



World Health Organization

Regional Situation Report, July 2015 WHO Response to the Syria Crisis



WHO team member meets children during routine immunization days.

Photo Credit: WHO Jordan



12.2 MILLION
AFFECTED¹



7.6 MILLION
INTERNALLY
DISPLACED²



>4 MILLION
REFUGEES³



>1 MILLION
INJURED⁴



> 220 000
DEATHS⁵

WHO

BENEFICIARIES/SUPPLIES



376,175 TREATMENT COURSES PROVIDED
1,088 HEALTH KITS
31 TONNES OF MEDICINE

FUNDING US\$⁶



33% FUNDED (SRP & 3RPs)
\$165M REQUESTED (SRP & 3RPs)

HEALTH CLUSTER

30 HEALTH SECTOR PARTNERS (SYRIA & IRAQ)
12.2M TARGETED POPULATION

BENEFICIARIES / SUPPLIES



- TREATMENT COURSES PROVIDED
- 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



38,684 CONSULTATIONS (WoS + 3RPs)
- SURGERIES (WoS + 3RPs)
2,508 ASSISTED DELIVERIES (WoS + 3RPs)
5,488 REFERRALS (WoS + 3RPs)

VACCINATION AGAINST



2.3M POLIO (WoS + 3RPs) (SYRIA)
1.6M MEASLES (WoS) (SYRIA)

EWARN

2,008 SENTINEL SITES

FUNDING US\$⁷



26% FUNDED (SRP)
\$317M REQUESTED (SRP)

HIGHLIGHTS

WHO SYRIA supported the delivery of 792 000 treatments and medical supplies across Syria. This included secondary care medicines such as insulin, antibiotics and cardiovascular medicines and supplies for haemodialysis sessions to Aleppo, Damascus, Dar'a, Lattakia, Hama and Rural Damascus.

WHO EGYPT in collaboration with the GIS unit of the Ministry of Health (MoH) concluded phase one of the GIS Health Mapping application. The current version of the application serves as a portal for decision makers and health working group partners, providing information about all health facilities utilized by Syrian refugees in Egypt including primary health care centers and public and private hospitals.

WHO IRAQ supported data collection and reporting from 78 sentinel sites and more than 150 focal points for the Early Warning and Response Network (EWARN) in the Kurdistan region, helping reduce the risk of disease outbreaks to refugee and host populations through timely surveillance.

WHO JORDAN in collaboration with the Ministry of Health (MoH) completed trainings for the tablet-based disease surveillance programme in July. A total of 48 635 consultations, 4 490 cases and 146 suspected notifiable communicable disease alerts were reported up to 30 July 2015.

WHO LEBANON expanded the 'Mother and Child Care' initiative to three new regions; Tripoli, Rashayya and Beirut, in order to support the host communities most affected by the Syrian refugee crisis. To date 448 antenatal care visits, 423 deliveries and 112 pediatric follow-up visits have taken place.

WHO TURKEY delivered 30 health kits consisting of emergency and surgical supplies to the health facility in Suruç Camp following a sudden influx of refugees.

Source: 1. UNHCR. 2, 3. UNOCHA. 4, 5. WHO Q2 2015 Donor Update. 6, 7. Financial Tracking Service, July 2015

SITUATION UPDATE

Syria

An escalation of violence in areas including Rural Damascus, Hama, Dar'a, and Aleppo has been a major driver in limiting the ability of actors to deliver humanitarian aid to parts of Syria. There are approximately 4.5 million people living in besieged and hard-to-reach areas where humanitarian response remains largely restricted. Many locations in Dar'a, Aleppo, Hama, Ar-Raqqa, and Idlib are inaccessible.

Civilians as well as health care personnel and medical facilities are deliberately and routinely targeted undermining health care service delivery. With civilians bearing a large burden of conflict-related injuries, the number of people in need of humanitarian aid continues to increase from one million in 2012 to over 12 million in 2015, while annual donor funding is not increasing at a proportionate rate.

Egypt

According to UNHCR, 132 275 Syrians are registered as refugees in Egypt, clustering in six governorates with major concentrations within Greater Cairo. Non-registered Syrians are reported to be residing in the coastal governorates of Alexandria and Damietta. Since April, UNHCR has reported increased cases of irregular migration of Syrians across the Mediterranean to Europe, where some have been arrested during such attempts. They are being provided emergency assistance in the form of food, NFIs, health care and psychosocial support.

