



World Health Organization

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



WHO team visiting a mobile medical unit at an informal tented settlement in the Bekaa Valley.
Photo credit: WHO Lebanon



12.2 MILLION
AFFECTED



7.8 MILLION
INTERNALLY
DISPLACED



>3.9 MILLION¹
REFUGEES



1 MILLION²
INJURED



>215,000³
DEATHS



HIGHLIGHTS

WHO SYRIA provided technical and financial support for the 10th polio campaign from 15-19th February during which 2,989,659 children under five were vaccinated including over 60,000 in hard to reach areas;

WHO IRAQ supported the first national polio campaign since 2012, which commenced on the 22nd January 2015;

WHO JORDAN started the preparation of Phase 1 of the national program of public health surveillance which will be implemented in 309 sites across Jordan using mobile tablets technology;

WHO LEBANON initiated a project to strengthen epidemiological surveillance using DHIS2;

WHO TURKEY held two polio trainings. The first was on micro-plans and new practices for the polio vaccination campaign. The second training was held on the Polio Eradication Initiative monitoring program needs;

The contract between **WHO EGYPT** and the secretariat of Specialized Medical Centres was renewed until June 2015, allowing continuity of provision of secondary and tertiary health services to Syrian refugees.

HEALTH CLUSTER

	NOT AVAILABLE	PEOPLE COVERED
	NOT AVAILABLE	HEALTH KITS
	NOT AVAILABLE	TONNES OF MEDICINE
	\$318 M REQUESTED (SRP SYRIA 2015)	0% FUNDED
	113 45% FUNCTIONING	# OF HOSPITALS ⁴ (SYRIA)
	CONSULTATIONS 669,747 (SYRIA)	SURGERIES (NOT AVAILABLE)
	ASSISTED DELIVERIES (NOT AVAILABLE)	REFERRALS (NOT AVAILABLE)

WHO

	4,446,270 (IRAQ, SYRIA)	PEOPLE COVERED
	235 (IRAQ 8, SYRIA 217)	HEALTH KITS
	NOT AVAILABLE	TONNES OF MEDICINE
	\$124,925,614 ⁵ REQUESTED (SRP '15)	0.3 % FUNDED
	\$33,595,000 ⁶ REQUESTED (3RP '15)	3% FUNDED

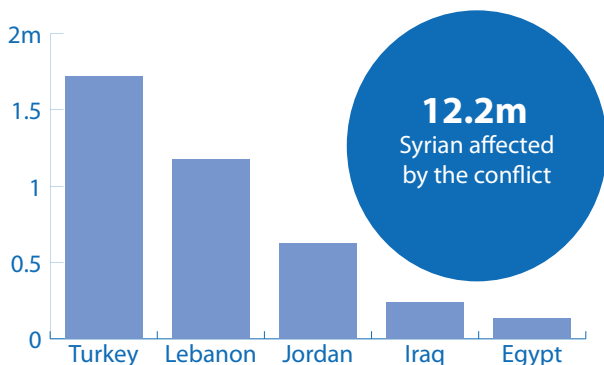
BACKGROUND

The overall security situation in the Syrian Arab Republic continues to be the critical driver of the humanitarian crisis in the country. There are no key changes in the balance of power, but there are continued attempts at peace building. This month, the United Nation envoy and Arab League envoy to Syria carried out talks with Syrian officials in Damascus to negotiate a deal to freeze fighting in Aleppo.

As the conflict approaches the fifth year, 7.8 million Syrians are displaced, and 12.2 million have urgent needs for humanitarian assistance, including for life saving health care services, and medical supplies. Over five million of those are children. A reported 4.8 million are hard-to-reach areas including an estimated 241,000 trapped in besieged areas, cut off from humanitarian aid and medical supplies, unable to escape. More than 215,518⁷ people have been killed since the beginning of the conflict. An expected 1.5 million will have been injured by the end of 2015 requiring access to health services, including emergency trauma care placing further burden on the health system.

