



World Health Organization

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



WHO team member meets children during a polio vaccination campaign.
Photo Credit: WHO Syria



13.5 MILLION¹
AFFECTED



6.5 MILLION²
INTERNALLY
DISPLACED



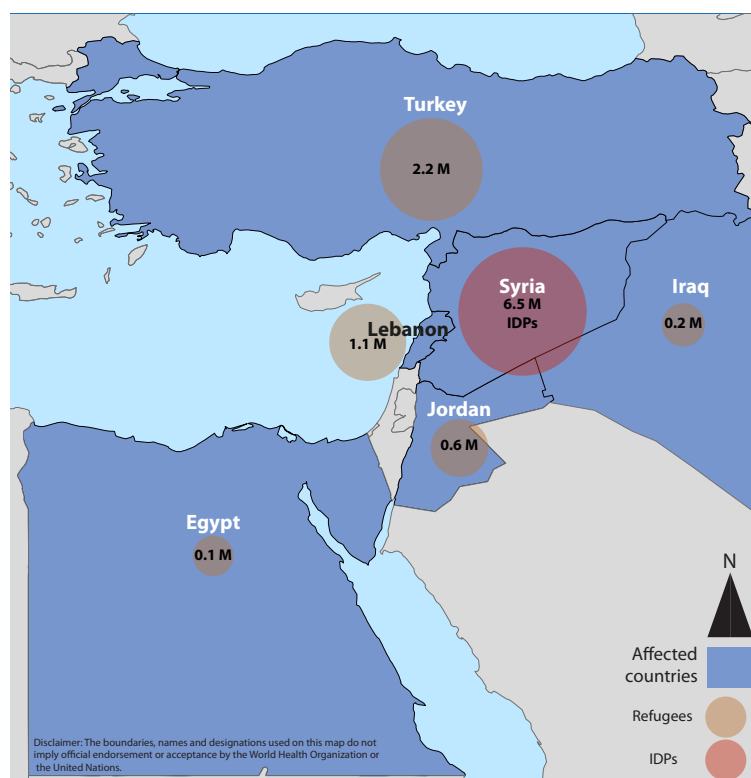
>4.2 MILLION³
REFUGEES



1 MILLION⁴
INJURED



>220,000⁵
DEATHS



HIGHLIGHTS

WHO Syria: In partnership with health authorities and other partners, WHO conducted a nationwide polio campaign reaching 2.3 million children under 5 to sustain the interruption of polio transmission in the country;

WHO Egypt: In response to 5,000 positive cases of measles and around 100 related deaths, MoHP and WHO conducted a measles supplementary immunization campaign, targeting children aged 9 months to 10 years old including around 20,000 Syrian child;

WHO Iraq: As of 31 October, the number of laboratory confirmed cholera cases stands at 2,217, including two deaths, according to the Cholera Task Force. Reported Cholera cases were received from 15 governorates in Iraq mainly from Baghdad, Babil and Diwaniya governorates.

WHO Jordan: Under the UN Security Council Resolutions 2139, 2165 and 2191, WHO dispatched 13 surgical kits and 7 Trauma Kits to southern Syria via UN convoys;

WHO Lebanon: In collaboration with MoPH, MEHE and other partners, WHO revised and produced a new edition of the guidebook on medical school health screening. This year, the Lebanese Order of Physicians will be conducting two workshops with the support of WHO, to train about 300 MDs involved in the screening process;

WHO Turkey: 44 Syrian doctors and 19 nurses participated in Refugee Doctors and Nurses Adaptation Trainings held in Gaziantep in collaboration with the MoH of Turkey and Gaziantep University.

