



World Health Organization

Regional Office for the Eastern Mediterranean



PHOTO CREDIT: WHO LEBANON

Regional SitRep, December 2014
WHO Response to the Syrian Crisis



12.2 MILLION
AFFECTED



7.6 MILLION
INTERNALLY
DISPLACED¹



>3.2 MILLION
REFUGEES²



1 MILLION
INURED³



>191,000
DEATHS⁴

WHO

BENEFICIARIES/SUPPLIES



157,119 PEOPLE COVERED⁵
37 HEALTH KITS⁶
UNKNOWN TONNES OF MEDICINE



FUNDING US\$⁷
23.9 % FUNDED FOR RRP
40,917,100 REQUESTED FOR RRP
27.4 % FUNDED FOR SRP
185,966,15 REQUESTED FOR SRP

HEALTH SECTOR

UNKNOWN HEALTH SECTOR PARTNERS
12.2 TARGETED POPULATION

BENEFICIARIES / SUPPLIES



UNKNOWN PEOPLE COVERED
UNKNOWN HEALTH KITS
UNKNOWN TONNES OF MEDICINE

HEALTH FACILITIES (SYRIA)



113 TOTAL NUMBER OF HOSPITALS
88 FULLY OR PARTIALLY FUNCTIONING
25 NOT FUNCTIONING

HEALTH SERVICES



UNKNOWN CONSULTATIONS
UNKNOWN SURGERIES
UNKNOWN ASSISTED DELIVERIES
UNKNOWN REFERRALS

VACCINATION AGAINST



157,100 POLIO (IRAQ)
1,150 MEASLES (IRAQ)

EWARN (SYRIA, IRAQ, LEBANON, JORDAN, EGYPT)



1,229 SENTINEL SITES

FUNDING US\$



42 % FUNDED (SRP)
233,376,172 REQUESTED⁸

HIGHLIGHTS

WHO SYRIA RENOVATION OF FOUR PSYCHIATRIC HEALTH FACILITIES ESTIMATED TO PROVIDE MENTAL HEALTH SERVICES TO MORE THAN 11,000 PATIENTS

WHO IRAQ EIGHT MOBILE MEDICAL CLINICS HAVE BEEN HANDED TO THE MOH IRAQ AS PART OF WHO'S RESPONSE TO ENSURE ACCESS TO HEALTH CARE SERVICES FOR INTERNALLY DISPLACED PEOPLE.

WHO LEBANON ORGANISED A HEPATITIS A MISSION IN COLLABORATION WITH THE EUROPEAN CENTRE FOR DISEASE CONTROL AND EXPANDED PROGRAMME ON IMMUNIZATION EPIDEMIOLOGY TRAINING TO EXPLORE BEST STRATEGIES OF VACCINATION AGAINST HEPATITIS A

WHO JORDAN CROSS BORDER CONVOY TARGETED TWO HEALTH FACILITIES WITH TWO SURGICAL KITS

WHO TURKEY CONDUCTED AN ASSESSMENT OF THE HEALTH CARE SITUATION OF THE YEZIDI REFUGEES IN SIRNAK PROVINCE

WHO EGYPT CONDUCTING A HEALTH IMPACT ASSESSMENT TO GAUGE THE IMPACT OF DISPLACED SYRIANS ON NATIONAL SERVICES

¹ UNOCHA Briefing cited 01 December 2014

² UNHCA (<http://data.unhcr.org/syrianrefugees/syria.php>) cited 01 December 2014

³ UNOCHA Humanitarian Bulletin Lebanon Issue 6 | 16 Oct - 30 Nov 2014

⁴ UNOCHA (<http://syria.unocha.org/>) cited 01 December 2014

⁵ 1569 (Iraq), 155,550 (Jordan)

⁶ 35 (Iraq), 2 (Jordan)

⁷ 60,332,892 (original request, 40,917,100 revised request) [http://fts.unocha.org/reports/daily/ocha_R32sum_A1044___5_February_2015_\(03_01\).pdf](http://fts.unocha.org/reports/daily/ocha_R32sum_A1044___5_February_2015_(03_01).pdf)

⁸ As footnote 7: RRP FUNDING FOR WHOLE CLUSTER NOT KNOWN

Background

The overall security situation in the Syrian Arab Republic continues to be the critical driver of the humanitarian crisis in the country. Since the eruption of the crisis in March 2011, more than half the population has been forced to flee their homes, many multiple times. The Under-Secretary-General of the United Nations statement released 25th November stated that 7.6 million are now displaced, and 12.2 million have urgent needs for humanitarian assistance throughout the country, including for life saving health care services, and medical supplies.⁹ Over five million of those are children.

