



Regional SitRep, May & June 2015 WHO Response to the Syrian Crisis



12.2 MILLION¹
AFFECTED



7.6 MILLION²
INTERNALLY
DISPLACED



>4.0³
MILLION
REFUGEES

WHO

BENEFICIARIES/SUPPLIES



UNKNOWN	TREATMENT COURSES PROVIDED
350	HEALTH KITS
20	TONNES OF MEDICINE
	FUNDING US\$ ⁴



33%	FUNDED (SRP & 3RPs)
\$165,195,669	REQUESTED (SRP & 3RPs)

HEALTH CLUSTER

UNKNOWN	HEALTH SECTOR PARTNERS
12.2 M	TARGETED POPULATION

BENEFICIARIES / SUPPLIES



UNKNOWN	TREATMENT COURSES PROVIDED
7	HEALTH KITS
20	TONNES OF MEDICINE

HEALTH FACILITIES



113	PUBLIC HOSPITALS IN SYRIA (HERAMS SYRIA)
46	TOTAL FUNCTIONING
31/36	NOT FUNCTIONING/PARTIALLY FUNCTIONING

HEALTH SERVICES



41,444	CONSULTATIONS (WoS + 3RPs)
UNKNOWN	SURGERIES (WoS + 3RPs)
2,712	ASSISTED DELIVERIES (WoS + 3RPs)
5,670	REFERRALS (WoS + 3RPs)

VACCINATION AGAINST



1,451,128	POLIO (WoS + 3RPs)
14,707	MEASLES (WoS)

EWARN

1,091	SENTINEL SITES
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FUNDING US\$⁵



26%	FUNDED
\$317,905,316	REQUESTED (SRP)

HIGHLIGHTS

WHO SYRIA For the first time in 12 months, WHO reached beneficiaries with life-saving medicines and dialysis machines in Douma, a besieged area of Rural Damascus. The shipment targeted 80,000 families with medicines for NCDs. Medicines were delivered to health facilities in Damascus, Hama, Al Suwayda, Ar Raqqa, Daraa, Lattakia, Aleppo and Homs, benefiting some 1.3 million patients.

WHO EGYPT facilitated health advocacy days in May and June, in Damietta and Alexandria. In collaboration with Syrian community leaders and representatives from public health units over 350 Syrian refugees were provided a comprehensive orientation on the health care services available to them.

WHO IRAQ and UNICEF completed the third round of the National Polio Vaccination campaign from 24th to 28th May. Around 5.3 million children were vaccinated, with 91% coverage.

WHO JORDAN in collaboration with the Jordanian MoH trained over 708 health staff on a disease surveillance program which uses mobile tablet technology. The health staff trained was from Karak, Ajloun, Tafileh Jarash, Mafraq and Balqa.

WHO LEBANON supported Lebanon's MoPH to launch the first "National Mental Health and Substance Use Prevention, Promotion and Treatment Strategy" for Lebanon. The strategy addresses mental and substance use disorders by taking a cost-effective, evidence-based and multidisciplinary approach.

WHO TURKEY The 10th round of Supplementary Immunization Activities for children under 5 was completed in accessible areas of Latakia, Hamah, Idleb and Aleppo, with coverage of 98%.

¹ UNHCR

² UNOCHA

³ UNOCHA

⁴ Financial Tracking Service. July 2015

⁵ Financial Tracking Service. July 2015

SITUATION UPDATE

Syria: As of June 2015, UNHCR estimates that 4 million Syrians have been displaced to neighboring countries including Turkey, Lebanon, Jordan, Iraq and Egypt, while 7.6 million have been internally displaced, with over 1 million injured and 220,000 killed. The demand for trauma care is notably high as a result of the rising number of injuries, estimated at 25,000 per month, and expected to increase to 1.5 million by the end of 2015.

Reports of advance and retreat by warring parties across several squats in Syria have resulted in grave violations of civilian rights including sexual exploitation, forced displacement, recruitment of child soldiers and denial of access to health services, water, electricity and other social amenities. Deliberate bombings of soft targets have become increasingly common. With the recent bombing of Yarmouk camp for Palestinian refugees in Damascus, the living conditions of 18,000 refugees, including 3,500 children in the camp have markedly deteriorated.

