



Regional SitRep, October 2014  
WHO Response to the Syrian Crisis

PHOTO CREDIT: WHO IRAQ



**10.8 MILLION**  
AFFECTED <sup>1</sup>



**6.5 MILLION**  
INTERNALLY  
DISPLACED <sup>2</sup>



**>3 MILLION**  
REFUGEES <sup>3</sup>



**750,000**  
INJURED <sup>4</sup>



**191,000**  
DEATHS <sup>5</sup>

WHO

HIGHLIGHTS

222 STAFF (ALL COUNTRIES)

BENEFICIARIES/SUPPLIES



10,772,090 PEOPLE COVERED<sup>6</sup>

14 HEALTH KITS (IRAQ)

UNKNOWN TONNES OF MEDICINE

FUNDING US\$

26% % FUNDED (ALL EMST)

226,883,252 REQUESTED (ALL INCLUDING EMST)

HEALTH SECTOR

13 HEALTH SECTOR PARTNERS (SYRIA)

10.8 TARGETED POPULATION (SYRIA)



932,715 PEOPLE COVERED (LEBANON)

UNKNOWN HEALTH KITS

UNKNOWN TONNES OF MEDICINE



109 TOTAL PUBLIC HOSPITALS (SYRIA)

85 HOSPITALS FUNCTIONING/PARTIALLY  
FUNCTIONING (SYRIA)

24 NOT FUNCTIONING (SYRIA)

HEALTH SERVICES



UNKNOWN CONSULTATIONS

UNKNOWN SURGERIES

UNKNOWN ASSISTED DELIVERIES

UNKNOWN REFERRALS

VACCINATION AGAINST



10,241,577 POLIO<sup>7</sup>

UNKNOWN MEASLES

EWARN



1,229 SENTINEL SITES (SYRIA, IRAQ,  
LEBANON, JORDAN, EGYPT)

FUNDING US\$



40 % FUNDED

384,437,284 REQUESTED

**SYRIA:** Preliminary results of Nutrition Assessment indicated a Global Acute Malnutrition rate of **7.2%** and a Severe Acute Malnutrition rate of **2.3%**. Fourth Multi Sector Needs Assessment Report, released 29<sup>th</sup> October.

**LEBANON:** The Ministry of Public Health (MoPH), in collaboration with WHO and UNICEF launched the National Polio Immunization Campaign on the 14<sup>th</sup> of October. In view of the current Ebola virus disease outbreak, WHO has been supporting the MoPH develop an Ebola preparedness plan.

**JORDAN:** **129,632** Syrian children were vaccinated during the October Polio campaign.

**IRAQ:** **5.6 million** children under five were vaccinated against polio during the October Polio campaign.

**TURKEY:** The Under-Secretary-General for Humanitarian affairs and Emergency Relief Coordinator, Ms Valerie Amos, visited Gaziantep on 19<sup>th</sup> October 2014. WHO supported 7 days of Supplementary Immunization Activities for polio for the second round in 6 districts of Istanbul and in other cities, covering a total population of **78,260,013** people.

**EGYPT:** A National Polio campaign targeting more than 14 million children under five, took place from the 26-29<sup>th</sup> October as a joint initiative of the WHO, UNICEF, and the Ministry of Health and Population.

<sup>1</sup> UNOCHA (<http://syria.unocha.org/>) cited 29 October 2014

<sup>2</sup> UNHCR (<http://data.unhcr.org/syriarefugee/regional>) cited 28 September 2014

<sup>3</sup> UNHCA (<http://data.unhcr.org/syrianrefugees/syria.php>) cited 29 October 2014

<sup>4</sup> WHO (<http://syria.unocha.org/content/regional-sitrep-august-2014-who-response-syrian-crisis>) cited 29 August 2014

<sup>5</sup> OHCHR (<http://www.ohchr.org/EN/Pages/WelcomePage.aspx>)

<sup>6</sup> Turkey (294,978); Syria (3,230,513); Lebanon (516,967 – September figures); Iraq (6.6 million), Jordan (129,632)

<sup>7</sup> Turkey (294,978); Syria (2,700,000); Jordan (129,632); 516,967 (Lebanon – September figures); 5.6 million (Iraq)

## Background

Over three years since March 2011 when the crisis began, more than half the Syrian population have been forced to flee their homes. The population displacements within the country have resulted in 10.8 million in need of humanitarian assistance including life-saving health care services and medical supplies. Over 191,000 have been killed, one million injured, and there are an estimated 6.5 million Internally Displaced People (IDP).<sup>8</sup> Externally, more than 3 million Syrians have been forced to cross the borders into neighboring countries and North Africa, overstressing social and health services in host countries. The health sector has borne its share of damage to and dysfunction of health facilities, resulting in interrupted health services, reduced availability of essential medicines and a lower number of health care personnel reporting to work.