More than 200,000 people have been killed since the beginning of the conflict: about 4,500 in December alone which brings the total documented by The Syrian Observatory for Human Rights for 2014 to 76,021, the highest documented figure per year since the conflict began.¹⁰¹¹

Space for those who want to leave the country and seek refuge outside is gradually shrinking due to new border policies introduced by all of Syria's neighbours. By October, the average number of Syrians crossing into Iraq, Jordan, Egypt, Lebanon and Turkey had drastically decreased by 88%: from 150,000 per month in 2013 to just 18,453. Those most desperate to flee have turned to more dangerous means, for example the 36,000 Syrians who risked their lives by illegally crossing the Mediterranean by boat. Up until now more than 3.2 million refugees have been registered by UNHCR. The actual number is much higher. This is the largest number of people displaced from conflict in the world. Several hundred thousands more are unregistered and not included in the official figures. The entire region has been destabilized as conflict and chaos have spread to Iraq, Lebanon and beyond, overstressing social and health services in host countries in the region.

Western governments meeting in Geneva on 9 December pledged to increase the number of Syrian refugees they are accepting through resettlement and other humanitarian mechanisms. UNHCR expects the total number of places available in the coming months to reach 100,000 from these pledges and indications of future commitments. UNHCR estimates that more than 10% in Syria's neighbouring countries are individuals who are acutely vulnerable and need resettlement elsewhere.¹²

This month, the UN Security Council renewed its authorization to use routes across conflict lines as well as specified border crossings for twelve months, with notification to the Syrian authorities, through the unanimous adoption of resolution 2191.¹³¹⁴

The provision of winterization assistance to the most vulnerable is an ongoing priority for humanitarian and government actors in December as temperatures continue to drop.¹⁵

Situation Update

The main focus of the conflict remained in Dar'a, Idleb, Deir-ez-Zor, Rural Damascus and Aleppo governorates.

⁹ UNOCHA Security Council Briefing on Syria cited 25 November 2014

¹⁰ UNOCHA (<http://syria.unocha.org/>) cited 01 December 2014

¹¹ <http://syriahr.com/en/category/coverages-of-observatory/reports/> cited 12 January 2015

¹² SYRIAN REFUGEES INTER-AGENCY REGIONAL UPDATE 9 December 2014

¹³ UNFPA REGIONAL SITUATION REPORT FOR SYRIA CRISIS Issue No 28

¹⁴ <http://www.un.org/press/en/2014/sc11708.doc.htm>

¹⁵ SYRIAN REFUGEES INTER-AGENCY REGIONAL UPDATE 9 December 2014

National water supply and sanitation infrastructures have deteriorated significantly since the beginning of the crisis. Damascus and Aleppo have suffered heavy losses because parties to the conflict continue to resort to the destruction of water supply, electricity and road blockage as a weapon of war. On 22nd December, all roads from government-controlled Idleb city to surrounding opposition-held areas were blocked and electricity and water to the city were cut. With blocks on access routes, cuts to water caused a spike in water prices inside the city.¹⁶ Water and electricity were reportedly restored on 30th December. Currently, 50% of water supply systems and over 90% of waste water systems are out of operation across the country increasing the risk of populations in need to water-borne diseases such as diarrheal diseases, shigellosis and typhoid especially vulnerable children.

In eastern governorates, the battle for the strategic Deir-ez-Zor military base and the fighting in Rural Damascus continued with no major change. Yarmouk and the surrounding areas saw a serious escalation in armed conflict, which has persistently disrupted the distribution of life-saving humanitarian aid to the 18,000 civilians trapped in the area.¹⁷ Humanitarian needs, including health care, NFIs and shelter are unmet.¹⁸

The winter season has also brought harsh conditions including sub-zero temperatures, freezing rain and snow across Syria and some of the neighboring countries to vulnerable children and their families. There are reports of child deaths, as well an increase in illnesses associated with exposure to cold temperatures such as Severe Acute Respiratory Infections (SARI).