Space for those who want to leave the country and seek refuge outside is gradually shrinking due to new border policies introduced by some of Syria's neighbouring countries. Up until now more than 3.9 million refugees have been registered by UNHCR. 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.

Syrian refugees in neighboring countries (UNHCR-Feb '15)



SITUATION UPDATE

Difficult security conditions continued in Syria this month. Damascus city experienced heavy rocket and mortar attacks and retaliatory campaigns. There was also an increase of clashes inside Aleppo city, and conflict continued in Dar'a, and Ar Raqqa and Deir-ez-Zor, which in turn further restricted access. As such, the timely delivery of humanitarian assistance continues to be challenging. A REACH assessment reported that road access had also been severely restricted especially in Aleppo, Hama, Homs and Quneitra in the immediate aftermath of Storm Huda due to the accumulation of snow and ice. The majority of Key Informants reported that in many areas no organization had delivered humanitarian assistance the week prior to the storm⁸.

In Iraq, more than 244,000 Syrians are currently registered as refugees, mainly hosted in the Kurdistan Region. A sharp deterioration of the security situation, in Anbar, Salah-ad-Din, Diyala and Ninewa governorates led to further population displacement this month⁹. The ongoing crisis and security issues have been alarming from a humanitarian perspective: for example in Hawija, Kirkuk governorate, health workers have fled and it has been impossible to deliver medical supplies to the population as the road is inaccessible and blocked. In Anbar access to health facilities and movement of ambulances in and outside the governorate has been very difficult.

In Jordan, there are now more than 625,000 Syrian refugees. Approximately 84% live outside refugee camps in urban and rural areas across the country. However, tensions are reported to be rising in host communities, particularly in towns and cities close to the border. Two-thirds of these refugees are living below the poverty line and one in six refugee households live on less than USD\$40 per person per month. Za'atari camp is now hosting more than 83,000 refugees, and there has been an increase in new refugees and returnees to Azraq camp. Azraq now hosts more than 13,000 refugees.

More than 1.17 million Syrian refugees are registered in Lebanon, which now ranks first in the world with refugees per capita. Well over half live in insecure dwellings, and 75% of refugee families are reported to be struggling to meet their food needs. The 30% increase in population over four years has had serious negative impacts on the economy, social stability and key determinants of health such as Water, Hygiene and Sanitation (WASH) and employment; this is adding to escalating social tension.

By the end of 2014, Turkey hosted an estimated 1.65 million Syrian refugees of which nearly 229,000 were residing in camps and 1.4 million within host communities. The projected number of Syrian refugees in Turkey by the end of 2015 is 2.5 million, of which 300,000 will be living in camps and 2.2 million will be within communities (it is estimated nearly 10 million people in communities will be impacted by the refugee crisis). Refugees living in communities are spread throughout Turkey, with the overwhelming majority concentrated in five provinces adjacent to Syria: Hatay, Kilis, Gaziantep, Şanlıurfa and Mardin. Major cities of Western Turkey such as Ankara, Antalya, Izmir, Istanbul, Konya and Mersin have also attracted large numbers of refugees.

The number of registered Syrian refugees in Egypt has reached more than 133,000. Most refugees are scattered in rented households in the outskirts of large urban centres such as greater Cairo, Alexandria and Damietta. The living conditions of refugees are alarming, scattered over urban areas and often living in crowded quarters with multiple family households. Lack of privacy contributes to tensions and increased domestic violence. This poses a challenge for most aid agencies to provide support for all refugees residing in Egypt. In addition, since the population is still regularly moving, allocation and provision of services are difficult.

PUBLIC HEALTH CONCERNS

Syria:

The entire health care system has been severely disrupted. By

the end of February 2015, out of the 113 assessed public hospitals, 53 were reported fully functioning, 40 hospitals were reported partially functioning, while 20 were reported completely out of service. Idleb, Al Hassakeh, Dara'a, Al Sweida and Qinetra were reported to have less than 100 resident doctors between them.

