



# World Health Organization

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



Surgical supplies being loaded in to a truck bound for Ramtha in northern Jordan, for transportation to southern Syria. Photo: WHO/Swan J



**12.2 MILLION<sup>1</sup>**  
AFFECTED



**7.6 MILLION<sup>2</sup>**  
INTERNALLY  
DISPLACED



**>4 MILLION<sup>3</sup>**  
REFUGEES



**1 MILLION<sup>4</sup>**  
INJURED



**>220,000<sup>5</sup>**  
DEATHS



## HIGHLIGHTS

**WHO SYRIA** provided life-saving medicines and supplies for more than 300,000 trauma patients in Aleppo, Al Hassakeh, As-Sweida, Damascus and Lattakia;

**WHO EGYPT** WHO conducted an intensive four-day training course (17-20 August) to support the development of National Emergency Response Plan (NERP);

**WHO IRAQ** provided salaries to 58 Erbil DoH staff working in clinics in four camps in Basirma, Darashakran, Kawergosk and Qushtapa;

**WHO JORDAN**, Six cases of laboratory confirmed Middle East respiratory syndrome coronavirus (MERS-CoV) are reported in Amman, Jordan, one of whom has died;

**WHO LEBANON**, Clinical Management Protocols for the Most Common Health Conditions in Primary Health Care training is being expanded to several regions in Lebanon, with 169 healthcare professionals from social development centers within the Ministry of Social Affairs network and PHCs outside the MOPH network trained in August;

**WHO TURKEY**, On 3-7 August, the first Refugee Doctor Adaptation Training (ReDaT) was held in Gaziantep with the participation 21 Syrian doctors.

## HEALTH CLUSTER

	-	TREATMENT COURSES PROVIDED
	-	HEALTH KITS
	<b>\$687<sup>6</sup> M REQUESTED</b> (SRP & 3RPs)	<b>23% FUNDED</b>
	<b>113</b> <b>41% FUNCTIONING</b>	# OF HOSPITALS (HeRAMS SYRIA)
	CONSULTATIONS - (3RPs & SRP)	SURGERIES - (3RPs & SRP)
	ASSISTED DELIVERIES - (3RPs & SRP)	REFERRALS - (3RPs & SRP)

## WHO

	-	TREATMENT COURSE PROVIDED
	-	HEALTH KITS
	<b>\$165 M<sup>7</sup></b> REQUESTED (SRP & 3RPs)	<b>30% FUNDED</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.

Source: 1-UNHCR, 2-3-UNOCHA, 44,5: WHO Q2 2015 Donor Update, 6, 7. Financial Tracking Service, August 2015

## SITUATION UPDATE

**Syria:** As the Syrian crisis continues into its fifth year, widespread conflict and high levels of fighting escalated during this reporting period. Explosive weapons continued to be used, including in populated areas. Indiscriminate shelling and attacks by parties to the conflict have left several Syrians dead, injured or displaced. Due to the shifting frontlines, administrative and bureaucratic hurdles, violence along access routes and security concerns, humanitarian access to people in need inside Syria remains difficult. Furthermore, it has become increasingly difficult for Syrians to flee for safety, including those seeking asylum. On 16 August, almost 100 people were killed in an attack on a civilian market in Douma, adding to the 220,000 people already killed since the beginning of the crisis.

Health and humanitarian conditions continued to deteriorate. Water supplies were cut off eight times during August in Aleppo city by parties to the conflict, affecting an estimated 1.7 million people. The conflict has disrupted electricity and water supplies in Dar'a city and surrounding villages for more than 10 days, affecting some 300,000 people. On 14 August, Wadi Barada springs which supply water to Damascus was reportedly cut off, in retaliation for the offensive against Zabadani. In Muaddamiyah, Rif Damascus, extensive shelling was reported resulting in limited movement in and out of the area, with full restrictions imposed on 11 August.