In Lebanon, one in every four people is a Syrian refugee. By the end of 2014 there will be about 1.2 million registered in the country. However there are growing restrictions for Syrians wishing to enter Lebanon through official border crossings. At the end of December there was a new policy requiring Syrians to obtain entry visas. This effectively narrows one of the few escape routes left from the war.¹⁹

The Disaster and Emergency Management Presidency of Turkey (AFAD) announced that according to information provided by the governorates, in addition to more than 220,000 Syrian refugees accommodated in 22 camps, 1,406,318 Syrians are also living out of camps in all the provinces in Turkey. According to the information obtained by UNHCR from the local officials about one million of these are registered and/or enumerated in camps and non-camp settings in 12 provinces in the southeast.

The arrival of Syrian refugees into Jordan has fallen markedly since early October. The Government of Jordan continues to extend protection to Syrian refugees within the country. As of December 31st, a total of 620,441 Syrian refugees were officially registered in Jordan. Za'atari camp hosts 82,818 refugees and Azraq camp hosts 10,879 refugees. Syrian refugees living in urban areas in Jordan are struggling more than ever to cope with inadequate housing, high debts, rising costs of living and educational challenges for their children; as a result, hundreds have started returning to Za'atari to seek more secure living conditions.

¹⁶ Humanitarian Bulletin Syria operations from Turkey Issue 10 | 22 Dec 2014 – 02 Jan 2015

¹⁷ [UNFPA REGIONAL SITUATION REPORT FOR SYRIA CRISIS Issue No 28](#)

¹⁸ <http://www.unrwa.org/crisis-in-yarmouk>

¹⁹ <http://www.theguardian.com/world/2015/jan/05/lebanon-syrian-refugees-sunni-visa-rules> Guardian

Egypt's 137,504 refugees from Syria are residing in a strictly urban refugee context, which makes it difficult to specifically monitor the health of Syrian refugees.²⁰

HUMANITARIAN SITUATION AT A GLANCE ²¹			
SYRIAN REPUBLIC	ARAB	12.2M	AFFECTED
LEBANON		1,158,995	REFUGEES
JORDAN		620,441	REFUGEES
IRAQ		233,625	REFUGEES
TURKEY		1,653,973	REFUGEES
EGYPT		138,212	REFUGEES

The political situation has remained stable in Iraq thanks to an agreement between Erbil and Baghdad on outstanding issues, but the security situation remains tense in many parts of the country. The country is dealing with internal conflict and from September 1st to date, a series of distinct, concurrent crises have been recorded in several governorates causing a steady increase in the displaced population numbers, mostly are concentrating in areas already hosting Syrian refugees. The total number of Syrian refugees in Iraq stands at around 233,625.²² The humanitarian situation remains critical for the

over two million internally displaced Iraqis as overnight temperatures drop below zero degrees Celsius.²³

Public Health Concerns

Syria

The crisis continues to adversely impact the health of the entire population, because of lack of access to health services, and because security issues are making humanitarian operations increasingly complicated.²⁴ This has resulted in low uptake of health care delivery. Even where people in need can access health services, positive health outcomes are undermined by lack of skilled health professionals, lack of medicines, supplies and equipment. By end of November 2014, out of the 113 assessed public hospitals (MoH & MoHE), 47% were reported fully functioning, 31% hospitals were reported partially functioning, whilst 22% were reported as non-functioning. Furthermore local production of medicines has dropped by 78% (from 90% to 20% coverage) and there is a major shortage of critical medicines and medical supplies for both communicable and non-communicable diseases (NCDs). NCDs remain the leading cause of morbidity and mortality in Syria. The number of patients suffering from complications of NCDs is increasing because of lack of adequate diagnosis, treatment and care.

One of the many existing different types of diseases and injuries on the health sector was illustrated this month in the Humanitarian Needs Overview (HNO) for the country which estimated that one million people will have been injured since the beginning of the crisis by the end of 2014, requiring access to health services, including emergency trauma care.^{25,26} This number is expected to rise to 1.5 million by end of 2015 placing further burden on the health system.

