



World Health Organization

Regional Office for the Eastern Mediterranean

Regional SitRep, November 2014
WHO Response to the Syrian Crisis



PHOTO CREDIT: WHO LEBANON



12.2 MILLION
AFFECTED



7.6 MILLION
INTERNALLY
DISPLACED ¹



>3
MILLION
REFUGEES ²



1 MILLION
INURED ³



>191,000
DEATHS ⁴

WHO

BENEFICIARIES/SUPPLIES



3,024,857	PEOPLE COVERED (SYRIA, EGYPT, JORDAN ⁵)
1	HEALTH KITS (JORDAN)
51	TONNES OF MEDICINE (SYRIA)

FUNDING US\$⁶



26%	% FUNDED (ALL COUNTRIES INCLUDING EMST)
226,883,252	REQUESTED (ALL COUNTRIES INCLUDING EMST)

HEALTH SECTOR

13	HEALTH SECTOR PARTNERS (SYRIA)
12.2	TARGETED POPULATION (SYRIA)

BENEFICIARIES / SUPPLIES



14,470	PEOPLE COVERED (IRAQ)
UNKNOWN	HEALTH KITS
UNKNOWN	TONNES OF MEDICINE

HEALTH FACILITIES



113	TOTAL NUMBER OF HOSPITALS (SYRIA MOH)
88	TOTAL FUNCTIONING (FULLY/ PARTIALLY)
25	NOT FUNCTIONING

HEALTH SERVICES



1,059,587	CONSULTATIONS (SYRIA) ⁷
UNKNOWN	SURGERIES
UNKNOWN	ASSISTED DELIVERIES
UNKNOWN	REFERRALS

VACCINATION AGAINST



2,933,147 CHILDREN	POLIO ⁸
UNKNOWN	MEASLES

EWARN



1,229	SENTINEL SITES (SYRIA, IRAQ, LEBANON, JORDAN, EGYPT)
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FUNDING US\$⁹



40	% FUNDED
384,437,284	REQUESTED

HIGHLIGHTS

SYRIA WHO has taken proactive measures to alleviate the impact of the current water situation. 10th National Polio Campaign reached 2,726,419 children. 51 tonnes of medicine in total distributed to Al Hassakeh (46) and Harasta (5), North East Damascus.

IRAQ Closer collaboration between WASH and the Health Clusters to ensure adequate WASH conditions in the camps following Hepatitis A outbreak.

LEBANON A rapid evaluation of the access to NCD care and medication by Syrian refugees living in Informal Tented Settlements was conducted and showed stock disruptions of NCD medications in PHC centres related to the unpredictable increase of beneficiaries.

WHO JORDAN, MOH and partners implemented Polio NIDs in host communities and Syrian refugee camps.

WHO EGYPT finalized the needs and impact assessment survey tools for the needs assessment for displaced Syrians to be carried out before end 2014.

TURKEY Capacity Building conducted for 25 Syrian Medical Doctors 'Linking Health, Sustainable Development and Whole-of-Society Governance'.

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 October - 30 November 2014

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

⁵ 91,655 (Syria); 55 (Egypt) together with Vaccination Data - 2,726,419 (Syria); 206,728 (Jordan)

⁶ OCTOBER WHO Regional Sitrep

⁷ [Week 45, 46 and 47 only](#), Syria EWARS Weekly Bulletin

⁸ 2,726,419 (Syria); 206,728 (Jordan)

⁹ OCTOBER WHO Regional Sitrep, however 20 million given through EU to MoPH for Lebanon October Polio campaign

Background

Since the eruption of the crisis in Syria in March 2011, more than half of the population have been forced to flee their homes, many of them multiple times.

The Under-Secretary-General of the United Nations statement released 25th November stated that **7.6 million** are displaced, and **12.2 million** are in urgent need of humanitarian assistance throughout the country, which includes a need for life saving health care services and medical supplies.¹⁰ Over five million of those in need of assistance are children. More than 191,000 people have been killed.¹¹ In addition, more than 3.2 million have fled the country, overstressing social and health services in host countries in the region. This is the largest number of people displaced from conflict in the world.¹² Several hundred thousands more are not included in the official figures as they are unregistered.

