



World Health Organization

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



WHO field assessment mission to an informal tented settlement of Syrian refugees in the Bekaa valley. Photo: WHO/Lebanon



12.2 MILLION¹
AFFECTED



7.6 MILLION²
INTERNALLY
DISPLACED



>4 MILLION³
REFUGEES



1 MILLION⁴
INJURED



>220,000⁵
DEATHS



HIGHLIGHTS

WHO SYRIA provided more than 755,000 life-saving treatment courses to patients in Aleppo, Al-Hasakeh, As-Sweida, Damascus, Dar'a, Hama, Homs, Idlib, Lattakia, and Rural Damascus;

WHO EGYPT: Change of Cabinet of Ministers occurred and a new Minister of Health and Population is in office, this was followed by replacement of several Directors within the MoHP;

WHO IRAQ and the MoH officially announced a Cholera outbreak in the three governorates of Najaf, Diwaniya, and parts of west Baghdad on 15 September;

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

WHO LEBANON: 207 infection control professionals from 142 hospitals as well as points of entry teams (airport, port) have been trained during 8 sessions in September on infection prevention and control measures;

WHO TURKEY: The first Syrian Refugee Nurses Training (Re-NaT) started on the 29th September in Gaziantep, with the participation of 19 Syrian nurses and midwives.

HEALTH CLUSTER

| | | |
|--|--|---|
| | 1,592,151 | TREATMENT COURSES PROVIDED |
| | - | HEALTH KITS |
| | \$687⁶ M REQUESTED (SRP & 3RPs) | 23% FUNDED |
| | 113 42% FUNCTIONING | # OF HOSPITALS (HeRAMS SYRIA) |
| | CONSULTATIONS 476,210 (3RPs & SRP) | SURGERIES 25,285 (3RPs & SRP) |
| | ASSISTED DELIVERIES 14,962 (3RPs & SRP) | REFERRALS - (3RPs & SRP) |

WHO

| | | |
|--|--|--|
| | 1,085,224 | TREATMENT COURSE PROVIDED |
| | 26 | HEALTH KITS |
| | \$165 M⁷ REQUESTED (SRP & 3RPs) | 30% FUNDED |
| | - 8,397 | 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: Intense fighting, violence and abuse of human rights continued to characterize the ongoing Syrian crisis in its fifth year. Recent developments, including the latest launch of airstrikes by parties to the conflict, have increased the vulnerability of the population to violence and insecurity. Civilians consistently bear the brunt of the violence, with rockets daily hitting families in their homes, markets, schools, hospitals and places of worship. Over 40,000 Syrians in Zabadani and Madaya in Rural Damascus; Foah and Kfraya in Idleb have been trapped for several months, with very little or no access to humanitarian assistance. On 22 September 2015, a ceasefire agreement was reached for the evacuation of the critically injured, provision of humanitarian assistance, safe passage of civilians and fighters, exchange of prisoners and the release of detainees in Foah, Kfraya, Madaya and Zabadani.

With no end of the Syrian crisis in sight, the population in need for assistance continues to increase with consequent deterioration of health services

Egypt: More than 132,000 Syrian refugees are currently registered in Egypt. They are urbanized and mostly integrated within the host communities in the outskirts of large cities, mainly Greater Cairo, Alexandria and Damietta. Since April 2015, UNHCR has reported increasing cases of irregular migration of Syrians across the Mediterranean to Europe, some of whom have been arrested in Egypt during such attempts. They are being provided emergency assistance in the form of food, NFIs, health care and psychosocial support.

Iraq: The humanitarian situation in Iraq is deteriorating due to the ongoing fight against ISIS, new displacements and the recent cholera outbreak affecting several governorates. Adding to this, the drop in oil prices is straining the government resources and ability to respond to the crisis. More than 245,000 Syrian refugees and a staggering 3.2 million displaced people continue to require humanitarian support.

Jordan: According to UNHCR, Jordan is currently hosting over 628,000 registered Syrian refugees, only 17.5% of whom are in camps. The declaration of the Jordanian Cabinet in November 2014 that closed free access to all levels of health services for Syrian refugees residing in urban settings, triggered many changes in their utilization of public health services. More than 58% of adults with chronic conditions were not able to access medicines or other health services as needed due to the unaffordable fees. Deliveries among Syrian refugees in government facilities were reduced from 66% in 2014 to 44% in 2015. Although, a significant increase was noticed on access to childhood vaccination services among children under-five, due to the free of charge service, percentage of access increased from 55% in 2014 to 76% in 2015.