**Egypt:** More than 132,000 Syrian refugees are currently 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:** Almost 250,000 Syrian refugees are currently registered mainly in the Kurdistan Region of Iraq (KRI) in Dohuk, Erbil and Sulaymaniah. The internal conflict which led to the displacement of more than 3.2 million<sup>8</sup> people of whom 875,000 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:** Six cases of laboratory confirmed Middle East Respiratory Syndrome Coronavirus (MERS-CoV) were reported in Amman, Jordan, one of whom has died. The MoH is actively investigating and WHO is supporting the training for infection prevention and control, risk communication, surveillance and epidemiological investigation of cases.

The ongoing Syrian refugee crisis continues to place strains on the national health system and services, with more than 629,000 Syrian refugees living in Jordan. The first draft of the Health Sector for the Jordan Response Plan (JRP) 2016-2018 was completed and led by the MoH and contributed to by partners, with Resilience and Refugee components. Remaining needs in the JRP are aligned to the 2015 Jordan Comprehensive Vulnerability Assessment and support both impacted host communities and Syrian refugees.

**Lebanon:** Since January 2015, the number of Syrians has been stable at 1.5 million, of whom 1,113,941 are registered refugees (UNHCR, Aug 2015). Of those refugees, 15% live in informal tented settlements (ITs) in some of the poorest areas of the country and a significant proportion is classified as extremely vulnerable. Women constitute 23% of all Syrian refugees, and 51.6% are children including 18% 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. In some areas, refugees outnumber residents, where the impact on inflation, employment opportunities, and access to public services and community resources has fueled local tensions and threatened to spark wider social unrest. The government's response to the crisis has been backed by national and international agencies, but there is a growing concern that current life-saving humanitarian funding and programming are neither sustainable nor sufficient, and should be complemented by a more development-oriented approach to build national resilience and sustain the level and quality of the services provided.

**Turkey:** Hosting more than 1.9 million refugees, Turkey is the biggest refugee-hosting country in the world according to UNHCR and AFAD (Disaster and Emergency Management Authority of Turkey). As of August 2015, around 262,000 refugees are living in 25 camps across 10 cities and the remaining living among communities. The projected number of Syrian refugees in Turkey by the end of 2015 is 2.5 million of whom an estimated 300,000 will reside in the camps. Major cities of Western Turkey such as Ankara, Antalya, Izmir, Istanbul, Konya and Mersin have attracted large numbers of Syrian refugees.

## PUBLIC HEALTH CONCERNS

**Syria:** Attacks on health facilities, ambulances and health personnel continued in August. Physicians for Human Rights documented nine attacks on eight medical facilities: Four in Idleb governorate, three in Aleppo and one each in Damascus and Dar'a governorates.

The Syrian population is increasingly vulnerable to infectious disease outbreaks due to disruptions in vaccination programmes, overcrowding in public shelters, high levels of internal displacement, damage to water and sanitation infrastructure, and lack of waste management. Half of the Syrian population lack regular access to clean water. Water cuts and poor sanitation conditions have escalated the risk of water-borne disease outbreaks.

As a cumulative result, outbreaks of water-borne diseases including acute diarrhea, hepatitis A and typhoid, have increased by more than 40% in the last three months. A total of 34,659 cases of diarrhea were reported compared to 21,419 at same time in 2014, from Lattakia (5,968), Damascus (4,863) and Aleppo (4,465). Outbreaks of typhoid (1,833 cases) were recorded across the country; mostly from Idleb (1,025), Dier ez-Zor (193) and Rural Damascus (74) cases compared to 1,503 reported in the previous month. An increased number of cases of brucellosis (375) were reported in Idleb governorate, compared to 235 during July.

The long-lasting devastating consequences of the conflict, including shortages of qualified medical and health personnel, life-saving medicines, and the destruction of health infrastructure are leaving large numbers of people without access to healthcare services. ECHO estimates that more Syrians die due to health complications resulting from inadequate health care services or lack of access to health care than as consequences of the violence<sup>9</sup>. Medical facilities continue to be targeted by aerial bombardments, resulting in fatalities and destruction of facilities.

**Egypt:** Health facilities are stretched trying to manage high numbers of people affected by raising temperatures above 45°C. More than 1,500 heat stroke and exhaustion cases and 104 deaths were reported during August. MoH issued recommendations for case referrals to hospitals and utilized media messaging to raise awareness and reduce the number of cases.

