World Health Organization

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


WHO team visiting an informal tented settlement in the Bekaa Valley to monitor the vaccination campaign. Photo credit: WHO Lebanon

12.2 MILLION AFFECTED

7.8 MILLION INTERNALLY DISPLACED

>3.9 MILLION[1] REFUGEES

1 MILLION[2] INJURED

>200,000[3] DEATHS

HIGHLIGHTS

WHO SYRIA provided technical and financial support for the 13th polio campaign from 22-26th March during which 2,429,480 children under five were vaccinated;

WHO IRAQ supported the construction of two clinics in Ameriyt Alfallujah and Alnakheeb areas and handed them over to the Directorate of Health (DOH). The clinics will be run by United Iraq Medical Society for Relief and Development (UIMS);

WHO JORDAN dispatched 2 emergency surgical kits to Syria via UN convoys, under UN Security Council Resolution 2165 and the Resolution 2191;

WHO LEBANON in coordination with the MoPH and MEHE provided surveillance and response trainings to all health educators and/or nurses at private schools. Trainings started in February 2015 and ended March 2015. A total of 477 health educators were trained;

WHO TURKEY supported the 8th round of the polio vaccination campaign among children under 5 between 28 February and 7 March in 7 governorates in northern Syria. 1,251,974 children were reached with a coverage of 97%;

WHO EGYPT in collaboration with the MoHP surveillance unit, developed a web-based application with the purpose of standardizing the registration of communicable, non-communicable diseases and mental health conditions, and also improve reporting. Pilot testing was completed and 80 IT staff and statisticians were trained on data entry and reporting.

HEALTH CLUSTER	
3,673,643	TREATMENT COURSES PROVIDED
71 (JOR 11, SYR 19, TUR 41)	HEALTH KITS
$678[4] **M** REQUESTED (SRP & 3RPs)	**4.2% FUNDED**
113 **44%** FUNCTIONING	# OF HOSPITALS[6] (SYRIA)
CONSULTATIONS **1,085,526** (3RPs & SRP)	SURGERIES **107,107** (3RPs & SRP)
ASSISTED DELIVERIES **22,390** (3RPs & SRP)	REFERRALS **18,958** (3RPs & SRP)

WHO	
2,897,086	TREATMENT COURSE PROVIDED
20 (JOR 2, SYR 18)	HEALTH KITS
$165 M[5] REQUESTED (SRP & 3RPs)	**17.2 % FUNDED**

Source: 1-UNHCR, 2-3:UNOCHA, 4-5: UNOCHA FTS, 6: HeRAMS Syria, March 2015,

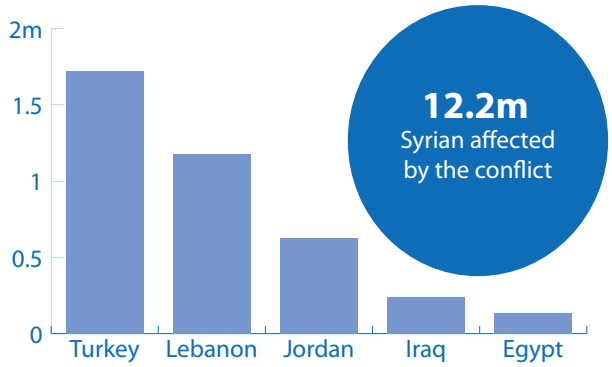
BACKGROUND

The humanitarian situation in the Syrian Arab Republic continues to deteriorate rapidly with no political solution in sight. Conflict lines continue to shift as warring parties retreat, or retake territory resulting in further deterioration of health and humanitarian situation with the crisis entering its fifth year. The entire region has been destabilized as conflict and chaos have spread to Iraq, overstretching social and health services in host countries.

Nearly half of all Syrians have been forced from their homes – 3.9 million people have fled to Lebanon, Jordan, Turkey, Iraq and Egypt, and 7.6 million people have been internally displaced – making this the largest displacement crisis in modern history. By conservative estimates, more than 220,000 Syrians lost their lives due to the conflict, but the actual number is likely much higher. Four out of five Syrians live in poverty and the country has lost nearly four decades of human development, with unemployment at over 50%. Life expectancy has been cut by 20 years.

During the Third International Humanitarian Pledging Conference held in Kuwait on 31st March 2015, international donors pledged $3.8 billion to help humanitarian organizations deliver life-saving assistance including food, water, shelter, health services and other relief to millions of people in urgent need. Last year, a $2.16 billion donor fund was disbursed, some 8.9 million people received basic relief items and more than five million people received monthly food aid.

