
Progress report on the update on emergencies and the impact of the Syrian crisis on health systems in the neighbouring countries

1. This report describes progress in implementing Regional Committee resolution EM/RC57/R.2 calling for increased emergency preparedness and response capacity in the Region. It provides an overview of ongoing and new emergencies and their impact on populations and health systems, and presents efforts undertaken to scale up Member State emergency preparedness and response capacity with the goal of reducing dependence on external aid. Special focus is given to the Syrian crisis due to its magnitude and substantial impact on host communities and health systems in neighbouring countries.

Current situation

2. Approximately 42 million people in 13 countries in the Eastern Mediterranean Region are currently affected by emergencies. Seven of these countries are facing protracted emergencies and are therefore included in the United Nation's consolidated appeal process: Afghanistan, Djibouti, Palestine, Somalia, South Sudan, Sudan and Yemen. These appeals, together with those of the 2013 Syria Humanitarian Assistance Response Plan and the Syria Regional Refugee Response, account for a financial planning figure of US\$ 240 million, 29% of which has been requested for health.

3. The Region experienced a number of acute emergencies caused by natural disasters in 2013. Afghanistan, Djibouti, Pakistan and Sudan were affected by extensive flooding, claiming hundreds of lives and affecting more than one million people. Earthquakes struck the Islamic Republic of Iran and Pakistan, leading to more than 30 deaths and damaging more than 1000 houses as well as electricity and water networks. All these events caused a wide range of serious public health threats and disruption ranging from excess mortality, epidemic diseases, trauma and maternal and child morbidity to the interruption of basic services and the loss of infrastructure and other heavy investments in health over years of development efforts.

4. Populations in countries experiencing protracted emergencies continued to be affected by violence due to political instability, and weakened health systems highlight the need for the development of early recovery strategies. Yemen is now one of the world's major emergencies, with more than half of the population now affected by the crisis and a third targeted for humanitarian assistance. Fierce fighting between rival groups in Somalia continues to have a profound impact on civilians and humanitarian aid work in the Lower Juba region. More than 30% of the population in Afghanistan still has no or difficult access to essential health care. Sudan hosted an additional 300 000 internally displaced persons, as well as 70 000 returnees and 500 000 refugees from South Sudan. An escalation of hostilities between rival armed groups in Tirah Valley, Khyber Agency, Pakistan in March forced more than 47 000 people, mostly women and children, to flee their homes and seek refuge in surrounding host communities.

5. In January 2013, 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, Jordan and Israel. This report marked the first time that WHO was able to publish findings on health access for Palestinians in the West Bank. 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.

Health readiness and response in the Region

6. Enhanced preparedness measures by national health authorities, WHO and health partners in countries affected by natural disasters ensured a prompt and effective response. In Pakistan and Sudan, essential medicines and medical supplies were pre-positioned to ensure immediate delivery to flood-affected areas, and disease alert systems were strengthened to monitor cases of infectious diseases and prevent outbreaks. WHO contributed to the interventions in all flood-affected countries in the Region by ensuring the provision of essential medicines and technical support, coordinating activities by health partners on the ground and participating in assessment missions to identify health needs.

7. WHO and partners prepositioned emergency medical supplies in Kismayo, Somalia and ensured the provision of health services for populations in newly accessible and remote areas. WHO and health partners in Yemen reached just over 1 million people in need of emergency health assistance (about one-quarter of the annual target) by May 2013. Additionally, in an effort to promote disease prevention, the health cluster led a campaign to immunize more than 4.5 million Yemeni children against polio, measles, diphtheria, tetanus and pertussis.

8. Severe shortages of essential medicines in the Syrian Arab Republic highlighted the need for an updated reference pharmaceutical list assessed and validated by experts on the basis of WHO's Model List of Essential Medicines. In March 2013, Syrian health experts and pharmaceutical experts and health professionals from WHO and Jordan met in Amman to develop an updated essential medicines list for the entire country, reflecting disease profiles, current gaps and critical needs. The experts estimated that meeting the needs for essential medicines, medical supplies, medical consumables and anti-cancer medicines for a 12-month period would require a minimum of US\$ 900 million.

9. Maternal and child morbidity and mortality are unacceptably high in Somalia. One of the key contributing factors is the low access to quality health services, especially in rural communities and remote areas. According to WHO, one out of five children dies before seeing their fifth birthday, and one out of twelve women dies due to pregnancy-related causes, with haemorrhage and hypertension the leading causes of maternal death. In July 2013, WHO and the Saudi National Campaign for the Relief of the Somali People launched 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.

