



**DRAFT The Minutes of Health Working Group Meeting, Syria
6 September (Tuesday), 10:00 – 12:00**

Present: PU, ICRC, TdH Syria/ICMC, GOPA, IMC, OCHA, AKDN, Medair, UNICEF, UNFPA, WHO, UNRWA, health sector

Coordination/Leadership

- **Attacks on health care facilities and personnel**

A teleconference between Turkey health cluster and Syria health sector was conducted on 29 September with the objectives to present the methodology used by Gaziantep for monitoring violence against Health (MVH) care and to discuss the feasibility of using the same monitoring system by the health sector group in Damascus. GZT presented the data collection tool and verification methodology implemented by the health cluster Turkey hub and information products coming from it including the Flash Updates, monthly reports quarterly reports and others. Syria hub expressed their willingness to support the existing tool in-use by GZT in terms of verification of the information of the attacks' occurrence and its impact on functionality status of health facilities. This is not including verification of information such as description of the attack, type of weapons used, number of casualties (unless it is announced). Syria hub will produce a Flash Update similar to the one that Turkey hub is producing and will share the template.

Health sector partners were requested to review and provide their feedback on the template which will be further used among health sector partners of Syria hub to share information on any attacks of health care facilities and personnel.

On 10 and 22 August internal discussions on attacks against health care were conducted by WHO in Cairo. The discussion and proposed actions were focused on: Data collection and information sharing; Preventing attacks; Communication and advocacy; Partnerships. More details will be available at later stage.

- **Medical evacuation (Daraya, Al Waer, Mouadamiya, Madaya, Foah)**

Health sector gave an update on the latest population evacuation from Daraya, including UN/ICRC visit to Daraya and IDP temporary shelter in Herjalleh on 26 August – 1 September 2016. The objectives of the health team (WHO/ICRC) in Daraya were:

- To identify a number of patients in need of medical evacuation, including critical cases (men, women, children and elderly);
- To find out locations preferred for medical evacuation by the residents of Daraya: 1) Idleb (AoG controlled area); 2) Herjalleh shelter (GoS controlled area);
- To identify and assess health conditions of patients of the following categories: trauma/surgery; NCD (and mental health); infectious/communicable diseases; pregnant women; women with newborn; ICU patients; bed-ridden patient, etc.;
- To understand the modalities put in place by the GoS for accompanying family members of people in need of medical evacuation;
- To assess the capacity of SARC in terms of assigned ambulances, medical supplies, medical personnel and volunteers for medical evacuation; use of separate buses for transportation of patients;

- To find out the decision of current health workers of Daraya for their own final destinations.

The details of key findings report can be shared upon a request to Mr. Azret Kalmykov (kalmykova@who.int)

OCHA informed that a new movement took place from Mouadamiya. Health team was part of the mission visiting Herjalleh on 3 September.

WHO was involved in the facilitation of the evacuation of the boy (born in March 2013) suffering severe burns in besieged area of Al Waer, Homs. Access remains a problem.

WHO was involved in the facilitation of the evacuation of the 5 years old boys with face injury in the besieged area of Madaya. Access remains a problem.

WHO followed up on 14 cases with developed symptoms of meningitis since the beginning of August in the besieged area of Madaya, Rural Damascus. All involved stakeholders have been involved in this situation. Access remains a problem. On 4 September SARC team (including specialized doctors) received the approval and entered Madaya. All suspected meningitis cases were brought into the field hospital in Madaya and examined by the team. The necessary instructions were provided to the local doctor. The necessary medicines were also made available to the local doctor. The medical reports were produced recommending evacuation.

Until no evacuation of reported cases in Madaya and Al Waer took place

- **Air lift to Al Hassakeh**

WHO prepared the cargo of medical supplies for Al Hassakeh air lifts. The approval of GoS is received and the air lift is scheduled during the last two weeks of September

- **Situation in Aleppo**

Outline of the Aleppo Emergency Response Plan (25 August 2016) during the proposed 48-hour ceasefire in Aleppo, scheduled on 26-27 August 2016 was shared with the participants, including three components:

- 1) Cross-border delivery (via Bab al Hawa) to Eastern Aleppo city: The UN in Turkey is prepared to dispatch two 20-truck consignments of WFP food rations.
- 2) Response, resupply and pre-positioning in Western Aleppo city: UN agencies and partners will scale up regular programme and emergency response activities and resupply existing stocks in western Aleppo from Homs and Tartous via the Khanaser road/northern bypass.
- 3) Cross-line assessments and repair of electrical system

WHO supplies (more than 36 tons) necessary to cover immediate needs of population of east Aleppo are pre-positioned in west Aleppo at this stage (details are attached). Once approval is received for cross-line support from west to east Aleppo, WHO will be able to move these supplies immediately. It is worth noting though that no cross-line delivery to east Aleppo is envisaged under the proposed and above mentioned Aleppo Emergency Response Plan (see first and second component).

