



World Health Organization

Regional Office for the Eastern Mediterranean

Regional SitRep, September 2014
WHO Response to the Syrian Crisis



PHOTO CREDIT: WHO SYRIA



10.8 MILLION AFFECTED¹



6.5 MILLION INTERNALLY DISPLACED²



>3 MILLION REFUGEES³



750,000 INURED⁴



191,000 DEATHS¹

WHO

HIGHLIGHTS

222 STAFF IN THE COUNTRY (ALL COUNTRIES)

BENEFICIARIES/SUPPLIES



1,479,450 PEOPLE COVERED (IRAQ AND SYRIA)

89 HEALTH KITS (IRAQ)

45.5 METRIC TONNES OF MEDICINE (SYRIA)

FUNDING US\$



26% % FUNDED (ALL COUNTRIES INCLUDING EMST)

226,883,252 REQUESTED (ALL COUNTRIES INCLUDING EMST)

HEALTH SECTOR

13 HEALTH SECTOR PARTNERS (SYRIA)

10.8 TARGETED POPULATION (SYRIA)



PEOPLE COVERED (IRAQ AND SYRIA)

HEALTH KITS (IRAQ)

TONNES OF MEDICINE



97 TOTAL NUMBER OF HOSPITALS (SYRIA)

74 HOSPITALS FUNCTIONING/PARTIALLY FUNCTIONING (SYRIA)

23 NOT FUNCTIONING (SYRIA)

HEALTH SERVICES



CONSULTATIONS

SURGERIES

ASSISTED DELIVERIES

REFERRALS

VACCINATION AGAINST



3,880,758 POLIO (IRAQ AND JORDAN, POST CAMPAIGN)

MEASLES

EWARN



1,167 SENTINEL SITES (SYRIA, IRAQ, LEBANON, JORDAN)

FUNDING US\$



40 % FUNDED

384,437,284 REQUESTED

WHO RECOMMENDED SUSPENSION OF THE MEASLES IMMUNIZATION CAMPAIGN AFTER A CLUSTER OF ADVERSE EVENTS ASSOCIATED WITH THE MEASLES IMMUNIZATION CAMPAIGN IN IDLEB GOVERNORATE (SYRIA)

WHO SYRIA AND SYRIAN ARAB RED CRESCENT JOINT HUMANITARIAN CONVOY DELIVERS MEDICAL SUPPLIES TO HARD-TO-REACH AREAS IN SYRIA

DESPITE ONGOING VIOLENCE AND SECURITY CHALLENGES, WHO AND PARTNERS COMPLETED POLIO MASS IMMUNIZATION CAMPAIGNS IN IRAQ, REACHING 3.7 MILLION CHILDREN UNDER FIVE YEARS OF AGE

WHO AND GLOBAL POLIO ERADICATION INITIATIVE (GPEI) PARTNERS REVIEWED PHASE II OF MIDDLE EAST POLIO OUTBREAK RESPONSE STRATEGY

MASSIVE EXODUS OF SYRIAN KURDS FROM NORTHERN SYRIA INTO SOUTHERN TURKEY AS ISLAMIC STATE MILITANTS TIGHTEN SIEGE OF THESE AREAS

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

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

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

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

Background

The conflict beginning in March 2011 quickly developed into a crisis that has since seen intensifying violence and insecurity across most regions of Syria. The ongoing conflict has caused massive population displacements within the country (an estimated 6.5 million IDPs) and resulted in 10.8 million in need of humanitarian assistance, including life-saving health care services and medical supplies. An estimated 191,000 people have been killed.⁵ 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 low number of health care personnel reporting to work.

