



Highlights

Almost 2.5 million children below the age of five are being immunized against polio and measles as part of a national campaign in the Syrian Arab Republic.

During a UN interagency assessment mission to Al Raqqa city in the north of the country, health professionals reported shortages in essential medicines, specialized doctors and health staff.

A nutrition survey on displaced Syrians in Lebanon shows that 6.8% of children under 59 months are at potential risk of malnutrition.

Lebanon's prime minister held a high-level meeting with potential donors and UN agencies to present the Government of Lebanon's response plan to the Syrian Crisis and identified a funding gap of more than US\$ 178 million, of which 44% has been requested by the Ministry of Public Health for the health response.



2.5 million children are being immunized against measles and polio as part of a national campaign in the Syrian Arab Republic.

Photo: Syrian Ministry of Health

Health situation

Syrian Arab Republic

Field visit to the National Thalassemia Centre in Damascus

In 2011, the total numbers of registered thalassemia patients in the Syrian Arab Republic was 7500. The majority of these patients were in Damascus (3400), followed by Aleppo (2500), Tartous and Lattakia (1200) and Al-Raqqa (600). The total number of thalassemia patients in the country has steadily decreased over the last few years due to Ministry of Health awareness-raising activities and pre-marital counselling programmes aimed to reduce marriage among relatives.

The National Thalassemia Centre in Damascus is the main referral centre for cases from the southern Syrian Arab Republic, including Dara'a, As-Sweida and Quneitra. The burden of patients has increased as a result of the large numbers of internally-displaced people (IDPs) in Damascus. The centre has a case load of 80 to 100 patients per day and both staff and patients report difficulty accessing the centre due to the volatile security situation. Services at the centre are provided free of charge by the government to all patients. All laboratory testing facilities are available and current stocks of medicines are sufficient until the end of the first quarter 2013. Blood transfusion has, until now, been available. In emergency situations family members and extended family are requested to donate blood at the nearest blood bank. All blood units are tested by the national blood bank.

Field visit to Al Zahrawi Hospital in Damascus

On 21 November, WHO made an assessment visit to Al Zahrawi Hospital, one of the two public maternity hospitals in the centre of Damascus and the main referral hospital for maternity and gynaecology in the capital. The purpose of the visit was to assess the hospital's capacity and identify challenges and urgent needs caused by the ongoing conflict.

The capacity of the hospital includes:

- 70 beds
- 39 specialized gynaecologists
- 82 midwives
- 3 operation theatres
- neonatal ward, including intensive care units with four incubators.

Many hospitals and health facilities have been destroyed or partly damaged in Rural Damascus. As a result, an increasing number of women are seeking care at the Al Zahrawi Hospital. In 2011, the hospital performed 8000 deliveries, including 2000 C-section deliveries, as well as 500 gynaecological operations.

Since the beginning of the unrest, the number of women visiting the hospital has more than doubled, and the request for elective C-sections has dramatically increased due to security concerns. This is consistent with findings in other governorates such as Al Raqqqa, where C-section deliveries have increased from 26%–28% prior to the unrest to almost 45% of all deliveries.

The principal challenges and urgent needs identified are:

- The number of women seeking care is overwhelming the hospital. If a woman presents herself at the hospital after 6 pm and she proves not to be in labour, she still has to be hospitalized because it is unsafe for her to return home until daylight
- The stay of women after delivery has been drastically reduced due to severe shortage of maternity beds to cater for an increasingly larger catchment area.
 - Normal delivery (maximum 6–8 hours stay in the hospital)
 - C-section delivery (maximum 24 hours)
- The hospital was declared baby friendly three years ago. Breastfeeding rates in the Syrian Arab Republic have been consistently low. At present there are a number of women who wish to breastfeed due to the increased cost of baby formula. However, the necessary support for breastfeeding cannot be provided in the hospital due to the short stay and lack of community support.
- Gynaecologists have reported an increase in the number of cases suffering from postnatal depression seen in their private clinics. There are no postnatal care services provided in the hospital.
- There is a reported shortage of medicines and medical equipment.
 - Oxytocin (to the extent that the hospital last month had to buy it from the private market; routinely given to prevent haemorrhaging).
 - Anaesthesia drugs and gases for C-section and operations.
 - Serums and therapeutic feeding, intravenous fluids (all kinds).
 - Anti-RhD IgG immunoglobulin injections.
- The hospital is no longer receiving supply for blood transfusions. In emergency situations, family members of the patient are requested to donate blood.
- The hospital is experiencing shortages in staff, in particular midwives, nurses, anaesthesia technicians, x-ray technicians, laboratory personnel due to insecure roads. Most of the doctors live in the centre of Damascus and can still access. Most of the midwives, nurses and other health professionals live in

the outskirts and rural Damascus and cannot access the hospital due to unsafe and frequently blocked roads and limited public transportation.

WHO is providing the hospital with reproductive health and surgical kits.

UN mission to Al Raqqa

From 20–23 October 2012, WHO participated in a UN interagency assessment mission to Al Raqqa city in the north of the Syrian Arab Republic. WHO visited health authorities, hospitals, primary health care centres and Syrian Arab Red Crescent clinics in order to assess the health situation.

Increasing numbers of IDPs are fleeing to Al Raqqa from the fighting in Aleppo and Der Al Zor. Approximately 500 000 IDPs have sought refuge in Al Raqqa during the last 3 months and now make up 35% of the governorate's total population.

The increase in IDPs has placed an additional strain on health systems in Al Raqqa. Health services are provided by three hospitals (including one maternity hospital) and 59 primary health care centres (of which four are specialized). Local authorities report that mobile clinics working in rural areas can no longer be deployed due to fear of being looted or staff kidnapped, and that health facilities are being destroyed and ambulances carjacked.

There are shortages in medical supplies and medicines, especially for diabetes, cardiac diseases and cancer, as well as in specialized medical doctors and health staff. Over the past three months, the caseload of diabetic patients has increased from 10 000 patients to 21 000, and no additional supplies of diabetic medication are being provided as before. There is also a need for anaesthesia drugs, medicines for respiratory diseases and painkillers.

There are also shortages in ventilators, incubators, kidney dialysis machines and hospital beds. In the paediatric wards, children are sometimes two to a bed due to overcrowding.

Almost 4000 families are living in very rudimentary conditions in schools and empty buildings, and are often lacking adequate food, health care, water, sanitation and electricity.

Priority health needs identified in Al Raqqa are:

- specialized medical doctors and nurses, technical and volunteers
- essential medicines for noncommunicable diseases
- transportation for patient referral services.

WHO is working with local health authorities and nongovernmental organizations in Al Raqqa to address health needs for vulnerable groups through the delivery of medical supplies by nongovernmental organizations and the local health directorate.

Jordan

UNHCR figures indicate the daily average number of Syrians arriving at Al-Zaatari camp as 433 for the month of November, and 301 for the first five nights of December. The total number of Syrians registered or awaiting registration was 139 788, as of 4 December. Some 32 000 are currently residing inside Al-Zaatari camp. The Government of Jordan estimate for Syrian refugees in Jordan is 240 000.

According to UNHCR, there has been an increase in the number of people wounded crossing the borders to Jordan over the past few weeks. There is also an increase in numbers of elderly people crossing which prompted the reinforcement of health staff at the reception centre with enhanced screening for acute and chronic diseases and linking with appropriate care. Handicap International has agreed to provide mobility aids, including wheelchairs, to facilitate reception of new arrivals.

The Ministry of Health has reported 26 cases of tuberculosis among Syrians in Jordan, three of whom are multidrug-resistant cases. All cases are receiving treatment under the national TB programme. With the continuing influx of Syrians into Jordan, the number of TB cases in need of treatment is expected to increase. The stocks of first-line anti-TB medications are decreasing and the Ministry of Health has requested WHO assistance in providing additional supplies.

