



World Health Organization

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



Syrian children point to a circle around the 'x' on the outside of their caravan in Za'atari camp, Jordan. The 'x', drawn by a polio vaccination team, indicates that children were missed during a door-to-door campaign visit. The circle is drawn after a 'mop-up', when all children under five living in the household have been vaccinated.



12.2 MILLION
AFFECTED



7.6 MILLION
INTERNALLY
DISPLACED



>3.9 MILLION¹
REFUGEES



1 MILLION²
INJURED



>220,000³
DEATHS



HIGHLIGHTS

WHO SYRIA, About 1.3 million children who were not current with the national immunization schedule aged 7 months to 5 years were vaccinated against measles, mumps and rubella during the catch-up campaign between 19 - 30 April;

WHO EGYPT supported the national polio immunization days which took place between 19 - 22 April covering all governorates. Around 12,500 under five Syrian children were vaccinated along with 14 million under five Egyptian children;

WHO IRAQ, the second round of the national polio campaign in Iraq was conducted from 12 to 16 April targeting 5.6 Million children aged 0 month to 5 years. Supported by WHO and other partners, 5.4 million children were given oral polio vaccine (OPV) nationwide; yielding a coverage of 76%.

WHO JORDAN, Ministry of Health in coordination with WHO and UNICEF conducted sub national immunization days (polio campaign) between 26 - 30 April and vaccinated 373,622 children under five far exceeding the targeted number. The campaign took place in high risk areas;

WHO LEBANON, the Ministry of Public Health, in collaboration with WHO and UNICEF conducted a second supplementary polio vaccination campaign between 23 - 30 April and reached 421,691 children under the age of five;

WHO TURKEY Supported the 9th round of polio vaccination campaign in 4 governorates; Aleppo, Latakia, Idleb and Hamah reaching 629,189 children under the age of five.

HEALTH CLUSTER

	3,068,713	TREATMENT COURSES PROVIDED
	75 (JOR 3, SYR 9, TUR 63)	HEALTH KITS
	\$678⁴ M REQUESTED (SRP & 3RPs)	9.3% FUNDED
	113 44% FUNCTIONING	# OF HOSPITALS ⁶ (SYRIA)
	CONSULTATIONS 586,432 (3RPs & SRP)	SURGERIES 31,023 (3RPs & SRP)
	ASSISTED DELIVERIES 5,865 (3RPs & SRP)	REFERRALS 14,208 (3RPs & SRP)

WHO

	2,686,910	TREATMENT COURSE PROVIDED
	11 (JOR 2, SYR 9)	HEALTH KITS
	\$165 M⁵ REQUESTED (SRP & 3RPs)	19.1% FUNDED

BACKGROUND

The overall security situation in the Syrian Arab Republic continues to be very tense, with notable developments observed across the country, especially in areas controlled by Syrian armed opposition groups in Idleb, and on the Syria-Jordan border in Dar'a. There are no key changes in the balance of power, but there are continued attempts at peace building. In 2015, more than 540,000 people have been displaced inside the country and more than 260,000 people took refuge in neighboring countries.

With the conflict in its fifth year, more than 7.6 million are displaced, and 12.2 million have urgent needs for humanitarian assistance, including for life saving health care services, and medical supplies. Over five million of those are children. According to the Syrian Observatory on human rights, more than 220,000 people have been killed since the beginning of the conflict. With 25,000 people injured every month, an expected 1.5 million will have been injured by the end of 2015. This number of injured, affected and population in needs exert more pressures on the limited functional health resources and facilities.

The deteriorating security situation affected the ability of humanitarian actors, including United Nations agencies, to deliver humanitarian aid and assistance to besieged areas in Rural Damascus, Aleppo, Deir-ez-Zor, Idleb and Dar'a, especially through joint United Nations convoys.

Deir ez-Zor and 31 % in Rural Damascus); 168 cases of pertussis (40% in Deir ez-Zor and 28% are in Al Hassakeh); 1,737 cases of Leishmaniasis (26% in Hamah and 20% in Idleb); 794 cases of brucellosis (41% in Al Raqqa and 23% from Rural Damascus) were also reported in April 2015.