Specifically, when needed and approved for east Aleppo, or additionally for west Aleppo, WHO Damascus has a capacity to deploy immediately among other NCD medicines, medical consumables and equipment some of the following: 7 Italian Emergency Kits A; 12 Italian Emergency Kits B; 2 Surgical Supplies kits; 28 Burn Kits.

This, if undertaken, will add to the previous WHO delivery on 18 August of additional medicines and supplies to west Aleppo to support: east Aleppo, locations of IA convoys in rural Aleppo (Hajeeb, Banan and Big Orem), Aleppo obstetric

university hospital, Aleppo Al Bassel cardiology hospital, Al Razi hospital and SARC Aleppo. Also on 10 August WHO delivered two surgical kits to Al Razi and Aleppo University Hospitals with one prepositioned in WHO warehouse in Aleppo to be sent for cross-line to east Aleppo once access is granted (this is in addition to other 92 tons of medical supplies which entered Aleppo on 6 August).

In addition to the possible cross-line delivery from west to east Aleppo city to provide 134,573 treatments and cover 760 trauma cases, WHO is focused on the following activities inside east Aleppo:

- Health assessment of 7 hospitals and 20 PHC facilities – partially or fully functional;
- Be prepared for evacuations from east to west Aleppo which can be similar to those that existed previously and that were suspended lately for the transportation of "humanitarian cases" (including patients with chronic diseases such as cancer and renal failure, and those requiring critical surgeries, especially women and children) as 200 patients used to be registered with SARC earlier inside east Aleppo;
- Prepare lists of patients in need of medical evacuation in a close coordination with partners;
- Assess mental health patients at Dar Al-Safaa center;
- Assess the NGOs remaining centers at Eastern Aleppo, i.e. Al-Ihsan and Al-Taalof;
- Monitor Al-Ihsan Haemodialysis center;
- Assess the vaccination status of children in visited areas.

WHO is to deliver and distribute supplies to:

- A. West Aleppo city public health facilities – these supplies are already inside of west Aleppo.
- B. East Aleppo field health facilities (largely supported by cross-border partners) – these supplies are already inside of west Aleppo. It is to be noted again that the current cease fire plan does not include a cross-line support from west to east Aleppo.
- C. West Aleppo public health facilities – for the additional supplies, including the above mentioned (some of 7 Italian Emergency Kits A; 12 Italian Emergency Kits B; 2 Surgical Supplies kits; 28 Burn Kits) available in Damascus hub.

Organizations are requested to share their updates on the response to the besiegement of east Aleppo in the last 48 hours.

Information

- **HPC timeline (HNO)**

19-22 September, WoS Health Sector Inter-hub meeting will take place in Amman.

20-21 September, Inter-Sectoral Analysis Workshop for the HNO-HRP will take place in Amman.

Health sector partners received the following copies:

1. HNO 2017 template
2. A first draft of the health sector narrative as proposed by Syria hub
3. Summary of 2016 HRP reported key indicators, January – July 2016, Syria hub

More details will be available at later stage.

Organizations are requested to review and provide their inputs to the first draft of the health sector narrative as it will be populated with key indicators from HeRAMS as well.

Technical Assistance

- **Reproductive Health - UNFPA Update**

UNFPA and UNHCR shared their key observations related to the field visits to Herjalleh IDP shelter prepared for people moved out from Daraya and Mouadamiya. There are important concerns and necessary follow up actions related to health status of women, pregnant women and access to quality health for them. There are observations on the vitality of shaping coordination efforts for preparedness and response. It was observed that almost 50% of women were pregnant, with many being under 18 years old. There is a need for well-established referral system out of the shelter. Movement is restricted for those women whose identification cards have been not yet returned. It is essential to put in place permanent transportation arrangement between the shelter and nearby health facilities. A series of protection related issues should be overcome and solutions identified. The health facilities used for the referral should have female doctors among its staff. Those few serious abuse cases identified in the camp must be followed by SFPA and SARC with supervision of responsible UN agencies. It is important to provide options for IDP population to access health services outside the camp and not only placing them inside the shelter, including around o'clock health service availability, at least in evening hours.

