



World Health Organization

Regional Situation Report, December 2015
WHO response to the Syrian crisis



Social Mobilization activities to OCV, near Dahuk in Northern Iraq close to the borders between Syria and Turkey – Dommiz 1 refugee camp.



13.5 MILLION¹
AFFECTED



6.5 MILLION²
INTERNALLY
DISPLACED



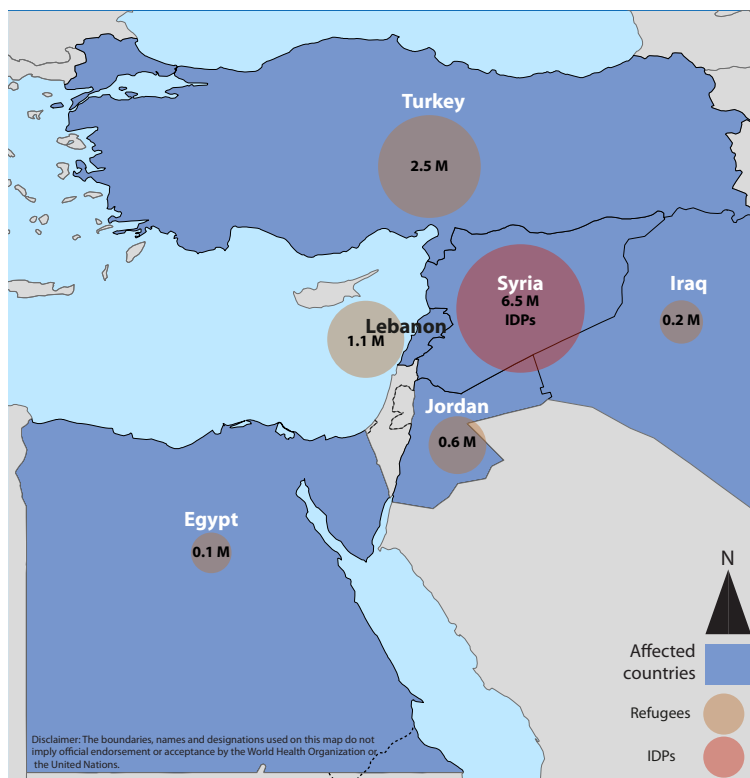
>4.3 MILLION³
REFUGEES



1 MILLION⁴
INJURED



>250,000⁵
DEATHS



HIGHLIGHTS

WHO Syria: Provided over 346,000 treatments across conflict-lines to Aleppo and Homs governorates. This represents 45% of 780,000 treatments delivered this month;

WHO Iraq: Concluded the second round of the national oral cholera vaccination campaign between 07-09 December in the Kurdistan Region;

WHO Jordan: Assisted in establishing a Polio Control Room (PCR) under the leadership of the MoH, which includes WHO, UNICEF, NGOs and Royal Medical Service "RMS";

WHO Lebanon: Supported the MoPH to create a national Hazmat emergency response team to ensure public and medical safety throughout the mitigation of hazardous materials incidents all over Lebanon;

WHO Turkey: Completed a polio campaign in Kobani area in northern Syria covering more than 17,000 children under 5 years of age. Kobane is accessed for the first time since December 2014 due to security tensions and subsequent border blockade.

HEALTH CLUSTER

	882,705	TREATMENT COURSES PROVIDED
	-	HEALTH KITS
	\$687⁶ M REQUESTED (SRP & 3RPs)	41% FUNDED
	113 43% FUNCTIONING	# OF HOSPITALS (HeRAMS SYRIA)
	CONSULTATIONS 1,278,916 (3RPs & SRP)	SURGERIES 594,119 (3RPs & SRP)
	ASSISTED DELIVERIES 18,988 (3RPs & SRP)	REFERRALS 5,049 (3RPs & SRP)

WHO

	-	TREATMENT COURSE PROVIDED
	-	HEALTH KITS
	\$165 M⁷ REQUESTED (SRP & 3RPs)	41% FUNDED
	871,482	POLIO VACCINATION
	-	MEASLES VACCINATION
	2,456	EWARN SENTINEL SITES

-: DATA NOT AVAILABLE IN THIS REPORTING PERIOD. IT WILL BE ADDED IN THE NEXT EDITION.

