



World Health Organization

Regional Office for Eastern Mediterranean

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



Photo credit: WHO Turkey



12.2 MILLION
AFFECTED



7.6 MILLION
INTERNALLY
DISPLACED



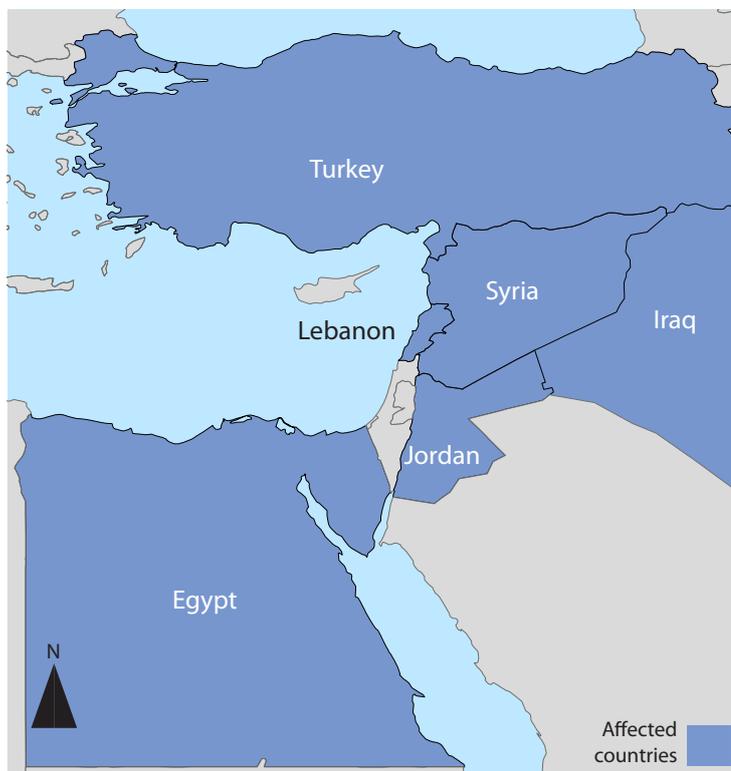
>3.8 MILLION¹
REFUGEES



1 MILLION²
INJURED



>191,369³
DEATHS



HIGHLIGHTS

WHO SYRIA reached 40,784 with medicines in Damascus and Aleppo;

WHO LEBANON continued health care worker training on the Mental Health Gap Action Program (MHGAP), finalizing in the South and Bekaa for 62 health care staff in 28 PHC centres;

WHO JORDAN sent one surgical kit to a secondary level health facility in Syria;

WHO IRAQ procured four additional new mobile clinics with funds from the Kingdom of Saudi Arabia for the MoH;

WHO TURKEY team together with the district health authorities, visited Suruc camp and conducted an assessment of the health status and needs in the camp, including medicines and medical equipment;

WHO EGYPT worked with the MoHP to include nationality as a variable in the national surveillance system for tracking reported cases at different hospitals.

HEALTH CLUSTER

	NOT AVAILABLE	PEOPLE COVERED
	NOT AVAILABLE	HEALTH KITS
	NOT AVAILABLE	TONNES OF MEDICINE
	\$318 M REQUESTED (SRP SYRIA 2015)	0% FUNDED
	113 45% FUNCTIONING	# OF HOSPITALS ⁴ (SYRIA)
	CONSULTATIONS 553,375 (SYRIA)	SURGERIES (NOT AVAILABLE)
	ASSISTED DELIVERIES (NOT AVAILABLE)	REFERRALS (NOT AVAILABLE)

WHO

	48,784 (IRAQ 8,000, SYRIA 40,784)	PEOPLE COVERED
	9 (IRAQ 8, JORDAN 1)	HEALTH KITS
	NOT AVAILABLE	TONNES OF MEDICINE
	\$124,925,614 ⁵ REQUESTED (SRP '15)	0% FUNDED
	\$33,595,000 ⁶ REQUESTED (3RP '15)	0% FUNDED