Two assessments were conducted by UNFPA one for RH services funded by UNFPA and the second was for PMTCT piloting services in the public health facilities.

- The two assessments showed that availability and accessibility for services is good but there were gaps regarding quality of services, equity and availability of skilled staff.
- UNFPA is planned to adopt and update the midwifery curriculum and share it with other hubs to follow the national standards in education and practices in addition to provide promotion materials and campaign for raising awareness among RH/GBV main components.

UNFPA is reviewing the first draft of Youth healthy life style guideline in corporation with MOH.

During the last 2 weeks UNFPA and WHO finalized EU proposal to rehabilitate PHC and secondary and tertiary health facilities to reduce morbidity and mortality of the Syrian population.

Core Services

- **Operational update on IA convoys (5 September); draft list of HTR locations**

Operational update of IA convoys as of 22 August and infographics of IA convoys as of 31 August is shared.

OCHA shared the draft of the details of the current HTR list (see attached) to review both the locations and the estimated PIN by 4 September. The AWG (Access Working Group) meeting was held on 4 September to discuss the collective inputs.

- **Removal of health supplies**

On 22 August, IA convoy to Al Waer, Homs the GoS removed 5.3 tons of different types of trauma kits, medical equipment, IV fluids and antiseptic materials were rejected as well as consumables and other live saving medicines from pneumonia kits type A and B. Removed supplies included UNICEF items such as IEHK 2011, Diarrhoeal Disease Set and Midwifery kit (complete set). Only 440 kgs of WHO supplies were approved for the delivery.

On 29 August, IA convoy to Al Dar Kabira, Homs, the GoS removed health supplies, including surgical kits and sets, as well as items from inter-agency basic health kits and pneumonia kits.

On 29 August, IA convoy to East Harasta in Eastern Ghouta, the GoS removed 5 tons of different types of kits (water kits, burn kits, pneumonia kits), medical equipment (oxygen concentrators, steam sterilizers, monitor devices, basic x-ray, ventilators for adults and infants,

On 29 August WHO Representative had a meeting with the Minister of Health where it was decided that each rejected case would be taken formally to MoH immediately. The lists of all rejected items in Arabic language are prepared and communicated in a formal letter to the MoH.

On 31 August IA convoy to Al Houla, Homs the GoS removed health supplies, including surgical kits and sets, as well as items from inter-agency basic health kits and pneumonia kits.

Updates by health partners (two weeks reporting period)

Organizations are requested to share their updates regularly ahead of the meeting.

AKDN – was introduced to the group. The regular update will be provided at the next meeting.

GOPA-Health program continues its regular work. In the last two weeks we have done around (400) Surgeries and (300) deliveries, in addition to 1 medical equipment (Anesthesia machine) which was installed in Dara'a on 24/8/2016 and a training was conducted for the medical staff in there on the same day. 11 patients were helped in the chronic medicine program, which provides essential medicines to the patients through referral system. GOPA work main locations are Lattakia, Tartous, Aleppo, Hama, Al-Hassakeh, Homs, As-Sweida, Dara'a, Damascus and Rural Damascus.

IMC – continue its regular PHC supported activities (a detailed update was provided two weeks). IMC is interested for experience and available knowledge on training modules aiming to enhance capacity of PHC health workers.

Medair - Health, nutrition and community programme activities on-going in 5 districts of Rural Damascus. New Community Health Programme has started in Jdadat Al Khaz (Nabashiye, Rural Damascus). Medair has assessed two new health facilities as requested by MoH for rehabilitation and health programmes support, Sa'sa, Qatana District, Rural Damascus, Jdaidet Yabous, Zabadani sub-district, Rural Damascus.

PU – ongoing support for 2 SARC PHC in Homs and Hama continues. One PCH clinic will be passed for further management to SARC in Hama/Salamiyah by mid-September. The other one in Homs will be passed to SARC by the end of 2016.

TdH Syria/ICMC – requested WHO follow up on inquire of available health promotion materials.

SOS Syria (in absence) - has some funding available to provide medical assistance to children who are injured or wounded as a result of the conflict. If the organizations have any cases that require funding for medical intervention, feel free to contact SOS Syria immediately. SOS Syria is also looking for medical institutions with enough capacity to partner with.