Iraq

According to UNHCR, Iraq is currently home to 249 726 individual Syrian refugees. The refugees are spread across different Iraqi governorates, with the largest proportion (97%) found in the Kurdistan region. Erbil (112 624), Duhok (98 896) and Sulaymaniyah (30 295) host the greatest number of Syrians in Iraq. WHO developed a response strategy catering to refugees in both camp and non-camp settings aiming at reducing excess morbidity and mortality.

Jordan: According to UNHCR, Jordan is hosting 629 128 registered Syrian refugees. With the cessation of free access to all levels of health services for out-of-camp refugees in November 2014, health service utilization by Syrians from the public sector has been significantly impacted. Non-communicable diseases (NCDs) and mental health (MH) problems continue to be primary concerns among Syrian refugees in Jordan. The strain on health services due to the arrival of Syrian refugees has resulted in an inability of the health workforce to meet the increasing health needs of the refugees and the host population.

Lebanon

UNHCR reports that Lebanon currently hosts 1 172 753 registered Syrian refugees, with a significant number still awaiting registration. Syrians, as well as vulnerable Lebanese, have varying health care needs which are not being fully met by the highly privatized and costly health system. Half of the refugee population is estimated to be living below Lebanon's extreme poverty line of USD 3.84 per person, per day. With cuts in food aid for refugees planned for August as a result of underfunding, the situation for Syrian refugees in Lebanon is becoming increasingly dire.

Turkey

UNHCR and AFAD (Disaster and Emergency Management Authority of Turkey) data indicates that Turkey, with 1.8 million Syrian refugees, has become the largest refugee hosting country in the world. Approximately 260 000 refugees live in 25 camps across 10 cities, with the remaining living amongst host communities. The projected number of Syrian refugees in Turkey for the end of 2015 is 2.5 million with only 300 000 estimated to be residing in camps.

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 deficiencies in waste management facilities. Half of the Syrian population reportedly lack regular access to clean water. In addition, Jordan and Turkey have reported importations of cutaneous leishmaniasis, a disease endemic in northern Syria, particularly Aleppo.

Deliberate and targeted attacks on health facilities continue to be a problem. On 6 July, an NGO suffered damage to one of its primary health care centers in Aleppo. While no injuries or fatalities were reported, the facility was significantly damaged and had to be shut down. Escalation of violence in Tadmor, Mayadeen, Al Boukamal, Deir ez-Zor and Idlib resulted in reduced operations of nutrition stabilization centers. The destruction of health facilities has had negative spill-over effects on the remaining functional facilities, creating a huge strain on their services due to increasing demand. Specialists in anesthesia, orthopedics, pulmonary and vascular surgery needed to treat complex injuries are frequently unavailable. As a result, the available health workers are often expected to perform at levels beyond their training. Long working hours, underpayment and safety concerns have taken a considerable toll on health staff. Health workers report being overworked and experiencing trauma, demoralization and depression, particularly in Aleppo, Idlib, Damascus, Deir ez-Zor and Rural Damascus. In Idlib, for example, health workers on average care for 4 500 traumatic injuries per month often without electricity, generators and adequate equipment. As the conflict continues, fewer people have access to basic health care services as well as life-saving treatments.

Egypt

With the rising summer temperatures, the burden of communicable diseases, particularly foodborne illnesses is expected to increase in Egypt. Therefore, there is a need to supervise and support the Early Warning Alert and Response System (EWARS) for communicable diseases. Drug shortages at primary health care (PHC) facilities continue to be a challenge. In addition, the demand for secondary and tertiary health care services for life-threatening emergencies exceeds available supply.

Iraq

Reports from the Early Warning Alert and Response Network (EWARN) indicate a stable pattern of health-related trends. There is an increase in the number of Acute Diarrhoea (AD) cases in most health facilities receiving refugees, and a decrease in skin infections. The health risks for refugees are mostly related to NCDs.

The recent outbreak of violence in Iraq has caused a decrease in the quality of services that are available across the Iraqi public health sector, impacting the already reduced capacity of the Department of Health (DoH) to regularly monitor services in camps. WHO and health partners have expressed concern over difficulties faced by Syrians in gaining full access to PHC service packages which are designed for the refugee population. Due to limited funding available for Syrian refugees many partners have been forced to suspend their programmes, often pulling out of camps and diverting their funds to other programmes used to support Syrian refugees.