Water borne diseases continue to be reported due to the deterioration of water and sanitation services. Idleb and Deir ez Zor have reported the highest number of Hepatitis A, and Deir ez Zor the highest number of

²⁰ 3RP Regional Refugee Response Plan

²¹ <http://data.unhcr.org/syrianrefugees/regional.php>

²² Iraq Inter Agency Operational Update Syrian Refugees 16-31 December 2014

²³ Iraq Inter Agency Operational Update Syrian Refugees 16-31 December 2014

²⁴ UNFPA REGIONAL SITUATION REPORT FOR SYRIA CRISIS Issue No 28

²⁵ UNOCHA 2015 HUMANITARIAN NEEDS OVERVIEW

²⁶ UNOCHA Humanitarian Bulletin Lebanon Issue 6 | 16 October - 30 November 2014

Typhoid Cases. Poor access to safe drinking water is the most important factor that contributes to the spread of this disease.

There is an increase in the number of Severe Acute Respiratory Infection (SARI) cases and some deaths have been reported in different governorates. During the same season last year, a similar increase was reported.

Iraq

As more areas become accessible, health cluster partners are stepping up efforts to provide emergency support in areas of need, for example the road to and from Sinjar Mountain became more accessible which led to a new wave of displacement with populations seeking refuge in the neighbouring governorates of Duhok and Erbil. As a result of the influx of IDPs many health centres are now over-stretched and need further support to respond to the increasing numbers of consultations in their facilities. WHO and other health partners are closely working with the MoH and respective Directorates of Health (DOH) to fill these critical gaps.

Lebanon

Lebanon remains concerned with overburdened Primary Health Care (PHC) services and high hospital utilization by Syrian refugees. The threat of outbreaks of acute watery diarrhea, tuberculosis, measles, mumps, Hepatitis A, cholera and other diseases are of concern, given the frequent population movements between informal dwellings which have limited access to health care services.

The polio vaccination campaigns and the accelerated routine vaccinations so far have succeeded in keeping Lebanon polio free. However, additional vigilance is required to prevent other vaccine preventable diseases such as measles, mumps, and Hepatitis A.

Jordan

On 23rd November, the Jordanian cabinet decided that registered Syrian refugees are no longer entitled to access free services at the Ministry of Health (MoH) facilities. Syrian refugees are now charged the same fees as noninsured Jordanians, around 35-60% of non-Jordanian fees. The rates remain low and might be affordable for non-vulnerable individuals; however, this change is expected to cause considerable hardship for many refugees.²⁷ There is an urgent need to continue humanitarian programming to cope with the immediate health needs of refugees, in addition to strengthening health systems to maintain the response.

More attention is needed for chronic mental conditions and NCDs.

Egypt

There are concerns about communicable diseases recorded in the EWARN: for example the total number of H5N1 confirmed cases in December 2014 were 29 including 13 deaths, compared to four cases in 2013. The total number of reported measles cases in 2014 is 1960 compared to 412 in 2013. A total of 388 seasonal influenza samples, tested out of 783 from eight sentinel sites were positive. The most predominant type of respiratory virus was FluA/H3 (61%). The previous year, the most predominant type of respiratory virus was Flu A/H1N1 (59%). There is no differentiation made in the EWARN between Syrian and Egyptian patients:

²⁷ [UNFPA REGIONAL SITUATION REPORT FOR SYRIA CRISIS Issue No 28](#)

however it is reported that the increase of reported cases is due to increased awareness about available services, after Syrian focal points were appointed to make the community aware of available services

Turkey

The health profile and the disease spectrum of the host population and the Syrian refugees are very similar, with a high prevalence of NCDs. There has however been increased exposure to vaccine preventable diseases, such as measles and pertussis due to the absence or collapse of routine immunization system in Syria. The commendable effort of the MoH to provide refugees residing in camps free access to all health services continues. With the ongoing winter season, a rise in the number of cases of ARI is expected.

Health Needs and Gaps

Syria

Health agencies continue to provide lifesaving medicines, supplies and surgical kits, however these efforts are compromised by the security situation and drain of health professionals. There is a dearth of specialized health services especially for operating theatres, intensive care, emergency and laboratory units serving patients suffering from diabetes, cardiovascular diseases, cancer, and renal failure. Presently, there are about 238,541 Type 1 and 2 diabetic patients (119,270 females, and 23,854 children under 15 years old) who will require continuous follow up in 2015. Moreover 650,000 hemodialysis sessions are required yearly for patients in renal failure.

The continued reduction of locally produced medicines associated with increasing cost of medicines for NCD medications, has put high numbers of increasingly vulnerable people at risk. There is an urgent need to enhance access to NCD medication so as to avoid an increased risk of complications that are detrimental to health outcomes that are complex and costly to treat.

