World Health Organization
Regional Office for the Eastern Mediterranean

Health in emergencies *update*

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Syria: Reaching besieged populations

Since the beginning of the conflict in Syria, civilians have been denied access to life-saving and basic services, including health services, in specific areas inside the country. As of July 2016, the number of people in need living in hard-to-reach and besieged areas is 5.47 million people, including 590 200 in besieged locations and approximately 4.88 million in hard-to-reach locations. The number of people in besieged locations has increased by 103 500 since January 2016.

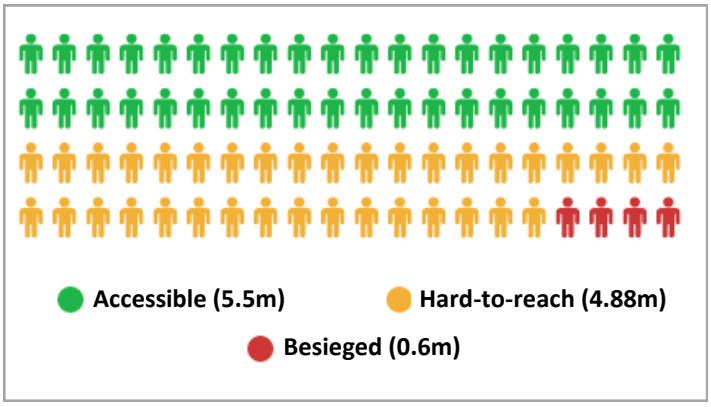
In many besieged areas, gross shortages of medical personnel, severe acute malnutrition, starvation and deaths have been reported. Since the second week of July 2016, there has been a serious deterioration in the health situation in the besieged eastern part of Aleppo city, with complete restriction of access for humanitarian and health aid, and frequent attacks on health care workers and facilities. Only 35 doctors remain for the more than 250 000 people in this part of the city and almost 80% of hospitals are out of service or only partially functional.

The UN Security Council has issued a series of resolutions calling parties to the conflict to allow unhindered access to all people in need, in particular in all besieged areas. These same resolutions expressed concern about continued restrictions on medical care and reiterated the need to respect medical neutrality and facilitate free

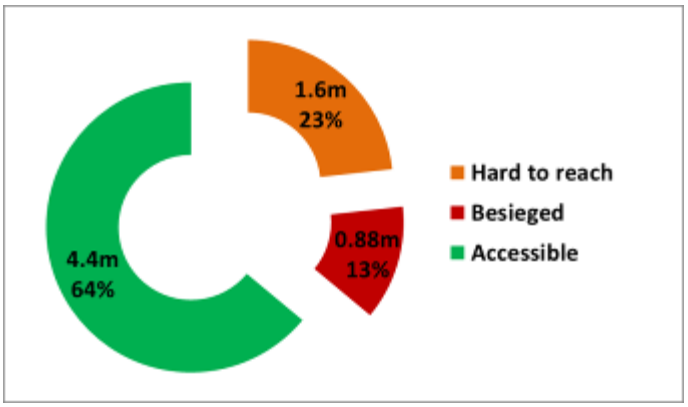
About this newsletter

More than 62 million people across the WHO Eastern Mediterranean Region are in need of health care due to emergencies. Thousands are killed or injured every month, overwhelming weakened health systems. Populations are at risk of deadly infectious diseases, with a high risk of cross-border transmission due to mass population movement. Some of the most vulnerable countries carry the highest burden of displaced populations. Compounding this situation are access restrictions for humanitarian workers as a result of insecurity, repeated attacks on health care, and limited funding for WHO and health partners.

This newsletter aims to connect WHO with donors, partners and key stakeholders, providing an update on the health situation in countries in emergency situations in the Region and highlighting WHO's progress in fulfilling its mission in this area of work. We value your feedback. Please send suggestions and comments to emrgoehanews@who.int.



Total people in need of aid inside Syria, as of July 2016



Total treatments* delivered by WHO, January-August 2016

passage to all areas for medical personnel, equipment, transport and supplies, including surgical items.

Access restrictions imposed by parties to the conflict constitute one of the main impediments to WHO's response operations in Syria. Since the beginning of the year, 21 out of 29 requests by WHO to access 93 locations in 11 governorates remain unanswered by national health authorities. Even when access has been permitted, attempts by WHO and partners to deliver aid are deliberately obstructed or delayed, and medical and surgical supplies are routinely removed from aid convoys.

Despite challenges facing WHO and health partners, some progress has been made in reaching hard-to-reach and besieged populations. By August 2016, WHO and partners had successfully delivered medicines and health supplies from inside Syria to all 18 besieged areas across the country, many of which had been restricted in terms of access since 2012. However, 38 out of the 52 convoys transporting medicines and medical supplies had some essential medicines and surgical supplies removed by national security.

From January-August 2016, WHO participated in 52 inter-agency convoys to besieged and hard-to-reach locations, delivering 200 tons of medical and health supplies, sufficient to provide a total of two million medical treatments*, including standard health kits, life-saving medicines for treatment of chronic diseases, medical instruments and equipment.