As part of the 'Whole of Syria' approach, humanitarian partners responding to the crisis inside Syria have prepared a comprehensive Humanitarian Needs Overview (HNO) for the country which will be published in December 2014. This estimated that over one million people will have been injured by the end of 2014, requiring access to health services, including emergency trauma care.¹³ This patient burden will further impact on the health sector in Syria, which has already borne its share of damage and dysfunction of health facilities.

Situation Update

In Syria, tensions in Damascus, Rural Damascus, Quneitra, Al-Hassakeh, Homs, Idlib, Rural Aleppo and Deir-ez-Zor continue to displace civilians, and hamper the delivery of humanitarian assistance.¹⁴ For example, planned inter-agency convoy missions could not take place due to lack of access to most parts of Idlib.¹⁵ There is concern that humanitarian workers might be subjected to arrest and/or violence by armed actors targeted by the ongoing coalition airstrikes.¹⁶

The total number of internally displaced persons (IDPs) in Iraq has reached 2.1 million people, with 47% of those in the Kurdistan Region (KRI), and 45% in the central region.¹⁷ There are 5.2 million people in need.¹⁸ Many displaced persons are in hard-to-reach and inaccessible areas with limited access to health care services. IDPs in Kirkuk are suffering from dire living conditions and poor access to basic services, such as water and sanitation.

Absorbing refugees from Syria and Iraq has strained neighbouring Jordan and Lebanon to breaking point. In Jordan, refugees are spread between in host communities and camps. Zaa'tari camp hosts around 81,775 refugees, while Azraq camp hosts 11,000.¹⁹ In a rapid assessment undertaken by the World Food Programme during November, over 40% of refugees in host communities said they would most probably return to Syria, and 20% said they would move to the camps in case food assistance is suspended as a result of the funding shortage crisis.²⁰ It was also reported this month that Syrians in

¹⁰ [UNOCHA Security Council Briefing on Syria cited 25 November 2014](#)

¹¹ UNOCHA (<http://syria.unocha.org/>) cited 01 December 2014

¹² [UNOCHA Security Council Briefing on Syria cited 25 November 2014](#)

¹³ UNOCHA Humanitarian Bulletin Lebanon Issue 6 | 16 October - 30 November 2014

¹⁴ [UNFPA Regional situation report for Syria Crisis Issue No.27 Period covered: 1 – 30 November](#)

¹⁵ [UNICEF Monthly Humanitarian Report 2014 14 October-12 November 2014: Syria, Jordan, Lebanon, Iraq, Turkey and Egypt](#)

¹⁶ Humanitarian Bulletin Syria operations from Turkey Issue 08 | 24 November - 05 December 2014

¹⁷ UNOCHA Iraq CRISIS Situation Report No. 23 (29 November – 5 December 2014)

¹⁸ UNOCHA Iraq CRISIS Situation Report No. 23 (29 November – 5 December)

¹⁹ [UNFPA Regional Situation report for Syria Crisis Issue No.27 Period covered: 1 – 30 November](#)

²⁰ UNOCHA bulletin Issue No 2 5 December 2014

host communities are also returning to Zaa'tari due to the unaffordable cost of housing in many areas.²¹ In Lebanon, the country has welcomed 1.8 million refugees into a population of 4.5 million. However, the Government of Lebanon adopted a policy paper on 23rd October calling for restrictions on Syrians entering Lebanon, apart from exceptional humanitarian cases.²²

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.²³

In Turkey, the Disaster and Emergency Management Authority (AFAD) announced that in addition to more than 220,000 Syrians accommodated in 22 camps, 1,406,318 non-camp Syrians are living in all the provinces of Turkey.²⁴ UNHCR has registered 1,060,279 Syrian refugees so far.²⁵

Public Health Concerns

Syria

The crisis continues to disrupt services and cause dire shortages of essential medicines, supplies and health care workers, especially those trained in emergency care. The Health Resources Availability and Mapping System (HeRAMS) reported by the end of October, that out of the 113 assessed public hospitals, 45% were fully functioning, 33% partially functioning, and 22% were non-functioning. 73% were reported as accessible, 4% hard-to-reach, and 23% in-accessible, whilst 40% were reported damaged.²⁶ The private sector which previously provided medical services to about half the population has also been constrained as most providers have either been displaced or left the country.