Source: 1,2-UNOCHA, 3-UNHCR, 4,5-UNOCHA, 6,7-Financial Tracking Service, December 2015

SITUATION UPDATE

Syria: Nearly 60 months of conflict in Syria has resulted in increased civilian casualties, internal and external displacement and the destruction of livelihoods and public infrastructure. The humanitarian situation in Syria continues to deteriorate as the conflict spreads to all of the 14 governorates. More and more people are rendered vulnerable to disease outbreaks especially in the hard-to-reach and besieged areas where humanitarian responders have limited access.

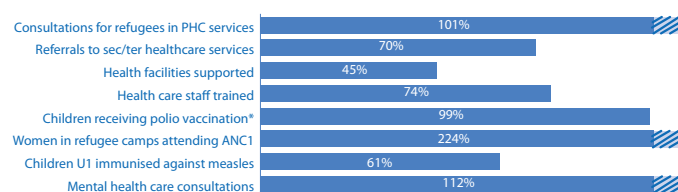
On 5 December, the first leg of a three-part convoy delivered life-saving supplies to 25,000 beneficiaries in Al-Wa'r neighbourhood of Homs city. The convoy delivered all the planned health, food, nutrition and non-food items, except for surgical supplies, which the Government of the Syrian Arab Republic did not permit to be included in the convoy. The prohibited surgical materials would have assisted more than 24,480 beneficiaries⁸.

In December, the United Nations Security Council adopted 2 resolutions; the first 2254, endorsing road map for a peace process in Syria, setting timetable for talks between the Government and opposition members, as well as the outlines of a nationwide ceasefire to begin as soon as the parties concerned had taken initial steps towards a political transition. The second resolution 2258 renewed authorization for passage of humanitarian aid into Syria⁹.

Iraq: With 3.2 million Iraqis, including over one million IDPs hosted in the three Governorates of the Kurdistan Region of Iraq (KRI), the effect of intensive conflict in various part of the country continued to impact Syrian refugees' ability to attain and maintain self-reliance, with respect to accommodation, employment and access to health services.

There are currently more than 245,000 Syrian refugees registered by UNHCR with 39% in camps and 61% in communities. Despite the funding shortage under the 2015 3RPs, the health partners have provided continuous support to the refugees in terms of access to health care services.

Graph 1: Iraq response indicators (up to 30 November 2015)

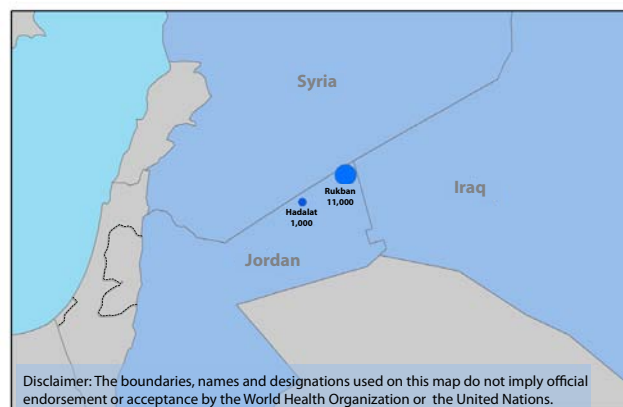


Planned response based on full funding of 3RP for an expected direct beneficiary population of 250,000 Syrian refugees and 1.5 million members of impacted local communities by end-2015. * Target for each polio campaign covering KR-I.

Jordan: The number of refugees stranded at the north-eastern border between Jordan and Syria, approximately 3km inside Jordan, has increased to 12,000 individuals at the end of December. The population includes about 11,000 people in Rukban and 1,000 people in Hadalat. The concerned population is comprised mostly of elderly people, women, children, sick or wounded individuals and other vulnerable people in need of assistance.

In response to this humanitarian situation, WHO is in the process of procuring a total of 500 neonatal sleeping bags to prevent

vent neonatal hypothermia caused by cold weather conditions.



Lebanon: More than 1 million Syrian refugees are registered in Lebanon according to UNHCR (December 2015). Registered refugees represent more than 25% of the total population according to OCHA¹⁰, of whom 15% live in informal tented settlements (ITSs) in some of the poorest areas of the country and are classified as extremely vulnerable; 23% of all Syrian refugees are women, and 51.6% are children, 18% of whom are under five years of age. Providing for refugee needs has impacted heavily on Lebanon's public finances, increasing government expenditure on subsidies, public services and security, while further compounding the negative economic consequences of regional instability.