Source: 1-UNHCR, 2-3:UNOCHA, 4: HeRAMS Syria, December 2014, 5-6: UNOCHA FTS

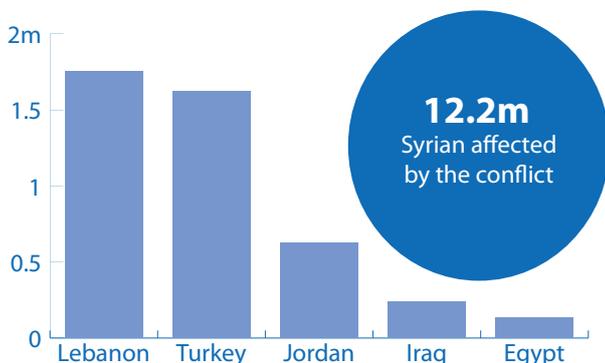
BACKGROUND

The overall security situation in the Syrian Arab Republic continues to be the critical driver of the humanitarian crisis in the country. There are no key changes in the balance of power, but there are continued attempts at peace building. This month, there was a ceasefire proposal in Aleppo, and a round of peace talks between the Syrian government and the opposition was conducted in Moscow. However, the four-day talks concluded with uncertain results. Participants signed 11 “Moscow Principles” and agreed to hold another meeting at the beginning of March.

As the conflict approaches the fifth year, more than 7.8 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. A reported 4.8 million are in hard-to-reach areas including an estimated 241,000 trapped in besieged areas, cut off from humanitarian aid and medical supplies, and unable to escape. Some sources report more than 200,000 people have been killed since the beginning of the conflict: about 2,700 in January 2015 alone⁷. An expected 1.5 million will have been injured by the end of 2015 requiring access to health services, including emergency trauma care placing further burden on the health system⁸.

Space for those who want to leave the country and seek refuge outside is gradually shrinking due to new border policies introduced by all of Syria’s neighbors. To date, more than 3.8 million refugees have been registered by UNHCR in neighboring countries. This is the largest number of people displaced by a conflict in modern history. Several hundred thousands more are unregistered and not included in the official figures, so the actual number is probably much higher. Most see no prospect of returning home in the near future, and have little opportunity to restart their lives in exile. The entire region has been destabilized as conflict and chaos have spread to Iraq, Lebanon and beyond, overstressing social and health services in host countries in the region.

Syrian refugees in neighboring countries (UNHCR-Feb ‘15)



SITUATION UPDATE

The entire health care system in Syria, including health care facilities, water and sanitation networks, waste management systems, and electricity supplies continue to be severely disrupted. As of December 2014, only 45% of the country’s 113 public hospitals were providing full services, and more than 20% had

Source: 7-Syrian Observatory for Human Rights (SOHR Feb 2015), 8:UNOCHA 2015 Humanitarian Need Overview, 9: WHO Syria - HeRAMS (Dec 2014), 10: SOHR (Feb 2015)

ceased to function altogether⁹.

It was difficult for humanitarian actors, including UN agencies, to deliver humanitarian assistance to the besieged areas in Rural Damascus, Aleppo, Deir-ze-Zor and Dar’a this month. Difficult security conditions, including 2,014 airstrikes documented by the Syrian Observatory for Human Rights (SOHR), and clashes that broke out between Al-Nusra Front and an FSA-affiliated faction in western rural Aleppo, resulted in restrictions of humanitarian access to affected areas¹⁰. Turkish authorities closed Bab Al Hawa border for humanitarian or commercial access from 26 January, after shots were fired at Turkish authorities. In addition, an unprecedented escalation of fighting in Al Hasakeh, an area which was known to be relatively quiet so far, raised fears of serious implications for humanitarian access.