Al-Zaatari camp

Two deaths were reported in Al-Zaatari camp last week (25 and 26 November) for two infants (7 and 10 months), both associated with watery diarrhoea. There has been an increase in cases of acute watery diarrhoea in the camp. All age groups are affected but the most marked is in children under age five years, where there has been a five-fold increase between week 46 and 47 (27.7/1000 per month in week 46 and 127/1000 in week 47). For all age groups, the increase in incidence has been threefold. The Directorate of Health in Mafraq tested stool samples from diarrhoea cases which tested positive for rotavirus.

Three laboratory confirmed cases of hepatitis A were reported in the camp.

UNHCR Health Information System (HIS) reports from Al-Zaatari camp show that the most common causes for consultation are acute watery diarrhoea, acute respiratory tract infections, allergies, skin conditions and fever. Cases of scabies, bloody diarrhoea and head lice are also being reported, and accordingly treated. Mostly reported chronic conditions include musculo-skeletal disorders, asthma, gastric conditions, diabetes and hypertension.

There have been 241 antenatal clinic visits (53% 1st trimester) and 18 deliveries (3 caesarean sections) over the past two weeks in the camp.

Lebanon

There are approximately 130 000 Syrian refugees in Lebanon, of which 122 000 are registered with UNHCR and the remainder pending registration. Although the majority of refugees are located in the north (52%) and Bekaa (40%), there has been an increase in the numbers moving to other parts of the country, such as the South.

The nutrition survey on displaced Syrians in Bekaa and the north revealed the following.

- 4.4% of Syrian children under 59 months have global acute malnutrition
- 0.8% of Syrian children under 59 months have severe acute malnutrition
- 6.8% of Syrian children under 59 months may be “at risk” of malnutrition
- 9% of women of childbearing age might be “at risk” of malnutrition while 7% are already malnourished.

Iraq

A total of 44 772 Syrian refugees have been reported by UNHCR with 28 099 refugees in Dahuk, 6477 in Erbil, 1846 in Suleimaniyah and 8350 in Al-Qaim.

Refugees living in camps are treated through health centres established within the camps; those living outside receive health services from the Directorate of Health medical centres and nearby hospitals. However, health service delivery to populations outside the camps remains an issue of concern, especially for the treatment for chronic illnesses.

Health response

Syrian Arab Republic

National vaccination campaign

Children under the age of five are being immunized against polio and measles as part of a national campaign in the Syrian Arab Republic. 4000 health workers and volunteers are participating in the campaign taking place across 13 of the country's 14 governorates from 26 November to 13 December. Syria's total under-five population is approximately 2.5 million children and the aim of the campaign is to reach every child, vaccinating the total under-five population against polio and 2 million children against measles.

From 26 November to 9 December:

- 588 178 total children below the age of 5 were vaccinated against measles.
- 710 957 total children below the age of 5 were vaccinated against polio.

The campaign is being implemented by the Ministry of Health (MoH) with support from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). In addition to the vaccines provided by MoH, UNICEF has provided 1.4 measles vaccines and WHO has provided doses of infant paracetamol and multivitamin syrup.

MoH has requested assistance from WHO in delivering vaccines to heavily affected areas such as Aleppo, Homs and Rural Damascus. WHO has distributed more than 650 000 vaccine doses to areas in Aleppo, Homs and Rural Damascus where MOH has restricted access.

Some governorates hosting huge numbers of IDPS have reported shortage of vaccines. MOH has asked all governorates to use their regular stock of vaccines to reach the campaign target numbers. The use of the regular stock for the campaign will heavily affect vaccine availability for the routine activities of immunization program for 2013. MoH is currently working to procure vaccines for the 2013 immunization programme.