Cases of water borne diseases persist. A total of 4,277 cases of Acute Jaundice Syndrome (AJS) were reported this month. The highest number of cases came from Idleb 1409, Damascus 720 and Deir-ez-Zor 590. Deir-ez-Zor also accounted for 154 cases of suspected typhoid fever alone. Despite the regular check on the quality of water by both health and water authorities, a water chlorination problem was reported in Alboukamal district due to the shortage of chlorine.

Access to psychotropic medication has been hampered by the security situation. In addition, stigmatization of patients with mental illness is high and an additional contributor to the limited access to mental health services.

There is a shortage of medicines for patients in intensive care, patients needing burns treatment, and for patients suffering from kidney diseases, and blood diseases.

There has been an increase in reported cases of sexual exploitation, especially in besieged areas, such as Aleppo and Deir ez-Zor. Effective GBV prevention and response programmes that embrace international protocols, especially for the clinical management of rape, are limited due to the limited capacity of qualified partners, the limited number of trained staff, and insufficient financial resources.

The depreciation of the Syrian pound, depleted local markets, and limited employment opportunities especially for youth are affecting the economic situation of Syrian families. This in turn, exposes them to many health risks.

Iraq

New influxes of IDPs have put pressure on the existing health services in areas where they have moved. As an example, in Arbat camp, there is now a population of 16,000 IDPs from only 4,000 in December 2014. In an attempt to address the health needs of the population, the Directorate of Health (DoH) needs to ensure there is sufficient access to Primary Health Care (PHC) in the camp.

12 measles cases were detected in Arbat Camp, Sulaymaniya. Entry point vaccination to the camp has taken place this month but monitoring needs to continue especially among displaced children coming from areas of low vaccination coverage.

According to Ministry of Health (MoH) reports, Iraq has experienced an unusual surge in suspected influenza cases during the winter season. More than 700 suspected influenza cases have been reported so far compared to less than 100 cases during the same reporting period last season, which will require ongoing investigation and response if necessary.

Jordan:

There is an urgent need to continue humanitarian programming to cope with the immediate health needs of refugees, in addition to strengthening health systems. Continuity of health care for Syrian refugees is difficult because of refugee move-

ment. In addition, not only have staff and systems struggled to accommodate additional consultations, admissions, surgical operations, and deliveries, at the same time Jordanians seeking health care in these governorates have to cope with the resulting congestion and longer waiting times.

In November 2014, the Jordanian cabinet announced that registered Syrian refugees are no longer entitled to access free services at MoH facilities, hence, Syrian refugees are now charged the same fees as non-insured Jordanians which is around 35-60% of non-Jordanian fees. The rates remain low and might be affordable for non-vulnerable individuals; however this is expected to cause considerable hardship for many refugees.

High turnover of health care professionals has led to interruption of services, possibly due to increasing salary scales due to high demands and competition between organizations working with refugees.

Lebanon:

The rapid increase in the refugee population has put a significant strain on health services, for example there is an increasing trend in the number and severity of non-communicable diseases (NCDs). Needs for NCD medications are rising. Syrian refugees also present with several other needs including services for communicable diseases, reproductive health, nutrition and mental disorders. Limited funds are available for equitable provision of health services on primary, secondary, and tertiary health care levels. For example, there are currently few resources available to adequately treat chronic conditions.

The threat of outbreaks of water borne diseases including acute watery diarrhea, hepatitis A, cholera, as well as airborne diseases including tuberculosis, measles, mumps, and other diseases remain of concern, given the frequent population movements between informal dwellings which have limited access to health care services, as well as environmental conditions such as lack of sanitation. 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. 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 such as measles and mumps.

Tuberculosis rates have increased from 19 per 100,000 in 2011 to 24.1 per 100,000 in 2013.

An additional concern is the potential for a seasonal rise in Acute Respiratory Infection (ARI) cases, especially among vulnerable populations.