The number of non-functioning hospitals increased from 19 to 26 between January and April 2015, this indicates the direct impact of the deteriorating security situation in Idleb, Deir-ez-Zor and Dar'a governorates. By the end of April 2015, and out of the 113 assessed public hospitals, 44% were reported fully functioning, 33% partially functioning (i.e., shortage of staff, equipment, medicines or damage of the buildings in some cases), while 23% were reported non-functioning. Furthermore, the number of available health professionals has dwindled to approximately 45% of 2011 levels, (severe shortage of surgeons, anesthesiologist, laboratory professionals, female health professionals...etc.).

More than 134,000 Syrian refugees are registered in Egypt. They are largely urbanized and mostly integrated within the host community in the outskirts of large urban centres such as Greater Cairo, Alexandria and Damietta. They have been granted access to public services, including primary health care (PHC) and education, at the same cost as for Egyptians. However, issues related to the quality and availability of these services remain a major challenge, given that the public sector is already struggling to meet the needs of Egyptian citizens. With the prolonged crisis and decreased funding, vulnerabilities are escalating among Syrian refugees, particularly in terms of debts incurred due to healthcare costs and increased risk of gender-based violence.

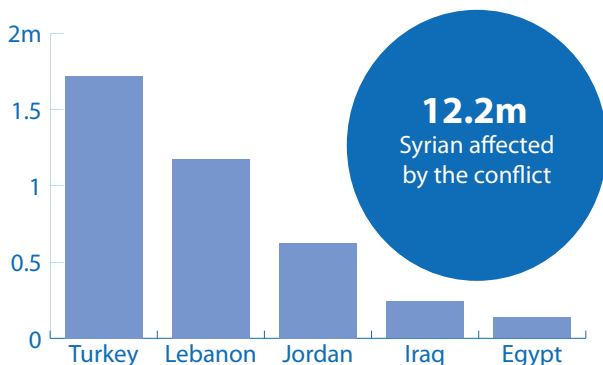
On 16th April, more than 100,000 people have been displaced from Al Ramadi in Central Iraq according to UN OCHA. Deteriorating security situation in Al Ramadi forced people to spread across 15 of the Iraq's governorates. As a result of the crisis, many health facilities have negatively been affected and are working with reduced capacity while others have been closed either due to insecurity or damage. Al Ramadi General Hospital and Al Ramadi Maternity and Paediatric hospital have been closed. The ministry of Displacement and Migration (MODM) is planning the construction of new camps to accommodate the increasing number of displaced people.

In Jordan, a new wave of refugees fleeing the violence in Dar'a in Southern Syria raised the number of refugees in Azraq camp to 17,700 from around 16,000 last month. There is now more than 629,000 registered refugees in Jordan, of which, 84% live in host communities mainly in Amman, Irbid and Mafraq governorates. Tensions between host communities and refugees are rising due to the demand for public services such as health care and education as well as competition for employment.

In Lebanon, UNHCR High Commissioner reiterated that the current crisis is of a long-term character, and warned that it will continue to put additional strain on the fragile political and economic system while also affecting the security situation within the country. Lebanon ranks first in the world in terms of number of refugees per capita. More than 1.18 million Syrian refugees are registered in the country facing challenges in accessing basic assistance, especially health services.

Turkey has now become the biggest refugee-hosting country in the world according to UNHCR and AFAD, the Disaster and

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



SITUATION UPDATE

In Syria: High numbers of children and adults have been injured especially in Idleb and Aleppo. In Aleppo, 168 patients died in hospitals due to injuries from attacks among them 34 children. Eight health care facilities/ structures were reportedly attacked in Idleb and Aleppo governorates. In Idleb, barrel bombs landed on Darkoush central market killing 30 people and injuring an unconfirmed number of people, while 927 in Aleppo were injured, 201 of them children under 14 years, 127 girls and women more than 15 years old.

Infectious disease outbreaks are on the rise due to disruptions in vaccination programmes, overcrowding in public shelters, damage to water and sanitation infrastructure, and lack of waste management. A total of 4,009 cases of Acute Jaundice Syndrome were reported representing a 31% increase compared to March 2015. In addition, 631 cases of Typhoid (44% in

Emergency Management Authority of Turkey, hosting more than 1.75 million refugees. More than 255,000 refugees are hosted in 25 camps in 10 cities and the remaining population is living among communities. The projected number of Syrian refugees in Turkey for 2015 is 2.5 million of whom 300,000 will reside in the camps and 2.2 million will live among communities. Turkey does not offer free treatment for tuberculosis (TB). Due to the contagious nature of the disease, it is still considered a high-risk illness. For the first time in 30 years, the number of TB cases in Turkey has increased. Syrian refugees are often unable to receive consistent treatment for TB to fully recover, creating a risk for themselves and for the people around them. The Ministry of Health (MoH) circulated a regulation on health services to Syrians covered under temporary protection. Syrian refugees can receive PHC in and out of camp, secondary and tertiary healthcare in hospitals, and emergency healthcare services for wounded Syrians brought from the borders.