Jordan

Za'atari camp marked its third year of operations on 28 July. A recent assessment by UNICEF and REACH conducted in the camp found that while the majority of targeted children had received relevant vaccinations, only 79% of children under five years of age were vaccinated against polio with more than two doses. It is worth noting that there have been no polio campaigns conducted in Jordan since April

2015, and one case of acute flaccid paralysis has recently been reported in Mafraq district. The assessment also indicated a need for strengthening post-natal care service coverage.

Communicable diseases accounted for 72% of all cases reported through the national public health surveillance system until 30 July 2015 (including reported new cases of priority public health diseases, conditions and events). The most common presentations included AD, chickenpox, animal bites and bloody diarrhoea. The predictive risk of cardiovascular events was calculated through the Jordan public health surveillance system and compared with EMRO's reference population. A significantly increased risk was found among Jordanian males of all ages and among women under the age of 70 years, compared to the regional average. An analysis of the health risks among the refugee populations is needed.

Lebanon

In Lebanon, with an increased burden on PHC centers, efforts to strengthen the existing PHC system need to be sustained. In addition to strengthening the resilience of the national health system to cope with a rising demand, there is also a need for continued vigilance in monitoring outbreaks of communicable diseases. The overcrowded informal tented settlements (ITSs) create serious health concerns particularly with respect to limited access to safe water, sanitation and hygiene. Maternal and child health services continue to be a priority amongst Syrian refugees in Lebanon, along with MH and NCD services.

Turkey

The provision of MH and psychosocial services are major concerns amongst the Syrian refugees in Turkey, particularly due to language barriers and the limited number of facilities that offer mental health services. Although malnutrition is currently not a major challenge, it is expected to become a concern due to the increasing population of refugees and food shortage in Syria. Surgical trauma and intensive care for the large number of severely injured patients from conflict areas requires inputs of equipment, human and financial resources. Treatment of complex injuries involves long-term post-operative rehabilitation, which remains a challenge for the already burdened Turkish healthcare system.

With non-camp refugees often living in crowded settings in urban areas, communicable and vaccine preventable diseases remain a risk to the health of refugees and host communities. Continuous surveillance activities indicate that no major outbreak has been detected so far in camp or non-camp settings.

HEALTH NEEDS AND GAPS

Syria

The adverse impact of the Syrian crisis on the most vulnerable populations continues to be compounded by the disrupted health system. The vaccination coverage decreased from 99% in 2010 to 50% in 2015. Deteriorating living conditions for the increasing numbers of displaced people, as well rising incidences of communicable diseases such as leishmaniasis, typhoid, brucellosis and diarrheal disease, have put the health of Syrians at a greater risk.

The most recent data from WHO Health Resources Availability Mapping System (HeRAMS - June 2015) revealed that 67 of 113 public hospitals are either partially functional or completely out of service. The number of non-functioning hospitals increased from 19 in January to 31 in June 2015 reflecting further deterioration of the health system, especially in Ar-Raqqa and Al-Hassakeh governorates. In addition, requests for shipping medical supplies and deliveries to Idlib, Hama, Rural Damascus, Dar'a, Deir ez-Zor, Aleppo and Damascus governorates have been pending approval since the beginning of the year.

Egypt

The health profile of the host population in Egypt and that of 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 treatment remains a major concern. Although public PHC facilities are provided with NCD medication, the capacity of these centres is often so stretched that access for Syrians is limited. As a result, Syrian refugees frequently turn to international organizations to provide them with health care services.

Iraq

Prior to the recent support from the Government of Kuwait, WHO was forced to scale down activities due to insufficient funding. As the healthcare needs of refugees continue to increase, maintaining the same level of services with limited resources remains a major challenge in Iraq.

Jordan

Health care utilization for Syrians in Jordan is becoming increasingly expensive causing a higher financial strain on overburdened refugees. There is a continued need to support the MoH through provision of equipment, infrastructure support and human resources, as well as by promoting resilience within the national health system in order to address intensified health care demands.

Lebanon

PHC center staff in Lebanon is facing increased workloads, especially in areas with higher concentrations of refugees. Pregnant women and children are amongst the most vulnerable in Lebanon. Efforts to enhance child health care and reduce morbidity and mortality among Lebanese and refugee children need to be prioritized.

Turkey

In urban settings, which host the highest percentage of the Syrian refugee population, an increasing need for secondary care continues to be a major concern. Health system strengthening to ensure sustainable provision of healthcare to refugees is among the top priorities of the health sector in Turkey. Integration of Syrian health workers into the national health system could benefit service delivery, by reducing the workload on the Turkish healthcare personnel. In collaboration with Gaziantep University, the MoH and local authorities, WHO continues to support the training of Syrian doctors and nurses. Facilitating such trainings could help overcome the language barrier issues which challenge healthcare service delivery for Syrian refugees in Turkey.