Islamic State of Iraq and Levant (ISIL) were expelled from Ayn al-Arab (Kobane) city. Sources report that 5,000-10,000 civilians inside of the city are in need of emergency assistance, along with health, water and electricity infrastructure. ISIL has closed down the offices of SARC in Ar-Raqqa, as well as several small local charities. However, several INGOs continue to operate cross-border.

A snowstorm descended on the region at the beginning of January, cutting power and electricity and bringing further hardship to the vulnerable already displaced by the conflicts. Many roads were blocked hindering access to the field in Lebanon. The high winds, rain and heavy snowfall in Jordan caused the death of a child as well as an increase in reported illnesses, such as upper respiratory tract infections. Despite the weather and increased tension in the country, there was an increase in the number of reported refugees in Lebanon, with more than 1,170,000 registered with UNHCR. However, there are now restrictions for Syrians wishing to enter through official border crossings: they are now required to obtain entry visas.

There are more than 620,000 Syrian refugees officially registered in Jordan. Refugees are both in camps (Zaatari camp is hosting around 84,000, Azraq 11,455) and host communities. Community tensions are reportedly rising, particularly in towns and cities close to the border.

The humanitarian and security situation continues to be more complicated in Iraq: Syrian refugees continue to flow into Iraq with over 240,000 registered. In addition, there are 1.8 million Internally Displaced Persons (IDPs) in the country. The large number of IDPs has impacted Syrian refugees’ ability to cope as they struggle for access to resources and services.

According to the Disaster and Emergency Management Presidency of Turkey (AFAD), Turkey is hosting nearly 1.6 million Syrian refugees, both in and outside of the camps in the country. A new camp for 35,000 opened in Suruc district to accommodate the refugees from Kobane. Overall, there are currently 25 camps in the border areas hosting around 229,000 refugees.

The Temporary Protection Regulation has entered into force which envisages how and which health services will be provided to registered refugees.

Most Syrian refugees in Egypt are scattered in rented premises

in the outskirts of large urban areas such as greater Cairo, Alexandria and Damietta, which poses a challenge for most aid agencies to provide support for all refugees. In addition, since the population is still regularly moving, allocation and provision of services remains difficult.



PUBLIC HEALTH CONCERNS

Syria:

Health agencies continue to provide lifesaving medicines and supplies. Despite continued efforts, there remain reported shortages of medicines needed for intensive care, burns treatment, renal disease and other blood diseases in some governorates. With the current reduction of locally produced medicines by 70% associated with increasing cost of NCD medicines for NCDs, the high numbers of increasingly vulnerable people suffering from chronic diseases is of concern.

In addition, efforts at providing health care have been compromised by the extremely cold weather conditions this month. The brutal winter storm "Huda" has compounded the adverse impact of the ongoing conflict on the health of vulnerable refugee children and their families as shortages of fuel, shelter and warm clothes are reported. 29,257 Influenza-Like Illness cases were reported this month from sentinel sites, a 41% increase from the previous month.

Furthermore, reported overcrowded living conditions, poor sanitation and nutrition have inevitably contributed to outbreaks of many communicable diseases, especially among IDPs and refugees. For example, between 28th December and 24th January, 3,242 cases of Acute Jaundice Syndrome (AJS) were reported from sentinel sites. Cases of Severe Acute Respiratory Infection (SARI) are also on the increase, with 788 cases reported from sentinel sites in January 2015 compared to 590 for same period in 2014. A red flag report was released on scabies and lice infestations among populations in war-affected Syria. According to the report, 7,600 cases of scabies and 10,000 cases of lice infestations have been recorded in Syria since 2012. Humanitarian partners stated that 50% of the population in Aleppo city has been affected by the scabies outbreak. Treatment is needed, and should be complemented with enhanced personal hygiene awareness campaigns and distribution of hygiene items such as soap.

Lebanon:

A mumps outbreak occurred during the month of January, with 193 reported cases as of 6 February 2015. The cases were mainly located in the Bekaa (119) and the North (64) where there

are highest numbers of displaced Syrians. Almost half (48.7%) of the cases recorded were in the 10-19 year age group, followed by 25% in 5-9 year age group; with a significant number of cases being reported among Lebanese.