PUBLIC HEALTH CONCERNS

Syria:

Syria had one of the best-developed healthcare systems in the Arab world. But as the war rages on, hundreds of thousands of civilians find themselves in desperate need of medical care. Attacks on health personnel and facilities have become frequent, and more than half of the health personnel have fled the country. 16 health facilities have reported at least one attack during the month of April. Health workers are sometimes forced to work in makeshift settings to avoid attacks and shelling of their facilities. In some locations, they are forced to work with little or no access to electricity or medical supplies; patients suffering from critical wounds are being operated upon without anaesthesia.

As the health infrastructures, personnel and coping mechanisms continue to deteriorate, the Syrian population has become more vulnerable to poor health outcomes and disease outbreaks.

Iraq

Following reports of a measles outbreak in Arbat IDP camp and Arbat Refugee camp in Sulaymaniah governorate where health services are run by Emergency NGO, results are gradually showing a steady decrease of cases since 16 March 2015.

Leishmaniasis is a public health concern in Iraq; many governorates are currently reporting increasing numbers of cases. Since the beginning of January 2015 to 19 April, a total of 8,383 cases of Leishmaniasis have been recorded all over the country with more reporting in (Misan, Wassit, Diyala, Sulaymaniah, Thiqr, Diwania, Muthana, and Baghdad as compared to 3847 cases recorded in 2014 (January to December). On-going Control measures supported by WHO, MOH and DOHs include provision of Sodium stibogluconate (Pentostam), a drug used to treat Leishmaniasis, and vector control measures through spraying and health education campaigns. Rodent control is another applied measure to control the disease.

Despite substantive progress made in improving immunization coverage, Iraq remains at high risk of polio importation, considering the movement of displaced populations inside Iraq and from neighboring Syria.

Jordan:

Syrian refugees are no longer granted free access to health services at MoH facilities. The user fees remain low and might be affordable for non-vulnerable individuals; however this decision is expected to cause considerable hardship for many refugees. Significant rates of anemia among children under five, and females of reproductive age have been identified among Syrian refugees residing in Jordan. Mental Health Psychosocial (MHPSs) problems remain a significant issue requiring community and specialized support. Due to the Syrian crisis and population movement, there has been a resurgence of communicable diseases previously controlled in the country, such as measles. Health actors in Jordan continue to take action against the threat of polio with routine immunization and active surveillance in refugee camps as well as in the communities. 10 AFP cases have been notified in April all of them Jordanians. The non-polio AFP rate up to 30th of April is 4.0 with stool adequacy of 93.

Lebanon:

The threat of TB and other communicable disease outbreaks including acute watery diarrhea, measles, mumps, hepatitis A, cholera and other diseases remain of concern. The risk is heightened by the frequent population movements between informal dwellings which are overcrowded and have limited access to water, sanitation and health care services.

There is a need to protect more than one million refugees and members of host communities against viral hepatitis A, through public health measures, including hygiene and access to safe water and adequate sanitation. Polio vaccination campaigns and accelerated routine vaccinations have succeeded in keeping Lebanon polio free. However, additional vigilance is required to prevent other vaccine preventable diseases from occurring.

The rapid increase in refugee population over the course of 2014 has put a significant strain on health services; there is an increasing trend in the number and severity of non-communicable diseases (NCDs), particularly cardiovascular diseases, type 2 diabetes, hypertension, chronic respiratory conditions, cancer, and epilepsy. NCDs constitute a major issue in the context of displaced populations. Needs for medications for NCD management, particularly for asthma are rising. Syrian refugees also present with several other health service needs including for communicable diseases, reproductive health, nutrition and mental disorders. Limited funds are available for equitable provision of health services in order to meet health needs on primary, secondary, and tertiary health care levels. However, in view of the funding situation, there are currently limited resources available to adequately treat chronic conditions.