Turkey: As of 31 December 2015, 2.5 million¹¹ Syrian refugees live in Turkey. Around 14% of the refugees are living in 25 camps in 10 cities and more than 1.9 million are living among 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: As a result of low routine vaccination coverage, inaccessibility and shortages of vaccine in Deir ez-Zor, cases of pertussis increased from 296 in November to 339 cases in December 2015. While in Aleppo, 40 cases of severe acute respiratory infection were reported including 11 deaths, eight admitted to intensive care units and three laboratory confirmed H1N1 cases.

57% of 113 public hospitals and 51% of 1,783 public health centres were either partially functioning (i.e. shortage of staff, equipment, medicines or damage of the building in some cases) or closed down.

Iraq: The cholera outbreak in Iraq is slowly waning down, and very few confirmed cases were reported from the affected districts/governorates through their provincial reference laboratories since the last November. With the decline in cholera cases, the Ministry of Health along with WHO and partners is currently preparing for winter diseases response. The cold, rainy, and snowy season increases the spread of respiratory infections among vulnerable population in the IDP and Refugee camps.

Jordan: WHO is providing technical support to MoH to reach the performance indicators for the international benchmarks

for Acute Flaccid Paralysis (AFP) surveillance programme that is targeting Jordanians and non-Jordanians (Syrian, Iraqis and others) by the end of 2016. By December 2015, the international benchmarks below were met:

- Ten AFP cases were reported in Jordan during December 2015, while the annualized non-polio AFP rate reporting is 3.2 with stool adequacy of 92%;
- The annualized non-polio AFP rate among Syrian refugees is 2.4 with stool adequacy of 100%;
- Total of 90 AFP cases were reported in 2015 while 61 AFP cases were reported for the same period in 2014;
- Non-Polio Enterovirus isolated rate is 4%;
- 34% of discarded cases have been classified as a Guillain-Barré syndrome (GBS).

Lebanon: Since July 2015, Lebanon is experiencing a waste disposal crisis, due to the closure of the main landfill in the country, and the inability of the government to find alternative solutions. The waste crisis is a serious health concern, with piles of trash accumulating across the country, increasing the risks of diarrheas and other infections (air, water and vector borne, hygiene related) in addition to food/crops contamination; as well as risks of environmental pollution due to the chaotic disposal of waste in dumping areas across the country. Both the Lebanese and Syrian refugees are exposed to high risks of cholera and other water/food borne diseases owing to the poor sanitation and water access especially in the areas with large population density.

The threat of outbreaks of acute watery diarrhea, hepatitis A, cholera, tuberculosis, measles, mumps, and other diseases are of concern, given the frequent population movements between informal dwellings that have limited access to health care services. There is a need to protect more than one million refugees and members of host communities against viral hepatitis A through public health measures, including improved hygiene and increased access to safe water. Polio vaccination campaigns and accelerated routine vaccinations have so far succeeded in keeping Lebanon polio free. However, additional vigilance is required to prevent other vaccine preventable diseases.

Syrian refugees also present several other health service needs including for reproductive health, nutrition and mental disorders. Although limited funds are available for equitable provision of health services at primary, secondary, and tertiary health care levels, there are currently less resources available to adequately treat chronic conditions.

Turkey: Providing mental health and psychosocial support services (MHPSS) is an increasingly major challenge due to the language barrier and the limited number of facilities offering these services in comparison to the growing needs even for the host community. While malnutrition is currently not a major concern, it is expected that it will be more prevalent among the newly arriving refugees from areas in Syria with ever reducing food security. Trauma management and intensive care for the large number of severely injured patients from conflict areas continue to require inputs of equipment, human and financial resources. The required long-term post-operative rehabilitation of severely traumatized patients remains a challenge for the already burdened Turkish health care system.

Urban refugees live in crowded environments which rises their risk of exposure to communicable and vaccine preventable dis-

eases. Nonetheless, no significant outbreak has been detected so far in the camps or in urban areas where there are continuous surveillance activities.

