



# World Health Organization

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



A school boy holds up a leaflet explaining the importance of good hygiene to prevent cholera. Photo Credit: WHO Iraq



13.5 MILLION<sup>1</sup>  
AFFECTED



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



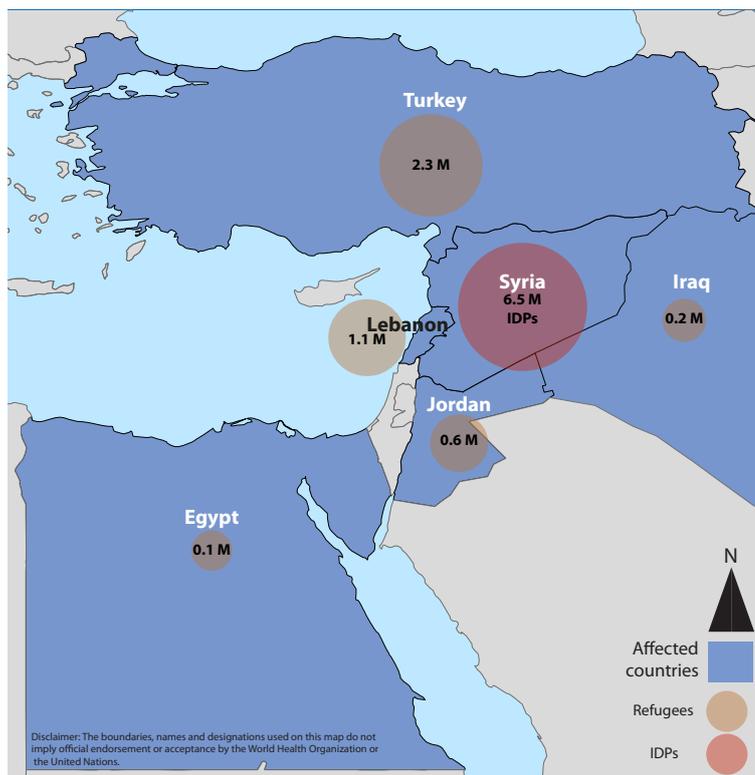
>4.3 MILLION<sup>3</sup>  
REFUGEES



1 MILLION<sup>4</sup>  
INJURED



>250,000<sup>5</sup>  
DEATHS



## HIGHLIGHTS

**WHO Syria:** Supported a sub-national polio vaccination campaign targeting over 597 000 children in hard-to-reach areas;

**WHO Egypt:** Successfully renewed the contract with the Specialized Medical Centers, to provide secondary and tertiary care for life threatening emergencies for Syrian refugees;

**WHO Iraq:** Supported the Directorates of Health (DoH) in Erbil, Duhok and Suleimaniyah to vaccinate children newly arriving in camps, both from internally displaced and refugee families;

**WHO Jordan:** A Resilience Development Forum was held on 8-9 November and focused on the wide range of resilience-building responses required to address the devastating situation inside Syria as well as for refugees from Syria and the communities hosting them;

**WHO Lebanon:** Supported MoPH in conducting an assessment of the mental health system in Lebanon, based on the WHO-AIMS tool (Assessment Instrument for Mental Health Systems). The results revealed a need to reorient services to widespread community mental health care by increasing expenditure directed to primary care, enhancing staff capacities and setting a referral system;

**WHO Turkey:** Conducted two public awareness sessions in Malumat Community Centre as a part of World Antibiotic Awareness Day.

### HEALTH CLUSTER

|  |  |   |
|--|--|---|
|  | <b>1,509,810</b>                                     | TREATMENT COURSES PROVIDED              |
|  | -  | HEALTH KITS                             |
|  | <b>\$687<sup>6</sup> M REQUESTED</b><br>(SRP & 3RPs) | <b>39% FUNDED</b>                       |
|  | <b>113</b><br>42% FUNCTIONING                        | # OF HOSPITALS<br>(HeRAMS SYRIA)        |
|  | CONSULTATIONS<br><b>1,221,937</b> (3RPs & SRP)       | SURGERIES<br><b>40,900</b> (3RPs & SRP) |
|  | ASSISTED DELIVERIES<br><b>17,898</b> (3RPs & SRP)    | REFERRALS<br>- (3RPs & SRP)             |

### WHO

|  |  |                           |
|--|--|---------------------------|
|  | -  | TREATMENT COURSE PROVIDED |
|  | -  | HEALTH KITS               |
|  | <b>\$165 M<sup>7</sup></b><br>REQUESTED (SRP & 3RPs) | <b>38% FUNDED</b>         |
|  | <b>1,044,781</b>                                     | POLIO VACCINATION         |
|  | -  | MEASLES VACCINATION       |
|  | <b>2,456</b>   | EWARN SENTINEL SITES      |

-: DATA NOT AVAILABLE IN THIS REPORTING PERIOD. IT WILL BE ADDED IN THE NEXT EDITION.