10. Following a rapid assessment of the health system situation in Libya in 2011, a second mission was conducted to assess the general service readiness and overall capacity of 1041 primary health care health facilities to provide general health services, and identify urgent gaps and needs. Key findings showed that diagnostic capacity was the highest scoring domain – on average facilities had 6 of the 10 diagnostic capacity items; laboratory equipment capacity was the weakest domain – on average facilities had 2 out of the 7 items of laboratory equipment; and that the general service readiness score was 47%. Decades of neglect and the 2011 conflict in Libya have resulted in the reduced availability of mental health services. A new mental health programme led by the Ministry of Health and WHO, based within the National Center for Disease Control, is set to transform Libya's institution-based approach to a community-based approach to mental health care, making mental health services available to the most remote and under-served areas of the country.

11. To ensure that the needs of countries experiencing emergencies are met immediately and efficiently, the WHO Regional Office for the Eastern Mediterranean currently manages US\$ 120 million worth of emergency medicines, medical supplies and equipment in Dubai under agreement

with the World Food Programme. In 2012, these stocks were replenished three times to reach populations affected by emergencies in Afghanistan, Iraq, Jordan, Somalia, South Sudan, Sudan and Syrian Arab Republic.

12. Strategic health operations centres were established in Jordan, Pakistan, Saudi Arabia, Sudan and Tunisia to ensure effective monitoring of emergency situations and coordination of health response activities, and to facilitate communications between country offices, all levels of WHO, and health partners.

Building country capacity and resilience

13. An estimated 31% of countries in the Region showed a gradual increase in activities targeting the review of national policies, alignment of emergency plans with International Health Regulations, and prioritization of the safety and security of health facilities and the health workforce. Afghanistan and Qatar have established formal emergency preparedness and response programmes on a national level that play vital roles in country capacity development. Bahrain and Qatar are also investing their national resources to develop capacity for emergency and crisis management. Specifically, training in different areas of crisis management was expanded from national to community levels.

14. Since implementing its risk-based emergency management system in 2011, Oman has been building capacity for emergency management throughout the different levels of the health sector in order to reduce health sector risks.

Health impact of the crisis in the Syrian Arab Republic

15. The crisis in the Syrian Arab Republic has affected all 14 governorates, with the UN estimating that 6.8 million people were in need of assistance in August 2013, including 4.25 million internally displaced persons.

16. A Ministry of Health report in July 2013 described the state of the public health service capacity. According to the report, up to 60% of public hospitals have limited or no capacity. Additionally, fuel and electricity shortages have forced many hospitals to operate at reduced capacity. There is an acute shortage of transportation for patients, with 52% of ambulances out of service. In areas experiencing high levels of violence, health professionals are often unable to report to work due to insecurity, resulting in severe shortages of health staff.

17. There is an increased risk of infectious disease outbreaks due to disruptions in vaccination programmes, overcrowding in public shelters and host communities due to high levels of internal displacement, damage to water and sanitation infrastructure, and lack of waste management. Cases of typhoid, hepatitis A, measles and cutaneous leishmaniasis have been reported. Measles vaccination coverage is estimated to have fallen from a pre-war level of over 90% to 65%. The clean water supply has reportedly decreased to one third of pre-crisis levels in some governorates.

18. Local production of pharmaceuticals has been significantly reduced due to substantial damages to the country's pharmaceutical plants. The combined side-effects of economic sanctions, currency fluctuations, scarcity of hard currency, disrupted supply chain and fuel shortages have also had an indirect impact on availability of medicines and medical supplies. The crisis has impacted both the development of the health system and the country's long-term development as a whole. A recent report¹ by the Syrian Center for Policy Research estimated that the country has lost nearly two decades' worth of human development achievements as a result of the crisis.

¹ *The socioeconomic roots and impact of the Syrian crisis*. Damascus, Syrian Center for Policy Research, December 2012.

Health impact of the Syrian crisis on the Region

19. From December 2012 to June 2013, there was a three-fold increase in the number of Syrians crossing into neighbouring countries according to UNHCR. As of August 2013, more than 2 million Syrians had fled into neighbouring countries, placing a significant strain on host communities and resources.