## Situation Update

In October, the conflict continued to escalate. Mounting tensions included explosions near two elementary schools in Homs city on the 1<sup>st</sup> October killing and injuring children; in eastern Aleppo, 300,000 - 360,000 people were at risk of being cut off from essential supplies due to fighting.<sup>9</sup> The situation was further aggravated by the ongoing international coalition airstrikes on the bordering governorates of Al-Hassakeh, Deir-ez-Zor and Ar Raqqa resulting in additional Syrian refugees arriving into Turkey, Lebanon, Jordan, Egypt and Iraq, and growing internal displacement.

HUMANITARIAN SITUATION AT A GLANCE (UNCHR Data) <sup>10</sup>	
COUNTRIES	CONCERNS
IN SYRIA	10,800,000 AFFECTED
IN LEBANON	1,124,942 REFUGEES
IN JORDAN	619,376 REFUGEES
IN IRAQ	222,468 REFUGEES
IN TURKEY	1,600,000 REFUGEES
IN EGYPT	140,105 REFUGEES

During October the Syrian border town of Kobani was the focal point of the battle against Islamic State of Iraq and the Levant (ISIL) advances in the region. *The Syrian Observatory for Human Rights* reported that in the protracted battle of Kobani, 800 lives had been lost. According to official figures provided by the Turkish organization AFAD (Disaster and Emergency Management Presidency) as of the 13<sup>th</sup> October, almost 188,000 Syrians had crossed from the region into Turkey as a result of the crisis. Many displaced Syrians have moved on to other cities in Turkey: for example there are now an additional 11,771 in rural Birecik, as well as more than 10,000 in the city itself.<sup>11</sup> As a result, both the host and displaced communities are in need of food and health assistance.

Some 13,000 Syrians also continued their journey into Iraq's northern Kurdistan region (KR-I), the majority entering through the Ibrahim Khalil border checkpoint between Turkey and the KR-I's Dohuk governorate. The latest International Organization of Migration Displacement Tracking Matrix also identified 1,898,844 IDPs dispersed across Iraq, representing an increase of 145,542 since the end of September, with the largest number of IDPs in Dohuk governorate, with 24% of the overall IDP caseload.

<sup>8</sup> UNOCHA (<http://syria.unocha.org/>) cited 29 October 2014

<sup>9</sup> UNOCHA (<http://reliefweb.int/report/turkey/syria-operations-turkey-humanitarian-bulletin-issue-05-04-24-oct-2014-enar>)

<sup>10</sup> UNHCR (<http://data.unhcr.org/syrianrefugees/regional.php>) cited 28 September 2014

<sup>11</sup> WHO Turkey (Bihar's survey team)

Inside Syria, the Multi Sector Needs Assessment (MSNA) published in October 2014 reported that one of the consequences of the high intensity conflict has been a 56% increase in the number of displaced persons living in camps, from 108,000 to approximately 165,000 between January and September 2014. The UN special envoy has proposed 'free zones' in Syria.<sup>12</sup> This is vital: the winter season has started, and early rains have begun.

The third upcoming winter of the crisis is of pressing concern for the enormous numbers of Syrian refugees and IDPs.