Reported measles cases reached 1,124 since the start of 2015 and MoH is planning a national immunization day for measles.

**Iraq:** Acute Respiratory Tract Infections (ARI), Acute Diarrhea (AD) and skin diseases remained the leading causes of morbidity in refugee and IDP camps during this month according to the Early Warning and Response Network (EWARN).

AWD cases in the refugee camps have decreased compared to last month. Proportion of skin infestations including scabies have also dropped from 8% in week 30 to 4% in week 34 due to extensive health promotion activities conducted in all camps.

**Jordan:** Six cases of laboratory confirmed Middle East respiratory syndrome coronavirus (MERS-CoV) were reported in Amman, one of whom has died. MoH is actively investigating possible epidemiological links between cases as well as among household contacts and shared healthcare workers. WHO is supporting the MoH in training for infection prevention and control, risk communication, surveillance and epidemiological investigation of cases.

Three acute flaccid paralysis (AFP) cases were reported during August 2015, where two cases from Balqa district and one from East Amman district, all of them are Jordanians.

More than 71,000 consultations and 6,000 priority public health diseases, conditions and events were reported through the national public health surveillance system since it became operational in April this year. A cumulative total of 297 notifiable communicable disease alerts have been generated.

**Lebanon:** The threat of outbreaks of acute watery diarrhea, hepatitis A, cholera, measles, mumps, tuberculosis, and other diseases is of concern, given the frequent population movements between informal dwellings that have limited access to health care services. A mumps outbreak occurred in January, with 1,383 cases reported until August, equally affecting Lebanese and Syrians. The cases were mainly located in the Bekaa (693) and the North (290) where numbers of displaced Syrians are highest. 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.

The rapid increase of the refugee population during 2014 has

put a significant strain on health services. There is an increasing trend in the number, severity and complications of non-communicable diseases (NCDs) such as cardiovascular diseases, cancer, diabetes and chronic respiratory conditions. Stock disruptions of NCD medications in primary health care (PHC) centers have been reported and are related to the unpredictable increase in numbers of beneficiaries. Shortages have been observed in medicines for the management of asthma, anemia, diabetes and epilepsy, especially for the pediatric age group<sup>10</sup>.

Syrian refugees also present with several other health service needs including for reproductive health, nutrition and mental disorders.

Limited funds are available for equitable provision of health services at primary, secondary, and tertiary health care levels. In view of this funding situation, there are currently less resources available to adequately treat chronic conditions.

**Turkey:** The health profile and the disease spectrum of the Turkish population and the Syrian refugees are very similar, with a high prevalence of NCDs. Refugees living in urban areas live in crowded conditions, communicable and vaccine preventable disease risks remain major threats to public health particularly for non-camp refugees.

The provision of mental health and psychosocial services is an increasingly major concern both due to the language barrier and the limited number of facilities offering these services in comparison to the increasing needs even for the host community. While malnutrition is currently not a major challenge, it is expected to increase among the newly arriving refugees coming from areas in Syria with a reduced 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:** Out of 1,783 public health centres, 49% are either out of service or function partially as of end of the second quarter, 2015 while 59% of public hospitals are partially functional or completely non-functional<sup>11</sup>. Water supplies have been reduced by at least 50% compared to pre-crisis levels. At the same time, unhealthy living conditions for displaced people, increased incidence of communicable diseases such as leishmaniasis, hepatitis A, typhoid, brucellosis and diarrheal diseases hitherto low in Syria have put the health of Syrians at great risk.

The national health authorities have expressed an urgent need for medicines such as broad spectrum antibiotics, insulin, immunosuppressants, cancer medicines as well as blood and blood products. It has equally become imperative to embark on rehabilitation of damaged health facilities, strengthening service provision including the provision of medical equipment.

**Egypt:** There is a big need to ensure access to and availability of services for NCDs including lab investigations and medications. There is also a need for secondary and tertiary health services for emergencies. Syrian children should be encouraged to par-

9- ECHO report (Aug'15), 10- Report of the Rapid Evaluation to access NCD Care and Medication by Syrian refugees living in Informal Tented Settlements. 11- HeRAMS Syria, Jul'15

ticipate in the planned national measles immunization campaign.