During this month, parties to the conflict have used the destruction of water supply as a weapon of war. Damascus City lost two thirds of its portable water supply because armed groups shut down the drinking water supply source for Damascus City and other water supplies were temporarily cut off.²⁷ There are similar issues in other areas of Syria. In Aleppo City, shortage of water supply has affected at least two million people in the eastern and western parts.²⁸ Lack of water can have far reaching effects. For example, three cases of myiasis were reported by Syrian Arab Red Crescent (SARC) in Douma, East Ghouta. Myiasis reflects the poor hygiene and sanitation among people in the hard-to-reach areas.

Due to sanctions, the national Blood Bank faces a shortage of the supplies required to ensure safe blood transfusions which is of great concern especially as the national blood bank cannot reach many of the hard-to-reach areas.

Injuries arising from conflict, particularly those that are not promptly treated are the main causes of disabilities, particularly in areas of high conflict where access to health services is critically hampered, which results in low uptake of health care delivery. The number of injuries is expected to reach 1.5 million by end of 2015, thus worsening the existing burden of diseases and injuries on the health system.

Syrians continue to be increasingly vulnerable to vaccine-preventable and other infectious diseases due to reduced immunization coverage, overcrowding, and decreased water supplies.

²¹ [UNFPA Regional Situation report for Syria Crisis Issue No.27 Period covered: 1 – 30 November](#)

²² UNOCHA Humanitarian Bulletin Lebanon Issue 6 | 16 October - 30 November 2014

²³ 3RP Regional Refugee Response Plan

²⁴ UNHCR TURKEY EXTERNAL UPDATE 1 December 2014

²⁵ <http://data.unhcr.org/syrianrefugees/country.php?id=224> cited 22 December 2014

²⁶ HeRAMS, October 2014

²⁷ [UNFPA Regional Situation report for Syria Crisis Issue No.27 Period covered: 1 – 30 November](#)

²⁸ [UNICEF Monthly Humanitarian Report 2014 14 October - 12 November 2014: Syria, Jordan, Lebanon, Iraq, Turkey and Egypt](#)

Finally, based on WHO estimates of the percentage of mentally affected people during crises, about 3-4% of the Syrian population are expected to be suffering from severe mental disorders; another 20% are expected to be suffering from mild to moderate mental disorders, while 20-40% are thought to be experiencing mild psychological distress.²⁹

Iraq

With the influx of refugees into the Kurdistan Region of Iraq, measles, polio and other infectious diseases pose a high risk to host communities and IDPs. For example, in Sinjar, there have been no vaccination activities since June 2014. A shortage in measles vaccines has been reported in the country. Shortage of Tetra vaccine (DTPHib), Measles, Mumps and Rubella (MMR) and Penta vaccine (DTPHH) has been reported in most provinces. Reinitiating vaccination activities is a top priority for the MoH, WHO and health cluster partners. Health cluster partners are concerned about increasing prevalence of water borne diseases, because there has been an interruption of water supply in Mosul and a reported lack of chlorine for water purification. Acute jaundice syndrome (AJS) has been recorded and confirmed among IDPs in several sites in Northern Iraq in 2014, including Duhok and Erbil governorate. In Duhok three cases were reported in August, with a rapid increase during September to 22 cases; an outbreak was confirmed in Erbil Governorate (Baharka IDP camp) in October and confirmed as a viral hepatitis A.

Displacement of health workers is further complicating the provision of services for the affected populations. For example, since June 2014, 2714 health workers have been displaced, both from Duhok (2532) and Suleimaniyah (182).

The level of destruction of health facilities remains a major challenge in many governorates. For instance, Al Fallujah teaching hospital was partially damaged once again during the reporting period. Recently, the Bzaiziz Bridge connecting Amiriya Al Fallujah and Baghdad was inaccessible, which affected the referral of patients. In Salah al-Din, only limited access to Primary Health Care (PHC) services exist, hence, patients from the area have to seek other health care services in other governorates.

Lebanon

Lebanon remains concerned with overburdened 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.

With substandard WASH conditions, infectious diseases in informal settlements are common. A published REACH assessment of Akkar Governorate in the reporting month asked about the presence of symptoms among settlement residents over the past two weeks. More than half reported incidents of skin diseases and diarrhea: 70% and 64%, respectively.³⁰

The polio vaccination campaigns and 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 and mumps.

