

GENERAL SITUATION

Syria: The conflict intensified between 11 September and 10 October 2013, resulting in increased displacement. In Hama governorate, the number of internally-displaced persons (IDPs) reached 800 000. This situation is posing an additional burden on the already disrupted health system, resulting in lack of essential medicines and equipment (anaesthesia, dialysis, surgical drugs and equipment). The complexity of medicines distribution is hampering regular provision of life-saving services. Simultaneously, malnutrition has increased with an average of 30–35 cases per day reported by a local nongovernmental organization (NGO) 'Charity for Social Care', which is running a clinic in Hama.



Mental health patients at the rest area in Ibn Rushd hospital in Damascus.

Neighbouring countries: The number of Syrians seeking refuge outside Syria increased notably, travelling predominantly to Lebanon (55 906 new refugees), followed by Iraq and Egypt (over 18 000 new refugees each), and finally, Jordan with (8888 new refugees).

CHALLENGES AND GAPS

In **Syria** the displacement is overstressing a health system that had already been weakened by the departure of many health care professionals. People are turning towards free public services because they can no longer afford to pay for private sector health. Health professionals are leaving their work places. With the number of trauma victims on the rise, supplies of ventilators, operating theatre apparatus, and blood transfusion supplies are becoming critically low as well. Simultaneously, persons suffering from noncommunicable diseases are greatly affected. For example in Hama, the number of dialysis patients doubled, while 10 out of 18 machines are out of service. The hospital now has sessions 24 hours per day. There are security implications for patients arriving at night.

The influx of refugees in **Iraq** has resulted in the opening of five new camps in Erbil (Qushtaba, Dar Shukran, Beserma, Kawargosek and Baharka). The rapid establishment of the camps has not allowed for provision of sufficient quantities of clean water and creation of reliable sanitation. Similarly, the health care is provided in rooms not adapted as clinics, health staff (doctors and nurses) are lacking and laboratory capacity and equipment are insufficient to perform the necessary tests at the primary health care level.

Displaced Syrians in **Lebanon** have reached 786 000, dispersed throughout the country, mostly in Bekaa, the north, Beirut and Mount Lebanon. 81% are children and women. As the number of displaced Syrians in Lebanon increases, the need for primary and secondary health care services increases as well, further overstressing the capacity of the health system. With the winter season approaching, respiratory diseases, such as influenza and pneumonia, are of major concern, especially among the vulnerable populations of children and the elderly.

HEALTH SITUATION

In **Syria** cases of measles have shown notable decrease after the vaccination campaign conducted for all governorates with the support of WHO and UNICEF in May 2013, with only 95 cases reported for this month, predominantly from Deir Ez Zor (60%) and Al Hasakeh (17%).



Dialysis machines are constantly used due to the increased number of patients

In **Domiz camp in Iraq** out of the 3838 consultations in weeks 38 and 39, 1591 (41%) were for upper respiratory infections, and 247 (6%) were for watery diarrhoea. 10% were obstetric and gynaecological consultations, 13.4% treating wounds and burns, while 3.4% of the consultations were for noncommunicable diseases.

Similarly, in **Domiz camp in Iraq**, 643 children under five were screened for malnutrition; of whom 22 (3%) were malnourished, including two cases of severe malnutrition. All malnourished children received high protein biscuits and the severely malnourished cases were treated with Plumpy Nut in Médecin Sans Frontières (MSF) facilities.

In **Al Zaatari refugee camp in Jordan** (hosting 120 000 Syrian refugees), five diseases constituted the majority of consultations, namely: watery diarrhoea, upper respiratory tract infection, skin and eye infections, dental conditions, and influenza-like illness. Tuberculosis cases for September were 87, of which 62 cases were pulmonary tuberculosis (including 3 multidrug-resistant cases and 25 cases of extra pulmonary tuberculosis).

In **Lebanon** no cases of measles were reported since the beginning of September 2013. However, 30 cases of leishmaniasis were registered, including one Lebanese child, raising the total caseload to 648 since January 2013.