Lebanon: An estimated 1.5 million Syrian refugees, equivalent to a third of the total population of Lebanon (World Bank 2013) have fled Syria to Lebanon. 1.078 million refugees are registered according to UNHCR. The Lebanese government took measures to stop the influx of Syrians since the beginning of January 2015. Currently, 15% of refugees live in informal tented settlements (ITSs) in some of the poorest areas of the country and are classified as extremely vulnerable. Of all Syrian refugees, 23% are women 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 Lebanese, and 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 supported 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: Hosting more than two million Syrians refugees, Turkey is currently the biggest refugee-hosting country in the world according to UNHCR and AFAD (Disaster and Emergency Management Authority of Turkey). As of September 2015, around 265,000 Syrians refugees are living in 25 camps in 10 cities with the remaining 1.75 million living among host communities. The projected number of Syrian refugees in Turkey by the end of 2015 is 2.5 million of whom 300,000 will reside in the camps. 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: Attacks on health facilities, ambulances and medical personnel continued during the reporting period. Physicians for Human Rights documented that 15 medical personnel were killed in 12 attacks on medical facilities in September alone.

The Syrian population is more and more at risk of communicable diseases due to disruptions in vaccination programmes, internal displacement, overcrowding in public shelters, damage to water and sanitation infrastructure and deficiencies in waste management facilities. Half of the Syrian population reportedly lack regular access to clean water.

1,746 suspected cases of typhoid were reported in September mainly from Idleb, Rural Damascus, Dier ez-Ezor and hard-to-reach areas in Homs. Other disease incidents reported in September included 601 leishmaniasis cases from Idleb; and 883 cases of brucellosis mostly from Rural Damascus, Idleb and Dier ez-Ezor. However, 18% decrease in acute diarrhea cases (28,292) in September was noticed compared to August due to the seasonal decline of diarrhea at the beginning of autumn.

Egypt: No significant public health concerns in September.

Iraq: The Ministry of Health, in consultation with WHO, declared a cholera outbreak in the governorates of Najaf, Diwaniya, and parts of west Baghdad on 15 September 2015, and announced a stepping up of measures to stop transmission and prevent further spread of the disease. The declaration came after a sudden increase in the number of acute watery diarrhoea cases. Laboratory tests conducted in the central public health labora-

tory (CPHL) confirmed the presence of *Vibrio cholera* subtype 01 Inaba in 38 out of a total of 106 stool samples tested. A cholera task force comprising officials from the Federal MoH, WHO, and other UN partners has been set up to lead the response and coordinate with local health authorities in affected areas to control the disease which can, if not timely controlled, spread rapidly and widely.

Jordan: Eight cases of laboratory confirmed Middle East Respiratory Syndrome Coronavirus (MERS-CoV) have been reported in Jordan in September, four of whom have died. WHO supported the Ministry of Health during the investigating period.

Six acute flaccid paralysis (AFP) cases were reported during September in different governorates: 4 in Jarash, 1 in Tafleeh and 1 in Karak governorate, all of whom are Jordanians.

More than 74,000 consultations and 6,900 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 September. The majority of cases were reported among Jordanian nationals (96.2%) while 3.8 % of reported cases were refugees out of whom 1.7% were Syrians. A cumulative total of 373 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 pulmonary diseases, infections (airborne, water and vector borne, hygiene related, food/crops contamination); as well as risks of environmental contamination due to the chaotic disposal of waste in dumping areas across the country. Both Lebanese population and Syrian refugees are exposed to high risks of cholera and water 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, tuberculosis, measles, mumps, hepatitis A, cholera 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 group⁸.

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. The disruption of health services inside Syria and the internal displacement of many of the refugees before crossing the borders to Turkey, have negatively impacted immunization coverage rates for Syrian children. Urban refugees live in crowded conditions which increases their risk of exposure to communicable and vaccine preventable diseases. Nevertheless, no significant outbreak has been detected so far in the camps or in urban areas where there are continuous surveillance activities.

The provision of mental health and psychosocial support (MHPSS) services is an increasingly major concern 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 challenge, it is expected that it will be among the newly arriving refugees coming 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.

HEALTH NEEDS AND GAPS

Syria: 58% of 113 public hospitals were either partially functional or completely out of service while 49% of 1,783 public health centers were either out of service or partially functional as of end of the second quarter, 2015⁹.

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 an urgent 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 children should be encouraged to participate in the planned national measles immunization campaign.

Iraq: Preventing the cholera outbreak among high risk groups, refugees and IDPs, is the biggest challenge facing health and WASH cluster partners. As of 29 September, 414 cholera cases had been confirmed by the CPHL in Baghdad. Over 1,700 people with suspected cholera had reported for treatment in hospitals from different locations in affected governorates, according to WHO, and the number of confirmed cases is changing rapidly.

WHO and the MoH are exploring the possibility of conducting cholera vaccination campaign among high risk groups including Syrian refugees in the camps. Importing the vaccine and arranging logistics for such a campaign will be a serious challenge for MoH and WHO.