Turkey:

Syrian refugees in host communities are living in crowded conditions in urban areas which increases their risk of exposure to communicable and vaccine preventable diseases.

Mental health provision and psychosocial services are increasingly a major concern both due to language barriers between the Syrian and Turkish population, and the few facilities for provision of care.

Surgical trauma and intensive care for the large number of severely injured patients from conflict areas continue to require

enormous inputs of equipment, human and financial resources. Furthermore, the required long-term post-operative rehabilitation of severely traumatized patients is an added challenge for already stretched Turkish healthcare system.

Egypt

Refugees have been granted access to public services, including primary health care and education at the same prices as Egyptians. However, issues related to quality and availability of these services remain of concern given that the public sector is already struggling to meet the needs of Egyptians.

Egypt still reporting active cases of H5N1 positive cases, however as it difficult to specifically monitor the health of Syrian refugees, it is not clear which population has been affected by H5N1.

HEALTH NEEDS AND GAPS

Syria:

The health authorities have expressed urgent needs for specialized medicines such as insulin, immuno-suppressant and cancer medicines. There is also a need for blood and blood products.

Access to populations in need in hard-to-reach and opposition controlled areas is still a challenge, but essential. For example, although the last case of polio was reported in January 2014, polio campaigns targeting hard-to-reach and underserved areas in order to sustain herd immunity against the virus are still needed.

Behavioural change towards patients with mental illness is critical to improving access and utilization of mental health services.

The average number of medical doctors in functional hospitals per 10,000 population ranges from one in Dara'a to 18 in Damascus: there is an urgent need for capacity building for remaining staff in the area of emergency management, trauma, mental health care management, psychosocial support.

Iraq:

Support is required to pay incentives for some medical and paramedical staff who will be newly recruited in the health facilities in Erbil Governorate to meet the increasing need for health services. Support to build the capacity of DOH health staff in order to improve quality health services in IDP camps and host communities, hospitals, and Emergency units is also required.

Jordan:

There is concern around the capacity of the health care system to absorb the increased volume of Syrian patients accessing health services. 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, medical equipment, logistics, and personnel.

Lebanon:

Lebanon remains concerned with overburdened PHC services and high hospital utilization by Syrian refugees. There is an urgent need to continue humanitarian programming to cope with the immediate health needs of refugees, in addition to strengthening the resilience of the health systems to maintain

the response.

Lebanon has witnessed increasing diarrheal diseases, and acute respiratory infections over the past two years. There has also been an increase in the incidence of vaccine-preventable diseases, with two outbreaks observed (measles and mumps). Lebanon remains polio free despite the polio outbreak in Syria in October 2013, because of aggressive polio campaigns conducted at national and sub national levels.

There should be a focus on observing cases of ARI due to seasonal influenza in Lebanon.

Maternal and child health services, mental health and NCD services are significantly overstretched.

Turkey:

In urban areas, which host the majority of Syrian refugee population, the burden on secondary and tertiary care continues to be an important issue due to difficulty of integration of Syrian patients into primary and family physician healthcare services. The role of family and community healthcare centres as primary care providers for Syrian refugees needs to be strengthened, including mental health care for impacted communities. Awareness among urban refugees on the utilization of health services in Turkey should be increased.

Integration of Syrian health personnel into the Turkish health system will alleviate the workload on Turkish health personnel. Trainings for Syrian health professionals will be continued but increasing the number of these trainings and participants will further help overcome language barriers and facilitate service delivery.

Health services for chronic diseases should be strengthened along with health promotion and protection interventions, including RH, nutrition and SGBV. Malnutrition has not been reported yet, but is expected to become a challenge as refugees arrive from areas in Syria with reduced food security.

Unregistered and urban non-schooling children have limited access to routine immunization programmes in Turkey. There is also a difference between vaccination schedules in Turkey and Syria. To this end, many of the refugees in the community are not aware of the Turkish vaccination schedule and do not follow-up all required doses of vaccines.