Through 28 separate cross-line missions to hard-to-reach locations, WHO was able to provide an additional 35 000 treatments, mainly for the treatment of chronic diseases. Overall, WHO delivered 58% of lifesaving medicines and treatments to people in need in hard-to-reach and besieged locations during the first quarter (Q1) of 2016 compared to 30% in previous years. However, the worsening security on the ground and limited access for interagency convoys only enabled the delivery 25% of medicines and treatments during Q2 2016.

Cross-border assistance from Turkey to northern Syria ensured the provision of medicines and medical supplies sufficient for 950 000 treatments from January to August 2016, more than half the deliveries going to hard-to-reach and besieged areas.

Due to the suspension of cross-border operations to southern Syria from Jordan in June, 16 facilities ran out of essential medicines. The border temporarily re-opened on 28 July, when WHO was able to facilitate a shipment of 11.7 tons of medication for the International Rescue Committee. This shipment helped cover the needs of 12 of the facilities that had insufficient stocks. In August, WHO successfully delivered 49 surgical supply kits to 25 health facilities in Dar'a and Quinetra. Each kit is designed to support 100 surgical interventions and operations for 10 days.

Continuous access to Syria through Jordan and Turkey is critical to ensure the delivery of essential medicines and supplies into Syria, as well as to facilitate training for health professionals based in northern and southern Syria.

Sustained and unhindered cross-line and cross-border access is also required for continuous assessment of the health situation and functionality of health facilities in Syria. This is especially relevant in areas where facilities have been damaged or destroyed. Referrals for patients in hard-to-reach and besieged locations in need of immediate and advanced medical care must be allowed, including guaranteeing safety and security for their return.

Access for immunization activities against vaccine-preventable diseases among children in all hard-to-reach and besieged locations is also imperative. Finally, the provision of life-saving medicines and essential medical supplies to people in hard-to-reach, opposition-controlled and besieged areas is required to strengthen health care service delivery in areas facing shortages of medical personnel.

For these objectives to be achieved, WHO and the health sector need the continuous support of all stakeholders and members of the International Syria Support Group to solve the political issues that continue to obstruct current humanitarian efforts and hamper greater achievement in reaching the besieged and hard-to-reach populations. □

**One standard treatment course (e.g. a course of antibiotics for 8 days) is considered as treatment for one person. Treatment courses are determined for each medicine distribution based on international WHO standards.*

Iraq: Scaling up the health response for Mosul's internally displaced

The humanitarian operation in Mosul is expected to be the largest and most complex this year. Thousands of men, women and children have already fled their homes in search of safety. As the military campaign intensifies, the United Nation expects a large-scale movement of an additional 1.5 million people.

Salah al-Din and southern Ninawa governorates are expected to host an additional 400 000 displaced people from Mosul. Three camps in Salah al-Din currently accommodate the majority of internally displaced persons in the governorate, estimated to be 23 000 people. The Directorate of Health is reporting an urgent need for medicines, medical supplies and equipment, ambulances, and mobile medical clinics.

In anticipation of increased needs, WHO is working with health partners and health authorities to reduce morbidity and mortality in all targeted areas, with special attention to the health needs of pregnant women, adolescent girls, children, the elderly, and disabled persons.

In areas that have already received influxes of internally displaced persons, including Salah al-Din governorate, WHO and partners are increasing access to primary and secondary health services for people affected by the current crisis, to provide emergency vaccinations, mental health support, trauma care and other essential health services. Partners are helping to strengthen the capacity of community-based primary health care centres and hospitals to manage the increased demand. This is being achieved by supporting mobile health services, establishing primary health care centres and supporting hospitals. WHO is also strengthening the referral system by dispatching ambulances, and supporting health authorities and partners by providing essential medicines, medical supplies and kits through its three main warehouses in Baghdad, Erbil and Dohuk. To prevent outbreaks of communicable diseases, including cholera, disease early warning systems are being strengthened.

WHO is committed to working with health authorities and partners to ensure that the needs of all people affected by this crisis are met, and that unnecessary loss of life is avoided at all cost. However, lack of funding is significantly impeding an effective response. The health component of the Humanitarian Response Plan for Iraq is less than 50% funded and every partner requires additional funds to prepare for the anticipated Mosul crisis. To this end, the Mosul Flash Appeal is seeking US$ 35 million. Existing contingency supplies are being rapidly reduced to respond to needs in other parts of the country, including Fallujah, Mahkmour and Shirqat. □

Yemen: Response challenged by increasing needs and limited funding

The 17-month conflict in Yemen has claimed over 6700 lives, and more than 33 500 people have been injured, according to health facility reports. As the violence continues, resource-drained health facilities struggle to provide medical care.

There are concerns over the suspension of the operational costs provided to health facilities by the government, which could result in their total collapse, depriving millions of people of essential health services. Operational costs have already been deducted from the main hospitals and health facilities, and the salaries of doctors and health workers risk going unpaid. As a result, public health facilities are increasingly dependent on support by international organizations.