The health system remains overstretched. Primary Health Care (PHC) and hospital capacity is close to its maximum particularly in areas with a high concentration of displaced Syrians. Mother and Child Health (MCH) and non-communicable diseases (NCD) services are carrying the highest burden. Risk of disease outbreaks is high (watery diarrhea, tuberculosis, vaccine preventable and vector borne diseases), aggravated by poor living conditions especially in the informal tented settlements (ITSs).

There is a concern that external funding will result in the creation of parallel systems of service delivery. It is important for WHO to re-enforce and strengthen the existing system. However, funding shortfalls are hampering the WHO response to the ongoing crisis and the current funding only covers activities until June 2015.

Jordan:

In November 2014, the Jordanian cabinet announced that registered Syrian refugees are no longer entitled to access free services at MoH facilities, hence, Syrian refugees are now charged the same fees as non-insured Jordanians which is around 35-60% of non-Jordanian fees. The rates remain low and might be affordable for non-vulnerable individuals; however this is expected to cause considerable hardship for many refugees.

There is an urgent need to continue humanitarian programming to cope with the immediate health needs of refugees, in addition to strengthening health systems to maintain the response. Not only have staff and systems struggled to accommodate tens of thousands of additional consultations, admissions, surgical operations, and deliveries, at the same time Jordanians seeking health care in these governorates have to cope with the resulting congestion and longer waiting times.

High turnover of health care professionals has led to the interruption of some services, possibly due to increasing salary scales due to high demands and competition between organizations working with the refugees.

Iraq

An assessment conducted by WHO found that some health facilities serving IDPs in Erbil are not providing vaccination services. WHO together with the MoH and other health partners will need to work closely to ensure services are made available to all displaced children as well as to host communities. Other assessments indicate that basic laboratory services in some health facilities in IDP camps are either non-existent or insufficiently equipped.

Through existing surveillance networks, health authority contacts and other medical sources, the MoH and WHO investigated suspected cases of Haemorrhagic fever in Mosul that were reported by the media. All sources contacted negated the existence of any suspected cases of Ebola Virus Disease (EVD).

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. Nevertheless, Syrian refugees, especially

those living in crowded conditions in the community will be increasingly exposed to communicable and vaccine preventable diseases.

The commendable effort of the MoH to provide refugees residing in camps with free access to all health services continues.

With the ongoing winter season, an increase in the number of ARI cases is expected to continue.

Mental health provision remains a major concern due to the language barrier and the low number of existing facilities that provide services.

Transportation and language barrier are major concerns for access to all levels of health services. Non-registered refugees can access emergency healthcare, however, they need to be registered in order to obtain further care.

Egypt

For the third month running there was an increase in both cases of H1N1 (357 cases, of which 43 were confirmed, and 16 died), and Measles (476 cases). However, it is important to note that there is no differentiation made in the EWARN between Syrian and Egyptian patients. It is also thought that the increase in cases is potentially due to increased awareness, after Syrian focal points were appointed to make the community aware of available services.

Although the Egyptian Government has allowed access to public health services for Syrians at the same cost as Egyptians, the issue of improving accessibility and quality of service provision remains a challenge and necessitates continual support and capacity building in areas with high concentration of refugees, given that the public sector is already struggling to meet the needs of Egyptians. Vulnerabilities are escalating among the Syrian refugees particularly in terms of debts incurred due to healthcare costs.

The living conditions of the refugees are alarming, often living in crowded quarters with multiple family households. Lack of privacy contributes to tensions and increased domestic violence. There was additional notable public violence in the build up to the Egyptian Revolution Day on 25 January within the host communities, and the tension is ongoing.

HEALTH NEEDS AND GAPS

Syria:

There is an urgent need to enhance access to medicines for treatment of various kinds of diseases and injuries.