## SITUATION UPDATE

**Syria:** The security situation grew more tense during November due to widespread conflict and extensive fighting exacerbated by the Russia-Turkey tensions. An increase in fighting was reported in Damascus and rural areas, leading to more injuries and further displacement of civilians. Aerial bombings and ground attacks were reported in places with large civilian population. Attacks on public health facilities persisted in disregard for international humanitarian law and international human rights.

In Al-Zafarana town near Homs city, an MSF supported hospital was reportedly hit by aerial bombings leaving seven people dead and 47 wounded, including 23 women and children. The hospital was providing health care services to around 40,000 people. Aerial bombardments in Eastern Ghouta killed medical personnel and many civilians.

Following the recent Vienna meeting, political negotiations are scheduled to commence by January 2016 with the hope of initiating a solution to the Syrian crisis. The UN was tasked with the establishment of a negotiation process and to explore modalities for a nationwide ceasefire in order to boost a renewed peace process. However, the political dynamics at the regional and international circles remain unpredictable.

**Egypt:** More than 127,600 Syrian refugees are registered in Egypt. They are largely urbanized and mostly integrated within the host community in the outskirts of large cities, mainly Greater Cairo. Non-registered Syrians are reported to be residing in Alexandria and Damietta. Since April, UNHCR has reported increased cases of irregular migration of Syrians across the Mediterranean to Europe, where some have been arrested during such attempts. They are being provided emergency assistance in the form of food, NFIs, health care and psychosocial support.

**Iraq:** The overall trends for cholera outbreak in most of the governorates has continued to decline over the past weeks with a few cases being reported from the affected districts or governorates, suggesting improvement in water quality, hygiene practices, and response to the outbreak by health authorities and WASH and health partners, including the early detection of cases and lab testing of stool samples of suspected cases and water samples from water sources.

In mid-November, health partners completed the first round of Oral Cholera Vaccination (OCV) campaign reaching 229,000<sup>8</sup> internally displaced Iraqis and Syrian refugees staying in 62 formal camps in 13 governorates to prevent cholera transmission in high-risk areas. The round witnessed a significant community willingness to receive the vaccine and reached 93% of the target.

Almost 245,000 Syrian refugees are currently registered mainly in the three governorates of the Kurdistan Region of Iraq (KRI). The internal conflict which led to the displacement of more than 3.2 million people of whom 882,000 fled to Dohuk, Erbil and Sulaymaniah, has already strained the capacity of the local government, national NGOs as well as the international community to provide quality health services.

**Jordan:** The number of refugees stranded at the north-eastern

border between Jordan and Syria, approximately 3km inside Jordan, has reached to 10,300 individuals as of 30 November 2015. This number could potentially rise to 20,000 by 31 December.

The vast majority of them are women, children, elderly and other extremely vulnerable individuals. The situation is deteriorating, largely related to the worsening hygienic sanitation situation and advancement of the winter season. Several women delivered under extremely severe conditions, placing the lives of the women and their neonates at risk.

**Lebanon:** More than 1 million Syrian refugees are registered in Lebanon according to UNHCR (November 2015). Registered refugees represent more than 25% of the total population according to OCHA<sup>9</sup>.

Fifteen per cent of refugees live in informal tented settlements (ITSs) in some of the poorest areas of the country and are classified as extremely vulnerable; 23% of all Syrian refugees are women, and 51.6% per cent are children, 18% of whom are under five years of age. Providing for refugee needs has impacted heavily on Lebanon's public finances, increasing government expenditure on subsidies, public services, and security, while further compounding the negative economic consequences of regional instability.

**Turkey:** More than 2.2 million Syrian refugees have been registered in Turkey, meaning almost one out of two Syrian refugees in the region is now hosted in Turkey, the vast majority in urban settings. In addition to south-eastern cities bordering Syria, major cities of Turkey such as Ankara, Antalya, Izmir, Istanbul, Konya and Mersin have also attracted large numbers of Syrian refugees.