## Public Health Concerns

### Syria

The September 2014 Health Resources Availability Mapping System (HeRAMS) demonstrated that, of the 109 assessed public hospitals, 43% were fully functioning, 35% partially functioning and 22% completely out of service. Of hospitals 73% were reported as accessible, 3% were hard-to-reach, and 24% were completely in-accessible.<sup>13</sup> This lack of access and functionality will further contribute to the catastrophic health situation.<sup>14</sup> In addition, informal reports show that nutrition is of concern in many parts of the country. The Syria Central Bureau of Statistics in collaboration with the Ministry of Health (MoH) conducted the 2014 Nutrition Assessment with financial support from UNICEF, and technical support from WHO. Preliminary results of this assessment indicated a Global Acute Malnutrition rate of 7.2% and a Severe Acute Malnutrition (SAM) rate of 2.3% in the under fives. Al-Hassakeh, Hama and Tartous had the highest SAM rates.<sup>15</sup>

### Iraq

The impact of the winter season remains a public health concern amongst IDPs, many of whom are sheltered in open spaces, unfinished buildings, collective centres and public buildings. An estimated 1.1 million children will require additional care during the winter season due to acute respiratory infections and chronic diseases. Health partners have stepped up preparedness ahead of the winter season.

### Lebanon

Lebanon remains concerned by overburdened Primary Health Care (PHC) services and high hospital utilization by Syrian refugees. Outbreaks of disease such as tuberculosis, measles, mumps, hepatitis A are of concern, given that the factors in their transmission such as lack of access to clean water, overcrowding, poor nutrition and lack of sanitation are prevalent, and that there is frequent population movements between informal dwellings with limited access to health care services.

### 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. Though the national health system has responded reasonably well to the significant burden, it has

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<sup>12</sup> UN report (<http://reliefweb.int/report/syrian-arab-republic/transcript-press-stakeout-un-special-envoy-syria-mr-staffan-de-mistura>) cited 29 October 2014

<sup>13</sup> WHO ([http://www.emro.who.int/images/stories/syria/documents/HeRAMS\\_Snapshots\\_PublicHospitals\\_Sep2014.pdf](http://www.emro.who.int/images/stories/syria/documents/HeRAMS_Snapshots_PublicHospitals_Sep2014.pdf))

<sup>14</sup> WORLD BANK (<http://www.worldbank.org/en/country/syria/overview>) cited 29 October 2014

<sup>15</sup> UNICEF Syria Crisis Situation Report 13<sup>th</sup> October 2014

become increasingly difficult to maintain this level of support. Mental problems and non-communicable diseases (NCDs) are expected to be exacerbated as most refugees spend their third year in Jordan. More attention is needed for chronic mental conditions, cognitive impairment, and pervasive developmental disorder. Psychosocial distress, compounded by a lack of large scale mental health support mechanisms in Jordan has resulted in a large informal network of providers who are working outside the formal health care system.

## **Egypt**

There is national concern about Ebola. Therefore a preparedness plan was developed, using a standard case definition to detect suspected cases in order to combat spread of the virus by travelers visiting from affected countries. An Ebola case was suspected in Minia Governorate but not confirmed through laboratory analysis after a Ministry of Health and Population (MoHP) rapid outbreak investigation team was sent to investigate.

## **Turkey**

The commendable effort of the MoH to provide refugees in camps with free access to all health services continued in October. Out of camp *registered* refugees receive free of charge primary and inpatient health services, but in some provinces like Kilis and Hatay they have to cover transport and medication costs themselves. *Non-registered* refugees have free access to emergency care once, after which they need to register in order to obtain health services free of charge in the future.

The health profile and the disease spectrum of the host population and the Syrian refugees are similar, with a high prevalence of NCDs. Syrian refugees, especially the out-of-camp population, will be increasingly exposed to vaccine preventable diseases such as measles and pertussis due to the absence or collapse of routine immunization system in Syria.

## **Health Needs and Gaps**

### **Syria**

As the crisis remains unabated especially in Aleppo, Deir-ez-Zor, Idleb, some parts of Dara'a and Rural Damascus, the security situation in the country remains fluid, leading to further restricted access for humanitarian aid, overstretched resources, decreased purchasing power, reduced agricultural production and exhausted coping mechanisms. The situation continues to render the population vulnerable to various ill health conditions, not only through the impact of direct exposure to violence, but also due to unhealthy living conditions leading to outbreaks of communicable diseases in a context where the health care system is hampered and cannot operate at adequate capacity. In parallel, patients with NCDs are consequently jeopardized because of the significantly diminished capacity of the health system.