**Iraq:** There is an urgent need for gynecologists in the refugee camps in Erbil governorate. Only one female doctor is supporting Basirma and Qushtapa refugee camps and all the anti-natal care is provided by midwives, no other reproductive health service is provided.

Available secondary and tertiary health infrastructures are extremely strained to respond to all the needs of Syrian refugees who are competing with IDPs and the host community IDPs for access.

**Jordan:** The presence of the Syrian refugees in Jordan continues to place increasing demands on the national health system and its ability to deliver health services. The Sector Vulnerability Assessment (SVA), conducted in May this year in preparation for the JRP, identified a need for an additional 2,886 hospital beds and 22 comprehensive medical centres in Jordan. There are also shortages of human resources for health, particularly in nursing and medical specialties, with variable availability across the country. The SVA identified a need for an additional 1,022 doctors and 2,031 nurses in Jordan, to cope with the additional burden of refugee access to the health system.

Less than one quarter of the Jordanian population do not have access to health insurance coverage. In November 2014, the MoH withdrew free access to health services for Syrian refugees due to limited availability of financial resources. Syrian refugees now have to pay the uninsured Jordanian rate to access health care, which is posing a significant problem for an already vulnerable population. The health sector vulnerability indicators show that more than 50% of Syrians are part of households with severe or high vulnerability. In light of this, UNHCR issued a revised policy to target the most vulnerable to mitigate risks.

**Lebanon:** PHC centers staff in Lebanon is facing an increased workload, especially in areas with a high concentration of refugees. Pregnant women and children 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:** In urban areas, which host the majority of Syrian refugees, the work overload on the secondary care continues to be an important issue. Health system strengthening to ensure sustainable healthcare provision to refugees is among the priorities of the health sector and enables partners to participate in the health service delivery. The language barrier is a continuing challenge in healthcare delivery to Syrian refugees.

The role of family and community healthcare centers as PHC service providers for Syrian refugees needs to be reinforced. Awareness of urban refugees on the utilization of health services should be raised. WHO is developing IEC (Information, Education and Communication) materials within the scope of the Refugee and Resilience Plan. Communicable diseases surveillance and response, including immunization to mitigate avoidable morbidity and mortality among affected and displaced populations, including emergency polio response should be sustained.

## WHO ACTIVITIES

### Syria:

- WHO supported the delivery of life-saving medicines and supplies for more than 300,000 trauma patients in Aleppo, Al Hassakeh, As-Sweida, Damascus and Lattakia;
- WHO provided approximately 114,000 treatment and medicines needed for operation rooms, intensive care unit, and emergency units in Hama, Hassakeh and Homs and Lattakia;
- 490 wheelchairs were provided for disabled children and adults in Damascus, Dar'a, Lattakia and Homs;
- WHO supported the delivery of two haemodialysis machines and 1,000 sessions to Damascus;
- WHO provided medical equipment including echocardiograms, defibrillator, multi electrocardiograms and Ventilators to Aleppo, As-Sweida and Damascus;
- WHO provided 1,500 beneficiaries with Oral Rehydration Solution in most affected areas of Damascus and Diarrhea kits for over 2,000 patients in the health directorate in Damascus and through SARC;
- WHO distributed Information, education and communication materials to increase awareness and knowledge on water safety, cholera, diarrhea and other water-borne diseases;
- 15,000 beneficiaries were provided with Leishmaniasis preventive-bed nets in Hama and 100 patients with brucellosis medicines in Homs.