## PUBLIC HEALTH CONCERNS

**Syria:** The number of available health professionals has dwindled to approximately 55% of pre-crisis period. Access to healthcare facilities by both health workers and people in need of healthcare services continued to be hampered by insecurity. Besides, 58% of 113 public hospitals and 51% of 1,783 public health centres were either partially functioning or completely out of service.

People with life-threatening chronic diseases such as diabetes, kidney failure, asthma, epilepsy, cancer and cardiovascular illness are at increased risks of dying or developing complications as access to life-saving medications and care became more difficult.

Water supply has reduced by two-third of the pre-crisis period contributing to outbreaks of water-borne diseases. A water treatment plant in ISIL-controlled territory in Aleppo was bombed and shut for one day; cutting off water supply to 1.4 million people. Three suspected cases of cholera were reported in Damascus, Homs and Sweida. Rapid response teams investigated the three cases, and rapid diagnosis cholera tests were conducted on two cases, and stool samples were collected from two cases for Vibrio laboratory tests, the results showed negative for cholera.

**Egypt:** There is a risk of increased number of influenza cases during winter season since Egypt is one of the countries known by pandemic Influenza.

**Iraq:** Failure to support the health needs of affected populations will accelerate a trend that has already resulted in more than 8.7<sup>10</sup> million people in immediate need of essential medical care. Further strain will be placed on health facilities and workers that are already stretched to breaking point, and more lives will be lost to otherwise preventable and treatable illness and injury.

WHO continues to monitor disease trends and provides essential medicines to support IDPs, refugees and host communities as part of its preparations for winter. As the season draws closer, health cluster partners are concerned about increased prevalence of respiratory tract infections and water borne diseases which could have serious public health consequences for the already vulnerable populations, of which many remain in open spaces, unfinished buildings, collective centres and public buildings including schools and informal settlements.

**Jordan:** Jordan is hosting more than 632,000 registered Syrian refugees to the end of November 2015, 82% of whom are living in urban settings and 18% are living in camps (12.6% are located in Zaatari camp).

A vaccination campaign against polio and measles took place for nearly 2,000 children stranded at the north-eastern border between Jordan and Syria, supported by MoH, Royal Medical Services and partners.

More than 93,000 consultations and 10,826 priority public health diseases, conditions and events were reported through the national public health surveillance system until the end of November 2015. A cumulative total of 620 notifiable communicable disease alerts have been generated since the system became operational in April 2015.

**Lebanon:** Since July 2015, Lebanon is experiencing a waste disposal crisis, due to the closure of the main landfill in the country, and the inability of the government to find alternative solutions. The waste crisis is a serious health concern, with piles of trash accumulating across the country, increasing the risks of diarrheas and other infections (air, water and vector borne, hygiene related) in addition to food/crops contamination; as well as risks of environmental pollution due to the chaotic disposal of waste in dumping areas across the country. Both the Lebanese and Syrian refugees are exposed to high risks of cholera and other water/food borne diseases owing to the poor sanitation and water access especially in the areas with large population density.

The threat of outbreaks of acute watery diarrhea, hepatitis A, cholera, tuberculosis, measles, mumps, and other diseases are of concern, given the frequent population movements between informal dwellings that have limited access to 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 improved hygiene and increased access to safe water. Polio vaccination campaigns and accelerated routine vaccinations have so far succeeded in keeping Lebanon polio free. However, additional vigilance is re-

quired to prevent other vaccine preventable diseases. Syrian refugees also present several other health service needs including for reproductive health, nutrition and mental disorders. Although limited funds are available for equitable provision of health services at primary, secondary, and tertiary health care levels, there are currently less resources available to adequately treat chronic conditions.

**Turkey:** Providing mental health and psychosocial support services (MHPSS) is an increasingly major challenge due to the language barrier and the limited number of facilities offering these services in comparison to the growing needs even for the host community. While malnutrition is currently not a major concern, it is expected that it will be more prevalent among the newly arriving refugees from areas in Syria with ever reducing food security. Trauma management 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.

Urban refugees live in crowded environments which rises their risk of exposure to communicable and vaccine preventable diseases. Nonetheless, no significant outbreak has been detected so far in the camps or in urban areas where there are continuous surveillance activities.

## HEALTH NEEDS AND GAPS

**Syria:** Over three million children under five years of age are at risk of malnutrition and need preventive and curative nutrition services.