The MSNA was released in October which revealed that some patients have to travel 20-160 km to reach the nearest hospital.<sup>16</sup> The PHC HeRAMS that had been previously conducted across the country had also indicated that accessibility to health facilities has significantly deteriorated.<sup>17</sup> One-fifth of the PHCs had been reported as inaccessible, especially in contested and hard-to-reach areas.

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<sup>16</sup> [http://reliefweb.int/sites/reliefweb.int/files/resources/141028\\_Syria\\_MSNA\\_Report\\_FINAL.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/141028_Syria_MSNA_Report_FINAL.pdf)

<sup>17</sup> WHO ([http://www.emro.who.int/images/stories/syria/documents/HealthCentres\\_2ndQ\\_2014\\_101014.pdf](http://www.emro.who.int/images/stories/syria/documents/HealthCentres_2ndQ_2014_101014.pdf)) cited 29 November 2014

Moreover, 75% of areas assessed reported a decrease in functionality of health facilities: of those PHCs, 21% were partially functioning and 18% non-functioning. Lack of medical staff, medicines and medical equipment were consistently observed across ten governorates, especially in rural areas. Sixty-eight percent of public PHCs required urgent medication and up to 60% required equipment (40% reported shortages of equipment, 60% have inadequate laboratory equipment).<sup>18</sup> Maintenance services were improper in nearly 50% of the PHCs with significant problems in three governorates: Damascus, As-Sweida and Tartous. This was confirmed by the MSNA which cited lack of medical equipment and specifically assistive devices such as mobility aides for persons with disabilities as the fourth most mentioned problem in service availability.

Analysis of the availability of health workers per 10,000 population showed that in nine governorates, health workers per 10,000 population are < 22 which is below the global standard. Eight governorates are 30% below the global standard. The depletion of qualified health staff has caused not only a dearth in availability of health personnel and overwhelmed existing staff, but also an increase in task shifting whereby unqualified staff perform specialized duties.<sup>19</sup> A wide disparity exists between male and female doctors: there are 71% male versus 29% female doctors. The lowest proportions were in Ar-Raqqa and Deir-ez-Zor, further challenging vulnerable female patients to access necessary health care, especially in some areas where male doctors are not allowed to treat or examine female patients. Moreover, the capacity of emerging local NGOs is limited in healthcare delivery, and thus requires capacity building to improve the quality of service provision.

## **Iraq**

A total of 5.6 million children under five were vaccinated against polio during the Supplementary National Immunization Days held in October. The campaign was limited in Heet, Haditha and Amiriya Al-Falluja because of inaccessibility in some areas. Although no additional cases of polio have been reported since April 2014, the limited vaccination coverage represents a public health concern as children in those areas will remain at risk of polio. WHO together with the MoH and UNICEF are working to increase coverage with special attention to the inaccessible governorates.

Since 2014, a total of 1,042 cases of measles have been confirmed from all 18 Governorates. The vaccination of IDP children is on-going in the three governorates of Duhok, Erbil and Suleimaniya, mainly among the new arrivals; however, the global shortage in measles vaccines will limit the feasibility of the planned mass measles vaccination campaign.

Al-Forat and Al-Bakr health facilities in Anbar Governorate were looted of essential medicines, medical supplies and furniture. Both health facilities remain non-functional.

The influx of IDPs and refugees continues to stretch health service delivery in areas of displacement. In Erbil Hospital, health services are especially overstretched in the maternity ward. This has forced many IDPs and refugees to seek health care in private health facilities. The Department of Health (DoH) is creating mechanisms to open up an additional obstetric department in Erbil Hospital aimed at providing services to refugees.

The poor sanitation conditions in the 'Brazilian sports center', one of the new IDP camps in Erbil, presents a public health concern and could lead to outbreaks of water-borne diseases in the camp.

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<sup>18</sup>WHO ([http://www.emro.who.int/images/stories/syria/documents/HealthCentres\\_2ndQ\\_2014\\_101014.pdf](http://www.emro.who.int/images/stories/syria/documents/HealthCentres_2ndQ_2014_101014.pdf)) cited 29 November 2014

<sup>19</sup> [www.humanitarianresponse.info/files/assessments/141028\\_Syria\\_MSNA\\_Report\\_FINAL.pdf](http://www.humanitarianresponse.info/files/assessments/141028_Syria_MSNA_Report_FINAL.pdf) cited 29 November 2014

## **Lebanon**

The constant increase of vulnerable Syrians fleeing to Lebanon has posed challenges in meeting the continuous age-specific health needs of the population. The population presents with several health service needs including for communicable diseases, chronic conditions, reproductive health, nutrition and mental disorders. Limited funds are available for equitable provision of health services in order to meet health needs at primary, secondary, and tertiary health care levels. If additional funding is not secured, the population is likely to be exposed to unfavorable consequences.