Egypt:

Syrian refugees struggle to finance costs of secondary and tertiary level services. With decreased funding for the prolonged crisis, vulnerabilities are escalating among the refugees particularly in terms of debts incurred due to healthcare costs.

There is a gap in providing rehabilitation services for Syrians living with disabilities.

WHO ACTIVITIES

Syria:

- WHO provided technical and financial support for the conduct of the polio campaign in which 2,989,659 children under 5 years (102%) were vaccinated against polio in February from the 15-19th February. Access to eligible

children for polio vaccination in areas hitherto inaccessible improved during the polio campaign. Such areas include borders between Ar Raqq'a and Homs; Dara'a and Al Sweida; Al Hassakeh and Deir Az Zor;

- Approximately 550,881 patients benefited from medicines such as anaesthesia, antibiotics, dermatologicals, and oxytocin delivered to Damascus, Homs, Aleppo, and Lattakia;
- 200 Hygiene Kits, and 17 Emergency Kits were distributed in Damascus and Rural Damascus;
- Six generators were supplied to health facilities in Damascus and Rural Damascus;
- In response to the reported outbreaks of hepatitis A and other water borne diseases, a health promotion campaign was launched on television, radio and newspapers in all governorates. A circular was sent to health directorates to conduct education sessions about water and food borne diseases in schools and health centres. The Rapid Response Team in all governorates also conducted field visits to the IDP shelters and schools to assess the health and environmental situation and sensitize them about food and water borne diseases;
- An awareness bulletin was produced about SARI and shared with the media office in MOH to be disseminated to other mass media outlets;
- Six refresher trainings on mhGAP intervention guide were conducted for non-specialized health professionals.

Iraq:

- Based on urgent needs and acute shortages of health technologies including emergency medical supplies, WHO supported the DOH, Mosul with enough essential medicines to treat 895,730 people and additional medical supplies to cover the needs of 105,000 people;
- WHO distributed five Interagency Emergency Health Kits (IEHK) and three Interagency Diarrhea Disease Kits (IDDK) to Dahuk, Sulaymaniah, and Ninewa governorates;
- WHO conducted an investigative mission to Baghdad as technical support to the MOH on the influenza outbreak. The mission concluded with immediate and medium to long term recommendations including strengthening the Central Public Health Laboratory capacity and organizing a training on surveillance and case management;
- From 22 January to 7 February, children in Arabat camp, Sulaymaniyah were vaccinated against measles after an outbreak was detected. The results of the campaign are being analysed and will be shared in subsequent bulletins;



WHO IRAQ: Health workers vaccinate a child in Duhok during the national vaccination campaign

- A 5 day national polio immunization campaign started from 22nd February. This was the first national polio campaign since 2012, and targeted 5.9 million children aged 0 month to 5 years of age countrywide;

- In addition, in the Kurdistan region there was a combined measles and polio campaign targeting 673,052 children. Children from 9 months to 5 years were vaccinated for measles, and children from 0 months to 5 years received tri-valent OPV irrespective of their previous vaccination status. The results of the campaign are being analysed and will be shared in subsequent bulletins. As part of supervision and monitoring of the campaign, WHO and UNICEF conducted field visits to vaccination sites and DOHs in Erbil and Duhok governorates;
- WHO provided anti-lice shampoo to the Sulaymaniah DOH to serve 10,000 people;
- WHO, in collaboration with the Erbil DOH, assessed the health services in Shaqlawa General Hospital in order to establish the capacity of the health facility to cope with increased patient caseloads;
- WHO delivered X-ray developers and X-ray fixers to Duhok and Kirkuk DOH;
- WHO supported the Federal MoH to build capacity of staff working in the recently established Regional Emergency Medicine Training Centre in Baghdad. Both WHO and MOH plan to roll out Training of Trainers (TOT) courses for health professionals involved in Emergency Medicine on a rotational basis;
- WHO and UNHCR conducted a joint mental health and psychosocial support assessment mission to Duhok, Sulaymaniyah and Erbil;
- WASH cluster partners in Sharia IDP camp identified shortage of Alum and chlorine for water treatment. Health cluster partners are working closely with the WASH cluster to improve sanitation facilities and water treatment in the camp.