Situation Update



The reporting period has seen a worsening in violence and insecurity, resulting in new large-scale population displacements and movements within Syria, as well as across northern and eastern border areas. The northern border in particular has witnessed a massive stream of Kurds fleeing Kobani/Ain-El-Arab, a strategic Kurdish town close to Syria's border with Turkey, as ISIL militants advanced in their offensive to take control of the town. In addition, US airstrikes began on the 23rd September. Indications are that these strikes have slowed ISIL advances into the city, yet an estimated 140,000 Kurds have been reported to have left Kobani and surrounding villages since September.

The surge in violence presents significant challenges to organizations trying to reach affected areas with humanitarian assistance. Despite the challenges, WHO Syria has delivered much needed medical supplies to populations in hard-to-reach areas, such as Dara'a and Rural Damascus.

Public Health Concerns

Syria

The Health Resources Availability Mapping System (HeRAMS) reported that as of end of August 2014, 42% of the 97 public hospitals were fully functioning, 34% hospitals partially functioning, and 24% were non-functioning while local drug production reduced by 70%. The highest number of non-functional public hospitals per governorate was reported as: Aleppo, Rural Damascus, Homs, Dara'a and Deir-ez-Zor. As of the end of August 2014, availability of medicines and medical supplies at health centre level were evaluated based on a standard list of identified priority medicines, and medical supplies. Gaps in medicines and medical supplies were identified, with examples as follows: Oral Rehydration Salts (49%), anti-allergies (53%) and antibiotics (61%).

⁵ UNOCHA (<http://syria.unocha.org/>) cited 29 October 2014

Accessibility to public hospitals was measured at three levels: accessible, hard-to-reach, or inaccessible. By end of August 2014, accessibility was as follows: accessible (72%), hard to reach (2%), and inaccessible (26%).

Disruption of services has had a significant effect on communicable diseases. By mid-September, 2,976 cases of typhoid fever, 627 cases of suspected measles, 60,012 cases of acute diarrhoea and 41 cases of Acute Flaccid Paralysis had been reported by the Early Warning System (EWARS).

Disruption of routine immunization services is significant in opposition controlled areas that are not accessible for cross-line delivery of vaccines. Due to the continuing threat of measles, an initiative was taken by local health authorities and active NGOs to plan and implement a three-phase measles campaign, vaccinating children from 6 to 59 months. On 16th September, WHO received a report of a cluster of deaths and illness potentially associated with the campaign in Idleb Governorate. The campaign was immediately halted due to reports of adverse events following vaccination. Subsequently, 15 deaths were reported, and 50 children other affected children who were reported to be recovering.

Given the serious public health implications of the incident, WHO immediately offered technical assistance and tools on the investigation and management of Adverse Events Following Immunization (AEFI). A WHO management team immediately deployed to Gaziantep, Turkey to assess and report on the possible causes. Notwithstanding the limitations of the assessment, available data lead the team to conclude that the most likely cause of the event was the incorrect use of a drug called Atracurium as a diluent for Measles/Rubella vaccine. The Atracurium ampoules were incorrectly added to vaccination packs prepared at the Jarjanaz District in Idleb distribution centre and distributed to four vaccination teams on the second day of the measles campaign. There is no evidence that the Measles/Rubella vaccine itself or its correct diluent were the cause of this tragic event.

Iraq

The massive movement of IDPs (more than 1.8 million), is of utmost concern as the majority are now living in grim conditions in new resettlements in close proximity to the Syrian refugee camps. The high concentration of people will certainly overwhelm the health network, especially in Kurdistan Region.

In light of the two confirmed polio cases in Iraq earlier this year, massive IDP and Syrian refugee movements within and into Iraq, and interruption to the provision of health services such as the routine vaccination of children, WHO Iraq and other experts are concerned about a wider outbreak of polio.

Lebanon

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

Jordan

According to UNHCR, there are currently over 618,000 registered Syrian refugees, comprising approximately 10% of the country's population. The Government of Jordan continues to remain committed to keeping its borders open and allowing Syrian refugees the right to access public services. However, this puts an enormous strain on local health services. It is estimated that over 80% of all Syrian refugees live within the host communities.⁶ Though the national health system has responded to the significant burden it has become increasingly difficult to maintain this level of support. Health needs arising from the indirect effects of the conflict include poor immunization coverage and increased risk of vaccine preventable diseases.⁷

Mental health problems 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 result in a large informal network of providers who are working outside the formal health care or social development system.