Shortages in medical supplies coupled with a reduction in local production of pharmaceutical products, high cost of available medicines and drainage of health personnel further compounded the health care system in Syria.

Shortages of lifesaving treatments remained a critical concern in Al Hassakeh, Aleppo, Ar Raqqa, Deir ez-Zor, Idlib, Hama, and Rural Damascus.

**Egypt:** No significant change from the previous reporting period.

**Iraq:** No significant change from the previous reporting period.

**Jordan:** According to UNHCR, high numbers of Syrian refugees are suffering from specific legal and physical protection needs. More than half of the Syrian refugees are children under 18 who are at risk of separation from families, violence either inside their homes, within their communities or in schools. With refugee families facing increased poverty and difficulties to access basic services, it is more likely that children are exposed to situations such as early marriages, child labor or dangerous and unequal conditions that prohibit them from attending school.

Refugees at the border are living in severe conditions. Azraq camp close to the border is considered as possible transit sites for the most vulnerable. With the advancement of the winter season, and the lack of appropriate shelter, more respiratory

illnesses are expected.

WHO is working closely with MoH, ICRC, UNHCR, Royal Medical Service and other health partners to mobilize supplies, and carry out advocacy at various levels to ensure that refugees have access to primary, referral and secondary health services as needed. Medical care for NCDs are emerging as pressing gaps. WHO and health partners have developed a Border Health Strategy for action, which is being implemented by the various health actors. WHO emergency medical kits, NCDs drugs are being mobilized for delivery to Jordan to benefit the affected population.

**Lebanon:** PHC center staff in Lebanon are facing increased workloads, especially in areas with a high concentration of Syrian refugees. Pregnant women and children both within refugee and host communities are among the most vulnerable in Lebanon. Efforts to enhance child health care and reduce morbidity and mortality among Lebanese and refugee children need to be sustained.

**Turkey:** Recent months have seen a clear increase in the number of Syrians seeking refuge further afield, notably in Europe. Strengthened international coordination should be sustained to ensure equal access to health services.

The work overload on the secondary health care services continues to be an important issue in urban areas, where the majority of Syrian refugees are located. Support to the health system is needed to ensure sustainable health care provision to refugees and to enable partners to participate in the health service delivery. Permitting Syrian health professionals to work in dedicated clinics to serve Syrian patients is still pending.

The role of family and community health care centers as primary care providers for Syrian refugees needs to be reinforced, including MH for impacted communities. Awareness of urban Syrian refugees on the utilization of health services should be raised; accordingly WHO is developing Information, Education and Communication (IEC) materials within the scope of the 3RP. It is critical to sustain communicable diseases surveillance, response and immunization to mitigate avoidable morbidity and mortality among affected and displaced populations, including emergency polio response.

## WHO ACTIVITIES

### Syria:

- WHO distributed 625,000 treatments in eight governorates including Al Hassakeh, Aleppo, Damascus, Hama, Homs, Idlib, Lattakia and Rural Damascus. Out of the total distributed, 317,000 were delivered across conflict lines;
- WHO supported a sub-national polio vaccination campaign conducted in November. The campaign targeted over 597,000 children in hard-to-reach and other areas inadequately covered in previous campaigns;
- WHO started an assessment study of the secondary health-care system to determine its preparedness in the current context for provision of adequate health care services to populations in need;
- WHO procured about 225,000 doses of influenza vaccines to be administered primarily among high risk groups and IDPs shelters;
- WHO distributed educational posters and brochures to in-

crease awareness and improve knowledge of preventive behaviours about influenza and winter-related diseases.

### Egypt:

- WHO agreed with the Epidemiological and Surveillance Unit of the Egyptian MoHP to provide technical and material support for EWARS/N in PHC centers located in Syrian refugees dense areas;
- WHO is working with the Curative and Critical Care unit of the Egyptian MoHP to enhance the quality performance of hospital staff working at two hospitals located in refugees dense areas.