HEALTH SYSTEM CAPACITIES

In **Syria**, the Early Warning and Response System (EWARS) is gaining momentum, increasing its coverage. Since the establishment of the system in September 2012, with the technical and financial support of WHO, health authorities have been able to detect and respond to the increased numbers of cases of hepatitis A, leishmaniasis, typhoid and measles. Investigation and response activities are taking place in hard-to-reach areas. Most recently, WHO was able to collect and test stool samples for diarrhoea cases, making it possible to investigate suspected cholera and shigellosis in al-Shadada and Margada areas in al-Hassakah governorate.

At present, 291 sentinel sites in **Syria** are reporting from health facilities related either to the Ministry of Health or NGOs and private health care providers across the country in both government-and opposition-controlled areas. The number of sites is expected to increase to a total of 350 by December 2013.

During a WHO visit to Ibn Rushd Hospital (formerly a substance abuse treatment centre which currently serves as psychiatric hospital) in **Syria**, it was observed that the conditions of the psychiatric patients have worsened as medicine prices have increased 30-fold due to a decrease in local pharmaceutical production. The mental health services were scarce even before the conflict with only 70 psychiatrists for the Syrian population (21 million). With about 30 consultations per day, Ibn Rushd covers solely a fraction of the need in Syria. Only people from the capital can reach the hospital. People in the rest of the country, especially those living in the hardest hit areas, are virtually without mental health services.

Medical teams were placed at border points in **Iraq** to respond to the ongoing influx of refugees to Duhok supported by the Department of Health and MSF:

- At Peshkhabor/Sehala border points; Department of Health and MSF mobile medical teams continued to be on standby, requiring medicines and logistic support at the border point, including an ambulance and transportation by vehicle for refugees unable to cross the border by walking (in coordination with MSF team on the other side of

the border). The teams succeeded in providing assistance and health care to more than 1300 refugees who crossed the border last week prior to moving them to Gwylan camp.

- In Zakho (Bersive), Sheikhan (Qasrook), Akre and Bardarsh, Department of Health mobile teams provide 24-hour medical services with an average of 200 patients/day treated or referred to nearby hospitals.
- In the Gwylan camp: The first groups of refugees were moved to the camp at the end of September. The Department of Health, with MSF support, provided immediately required medical care and services. Negotiations are under way with Premiere Urgence - Assistance Medicale Internationale to take over Gwylan health services from MSF once they are ready.

In Erbil, **Iraq** WHO provided support to the Ministry of Health in establishing a health and nutrition working group, chaired by Department of Health, Erbil, focal point for the Syrian refugees and co-chaired by WHO and UNHCR. The working group met on 18 September and 6 October. All partners active in health shared their activities and future plans, gap analysis done.

Health services are provided to registered Syrian Refugees in **Lebanon** through 89 primary health care centres (30 in Bekaa, 23 in Beirut and Mount Lebanon, 16 in the north, 20 in the south; subcontracted by UNHCR and their implementing partners. UNHCR is also supporting 21 hospitals (6 in the south, 4 in the north, 6 in Bekaa and 5 in Beirut and Mount Lebanon) for provision of tertiary care.

UNHCR's humanitarian partners are located around **Lebanon** according to the distribution of displaced Syrians; 62 in the Bekaa, 46 in the north, 36 in Beirut and Mount Lebanon and 24 in the south providing consultations, medication, vaccination, and referral to primary and secondary health care services. Additionally, there are 12 mobile medical units operating in the north, Bekaa, and the south around 'informal tented settlements' providing health care to displaced Syrians.

A referral system has been established for possible cases of malnutrition, 1 primary health care centre in Bekaa, **Lebanon** has been designated for referral of malnourished children and 4 hospitals have been designated for the management and referral of malnutrition cases; 2 of them in the Bekaa, 1 in the north, and 1 in Beirut.

Displaced Syrians in Lebanon that are not registered with UNHCR, as refugees can access the health services through the Ministry of Public Health network of primary health care centres (180 centres), and the remaining hospitals across the country, representing a caseload of around 30%–40% of total health service caseload.