HEALTH NEEDS AND GAPS

Syria: Inaccessibility especially to hard-to-reach and besieged areas has kept many people in need without humanitarian aid across Syria. The UN has identified 15 besieged areas that require urgent humanitarian response across Syria. In Madaya, for example, with an estimated population of 42,000 people of which 29,000 people in need of healthcare services, 17,600 IDPs mainly displaced from Zabadani, Buqin and neighbouring villages, there is only one field hospital (emergency medical point) and three medical doctors including one private gynaecologist and a paediatrician, to provide health care services to the population. Madaya health centre is partially functional with limited staff and gross shortage of medicines. The last medical supply to Madaya was in October 2015. Since, March 2015, no polio vaccination campaign has taken place in Madaya.

Reports showed that the operating medical team in Madaya is over-burdened and not skilled enough to provide proper care to acute disease and malnutrition cases. Health facilities are located in hygienically poor basements of buildings and do not even have a MUAC for proper assessment of nutritional status of children.

Iraq: Partners in various PHC facilities are still losing essential health staff due the cumulative and recent spikes in departures to Europe. This has contributed to staff shortage for healthcare service provision.

Under the 3RP 2016-2017, more than 20 million US dollars will be needed in 2016 by the health sector to continue providing health services to refugees and host communities affected by the Syrian crisis. It is a key priority to prevent excess morbidity and mortality among the displaced Syrian populations.

Jordan: The situation of refugees stranded at the border between Syria and Jordan is alarming. More than 12,000 refugees are currently located in the Berm, approximately 3km inside the north-eastern border of Jordan and are living in deplorable conditions. A more nuanced approach to this situation is recommended by the Humanitarian Country Team (HCT) in Jordan.

Lebanon: PHC center staff in Lebanon are facing increased workloads, especially in areas with a high concentration of Syrian refugees. Pregnant women and children both within refugee and host communities are among the most vulnerable in Lebanon. Efforts to enhance child health care and reduce morbidity and mortality among Lebanese and refugee children need to be sustained.

Turkey: The role of family and community health care centers as primary care providers for Syrian refugees needs to be reinforced, including MH for impacted communities. Awareness of urban Syrian refugees on the utilization of health services should be raised; accordingly WHO is developing Information, Education and Communication (IEC) materials within the scope of the 3RP. It is critical to sustain communicable diseases surveillance, response and immunization to mitigate avoidable

morbidity and mortality among affected and displaced populations, including emergency polio response.

Recent months have seen a clear increase in the number of Syrians seeking refuge further afield, notably in Europe. Strengthened international coordination should be sustained to ensure equal access to health services.

The work overload on the secondary health care services continues to be an important issue in urban areas, where the majority of Syrian refugees are located. Support to the health system is needed to ensure sustainable health care provision to refugees and to enable partners to participate in the health service delivery. Permitting Syrian health professionals to work in dedicated clinics to serve Syrian patients is still pending.

WHO ACTIVITIES

Syria:

- WHO delivered approximately 780,000 treatments in five governorates: Aleppo, Hama, Homs, Damascus and Rural Damascus:
 - Over 346,000 treatments (45%) were provided across conflict-lines to Aleppo and Homs governorates;
 - Medical supplies for over 50,000 cases of trauma were provided in the five governorates;
- In Aleppo governorate, WHO provided 37,000 doses of flu vaccines for the high risk groups including health workers, pregnant women, the elderly, children aged 6 months to 5 years and patients with chronic diseases particularly among IDPs;
- WHO provided 10,000 capsules of TamiFlu to treat about 1,000 cases in Aleppo governorate;

Iraq:

- WHO continued to support the salaries of 41 medical staff working in the Syrian refugees camps in Erbil province;
- WHO continued vector control activities in the four refugees camps in Erbil to decrease the vector-borne diseases incidence among refugees. The activities included fogging, spraying, insect investigation and emergency spraying in areas reporting new cases especially leishmaniasis;
- WHO has concluded the second round of the national oral cholera vaccination campaign on 7-8 December in the Center and the South and 7-9 December in Kurdistan Region. The campaign, a complementary to the first one conducted on 26-28 October this year, covered 62 IDP and Refugee camps of over 232,000 above 1 year old population, almost all took the first of the two-dose vaccine during the first round;
- WHO supported two mobile teams in visiting the refugee camps to monitor the trend of Diarrhoeal Diseases, collect stool specimens, transfer to Erbil PHL and provide instructions and health education workers;