Fully functional health facilities are over-subscribed, over-crowded and understaffed with the human resource situation being a critical gap. The average number of physicians in functional hospitals / 10,000 population range from one in Dara'a to 18 in Damascus both of which are well below Sphere Standards.

Lebanon:

Health services are available, but are costly and may not be readily accessible for the poorest Lebanese and most vulnerable Syrians. Supporting the expansion of universal health cov-

erage initiatives (NCD, mental health) is indicated as a need since improved prevention, early detection and management of targeted diseases will inevitably save on hospital care costs. In turn, hospital care is costly but unavoidable for some conditions; cost-saving options and support to the public hospital system in terms of expanding the scope of certain services is needed.

Some diseases pose a risk to the entire population, not just Syrian refugees. Cholera, tuberculosis, polio, and measles have to be responded to on a national level and not restricted to certain geographical areas or groups.

Youth health is currently overlooked by humanitarian actors. There is a need to address and reinforce youth health through the Lebanese school health program.

Jordan:

There is concern around the capacity of the health care system to absorb the increased volume of Syrian beneficiaries accessing health services. There is a need to maintain humanitarian programming and continue to meet the immediate health needs of individual refugees which include supporting the MoH with medicines (including for NCDs), medical equipment, logistics, and personnel.

Iraq:

There is a need to strengthen health services and address the shortage of essential medicines and supplies in Bajet Kandala camp.

The lack of vaccination services reported in two locations in Erbil mentioned as a public health concern given the new and regular waves of displacement and congestion in IDP camps could potentially be alleviated by providing crucial booster doses of vaccines through static health facilities.

The lack of basic laboratory services in some health facilities in IDP camps mentioned as a public health concern can be alleviated by supporting the setup of basic laboratory services in camps, which will enhance the diagnosis and quality of health services provided.

Turkey:

Focusing on primary health care provision needs to continue so that the patient load on secondary and tertiary health care and respective costs can be reduced.

Health services for essential chronic diseases should be strengthened along with health promotion and protection interventions, including for Reproductive Health, Nutrition and Sexual and Gender Based Violence. Additionally, there are challenges in access to medicines for some chronic diseases and medicines for rare diseases requiring priority treatment, such as congenital disorders.

Supporting access to mental health and psychosocial services are a priority as a significant percentage of Syrian refugees have suffered heavy traumas due to displacement, conflict and lack of integration in the host community.

Medical devices and prosthetic aids are not provided by the Turkish health authorities, even though there is an important need among the refugee population who have suffered severe

conflict-related injuries. Syrian refugees consequently face further difficulties as they cannot afford these services with their own resources.

As the patient burden on the Turkish health system continues, integration of Syrian health personnel into the Turkish health system will decrease this workload. Trainings for Syrian health personnel will continue, both to overcome the language barrier and to facilitate health service delivery.

Egypt:

The quality of monitoring and reporting incidents of communicable diseases and NCDs in PHCs is a major challenge. There is a need for on job training for EWARS and NCD surveillance.

Registration of patients by nationality has been an ongoing problem, which makes it difficult to distinguish between Syrian and Egyptian patients

WHO ACTIVITIES

Syria:

- 15,997 children were vaccinated against polio in selected hard-to-reach areas in Syria;
- 40,784 were reached with medicines (respiratory, blood and blood products, and dermatology) in Damascus and Aleppo;
- An awareness bulletin about Severe Acute Respiratory Infections was produced and shared with MOH for distribution through mass media channels. TV and radio programmes were broadcasted to raise awareness and talk about preventative measures to combat the disease;
- On the job trainings for about 100 health professionals at MOH, SARC and NGOs on mhGAP took place in Aleppo, Damascus, Rural Damascus, Lattakia, Sweida and Tartous;
- Renovation of four psychiatric health facilities (Ibn Roushed Psychiatric Hospital, psychiatric units at Al Mowassat and Al Afia fund hospital in Damascus and an outpatient centre at IBN Khaldoun hospital, Aleppo) estimated to provide mental health services to more than 11,000 patients continued;
- Preliminary meetings for the development of a 2015 Essential Medicines Lists started.