Egypt: According to UNCHR, the number of Syrian refugees registered in Egypt as of June 2015 is estimated at 132,275. UNHCR reported the first cases of irregular departures of refugees by sea in April 2015. Some of those attempting illegal departures were arrested, and are being provided emergency assistance (food, blankets, medical care and psychosocial support).

Iraq: The number of Syrians entering the Kurdistan Region of Iraq (KR-I) through the Peshkabour border have significantly decreased. In June, there were 174 Syrian asylum seekers who sought admission through this crossing. Around 2,177 individuals returned to Syria, with a sharp increase in the number of returnees reported in the second half of June up until the outbreak of violence in Kobane and Al-Hassakeh.

Internal displacements within Iraq continue to be on the rise in some areas. As of 31st May 2015, IOM's Displacement Tracking Matrix (DTM) reported that 237,786 individuals (39,631 families) have been displaced from and within Anbar District. Displacement numbers have markedly increased in Ramadi district, with IDPs moving from Ramadi and other parts of Anbar to Sulyeimaniah province. By early June, an estimated 4,200 individuals were reported to have arrived in the province. Reports from Sulyeimaniah indicate that three new IDP camps have been created in Garmian district with a capacity to host 1,000 internally displaced families. Plans to open Barznja IDP camp near Sulyeimaniah are also underway. According to DTM the number of IDPs in Iraq is about 3,103,914.

Jordan: According to UNHCR, Jordan was hosting 629,128 registered Syrian refugees as of June 2015. Non-communicable diseases (NCDs) and mental health problems continue to be primary concerns among Syrian refugees in Jordan. The strain on health services resulting from the arrival of Syrian refugees has resulted in inadequate supply of health staff to meet increasing health needs of the population. This is particularly the case for obstetricians, gynecologists, dermatologists, pediatricians and psychiatrists with variable availability across the country.

With Jordan's MoH withdrawing free access to all levels of health services for out-of-camp refugees in November 2014, health service utilization has been markedly impacted. A UNHCR/JHAS Syrian Health Access and Utilization survey conducted in May 2015 showed that a majority (58%) of adults with NCDs were not able to access medicines or other health services, primarily due to increase in fees. This compares with 24% in 2014. Use of private facilities has increased with 64% seeking healthcare facilities in the private sector and only 24% in the government sector. The new MoH policy has resulted in increasing number of refugees returning to camps. In light of the change, UNHCR has issued a revised policy with immediate effect aimed at targeting support to the most vulnerable refugees. SGBV, mental health, malnutrition in children, and neonatal and obstetric complications will continue being supported for all registered Syrian refugees.

Lebanon: As of 6th May 2015, UNHCR temporarily suspended new refugee registrations in Lebanon in accordance with the Government of Lebanon's instructions. According to UNHCR Lebanon currently hosts approximately 1.2 million registered Syrian refugees, with a significant number still waiting registration. This accounts for over 25% of the country's population. Half of the refugee population is estimated to be below the Lebanese extreme poverty line of USD 3.84 per day. According to the June 2015 3RP Progress Report, 45% of refugees live in sub-standard shelters. The situation is quite dire, with cuts in food aid for refugees being planned for August as a result of underfunding.

Turkey: Hosting more than 1.77 million refugees, Turkey has now become the biggest refugee-hosting country in the world in accordance with UNHCR and AFAD (Disaster and Emergency Management Authority of Turkey) data. As of June 2015, around 260,000 refugees are living in 25 camps in 10 cities and the remaining population is living amongst communities. The projected number of Syrian refugees in Turkey for 2015 is 2.5 million with 300,000 residing in camps and 2.2 million living in urban areas amongst communities. Major cities of Western Turkey such as Ankara, Antalya, Izmir, Istanbul, Konya and Mersin have also attracted large numbers of Syrian refugees.

PUBLIC HEALTH CONCERNS

Syria:

The Syrian population is increasingly vulnerable to infectious disease outbreaks due to disruptions in vaccination programmes, overcrowding in public shelters, high levels of internal displacement, damage to water and sanitation infrastructure, and lack of waste management. Over 2,500 cases of Acute Jaundice Syndrome were reported in May 2015; 498 cases of Typhoid and 739 cases of brucellosis from 841 EWARS sentinel sites across Syria. In addition, Yarmouk's civilians remain highly vulnerable.

Attacks on civilian infrastructure such as health facilities and schools have increased. Between April and May 2015, 11 attacks on hospitals and health facilities were reported in Aleppo Governorate. Aleppo hosts the highest number of IDPs, estimated at 1.7 million. Some 812,000 are currently in need of assistance.