There is also 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 major concern around the capacity of the Jordanian health care system to absorb the increased volume of Syrian patients currently 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 (including NCD medication), medical equipment, logistics, and personnel.

## **Egypt**

Impact and Needs Assessments for Syrian refugees and their host communities are being finalized by WHO and their partners, and will be conducted before the end of November in order to ascertain Health Needs and Gaps.

Because of strong links between poverty and NCD prevalence, WHO provided support to the MoHP by strengthening health services delivery and NCD management (including mental cases) at selected PHC centres to ensure service equity and quality regarding case identification, management, follow-up, referral, and strengthened health information systems for NCD prevention and control.

WHO is dedicating big efforts for the incorporation of mental health services into selected PHC services to be provided for both the Syrian refugees and their host communities.

## **Turkey**

Patients' needs are numerous. Surgical trauma care and intensive care of the large number of severely injured patients from the conflict areas require an enormous input of human, equipment and financial resources on a daily basis, which so far has been fully supported by the Government. However the required long term intensive treatment and post-operative rehabilitation of severely traumatized patients is a major constraint to the overstretched health care system, which is unable to absorb increasing patient numbers. Polyclinics and hospitals report an additional patient load of 30 to 40%. In response, the authorities have allocated funds and staff to the most affected provinces; hospitals have been expanded and equipped to cover for acute and immediate needs. An additional concern is that due to increasing pressure on Government facilities as well as language barriers, some Syrian refugees

living in urban areas are turning to informal clinics. A further challenge is the increasing number 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 locals are only established in areas where several services (mental health services, post-operational and rehabilitation care) are already offered. Continued and expanded support to NGOs to participate in health care provision for Syrians to enable equitable access, specifically to primary and chronic disease health care services, is essential. In view of sustainable health care provision to refugees there is a strong need to advocate for, as well to enhance the role of Family and Community Health Centres as primary care providers for Syrian refugees in addition to the host community.

## WHO activities include

### Syria

- ❖ WHO supported the implementation (training, supervision, evaluation) of the 9<sup>th</sup> polio vaccination campaign. Over 2.7m hard-to-reach children under five were reached for the first time.
- ❖ 250 vaccination officers were trained in strengthening routine vaccination activities.
- ❖ 405,513 of the general population benefited from anesthesia, analgesics, antibiotics, IV fluids, cardiovascular and respiratory medicines which were much needed in secondary and tertiary hospitals in Damascus, Rural Damascus, Homs, Hama, Aleppo, Tartous, Lattakia, Al Sweida, Quneitra, and Al Qamishli.
- ❖ A capacity building workshop was conducted for 50 participants to strengthen HeRAMS in Homs governorate with the aim to improve completeness, timeliness and quality of data collection.
- ❖ Approximately 125,000 beneficiaries were reached with lifesaving interventions in Homs, Aleppo, Tartous, Lattakia, Quneitra and Sweida under the trauma programme.
- ❖ Capacity building in trauma management was conducted for about 160 health workers from MoH, SARC and NGOs in addition to a first aid and basic life support workshop for new staff of WHO.
- ❖ Two five-day training courses on the WHO mhGAP (Mental Health Gap Action Programme) intervention guide were conducted for 47 health professionals from Al Malkiah and Al Qamishli working in non-specialized health care settings.
- ❖ A four-day workshop on Psychological First Aid was conducted in Homs, Lattakia and Damascus for a total of 300 health care providers at PHC level.
- ❖ Six workshops were organized for 134 health staff in collaboration with health authorities as follows: two workshops on PCR Laboratory Technique for 41 participants; two workshops on TB Microscopic laboratory test for 37 participants; one workshop on HIV lab diagnosis for 39 participants; and one workshop on Practical Quality Management at Food and Water Laboratory for 17 participants.
- ❖ 300,000 influenza vaccines were procured and delivered to the MoH to be distributed to high-risk groups including pregnant women, patients with chronic disease, in addition to health care workers who are dealing with SARI cases in Intensive Care Units at hospital level.
- ❖ 100 physicians and nurses were trained on diabetes management at PHC level.
- ❖ PHC assessment finalized and disseminated to UN partners and MOH.