HEALTH CLUSTER

	859,976	TREATMENT COURSES PROVIDED
	-	HEALTH KITS
	\$687⁶ M REQUESTED (SRP & 3RPs)	23% FUNDED
	113 42% FUNCTIONING	# OF HOSPITALS (HeRAMS SYRIA)
	CONSULTATIONS 699,618 (3RPs & SRP)	SURGERIES 35,030 (3RPs & SRP)
	ASSISTED DELIVERIES 50,257 (3RPs & SRP)	REFERRALS - (3RPs & SRP)

WHO

	-	TREATMENT COURSE PROVIDED
	-	HEALTH KITS
	\$165 M⁷ REQUESTED (SRP & 3RPs)	37% FUNDED
	7.9 M (SYRIA 2.3, IRAQ 5.6)	POLIO VACCINATION
	-	MEASLES VACCINATION
	2,456	EWARN SENTINEL SITES

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

Source: 1-UNHCR, 2,3-UNOCHA, 4,5-WHO Q2 2015 Donor Update, 6,7-Financial Tracking Service, September 2015

SITUATION UPDATE

Syria: During October, widespread conflict and extensive fighting continued across Syria leading to increased displacement of civilians and injuries especially in Damascus and Rural Damascus. Various areas of Rural Damascus including Douma were repeatedly hit by air strikes. Although, fighting in Az-Zabdan and Madaya, Foah and Kefraya decreased as a result of the ceasefire agreement reached on these areas last month, widespread destruction of buildings and infrastructures led to severe shortages of medical supplies and personnel, placing civilians at risk of death due to lack of adequate health services.

The delivery of humanitarian assistance to many of the 13.5 million people in need including 6.5 displaced remains challenging in Aleppo, Deir ez-Zor, Ar Raqqa, Idleb and Al Hassakeh among others due to active fighting. The UN estimates that 4.5 million are in besieged and hard-to-reach areas and require urgent humanitarian health assistance.

International negotiations to resolve the Syrian war continued in Vienna, Austria this month where foreign ministers from more than fifteen countries as well as the UN and EU met to discuss a way forward to end the current conflict in Syria. The participants agreed to ask the UN to convene Syria's government and opposition to start a political process leading to credible, inclusive, non-sectarian governance, followed by a new constitution and elections to be administered under UN supervision⁸.

Egypt: More than 127,000 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 waves of IDPs and refugees fleeing war ravaged areas in Iraq and Syria continued to stretch health service delivery, including reproductive health services in areas of displacement. In Iraq, in Erbil public hospitals, the high numbers of patients are overstretching health services, especially in the maternity wards. This has forced many IDPs and refugees to seek health care in private health facilities. The Directorate of Health is creating mechanisms to open up an additional obstetric department in Erbil hospital aimed at providing services to refugees.

More than 2,200 cases of cholera have been laboratory confirmed from 15 of 18 Iraqi governorates since the outbreak was declared in mid-September, according to the MoH and WHO. About 75% of confirmed cholera cases are from three: Baghdad (32.3%) the capital, and the two middle Euphrates governorates of Babil (26.2%) and Diwania (15.5%). In late October, health partners started a vaccination campaign targeting about 255,000 internally displaced Iraqis and Syrian refugees staying in 62 formal camps in 13 governorates to prevent cholera transmission in high-risk areas.

Jordan: Over 630,000 Syrian refugees are registered in Jordan, according to UNHCR. More than 82.2% are living in urban settings where the highest percentage (28 %) is in Amman. 17.8%

are living in camps of whom 12.6% is in Zaatari camp. Recently, UNHCR conducted a survey with 600 refugee families concerning their movement showing that more than 60% are planning to stay in Jordan. During late September, 228,553 vulnerable refugees residing within host communities received zero assistance due to a chronic funding shortage.

Lebanon: Following the measures taken by the government since January 2015 to restrict the influx of Syrians across the borders to Lebanon, the number of refugees has been stable to 1.5 million, of whom 1,078,388 are registered (UNHCR, October 2015). Registered refugees represent more than 25% of the total population according to OCHA⁹. In some areas, especially the Bekaa and North, refugees outnumber residents. The impact on inflation, employment, 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 services provided.