UNDP (in absence) - The Global Fund project carried by the UNDP SYR office is recently approved to extend work activities beyond the closure date of 30 June 2016 till end of 2016. Minimum essential activities shall be maintained with regards to: TB case detection and TB treatment results (Normal TB and MDR TB); Supervisory M&E field visits, by the GF team and the NTP (National TB Programme – MOH) & NAP (National Aids Programme – MOH) teams; Procurement of TB medication; HIV testing and detection; Procurement of ARVs. Thus, for the GF team it will be business as usual until the end of the year then it will be a closure/transition period starts early 2017. As for results of TB during the first semester of 2016; the NTP MoH reported 1677 cases, which is in conformity so far with the previous results in previous years (between 3200 ~ 3500 cases annually); thus proving that TB is still under control. The HIV reports are yet to be received from NAP.

UNHCR – updated on the progress of the monthly MHPSS working group focused on setting up the strategy, identification of the suitable assessment tool accompanied with focus group discussions; case management

development; linking with child friendly spaces. A request is made to health sector coordinator to share the minutes of regular MHPSS working group meeting with members of HWG of Syria hub.

UNICEF – continues work in and for Aleppo; participation in IA convoys; response for IDPs in Herjalleh shelter. UNICEF organized training on newborn care for 50 community volunteers. The agency plans to establish a health center in Jeramana camp to cover Palestinian refugees.

UNRWA – established a new eHealth clinic in Damascus and launches a new MHPSS program as well.

Announcements:

- The GBV – WOS will conduct training on the new IASC –GBV guidelines for sectors, the training will be in Amman from 26 to 28 September. Damascus priority sectors/sub sectors are: Protection, Child Protection, Health and Education. Health sector is requested to nominate one active member who have a role into the sector /subsector activities and have the ability to apply the mainstreaming of GBV guidelines within. UNFPA Syria CO will fund the full trip expenses. Kindly send nominations by 10th of September to Ms. Sawsan Alhabaj (Training Associate) at: habaj@unfpa.org .
 - Press-lines on the articles in the Guardian newspaper
- The United Nations in Syria welcomes public scrutiny of its life-saving humanitarian operations in Syria. Our programmes, partners, contracting and financial details are transparent. Details are published online, available to media and public alike.
 - We have robust UN financial and project control mechanisms in place, we conduct regular internal and external audits, and stringent vetting and due diligence processes are applied in selecting partners. This continues to be the case in Syria.
 - The UN fully utilizes the mandate given by the Security Council to deliver assistance to people in need by all possible means, by crossing neighbouring borders, as well as by crossing conflict lines within the country, and through airdrops when necessary and feasible.
 - The renewed escalation in fighting in many parts of the country, and the reduced access to deliver assistance and protection to people trapped under siege, is having a disastrous effect on ordinary Syrian people and intensifying an already immense humanitarian crisis.
 - Across Syria, the United Nations is doing everything we can to reach all 13.5 million people in need of urgent humanitarian assistance wherever they are, in both Government and non-government controlled areas – in line with our humanitarian principles of neutrality, impartiality and the humanitarian imperative to save lives and reduce suffering.
 - The operational context for our teams to deliver life-saving assistance and protection services across Syria in this ongoing conflict is dangerous, complex and challenging. The only way to deliver at the scale required is for the UN to work with partners and to contract for services such as transport, fuel and telecommunications – just as we do in other countries around the world.
 - In Syria, as in other countries, UN agencies are accredited to the Government and must work with key Government departments to deliver services. The Government provides UN agencies with a list of partners they are permitted to work with.
 - Responding at scale and in the context of the ongoing conflict continues to be one of our greatest challenges. In Syria today there are a limited number of organisations with the capacity to deliver services at the scale required.
 - Despite these constraints, we remain steadfast in doing all we can to reach every Syrian who needs assistance. United Nations humanitarian organisations will never turn our backs on millions of people in need.
 - The United Nations humanitarian team in Syria welcomes scrutiny and indeed urges a committed debate which could result in the international community doing more and better to help save lives in Syria. We urge those with political power and influence to bring about pauses and ceasefires to enable delivery of life-saving assistance and ultimately facilitate a political solution to this brutal war.
 - The UN continues to call for the lifting of all sieges and for unconditional and continuous humanitarian access to all people in need. We again raise the alarm for nearly 600,000 people trapped under siege, including in Al Waer, Madaya, Zabadani and Foah and Kafraya. We are extremely concerned about the evacuation of Darayya in recent days.
 - In Aleppo, the United Nations is ready with our partners to deliver urgently needed humanitarian supplies and assistance to 1.8 million people across the city, in eastern and western areas, as soon as a 48-hour pause is put into effect. And we are ready to support urgent repairs to the electricity network to get the city's water network operating again, a lifeline for the entire population.