### Jordan

- ❖ The WHO/ECHO review mission of the Global Surge Response visited Amman 12-14 October. The mission met with partners, including UNHCR, UNFPA, UNOCHA and IRC.

- ❖ Under the Patronage of Her Royal Highness Princess Muna Al Hussein, WHO in collaboration with the MoH, partners and beneficiaries including “Our Step Association”, International Federation of Medical Students Association Jordan, Caritas Jordan, and International Medical Corps (IMC) celebrated World Mental Health Day 2014 on October 13<sup>th</sup> with the theme “Living with schizophrenia”. The event was attended by approximately 400 people including governmental representatives, UN agencies, NGOs, CBOs and beneficiaries/family members. As part of the activities, a national campaign under the theme of “Living with mental illness” was launched earlier in September 2014 reaching citizens and refugees living in Jordan, including lectures, group discussions, interviews and dissemination of educational materials in different settings: schools, universities, community based organizations, health centres and public arenas. A short video capturing the main highlights of this campaign was shown at the World Mental Health Day event.
- ❖ 129,632 Syrian children under five were vaccinated during the October Polio campaign.
- ❖ WHO and IMC, co-chairing the Mental Health and Psychosocial Support (MHPSS) Working Group, hosted a representative from the Inter-Agency Standing Committee (IASC) Global Reference Group, to conduct a one-day field consultation workshop to develop a common M&E framework for the IASC MHPSS guidelines. The workshop was attended by 22 members of the MHPSS Working Group.
- ❖ WHO conducted training on Psychological First Aid to seven nurses working in the newly-established mental health inpatient unit at Ma’an Governmental Hospital.
- ❖ WHO is organizing national training for all governorates on the routine public health surveillance system. A total of 1000 participants will be trained from 295 targeted centres.

## **Lebanon**

- ❖ The MoPH, in collaboration with WHO and UNICEF launched the National Polio Immunization Campaign on the 14<sup>th</sup> October at a press conference held at the Lebanese Order of Physicians. The event was headed by the Minister of Public Health and attended by the Ministers of Interior, Education and Information, the Lebanese Order of Physicians, the National Certification Committee and the Expanded Programme on Immunisation Committee along with members of the press. Further attendees included the Rotary as well as NGO partner representatives who have been supporting campaign initiatives. The campaign stands as a crucial national response to the outbreak of Polio in the region, and aims to reach over 550,000 children under five, regardless of nationality.
- ❖ In view of the current EBV outbreak, WHO supported the MoPH develop an EBV preparedness plan. As part of preparedness, WHO also supported the capacity building of the first responders, and provided 480 Personal Protective Equipment (PPEs) for the MoPH, civil defense and Lebanese Red Cross. WHO established an isolation unit at Rafic Hariri University Hospital, including the provision of 2 defibrillators, 2 ventilators and 1200 PPEs. WHO is conducting a series of trainings for health care workers all over Lebanon on Ebola preparedness.
- ❖ WHO completed 52 EWARS training sessions including communicable disease surveillance and response, targeting 872 health care workers and 432 focal points.
- ❖ Addressing the need for mental health care for vulnerable Syrian refugees and host communities is still ongoing. WHO continued health care worker training on the mhGAP in five PHC Centres in Beirut, seven in Mount Lebanon and seven in the North: for a total of 11 doctors, three PHC managers, one psychologist, 17 nurses, 10 social workers and two midwives.
- ❖ An outbreak of hepatitis A was reported to the MoPH surveillance unit starting August 2014. A total of 70 cases were reported from Aarsal, 23 cases from Majdel Anjar and six cases from



Saadnayel. The majority of cases were amongst displaced Syrians. WHO responded with immediate provision of chlorine tablets and awareness material to the affected region.