Jordan

20. Currently, Syrians make up almost 15% of Jordan's total population, with 30% living in camps and the remainder living among host communities. While health services are readily available to Syrians living in refugee camps, those living in urban communities are placing a significant burden on the country's health system. According to the Jordanian Ministry of Health, the number of Syrians in Jordan's public hospitals increased by almost 250% in the first quarter of 2013, while the number of Syrians requiring surgical operations outside the camps increased by almost 600% in the same time period.

21. Measles, tuberculosis and cutaneous leishmaniasis have been reported among displaced Syrians in Jordan. Jordan had been reporting zero endemic cases of measles for the past 3 years and was planning to undertake an evaluation of the measles situation and verify measles elimination in September 2013. However, measles cases were reported in Jordan starting in early February 2013. As of July 2013, 80 cases of measles had been reported from 5 governorates, with 52% of cases among Syrian refugees.

22. Syrians with chronic diseases who require more expensive, long-term treatment have also placed an additional burden on Jordan's health system. Based on current patient figures, the Ministry of Health estimates that by the end of 2013, there will be 676 Syrian cancer patients in Jordan, representing a 14% increase in Jordan's total disease burden due to cancer. Despite this, there has been no increase in resources, resulting in shortages in hospital beds, nursing staff and medicines for chronic diseases.

23. As of April 2013 the Government of Jordan had spent a total of US\$ 52.65 million on health care for Syrian refugees, of which only US\$ 4.97 million was received through the direct financial support of four United Nations agencies, including WHO. Approximately US\$ 135 million is needed by the Government of Jordan to enable it to continue providing health care services to Syrians until the first quarter of 2014. An additional US\$ 180 million is needed for the rapid expansion of existing health care facilities, particularly in the north of the country, to meet the increasing health needs of Syrians and host communities.

Lebanon

24. Of all host countries, Lebanon has by far the largest number of displaced Syrians, estimated at around 20% of the country's total population. All displaced Syrians in Lebanon live among host communities. Children constitute 52% and women 25% of all refugees, resulting in a significant change in the demographic structure of Lebanon's population. The large number of displaced Syrians is also adding a considerable burden to the country's already scarce and overstretched resources.

25. Syrians account for 30%–40% of primary health care visits in Lebanon according to health authorities. In January 2013, more than 2000 Syrians were admitted to hospitals at a cost of more than US\$ 800 per patient per day.

26. Reported diseases in Lebanon related to influx of refugees documented so far include measles, leishmaniasis, hepatitis A, scabies and cases of multi-drug resistant tuberculosis. Vaccination of one Syrian child necessitates vaccination of four Lebanese children due to the number of Syrians

dispersed among host communities. The Government of Lebanon has not received any funding, although the public health activities such as the Early Warning and Response Network (EWARN) are exclusively supported by the Ministry of Public Health.

Iraq

27. Approximately 30% of Syrians in Iraq live in two functional refugee camps, while the remaining live within host communities. Despite the efforts of partners and the Government of Iraq, there are still huge gaps in term of health needs, impeded by lack of funding. Regular monitoring of disease trends shows that chronic diseases such as hypertension and diabetes are major problems requiring constant attention and that there is a shortage of medicines for chronic diseases.

28. Health needs assessments in Al Qa'im and Domiz camps have revealed an urgent need to strengthen primary health care services, integrated management of childhood health, diagnosis and treatment of noncommunicable diseases, prevention and control of communicable diseases, implementation of minimum initial service package for reproductive health and water quality monitoring to prevent outbreaks of water-borne diseases. Although antenatal services are provided in the refugee camps, natal and post-natal services are not easily available, particularly in Al-Qaim camp.

29. With increased capacity-building efforts focusing on disease outbreak prevention, an early warning system has been established and has helped to avert the risk of cholera epidemics, but the situation remains precarious. The number of children under 5 years of age suffering from diarrhoea in the camps has doubled since February 2013, with an average of 9 children out of every 100 suffering from diarrhoea per week. Additionally, there has been a steady increase of cases of hepatitis A since the beginning of 2013.

Egypt

30. Syrians in Egypt live in host communities in 20 governorates, although mainly concentrated in the governorates of Cairo, Giza, Qalyubiya, Alexandria, Sharkiya and Damietta. Displaced Syrians receive curative and preventive services on an equal basis with Egyptians. Immunizations and first-line treatment services (including for communicable, noncommunicable diseases and dental care) are provided through the primary health care system free of charge.