Turkey:

As non-camp refugees are concentrated in urban areas and live in crowded conditions, communicable and vaccine preventable disease risks remain significant threats to public health. No significant outbreak has been detected so far in the camps or in urban areas, except for sporadic cases as a result of continuous surveillance activities.

Health profile and the disease spectrum of the host population and the Syrian refugees are very similar, with a high prevalence of NCDs. Mental health provision and psychosocial services are increasingly major concerns both due to language barrier and the few facilities even for the host community. Malnutrition is

expected to become a challenge in newly arriving refugees from areas in Syria with ever reducing food security. Surgical trauma and intensive care for the large number of severely injured patients from conflict areas continue to require inputs of equipment, human and financial resources. The required long-term post-operative rehabilitation of severely traumatized patients remains a challenge for the already burdened Turkish health-care system.

HEALTH NEEDS AND GAPS

Syria:

The adverse impact of the Syrian crisis on the most vulnerable people continues to be compounded by the disrupted health system. As mentioned earlier, 56% of the assessed public health hospitals were reported partially functioning or non-functioning by the end of April 2015. Hospitals in relatively safe areas are overwhelmed by patients coming from conflict areas. A targeted polio immunization campaign could only reach 58% of 308,000 children living in hard-to-reach and besieged areas. Childhood immunization coverage has dropped from over 90% prior to the crisis to 52% as of 2014.

Shortage of specific chemotherapies needed for cancer and renal failure treatment have been reported. The health authorities have expressed urgent need for medicines which are difficult to procure such as antibiotics, insulin, immune-suppressant and cancer medicines, blood and blood products.

Egypt:

While the health profile and the disease spectrum for the displaced Syrian refugees in Egypt are similar to the host population, with high prevalence of NCDs, the adequate access to NCD medical follow up and treatment are major concerns. The public PHC facilities include outpatient clinics, simple laboratories and their pharmacies include medications for NCDs among their drug list, but capacities for these centers can hardly cope with the load of the Egyptian population, making actual access for the Syrians refugees extremely challenging.

WHO is planning to target the most vulnerable cases living with NCDs and provide the service for free while searching for an efficient monitoring technique to optimize services.

Iraq:

WHO and other partners continue supporting the MoH and DoHs to fill critical gaps in health technologies including provision of medicines, medical supplies and equipment. However recurrent shortages of essential medicines and other supplies continue to challenge the health sector. The governorates currently facing shortages of essential medicines include: Al Anbar (Aanah hospital), Salah-Al-Deen and Ninewa (Mosul and parts of Sinjar). In Aanah hospital shortage of fuel to run ambulances and generators has also been reported.

Jordan:

Communicable diseases remain a public health concern with the resurgence of some diseases previously controlled in Jordan such as measles. There is still a need to maintain humanitarian programming and continue to meet the immediate health needs of refugees. This includes supporting the MoH with medicines, medical equipment, logistics, and personnel.

Lebanon

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

Lebanon has witnessed an increased incidence of diarrheal diseases, hepatitis A, and acute respiratory infections over the past two years. There has been an increase in the incidence of vaccine-preventable diseases, with two outbreaks observed (measles and mumps). Lebanon remains polio free, due to the implementation of aggressive polio campaigns conducted at national and sub-national levels following the 2013 Polio outbreak in Syria. TB prevalence rates have increased from 19 per 100,000 in 2011 to 24.1 per 100,000 in 2013.

Maternal and child health, mental health and NCD services are noted to be significantly overburdened. The severe demographic burden with more than 40% increase in population size over four years, due to Syrian displacement, has had serious negative impacts on the economy, social stability and key determinants of health such as WASH and employment; this is adding to the escalating social tension.

Turkey:

In urban areas, which host the majority of Syrian refugees, the heavy workload on the secondary healthcare system continues to be an important issue. Health system strengthening to ensure sustainable healthcare provision to refugees is among the priorities by enabling support to partners to participate in the health service delivery. Possibilities are being investigated to integrate Syrian health workers into the Turkish health system which could alleviate the workload on Turkish personnel. WHO continues collaboration with Gaziantep University and local authorities on the training for Syrian doctors and nurses. Increasing the number of these trainings and participants can help overcome the language barrier.