- ❖ WHO provided 102,376 insulin vials to the MoPH through the EU/IFS project.
- ❖ WHO participated in the review of the national Lebanon Crisis Recovery Plan, the umbrella under which humanitarian and development activities for the next two years will be elaborated.

## **Turkey**

### **1. Coordination of health actions by UN agencies, NGOs and health partners based in southern Turkey**

- ❖ The WHO/ECHO review mission of the Global Surge Response visited Gaziantep 15-17<sup>th</sup> October. The mission met partners and donors, including ECHO, DFID, Syrian NGOs, international NGOs, UNICEF, UNFPA, and WHO.
- ❖ WHO participated in the meeting with the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Ms Valerie Amos who visited Gaziantep on the 19<sup>th</sup> October.
- ❖ WHO co-chaired Health Sector Coordination Group and Health Sector Working Group (HSWG) meetings.
- ❖ WHO participated in the Humanitarian Liaison Group (HLG) and Inter-sector Coordination meetings.

### **2. Facilitation of coordinated health needs assessments and resource mobilization (contingency plans, UN Regional Response Plans) for essential public health services and interventions**

- ❖ WHO as a member of Technical Review Committee for the Humanitarian Pooled Fund, reviewed proposals submitted for funding by Syrian NGOs in the health sector. Six out of 13 projects were withheld for technical review. All the projects were recommended but budgets had to be reviewed as initial submission required 4.9 million dollars where a budget of 2.5 million was foreseen.
- ❖ WHO provided technical recommendations and advice on the health section of the MSNA report. The interagency assessment was undertaken by OCHA, REACH and Syria Needs Analysis Project (SNAP) on behalf of the HLG between the months of June and October 2014, and was completed with the efforts of 14 organizations, sector working groups and main stakeholders.
- ❖ WHO participated in the Regional Meeting on the 'Health Needs Overview, A Whole of Syria Approach', on 23<sup>rd</sup> October in Istanbul. As a co-lead for the HSWG WHO organised several preliminary meetings with health partners.
- ❖ For implementation of the latest UN Security Council Resolution (2165) WHO provided the necessary health sector inputs for the two month operational plan on cross-border deliveries. WHO continues its lead role in the coordinated process within the HSWG to ensure reaching identified "hard-to-reach" areas in Aleppo, Idleb, Dara'a and Quneitra.
- ❖ Following the request by UNHCR and UNDP, WHO prepared and shared on 27<sup>th</sup> October a concise proposal for potential EU funding for relevant components of the incoming 3RP plans in selected activity areas, including registration, education and empowerment, basic health assistance and services, social welfare and livelihoods, with the potential for 50% refugees and 50% host community funds allocation.
- ❖ Following the request by UNHCR on the possibility to apply for Central Emergency Response Fund for the continuous influx of Syrian refugees, WHO prepared and shared a concise proposal.

### **3. Coordination of technical expertise and capacity support to health partners**

- ❖ The latest emergency response to the new influx of Syrian refugees required WHO to provide support to the Government and its partners to sustain at least 3 rounds of short interval OPV doses commencing as soon as possible for the target population (<15 years). MoH and the Public

Health Institute conducted SIA activities in Istanbul and other cities. WHO supported the second round. This covered a total population of 78,260,013, including 294,978 children under five reached by 520 mobile teams and 169 fixed and outreach teams. Seventy two supervisors oversaw the activities and 47 monitors were hired.

- ❖ WHO and the Turkish MoH plan to conduct a needs assessment and provide details on establishing a system for cross border sample referrals and support for communicable disease laboratory diagnosis in Turkey. The assessment will identify diseases of public health concern and provide an opportunity to build diagnostic capacity of laboratories in South-Eastern Turkey. WCO Turkey and WCO Syria will coordinate the necessary steps to ensure the success of the assessment.



PHOTO CREDIT: WHO TURKEY

- ❖ WHO, the Provincial Health Directorate of Gaziantep and Gaziantep University continue preparations for organizing a five-day training course on integration of Syrian health professionals on the 24-29<sup>th</sup> November in Gaziantep.
- ❖ WHO emergency presence was reinforced by new international staff: a health cluster coordinator, EPI/Polio technical officer and Public Health/Information Management Officer.
- ❖ WHO discussed preparedness for Ebola with the provincial health authorities in Gaziantep.