31. In the past few months, Egypt has seen an increase in the number of refugees seeking health care. This has highlighted the need to upgrade the early warning and response system and conduct training for health personnel in early warning and response to communicable diseases in four governorates, as well as to build the capacity of primary health care workers in seven governorates.

32. Low vaccine coverage rates have been reported among Syrian children, making them more prone to infectious diseases. There have also been reported cases of leishmaniasis, particularly in Sharkiya governorate.

Ensuring the health of populations affected by the Syrian crisis

33. WHO's strategic interventions in the Syrian Arab Republic aim to reduce morbidity and mortality among the Syrian population, especially the most vulnerable groups, including women and children, through a multi-pronged approach. Between January and July 2013, WHO provided emergency health kits needed to secure basic health services to almost 1.3 million people. Moreover, more than one million direct beneficiaries have been reached through health care delivery and distribution of medicines and supplies. Overall, as of the end of July 2013, the Syrian health sector group has provided emergency health kits to treat more than 2 million people, and has reached more than 3.7 million direct beneficiaries.

34. The Early Warning Alert and Response System (EWARS) is gaining momentum with increasing coverage. As of August 2013, 220 sentinel sites were reporting from health facilities in both government-controlled and opposition-controlled areas in order to facilitate early detection and response to disease outbreaks.

35. Two vaccination campaigns were conducted. In 2012, WHO and UNICEF supported the Ministry of Health in vaccinating 1.5 million children against polio and 1.3 million against measles. In 2013, in both government- and opposition-controlled areas, 1.1 million children from six months to 15 years of age were reached with MMR and measles vaccines, and more than 750 000 children under the age of five were vaccinated against polio.

36. In neighbouring countries affected by the Syrian crisis, WHO and partners are supporting health authorities by: strengthening the EWARS in order to minimize communicable diseases outbreaks among refugees and host communities; supporting immunization campaigns for Syrian refugees and host communities; building the capacity of primary health care health professionals, specifically in communicable diseases and early warning reporting and response; enhancing mental health services in Jordan and Lebanon; supporting health authorities in health facility assessments and strengthening health information systems; and supporting health authorities in the provision of essential medicines and in stockpiling specific items and equipment. In Jordan, WHO and partners have conducted an urgent procurement operation in collaboration with the national authorities to assist the health sector in addressing the medicine and vaccine supply gap, with funding from the Government of Kuwait. Additionally, WHO and partners have achieved more than 85% measles vaccination coverage for Syrians and Jordanians.

37. WHO was able to continue its activities and life-saving interventions 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).

Conclusions and the way forward

38. In line with the strategic directions for WHO's work in emergencies in the Region during 2012–2016, WHO will continue to work with countries to promote regional self-reliance in the area of emergency and crisis management, and implement a systemic approach to the management of emergency events, drawing upon regional technical and operational capacities. This includes offering support to countries in developing clear policies and legislation in this area based on an all-hazard and 'whole health' approach, and paying special attention to safeguarding health facilities and the health workforce in times of emergency.

39. Additional readiness measures taken by the Regional Office will include establishing a regional emergency network of public health experts, involving all partners and governments, to provide a trained cadre of response experts suited for deployment in emergencies. WHO is working with the League of Arab States, and key regional partners to ensure regional health partners are included in the network. In 2012, a regional roster of experts specialized in the areas of emergency coordination and public health interventions was developed. Efforts are ongoing to update the roster and ensure development and capacity-building of experts in other areas.

40. Currently, WHO maintains in Dubai both global and regional stocks of emergency health kits and operational equipment, at an estimated cost of more than US\$ 6.5 million. In efforts to further enhance WHO's readiness to respond to emergencies, negotiations have been initiated with the Government of the United Arab Emirates on establishing a dedicated hub for WHO in Dubai to support health relief operations in the Region and globally.

41. To prevent delays in emergency response due to insufficient funding, steps are being taken to develop the necessary policy and operational guidance to establish a regional emergency solidarity

fund. The fund will be used to address immediate financial needs for life-saving interventions and to fill critical, life threatening gaps, and will complement existing and well-established major humanitarian financing mechanisms such as Flash Appeals, the Consolidated Appeals Process (CAP) and the Central Emergency Response Fund (CERF). A plan of action developed in 2012 with the aim of identifying a transparent mechanism, structure and plan for the regional emergency solidarity fund is currently being reviewed and finalized for implementation. The establishment of a regional emergency solidarity fund is integral to increasing regional self-reliance in the management of emergency events and can be readily achieved through the full collaboration and commitment from Member States.