The role of family and community healthcare centres as primary care providers for Syrian refugees needs to be reinforced, including mental health for impacted communities. Awareness of urban Syrian refugees on the utilization of health services should be raised and WHO is continuing the development of IEC (Information, Education and Communication) materials products in the scope of the Regional Refugee and Resilience Plan (3RPs).

Communicable diseases surveillance and response, including immunization to mitigate morbidity and mortality among affected and displaced populations, including emergency polio response should be sustained.

WHO ACTIVITIES

Syria:

- Almost 1.5 million patients benefited from medicines needed for operation, intensive care, and emergency units in Damascus, Rural Damascus, Hama, As-Suwayda, Lattakia, Aleppo and Homs;
- Over 23,400 benefited from the emergency treatments and surgical kits in Damascus, Rural Damascus, Aleppo, Hama and As-Suwayda. More than 900 patients benefited from medical supplies and 164 wheel chairs to Damascus, Lattakia, Hama, Aleppo and Homs. Two hemodialysis machines were delivered to Damascus and over 74,000 treatments were delivered to different governorates under the WHO-NGOs partnership agreement;
- 14 shipments of psychotropic medicines were sent to different NGOs and health departments in affected governorates;
- During the World Immunization Week 2015, WHO provided technical expertise to the Syrian health authorities for the implementation of a measles campaign and other routine vaccination activities for children behind in their immunization schedule in all governorates except Al Raqqa, Dar'a and partially Idleb due to insecurity;
- About 1.3 million aged between 6 months and 5 years were vaccinated against measles, mumps and rubella during the campaign which lasted April 19-30, 2015;
- In order to contain the outbreaks of food and water borne diseases, WHO developed and printed 100,000 information brochures on prevention advice. NGOs were engaged to distribute these and educate IDPs and the general populations on prevention of food and water borne diseases especially hepatitis A.

Egypt:

- WHO supported the National immunization day against Polio during the period of 19 - 22 April 2015 in all governorates of Egypt. Almost 12,500 under five Syrian children were vaccinated along with 14 Million under five Egyptian children;
- Health advocacy day was held in Oboor, Qalyobia governorate. It accommodated 200 Syrian Refugees and their children. The day was aimed to spread information to the Syrian refugee community in Oboor about the health units and services provided for them by the WHO. Representatives from the public health units shared brief information to help guide the Syrian community. Also the event intended to convey positive spirit among the displaced Syrian community in Egypt;
- WHO continued to provide secondary and tertiary health care services to displaced Syrians in Egypt for life threatening medical emergencies through service contract with the Specialized Medical Centers network of hospitals;
- The health mapping application is officially published online after the final domain approval from the MoHP (<http://healthmap.mohp.gov.eg>). The application provides mapping of health services to Syrian refugees in Egypt;
- Monthly workshops were held at each of the six selected governorates; governorate health officials, supervisors, PHCs directors and focal points participated. Health data was presented and evaluated, limitations were identified and solutions were recommended. In addition, visits to each of the 62 selected centers were conducted by surveillance team to monitor EWARS system, meeting health staff,

receiving feedback and ensuring awareness about the introduced system;

- To identify health needs of Syrian refugees, needs assessment survey was designed in collaboration with professors of Ein Shams University, and 17 staff members from epidemiology board and epidemiology unit at MOHP were oriented about the survey tools and questionnaire components. Pilot testing of the questionnaire was conducted in 6th October city in Giza governorate (14 households) and in new Cairo city in Cairo governorate (11 households).

Iraq:

- To strengthen the storage capacity of the DOH Sulaymaniah, which host 5,883 refugees in Arabat Refugee camp, WHO supported the renovation and upgrading of three warehouses for medicine. WHO donated the warehouses to the DOH and department of Agriculture;
- WHO donated other medical supplies to the Maternity Teaching Hospital in Sulaymaniah to support management of maternal health. The supplies provided are enough to support 13,500 (mothers);
- Between 21st and 30th April 2015, WHO trained 186 health workers in five governorates of Erbil, Kirkuk, Dohuk, Sulaymaniah and Diyala for 66 reporting sites on electronic Early Warning Alert and Response Network (EWARN) using tablets to collect and analyse data. The electronic EWARN has been operationalized and real-time alerts are being generated and reported to the DoH for immediate investigation and response. Seventy tablets were also procured and distributed to the five governorates;
- WHO conducted a support supervision visit to Domiz refugee camp to assess TB disease among refugees and follow up on the progress of referring presumptive TB patients and sputum samples to Summel District and to Duhok respiratory chest clinic. The team found no newly diagnosed active TB cases with only one presumptive TB patient referred to the TB centre during the month of March.