Lebanon:

- In order to strengthen services in PHC centers, WHO supported the update of the existing Clinical Management Protocols for the 'Most Common Health Conditions in Primary Health Care'. Preparations for training staff on the updated guidelines are ongoing. 1000 healthcare providers are expected to be trained between March and May 2015;
- WHO organized an introductory workshop on food sampling for more than 200 MoPH staff, and two workshops on standard food sampling and inspection. Following the introductory workshop on food sampling for MoPH inspectors, WHO initiated a series of six training workshops on standard food safety, food sampling and inspection for 100 participants;
- WHO trained 62 health care staff in 28 PHC centres on the mhGAP. WHO provided technical and logistic support for the revision of the 'Situation assessment and strategy for mental health and substance use disorders in Lebanon', aiming at setting the ground to scale up the mental health integration within available health services, in line with the

WHO Global Mental Health Action Plan 2013-2020;

- WHO and the MoPH are currently preparing for a Psychological First Aid (PFA) training for 30 PHC centres, designed to orientate helpers to offer PFA to people following a serious crisis event;
- In order to strengthen child health services at PHC level, the WHO guidelines on Integrated Management of Childhood Illness (IMCI) were adapted to the Lebanese context. Preparations for trainings of PHC nurses and physicians on the contextualized guidebook are ongoing. Around 1,000 healthcare providers are expected to be trained from 250 PHCs between March and May 2015. 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;
- To improve delivery outcomes, WHO and the MOPH in partnership with Lebanese Society of Obstetrics and Gynecology are implementing a capacity building project on Emergency Obstetrics Care targeting OBGYNs and midwives. Ten workshops have been conducted so far in different regions. More workshops are planned for the coming months.

Jordan:

- Four new cases of AFP were reported in January, one of whom was Syrian. The annualized Non-Polio AFP rate for 2015 as of the end of January was 1.5;
- Under the new UNSC Resolution 2191, WHO sent one surgical kit to a secondary level health facility in Syria;
- WHO held a three day training for over 30 humanitarian workers from Caritas centers in Mafraq, Karak, Amman, Madaba, Fuhais, Zarqa and Huson governorates as part of capacity building activities for field workers in mental health, basic interventions, psychological first aid and referral skills. This training plays a key role in service provision to Syrian refugees.
- An NCD stepwise survey has been planned in 2015 in collaboration with the MoH;
- WHO will be scaling up the routine public health surveillance project using mobile technology and an online framework system nationally with MOH in March to cover nearly 300 facilities across the country. The project will include Communicable Diseases, NCDs and Mental Health;
- WHO Jordan created a draft plan for the phase III Middle East Polio Outbreak response 2015 together with MoH and UNICEF.
- WHO co-chaired the Mental Health and Psychosocial Support Coordination meetings with IMC;
- WHO actively participated in the National Coordination Committee meeting, chaired by the MOH;
- WHO actively participated in the Inter Agency Task Force (IATF), UN Country Team (UNCT) meetings;



Mental Health Training in Jordan

Iraq:

- Four additional new mobile clinics procured by WHO with funds from the Kingdom of Saudi Arabia were delivered to the MOH in Baghdad;
- WHO delivered five Interagency Emergency Health Kits (IEHK) to serve the population in Dhuluiya that was inaccessible for seven months. The commodities delivered will cover the needs of 5,000 people for three months. An additional three Interagency Emergency Health Kits (IEHK) were donated to serve the needs of 3,000 people displaced to Debagah;
- WHO in collaboration with the MoH, Eastern Mediterranean Public Health Network (EMPHNET) and UNICEF conducted a polio review mission in Baghdad, Erbil, Dohuk and Sulaymaniyah with the aim to determine the quality, reliability and sensitivity of the surveillance system;
- WHO and the MoH have scaled up surveillance efforts to ensure early detection and safe management of any suspected EVD cases in the country;
- As a follow up to large number of reported cases of ARI in both Bajet Kandala camps, WHO and DOH conducted a joint assessment mission; WHO is currently supporting the DOH with essential medicines to cover critical gaps;
- WHO conducted a health assessment mission to Duhok camps and found that two newly established camps are with no functioning PHC. This critical gap will be addressed.