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



SITUATION UPDATE

Widespread violence continued throughout the Syrian Arab Republic in March, particularly in the governorates of Al Hassakeh, Aleppo, Damascus, Dar'a, Deir ez-Zor, Hama, Homs, Idleb, Lattakia and Rural Damascus, which resulted in deaths, injuries, destruction of homes and infrastructure as well as displacement of civilians. Health facilities and medical personnel were not spared. Al Bassel Hospital in Yarmouk camp in Damascus and Aisha Hospital in Abou Kamal city, in Deir ez-Zor governorate, were attacked this month, which resulted in the death of two women and three new-born who were in incubators at the time of the strike.

Access to medical supplies and equipment continued to be restricted by insecurity and constraints imposed on humanitarian operations by parties to the conflict, some of the WHO requests to deliver assistance to various locations in Al Hassakeh, Aleppo, Dar'a, Ibleb, and Deir ez-Zor and Rural Damascus have gone unanswered.

The March 2015 polio campaign was not conducted in Idleb and Al-Raqqa due to denial of access by warring parties, who also prevented vaccines to reach Abou Kamal in Deir ez-Zor.

By the end of March 2015, and out of the 113 assessed public hospitals, 44% were reported fully functioning, 36% partially functioning (i.e., shortage of staff, equipment, medicines or damage of the buildings in some cases), while 20% 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 professions…etc.).

More than 248,000 Syrians refugees are currently registered mainly in the Kurdistan Region of Iraq in Dohuk, Erbil and Sulaymaniah. The internal conflict which led to the displacement of more than 2.6 million people has already strained the capacity of the local government, national NGOs as well as the international community to provide quality health services. In Tikrit, a number of health facilities have been damaged and in Kirkuk health workers fled last month resulting in the restriction in delivery of medical supplies to the population.

Jordan continues to receive, even though in limited numbers, Syrian refugees who reached more than 627,000 registered, 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. This is particularly noted in towns and cit¬ies close to the border. Za'atari camp is now hosting more than 83,000 refugees, and there has been an increase in new refugees and returnees to Azraq camp. Azraq now hosts more than 16,000 refugees.

Lebanon now 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.

The United Nations Security Council, during its session held in March, urged the international community to help Lebanon in its efforts to host the Syrian refugees. In the beginning of March, the government of Lebanon, enforced entry regularization among refugees coming from Syria as well as those residing in Lebanon who are facing difficulties in renewing their residency. This situation will place an increased economic strain on the families and their coping mechanisms.

More than 133,000 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 remains 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.

In a recent statement at the UN Security Council, the High Commissioner for Refugees, Mr. Antonio Guterres noted that Turkey has now become the biggest refugee-hosting country in the world. According to UNHCR and AFAD (the Disaster and Emergency Management Authority of Turkey) there are 1.7 million refugees in Turkey, of whom nearly 250,000 are residing in the camps and more than 1.4 million refugees are within the communities. Syrian refugees outside camps are spread throughout Turkey, with the overwhelming majority concentrated in five provinces adjacent to Syria: Hatay, Kilis, Gaziantep, Şanlıurfa and Mardin. There are 25 camps hosting refugees in 10 provinces of Turkey; six of which are in the form of container cities and the remaining are tent cities. Latest figures released by AFAD indicate that 15,344 persons voluntarily returned to Ayn-Al-Arab (Kobane) during 26 January-04 March 2015. Potential returnees are worried about the many unexploded bombs and mortars that litter the streets of Kobane.

PUBLIC HEALTH CONCERNS

Syria:
As the health infrastructures, personnel and coping mechanisms continue to be disrupted by the current conflict, the Syrian population has become overstretched and more vulnerable to disease outbreaks. The number of people injured continues to rise due to escalating violence and sustained hostilities. It is estimated that this number will rise to 1.5 million by the end of 2015. With the disruption of the entire health system, Syrians are increasingly exposed to vaccine-preventable diseases as a result of reduced immunization coverage (i.e. hepatitis B, polio, measles and pertussis), as well as other infectious diseases, due to overcrowding, and decreased water supplies. Lack of access to care and medicines increases the complications of non-communicable diseases (NCDs), worsens their prognosis and decreases survival rates. With the reduction of locally produced medicines by 70% of pre-conflict levels associated with the increasing cost of medicines for NCDs, there are increasingly high numbers of vulnerable people suffering from NCDs that are treatable with medicines but life-threatening without.