²⁹ World Mental Health Survey 2000

³⁰ Reach Multisector Community Level Assessment of Informal Settlements – Akkar Governorate November 2014

Jordan

The Government of Jordan remains committed to keeping its borders open, thereby allowing Syrian refugees the right to access public services, which is putting an enormous strain on health services. It will be difficult to maintain this level of support.

More attention is needed for chronic mental conditions and NCDs.

Egypt

A total of 249 cases of mumps and chickenpox were detected in Alexandria schools and 31 cases were detected in Sohag and Qena schools, which bring the total number of infections this year to 520. The infected students were isolated from the rest of the student body to prevent the spread of the diseases.

A total of seven H5N1 avian influenza virus infections have now been confirmed during 2014. The first death was in June, the second during this reporting month of November. Also this month, a woman died from H1N1 swine flu, 5 days after her admission to hospital.

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, and 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.

Health Needs and Gaps

Syria

Health agencies continue to provide lifesaving medicines, supplies and surgical kits, however these efforts are compromised by lack of surgeons, orthopaedics, anaesthetists and the worsening security situation. There is an urgent need to enhance access to NCD medicines because of the reduction of locally produced medicines, and increasing cost of NCD medicine. NCDs are life-threatening without treatment.

MoH data indicate that the number of persons seeking mental health services is increasing, especially those suffering from depression, anxiety, psychosis and stress related conditions. It is imperative to build the capacity of the general physicians working in non-specialised health care settings on the management stress related conditions, depression, psychosis, suicide and other unexplained medical complaints.

The dynamic, but steadily challenging security context adds further complexity to delivering essential health interventions and requires measures to be instituted that permit mitigation of some direct operational threats.

Iraq

It is difficult to ensure access to health services for all persons of concern, particularly in hard-to-reach areas. The lack of proper shelter and non-food items will eventually negatively impact the health status

of affected populations during winter. Health needs also include access to NCD care, immunization for children under five, and reproductive health services with a focus on complicated deliveries.³¹

Over this reporting period, areas of Haditha in Anbar remained inaccessible, making the delivery of life-saving supplies to the community challenging. The MoH airlifted medical supplies to the area.

Due to displacement of health workers, Health Directorates (DoH) are exploring options of re-deploying displaced health workers to health facilities in governorates where they currently reside.

Lebanon

A rapid appraisal of access to NCD care by the Syrian refugees, mandated by WHO Lebanon was conducted in October 2014, with a focus on those living in Informal Tented Settlements (ITS).

It was found that NCDs constituted a major issue in the living context of displaced populations. Stock disruptions of NCD medication 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 paediatrics.³² The rapid assessment indicated the presence of other problems related to NCD medication access and management including:

- Lack of a comprehensive follow-up of cases of diabetes related to lack cold chain for adequate insulin storage in ITS;
- Long waiting times in PHC centres and limited opening hours;
- Several prescriptions of branded NCD medications, not included in the essential list of the Ministry of Public Health (MOPH);
- High cost incurred to access health care, especially in terms of cost of transportation to health facilities, and ambulatory lab tests;
- Suboptimal stock management skills at PHC centres, resulting in delays in placing orders for replenishing NCD medication.

The population also presents 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 medication), medical equipment, logistics, and personnel.

³¹ UNOCHA Iraq CRISIS Situation Report No. 23 (29 November – 5 December)

³² Report of the Rapid Evaluation to the access to the Non-Communicable Diseases Care and Medication by Syrian refugees living in Informal Tented Settlements

Egypt

Efforts need to be made to include rehabilitation services for disabled refugees, and to integrate mental health services into PHC for early detection and management. There are no services currently supported by WHO for mental health and physical rehabilitation in the contracted hospitals.

WHO collaborated with the geographical information system (GIS) department of the Ministry of Health and Population (MoHP) to develop a multi-layer web application displaying available PHC centres, specialized medical centres, private and charity hospitals and NGO clinics that provide services for Syrians supported by UN partners. To be able to materialize the benefits of the GIS mapping project for beneficiaries, a hotline needs to be activated to deliver needed information to Syrian patients to facilitate their referral to contracted PHC centres and specialized hospitals.

Turkey

The armed conflict in Syria continues to be intense near the Turkish border. At least 190,000 Syrian Ezidi-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.