Turkey: Almost 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: Water supply has reduced by two-third of the pre-crisis period contributing to outbreaks of water-borne diseases. Three suspected cases of cholera were reported in Aleppo, Damascus and Rural Damascus but were discarded after negative lab testing. There was a 10% increase in respiratory infections such as influenza.

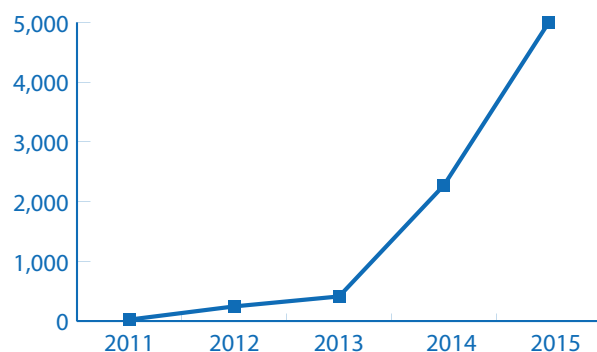
Attacks on public health facilities persisted in October 2015. The UN received reports of 13 attacks on medical facilities in Aleppo, Hama, Homs, and Idleb governorates including hospitals, health centres and ambulances. Following the attacks, 40 people were injured and eleven people were killed including two health workers.

Shortages in medical supplies coupled with reductions in local production of pharmaceuticals, high cost of available medicines and drainage of health personnel further compound the health care system inside Syria. In Al Hassakeh, Ar Raqqa, Idleb, Deir ez-Zor, Hama, Aleppo and Rural Damascus availability of lifesaving treatments remained a critical concern.

Egypt: In response to the 2015 measles outbreak which is mainly happening in Matrouh governorate, the MoHP started on 31st October a nationwide supplementary immunization campaign targeting children aged 9 months - 10 years. It is expected that the campaign will also include around 20,000 Syrian children.

The measles outbreak began in the Red Sea Governorate in 2012 and by 2014 had spread to Giza and Matrouh governorate. By the end of 2014, Egypt had a national level incidence of measles of 28/1,000,000. The outbreak continued to spread and now involves most governorates of Egypt to varying degrees (14/27 governorates have a measles incidence > 1/1,000,000 in 2015).

Number of measles cases from 2011 to 2015



Iraq: In light of the rapidly changing weather conditions in the country, and in particular, in the Kurdistan Region, WHO and its health partners developed a comprehensive winterization response plan to address the needs of displaced families still living in the open or in unfinished buildings, public and school buildings or informal settlements.

Humanitarian actors have started distributions of core relief items, including blankets, quilts, warm clothing for children, kerosene, heating stoves, jerry cans, and thermal floor mats and insulation to make tents warmer and more resistant to winter conditions. Additional financial support of US\$ 23 million is needed to enhance health delivery capacity during the winter season.

Shortage of fuel to run generators for the cold chain and vaccine storage warehouses has led to the suspension of vaccination campaigns in Mosul and Sinjar. There are also reported shortages of vaccines in Tetra, Kirkuk Governorate.

In Kirkuk, limited access to safe drinking water due to security challenges is preventing the transfer of chlorine to water stations in Hawija district. In Mosul city, water supply has been cut off, increasing the risk of waterborne diseases such as acute watery diarrhoea.

Jordan: Six AFP cases were reported during October in different Jordanian governorates where the annualized non-polio AFP rate among Syrian refugees is 1.79 with stool adequacy of 100%.

More than 81,000 consultations and 7,076 priority public health diseases, conditions and events were reported from 309 sentinel site through the national public health tablet-based surveillance system until the end of October. The majority of cases were reported among Jordanian nationals (98%). A cumulative total of 418 notifiable communicable disease alerts have been generated since the system became operational in April.

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 di-

arrheas, pulmonary and other infections (air, water and vector borne, hygiene related) in addition to food/crops contamination; as well as risks of environmental contamination 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 required to prevent other vaccine preventable diseases.