Jordan:

- WHO started preparation of phase 1 of the national program of public health surveillance, the project will be implemented in 309 sites across Jordan (all hospitals, prisons, mental health facilities and 80% of clinics). There will be real-time analysis and reporting using mobile tablets and an online framework, and integrated case-based surveillance of child health, reproductive health, mental health, communicable diseases, NCDs, and injuries. In addition clinical support will be provided for decision making, reviewing signs, symptoms, risk factors and clinical algorithms (IMCI and mhGAP). The TOT and the national training for all selected health facilities will start in April 2015 in three governorates; Amman, Irbid and Zarqa;
- WHO in collaboration with International Medical Corps (IMC) provided the second round of TOT training on Stress Management and Self Care techniques for humanitarian workers providing mental health and psychosocial support services inside Za'atari camp;
- Nine AFP cases were notified this month, all of whom were Jordanians.

Lebanon:

- To improve delivery outcomes in Lebanon, WHO and the Ministry of Public Health (MOPH) in partnership with the Lebanese Society of Obstetrics and Gynecology implemented a capacity building project on Emergency Obstetrics Care targeting concerned health care attendants (OBGYNs and midwives). Ten workshops have been conducted so far in different regions across Lebanon. An additional 6 workshops are planned in March and April 2015;

- With the unprecedented influx of Syrian refugees during the last three years, the number of deliveries taking place in hospitals has drastically increased. Moreover, an increase in C-section rates and neonatal complications has been recorded. In order to decrease neonatal mortality, high-risk births must be treated in hospitals with neonatal units. As part of the EU-IFS fund, WHO and the MOPH in partnership with the Lebanese Association for Early Child Development (LAECD) are implementing a capacity building project targeting healthcare providers working in neonatal wards to build capacity in neonatal resuscitation and stabilization. The Neonatal Resuscitation Training (NRT) program aims at improving knowledge and skills of staff. The Stabilization Care Program (S.T.A.B.L.E.) focuses on post-resuscitation care of sick neonates, including physical assessment, problem recognition and patient management. To be trained in S.T.A.B.L.E, a neonatologist needs to have previously been trained in NRT. The first six refresher NRT workshops were conducted in February and four neonatologists were sent to be trained in S.T.A.B.L.E in Masqat, Oman. These trained experts will conduct nine S.T.A.B.L.E workshops in March and April;
- In order to strengthen the Epidemiological Surveillance Unit (ESU) at the MoPH, WHO initiated a project to build an online disease reporting system, using the District Health Information Software 2 (DHIS2) web application. A two week workshop was conducted from 10-21st February for 28 participants from ESU, in order to optimize DHIS2 to MoPH ESU needs by customizing validation rules, indicators and reports. The tool should be ready to use by mid-March. DHIS2 was initiated in September 2014, when ESU staff were trained, and the project entered a pilot phase in three centres (MoPH office in Beirut, the Emergency Operation Center at Rafic Hariri University Hospital and the MoPH office in Tripoli Mohafaza);



WHO Lebanon: During the DHIS2 training at the Emergency Training Centre

- As of 27th February, all registered Syrian refugees have access to supported PHC centres or dispensaries in their areas of residence. These centers offer medical consultations, medications and laboratory tests at nominal fees (3,000 LBP, approximately USD\$2, for the consultation and additional fees for laboratory tests). Refugees in need of NCDs have access to medications at PHCs and dispensaries at subsidized fees (1,000 LBP). Family planning (including oral contraceptives and insertion of IUD) are provided to all free of charge. For PHC centre services, the MOPH and health partners prioritize pregnant women (four ante-natal consultations, post-natal care services and 85 per cent subsidies on laboratory and diagnostic tests), children under five (consultations, free vaccinations at all PHC centres and dispensaries), elderly over 60 years (85 per cent subsidies

on laboratory and diagnostic tests), as well as other vulnerable individuals.