WHO estimates that about 3-4% (approximately 600,000 persons) of the Syrian population are expected to suffer from severe mental disorders; 20% (approximately 4,000,000 persons) are expected to be suffer from mild to moderate mental disorders and 20-40% experiencing mild psychological distress in accordance with the estimates from the World Mental Health Survey 2000.

Iraq
Continuous influx of IDPs has put pressure on the existing health services in areas where they have moved. Refugee camps are overcrowded and refugees in non-camp situation are suffering a 'dual burden' to their health as a result of their concentration in urban areas and competition over resources and services. Control of communicable diseases remains a key priority and needs to be strengthened further. An alert of three suspected cases of measles was reported from Kowergosh Refugee camp in week 10. The alert was investigated by the rapid response team in Dohuk, samples were collected and test results were negative. It was concluded that the cases were the consequence of an adverse effect following measles vaccination, conducted a week earlier. Measles cases have also been reported in other parts of the country and continue to pose a public health threat to the displaced children especially those coming from areas of low vaccination coverage.

Provision of and access to mental health and psychosocial support (MHPSS) services remains an area in need of further support for both camp and urban refugee populations.

Jordan:
Syrian refugees are no longer granted free access to health services at MoH facilities. The rates remain low and might be affordable for non-vulnerable individuals; however this decision is ex¬pected to cause considerable hardship for many refugees. Significant rates of anemia among children under five, women and girls of reproductive age have been identified among Syrians refugees residing in Jordan. MHPS 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.

Lebanon:
The threat of outbreaks of acute watery diarrhea, tuberculosis (TB), measles, mumps, hepatitis A, cholera and other diseases remain of concern, given 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 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:
The health profile and the disease spectrum of the host population and the Syrian refugees are very similar, with a high prevalence of NCDs. Non-camp Syrian refugees are living in crowded conditions in urban areas which increase communicable and

vaccine preventable disease risks. The adequate provision of MHPSS services is an increasingly major concern both due to language barrier and the few facilities, even to service the host community. Surgical trauma and intensive care for the large number of severely injured patients from conflict areas continue to require enormous inputs of equipment, human and financial resources. The required long-term post-operative rehabilitation of severely traumatized patients remains a challenge for the already burdened Turkish healthcare system.

Egypt
At the beginning of March, incidences of human cases of A (H5N1) avian flu virus, were the third highest number of cases reported in any given year. The continuous increase of A (H5N1) virus circulation in poultry along with exposure to infected poultry is likely contributing to the increase in human cases and deaths from H5N1 in Egypt. Egypt has the highest number of cases reported worldwide, reaching 88 with 26 deaths since the start of the outbreak.

HEALTH NEEDS AND GAPS

Syria:
Several outbreaks have been detected through the Early Warning Alert and Response System (EWARS) especially Hepatitis A in Damascus, Rural Damascus, Idleb and Deir ez-Zor. Low immunization coverage, disruption of water supply and sanitation, population movement and poor nutrition status of the population aggravated by overcrowding conditions and poor access to preventive and curative health services contribute to the increased risk of communicable disease outbreaks such as polio, measles, typhoid fever and hepatitis A.

Areas at highest risk are Idleb, Deir ez-Zor, Damascus and Rural Damascus which witnessed increased incidence of these communicable diseases in February and March 2015. There is an urgent need to enhance access to medicines for chronic diseases (including cardiovascular disease and diabetes) to avoid an increased risk of complications that are detrimental to health outcomes and more complex and costly to treat.

Iraq:
In the accessible areas of Sinjar, Ninewa governorate and Basirma refugee camp in Erbil governorate, shortages of essential medicines, and other medical supplies have been reported. Therefore, refugees are exposed to increased and sustained morbidity with both communicable and non-communicable diseases as well as sustained transmission of communicable disease.

Jordan:
Jordan's public health system is critically overstretched, posing risks to the population's health status and to social stability. 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 pro¬gramming 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, acute respiratory infections and hepatitis A 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 non-communicable disease (NCD) services are noted to be significantly over burdened. The severe demographic burden with more than a 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 heath such as WASH and employment; this is adding to escalating social tension.

Turkey:
Ambulance, laboratory and pharmaceutical services along with emergency, pediatric, internal medicine and polyclinic services are available for camp populations. In urban areas, which host the majority of Syrian refugees, the burden on the secondary and tertiary care continues to be an important issue due to lack of integration of Syrian patients into primary and family physician healthcare services. The role of family and community healthcare centres as primary care providers for Syrian refugees needs to be strengthened, including mental health for the impacted communities. Awareness of urban Syrian refugees on the utilization of health services should be raised.