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), particularly 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 raise in numbers of beneficiaries. Shortages have been observed in medicines for the management of asthma, anemia, diabetes and epilepsy, especially for the pediatric age group¹⁰.

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: A national polio immunization campaign conducted between October 18 -22 could not reach an estimated 500,000 children in Ar-Raqqa and some areas in Idleb due to insecurity and constraints on access imposed by parties to the conflict. In Madaya, only one clinic remains functioning to serve an estimated 30,000 people, of which around 12,500 are IDPs from Az-Zabdani, Bqine and neighboring villages with severe shortages of medicines, medical supplies and health personnel.

The national health authorities have expressed an urgent need for medicines such as broad spectrum antibiotics, insulin, immunosuppressant and 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 medical equipment.

Egypt: There is a pressing need to ensure access to and availability of services for NCDs including lab investigations and medications. There is also a huge demand for secondary and tertiary health services for emergencies. Syrian parents should be encouraged to participate in the planned national measles immunization campaign.

Iraq: Partners in various PHC facilities are losing essential health staff due to immigration to Europe. This has contributed to staff shortage for healthcare service provision.

The much needed funds to maintain health services for refugees is becoming scarce. Continued support for health care services provided by the MoH and humanitarian actors is a key priority to prevent excess morbidity and mortality among the displaced Syrian populations.

Access to mental health care and psychosocial support services remains limited for non-camp refugees and needs to be further expanded. Information gaps on service availability and referral pathways pose an obstacle to access care for non-camp refugees. WHO provided drugs (for chronic diseases) to DoHs to offset the shortages.

About 400,000 people urgently need shelter assistance and at least 780,000 people lack essential household and other life-sustaining items this winter, according to shelter partners.

Jordan: A recent survey by UNHCR indicated that high numbers of Syrian refugees are suffering from specific legal and physical protection needs. A recent Gender Based Violence report revealed that there is a limited access of people with disabilities to specialized services.

More than half the Syrian refugees are children under 18 years 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.

Additionally, there is a need to improve clinical services and strengthen the follow up of major NCDs such as diabetes, hypertension and heart diseases at clinic and community level to promote self-monitoring and care.

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 refugees 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. 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 Provided technical support in the preparation and implementation of a national polio campaign reaching 2.3 million children under 5 years;
- WHO Distributed 717,000 treatments in ten governorates including 239,910 treatments of medicines needed for operation rooms, intensive care unit, and emergency units in Aleppo, Damascus, Dar'a, Hama, Homs, Idleb, Latakia and Rural Damascus;
- In their contingency planning for cholera, WHO prepositioned 273 rapid diagnostic tests (RDTs), trained 375 health workers on cholera treatment and care and prepared health education materials on the prevention of cholera and distributed 100,000 copies across the country;
- WHO distributed haemodialysis machines to support 2,600 sessions in Aleppo, Damascus and Homs;
- WHO donated infant incubators, baby ventilator, portable x-ray, anesthesia machines and defibrillator to Aleppo, Damascus, Dara, Hama, Homs and Latakia.

Egypt:

- WHO successfully renewed the contract with the Specialized Medical Centers, to provide secondary and tertiary care for life threatening emergencies for Syrian refugees;
- WHO supported the MoHP in implementing and monitoring the Measles Supplementary immunization campaign at the national level. WHO participated in orientation events aimed at raising awareness among Syrian refugees about the importance of vaccinating their children.

