

{loadposition annualreport2013} Overview

Humanitarian action in 2013 entered uncharted territory in terms of the scale, magnitude and number of people requiring assistance. This was mainly as a result of the crisis in the Syrian Arab Republic, where almost 6.8 million people inside the country and 2.3 million Syrian refugees in the neighbouring countries were in need of humanitarian assistance by the end of December 2013. Overall, more than 42 million people in 13 countries in the Region are currently affected by natural hazards or violence resulting from political conflict.

Flooding affected parts of Afghanistan, Palestine, Pakistan and Sudan, while earthquakes struck areas of Afghanistan, Islamic Republic of Iran and Pakistan, affecting millions of people and threatening public health s. WHO contributed to relief actions in disaster-affected countries by participating in assessment missions to identify health needs, ensuring the provision of essential medicines and technical support, enhancing disease surveillance, and coordinating activities of health partners on the ground.

Impact of protracted emergencies

Some populations in countries and territories facing protracted emergencies continue to lack access to basic health services as a result of weakened health systems, including shortages of qualified health workers and of medicines and medical supplies. Up to 8.6 million people lack access to health services in Yemen and 13 million – more than half the population – have no access to improved water sources. As a result, Yemenis run a high risk of outbreaks of water-borne disease, such as cholera and dysentery.

In the Gaza Strip, shortages in basic supplies are straining the health system's ability to maintain a good standard of health care for the population of 1.7 million Palestinians. Lack of access is impeding people's right to health. WHO's office for West Bank and Gaza released a report on the difficulties faced by thousands of Palestinian patients in obtaining Israeli permits to access specialized health care in East Jerusalem, Israel and Jordan. One in five West Bank applicants were denied health access permits in 2012. The study used available data from the Palestinian National Authority and from non-profit health providers to show how Israeli-imposed restrictions on movement in the West Bank and Gaza reduce access to health services for Palestinian patients and health providers, especially to East Jerusalem where the main Palestinian referral centres are located.

Maternal and child morbidity and mortality remain unacceptably high in Somalia. According to

WHO, one out of five children in Somalia dies before their fifth birthday, and one out of 12 women dies due to pregnancy-related causes, with haemorrhage and hypertension the leading causes of maternal death. One of the key contributing factors is the low access to quality health services, especially in rural communities and remote areas. WHO and the Saudi National Campaign for the Relief of the Somali People initiated an 18-month project to provide life-saving interventions for women and children, including the establishment of mobile clinics in remote areas; provision of medicines and medical supplies; immunization activities for children below the age of 5 years; and capacity-building for maternal and child health care workers.

Health care in danger

In countries where conflict is ongoing, one of the main challenges facing humanitarian aid workers is the threat to their safety. Despite international humanitarian laws and the Geneva Conventions calling for their protection, humanitarian aid workers and health facilities remain at risk. This is especially acute in the Eastern Mediterranean Region, where the majority of attacks in recent years have taken place. Health workers in Pakistan and Somalia continue to face serious threats of violence, while in Yemen and the Syrian Arab Republic, health facilities have been bombed, ambulances burned or stolen, and hundreds of health care workers killed, attacked or kidnapped. Patients are also at risk.

Ensuring the provision of health care services and supplies in emergencies

To ensure that the needs of countries experiencing emergencies are met immediately and efficiently, WHO currently manages US\$ 94 million worth of emergency medicines, medical supplies and equipment in Dubai's International Humanitarian City, under agreement with the World Food Programme. In 2013, these stocks were replenished three times to reach populations affected by emergencies in the Syrian Arab Republic and neighbouring countries (Egypt, Iraq, Jordan and Lebanon) as well as Afghanistan, Somalia and Sudan.

Decades of neglect and the 2011 conflict in Libya have resulted in reduction in the availability of mental health services. WHO and the Libyan Ministry of Health launched two post-graduate diplomas in primary mental health care and clinical psychotherapeutic interventions in 2013, based within the national centre for disease control, with the goal of filling the human resource gap in mental health and psychosocial support, especially in remote and underserved areas.