During the first week of November, WHO provided Al-Moassat Hospital in Damascus with urgently needed insulin and medication for kidney transplants. WHO also provided the Public Health Laboratories Directorate in Damascus with HIV laboratory kits.

WHO has signed a memorandum of understanding with the nongovernmental organization Islamic Charity Organization in Deir Al-Zor and has provided the organization with priority medicines, medical kits and equipment for patients at health facilities targeting more than 2000 patients for three months.

WHO has provided the General Establishment for Blood Banks and Pharmaceutical Industries with an additional 15 000 blood safety kits and the Islamic Charity Organization with two portable X-ray machines for use in Deir El Zor.

WHO has signed a memorandum of understanding with the nongovernmental organization Growth and Development in Damascus to facilitate the referral of patients in need of medical and surgical interventions and women in need of caesarean section to health facilities where they can receive proper health care.

WHO and the Ministry of Health have disseminated the first weekly bulletins of the newly-established disease Early Warning and Response System (EWARS). The EWARS was launched on 23 September 2012 and since then, the completeness of reporting by the sentinel sites has been gradually increasing. Currently, 49% of 104 designated sentinel sites have reported to the system. Together with the Ministry of Health, WHO is working to strengthen the EWARS and increase the number of reporting sentinel sites.

WHO visit to IDP shelter

In October, WHO visited a school housing 339 IDPs on the outskirts of Damascus. The IDPs are living in cramped conditions with limited access to water and sanitation facilities.

Basic health services are provided by health professionals working with the Syrian Association for Health Promotion and Development nongovernmental organization with support from WHO. Services include general medical consultations, basic antenatal care, basic gynaecological services, psychosocial support and patient referrals to hospitals and specialists. Medicines are provided based on physician prescriptions and if not available, patients are provided with a voucher to receive the prescribed medicine from pre-identified pharmacies. Patients are also referred for laboratory testing as needed.

Jordan

WHO continues to provide technical support to the Directorates of Health in strengthening disease surveillance systems in Al-Zaatari camp and in Mafraq and Irbid governorates. WHO has fielded additional capacity to work with the Ministry of Health in strengthening emergency health information systems in Al-Zaatari camp and primary health care centres in Mafraq.

In response to the diarrhoea outbreak in Al-Zaatari camp:

- WHO staff delivered a presentation on clinical management of diarrhoeal diseases to health partners in Al-Zaatari camp; treatment protocols were shared with all health agencies, emphasizing on appropriate rehydration with oral rehydration salts (ORS) followed by zinc supplementation and continued feeding.
- Health agencies were requested to ensure they have adequate supplies of ORS and zinc dispersible tablets.
- The establishment of ORS corners in health facilities inside the camp is being discussed in terms of feasibility.
- The WASH team is actively engaged and will focus on improving hygiene promotion practices; soap distribution will be conducted with an emphasis on families with children aged under five years.

The first Ministry of Health report monitoring Syrian refugee utilization of Jordanian public health facilities in the northern provinces is expected to be released by mid-December, and will be updated on a weekly basis.

The Ministry of Health, supported by UNICEF and WHO, is currently implementing a measles and polio immunization campaign (including vitamin A supplementation) for Mafraq and Irbid governorates.

Data collection for the interagency health and nutrition assessment of Syrian children under the age of five years and women of childbearing age both inside and outside the camp was completed by mid-November and the

preliminary report will be shared by mid-December. During the assessment inside the camp, the post-vaccination survey was also implemented taking the opportunity of selecting the cluster sample for the assessment.

Mental health services are provided to Syrians, Iraqis and Jordanians through three mental health centres in Amman and Irbid with support from WHO, in addition to other partner clinics.

Primary health care services inside Al-Zaatari camp are provided by Jordan Health Aid Society and Médecins du Monde, in addition to outpatient services provided by the clinics of the three field hospitals (French, Moroccan Italian/Jordanian Royal Medical Services and Saudi clinics). Mental health and reproductive health services are also provided.