Surgical and intensive care of the large numbers of severely injured patients from conflict areas requires intensive treatment, long term rehabilitation and enormous input of human, equipment and financial resources. So far this has been fully supported by the Turkish Government, which allocated funds and staff to the most affected provinces, while hospitals have been expanded to cover acute needs. However, the required long term rehabilitation of severely traumatized patients is overstressing the capacity of the health facilities. Polyclinics and hospitals report an additional patient load of 30 - 40%.

An additional concern is that some Syrian refugees living in urban areas are turning to ad hoc informal clinics. Another concern is that there are increasing numbers of non-registered refugees that can only access services in emergency cases.

Supplementary health support systems provided by national and international NGOs benefiting both Syrians and host communities are only established in areas affected by the crisis where several services are already offered. Continued and expanded support to NGOs to participate in the health care provision of Syrians to enable equitable access, specifically to primary and NCD health care services is essential.

WHO activities include

Actors working on the provision of services to Syrians inside Syria from Damascus, Turkey, and Jordan gathered for the fourth time in Beirut on 17-18th November, to come to a 'Whole of Syria' agreement on the 2015 Strategic Response Plan, review its key components and put forward recommendations to strengthen coordination. The following five objectives for the Syria Response Plan were agreed upon:

- **Protection** - Promote protection of and access to affected people in accordance with IHL and IHRL including clear accountability of parties to the conflict and all relevant actors;
- **Lifesaving** - Provide life-saving and life-sustaining humanitarian assistance to people in need, prioritizing the most vulnerable;

- **Resilience** - Strengthen resilience, livelihoods and early recovery through communities and institutions;
- **Coordination** - Strengthen harmonised coordination modalities through enhanced information management, communication and joint planning; and
- **Response Capacity** - enhance the response capacity of all actors assisting people in need in Syria, including local actors and communities.

Other WHO activities include

Syria

- ❖ WHO, in coordination with MOH, is expanding its mass hygiene promotion campaign targeting households, schools, and food suppliers in addition to the distribution of hygiene kits in the most affected governorates to reduce the transmission of food and water borne diseases;
- ❖ WASH items were distributed to areas in Rural Damascus where investigations showed problems in the quality of drinking water with a notable increase in the number of AJS cases reported through NGOs;
- ❖ In response to the current water situation, WHO has taken proactive measures: stocking 800,000 sachets of Oral Rehydration Salts and 13 Interagency Diarrhoeal Disease Kits (IDDK) in Damascus in addition to an additional 18 IDDKs in the pipeline, and prepositioning available kits in high risk locations which are likely to experience a severe shortage of water supply;
- ❖ The 10th National Polio Campaign was conducted in line with the second phase of MOH polio response plan. The number of vaccinated children during the campaign reached 2,726,419 (2,158,383 1-5 years, 568,036 <1 year and 21,407 >5 years). The number vaccinated in Deir-ez-Zor, Ar Raqqa, Idleb, Aleppo and Rural Damascus was below target, possibly due to negative rumours about the vaccines, and security conditions. The coverage rate reported by Independent Monitoring was 82%;
- ❖ 45 metric tonnes of medicine were delivered to Al Hassakeh on 17th November for MOH;
- ❖ Six metric tonnes of medicine delivered to Harasta on 30th November through SARC under the coordination of OCHA. The first time in three years that WHO reached Harasta due to security reasons;
- ❖ 81,035 patients benefited from medicines distributed in secondary and tertiary hospitals in Homs, Hasakeh, Hama, Damascus and Rural Damascus;
- ❖ Approximately 6,784 patients benefited from cancer medicines and factor VIII, distributed to different hospitals in Damascus;
- ❖ 8,000 Insulin Pen fills were distributed to an NGO in Rural Damascus. It is expected that 1,167 diabetic patients will benefit from these medicines;
- ❖ A total of 22,015 IV fluids were delivered to Lattakia MoH hospitals and several NGOs supported facilities in Damascus. Approximately 3,669 patients in critical care will benefit from this.
- ❖ The WHO Mental Health programme has established and / or rehabilitated mental health units at general hospitals. Four projects are in progress in this regard:
 - Rehabilitation of the psychiatric unit at Al Mwassat general hospital / Ministry of Higher Education in Damascus;
 - Rehabilitation of the outpatient clinics in the city of Aleppo managed by Ibn Khaldoun MoH mental hospital;
 - Renovation of Ibn Roushed MoH mental hospital in Damascus to ensure safe entrance to the hospital, since the existing one is not safe;
 - Establishing a psychiatric unit in Al Afia Fund Hospital, by an NGO in Damascus
- ❖ Capacity building sessions were conducted for a total of 1,210 trainees on different aspects of health emergencies including first aid, basic trauma life support, water lab analysis, and EWARS online

database. Other trainings included prevention and detection of cardiovascular and pulmonary diseases, routine vaccination, diabetes management, infection control and mental health.