Community outreach on cholera prevention is insufficient and

there is a need to scale up health and hygiene promotion, including through the use of multi-media channels. Furthermore, limited access and mobility of humanitarians is hindering close monitoring of the situation on the ground.

Jordan: Closing free access to health care services by Syrian refugees and changing to subsidized health care resulted in a noticeable decrease in accessing curative and preventative health care among Syrians. This change has led to an increase in the use of private health services among Syrian refugees. Therefore, there is a need to improve refugee knowledge and develop public messages to inform on the new health policy and the available public health services.

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: 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. Communicable diseases surveillance and response and 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 medicines and medical supplies for 755,561 treatments in Aleppo, Al Hasakeh, As-sweida, Damascus, Dar'a, Hama, Homs, Idleb, Lattakia and Rural Damascus, including 62,224 treatments across conflict lines;
- Out of the 755,561 treatments, around 45,000 was for secondary care in operation rooms, intensive care unit, and emergency units in the above mentioned governorates;
- WHO provided medicines needed for the treatment of 1,800 cases of typhoid and 600 cases of brucellosis through local procurement in Idleb;
- WHO provided hemodialysis machines in Lattakia with supplies enough for 500 sessions;

- WHO provided medical equipment including infant incubators, anesthesia machines, Multi-6 Channel ECG machines and ventilators to Homs, Aleppo, Damascus, As-Sweida, and Tartous;
- WHO supported cross-line shipments of psychotropic medicines to Al Qah, Orem and Tal Refa't in rural Aleppo.

Egypt: No significant WHO activity in September.

Iraq:

- WHO is supporting the MoH to lead the Cholera Command and Control Centre and the Cholera Taskforce in Baghdad and have identified the key priorities for the cholera response. This includes recommended daily reporting of new cases and that comprehensive case management procedures are put in place. Extensive supply distribution of safe drinking water, oral rehydration salt and aqua tablets is ongoing, but needs to be coupled with health and hygiene messaging, especially at the community level.
- WHO extended the support for 41 medical staff working in clinics in Kawergosk, Darashakran, Basirma and Qushtapa refugee camps in Erbil governorate until the end of 2015.
- WHO conducted an assessment in the four refugee camps in Erbil governorate. Indicators from the EWARN system implemented in the camps showed that diseases trends remain within the normal ranges with no major outbreaks reported since last year.

Jordan:

- WHO is expanding its project of the national tablet-based public health surveillance to engage additional stakeholders. WHO will start the expansion of the project with the Royal Medical Services and is looking to strengthen military health surveillance system. Proposed training schedule is due to take place in November in Aqaba, Amman and Irbid;
- Under the UN Security Council Resolutions 2165 and 2191, WHO procured 16 surgical kits and 10 Trauma Kits to be sent to southern Syria via UN convoys;
- Under the Pandemic Influenza Preparedness Program (PIP), WHO conducted two workshops on respiratory disease outbreak investigation. The training focused on surveillance data analysis and interpretation of SARI and ILI surveillance data using a standardized data management method/protocol. A total of 76 staff from MoH from different governorates were trained.

Lebanon:

- A second set of trainings on management of most common conditions at PHC was conducted for the 75 centers included in the Universal Health Coverage (UHC) project of the MoPH. The 4 day-training aims at introducing the content of the essential health service packages to the health centers' teams where 130 participants benefited from the UHC training. Over the course of six month (March - September), a total of 735 health care professionals attended the UHC trainings including 252 medical doctors and 483 nurses as well as other health professionals from 336 different health centers;
- WHO continues its collaboration with the Lebanese Society of Obstetrics and Gynecology (LSOG) as part of the capacity building project on Emergency Obstetrics Care (EOC) targeting OB/GYN physicians and midwives. Experts met and developed a comprehensive document on EOC clinical scenarios. This document is a reference for current and future

use in training health professionals on maternal health care in emergencies;

- Nine PHC centers and a sample of 578 women (Syrian refugees and Lebanese) visiting the health centers in the Bekaa and Akkar regions were included in the iron deficiency anemia prevalence study, which focused on the two areas most affected by the Syrian crisis. The primary objective was to provide evidence for guiding the MoPH nutrition team to tailor adequate nutrition awareness and support activities. Of the selected sample, 36% were found to have anemia (Hb value less than 12), 39.6% had plasma ferritin values lower than 15µg/l, and 65.3% of the anemic women have iron deficiency anemia (IDA);
- 207 infection control professionals have been trained during 8 sessions in September on MERS-CoV preparedness and infection prevention and control precautions. IEC materials have been distributed to 142 hospitals as well as points of entry (airport, port).