## Egypt

- ❖ A National Polio campaign targeting more than 14 million children under five, took place from the 26-29<sup>th</sup> October as an initiative of the WHO, UNICEF, and the MoHP.
- ❖ WHO shared impact and the needs assessments survey protocol for displaced Syrians in Egypt with Health Working Group (HWG) partners within the 3RP approach.
- ❖ WCO Egypt echoed the health sector current status, achievements and prospects in a meeting organized by UNCT, UNDP and the Egyptian MoHP to update and discuss with National counterparts the progress on 3RP.
- ❖ WHO is taking the lead in the health sector to conduct the health assessment to provide accurate input for the indicators and the 3RP approach.
- ❖ With UN agencies, WHO conducted an information meeting for Ebola, and the WHO technical officer for communicable diseases gave an updated presentation for HWG partners.
- ❖ WHO in collaboration with the MOHP departments will conduct training sessions for improving Early Warning for Communicable diseases and to support management of NCDs as well training for laboratory staff to advance their capacities in detecting NCDs.
- ❖ WHO is collaborating with the Secretariat of mental health and EMRO to develop the integration of mental health services at selected PHC centres
- ❖ WHO is going to finalize a contract with a rehabilitation centre for the provision of curative, and physiotherapeutic rehabilitation services for displaced Syrians living with disabilities, and supporting equipment and aids for vulnerable refugees.
- ❖ WHO and inter-related partners worked on establishing Syrian community focal points to spread awareness for health services provided by contracted PHCs and specialized hospitals for Syrian refugees.
- ❖ WHO collaborated with the geographical information system (GIS) department of MoHP to develop a multi-layer web application displaying available PHCs, specialized medical centres,

private and charity hospitals and NGO clinics that provide services for Syrians which supported by UN partners.

## **Iraq**

- ❖ A total of 31 suspected hepatitis A cases were reported in Duhok in September and October. WHO, together with the DoH rapidly deployed investigation teams. Samples were sent to the national laboratory which confirmed the outbreak. WHO and its partners in close collaboration with the WASH cluster are working on improving the hygiene and sanitation conditions in camps.
- ❖ In light of the expected further increase during the winter season, WHO and health cluster partners are closely monitoring disease trends and have developed a preparedness and response plan to respond to the rising numbers of respiratory infections and acute watery diarrhoea.
- ❖ WHO conducted an assessment in the 'Brazilian sports centre' IDP camp in Erbil to determine the health needs of the IDPs. Findings revealed the camp has insufficient latrine coverage, poor hygiene and sanitation conditions, as well as an inadequate sewage system. The camp does not have a dedicated health post but mobile medical teams from the DoH visit the camp six days a week.
- ❖ As part of launching the Early Warning and Alert Network (EWARN) in Duhok and Sulaimaniya, WHO teams visited, and held discussions with the DoH to improve geographical databases and data collection at governorate level. It was agreed that WHO will conduct training in the second week of November to build capacity of the national counterparts in GIS.
- ❖ In Suleimaniya, a rapid assessment was conducted to investigate the readiness for the implementation of the EWARN system. In the governorates, the surveillance system is functioning, but will benefit from further strengthening. The launch of the EWARN will include training sessions for healthcare professionals on data collection, notification, analysis and reporting.
- ❖ In light of rapidly changing weather conditions in the country in particular in the KR-I, WHO and its health partners developed a comprehensive winterisation response plan to address the needs of displaced families still living in the open or unfinished buildings, public and school buildings or informal settlements. Additional financial support of US \$23 million is needed to enhance health delivery capacity during the winter season.
- ❖ To respond to the health needs of the affected populations in Erbil, Suleimaniya and Garmiyan, WHO supported the DoH with the provision of essential medicines to treat common illnesses and chronic diseases. In addition, basic Interagency Emergency Health Kits were supplied to Erbil (four), Garmiyan (three) and Suleimaniya (four) and Diarrhoea Disease Kits, one each for Erbil, Garmiyan and Suleimaniya were provided to the DoH. The supplies are enough to treat an estimated 25,000 in Erbil, 20,000 in Garmiyan and another 25,000 in Suleimaniya for a period of four months.

## **Resource Mobilization**

- ❖ Finalization of 3RP country chapters and regional overview.

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