Preparedness measures for winter season should take place to prevent influenza outbreaks and mitigate the effect of any increase in influenza cases during winter time.

Iraq

As the winter weather conditions continue to worsen, ARIs are more likely to increase. For example in week 48, 2,825 cases were reported from 13 reporting sites - a 16.1% increase from the previous week.²⁸ There has been a continuing increase in the number of ARI cases among children under five. As a result the MoH in collaboration with WHO and other health partners have stepped up surveillance.

A further acute viral hepatitis outbreak was reported on the 23rd November in Barhaka camp. The first recorded cases from Barhaka were in October. While the outbreak is not escalating, it is not yet over. Health and WASH partners operating in the camps are conducting hygiene, health education, promotion, case management, as well as strengthening the surveillance system.

WHO continues to support Ninewa and Duhok with teams that conduct water quality monitoring. However, in Mosul, continuous interruption of water supplies coupled with the shortage of chlorine and the merging of water and sewage lines is posing a threat of water borne diseases in the city. Water samples collected and tested from Mosul showed contamination following bacteriological examination.

²⁸ World Health Organisation Iraq Situation Report Number 14 25 November – 20 December

Lebanon

NCDs constitute a major issue in the living context of displaced populations. Stock disruptions of NCD medications in PHC centres are reported and related to the unpredictable increase of beneficiaries; the main shortages observed are in medications for the management of asthma, epilepsy, anaemia and diabetes, especially for the paediatric age group.²⁹

Syrian refugees also present with several other health service needs including for communicable diseases, reproductive health, nutrition and mental disorders. Limited funds are available for equitable provision of health services in order to meet health needs on primary, secondary, and tertiary health care levels.

There is a need to protect more than one million refugees and host communities against viral Hepatitis A through public health measures, including hygiene and access to safe water.

Jordan

There is concern around the capacity of the health care system to absorb the increased volume of Syrian patients accessing health services in Jordan. There is a need to maintain humanitarian programming and continue to meet the immediate health needs of individual refugees. This includes supporting the MoH with medicines (including NCD medications), medical equipment, logistics, and personnel.

Egypt

WHO was unable to finalize a contract with a rehabilitation hospital to provide services for displaced Syrians, despite the immense needs, due to the heightened political situation in Egypt.

The quality of monitoring and reporting incidents of communicable diseases and NCDs in PHCs is a major challenge.

Turkey

The armed conflict in Syria continues to be intense near the Turkish border. At least 190,000 Syrian Yazidi-Kurdish civilians crossed the southeastern borders of Turkey during the months of October and November. While many have found refuge in camps set up by authorities, the vast majority have been taken in by relatives, friends or even total strangers. As a result, AFAD is constructing a new camp for 30,000 people in the area and requests support from partners, including for medicines and medical equipment. Routine vaccination needs to be strengthened for those recent arrivals.

WHO activities include

Turkey

- ❖ Turkey prepared concept notes for the training component Refugee Doctor Adaption Training (ReDAT) and Refugee Nurse Adaption Training (ReNAt)
- ❖ Turkey prepared the CERF proposal for the Suruc response

²⁹ Report of the Rapid Evaluation to the access to the Non-Communicable Diseases Care and Medication by Syrian refugees living in Informal Tented Settlements

Syria

- ❖ Renovation of four psychiatric health facilities estimated to provide mental health services to more than 11,000 patients: the Ibn Roushed Psychiatric Hospital, Psychiatric units at Al Mowassat and Al Afia Fund Hospital in Damascus, and an outpatient centre at IBN Khaldoun Hospital, Aleppo;
- ❖ WHO has provided in-kind support including medicines, medical equipment, health supplies, hygiene and nutrition supplies to 2,662,043 beneficiaries through NGOs since January 2014 including distribution of essential lifesaving medicines and medical supplies to cover the needs of the injured and trauma management patients in December 2014;
- ❖ WHO led the Rapid Response Teams in conducting field visits to Damascus and Rural Damascus where high numbers of cases of AJS were being reported. Water samples were collected for testing;
- ❖ Mass hygiene promotion campaign with the aim of raising awareness on flu and water borne diseases were conducted during this winter season;
- ❖ MoH has circulated official requests to the Directorates of School Health and DoH in all governorates to monitor the environmental and health conditions in the schools and in IDP shelters;
- ❖ Increased laboratory capacity (procurement of influenza lab kits, training activities);
- ❖ Nasopharyngeal swabs were collected from SARI cases that were admitted to intensive care unit as recommended by national protocol. Samples were negative for H1N1;
- ❖ Shadi Esowud, a popular artist, was engaged to anchor a mini documentary on the prevention of influenza.