Jordan:

- After conducting a pilot project on disease surveillance using mobile tablet technology, WHO is now collaborating with the MoH to implement surveillance programmes in 309 sites across Jordan. These programmes use case-based, integrated surveillance methods to monitor child health, reproductive health, mental health, NCDs and communicable diseases. Health data yielded during patients' visits to health care facilities are reported within one hour via an online system based on automated SMS and e-mail alerts. The system is accessible to all sites that have registered in the programme. On April 1st 2015, the MoH launched a national training plan for the new surveillance programme. Thus far, over 242 clinicians and staff from 80 health care centres have been trained;
- WHO, in collaboration with the MoH, delivered mhGAP (Mental Health Gap Action Program) training to 25 primary health professionals from 14 PHC centers in Amman. The training aims to integrate mental health services in the PHC system;
- MoH in coordination with WHO and UNICEF conducted sub-national immunization days (polio campaign) between 26th-30th April 2015 and targeted 200,000 children under five in the high risk areas. Far exceeding the target more than 373, 000 children (270,000 Jordanian, 77,000 Syrian and 23,000 from other nationalities) have been vaccinated.

- The TB prevalence rate among Syrian refugees is much higher than among Jordanian nationals, jeopardizing Jordan's efforts to eliminate the disease. In March 2015, WHO worked with IOM and the National TB Programme to celebrate World TB day. Activities emphasized the importance of early detection and the fact that TB continues to be the second greatest killer worldwide. WHO's advocacy materials, including T-shirts and posters with the slogan of "Gear up to End TB" were distributed to areas with high concentrations of Syrian refugees and vulnerable host communities, including Ramtha-King Abdullah Park, the city of Mafraq, Za'atri Camp and Azraq Camp;
- WHO procured emergency surgical supplies, two of which were sent across the border to Syria with UN convoys under UN Security Council Resolution 2191;
- WHO is supporting efforts by the Government of Jordan to bring development and humanitarian responses to the Syria crisis under one integrated planning and coordination framework. To achieve this goal, the Ministry of Planning and International Cooperation (MOPIC) is seeking to establish a nationally-led coordinated platform for humanitarian and development assistance. WHO fully endorses this endeavour and is committed to assisting the MOPIC.

Lebanon:

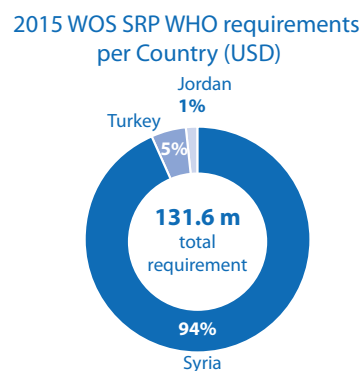
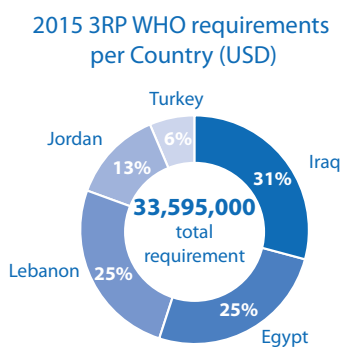
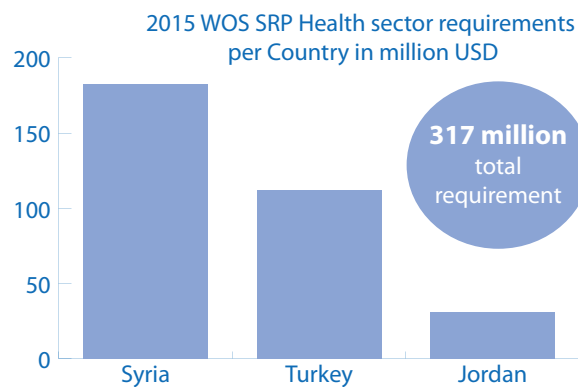
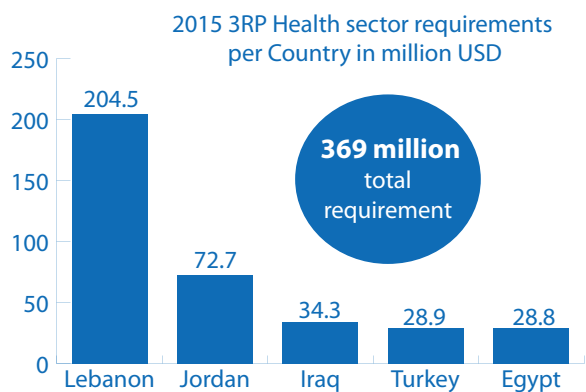
- The Ministry of Public Health (MoPH), in collaboration with WHO and UNICEF, conducted a second campaign of supplementary polio vaccination between 23 - 30 April, during which 421,691 children under 5 years were vaccinated regardless of nationality. The campaign took place in 27 districts around the country;
- In light of the needs and rising interest in NCD care among the humanitarian community, a national meeting on the NCD strategy was called for by MoPH with the participation of various health actors, including UN agencies, local and international NGOs. The objective is to coordinate and harmonize NCD care using national guidelines that are followed by all actors working on NCD care. The three main recommendations which will be further developed are: Coordination and Harmonization of NCD interventions, Standardization of care, and Improving data collection and information sharing;
- Regarding Mental Health, a national consensus meeting on the National Mental Health Strategy for 2015-2020 took place, with around 40 participants representing the different mental health actors in Lebanon. The main strategic objectives were presented during this meeting in order to get the feedback and consensus of the assembly before the launch of the strategy in May. In addition, a consultative meeting informing the National Substance Use Strategy, which would guide the MoPH for the coming five years, was held;
- The "Mother and Child Health Care" Initiative allows Lebanese pregnant women and children who do not have any form of health coverage to benefit from a comprehensive package of healthcare services at no cost. This initiative was initially implemented in Wadi Khaled in 2013. Since March 2014, the initiative was expanded to three new regions; Tripoli, Rashayya, and Beirut. In April 2015, 206 antenatal care visits, 171 deliveries and 31 pediatric follow-ups visits took place. In addition, training was provided at PHC centers to 306 nurses and medical doctors on the revised national guidelines for Integrated Management of Childhood Illnesses to strengthen child health services, rationalize the

use of medications and reduce morbidity and mortality among Lebanese and refugee children. Twenty nurses and medical doctors were trained on neonatal resuscitation and 29 on stabilization to decrease infant mortality from high-risk pregnancy births.

Turkey:

- WHO Regional Office for Europe paid a visit to Gaziantep. The mission discussed and elaborated with Turkish public health directors further cooperation possibilities on emergency health services, capacity increasing for healthcare services and prevention of diseases;
- Refugee Nurses Adaptation Training (ReNAT) meeting was held with the Gaziantep University to develop the curriculum of the trainings. The main objectives of the training are to reduce the burden on Turkish health personnel and to enhance integration of Syrian medical professionals in the provision of healthcare;
- WHO organized the mission of senior officers of the MoH to visit public and INGO health facilities in Mersin, Gaziantep and Sanliurfa provinces. The MoH officials noted the good practices of the health partners' services and facilities, and support the opening of further such INGO clinics in urban settings;
- In the scope of the Humanitarian Pool Fund, the technical reviewing meetings were finalized. As a result of a comprehensive and thorough evaluation process, 15 projects with 13 partners will be implemented, which focus on PHC including an integrated approach for the treatment of uncomplicated cases of severe and moderate malnutrition;
- The 9th round of polio campaigns was implemented in 4 governorates, Aleppo, Latakia, Idleb, and Hamah. The campaign reached 629,189 children under the age of five with coverage of 101.8% in this round;
- A mission from WHO/EMRO and HQ visited Gaziantep to discuss the Supplementary Immunization Activities (SIAs) in northern Syria. The meetings focused on readiness for resuming SIAs with measles-containing vaccination and delivery of routine immunization in inaccessible areas in northern Syria;
- WHO provided guidance and assistance for better understanding of WHO hospital safety index and hospital contingency planning guidelines during the meeting of National Hospital Contingency Plan Drafting Committee of MoH of Turkey, which was held in Urla/Izmir.

RESOURCE MOBILIZATION



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