Egypt

The new Solvadi (Sofosbuvir) antiviral used for the treatment of Hepatitis C Virus infection was introduced on 13th of September by the Minister of Health and Population. The Ministry has trained more than 700 physicians on using the new treatment regimen.

Turkey

Increased fighting in Kobani led to a sudden influx of more than 140,000 refugees in three days mainly into the Suruc district, Sanliurfa province. Nine border crossings were re-opened from the 19th-23rd September to allow large numbers to cross, but as of 24th September the only entry point was Yumartalik, and the daily flow of refugees subsequently dropped to about 4,000.

About a third of the refugees are mainly hosted in Suruc district, either with families, hosts or in transition centres but approximately 100,000 refugees subsequently dispersed to other provinces and cities countrywide including Istanbul, Izmir, Diyarbakir, Mersin and Ankara. Most refugees have not been registered. The majority are women, children and the elderly. Their immediate needs are shelter, food (especially baby food), hygiene products and appropriate clothing for the approaching winter season. Due to the sudden crossing of high numbers of refugees, the infrastructure has been overwhelmed.

Health Needs and Gaps

Syria

The continuous fighting has resulted in displacement of tens of thousands of people especially in Ar-Raqqa, Deir-ez-Zor and Al-Hassakeh, leading to further restricted access for humanitarian aid,

⁶ACTED <http://www.acted.org/en/understanding-both-syrian-refugee-and-jordanian-host-community-needs> cited 29th October 2014

⁷ UNHCR (<http://data.unhcr.org/syrianrefugees/country.php?id=107>) cited 29th October 2014.....

overstretched resources, decreased purchasing power, reduced agricultural production and exhausted coping mechanisms.

Destruction of water sources is being used as a weapon of war by the conflicting parties. In addition there is an inability to transport disinfecting materials, water filtration and treatment units in a timely manner to areas affected by the spread of diseases. This is concerning, and of note, an outbreak of typhoid fever and a high number of diarrhea diseases were reported in the Eastern Ghouta area near Damascus, as well as Aleppo, Deir-ez-Zor, Al Bou Kamal and Dara'a.

Iraq

Options for Syrian refugees are decreasing because of the ongoing IDP crisis. Support by humanitarian actors is increasingly difficult and the sustainability of the provided health services is questionable.

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 communicable diseases, chronic conditions, reproductive health issues, 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. If additional funding is not secured, the population is likely to be exposed to unfavourable 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 a need to maintain humanitarian programming and to continue to meet the immediate key health needs of individual refugees. These needs include supporting the MoH with medicines, medical equipment, logistics, and personnel because there is major concern about the capacity of the health care system to absorb the increased volume of Syrian patients, the lack of chronic disease medicines, and the continuous demand on medical equipment. Most needed supplies reported include delivery tables, delivery sets, vacuum extractors, emergency trolleys, pulse oximeters, antenatal, postnatal, surgical, orthopaedic and internal equipment. There is also a need for radiation departments and medical laboratories in order to maintain an acceptable level of healthcare delivery.

Egypt

There is a rising need to conduct an assessment to clarify and reach consensus about the required actions to be taken.

Lack of full utilization of WHO contracted referral hospitals by Syrian refugees highlights the need to deploy Syrian physicians or social workers to raise awareness of the services provided for the Syrian community, and guide the referral of indicated cases to selected hospitals.