Iraq

- ❖ WHO handed eight medical mobile clinics providing basic health services to the MoH as part of its support to improve access to health services for IDPs. The clinics were procured with funds from the Kingdom of Saudi Arabia;
- ❖ In Duhok, WHO together with the DOH are supporting a project to build the capacity of surgeons to provide cochlear implants for displaced children with hearing impediments. In early December, a world class trainer was hired to provide on the job training for Ear Nose and Throat (ENT) surgeons. Nineteen children aged between one and five had operations, among them two refugees and 17 IDPs;
- ❖ WHO supported the training of 30 medical staff from the DOH, PHC centres and hospitals in Erbil on family planning;
- ❖ A workshop for 25 Paramedics from Duhok, Sulymaniah, Shikan and Amedi health districts and hospitals was also carried out to strengthen surveillance, communicable disease control and family planning service provision;
- ❖ In Kirkuk, WHO together with the DoH, UNICEF and other cluster partners supported a vaccination campaign in Laylan camp targeting children under 15 years. A total of 1,150 children were vaccinated against polio and measles;
- ❖ WHO in collaboration with the MoH and other health cluster partners conducted assessment missions to Sharia and Domiz IDP camps in Dohuk as well as primary health care centres in Sulymaniah. ❖ Support supervision and monitoring visits were conducted to Baharka camp, Erbil following confirmed cases of Hepatitis A. The visit was part of monitoring process of health education and hygiene and promotion activities in the camp;
- ❖ WHO, together with the Directorate of Environments in Ninewa and Duhok conducted water quality monitoring and mobile water testing in five villages north of the city. Water samples collected and tested from Ninewa showed biological contamination, posing a threat of water borne diseases in the community;

❖ During this reporting period, WHO provided essential medicines and other medical supplies to Duhok and Sulymaniah as part of its support to displaced people and host communities. Ten wheel chairs, one Interagency Diarrhoea Disease Kit (IDDK), three ORS modules, eight basic unit Interagency Emergency Health Kits (IEHK), two surgical kits and seven Trauma Kit A were donated to Duhok. In addition, one IDDK, two boxes of ORS module, seven basic IEHK, five surgical kits, one Trauma Kit A, three Trauma Kit B, ten wheel chairs and an assortment of medicines were supplied to the DOH in Sulymaniah. Erbil DOH also received two boxes of ORS module, five IEHK and two trauma kits.

Jordan

❖ MoH/WHO and partners implemented Supplementary Immunization Activities in three Syrian refugee camps (7th-11th December), administrative data shows that a total of 22,025 Syrian children under five were vaccinated;

❖ MoH/WHO and partners implemented a National Immunization Day (30th November-4th December) where administrative data shows that a total of 1,201,847 children under five were vaccinated, of whom 133,525 were Syrians, with a reported coverage of 122%.³⁰ A total of 62 AFP cases were notified from January-December 2014, of whom 3 cases were notified in December. The Non Polio AFP rate was 2.28 cases per 100,000 under 15 years by Week 53.

❖ The WHO UN cross-border convoy targeted two health facilities Al-Harra and Dar'a. WHO supported these facilities with two surgical kits;

❖ Delivery of Training of Trainers on Stress Management to nine humanitarian workers operating in Za'atari in collaboration with International Medical Corps (IMC), as part of a series of Mental Health and Psychosocial Support Network (MHPSS) trainings to be rolled out in and outside the camps;



❖ Participation of WHO and Jordanian Nursing Council Mental Health focal points in a three day Mental Health meeting in Italy, with the aim of discussing Mental Health policy and services;

❖ WHO supported the participation of three MoH multidisciplinary teams (15 mental health professionals) to a study visit in Trieste, Italy to learn about the deinstitutionalization process and the delivery of comprehensive community-based care;

❖ WHO/MoH implemented phase II of the pilot routine public health surveillance project using mobile technology and an online framework between November-December. Case-based reporting and clinical decision support of communicable diseases, NCDs and mental health conditions using 87 mobile devices was introduced, across 54 sites in three directorates of Jordan (Irbid, Mafraq and Zarka), with 200 participants trained;

❖ In collaboration with MoH, delivered Mental Health Care Gap Action Programme (mhGAP) training for 25 Ma'an governorate PHC staff (GPs, family doctors and nurses), which will be followed by refresher training and on job supervision;



❖ WHO conducted a mission from 2nd-4th December to assess the country's preparedness and readiness measures for Ebola virus disease (EVD) outbreak in six major domains: Leadership and coordination, Points of Entry, Surveillance and Contact tracing, Infection and Control, Laboratory Services, and Risk Communication. A final report was shared with the MoH.