Iraq:

- In response to the new influx of refugees in Dohuk Governorate, WHO provided the DoH with essential medicines and medical supplies for 50,000 beneficiaries for a period of four months;
- In Anbar, WHO provided the DoH with medicines, including essential medicines for chronic diseases, for 5,000 beneficiaries for a period of two months;
- In Erbil, WHO provided essential medicines and consumables for 1,000 beneficiaries for a period of one month to Habib Malih PHC Centre in Ankawa;
- WHO Provided technical support in the preparation and implementation of a national polio campaign reaching 5.6 million children under 5 years. Inaccessibility in Heet, Haditha, Amiriat Al-Falluja limited the vaccination campaign of the polio programme in October;
- Three consecutive "Special Cholera Coordination Meetings" for WHO, UNHCR, UNICEF and other health and WASH actors were organized in Erbil in October to discuss the Cholera preparedness plan in the four refugees camps in Erbil - Darashakran, Kawergosk, Basirma and Qushtapa. Measures for strengthening the surveillance system, case management, referral hospitals and establishing Cholera Treatment Centers;
- WHO deployed technical officers to carry out the monitoring, evaluation and documentation of the best practices in the first introduction of the Oral Cholera Vaccine in Iraq.

Jordan:

- Under the UN Security Council Resolutions 2139, 2165 and 2191, WHO dispatched 13 surgical kits and 7 Trauma Kits to southern Syria via UN convoys;
- WHO is supporting cross-border preparedness against cholera outbreak by dispatching 5 International Diarrhoeal Disease Kits (IDDKs), 5 Infusion Kits, 150 cholera RDTs and 20 Oral Rehydration Solution modules;
- In their contingency planning for the cholera, WHO is providing technical support to MoH by acquiring RDTs and Cary Blair culture media, preparing Cholera/Acute Watery Diarrhea management materials in English and Arabic and advising Water Department to identify high risks water sources and proper procedures for monitoring;
- MoH health facilities have increased the routine testing for acute watery diarrhea cases from 10% to 20% to maintain Jordan as a cholera free country.

Lebanon:

- 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. This year LOP will be conducting two workshops with the support of WHO, to train about 300 MDs involved in the screening process.
- WHO supported the continuation of the EU funded Instrument for Stability (IfS) project in Tripoli where pregnant

women will receive antenatal care at the PHC center existing in the hospital and will be referred for delivery to the Tripoli Governmental Hospital. The "Mother and Child Health Care" Initiative aims to provide quality primary healthcare services to pregnant women and children and was initially implemented from February - June 2015 in Tripoli, Rashayya, and Beirut.

- WHO supported the MoPH in launching a campaign on dignity in mental health in view of the World Mental Health Day on October 10th. MoPH initiated the first public awareness campaign under the slogan "Mental health is my right". The campaign includes a TV spot and distribution of informational brochures.
- A WHO technical mission visited Lebanon in order to strengthen the preparations for a potential cholera outbreak in Lebanon. The focus of the mission was water/sanitation and hygiene, with emphasis on the WASH in the informal tented settlements.

Turkey:

Refugee Component

- On October 5th, the opening ceremony of the new three refugee health professionals' trainings was conducted for Syrian doctors and nurses; 44 doctors and 19 nurses participated in the trainings which aim at their integration into Turkish health care system and their preparation for possible work permit to serve Syrian patients in Turkey. The trainings are continued in collaboration with the MoH of Turkey and Gaziantep University;
- WHO participated in the 2nd Health Coordination Meeting for Syria Crisis, organized by the MoH of Turkey. The high-level meeting was chaired by the Undersecretary of the MoH and addressed the activities, organization and challenges in health services delivered to Syrian refugees. The meeting provided a significant platform for exchanging information and planning for future projections with MoH and local health authorities from affected and major provinces like Istanbul, Ankara and Izmir;
- WHO participated in the Workshop on Refugee Health in Istanbul, Turkey organized by Columbia University. WHO presented the current health status of refugees and WHO activities to support MoH is health services provision;