Turkey

In response to the high influx of refugees in Suruc district, vaccination activities at the Yumartalik border crossing started on the 20th of September, as well as in the Family Health and Transition centres. Initially the measles campaign only covered children aged 9 to 59 months, but due to technical support and information sharing of the vaccination status of the newly arrived refugees by WHO Gaziantep, the campaign was expanded to include children up to 15 years. The Public Health Directorate of Sanliurfa prepared a macro-plan for the immediate house-to-house campaign to reach the target of estimated 20,000 children in Suruc district. The campaign started on the 25th of September, and will continue until 03rd of November. By the 26th of September, 5,450 Syrian children had received OPV and 4,250 Syrian children had received measles vaccines.

A multi-sectoral crisis team is in place to respond to refugee needs. Health care is being provided by a 50-bed hospital, one medical team at the border, one UMKE team (Ulusal Medikal Kurtarma Ekipleri), Family Health Centres, and two Non-Governmental Organizations (NGOs). During the first two days, 290 patients were transferred to Suruc hospital, and further patients were referred to other hospitals in Sanliurfa and neighbouring provinces. Initially supplies were good, nevertheless, in the following days, there was a reported a lack of pharmaceuticals, mainly for chronic diseases.

WHO Actions

WHO and Global Polio Eradication Initiative (GPEI) partners reviewed Phase II of the Middle East Polio Outbreak Strategy in a meeting organized in Beirut, Lebanon, from the 6-7th September. The meeting brought together GPEI partners, including WHO country offices in the region, UNICEF, the Rotary Club, and MoH officials from countries implementing the Strategy in the region where participants evaluated progress made so far, and identified best practice. WHO highlighted the role of physicians in both the private and public health sectors as a critical link in taking the strategy to the next level, especially in relation to the following components:

1. Acute Flaccid Paralysis (AFP) Surveillance. Physicians play an important role with :

- ❖ Rapid detection of AFP cases, not just suspected polio cases.
- ❖ Cooperation with MoH regarding case investigation, laboratory sampling and dispatch.
- ❖ Encouraging parents of AFP cases to cooperate with case investigation and follow up activities.

2. Supplemental Immunization Activities (SIA). Physicians can play an important role in:

- ❖ Partnering with MoH in advocating vaccination for all children regardless of vaccination history.
- ❖ Active participation in polio vaccination campaigns.

3. Routine Immunization Services. Physician can play a critical role in:

- ❖ Partnership with MoH to implement agreed routine immunization schedules.
- ❖ Advocacy with patients and the community for maximum routine polio coverage as the best defense against polio for the individual and the community.

Other WHO activities include

Syria

Despite the increasing strain on health service delivery, WHO has reached a cumulative figure of about 8.7 million people in need with lifesaving medicines and supplies since January 2014. Engagement with NGOs increased from 46 to 51, leading to more beneficiaries being reached. During the reporting period, WHO provided lifesaving medicines and supplies to people in need including:

- ❖ 10 metric tonnes of supplies including antibiotics, sterile gauze, syringes and catheters delivered to four hospitals in East Aleppo following a ceasefire agreement between parties to the conflict.
- ❖ More than 24,000 people received antibiotics for various ailments in the besieged areas of Moudamiya in Rural Damascus.
- ❖ A total of 35.5 metric tonnes of medicines and supplies were delivered to hard-to-reach areas in Douma, Ar-Raqqa and Al Hassakeh.
- ❖ WHO commenced the establishment of a Water Pollution Alert and Response System which will detect drinking water contamination incidents across the country starting with Damascus and Rural Damascus with possible extension to other governorates by 2015.
- ❖ Rehabilitation of the psychiatric unit in Al-Mowasat general hospital, funded by WHO, to increase the available psychiatric in-patient beds.
- ❖ Distribution of multi-vitamins to more than 40,000 children and 10,000 pregnant and lactating women as a preventive measure against acute malnutrition.
- ❖ Re-vitalisation of nutrition surveillance system, reaching up to 85 health centres in urban and rural areas in 12 governorates through re-trained health personnel following modified reporting modalities and referral procedures.
- ❖ Promotion of breastfeeding through educational sessions conducted for 1,450 women at IDP shelters in Damascus, Rural Damascus, Aleppo and Lattakia
- ❖ WHO Syria and Syrian Arab Red Crescent jointly delivered medical assistance from Damascus to some hard-to-reach, opposition-controlled villages in Dara'a and Rural Damascus governorates. Assistance delivered included antibiotics and chronic disease medications for more than 108,000 people in Bosra, Al-Hirak and Jasim villages in Dara'a. In Rural Damascus, urgently needed antibiotics and WASH supplies to address rising cases of diarrhoea and typhoid were delivered to local health authorities in Douma town to address the needs of more than 349,000 recipients.