Critical shortages of essential medicines, medical supplies, fuel, power, water and oxygen are significantly affecting all hospital services, including intensive care units and dialysis centers. Preliminary assessments reveal over 50% of all health facilities to be non-functional or only partially functional.

As a result of increased displacement, limited supplies of water, food and shelter, and adequate health care, diseases such as malaria, scabies, diarrhoea and respiratory infections have spread among internally displaced persons, creating an additional burden on already overwhelmed health facilities. Heavy rainfall, disruption of waste management and weak vector control have led to an upsurge in dengue fever cases.

WHO has continued to support health facilities across the country, providing more than two million litres of fuel since the beginning of 2016. More than 30 million litres of water have been distributed to health facilities, host communities and areas hosting internally displaced persons since March 2015. In August, WHO opened a medical oxygen gas plant in Al-Thawra Hospital, Al-Hudaydah governorate to relieve shortages of medical oxygen supplies in the area.

Since the beginning of the crisis, WHO has delivered 785 tons of essential medicines and medical supplies to all governorates to meet the health needs of 10 million people across the country.

To meet the shortfall of qualified health workers, including physicians and surgeons, and sustain basic health services in areas such as Sa'ada, Hajjah, Amran, Aden, Lahj, Taiz and Al-Dhalea governorates, WHO has deployed more than 50 mobile and fixed medical teams to provide primary health care services, nutrition services and surgical interventions.

WHO and partners in Yemen are working tirelessly to save lives in a country struck by poverty, armed conflict and natural disaster. However, a significant lack of funding continues to impede response efforts, with only 23% of the required funding under the 2016 response plan being received by WHO and only 32% being received by the health sector. □

Somalia: Two years polio-free

In August 2016, Somalia marked two years since its last case of wild poliovirus, a child from Hobyo district of Mudug region who was paralyzed on 11 August 2014. Since then, no new case of wild poliovirus has been reported. This major achievement was made possible as a result of intensive collaboration between the Somali health authorities, WHO and UNICEF, working with regional and zonal polio eradication officers and a network of hundreds of village polio volunteers at the community level across the country.

In order to maintain the country's polio-free status, supplementary immunization activities are regularly conducted. Two polio campaigns have been conducted since January 2016, in addition to two sub-national campaigns targeting children living in hard-to-reach areas. More than two million children have been immunized so far in 2016, and two additional campaigns are planned for October and November 2016.

Access is a key challenge in reaching children, especially those living in the Southern and Central zones. As of August 2016, 16 out of 115 districts in Somalia remain inaccessible and 23 are only partially accessible. An estimated 400 000 children under five years of age are periodically inaccessible, of whom 235 000 have not been reached by immunization campaigns since 2013. The polio eradication programme in Somalia has established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plans to ensure that immunization activities take place without delay in any areas that become newly accessible.

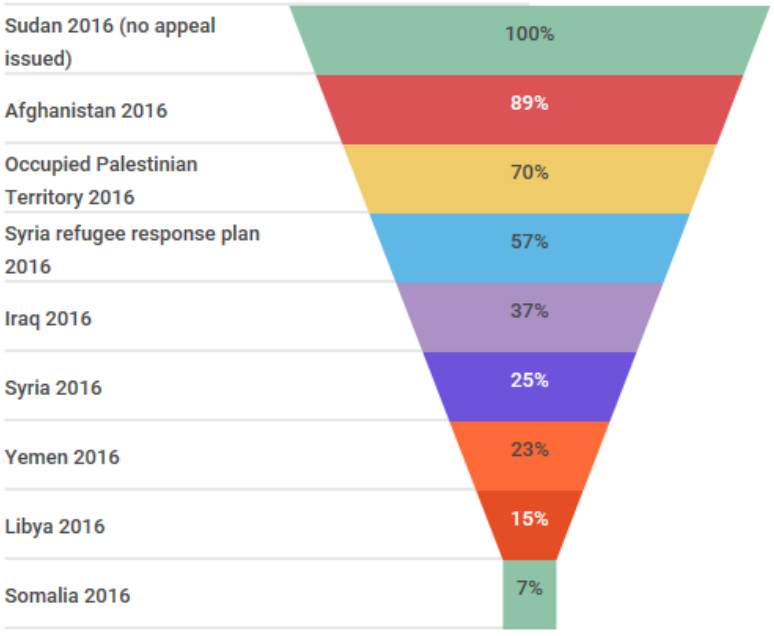
The surveillance system continues to be strengthened through innovative strategies including sampling of healthy children in regions that have not reported cases, expanding the number of village polio volunteers, investigations of children who have never been immunized, contact sampling, and validation of acute flaccid paralysis cases. □

Funding for emergencies

48% funding for WHO

WHO: Of a total of **US$ 271 million** required for the WHO component of UN humanitarian response plans for the Eastern Mediterranean Region, only **US$ 131 million (48%)** has been committed or contributed.

Health sector: The health sector requires **US$ 1.5 billion**, of which only **US$ 386 million (25%)** has been committed or contributed *(Source: OCHA/FTS, 7 September 2016).* □



Percentage of funding required by WHO received or committed, by response plan *(Source: WHO PRIME, 7 September 2016).*

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