### Egypt:

- WHO supported a one-day refresher monitoring workshops in order to ensure standardized knowledge of staff regarding case definition of reported communicable, non-communicable, and mental health conditions, ensure consistency of understanding the components of the Surveillance System including forms, indicators, and tools, and improve completeness and quality of reporting. Nine workshops were conducted in Alexandria, Cairo, Damietta, Giza, Qalibia and Sharkia, governorates, with a total of 270 participants;
- WHO organized a 2-day introductory course on leadership and team building in Cairo governorate (10 - 11 August) attended by 23 Syrian community focal points and associations who have taken roles as mediators and communicators between the Syrian refugee community and the government health authorities, WHO, and other UN agencies. The objectives were to build capacities of Syrian community leaders including local NGOs staff on providing health related services for Syrian refugees, enhance leadership, communication, collaborative and planning skills that will improve internal coherence and better coordination with WHO and other agencies;
- WHO conducted an intensive four-day training course (17-20 August) to support the development of National Emergency Response Plan (NERP) in Egypt, for 35 participants, including emergency focal points from the six selected governorates where the Syrian Refugees reside; senior and mid-level managers from MoH, the Cabinet, Police, Military, Social Solidarity and Ministry of Education. The expected outcome was that participants have in-depth understanding on emergency and disaster risk management, develop a draft framework for the national emergency response plan, develop a network of potential health emergency managers, and emphasize a set of recommendations for priority



preparedness actions for Egypt.

#### **Iraq:**

- WHO continued supporting Erbil DoH with salaries for their medical staff working in clinics in the four camps of Erbil (Kawergosk, Darashakran, Basirma and Qushtapa). In total, WHO provided salaries to 58 staff including; doctors, dentists, pharmacists, nurses, laboratory technicians, cleaners, administrative staff and ambulance drivers;
- WHO in coordination with the MoH is in process of developing a real-time web interactive interface for EWARN, showing the trends of the most leading communicable diseases monitored by location along with a bi-monthly EWARN snapshot.

#### **Jordan:**

- WHO provided support to the MoH during the preparation for and development of JRP 2016-2018. A planning workshop was hosted in the Dead Sea (24 - 25 August) to review health sector specific objectives and consolidate project summary sheets with MoH and health partners;
- The National Epidemic Outbreak Committee was convened on 29 August, chaired by the Secretary General / MoH and attended by WHO Jordan in relation to the reported cases of MERS-CoV in Amman, Jordan;
- WHO provided 9,000 printed copies of information sheets regarding awareness of MERS-CoV and prevention for health workers, the general public and for travellers to the Hajj and Umrah;
- Three national training workshops are planned for MERS-CoV surveillance, investigation, infection control and prevention in September;
- WHO in collaboration with the MoH is implementing a national surveillance project in Jordan. A six month report on implementation is due by the end of September 2015.

#### **Lebanon:**

- In August, sessions on the revised 'Clinical Management Protocols for the Most Common Health Conditions in Primary Health Care' were conducted to around 169 health-care professionals from the Ministry of Social Affairs network and PHCs outside the MoPH network;
- A study supported by WHO was conducted to provide information about iron deficiency anemia among women of childbearing age in order to tailor adequate health and nutritional interventions in the areas most affected by the Syrian crisis (Bekaa and Akkar regions). In August, 9 PHC centers in Akkar and Bekaa were chosen by the MoPH as the study sites. Data is being processed and expected to be finalized by end of September;
- Preparations were undertaken for two missions in September: polio outbreak response review mission and food safety country profile mission.

#### **Turkey:**

##### Refugee Component

- On 7 August, WHO launched a series of Refugee Doctors Adaptation Training with the first training held in Gaziantep for 21 doctors in collaboration with the Gaziantep University and Yildirim Beyazit University of Ankara. The aim of these trainings is to familiarize Syrian doctors with the Turkish health system and services for possible integration into healthcare delivery system. Among the training topics were communicable diseases, family medicine system,

NCDs, health legislation and screening programmes;

- WHO conducted a series of meetings with the MoH / Turkey, in both Ankara and Gaziantep about the upcoming projects and initiatives of WHO including mental health assessment, Refugee Doctors and Nurses Adaptation trainings along with health planning and response for the remaining months of 2015.