The role of the family and community healthcare centers as PHC providers for Syrian refugees needs to be continually strengthened, particularly with respect to MH support. Efforts need to be made to increase awareness of urban Syrian refugees on the access and utilization of health services. Communicable diseases surveillance and response, including immunization to mitigate avoidable morbidity and mortality among affected and displaced populations should be sustained.

WHO ACTIVITIES

Syria

- WHO supported the delivery of 792 000 medical treatments across Syria including secondary care medicines such as insulin, antibiotics, cardiovascular medicines and supplies for haemodialysis sessions in Aleppo, Damascus, Dar'a, Lattakia, Hama and Rural Damascus.
- WHO delivered supplies for dialysis sessions for 62 patients in the besieged town of Douma in Rural Damascus as part an agreement with Ministry of Foreign Affairs to support 250 sessions each month to the area.
- Psychotropic medicines for 2 100 patients were delivered to Az'az in Rural Aleppo.

- NGO partners reached more than 10 600 people with lifesaving treatments in hard-to-reach areas in Deir ez-Zor, Lattakia, Rural Damascus, Homs and Aleppo.
- Over 1 100 health care providers were trained on crucial and emerging health issues such as infection control, malnutrition and HeRAMS.
- Over 49 000 beneficiaries were reached with long-lasting insecticide treated bed nets (LLINs) to control leishmaniasis in Aleppo and Deir ez-Zor governorates in partnership with an NGO.

Egypt

- WHO Egypt in collaboration with the MoH's GIS unit concluded phase one of the GIS health mapping application. The current version of the application serves as a portal for decision makers and health working group partners, providing information through a user-friendly interface about all health facilities utilized by Syrian refugees in Egypt including PHC centers and public and private hospitals.
- WHO Egypt conducted supervisory visits to PHC centers to support EWARS activities.
- The Egypt MoH surveillance team moved to the data entry phase of the health needs assessment survey of Alexandria. The team completed the collection phase of the survey under the supervision of WHO technical officers last month. The survey included 140 Syrian refugee households in the areas of Montaza, Amereya and Borg Elarab.
- 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 supported the establishment of Iraq's EWARN system, designed to effectively respond to disease cases within 72 hours through disease surveillance and data collection from camp and non-camp settings.
- WHO Iraq supported the provision of health education for communicable disease prevention and provided guidance and supervision during camp vaccination campaigns as well as for follow up and referral of complicated obstetric cases.
- Vector control activities were established in refugee camps in Duhok, Sulaymaniyah and Erbil governorates to prevent the transmission of leishmaniasis.
- Medical professionals from MoH, DoH and other health sector partner organizations were given trainings on disease surveillance and management, water, sanitation and hygiene and health care waste management and coordination.
- WHO supported the provision of essential medicines and medical supplies for NCDs in partnership with the MoH and DoHs of the respective governorates, as well as through mobile health clinics.
- WHO Iraq continued to support the salary provision of 64 medical professionals working in four refugee camps in Erbil governorate.

Jordan

- Following a pilot project on disease surveillance using mobile tablet technology, WHO in collaboration with the 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, MH, NCDs and communicable diseases. National training and implementation of the public health surveillance system was completed in July. A cumulative total of 48 635 consultations, 4 490 cases and 146 suspected notifiable communicable disease alerts were reported up to 30 July 2015.
- Participating in UN cross-border activities, WHO sent six surgical kits to southern Syria.

Lebanon

- To support the host communities most affected by the Syrian refugee crisis, WHO Lebanon expanded the 'Mother and Child Care' initiative to three new regions; Tripoli, Rashayya and Beirut. The initiative, launched in 2013 in Wadi Khaled, allows Lebanese pregnant women and children who do not have health coverage to benefit from a comprehensive package of health care services at no cost. To date 448 antenatal care visits, 423 deliveries and 112 paediatric follow-up visits have taken place.
- WHO Lebanon supported trainings on the use of the adapted Integrated Management of Childhood Illness (IMCI) at PHC level to 633 healthcare providers. Enhancing child health care based on IMCI principles is expected to rationalize the use of medications and reduce morbidity and mortality among Lebanese and refugee children. This is part of an initiative to improve the quality of health service delivery to benefit both host and refugee communities at the PHC level.
- To decrease neonatal mortality from high-risk pregnancy births, nurses and doctors were enrolled in neonatal resuscitation trainings (NRT) and in stabilization trainings (STABLE). To date 256 healthcare providers have been trained on NRT and 286 on STABLE.
- In continuation of the ongoing Emergency Obstetrics Care (EOC) trainings started in December 2014 to improve delivery outcomes, 179 OBGYN physicians and 65 midwives received EOC capacity building trainings.
- WHO supported the Lebanese Society of Paediatrics in the technical revision of the Child Health Record and the development of an educational booklet containing health-related recommendations for parents. The booklet was developed using MoPH specifications based on WHO rules and regulations and is provided for every child born in a hospital in Lebanon.