Integration of the Syrian health workers into the Turkish health system can 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 trainings and participants can help to overcome the language barrier which is a continuing challenge.

Egypt:
A large backlog of Syrian patients with needs for secondary and tertiary care has accumulated during the contract renewal period, between the WHO and the Secretariat of specialized medical centres. These patients are now being served by the contracted hospitals to pursue their health care needs.

WHO ACTIVITIES

Syria:
- More than two million patients benefited from medicines needed for operation rooms, intensive care unit, and emergency units in Damascus , Aleppo, Dar'a, Hama, Homs, Idleb, Rural Damascus, and Sweida;
- More than 328,000 patients benefited from the emergency, surgical and supplementary kits in Damascus and Rural Damascus, Homs, Idleb;
- More than 320,600 patients benefited from narcotic and

analgesics in Damascus;
- Nearly 19,000 patients benefited from supplies for haemodialysis in Damascus, Aleppo, and Homs;
- Six haemodialysis machines have been provided to health facilities in Damascus and Aleppo;
- Essential psychotropic medicines were provided to populations in need in eastern Aleppo, Dar Al Saffa NGO in collaboration with SARC and Al Ehssan (NGOs);
- Rehabilitation of the psychiatric unit at Al Mwassat general hospital / MoHE Damascus has been completed while that of the outpatient clinics in the city of Aleppo managed by Ibn Khaldoun mental hospital / MOH is on course;
- A total of 44 general practitioners were trained on the management of mental conditions in Aleppo using the mhGAP intervention guide developed by WHO;
- 30 health workers from Dara'a and 23 from AlHassakeh were trained on nutrition surveillance;
- Stabilization centres (in hospitals) reported that 18 lives were saved through the treatment of children suffering from complicated severe acute malnutrition (SAM);
- An awareness campaign on food- and water-borne diseases continued in public health centres, IDPs shelters, schools, and through media (TV programmes, radio programmes, and newspapers);
- Surveillance of the occurrence of Vaccine Preventable Diseases has been initiated in the most affected governates to provide evidence to support increased vaccine procurement;
- 100,000 copies of basic facts on and the prevention of hepatitis A were developed and distributed among IDPs and school children;
- Health education sessions were conducted in all health centres, schools, and IDPs focusing on prevention measures against water- and food-borne diseases and the importance of personal hygiene;
- Medicines, including Tamiflu and antibiotics were distributed to the most affected governorates (Damascus, Sweida and Hamah) for treatment of severe acute respiratory infection.

Iraq:
- WHO, delivered X-ray developers and X-ray fixers to DOH in Duhok and Kirkuk as part of its support to ensure access to quality health services for IDPs, host communities and refugees;
- WHO and UNHCR conducted a joint MHPSS assessment mission to Duhok, Sulaymaniyah and Erbil from 21 to 28 February 2015. During the mission in Dohuk, the teams visited Domiz Refugee camp and Sharia IDP camp. In Domiz Refugee camp, the team had discussions with NGOs supporting mental health services and in Sharia. The team met and held discussions with MEDAIR currently running health services in the camp. Interviews with some IDP patients who visited the clinics were conducted and in response to some gaps a one-day training workshop was held for medical staff from the DoH Dohuk and NGO-managed health facilities in refugee and IDPs camps working in the area of mental health. Findings of the assessment will be shared in the subsequent weekly reports;
- WHO visited Basirma Refugee camp on 11 March, 2015 to assess TB service among refugees, increase community and health workers awareness of the disease and follow up on the progress made in referring presumptive TB patients. Findings showed that the medical staff at the health facility in the camp has not been trained on TB service delivery. Program and TB guidelines and health educational materials (IEC) were lacking. WHO will support the DoH Erbil to conduct trainings, provide TB guidelines and together with other health cluster partners (IOM and IMC) print and disseminate TB IEC materials.