Iraq

- ❖ WHO continues to support Ninewa and Duhok Departments of Environment with teams that conduct water quality monitoring. As part of its contribution to WASH surveillance activities in Duhok, WHO provided laboratory reagents to the Directorate of Environment (DoE). The reagents will be used to perform water testing in IDP camps as well as routine water testing in the facilities serving the host communities. WHO also supported the DoE by hiring eight water quality monitoring teams to collect and test water samples from different water sources serving IDPs and host communities;
- ❖ WHO continues to support the Federal MoH and the KRI MoH with the provision of essential medicines and medical equipment;
- ❖ WHO continues to monitor disease trends. WHO established a network of focal points responsible for conducting continued health assessments in their respective catchment areas to strengthen surveillance and coordination of health service delivery. Ten focal points have been recruited in ten governorates. WHO plans to expand the network to all governorates in the coming weeks. The focal persons work in collaboration with the DoH to collect and report health information on disease profiles, populations at risk, and health needs/gaps, which serves as the backbone of coordinated health interventions. In Duhok, WHO conducted on-the-job training for ten mobile medical service teams. In Ninewa governorate, WHO conducted a training of 30 acute flaccid paralysis (AFP) focal points from 14 hospitals and ten PHC centres;
- ❖ WHO continued to pay incentives for 50 nurses involved in the provision of health services in IDP camps and host communities;
- ❖ A field investigation into AJS was conducted by the EWARN team which focused on a) the identification of the index case and new cases and contact tracing b) laboratory samples c) chlorination levels and d) efforts are underway to promote closer collaboration between WASH and health cluster partners to ensure adequate WASH conditions in the camp;
- ❖ As authorities are planning to expand Baharka camp to accommodate an additional 2,000 IDP families, WHO, the MoH and International Medical Corps initiated a process to rehabilitate and expand PHC services in the camp to create additional space for patients and improve the quality of services;
- ❖ In response to health access challenges faced by IDPs in Erbil, WHO provided four boxes of diarrhoea disease kits and two boxes of trauma kits A to the DoH;
- ❖ Health cluster partners were able to provide medical care for 14,470 patients from IDP and host communities suffering various types of morbidities in Erbil, Dohuk, Anbar, Salah al Din, Kirkuk, Sulaymaniya and Ninewa Governorate. Seventy eight cases of diabetes and 93 cases of hypertension received treatment, whilst 798 people received psychosocial support/mental health services and 269 women delivered with the assistance of a Skilled Birth Attendant. As many as 1,216 IDPs attended sessions for health education covering difficult topics such as prevention of skin diseases, acute pneumonia in children and proper nutrition.

Jordan

- ❖ MOH/WHO and partners implemented Supplementary Immunization Activities in three Syrian refugee camps (2-6th November), and a National Immunization Day (NID) on the 30th November. Administrative data shows a total of 206,728 children under five were vaccinated. Fourteen AFP cases

were notified from October (Twelve Jordanian, Two Syrian). The Non Polio AFP rate was two cases per 100,000 under 15 years by Week 48.

❖ The WHO UN cross-border convoy targeted Dael Health facility in Dara`a Governorate. WHO supported this facility with one surgical kit;

❖ Mental Health activities during November were as follows:

- Clinical supervision to the MoH multidisciplinary teams on a weekly basis;
- Provision of specialized training sessions on advanced psychological interventions to MoH multidisciplinary teams on a weekly basis;
- Delivery of two trainings on Self Help and Support Groups to 60 beneficiaries and family members. The training workshops delivered for beneficiaries include both Syrian and Jordanian mental health beneficiaries. It was done in collaboration with the Step Association.