Primary health care and outpatient based services outside the camp are being provided by public hospitals and primary health care services, as well as nongovernmental organization clinics in Amman, Zarqa, Irbid, Mafraq and other governorates.

Ministry of Health routine immunization is being conducted on Saturdays and Wednesdays inside the camp in the WHO meeting caravan by a Ministry immunization team, while it is provided on daily basis for Syrians outside the camp in primary health care centres. New arrivals to the camp under the age of 15 years receive measles vaccine in the French Field Hospital for 6 days a week, the next morning of their arrival.

The Nutrition Working group presented the recently finalized interagency guidance on use of breastmilk substitutes in the Jordan refugee context and the standard operating procedures for managing unsolicited donations of infant formula, other milk products and infant feeding bottles. Only one provider in the camp will be distributing formula milk if indicated (JHAS) and unsolicited donations are to be reported to either UNHCR or UNICEF.

Lebanon

Primary health care services continue to be provided through the existing national network of primary health care centres. Vaccination activities have been intensified in primary health care centres in areas with high concentrations of displaced Syrians (Akkar, Tripoli and Bekaa). Identification of primary health care for the referral of displaced Syrians in the south has been initiated with health partners.

A third batch of essential medicines and medications for acute and chronic noncommunicable diseases is being procured for distribution to five primary health care centres in Tripoli, Akkar, Bekaa and Hermel, based on gaps identified through reports from the field coordination health group.

Iraq

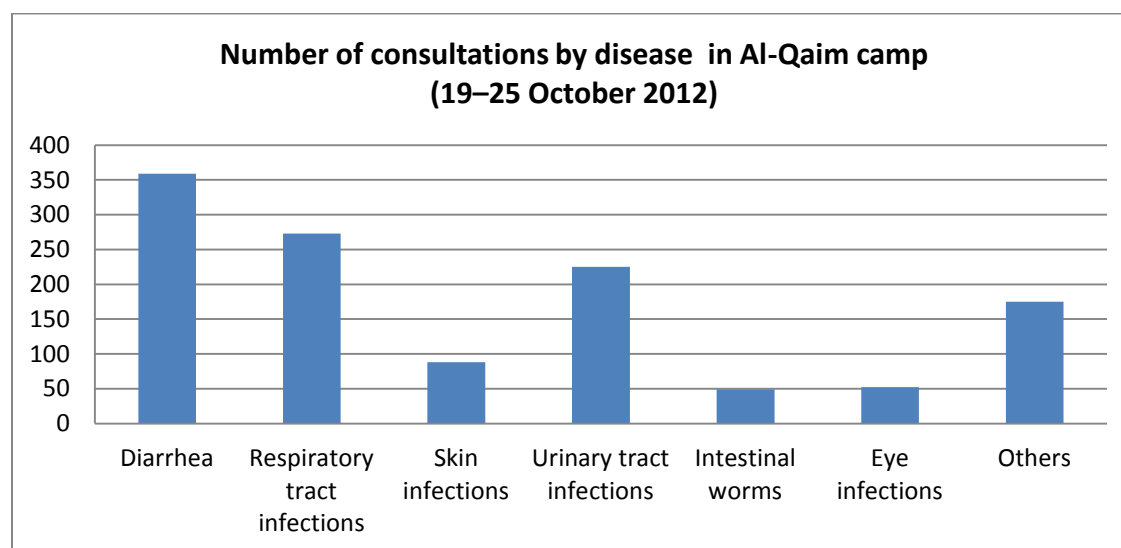
Al-Qaim Camp

WHO visited Al-Qaim in October as part of a joint UN mission and held coordination meetings with partners to finalize all health-related activities.