Turkey

Refugee Component

- WHO delivered 30 health kits consisting of emergency and surgical supplies to the health facility in Suruç Camp following the sudden influx of refugees.
- WHO facilitated the delivery of IT equipment and software, including 14 computers and printers in collaboration with the MoH to health facilities in Suruç Camp. The equipment is to be used to strengthen registration and health record-keeping in camp facilities.
- WHO conducted a series of joint meetings with local authorities in Gaziantep to advance cooperation. The delegation, including representatives from AFAD, visited Nizip Camp in Gaziantep to gain insight on health issues from the medical staff.
- WHO and the MoH conducted hospital contingency planning training in Urla, Turkey, with the participation of 25 national health professionals and directors.

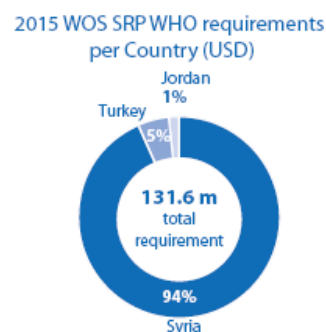
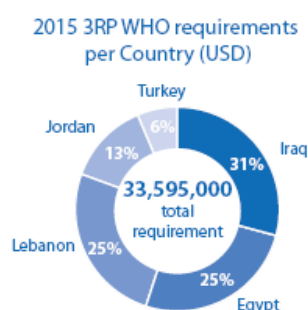
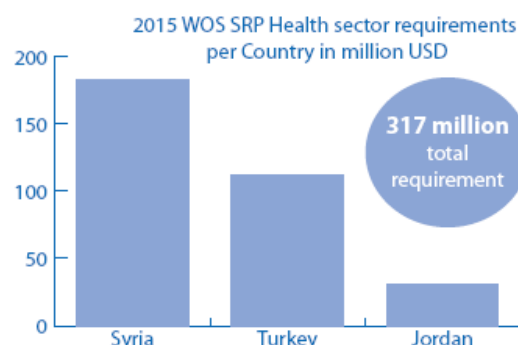
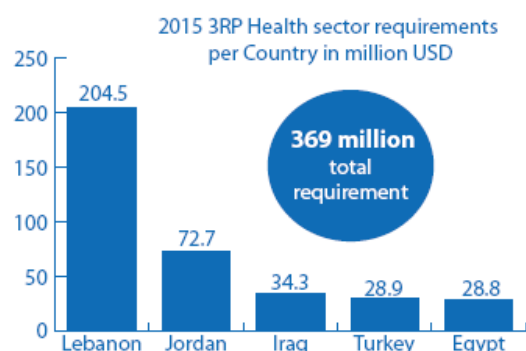
Northern Syria Component

- An international NGO presented data on the status of leishmaniasis and the current response. Updates on the training needs assessment carried out by the capacity building subgroup were shared during the session.
- A new health team designed to address gender specific health needs worked with the health cluster to disaggregate data by gender.
- International NGOs in collaboration with the Whole of Syria (WoS) protection cluster facilitated an advocacy health cluster planning workshop to determine health advocacy priorities. The workshop focused on identifying target audiences and advocacy actions and activities.
- Current health information tools were reviewed during a visit from the Intelligence, Information and Monitoring (IIM) unit from WHO Headquarters in Geneva, and the future direction of Health Information Systems (HIS) was discussed, including the ongoing use of HeRAMS and the setting up of an HIS platform to further facilitate healthcare delivery.

Polio/EPI

- WHO Turkey country office and UNICEF organized a “Measles Supplementary Immunization Activities (SIAs) and Routine Immunization Activities (RIA)” Workshop in Gaziantep on 28-29 July. Participants included 35 representatives from International and National NGOs working on immunization activities in northern Syria. They discussed the revitalization of RIA in Syria.
- The post-campaign monitoring report of the 10th round of the polio campaign was drafted, and is expected to be circulated in August.

Resource Mobilization



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