### Iraq:

- As part of its contribution to water and sanitation surveillance activities in Duhok, WHO provided laboratory reagents to the Directorate of Environment. The reagents will be used to perform water testing in IDP camps as well as routine water testing in the facilities serving the host communities. WHO also supported the Directorate by hiring eight water quality monitoring teams to collect and test water samples from different water sources serving IDPs and host communities;
- WHO emergency team conducted supervision visits to health service delivery points in Suleimaniyah, Duhok and Erbil, and areas served by mobile medical units. In Duhok, on-the-job training for 10 mobile medical service teams was conducted to strengthen disease surveillance and reporting and enhance access to quality health services for IDPs in hard-to reach areas. WHO continued paying incentives for 50 nurses involved in the provision of health services in IDP camps and host communities;
- In response to health access challenges faced by displaced people in Erbil, WHO provided 4 boxes of diarrhoea disease kits and 2 boxes of trauma kits A to the DoH;
- WHO conducted a "Prevention and control of Cholera outbreak project" in Erbil governorate. The project included establishing epidemiological teams visiting both of the IDPs and refugees camps in Erbil in addition to training courses for the team members and junior doctors on cholera prevention and case management. The objectives of the project were to prevent and control water and food borne diseases particularly cholera and detect potential environmental risk factors leading to waterborne diseases and cholera outbreaks.

### Jordan:

- WHO in collaboration with MoH, UNICEF and IOM continues work in support of the Middle East Polio Outbreak Response Plan Phase III to maintain high immunity levels against Polio virus in all high risk areas in Jordan. A vaccination campaign against polio and measles took place in the last week of November targeting 2,000 children;
- WHO supported cross border preparedness for Syria response by dispatching 5 International Diarrhoeal Disease Kits (IDDKs), 5 Infusion Kits, 150 Cholera Rapid Diagnostic Tests (RDTs);
- WHO in collaboration with partners continue to provide technical support to the MoH for the Cholera preparedness and response activities in response to the Iraq outbreak. A national schedule of training is planned by MoH, supported by WHO, to take place early 2016 and a first draft of a national action plan for cholera preparedness and response has been prepared. WHO has also procured Cholera Rapid

Diagnostic Tests (RDTs) and Cary Blair culture media for MoH Jordan.

#### **Lebanon:**

- WHO supported MoPH in conducting an assessment of the mental health system in Lebanon, based on the WHO-AIMS tool (Assessment Instrument for Mental Health Systems). This assessment was done in line with the strategic objectives of the national mental health and substance use strategy for Lebanon (2015-2020). With the overall aim of enabling policy makers to develop information-based mental health plans with clear baseline information and targets. The assessment took place between February 2015 and July 2015, and data retrieved is based on the year 2014 and collected from the various health facilities, institutions, organizations, universities, and ministries. The results of this assessment point towards a need to reorient services to widespread community mental health care by increasing expenditure directed to primary care, enhancing staff capacities and setting a referral system;
- Under the technical support and supervision of the WHO and in collaboration with the Lebanese Order of Physicians (LOP), MEHE, Makassed and CHAMPS Fund at the American University of Beirut Medical Center, a revised version of the guidebook on school health screening was developed during October. MEHE and MoPH have set the screening process as a health priority and a right to all students in public schools in order to maintain good school health in view of the increased number of Syrian refugee students joining public schools. The revised edition includes an update on the screening process, the components of the medical exam and a pre-participation exam of the student athletes. During October and November 2015 the LOP-Beirut and LOP-Tripoli conducted two workshops with the support of WHO, where around 250 MDs involved in the medical screening process were introduced to the revised guidelines.

#### **Turkey:**

##### Refugee Component

- The fifth session of the Refugee Doctors Adaptation Training (ReDAT) was held in collaboration with MoH Turkey and Gaziantep University. Twenty six Syrian doctors from various fields participated in the training which aims at integrating Syrian doctors and nurses into Turkish health system for possible healthcare delivery to Syrian patients in Turkey. In an innovative approach, the one-week course on PHC provides an insight to a wide-range of topics, including vaccination schedule, availability of medicines, and Turkish health legislations on communicable and non-communicable diseases;
- WHO conducted two public awareness sessions in Malumat Community Centre as part of the World Antibiotic Awareness Day. More than 50 Syrian women attended the sessions, discussed and asked questions related to rational use of antibiotics;
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##### Northern Syria Component

- 450,000 leaflets and 18,000 posters for increasing public awareness on Acute Watery Diarrhea were developed and delivered to Health Cluster partners in northern Syria;
- WHO participated in the Training of Trainers for cholera and other acute watery diarrheal diseases that was organ-

ized by the cholera preparedness working group under the health cluster benefiting 60 trainers. The training lasted for two weeks and aimed at providing information and technical support on case management, infection control and set-up of cholera treatment centres. In addition, WHO provided technical support to the trainers in the identification of high risk districts, contingency stocks, and updating of the contingency plan;