❖ The second phase of three pilot workshops was delivered in Mafraq, Zarqa and Irbid on routine public health surveillance system using digital technology. The pilot is targeting physicians, where a total of 200 participants attended.

Lebanon



Picture: Reagents, WHO Lebanon

❖ WHO prepared for a hepatitis A technical support mission in collaboration with the Centre for Disease Control to explore best strategies of vaccination against hepatitis A. In parallel, a joint Health/WASH working group assessment for water borne diseases outbreaks is under preparation;

❖ A list of reagents was procured to provide the MoPH, both at the central level (referral lab at Beirut Rafic Hariri University hospital) and the peripheral level (seven public hospital labs), with the capacity to monitor water quality and alert for any potential infectious disease outbreaks;

❖ WHO is working on filling the gaps of NCD management uncovered by the rapid evaluation of access to NCD care and by Syrian refugees living in ITS;

❖ Over 6 million USD of pharmaceuticals and supplies were purchased. The provision of medications for chronic diseases to PHC centres aims to serve a total of 150,000 patients suffering from hypertension, cardiovascular diseases, dyslipidemias, diabetes, asthma, mental problems and other chronic conditions;

❖ The distribution of 102,376 insulin vials to MoPH through the EU/IfS project was completed;

❖ 6200 medical equipment items costing more than 1 million USD were provided to 180 PHC centers and selected hospitals that reinforced the capacity and enabled a 40% increase in the utilization of health services, representing around 400,000 patients;

❖ To date, a total of 106 Lebanese health care providers (doctors, nurses, social workers, etc.) were trained on assessment, management, follow-up and referral of mental health conditions as part of the mhGAP training.

Turkey

❖ WHO and the Public Health Institution of Turkey plan to conduct a needs assessment and provide details on establishing a system for the referral of samples across the border and laboratory diagnosis in Turkey providing support for laboratory diagnosis of communicable diseases. This assessment aims to identify diseases of public health concern that can pose a threat to Turkey and provide an opportunity to build the diagnostic capacity of laboratories in South-Eastern Turkey. WCO Turkey approached WCO

Syria to coordinate the necessary steps to ensure a success of this assessment. Laboratory assessment aimed at identifying potential referral pathways for selected samples coming from Syria was conducted;



Picture: Capacity Building, WHO Turkey

❖ WHO, the Provincial Health Directorate of Gaziantep, and Gaziantep University conducted capacity building for 25 Syrian Medical Doctors in Turkey: 'Linking Health, Sustainable Development and Whole-of-Society Governance' between the 24th and 29th November.

Egypt

❖ Negotiations were carried out to extend the WHO contract with the Secretariat of Specialized Medical Centres, as a major secondary and tertiary health service provider for the Syrian refugee community;

❖ Among the efforts for integrating mental health into PHC, arrangements were finalized to conduct mental health training for detection and referral of cases in collaboration with the Secretariat of Mental Health in areas where Syrians reside in high numbers;

❖ In cooperation with WHO / EMRO a National Emergency Response training is being organized, to be conducted for the first time in Egypt at the central level targeting various MoHP staff and officials;

❖ Syrian Community Leaders have succeeded in creating noticeable community awareness of the health services to displaced Syrians in Egypt supported by WCO Egypt. This is reflected in the increasing numbers of Syrian patients referred to the contracted PHC centres and specialized hospitals.

❖ WHO is working on finalizing a contract with a rehabilitation hospital to provide services for Syrian Refugees in need of physical rehabilitation;

❖ WHO has finalized the needs and impact assessment surveys for displaced Syrians and their host communities in Egypt with HWG partners (within the Regional Refugee and Resilience Plan-3RP-approach) for the final assessment to be conducted before end of 2014 in order to ascertain Health Needs and Gaps;



Picture: Syrian Patient, WHO Egypt

Resource Mobilization

❖ The sector leads, with support from OCHA, have been working with partners to develop sector plans and budgets to be presented as part of the final SRP at the Berlin donor conference on 18 December 2014. This will be the first SRP in the Whole of Syria format and based on joint analysis from all three operations in Turkey, Jordan and Damascus as identified in the October 2014 HNO.³³

❖ EU and Government Briefing Meeting on 3RP, TURKEY – 2015 /2016 took place where WHO presented the health sector response, including objectives, outputs, indicators and funding requirement for refugee and resilience components.

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