³⁰ MoH Data

Lebanon

❖ A joint WHO/European CDC/EPIET (Expanded Programme on Immunization Epidemiology Training) mission was organized in Lebanon from December 2nd-11th to explore best strategies of vaccination against Hepatitis A, in view of the repeated outbreaks across the country over the past two years. The team compiled and



analyzed the available information (incidence, patterns of the outbreaks, and vaccination coverage), met with the key stakeholders, and conducted field visits to better understand risks of infection. Preliminary recommendations included to carry out a nationwide catch-up vaccination of children between 18 months to three years and to include Hepatitis A vaccination into routine childhood vaccination. Depending on availability of funds, the age bracket of catch-up vaccination can be extended to older children. The mission team also recommended further promotion of continuous and

vigilant hand hygiene practices, and reinforcing water and sanitation access and water quality monitoring, especially in informal tented settlements (ITS) spread across the country;

❖ A WHO mission took place from December 8th-10th, to assess the country's preparedness and readiness for EVD outbreak. The mission was good leverage for the Ministry of Public Health (MoPH) and concerned stakeholders to improve country preparedness to control and manage 'Public Health Emergencies of International Concern'. It also identified areas of concern: the mission recommended remedial measures to strengthen capacity for mitigation of risk of spread and transmission of EVD, further formalization of the coordination structures with various non-health structures, more development of the risk communication strategy, and further harmonization of national contingency plans.

❖ In order to strengthen child health services at PHC level, the WHO guidelines on the Integrated Management of Childhood Illness (IMCI) were adapted to the Lebanese context by the Research Centre at the La Sagesse University. The process was supported by WHO, the MOPH, national experts, and members of scientific societies in Lebanon. Preparations for training PHC staff on the adapted IMCI were also initiated. 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.

❖ In order to strengthen services in PHC centres, WHO supported the update of existing 'Clinical Management Protocols for the Most Common Health Conditions in Primary Health Care'. WHO provided technical back up for the revision and development of the guidelines and protocols, and coordinated consensus building on the guidelines. The final draft of the guideline and its related algorithms were submitted by the Lebanese Society of Family Medicine in December. Preparations for training PHC staff on the updated guidelines were also initiated. WHO supported the update and printing of a large amount of selected materials.

❖ In order to find alternatives for the costly in-hospital vaginal deliveries for the high number of Syrian refugees of reproductive age in need of antenatal and delivery services, WHO and MoPH conducted an assessment of private services. Experts from the Lebanese University and the Order of Midwives assessed the capacity and quality of 38 midwife-managed clinics, and the needs in terms of training or equipment. The final assessment report was submitted in December including recommendations. WHO will support the MoPH in developing a plan to intervene, regulate, and support the clinics;

❖ Procurement of medical equipment is ongoing. A shipment was received and delivered consisting of 180 examination tables, 180 instrument trays, 43 echography machines, 180 paediatric sphygmomanometer, and 360 Intrauterine Devices. WHO also initiated the procurement of selected NCD medication to fill the gaps in treatment uncovered by the 'Rapid Evaluation of Access to NCD Care by Syrian refugees living in ITS';

❖ WHO continued health care worker training on the mhGAP, finalizing in the South and Bekaa for 28 PHC centres and 62 health care staff. WHO provided technical and logistic support for the revision of the 'Situation assessment and strategy for mental health and substance use disorders in Lebanon', aiming at setting the ground to scale up the mental health integration within the health services available in Lebanon, in line with the WHO Global Mental Health Action Plan 2013-2020.³¹

❖ WHO organized an introductory workshop on food sampling for more than 200 MoPH staff and two workshops on standard food sampling and inspection, based on Good Practices guidelines.