Egypt:

An increased number of Syrian refugee detainees were reported in coastal governorates in Egypt, increasing the need for emergency assistance which is considerably challenging given the underfunded response to the refugee crisis.

Four cases of H5N1 were discovered in June in Egypt's southern governorates- a region which does not have notable Syrian refugee presence.

Iraq:

With the fresh wave of internal displacements from Ramadi and other parts of Anbar, the risk of measles outbreaks among IDP children remains particularly high. WHO is continuing its work with health authorities and other partners to ensure reduced risk of measles outbreak in IDP camps and other IDP locations.

In May, Acute Upper Respiratory Tract infections remained the highest reported communicable diseases recorded from all reporting sites in three consecutive weeks, followed by Acute Diarrheal Diseases, Acute Lower Respiratory Tract Infections and Skin Disease. Sporadic cases of Acute Jaundice Syndrome, suspected measles, and one suspected case of Acute Flaccid Paralysis were reported in this period.

Jordan:

According to UNHCR's Inter-sector Working Group updated, in Jordan, injuries remain a considerable burden with 8% of refugees having sustained significant injuries, 90% of which are conflict-related. In June, 125 war wounded patients arrived in the emergency room in Ramtha Hospita, a significant increase from the first five months of the year (average 67 per month) and higher than the 2014 monthly average of 102. Men accounted for the majority of injured persons, though there was an increase in the number of women treated. The highest proportions of injuries (74%) were found amongst those aged between 18 -55 years, with 23 out of the 125 under the age of 18 years, many of whom were without parents. The majority of cases suffered from complex injuries.

Lebanon:

Around 300,000 Syrians in Lebanon are categorized as most vulnerable, 60% of them being women and children. Maternal and child health services are a priority need amongst Syrian refugees in Lebanon, along with mental health and NCD services. In addition to strengthening the resilience of the national health system to cope with increasing demands, there is a need for continued vigilance in monitoring outbreaks of communicable diseases. The overcrowded informal tented settlements (ITs) create serious health concerns particularly with respect to limited access to safe water, sanitation and hygiene. An increasing burden on Lebanon to share healthcare resources with a large refugee population has resulted in escalations in social tensions between refugees and their host communities.

Turkey

A new influx of 25,000 refugees occurred in June following heavy fighting in Tel-Abyad and after the opening of the border in Akcakale, Turkey. A number of new arrivals are located in the camps whereas the majority is accommodated by their relatives and acquaintances who have already settled in urban areas.

As non-camp refugees in urban areas live in crowded conditions, communicable and vaccine preventable disease risks remain a major threat to public health. No significant outbreaks have been detected so far in the camps or in urban areas, and surveillance activities are being continuously carried out. Mental health and psychosocial issues remain a concern amongst Syrian refugee populations, particularly given the language barrier. In conflict areas, severely injured patients require long-term rehabilitation and care which is often expensive.

HEALTH NEEDS AND GAPS

Syria

The intensification of fighting in Aleppo city since April has resulted in reports of many civilian deaths, destruction of infrastructure and interruption of essential services. Fighting reportedly escalated near the Khanser road- a key supply route connecting Aleppo city to central Syria, and therefore to essential humanitarian supplies. Attacks on civilian infrastructures, particularly hospitals have been increasing; with 11 attacks on health facilities in Aleppo governorate from April to May 2015, and another unconfirmed attack on June 8th. The number of non-functioning hospitals increased from 19 to 26 between January and April 2015. As of May 2015, access to an estimated 26,500 people living in besieged towns of Nabul and Zahraa was still hampered. Provision of medical equipment and rehabilitation services is necessary to improve functionality of hospitals. In Yarmouk camp, more than 95% of Palestinian refugees are relying on humanitarian agencies to meet their basic needs.

Egypt

The health profile of the host population in Egypt and the Syrian refugees is very similar, with a high prevalence of NCDs. Given the strain on health facilities and services in areas where Syrians reside, adequate access to NCD related medical follow-up and treatment remains a major concern. Provision of NCD medication is a challenge for the Syrian refugee community in Egypt. Although public Primary Health Care facilities are provided with NCD medication, the capacity of these centres is often so stretched that access for Syrians is limited. To make up for inadequate access to necessary health services, Syrian refugees often turn to international organizations for the provision of healthcare.