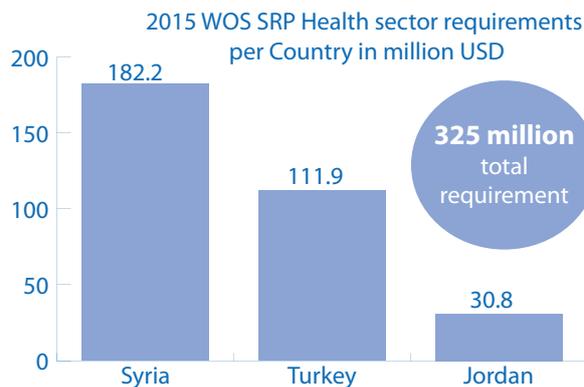
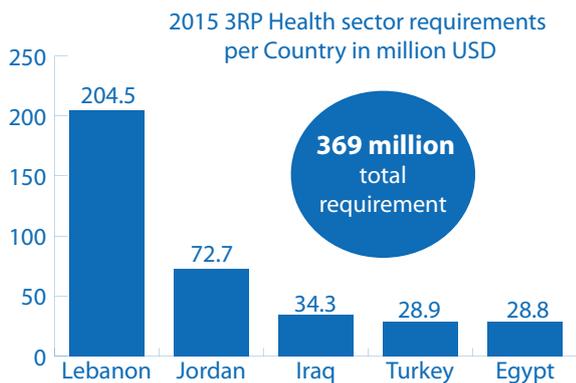
Turkey:

- Implementation and general updates on Temporary Protection Regulation was discussed during the Health Sector Coordination Meeting in Gaziantep. WHO Field Presence in Gaziantep called on increasing awareness of Syrian refugees in Turkey about different vaccination schedules in Turkey and Syria and to follow the schedule in Turkey;
- WHO had a meeting with the General Director of Emergency Health Services and Public Health Institute of the Ministry of Health of Turkey. During the meeting, emergency services and WHO technical support and emergency response were discussed;
- WHO had a meeting with the Polio Team for an overview and assessment of the polio response and current status of 8th polio round preparations;
- WHO met with a UNFPA delegation to discuss possible coordination opportunities, in preparation of the arrival of permanent UNFPA officer to Gaziantep.

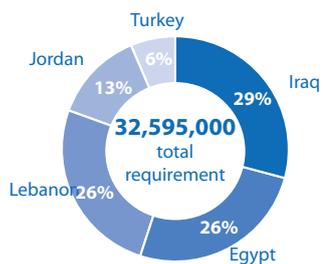
Egypt:

- WHO officers are conducting on job training and visits for selected PHC centers and districts related to the EWARS and NCD training;
- As registration of patients by nationality has been always a problem, nationality has been included as variable in the national surveillance system for tracking reported cases at different hospitals;
- In collaboration with General Secretary of Mental Health, MoHP, pre-evaluation of 30 selected PHC centers is running at 6 governorates, and training for staff (physicians and nurses) was planned to be followed by on-job supervision;
- WHO and Central Public Health Lab (CPHL) organized a training of laboratory physicians and technicians on diagnostic techniques of NCDs at 30 selected PHC centers;
- The Specialized Medical Centres supported by WHO, are currently active in admitting Syrian patients in cases of emergencies;
- WHO Egypt along with other organizations submitted a CERF proposal for funding of underfunded emergencies in Egypt;
- The work on the Health Impact Assessment continues.

RESOURCE MOBILIZATION



2015 3RP WHO requirements per Country (USD)



2015 WOS SRP WHO requirements per Country (USD)



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