Jordan:

- WHO organized a 3-days workshop along with WHO Regional Office, MoH, and all related stakeholders during the period of 21-23 December 2015, where the partners agreed on the terms of reference for the costing exercise

of the tobacco use and the action plan. It was noted that the inclusion of the Syrian refugees in this exercise was perceived as mandatory, given that the non-communicable diseases is a priority area of concern for the health sector for both the Jordanians and the refugees in general including the Syrian refugees;

- WHO assisted in establishing a Polio Control Room (PCR) under the leadership of the MoH, which includes WHO, UNICEF, NGOs and Royal Medical Service "RMS". PCR has enabled all polio partners to review the situation, assess the progress and challenges and discuss required actions. All agencies have followed up on the implementation of activities and reported back to PCR. This has enhanced the cooperation and coordination among all partners; this is to note that a total of 85 coordination meetings were conducted by the end of December 2015;
- WHO as the sub-recipient of the Global Fund grant to prevent the disruptions to the continuity of TB care and associated services, has provided technical support for the development of SOPs for the continuation of TB treatment among Syrian refugees that are transferred out, conducted drug management training in the country, supported NTP in the development of IEC materials, and the reactivation of the web-based data entry system for TB;

Lebanon:

- WHO supported the MoPH to create a national Hazmat emergency response team to ensure public and medical safety throughout the mitigation of hazardous materials incidents all over Lebanon. Thirteen training sessions were conducted between 16 November and 22 December for 242 participants from the Civil Defense, the Medical Team and the Lebanese Red Cross. The objectives of the trainings were to: create a Hazmat team at the national level to face any Chemical, Biological, Radiological and Nuclear (CBRN) event in Lebanon, create a 24 hour Hazmat team from different backgrounds and sectors in Lebanon, define the roles and responsibilities for each team during any Hazmat incident, enhance the coordination between the different teams in any CBRN event, practical training and exercising on personal protective equipment (PPEs), hazmat equipment (decontamination and isolation shelter etc.), and conducting and evaluating a CBRN simulation. To note that high quality equipment was brought by WHO and used during the trainings for the practical and simulation sessions;
- WHO is supporting MoPH in developing a national strategy for mental health (MH) and substance use in prisons. The strategy is currently under finalization and the implementation plan under development, and will include: access to MH care and medications, awareness sessions in the prisons and training of prison security staff on MH issues. WHO is technically and financially supporting all activities under the prison MH strategy;
- As part of the mental health Gap Action Programme (mhGAP), WHO has supported the MoPH in conducting trainings for PHC centres that are part of the MoPH network. Subsequent to future trainings for other MoPH PHC centres, WHO is technically and financially supporting the MoPH in developing "Job Aids", based on the mhGAP- Intervention Guide. The Job Aids serve as "aide-memoire" to trained staff at the PHC level. The depression module has been field-tested to improve its user-friendliness;
- A second EPI situation assessment mission took place on 14-18 December aiming at finalizing the draft situation

analysis and strategic directions proposed with the MoPH team and meeting with stakeholders for final consensus on results. Key recommendations included strengthening the routine immunization and conducting two additional polio mop-up campaigns in February and March 2016 in synchronization with the countries neighbouring Syria;

Turkey:

Refugee Component

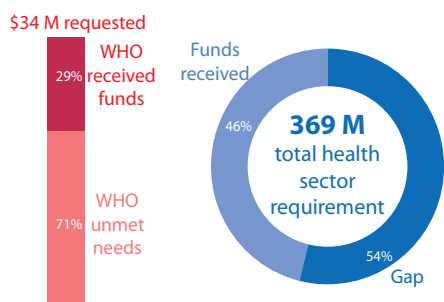
- The 6th session of the Refugee Doctors Adaptation Training (ReDAT) was held in December in collaboration with the MoH and Gaziantep University, in which 26 Syrian doctors from various fields participated aiming at the integration of Syrian doctors and nurses into Turkish health system for possible healthcare delivery to Syrians in Turkey. In an innovative approach, the one-week courses on PHC provided an insight to a wide-range of topics including vaccination schedules, availability of medicines, Turkish health legislation, communicable and non-communicable diseases;
- The 4th and final session of the Refugee Nurses Adaptation Training (ReNAT) for 2015 was held with the participation of 30 Syrian nurses in Gaziantep. The training was conducted in collaboration with the MoH and Gaziantep University. The trainings covered a wide range of topics along with on-site trainings in community and family health centres;
- Two trainings were held on Mental Disorders Detection and Referral and Psychosocial Support (PSS) for 35 field workers. The trainings were conducted in Arabic in collaboration with International Medical Corps. In line with WHO Guidelines, a number of topics were discussed including mental disorders, case identification and referral in emergencies, stigma and human rights, and communication skills;

Northern Syria Component

- The WHO MH consultant completed his assignment for MH assessment and development of guidelines for MHPSS for northern Syria. The mapping of health facilities providing MH services was completed and priority objectives for MH services were identified. As a result of these activities, WHO drafted an action plan for MH;
- WHO consultant finalized the trauma care assessment report and completed the list of all essential and trauma care surgical kits and equipment;
- The polio campaign in the eastern governorates of northern Syria using the bOPV reported reaching 854,482 children under the age of 5 years; this is the second and final round for 2015 in eastern governorates controlled by ISIS;
- The polio campaign in Kobane Area of northern Syria (bOPV) ended successfully reaching more than 17,000 children under 5 years of age. The population acceptance and the local health authority support were remarkable. Kobane is accessed for the first time since December 2014 due to security tensions and subsequent border blockade.

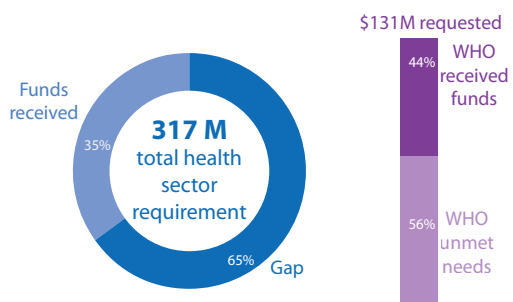
FUNDING AND PARTNERSHIP

2015 3RPs health requirements & funding



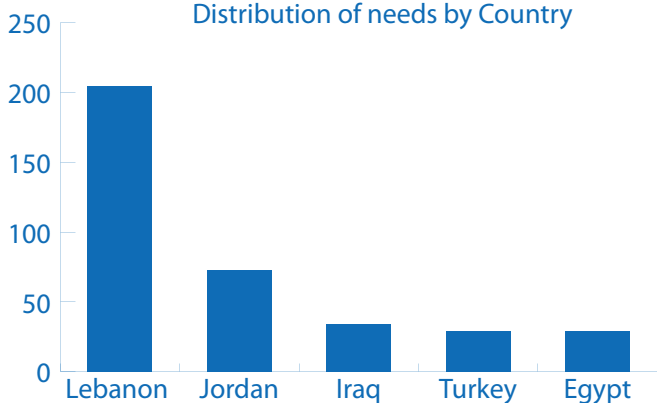
Data up to December 2015. Sector update is available on a quarterly basis

2015 SRP health requirements & funding

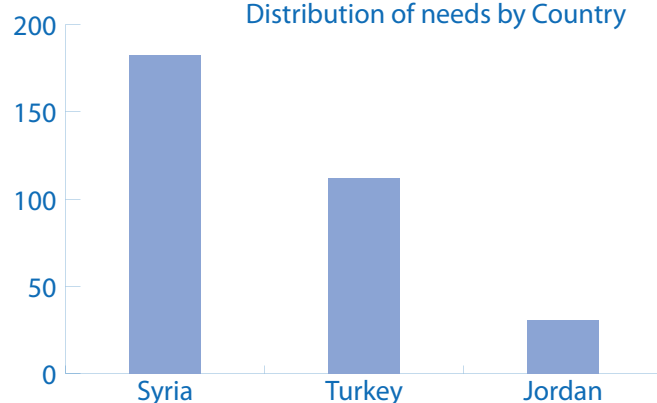


Data up to December 2015

Distribution of needs by Country



Distribution of needs by Country



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