Iraq

With the recent wave of internal displacements, areas of Amariate Al Fallujah, Habaniyah City and other parts of the country where IDPs are seeking shelter are experiencing immense strain on health services. Maternal and pediatric teaching hospitals in Al-Ramadi remain closed. In Al-Khaldia district, most health facilities are reported to have closed down with health workers fleeing due to the increasingly deteriorating security situation.

Prevention of communicable disease outbreaks remains a top priority. In addition, there is a need to expand Community Health Worker programs in Qushtapa and Basirma camps in Erbil Governorate to increase health awareness. For camps which are located at a distance from cities, such as Darashakran and Gawilan Camp, delivery rooms are critically needed to address health needs.

Jordan

There is an ongoing need to support the MoH in Jordan, through provision of equipment, infrastructure support, and human resources. As a result of the Syrian crisis, there is growing need to promote resilience within the national health system to address the intensified demand for health services. Syrians have a high burden of NCDs, including genetic conditions such as thalassemia. The resources necessary to address these needs are often inadequate.

The provision of healthcare for Syrians in Jordan is becoming increasingly unaffordable. Refugee perceptions of expensive MoH services is driving them towards costly private sector facilities, placing an even higher financial strain on the population. MoH's withdrawal of free access to secondary and tertiary health services has put a significant burden on the limited referral budgets. These are often critical, particularly with respect to deliveries, intensive neonatal care, malignancies, thalassemia major, renal dialysis, congenital cardiac conditions and war-related injuries.

Lebanon

The large dispersal of ITSS lacking proper water and sanitation infrastructure has created a need for strengthening national water quality monitoring. The threat of communicable disease outbreaks still remains a concern. There is a need for capacity building training for the health staff in entomological and zoonotic disease surveillance which would enable them to conduct field investigations in case of an alert /outbreak.

The Syrian crisis has also taken a considerable toll on the Primary Health Care Centres in Lebanon, which are strained due to increased demand, and limited resource availability. The copayment modality whereby Syrians have to cover 25% of hospitalization cost constitutes to be a heavy burden on the refugees as well as a high risk on hospitals since many refugees cannot afford to reimburse this proportion.

With the influx of over one million Syrians and Palestinians as a result of the Syrian Crisis, the context of mental health interventions in Lebanon has been notably altered. Mental and substance abuse disorders are amongst the top public health concerns in the country.

Turkey

Equitable access for Syrians, particularly with respect to primary and chronic health care services is seen as a priority. Conflict related injuries have increased the need for post-operative rehabilitative services, requiring human and financial resources and equipment. The provision of mental health services for refugee populations remain a concern in Turkey. In addressing these concerns, the expansion of Health Information Systems is essential to account for and effectively address the needs of the Syrian refugee population in Turkey.

WHO ACTIVITIES

Syria

- For the first time in 12 months, WHO reached beneficiaries with life-saving medicines and dialysis machines in Douma, a besieged area of Rural Damascus governorate. The shipment targeted 80,000 families with medicines for NCDs, 250 haemodialysis sessions and two dialysis machines. In addition, medicines were delivered to health facilities in Damascus, Hama, Suwayda, Ar Raqqa, Daraa, Lattakia, Aleppo and Homs, benefiting some 1.3 million patients.
- Approximately 5,300 patients benefited from the emergency, surgical and diarrheal kits delivered to health facilities in Damascus, Rural Damascus, Aleppo, Hama and Suwayda. In addition, hospital equipment such as baby incubators and other machines needed for diagnosis and treatment were provided in Homs, Dara and Damascus.
- Over 600 health workers were trained in various aspects of emergency health care including surveillance and primary and secondary health care.
- During the May-June 2015 Polio immunization cycle, WHO provided technical and managerial support for the implementation of the campaign and other routine vaccination activities in all governorates, except Ar Raqqa due to security concerns.
- WHO continued its mass media campaigns to increase awareness on containing outbreaks of food and water borne diseases.