Turkey:

- WHO had a meeting with Gaziantep University Faculty of Health Sciences to work on the curriculum and other arrangements for the ReNat (Refugee Nurse Adaptation Training) which aims to familiarize Syrian nurses with Turkish health system and enables them to integrate into Turkish health service delivery to provide contextual services;
- WHO attended the OCHA Comprehensive Training on Coordinated assessments, which aims to coordinate the joint field assessments of UN agencies and INGOs;
- Implementation and general updates on Temporary Protection Regulation was discussed during the Health Sector Coordination Meeting in Gaziantep.
- The first meeting of the Waterborne Diseases Outbreak Task Force was conducted to streamline the response to the outbreak in Deir ez Zor;
- The 8th round of the polio vaccination campaign in northern Syria was initiated on February 28th, 2015;
- Two trainings for Polio Vaccination Campaigns were completed. The first training in Kilis focused on procedures of micro-plans and adoption of new practices for the implementation of the polio vaccination campaign. The latter was held in Gaziantep and trained seven independent monitors on Polio Eradication Initiative monitoring program needs;



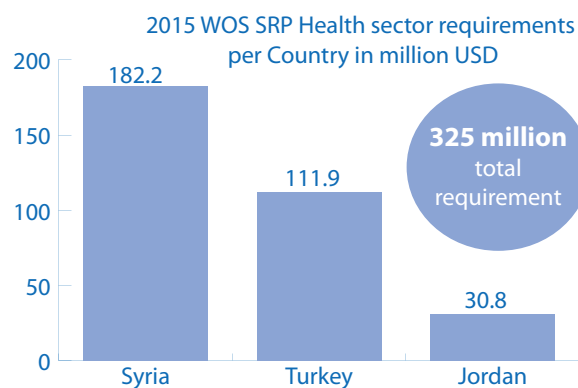
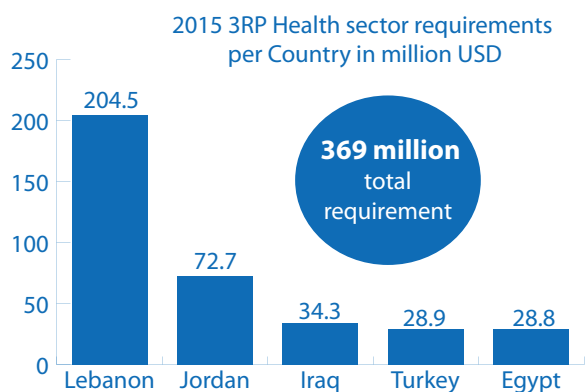
WHO TURKEY: Polio meeting in Gaziantep

Egypt:

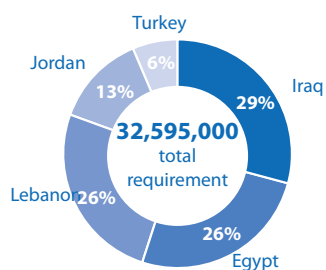
- UNICEF, WHO and UNHCR are meeting regularly to prepare for all actions needed to address the Syrian refugees' mainstreaming in the public PHC system in Cairo planned to start April 2015;
- The contract between the WHO and the Secretariat of Specialized Medical Centers was renewed until June 2015, allowing the continuity of provision of secondary and tertiary health services to the Syrian refugees in Egypt which has been suspended for the past month;
- The health mapping application (GIS system) of health service providers for the Syrian community in Egypt has reached the final testing phase;
- A health impact assessment was finalized. Results of the assessment will be analysed and shared upon completion of the paperwork, and there will be cross sectoral analysis with assessments done by other sectors.

RESOURCE MOBILIZATION

\$365,854 was received this month from Luxembourg, for Polio funds. The urgent need for funding continues.



2015 3RP WHO requirements per Country (USD)



2015 WOS SRP WHO requirements per Country (USD)



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