Iraq

- ❖ The national polio campaign was implemented from 14th-18th September. The arrival of vaccines was the big challenge, especially in provinces affected by the crisis. WHO in cooperation with the Iraqi Red Crescent Society launched independent polio campaign monitoring, both during and after the campaign. The post monitoring campaign showed 88% coverage.
- ❖ WHO Iraq engaged in the provision of medicines and medical supply to the MoH in response to the big influx of IDPs and refugees in both camps and within communities. 89 different kits were provided with about 947,000 total expected beneficiaries.
- ❖ A curative care project is ongoing in 4 refugee camps in Erbil through supporting the salaries of 59 medical staff working in the camp PHC Centres both with health service provision and ensuring the availability of a referral system for emergency cases.

- ❖ Information gathering for EWARN continues in Erbil camps through focal persons at camp level and at Health Directorate level to ensure timely detection and prevention of any possible outbreaks.

Jordan

- ❖ The latest round of Supplemental National Immunization Days campaigns was conducted in August. Post-campaign results released in September showed a total of 180,758 children under five years of age were vaccinated in 317 high risk areas, including Syrian refugees in camps and outside camps, mobile populations in remote areas, border populations, informal tent settlements and locations in which previous polio campaign coverage was less than 90%. Breakdown of the number of children reached was as follows: 137,245 Jordanians, 33,429 Syrian refugees and 10,084 other nationalities. Post campaign coverage results also showed that 92% coverage was achieved in the latest campaign. These results indicate that focusing supplemental immunization campaigns on children living in high risk areas is helpful.
- ❖ WHO Jordan conducted a workshop to review AFP surveillance guidelines. A more refined guide was produced that will be distributed to partners as soon as the printing process is completed.
- ❖ Five AFP surveillance officers were recruited by WHO and an interviewing process is underway to select a lab technician.
- ❖ WHO and International Medical Corps held a workshop for the MHPSS Working Group to disseminate the initial findings of the 4Ws MHPSS mapping exercise which was conducted from July-August, with contributions from 47 actors including government bodies, UN agencies, INGOs and local Community Based Organizations. The main aims were to enhance coordination and collaboration, identify gaps in service provision, improve the transparency of the sub-sector through structured documentation, and provide data that will feed into national and refugee response planning, and lessons learnt for future responses.
- ❖ WHO and MoH continued the implementation of a pilot digital surveillance system for communicable diseases in 50 sites in northern Jordan involving the use of tablet technology for data entry, collection and analysis. Of the 50 sites, two field visits were conducted in 7 selected health facilities in Mafrq and Irbid governorate. Updated forms for communicable and non-communicable diseases were distributed for testing to illustrate symptoms and risk factors followed by trainings. Data will be collated and analysed by mid-October.
- ❖ WHO through UNFPA and in collaboration with MoH identified gaps in reproductive health equipment and provided technical assistance to prioritize the needs according to MoH strategy. UNFPA procured the equipment locally and delivered them to 20 selected MoH health centres. Results from targeted provinces are showed below:
 - ✓ 14,784 women and children, of Syrian origin and from Jordanian host communities, received reproductive, maternal, newborn and child health (RMNCH) care.
 - ✓ 9,294 women and children, of Syrian origin and from Jordanian host communities, have access to information regarding RMNCH health seeking behaviour and available services.
- ❖ WHO procured emergency surgical supplies that were sent across the border to southern Syria.