Northern Syria Component

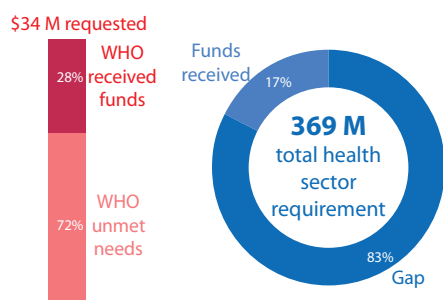
- Upon the increasing numbers of cholera cases in Iraq, the emergency preparedness and response group on cholera boosted their activities for priority preparedness actions including coordination mechanisms, current contingency stocks and laboratory pathway. A technical expert for cholera has joined the WHO team in Gaziantep to provide technical support to the emergency preparedness and response technical cholera coordination committee;
- WHO Turkey has ordered five cholera kits with Oral Rehydrating Solution module as part of the contingency stocks for cholera preparedness. Additionally, given the recent intensification of conflict in northern Syria, surgical supplies have been ordered including 25 surgical supply kits and 20 surgical instrument kits;
- A mental health consultant has joined WHO to provide technical support in adapting mental health protocol, identifying components of a mental health kit and developing training curricula for health partners providing health services in northern Syria;

Polio/EPI

- Two rounds of polio campaigns were completed during October: The first campaign in Aleppo was conducted in all six accessible districts and reached 303,284 children under the age of 5 using trivalent OPV. The second campaign in Idleb and Lattakia using bivalent OPV and reached 344,781 children under 5 with coverage of 103%.

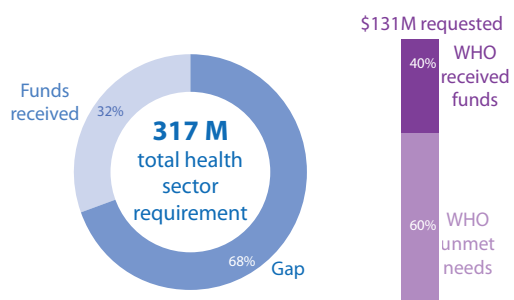
FUNDING AND PARTNERSHIP

2015 3RPs health requirements & funding



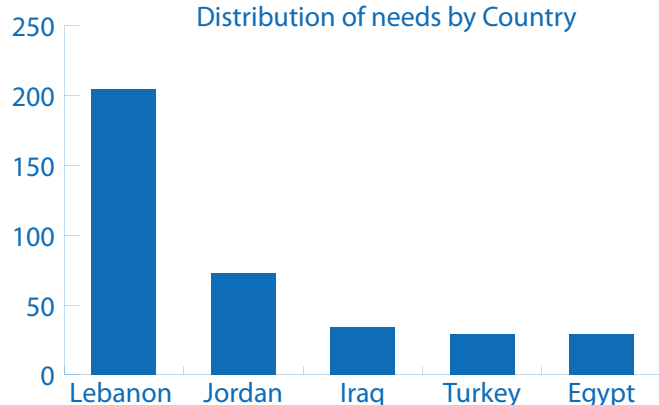
Data up to June 2015. Sector update is available on a quarterly basis

2015 SRP health requirements & funding

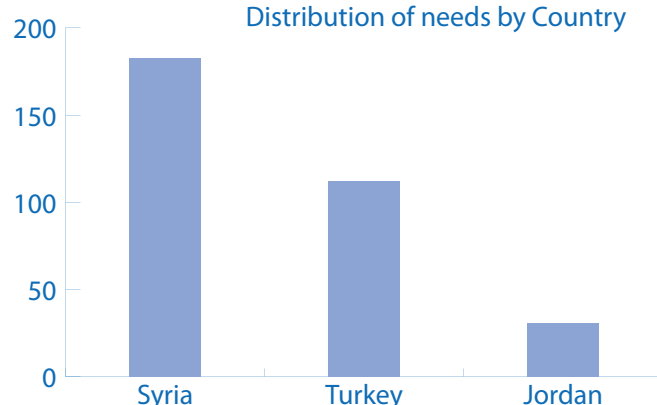


Data up to October 2015

Distribution of needs by Country



Distribution of needs by Country



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