Health impact of the crisis in the Syrian Arab Republic and WHO response

March 2013 marked the beginning of the third year of the crisis in the Syrian Arab Republic, the scale and impact of which is unprecedented in recent history. According to the United Nations,

by the end of December 2013, an estimated 120 000–130 000 lives had been lost and over 625 000 persons injured. Inside the country, 9.3 million people are estimated to be in need of assistance, including 6.5 million internally displaced persons.

Much of the impact of this crisis can be seen in the collapse of health services and the deteriorating health outcomes, either directly due to death and injury or indirectly through exacerbation of disease and escalation of mental health problems. The health system has been severely disrupted, compromising the provision of primary and secondary health care, the referral of injured patients, treatment of chronic diseases, delivery of maternal and child health services and the provision of mental health care, vaccination programmes and infectious disease control.

In the first quarter of 2013, the early warning system for disease outbreaks, which covers all 14 governorates, reported significant increases in acute watery diarrhoea, hepatitis A and enteric fever (typhoid). New cases of vaccine-preventable diseases have also reappeared due to a fall in national vaccination coverage from 95% in 2010 to an estimated 45% in 2013. As vaccination coverage rates decrease inside the country, cases of communicable diseases are being reported among Syrians and host communities outside the country, leading to an increased risk of outbreaks. A clear demonstration of the consequences of the deteriorating health indicators and living conditions among Syrians is the polio outbreak. This required multicountry, regionally-coordinated surveillance and multiple rounds of mass vaccinations in the largest-ever immunization response in the Middle East, aiming to vaccinate more than 23 million children in 2013 and 2014 across several countries.

Key prevention and control measures by WHO and partners to respond to public health threats from infectious diseases included supplying safe drinking-water and sanitation, strengthening early warning systems for the detection of diseases, and pre-positioning medicines and medical supplies, in addition to emergency mass vaccination campaigns, both inside the Syrian Arab Republic and in neighbouring countries.

The increasing number of Syrians with chronic diseases, destruction of local pharmaceutical capacity and embargo on imports have led to shortages in life-saving, essential medicines. With the support of experts in the Region, the national essential medicines list was updated to reflect needs based on updated patient profiles and demand as a result of the crisis, and taking into consideration the stocks already available in the country and planned WHO supplies. Beside supplies for treatment of conflict-related injuries, the list includes life-saving medicines and medical supplies needed for cardiovascular conditions, diabetes and reproductive health, as well as critical hospital equipment. Following reports that chemical weapons had been used

against civilians, WHO supported the UN chemical weapons inspection missions to Syrian Arab Republic with two health experts, as well the provision of health equipment. WHO also distributed information and guidance to partners and the general public on chemical exposure, symptoms and protection, and held a series of trainings for health professionals to build capacity in chemical weapons awareness and case management.

Inside the county , WHO works in government- controlled areas and also across lines, using a network of nongovernmental organizations and the Syrian Red Crescent Society. Such an approach has been key in reaching the maximum number of civilians in need, especially children for immunization during the polio vaccination campaign. While generally successful, the approach, conducted in conformity with humanitarian principles, has faced setbacks on several occasions when access to vulnerable populations in opposition- controlled areas has been denied or made difficult and vital medicines have been withdrawn from humanitarian convoys.

With the above in mind, and in order to provide an effective health response to the crisis, WHO identified five strategic priorities for 2014: ensuring that patients have access to the health services they need, and that health care workers can report for work in areas where they are most needed, as well as protection of health facilities (through advocacy); ensuring the provision of trauma and injury care (including mental health trauma); monitoring and controlling infectious diseases through establishment of early warning systems; ensuring the continuous provision of vital essential medicines and medical supplies as well support to the supply chain; and addressing gaps in the provision of health care services, such as mother and child health services, chronic illnesses and water and sanitation services.

Regional impact of the crisis in the Syrian Arab Republic and WHO response

In neighbouring countries, the increasing number of refugees, reaching 2.3 million by the end of 2013 according to UNHCR, has placed an immense strain on the host communities in terms of infrastructure and resources. In addition to the Syrians needing assistance, an estimated 2.7 million people among the host populations of neighbouring countries are also at risk.