Turkey:

Refugee Component

- WHO in collaboration with MoH and Gaziantep University organized the first refugee nurses' adaptation 4-day training for Syrian nurses and midwives in Gaziantep, on the 29th September, for 19 Syrian nurses and midwives. The aim is introducing and familiarizing Syrian health professionals with the Turkish health system and nursing practices for possible integration into the health care system. More than 25 sessions on different topics were presented by 14 distinguished lecturers from Gaziantep Faculty of Nursing and followed by two field visits to Family Health and Community Health centers enabling the participants to do on site observations;
- Following the medical supply and IT donation to Suruç Camp in Şanlıurfa for reinforcing health response in the camp, a WHO team visited the camp and had a series of meetings with camp health directors and local authorities to discuss health needs and further support by WHO;
- In order to ensure the possible widest coverage for evidence-based planning for 2016, WHO continued the preparations before the launch of the MH and vaccination status assessments for Syrians living among communities.

Northern Syria Component

- WHO conducted the strategic review of the Humanitarian Pool Fund (HPF) proposals submitted by NGOs for the second HPF Standard Allocation focusing on fortification of underground health facilities;
- Due to the increasing cases of Cholera in Iraq, the Health Cluster for northern Syria established a preparedness and response group with key partners. The group also established coordination mechanism with the Iraq response team, WHO EMRO and EURO Regional Offices and WHO HQ. Contingency measures for Cholera are ongoing;
- WHO is planning to provide surgical and trauma supplies and equipment besides medicines to NGOs after conducting a meeting with health partners to identify their needs;
- WHO is planning a training course for the surveillance teams in collaboration with an NGO working in northern Syria.

Polio/EPI

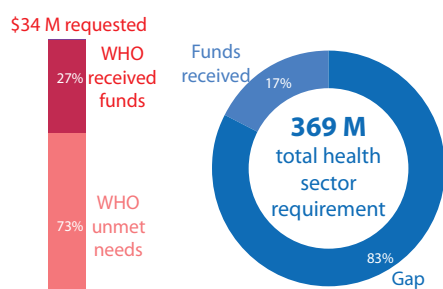
- The 11th round of the Polio campaign was conducted in Hama, Idleb and Lattakia between 12-17 September and

targeted 375,000 children under five;

- Preparations for Routine Immunization (RI) and Measles and Rubella (MR) Field guides as well as planning modules for RI were continued and will be finalized in the next weeks.

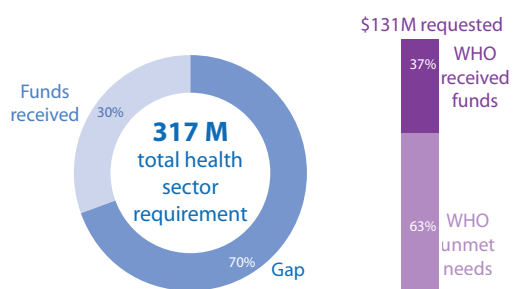
FUNDING AND PARTNERSHIP

2015 SRPs health requirements & funding



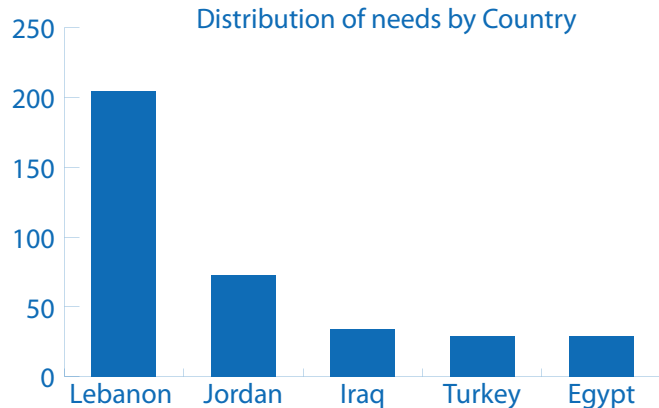
Data up to June 2015

2015 SRP health requirements & funding

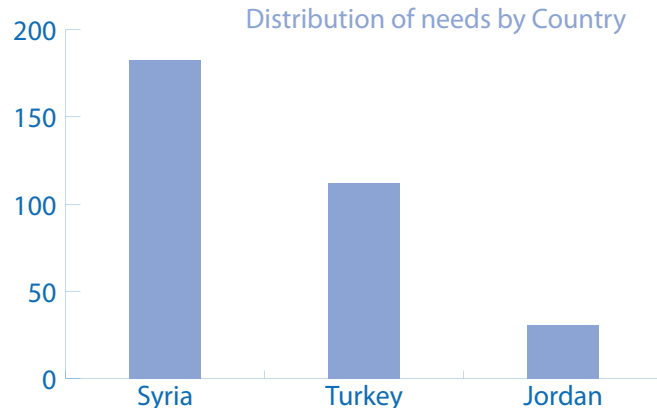


Data up to August 2015

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

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