Health services in Al-Qaim camp are provided by UNHCR implementing partner Islamic Relief and the Directorate of Health. Islamic Relief medical services are provided by Islamic Relief by four doctors, including one female doctor, while the Directorate of Health post is operated by paramedics. Although basic health services are available to refugees on a 24/7 basis, the increasing numbers of refugees are overburdening existing health services, highlighting the need for a more systemic approach in addressing health needs through the delivery of quality services.

There are gaps in data collection of consultations segregated by age and sex which could be used to monitor disease trends, especially communicable diseases, in order to generate timely alerts for the prevention of outbreaks in the camps.

Diarrhoea, respiratory tract infections, anxiety/stress and chronic illness are reported as main causes of consultation in the camp. No deaths have been reported from the camp.



Domiz camp

Health services in Domiz camp are provided through a health centre jointly operated by the Directorate of Health, WHO and Médecins Sans Frontières. Acute respiratory tract infections and skin infection remain main causes of consultation, in addition to chronic illness.

In September 2012, the health centre reported a total of 6097 consultations, of which 2221 were to children under five years of age. Respiratory tract infection (2590 consultations), diarrhoea (1111 consultations), gastrointestinal diseases (527 consultations) and skin infections (339 consultations) were the main causes of consultation. A total of 222 cases were referred to hospital for specialized care. No deaths have been reported from the camp.

WHO has provided a three-month supply of essential medicines for the treatment of chronic illness as requested by the Directorate of Health.

Coordination

Syrian Arab Republic

In November, WHO participated in the Humanitarian Group Meeting in Damascus organized jointly by the Ministry of Foreign Affairs and the Office of the Regional Humanitarian Coordinator. The meeting was attended by representatives of the Government of the Syrian Arab Republic, United Nations, Syrian Arab Red Crescent (SARC), International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), as well as national and international nongovernmental organizations. Participants discussed the humanitarian needs and priorities and the current progress and response mechanism under the Syrian

Humanitarian Assistance Response Plan and sought ways to expand and accelerate the implementation. The discussion resulted in a list of recommendations which introduced a more flexible mechanism for project implementation, priority needs, development of a joint framework for monitoring, evaluation and reporting), as well as ways to enhance cooperation and coordination among all partners.

In October, WHO participated in the national forum of nongovernmental organizations working in the field of social health and gave a presentation on its public health response to the crisis. The main issues discussed during the event were filling health gaps and scaling up collaboration among participating agencies and organizations.

Jordan

UNHCR, WHO and national and international partners have launched a series of meetings to discuss the management of war-wounded refugees from their point of entry to Jordan and covering the issues of transportation, assessment, treatment and rehabilitation.

UNHCR, WHO and national and international partners are finalizing the fourth version of the Syrian Refugee Response plan which covers the period from January–June 2013.

Lebanon

WHO attended the meeting organized by the prime minister for all donors and UN agencies to present the Government of Lebanon needs and funding gaps to support the national response to the Syrian refugee crisis. The government proposed the following mechanism of coordination of the response at national level.

- An interministerial committee will be established with the main ministries involved in the response
- The Ministry of Social Affairs will coordinate the overall response on behalf of the Government of Lebanon
- All reports will be submitted to the Inter Ministerial Committee.

Iraq

As designated lead of all operations for Syrian refugees in Iraq, UNHCR has nominated WHO to lead the health sector coordination together with the Ministry of Health and Directorates of Health.

Regular meetings by the health sub-group, jointly co-chaired by the Dahuk Directorate of Health and WHO, are held in Domiz camp.

Donors and funding

Country of operations	Total requested by health sector (US\$)	Total requested by WHO (US\$)	Amount received by WHO (including pledges) (US\$)	% of overall amount requested by WHO	WHO unmet requirements (US\$)
Syrian Arab Republic	53 150 319	31 145 000	8 556 692	27%	22 588 308
Iraq	2 089 000	1 350 000	-	0%	1 350 000
Jordan	15 625 999	2 650 000	288 900	11%	2 361 100
Lebanon	6 613 440	400 000	149 800	37%	250 200

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