Jordan:
- WHO procured 18 emergency surgical supply kits of which 2 were delivered to Syria via UN convoys, under UN Security Council Resolution 2165 and 2191;
- Eight AFP cases were reported in March with Non Polio AFP rate of 3.4 per 100,000 children under 15 and stool adequacy of 91%. A total of 23 cases were reported in 2015, two cases were Syrian;
- WHO together with MoH, UNICEF and IOM, are in process to implement the Reach Every Community (R.E.C.) approach, the aim of the activity is to reach, vaccinate and follow up the children under five years of age in the high risk areas of all Jordanian governorates especially in the informal Syrian refugees tented settlement. The R.E.C. approach is planned to begin in May 2015;
- WHO continues the preparation phase to start the national program of public health surveillance which will be implemented in 309 sites across Jordan using mobile tablet technology;
- WHO in collaboration with IOM and UNHCR celebrated the World TB Day on 24th March, 2015. The campaign targeted Jordanians as well as Syrian refugees inside and outside the camps;
- WHO in collaboration with MHPSS partners initiated the development of MHPSS TOT training package for field workers, this training package will serve as the basic modules for MHPSS field workers to be trained on, by their respective agencies who received the TOT.

Lebanon:
- In order to strengthen child health services at PHC level, the WHO guidelines on the Integrated Management of Childhood Illness (IMCI) were adapted to the Lebanese context. Enhancing child health care based on IMCI principles is expected to rationalize the use of medications and reduce morbidity and mortality among Lebanese and refugee children. Nurses and physicians from PHC centers across Lebanon are being trained from March 2015 till May 2015. In March, 164 healthcare providers were trained on the use of IMCI;
- With the sharp escalation in population growth rate, the number of deliveries taking place in hospitals has drastically increased. Moreover, the rates of Cesarean sections increased, and a rise in the number of neonatal complications has been recorded. In order to decrease neonatal mortality, high-risk neonates must be treated in hospitals by well-trained neonatal unit staff. As part of the EU-IfS (Instrument for Stability) fund, WHO and the MOPH in partnership with the Lebanese Association for Early Child Development (LAECD) are implementing a capacity building project targeting healthcare providers working in neonatal wards to build their capacities in neonatal resuscitation and stabilization. The trainings started in Feb 2014 and will end in April 2015. To date, 365 healthcare providers have been trained;
- In order to strengthen PHC services WHO supported the update of existing 'Clinical Management Protocols for the

Most Common Health Conditions in PHC'. WHO provided technical backup for the revision and development of the guidelines and protocols, and coordinated consensus building on the guidelines. The final draft of the guidelines and related algorithms were submitted by the Lebanese Society of Family Medicine and are currently being translated to French. Nurses and physicians from PHC centers across Lebanon will be trained between March and June 2015;

- The MOPH has a long standing chronic medications program that is managed by the YMCA. It ensures procurement, management and reporting on utilization of the Chronic diseases medications based on a regularly updated national list. It has been observed that some health centers suffer from medication mismanagement, due to their poor medical background and lack of trained staff. The WHO and the MOPH in partnership with the YMCA and under the EU/ IFS fund, implemented training and awareness seminars for doctors, pharmacists and health care workers of PHCs on "the rational use of medicines, the management of medicines and the role of health workers". The trainings started on Jan 2015 and ended March 2015. 210 PHCs centers enrolled in the chronic medications program of the MoPH operated by YMCA were invited, 125 doctors/pharmacists and 256 health care workers attended the training;
- In line with the MHPSS task force work plan, the National Mental Health Program in the MOPH conducted a training workshop on Psychological First Aid (PFA) funded by the EU and implemented by WHO. This training was designed to orient health workers to offer PFA to people following a serious crisis event; a total of; 69 nurses, doctors and social workers attended the training on 18-21 March;
- WHO in coordination with the MoPH conducted till March 2015, seven training sessions on the surveillance and response Standard Operating Procedures to provide clear guidance on the steps and processes that should be followed to ensure coordination and timely response in case of an alert/ outbreak. A total of 133 personnel have been trained including staff from MoPH response team and Epidemiological Surveillance Unit team, Qada doctors, head of health department at Mohafaza level, airport health team and Rafik Hariri University Hospital teams. The training continues through to June 2015;
- WHO in coordination with the MoPH and Ministry of Education and Higher Education provided surveillance and response trainings to all health educators and/or nurses at private schools. The trainings started in February 2015 and ended March 2015. A total of 477 health educators were trained. Public schools were targeted in 2014 and beginning of 2015.