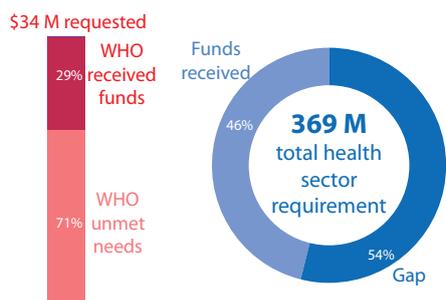
- The first meeting of the Technical Mental Health Working Group for northern Syria was held with the participation of representatives of five Syrian NGOs. Focus group discussions were carried out with key target groups in the field of mental health and, the methodology documents for the mental health assessment were finished;
- The WHO team in Gaziantep worked on the evaluation of around 80 projects submitted by the Health cluster partners as a part of HRP 2016 funding and planning;

##### Polio/EPI

- The second round of the SIAs ended successfully in Idlib and Lattakia, using the BOPV, the reported coverage was 344,781 children under 5 years of age (103%). The independent monitors revealed that coverage was >90% (Finger Marked children).
- The polio vaccination Campaign ended well in eastern Governorates of northern Syria namely eastern Aleppo, Al Hasakeh, Ar Raqqa, Deir ez-Zor, Hama and Homs using tOPV. The reported coverage is 0.7 million children under the age of 5. This is the first polio campaign in the mentioned areas after 6 months of stoppage.

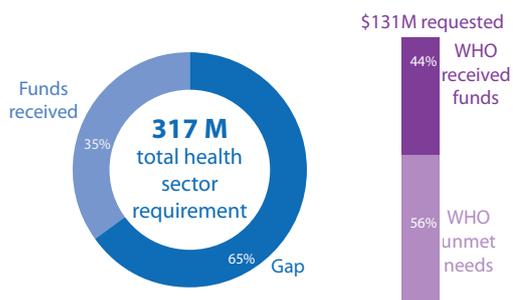
# FUNDING AND PARTNERSHIP

2015 3RPs health requirements & funding



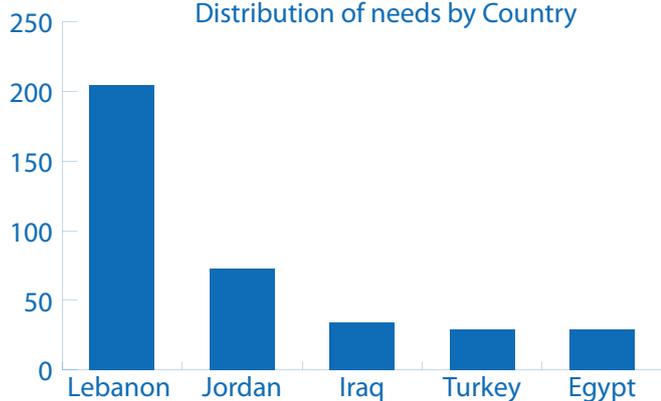
Data up to November 2015. Sector update is available on a quarterly basis

2015 SRP health requirements & funding

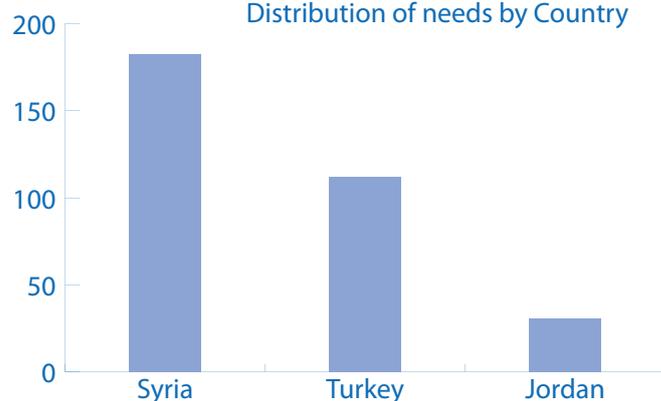


Data up to November 2015

Distribution of needs by Country



Distribution of needs by Country



## Contact information:

Dr. Nada Al Ward  
 Coordinator, Emergency Support Team, WHO, Amman, Jordan  
 GPN #: 61014 | Email: [alwardn@who.int](mailto:alwardn@who.int)

Faisal Yousaf  
 External Relations Officer, WHO HQ, Geneva.  
 GPN #: 12124 | Email: [yousaff@who.int](mailto:yousaff@who.int)