##### Northern Syria Component

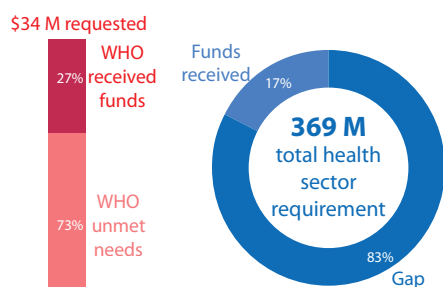
- Early Warning and response System (EWARN) key issues and updates were shared during the monthly Health Cluster Meeting. The increasing number of diarrhea cases in Aleppo due to worsening water and sanitation systems was highlighted during the meeting;
- Data collection for the Health Resources Availability Mapping System (HeRAMs) was finalized and final report is expected in September. HeRAMS, among other uses, will feed the Humanitarian Need Overview (HNO) for the Whole-of-Syria SRP 2016;
- Mid-Year Review of Annual health Cluster Plan was conducted in Gaziantep. The cluster partners focused on activities, achievements, challenges and review of activities for the next six months;
- Cluster Coordination Performance Monitoring (CCPM) activities are completed with discussion of the findings of the survey on the midterm review of the Annual Health Cluster plan workshop. Both reports on the survey and CCPM are expected in September.

##### Polio/EPI

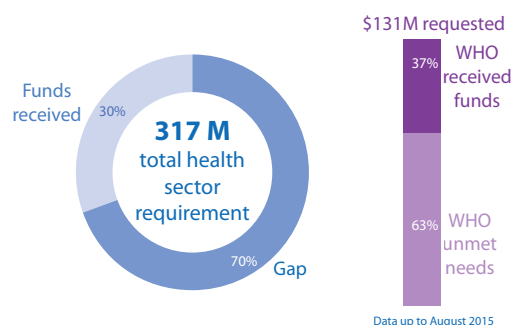
- 631,051 children under 5 years of age with a coverage of 98% were vaccinated in accessible areas of the western governorates of northern Syria during the 10th round of polio campaign; it constitutes almost 40% of the whole target population of northern Syria;
- The planning stage of the 11th round of polio vaccination in all governorates in northern Syria was completed. The campaign will be launched in September 2015;
- Draft Arabic Guidelines on measles and EPI revitalization activities are being developed and are under revision by different stakeholders. Final documents are expected to be ready in October 2015.

## FUNDING AND PARTNERSHIP

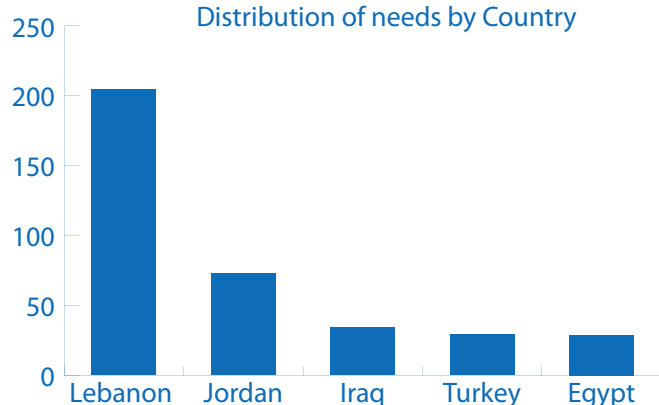
### 2015 SRPs health requirements & funding



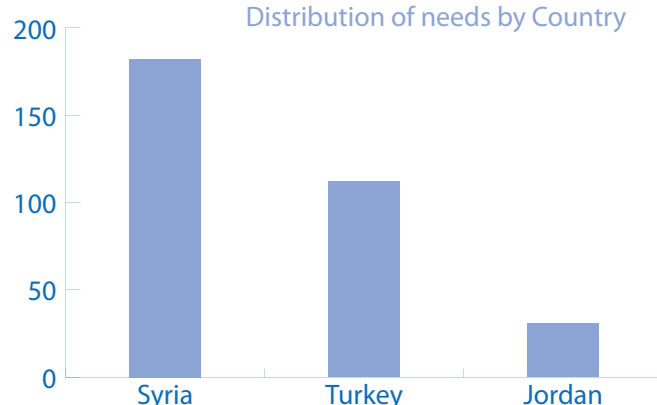
### 2015 SRP health requirements & funding



### Distribution of needs by Country



### Distribution of needs by Country



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