situation midway through the 3 months earthquake response plan. The humanitarian situation in 821 communities and neighborhoods has been assessed in Aleppo, Latakia, Tartous, Hama, Homs and Idleb Governorates, covering earthquake-affected people who live outside collective shelters. Preliminary findings reported on adequate services provided and accessed by populations, but also highlighted gaps in particular service delivery, challenges faced by vulnerable populations (including disabled and elderly). The information generated from the assessment will guide evidence based response.

### *Disease Surveillance*

- During the reporting period, a total of 358 sites out of 461 Early Warning, Alert and Response System (EWARS) sites in Aleppo, Hama and Latakia submitted reports for the week 16. Reporting completeness in epidemiological week 16 was 77.7%
- Forty-one Rapid Response Teams (RRTs) continue to verify and investigate reported alerts. In week 16, a total of 23 alerts were reported and are under verification or investigation at the time of writing. Further details appear below.
- During the week 16 (16 to 22 April), EWARS weekly reports collected from earthquake-affected governorates showed a decline in number of cases of almost all EWARS conditions, except the increase of brucellosis (8 suspected cases compared to 1 suspected case during week 15) in Latakia governorate and a slight increase in acute diarrhea, Influenza Like Illness (ILI) and suspected hepatitis (Jaundice) in Hama governorate.
- In the epidemiological week 16, the most detected concerns by EWARS were, in order of frequency and percent change in comparison to week 16:
  - Aleppo – leishmaniasis (96.1% decrease), acute diarrhea (37.9% decrease), influenza-like illness (ILI) (60.7% decrease), scabies (75% decrease) and lice(75% decrease).
  - Latakia –acute diarrhea (52% decrease), ILI (67.1% decrease), lice (40.2% decrease), and SARI (79% decrease)
  - Hama – ILI (26% increase), acute diarrhea (14% increase), leishmaniasis (80% decrease), and lice (77% decrease).

### *Response to reported alerts:*

- Measles-confirmed cases are still being reported from Aleppo, in addition to other areas in north-eastern governorates of the country. The latest MoH figures of week 17 reported a total of 403 positive measles cases (as of week 17), of which 127 (31.5%) were reported from Aleppo, and 7 (1.7%) from Hama. No cases were reported in Latakia.
- No acute watery diarrhea cases were detected during the reporting period.

## *Health Operations and Technical Expertise*

### **Essential Health Services:**

- WHO delivered medications and medical kits to cover the needs of more than 1,600,000 treatments and 1030 trauma cases (652,000 beneficiaries). Supplies have been distributed to 19 health facilities and public hospitals in the affected areas. The supplies included life-saving and essential medicines, 52 different types of IEHK kits TESK kits and medical equipment.
- In the second half of April, 22 mobile medical teams in Aleppo (15) and Hama (7) governorate and 1 fixed health point in Latakia provided 6,550 outpatient consultations shelters as well as affected communities.

### **Mental Health:**

- Since the start of the response to the earthquake, MHPSS outreach teams have collectively provided over 720,000 mental health consultations.
- Mental health services are being integrated within health facilities providing over 83,000 specialized and integrated consultations.
- Psychotropic medicine has been distributed to main health partners to support sustained medication for people suffering from mental health conditions, sufficient to cover over 23,000 treatment courses. Distribution is overseen by psychiatrists and trained doctors on mhGAP IG.
- WHO has extended its earthquake specific activities till the end of the year with MHPSS highlighted as a priority. WHO Syria plans to tailor its MHPSS services with a focus on outreach services to affected communities and strengthening services at health centre level, moving forward WHO will deploy 55 specialized teams to provide MHPSS services in Latakia, Tartous, Aleppo and Hama.
- To increase access to services in hard to reach ad rural areas, mental health helplines are being established to provide support to affected populations by equipped and trained psychosocial workers, trained mhGAP doctors, psychologists, and resident psychiatrists. Staff are able to support callers with basic services such as psychological first aid and emotional counselling, and specialized ones, such as management of new or pre-existing mental health conditions, such as depression, stress related disorders, suicidality ideation, substance use, among other conditions.
- Based on the level of intervention/treatment required, referrals are made to specialized psychologist or psychiatrists at public health system and other available services on community level. Helplines have been set up in two specialized psychiatric hospitals: Ibn Khaldoun ( Aleppo ) and Ibn Rushed (Damascus), and with Agha Khan NGO in Hama.
- Additional helplines are launched with health directorate within the Ministry of Education to reach children, adolescents, care providers and educational staff, as well as a possible scale up in one NGOs in Aleppo and Hama based on further need.
- During the month of March, 211 people have been provided support through the helplines.

### **Communicable disease:**

- Outreach screening activities for TB has been concluded, the screening has identified 1750 suspected cases of which 48 confirmed cases. The confirmed cases have been provided with the treatments required with the proper follow up by outreach teams.
- 68 cutaneous leishmaniasis have been detected at earthquake shelters and have been provided with the required treated. Due to concerns of an outbreak, vector surveillance has started and preparation of indoor residue spraying have been initiated.