Lebanon

- ❖ WHO supported the Ministry of Public Health (MoPH) launch of the 'Mother and Child Health Care' initiative which provides quality PHC to hundreds of mothers and children.



From right to left, his excellency Minister of Public Health Wael Abu Faour, UNHCR representative Mrs. Ninette Kelley, WHO acting representative Dr. Gabriele Riedner and EU delegation attaché Mr. Huber Duhot at the launching ceremony of the Mother and Child health care initiative in Rachayya.

- ❖ The initiative is part of the Instrument for Stability (IfS) Project 'Conflict Reduction through Improving Healthcare Services for the vulnerable population in Lebanon', funded by the European Union. The 'Mother and Child Health Care' initiative is led by the MoPH and implemented by WHO, in partnership with the UNHCR in collaboration with the Makassed Philanthropic Organization. In Rashayya, the project will capacitate four PHC Centres linked to the Governmental Hospital with full health care services for non-insured pregnant women living in the area, including antenatal and delivery services in addition to child health care and vaccination for children up to 24 months of age. The initiative targets 300 pregnant women and children from the most vulnerable population.
- ❖ In view of the current Ebola outbreak, WHO supported the MoPH finalize the preparedness plan, including the case definitions and guidelines. As part of preparedness, WHO 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 surveillance and response, targeting 872 health care workers and 432 focal points.
- ❖ WHO provided 102,376 insulin vials to the MoPH through the EU/IfS project.
- ❖ 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 Mental Health Care Gap Action Programme (mhGAP) in 5 PHC Centres in in Beirut, 7 in Mount Lebanon and 7 in the North: for a total of 11 doctors, 3 PHC managers, 1 psychologist, 17 nurses, 10 social workers and 2 midwives.
- ❖ Preparations for 3RP are ongoing, WHO participated in the review of the national Lebanon Crisis Recovery Plan, the umbrella under which humanitarian and development activities for the next 2 years will be elaborated.
- ❖ An outbreak of Hepatitis A was reported to the MoPH surveillance unit starting August 2014. 70 cases were reported from Aarsal, 23 cases from Majdel Anjar and 6 cases from Saadnayel. The majority of cases (99) were amongst displaced Syrians. WHO responded with immediate provision of chlorine tablets and awareness material to the affected region.

Turkey

- ❖ In response to the high influx of refugees in Suruc, WHO Gaziantep conducted three missions and provided technical advice on the urgent vaccination campaign, and development of the macro-plan. As a first immediate tranche 20,000 USD was offered in support of coordination, supervision and monitoring. WHO provided updates to the health sector and facilitated partner response activities.
- ❖ WHO provided mobile health teams in coordination with its health partners.
- ❖ WHO has repositioned health kits with the MoH for urgent release if required.

Egypt

- ❖ WHO in collaboration with the MOHP departments helped prepare and organize training Sessions on Early Warning for staff working in Communicable and Non-communicable diseases and laboratories.
- ❖ WHO worked on establishing community focal points from the Syrian Refugees to spread awareness messages on the services provided to the refugees through the WHO and inter-related partners.
- ❖ WHO has focused on expanding the number of contracted hospitals to include more specialized hospitals as needed by the Syrian refugees according to the geographical distribution.
- ❖ WHO collaborated with the GIS department of MOHP to develop a multi-layer web application displaying available health facilities that provide services for Syrians which are supported by UN partners at PHC Centres, Specialized Medical Centres, Private and Charity Hospitals, NGO clinics, etc.
- ❖ 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.

Resource Mobilization

A Refugee response and resilience plan (3RP), a strategic fund-raising tool, has been proposed for 2015. This document is still being drafted and the financial requirements have not been finalized yet.

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