❖ WHO in coordination with the Ministry of Education and Higher Education (MEHE) and the MoPH, conducted 39 training sessions on school based surveillance for 1147 public schools health educators and coordinators. The school-based surveillance system is a tool to detect alerts and outbreaks and monitor absenteeism from school.

Turkey

❖ WHO continues to monitor disease trends through national and international partners and responds to multiple requests of support and/or clarification on specific diseases, for example possible treatment in Turkey or elsewhere for genetic diseases, trauma care, prosthesis care;

❖ WHO conducted a polio assessment of the health care situation of the Yezidi refugees in Sirnak Province. There was a headquarter Polio review mission in Gaziantep to review preparedness of polio rounds 8-9 in northern Syria;

❖ In anticipation of the transition from Health Working Group (HWG) into health clusters WHO in agreement with Save the Children took the lead coordination of the HWG.

Egypt

❖ WHO Country office in cooperation with the Regional Office is arranging for National Emergency Response training, for the first time in Egypt. The training will be conducted on a central level and will target various MoHP staff and officials;

❖ The contract between the WHO and Secretariat of Specialized Medical Centres (SMCs) providing secondary and tertiary health services to Syrian refugees was extended until the end of December;

❖ The GIS health mapping of the health service providers for the Syrian community preparation phase (application template development, data collection and analysis) has been completed. Consequently, the GIS team is continuing the work to reach the testing phase and finalize the GIS application;

❖ In coordination with the MoHP, WCO Egypt is planning to conduct health advocacy events for Syrian Refugees in Cairo, Damietta and Alexandria. It aims to include 400 Syrian Refugees to orientate them to the health services provided for them by WHO and other HWG partners;

❖ A web-based application was developed and pilot tested for entry of communicable, non-communicable and mental diseases data and reporting. IT staff at selected PHCs centres were trained and feedback was received from different parties. The next steps will involve installation at each centre, and entering and reporting of surveillance data;

❖ A health impact assessment is ongoing, aiming at gauging the impact of displaced Syrians on national services systems, as well on the hosting Egyptian population;

❖ Coordination and communication among UN-partners was strengthened through the monthly HWG;

³¹ http://applications.emro.who.int/docs/RC_technical_papers_2011_5_14223.pdf

❖ The EWARS system was further strengthened:

1. Communicable diseases reported at 62 PHC centres in six governorates
 - Web-based application for EWARS data reporting developed
 - Reportable communicable diseases list developed
 - Eighty IT staff trained on web-based applications
 - Computers and internet access for the selected sentinel sites provided
 - One hundred and eighty surveillance health staff on outbreak investigation and control trained
2. NCD surveillance supported at 30 PHC centres
 - One hundred and forty selected PHC physicians trained on management of NCDs
 - Thirty laboratory technicians trained on NCD diagnostic testing
3. Mental health services integrated at 30 PHC centres
 - Training planned for physicians and nurses on mental health case management
 - Health needs assessment of the PHCs conducted
4. A system of supervision, monitoring and evaluation of EWARS/NCD/mental surveillance systems to be developed which will be applied within PHCs located in Syrian refugee-dense areas.

Resource Mobilization

❖ On 18th December humanitarian partners gathered in Berlin to launch two major strategic plans that they had finalised: the Regional Refugee & Resilience Plan (3RP) and the Whole of Syria (WOS) Strategic Response Plan (SRP). Together, the two plans represent an appeal totaling more than US\$8.4 billion to help nearly 18 million people in 2015. While humanitarian needs have increased by about 31% since the same period last year, humanitarian actors under this plan are requesting for US\$ 2.9 billion under the SRP to effectively respond to the needs of 12.2 million people across Syria. The net increase in funding requirements represents a 5% increase from SHARP 2014 and the Syrian Humanitarian Response from Turkey. The fact that the increase in the overall appeal requirement is less than the increase in needs is testimony to the greater efficiencies brought about through the WOS approach.³² The 3RP asked for \$5.5 billion in funding to support the emergency humanitarian operations in refugee-hosting countries and to provide host community support with longer-term programmes. An additional 20.6 million people in Jordan, Lebanon and Egypt will benefit from upgrades to local infrastructure and services in areas such as health, education, water and sewage.³³

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³² Syria Humanitarian Bulletin Issue No 51

³³ <http://www.un.org/apps/news/story.asp?NewsID=49639#.VJbk9DdxKA>