The Ministry of Public Health of **Lebanon** has designated 19 hospitals, either public or private, as referral hospitals in case of chemical hazards incidents. These hospitals will be directly supported by WHO in terms of training and personal protective equipment and emergency medications stocks (atropine and medical supplies)

HEALTH SECTOR PARTNER RESPONSE

WHO Syria has supported the health authorities:

- In Idleb governorate, in collaboration with the Syrian Arab Red Crescent (SARC), by providing life-saving and communicable and noncommunicable disease medicines to treat more than 12 712 direct beneficiaries and a portable ventilator.
- In Lattakia, by providing medicines and medical supplies to treat more than 31 000 direct beneficiaries, and portable autoclaves.
- In Damascus, by providing life-saving and communicable and noncommunicable diseases medicines to treat 384 801 beneficiaries.

WHO and the Ministry of Water Resources in Syria signed a memorandum of understanding to scale up collaboration in building water quality surveillance system; rehabilitating damaged water quality laboratories, and; developing a contingency plan to detect contamination.

40 doctors from Damascus and Rural Damascus (Children's Hospital and department of paediatrics at Damascus main referral hospital) were trained by WHO, in collaboration with UNICEF, on clinical management of severe acute malnutrition in children under the age of five.

WHO conducted a two-day workshop in Beirut, Lebanon, for 20 psychiatrists and sociologists from Damascus, Homs, Lattakia and Deir-ez-Zor to scale-up mental health and psychosocial support activities in Syria. Participants were represented by the Ministry of Health, Ministry of Higher Education, SARC, local NGOs and UN agencies. Four mental health experts and consultants from the country office in Syria, the Regional Office and headquarters trained the participants on mental health activities in crisis- and post-crisis times, and preparation for improving mental health services in Syria.

51 UNICEF mobile medical teams in the 14 governorates and the fixed centres in Damascus, Rural Damascus and Quneitra have been able to reach 246 546 children with medical check-ups since the beginning of this year.

During the reporting period, UNICEF dispatched 10 midwifery kits to the Ministry of Health, which were sufficient for 500 normal deliveries. This was in addition to 13 resuscitation kits and 30 000 tablets of mebendazole to deworm school children. In coordination with the school health department and 2 local NGOs (the Syrian Association for Health Promotion and Development, and the Syrian Family Planning Association) with 51 resuscitation kits for the 51 mobile teams who are providing health services for IDP children.

In order to facilitate effective outreach and impact of the upcoming national vaccination campaign against polio and measles, WHO, in collaboration with UNICEF, organized a preparatory meeting with all relevant partners. WHO is supporting the Ministry of Health in procuring vaccines, providing training for health workers and distributing vaccines to hard-to-reach governorates.

UNFPA supported the Ministry of Health and Ministry of Higher Education of Syria, SARC and the Syrian Family Planning Association health facilities and mobile teams (Damascus, Rural Damascus, Aleppo, Homs, Idlib, Deir-Ez-Zor and Sweida) with life-saving reproductive health commodities to cater for the reproductive health need of 1.8 million women, including for emergency obstetric care services. UNFPA also delivered 168 000 intravenous fluids to health facilities nationwide, in cooperation with the Ministry of Health and Ministry of Higher Education hospitals, serving vulnerable IDP populations.

UNFPA expanded reproductive health vouchers enabling women to obtain free-of-charge health services through 5 hospitals recently selected in cooperation with the Ministry of Health to cover the increased needs for reproductive health and emergency obstetric care services in Homs, Tartus, Sweida and Rural Damascus. 15 participants from these hospitals participated in the consultation session to launch this reproductive health voucher programme, targeting vulnerable women of reproductive age. It is worth noting that UNFPA is already supporting Ministry of Higher Education hospitals in delivery services through reproductive health vouchers in Damascus and Aleppo.