The high financial costs associated with hosting an increasing number of displaced persons poses a risk to the social stability of countries such as Iraq, Jordan and Lebanon. As pressure on health services, water, sanitation, shelter, jobs and education continues, tensions between displaced communities and host communities are also high, especially in Jordan and Lebanon where the majority of refugees live within host communities. Political insecurity and unpredictability in Iraq and Lebanon have further added to the challenges in the provision of

humanitarian aid and health services to affected populations.

WHO's response in the neighbouring countries in 2013 included supporting health authorities by: strengthening the early warning, alert and response system (EWARS) in order to minimize outbreaks of communicable diseases among refugees and host communities; supporting immunization campaigns for refugees and host communities; building the capacity of primary health care health professionals, ; assisting in health facility assessments, strengthening health information systems; and supporting the provision of essential medicines and medical equipment.

WHO's Emergency Support Team (EMST), which was established in January 2013 in Amman, Jordan, with the goal of aligning and harmonizing regional response activities for the Syrian crisis in six affected countries, continues to coordinate health sector inputs with other regional humanitarian organizations. Almost 12 months after its establishment, EMST went through a major reform in terms of its structure and focus in order to enhance its ability to support WHO's regional response and the evolving health needs.

Donor support

In 2013, WHO was able to continue its activities and life-saving humanitarian relief in countries experiencing emergencies through the support of the Governments of Kuwait and Saudi Arabia, charitable organizations in Saudi Arabia, and the League of Arab States (Council of Arab Ministers of Health). However, the need for increased funding continues to have an impact on WHO's efforts to reach affected populations. Pledging conferences, such as those hosted by Kuwait for the regional humanitarian response to the Syrian Crisis and by Qatar for reconstruction and development in Darfur, have supported resource mobilization for humanitarian efforts in those countries. Countries facing ongoing emergencies, such as Afghanistan, Somalia and Yemen, remain critically underfunded. In Somalia and Yemen, for example – both of which are experiencing among the worst humanitarian crises – only 24% to 27% of the funding requirements for the health sector were met in 2013, leaving millions still struggling to gain access to even the most basic health services.

The Syria Humanitarian Assistance Response Plan (SHARP) and the Regional Response Plan for the Syrian crisis was launched at the end of 2013 and discussed with Member States and international donors at a WHO donor meeting in Geneva. WHO requires a total of US\$ 246 million in 2014 (US\$ 186 million for the Syrian Arab Republic and US\$ 60 million for the surrounding countries) to meet the urgent life-saving needs of the Syrian people and the host communities. These requirements are part of the biggest UN appeal to date for a single humanitarian emergency at a total cost of US\$ 6.5 billion. More than US\$ 450 million is needed

to provide essential and life-saving medicines and medical supplies to 9.3 million people in both in government- and opposition-controlled areas.

Preparing countries for disaster and emergency risk management

In the area of disaster and emergency preparedness, a range of challenges affect the ability to implement actions on the ground. Overall regional instability is a major factor, while at national level shifting priorities, high turnover of personnel and lack of allocation of resources are factors. In some countries, the need to respond to acute emergencies overshadows development of emergency risk management in the health sector.

Nevertheless, progress was made in moving from policy to action. Most countries have embraced the all-hazard based risk management approach within their national emergency preparedness and response actions. WHO is providing technical support to countries to develop and review their national plans for emergency preparedness and response as required by the International Health Regulations to enhance health security in the Region.

Ensuring the safety and preparedness of health facilities and health workforces in the response to any public health emergency remained a priority in all countries. Five countries are implementing the hospital safety programme. Considering the critical nature of this issue, WHO joined the Health Care in Danger Network set up by the International Committee of the Red Cross.

WHO continued to advocate in countries for linking the health sector within the disaster risk reduction framework. It is working with regional and global partners to support countries aiming to establish national health platforms to coordinate health actions for disaster risk reduction. The first Arab conference on disaster risk reduction was held in Jordan to launch the Arab Platform for Disaster Risk Reduction. At the same conference, a multisectoral forum underscored health as a priority area for the post-2015 development framework.