### Immunization:

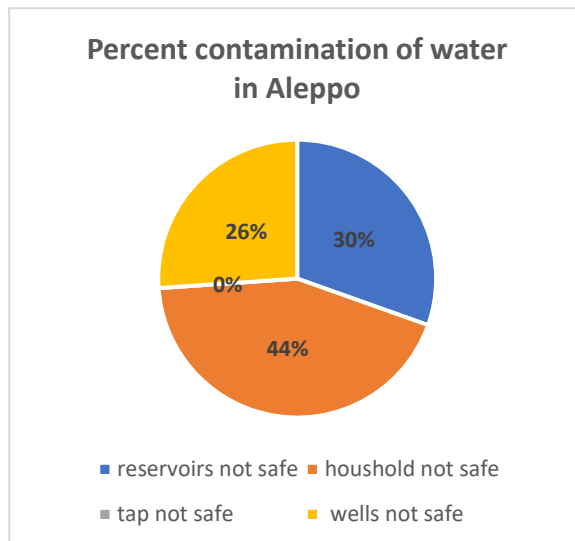
A measles vaccination campaign complemented with vitamin A supplementation has been carried out between 12 and 16 April, focused on areas with high numbers of measles-confirmed cases. During the campaign up to 300,000 children under 12 years were vaccinated in all governorates. More specifically, 136,814 children in Aleppo, 46,233 children in Hama and 10,456 in Latakia were reached.

### Nutrition and Child Health:

- Thirty (30) mobile teams deployed in shelters screened a total of 5,615 children under 5 years in Aleppo, Latakia, Hama and southern Idleb for malnutrition. 14 Global Acute Malnutrition (GAM) cases were detected and referred for treatment.
- At health centres, the nutrition surveillance programme has screened 8376 children under 5 years in Aleppo, Latakia, Hama and southern Idleb. 80 GAM cases were detected and referred for treatment: 38 cases of severe acute malnutrition (SAM) with complications were admitted to stabilization centers.
- Additionally, MMTs and nutrition surveillance centres are offering mothers Infant and Young Child Feeding (IYCF) counselling: 5397 mothers (2073 by MMTs and 3,324 at centres) were reached.
- A total of 4,835 integrated management of childhood illness (IMCI) services were provided to children through 39 mobile teams, 21 children were referred for secondary level care.

### WASH and IPC:

- During the reporting period, WHO-supported water quality monitoring teams visited 6 shelters in Aleppo and collected 41 samples of which 4 (9.7%) presented bacterial contamination.
- In Aleppo city, contamination was detected in 23 of 128 collected samples (17.9%). In response, 1200 water purification tablets were distributed in host communities.
- In Hama, 15 water samples were collected and analyzed from water sources in Hama city, rural areas and 1 shelter, of which no samples were contaminated. Water samples were mainly collected from the water reservoirs and taps.
- Water quality has also been recently expanded to Homs, 24 samples were collected and analyzed from water sources in Homs city, and from 1 shelter, of which 6 samples (26%) were contaminated—mainly the samples collected from the well and reservoirs and taps.



### Procurement and Logistics

Between 17-30 April, 41 metric tonnes of medicines and medical supplies for a value of 477,000 USD were delivered to health facilities Aleppo, Latakia, Tartous, Idleb, Homs and Hama.

## CHALLENGES

- Closure collective shelters and continuous movement of displaced families. Protection concerns reported during closure of shelters and rapid evacuation, increasing concerns of reduced access to health services and disruption of treatment regimens.
- High risk of:
  - Disease transmission in crowded shelter conditions, including respiratory illness, measles.
  - Significant mental distress and disorders, especially among children and first responders.
  - Spread of water- and food-borne diseases due to disrupted water supplies, including exacerbation of ongoing cholera and Hepatitis A (pre-existing outbreaks).
- Several shelters remain insufficiently accessible for people with disabilities. Services for the elderly and people with special needs are lacking.
- Medications and supplies are missing or at high cost in the local market while needs have increased among IDPs and affected communities.

## PRIORITY NEEDS AND ACTIONS

- Increased community engagement to address emerging health needs with the changing context and movement of displaced families and affected populations
- Additional resources to accelerate flow of aid and assistance to affected areas.
- Unimpeded access to the most affected populations in shelters and communities.
- Facilitated entry and distribution of medicines, supplies, equipment, and surge support staff.
- Continuity of health care services, especially for women, children, elderly, and persons with NCDs at newly established shelters and communities.
- Ensured access to MHPSS for the affected population, particularly children.
- Support to partners, in particular NGOs providing immediate services, to ensure continuation of essential health services.

## FUNDING NEEDS FOR IMMEDIATE RESPONSE

For the earthquake response in Syria, WHO estimates it will require 60.2 million US\$ for both the immediate 90-day response (18M) followed by short- and medium-term response needs (42.2M) for the rest of 2023. Further resources will be required to support repair and rehabilitation of affected health facilities, as well as respond to anticipated outbreaks and the longer-term health needs of those affected by the crisis.

## CONTACT INFORMATION

**Christina Bethke**  
*Incident Manager*  
*WHO Emergencies (WHE) Team Lead*  
WHO Syria [dupinc@who.int](mailto:dupinc@who.int)

**Dr. Iman Shankiti**  
*WHO Representative in Syria, a.i.*  
WHO Syria Country Office  
[emwrosyr@who.int](mailto:emwrosyr@who.int)

To support WHO's response in SYRIA, please visit:

<https://earthquakeresponse-turkiyesyria.who.foundation/>

WHO's initial response to the earthquake in the Syrian Arab Republic has been made possible thanks to the generous contributions from the Organisation's Contingency Fund for Emergencies (CFE). WHO wishes to thank all those donors who have contributed to the CFE, including USA, Germany, Norway, and Canada, among many others.