Around 6800 women received, through UNFPA-assisted facilities of SARC, the Ministry of Health and Ministry of Higher Education, emergency obstetric care including normal and C-section deliveries for around 400 women through free reproductive vouchers.

Through UNFPA-assisted facilities of SARC, the Ministry of Health and Ministry of Higher Education, around 7000 women received reproductive health services, including emergency obstetric care. As a result of the wider distribution of reproductive health vouchers and referrals to maternity hospitals, 800 women received emergency obstetric care services, including normal and C-section delivery.

To strengthen the timely delivery of basic emergency obstetric care at the community level, UNFPA organized a training session for 25 midwives in Deir-Ez-Zor, Homs, Hama, and Sweida in cooperation with the Ministry of Health. These community-based midwives were trained on delivery of quality antenatal and intra-natal care in identification of high risk pregnancies and timely referral to hospitals.

During the last two weeks of September 2013, 212 new arrivals/registering refugees aged 6 months to 25 years were vaccinated against measles (92 received measles vaccine and 204 MMR vaccines) by WHO in Iraq. Simultaneously, 665 children were vaccinated with required routine vaccines as per the applied national schedule. In addition to 62 adults who received hepatitis B vaccine, 37 pregnant women and 121 women of childbearing age (15–49 years) received tetanus toxoid.

WHO has continued to support the medical supply management, including the procurement of medicines and supplies. During the reporting period, one basic health kit was donated to MSF-France to enable them to continue providing basic health services in Kawargosk camp.

WHO conducted an EWARS training course (16–18 September), which was attended by 40 participants, including 14 from Dahuk, 12 from Erbil and 10 from Sulemaniya and 4 from NGOs).

Based on a request from the Ministry of Health to WHO, a national course on public health emergency Management was developed and conducted from 29 September to 2 October 2013 in Erbil to increase the capacity in crisis management for the health sector in Iraq. The course focused on real-time need within the country considering existing complexities in regard to the Syria situation and comprised adapted training modules/activities for different levels of health sector managers. The course was attended by 48 participants.

The distribution of high protein biscuits provided by UNICEF/Iraq at the health centre attracted many refugees to bring their children to be checked for their vaccination status and to receive vaccinations.

National polio immunizations days were conducted between 29 September to 3 October 2013; all refugee children less than five years old were targeted. The results of the campaign are yet to be released.

Antenatal care services were provided by NGO Hariker in Domiz camp to cover 337 pregnant women and 182 women's/couples' needs for contraceptive, while 94 lactating mothers received required postnatal care. In collaboration with Harikar and in support of Peace Wind Japan Organization, additional food rations were provided for pregnant women seeking care at the health centre.



EWARS training conducted in Dohuk, Iraq.

Health education teams from MSF, International Relief and other partners continued their work visiting tent-to-tent to provide health messages related to mostly personal hygiene and prevention of water- and sanitation-related diseases.

In collaboration with International Medical Corps (IMC), a team of 14 volunteers from MSF are working to identify survivors of gender-based violence who need medical care and treatment to be referred to a health clinic to receive the required medical and health care and management in collaboration with MSF and Un Ponte Per-supported medical team providing medical and psychosocial service at the camp.

A MSF mental health team continues to provide required services and a total of 24 new cases were in need of psychosocial support, which was provided by MSF team in addition to follow-up of 40 old cases. Similarly, a Department of Health mental health team, with the support of Un Ponte Per, continued to provide required services and during the reporting period, conducted tent-to-tent visits to 22 families (a total of 89 persons were seen, of whom 56 were children), with 14 cases referred to a mental health unit. In addition, 24 individual sessions for new and follow-up cases, including individual sessions for 14 adult patients and 13 children and 1 youth (21 were new cases and 17 were follow-up cases). Also three epilepsy patients received the required medication.

For the first two weeks of October, 606 polio, 1803 measles immunizations and 546 vitamin A supplements were delivered in Al Zaatari camp, Jordan by WHO and UNICEF.