Egypt

- WHO facilitated two health advocacy days in May; one in Damietta accommodating 150 Syrian refugees and their children, and one in Alexandria, hosting 200 adults and their children. WHO collaborated with Syrian community leaders and representatives from public health units to provide a comprehensive orientation on the health care services available to the refugees. In June, a health advocacy day was held at “6 October City”, with over 200 displaced Syrian adults and 200 children in attendance. “6 October City” hosts the largest concentration of Syrians in Egypt.
- In May, the Egypt MoHP surveillance team completed the collection phase of a Health Needs Assessment Survey in Alexandria, under the supervision of WHO technical officers. The survey conducted included 140 Syrian refugee families in the areas of Montaza, Amereya and Borg Elarab. In June, data collection of the health needs assessment was finalized in Damietta and Qalyobia governorates.
- WHO Egypt continued the provision of secondary and tertiary health care services for emergency/ life-threatening conditions through a network of contracted hospitals.

Iraq

- WHO and UNICEF supported the successful implementation of the third round of the national polio vaccination campaign from 24th to 28th May. Around 5.3 million children were vaccinated. The Iraqi

Red Crescent Society checked 11,472 children in areas where the campaign was conducted and found that 91% of the children were vaccinated; 80% with proof of finger-marking.

- WHO donated four Mobile Medical Clinics to the MoH, which was prepositioned at Bzebez Bridge, Anbar to serve the increasing influx of refugees in the area.
- WHO conducted four Rapid Health Assessments between 29th May and 1st June 2015 in eight IDP locations; Abu Gharaib IDP camp, Bzebez Bridge to Baghdad, Cement Factory check point, White IDP camp, Amariate Al-Fallujah IDP camp, Al Amal Almanshood IDP Camp and Al Salam IDP camp. To address needs and gaps identified during the assessments, WHO provided medical supplies in addition to initiating the procurement of six caravans, 200 wheel chairs, 10,000 sterile surgical gowns and 200 oxygen bottles and 200 regulators.
- In collaboration with the Kurdistan Region MoH, and with the technical support of Global Outbreak Alert and Response Network (GOARN), WHO assessed the risk of cholera outbreak in the Erbil, Dohuk and Sulaymaniah.
- WHO continues to support the salaries of 64 medical staff in four refugees camps in Erbil province (Darashakran, Kawergosk, Basirma and Qushtapa). This includes four doctors, two dentists, three pharmacists, two pharmacist assistants, 12 nurses, six lab assistants, four data entry officers, seven helpers, four managers and 20 ambulance drivers. This support became more critical and more necessary with the withdrawal of IMC from two camps where they had been working in complementary style with WHO.

Jordan

- Following a pilot project on disease surveillance using mobile tablet technology, WHO in collaboration with the Jordanian MoH is implementing the surveillance programmes in 309 sites across Jordan. These programmes use case-based, integrated surveillance methods to monitor child health, reproductive health, mental health, NCDs and communicable diseases. Health data yielded during patients' visits to health care facilities are reported within one hour via an online system based on automated SMS and e-mail alerts. The system is accessible to all sites that have registered in the programme. During May and June 2015, over 708 clinicians and staff from Karak, Ajloun, Tafileh Jarash, Mafraq and Balqa have been trained.
- WHO procured and sent emergency surgical supplies (seven surgical kits) to Syria with UN convoys under UN Security Council Resolution 2191.
- In collaboration with national partners, WHO convened a 5-day Training of Trainers (TOT) Workshop on Community-Based Rehabilitation (CBR) Guidelines for 30 professionals. The training was aimed at raising awareness of CBR and related capacities among CBR managers and implementers in Jordan's MoH. MoH, Ministry of Education, Ministry of Social Development, Higher Council of Affairs for Persons with Disabilities, Universities, UNRWA and national NGOs were in attendance.
- WHO donated NCD medicines to support MoH in mitigating the impact of the crisis on Syrian refugees in Jordan. This included 28 packs of Amlodipine 5mg capsules, 30 packs of Glimepiride 4 mg tablets and 100 packs of metformin 850 mg tablets.

Lebanon

- WHO supported Lebanon's MoPH to launch the first national Mental Health and Substance Use Prevention, Promotion and Treatment Strategy for Lebanon. Through its five domains that are in line with WHO Mental Health Action Plan (2013-2020), the strategy addresses mental and substance use disorders by taking a cost-effective, evidence-based and multidisciplinary approach, with emphasis on community involvement, continuum of care, human rights and cultural relevance.
- With the purpose of strengthening the national water quality monitoring and surveillance system, WHO established water monitoring labs under the EU IFS project, housed at eight public hospitals. Training on the principles of water safety, quality control management and monitoring, and data

handling was conducted for water laboratory technicians and for environmental staff of selected municipalities in May.