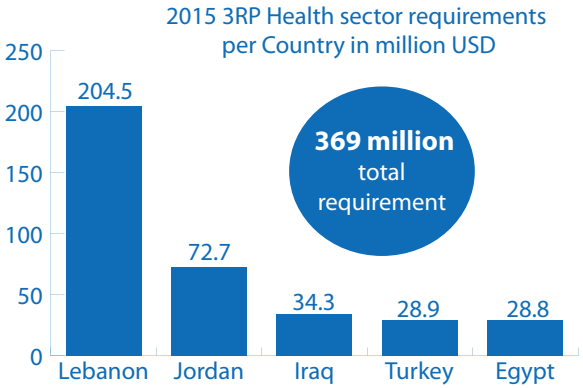
Turkey:

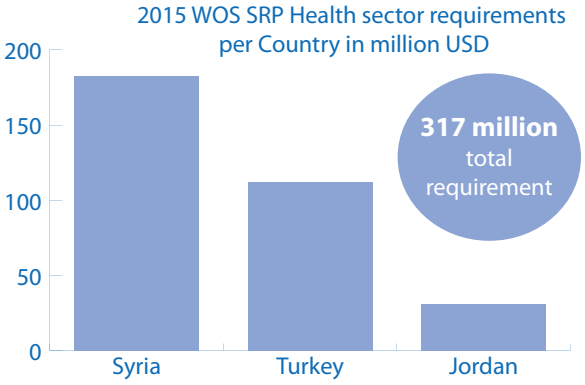
- The 8th round of the polio vaccination campaign among children under five years of age was completed between 28 February and 7 March in seven governorates in northern Syria. The campaign reached 1,251,974 children with a coverage rate of 97%;
- A Workshop on the Annual Planning for 2015 of the Health Cluster was conducted on 12 March in Gaziantep. The meeting focused on outlining the governance mechanism and annual work plan of the Cluster. More than 30 members of the Cluster participated in the meeting and exchanged information for prioritized activities for 2015, though presentations, discussions and group exercise;
- In Gaziantep, with the coordination of the WHO cluster lead, partners have provided surgical kits, surgical supplies, emergency health kits, medicines and IV fluids to hospitals and other health facilities in Idleb in response to the recent escalation of the conflict in this governorate. The Humanitarian Pool Funding (HPF) in Gaziantep has allocated 1 million USD for the emergency health response and WHO is supporting the proposal development to address priority needs;
- EWARN referral laboratory was launched in northern Syria. The laboratory is equipped with ELISA machine and can perform outbreak investigation tests and some tests for blood safety;
- The Public Health Emergency Management (PHEM) Training was successfully conducted together with the MoH / Turkey and WHO EURO on 23-27 March 2015 with 23 participants from eight countries, six facilitators and one observer in Urla Emergency and Disaster and Simulation Centre (URLASIM) in Izmir.

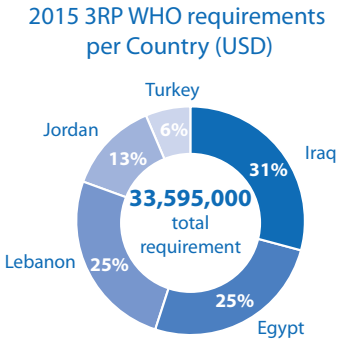
Egypt:

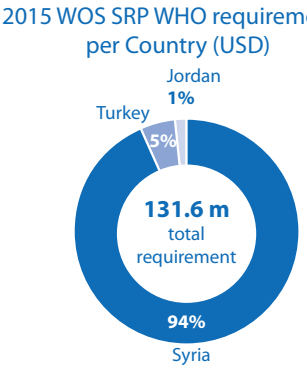
- Health mapping application is being finalized and awaiting for the MoHP final domain approvals for the application to be officially published to both the public and decision making audiences;
- With the integration of mental health services in PHC centers, WHO provided capacity building to 150 physicians and nurses working at 30 selected PHC centers in six governorates with high Syrian densities. Ten training courses were conducted by the General Secretariat of mental health staff;
- Within the efforts made by WHO to ensure timely detection and rapid response of communicable diseases, a web-based application was developed in collaboration with the MoHP surveillance unit, with the purpose of standardizing the registration of communicable, non-communicable and mental diseases, and also to improve reporting. Pilot testing was completed and 80 IT staff and statisticians were trained on data entry, and reporting;
- The monthly periodical workshop was held at each of the six selected governorates with governorate health officials and supervisors, PHCs directors and focal points, health data was presented and evaluated, limitations were identified and solutions were recommended;
- A monitoring and evaluation visit was conducted by surveillance teams to 62 centers to monitor EWARS system, ensuring awareness about the introduced system, meeting health staff and receiving feedback.

RESOURCE MOBILIZATION









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