Experts from WHO were deployed to support the national immunization campaign, in collaboration with the Ministry of Health, UNICEF, Centers for Disease Control and Prevention, UNRWA, UNHCR, directors of governorates, mayors, law enforcement officials. Similarly, experts were deployed to strengthen routine surveillance and development of early warning/rapid response capacity.

With the support of the Ministry of Health community mental health centres, WHO provided mental health and psychosocial support to 5851 beneficiaries, including Jordanians and displaced populations.

Under the Patronage of HRH Princess Muna Al Hussain, WHO Jordan in collaboration with the Ministry of Health,



Participants during the World Mental Health Day march

IMC and Our Step Association, organized a successful awareness event on the occasion of World Mental Health Day 2013 targeting approximately 400 participants, including health workers, decision-makers, students, beneficiaries and family members. The event ended with a march through the streets of Amman to advocate for mental health for all people living in Jordan.

WHO is partnering with the Johns Hopkins School of Public Health and Hygiene, UNHCR and International Rescue Committee (IRC) to design a joint community health survey. This survey will assess patterns of access to care, health-seeking behaviour and self-reported health status among Jordanians and Syrians living outside camps.

A one-day interagency training organized by IRC in partnership with International Rescue Committee on Psychological First Aid, mental health and psychosocial support was carried out. The training was provided to 11 health workers working with Syrian refugees in Irbid, Mafraq and Ramtha from IRC, Save the Children Jordan, Family Protection Department and NGO Takaful.

In Lebanon, WHO is undertaking routine immunization activities are ongoing in the all primary health care centres, where displaced Syrians are provided with vaccination based on the Lebanese immunization calendar. So far, 62 455 children have been vaccinated for measles and 37 528 children vaccinated for Polio. Meanwhile, three UNHCR registration centres are providing polio and measles vaccines to the newly registered Syrian children of less than 5 years of age upon completion of registration.

WHO has funded the procurement of chronic medications in quantities that will serve 75 000 patients covering a period of 4 months. The medications will be provided through the existing YMCA/Ministry of Public Health system of chronic medication management. Additionally, WHO procured 40 000 doses of insulin made available for dispensing through the Ministry of Public Health's primary health care centres.

WHO has made antiretroviral treatment available for HIV/AIDS patients through the national AIDS programme. This service is available for Lebanese and non-Lebanese alike.

WHO supported the Ministry of Public Health with measles, mumps and rubella vaccines (10 000 units) and anti-snake venoms (100 bites) and is procuring adult vaccines and anti-venom immunoglobulin to be distributed at national level.

The Ministry of Planning has provided diphtheria, tetanus and acellular pertussis, hepatitis B vaccines (15 000 units), diphtheria and tetanus adult vaccines (10 000), anti-rabies immunoglobulin (25 bites), and anti-rabies vaccines (200 bites; 4 doses/bite).

A health brochure prepared by UNHCR contains information on primary health care centres and secondary health care centres services available around Lebanon in terms of access, coverage, schedules and vaccinations.

WHO together with Ministry of Public Health, UNFPA and IMC has developed a maternity/pregnancy card outlining a minimum package of services based on the national service guidelines for maternal and reproductive health. This card will be given to pregnant women to carry around in order to keep track of their pregnancy. UNHCR is printing 1000 copies of this card, which will be reprinted once the results of the pilot testing prove its usability.

WHO initiated a series of refresher trainings on surveillance and reporting, at the level of primary healthcare centre (primary health care-based surveillance), schools (school-based surveillance) and hospitals (hospital-based surveillance). To date a total of 61 workshops have been implemented at schools reaching a total of 1525 school staff, whereas training in primary health care and hospitals are still in preparation.

UNICEF and International Orthodox Christian Charities trained primary and secondary health care centre personnel on the adequate management and referral of malnutrition cases. The training will be expanded to the south.

Several agencies such as UNHCR, UNICEF, IMC, International Orthodox Christian Charities, Premiere Urgence - Assistance Medicale Internationale and Save the Children conducted awareness-raising session to more than 14 800 individuals on various topics, such as pre/postnatal care, nutrition, breastfeeding, and mental health.

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