- A total of 133 personnel were trained, as part of the EU IfS Project, over seven sessions on the surveillance and response SOPs to ensure coordination and timely response in case of alert/outbreaks. The trainings were held by WHO in coordination with the MoPH and were attended by the MoPH response and surveillance team, Qada doctors, head of health department at Mohafaza level, the airport health team and the Public Rafic Hariri University Hospital team.
- Advanced trainings for MoPH staff were conducted in selected areas, including a one-day training on zoonotic disease surveillance with 35 participants from MoPH and the Ministry of Agriculture, a two-day training on WASH surveillance, with 81 participants, and a two-day entomology surveillance training, which took place on May 29th and June 1st.
- A pool of 442 healthcare professionals, grouped into cohorts attended a 6-day training workshop from March till mid-June 2015 on revised protocols reinforcing Primary Health Care as a main pillar in health services. WHO supported the update, revision and translation of the existing 'Clinical Management Protocols for the Most Common Health Conditions in Primary Health Care'.

Turkey

Refugee Component

- The Emergency Health Coordinator and a WHO team discussed with the MoH technical support including laboratory capacity strengthening, supplementary immunization activities and disease surveillance. Training and capacity strengthening of Turkish health professionals to respond to public health crises, training and integration of Syrian refugee doctors and nurses, and EWARN training have been identified as priority measures discussed during the series of meetings.
- A Training of Trainers was held with the participation of 25 national trainers in Urla/Turkey. The training addressed capacity building for Chemical Biological Radiological and Nuclear (CBRN) preparedness for public health personnel working in Syrian crisis affected provinces. The topics of the training included hospital evacuation, principles of radiation protection, medical effects of radiation exposure and post-event evacuation decision.
- WHO team visited two International NGOs' health centres to discuss field service delivery in Kilis. The first INGO provides outpatient services and the latter works on 24/7 basis inpatient services for post-op care.
- WHO planned two refugee health professionals' trainings for 2015. The curriculum and training materials are completed and aim at Syrian refugee doctors and nurses smooth integration into the Turkish healthcare system. The first of a series of Refugee Doctors Adaptation Training (ReDAT) is planned to be conducted in August.

Northern Syria Component

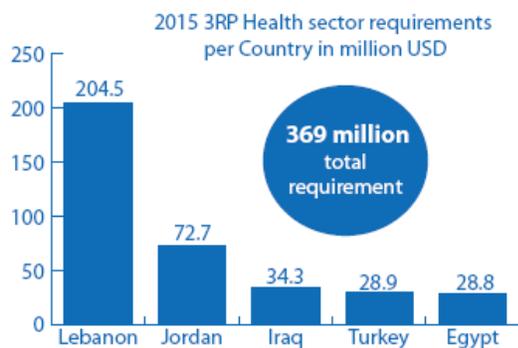
- The health cluster online coordination forum enables real-time needs assessment and response, and has proved to be very useful and essential with the increase of fighting in northern Syria. Under the Health Cluster, the capacity building group finalized the development of a template to map out existing trainings activities and capacities as well as to identify training needs of health workers inside Syria.
- The Advocacy Group under the Health Cluster continued its efforts to address the increase of attacks on hospitals and health workers. It has been working jointly with the Protection Cluster on the standardization of incident report and a data base for the collection of information.
- Together with the Nutrition Cluster, the Health Cluster facilitated a Community Health Workers Workshop in Gaziantep. The objective of the workshop was to share experiences of community

health workers inside Syria, standardize job descriptions for community health workers and develop key educational messages. The workshop was attended by all organizations that received funding from the Humanitarian pool Funding.

Polio/EPI

- Based on the recommendation made earlier for the revival of the EPI program in northern Syria, WHO together with the counterparts developed an assessment tool to assess the infrastructure at the field level. The assessment was performed by the QRC in all accessible governorates, while WHO consultants conducted the Training of Trainers. Assessment teams were able to collect data from accessible areas of the western governorates of Latakia, Aleppo, Hama and Idleb, and the southern Governorates of Qunaitra and Dara-a. The team of Deir Ez Zor was also able to assess the EPI infrastructure. The data is being analysed at the SITF and would be shared soon.
- The 10th round of Supplementary Immunization Activities was completed in accessible areas of Latakia, Hamah, Idleb and Aleppo (total under 5 in the accessible areas is 643,785 out of the target 971,928) with a coverage rate of 98%.

Resource Mobilization



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