



Syrian family in Domiz camp, Iraq. Photo: WHO

HIGHLIGHTS

An outbreak of cutaneous leishmaniasis has been reported in the Syrian Arab Republic.

WHO has provided health facilities with medicines and other essential supplies which will strengthen the capacity of health facilities to provide basic health care to 165 000 patients. In addition, it will enable health facilities to have access to supplies in order to undertake and properly manage about 200 surgical interventions.

The number of Syrian refugees arriving in Jordan is now exceeding 3000 a day which has stretched the current response capacity of WHO and other partners, and in the absence of additional support to WHO it will be highly challenging to provide adequate and needed support.

WHO Lebanon conducted enhanced vaccination outreach activities in the north and Bekaa with a target to reach 8000 children.

Saudi national campaign for Syrian solidarity has donated US\$ 2 107 000 to provide essential medicines, vaccines and medical equipment to the people of the Syrian Arab Republic.

HEALTH SITUATION AND WHO'S RESPONSE IN THE SYRIAN ARAB REPUBLIC

Situation overview

- Shortages of medicines are becoming critical both in public sector hospitals and medical clinics and in private sector facilities. WHO is regularly receiving requests for medicines and other needed medical supplies from the Ministry of Health, Ministry of Higher Education and nongovernmental organizations.
- Reports from sentinel sites indicated an increase in the number of cutaneous leishmaniasis cases. Since the establishment of the Early Warning Alert and Response System (EWARS) on 23 September, 955 cases have been reported mostly from four governorates: Hamah, Hassaka, rural Damascus and Homs.
- During the third week of January, 59 new cases of hepatitis A were reported through EWARS. Since September 2012, a total of 905 cases of hepatitis A were reported by the Ministry of Health sentinel sites in addition to 1921 cases reported by the Ministry from internally displaced persons (IDPs) shelters. The most affected governorates are Idleb and Aleppo in addition to IDPs shelters in Damascus.
- The long hours of electricity outages and the limited availability of fuel have serious implications for the delivery of health care.

FAST FACTS

The Syrian Arab Republic

Four million Syrian people are in urgent need of humanitarian aid, **all of the Syrian population are affected and have the right to receive equitable health services** in all 14 governorates.

Overall **55% of public hospitals (Ministry of Health) are damaged**/24% are partially damaged/31% are out of service

Overall, **142 health workers are reported to have been directly affected** (52 killed, 76 injured and 14 kidnapped)

WHO works with Syrian health authorities and has an active presence in Damascus and Homs.

(Source, Ministry Of Health, Syrian Arab Republic)

Health challenges

The current crisis continues to heavily impact on regular waste management and the availability of safe water.

Hospitals are in severe need of anaesthesia, antibiotics, serums and other essential medicines.

Local pharmacies are increasingly unable to provide basic medicines, such as pain killers, and health authorities in the governorates are not receiving sufficient supplies from central authorities.

WHO's response

WHO is following up with containment measures taken by the Ministry of Health team who regularly visits the shelters where an increased number of suspected hepatitis A cases have been reported. The Ministry continues to investigate the cases through additional laboratory tests to confirm the diagnosis and by testing the quality of the water while WHO coordinates with the WASH sector to contain the increased number of cases. Furthermore, the process of procurement of hepatitis A vaccine has been initiated and it is planned to be administered to IDPs in shelters.

The WHO country office has contacted its implementing partner in Deir Ezzor who confirmed the increase in leishmaniasis cases and has offered to facilitate transportation of leishmaniasis medicines to inaccessible areas. Nongovernmental organizations are also assisting in Aleppo and Alhasakah.

WHO recently procured thousands of bottles of anti-lice shampoo. 4000 bottles of the shampoo were provided to the Ministry of Health and 500 to the Palestinian Charity Organization.



Map of the Syrian Arab Republic

WHO provided the following support from 24 January to 5 February

The Directorate of Health	Medicines and supplies		
As-Suwayda	50 000 beneficiaries for 3 months	200 surgical interventions	1 defibrillator, 1 ventilator for the intensive unit care at As-Suwayda National Hospital;
Quneitra	20,000 beneficiaries for 3 months	200 surgical interventions	1 ventilator for the intensive unit care at the Mamdouh Abaza Hospital.
Hamah	5000 beneficiaries for 3 months	600 surgical interventions	2 defibrillator and 2 ventilators
Homs	40 000 beneficiaries for 3 months	400 surgical interventions	
Al-Assad National Hospital in Lattakia	50 000 beneficiaries for three months	600 surgical interventions	
The Islamic Charity Organization in Deir Ezzor	Non-communicable diseases medicines		
Palestinian Charity Organization	1 ventilator for the intensive unit care in al-Bassel Hospital in al-Yarmouk Camp, and lice medication for 500 Palestinian patients in an IDP shelter in Damascus		

IMPACT OF THE CRISIS ON NEIGHBOURING COUNTRIES

FAST FACTS

JORDAN

178 260 registered Syrian refugees, 49 224 waiting to be registered and about 80 000 reluctant to register in Jordan (UNHCR).

Currently, there are **12 health facilities providing health services inside the Zaatari camp.**

LEBANON

Displaced Syrian refugees in Lebanon receive health services through the existing health system.

About **42 000 Syrian refugees have received primary health care services during the month of January 2013.** 7840 Syrians have been admitted to hospitals.

Health services to displaced Syrians are provided by **10 primary health care centres, and 12 hospitals in the north and Bekaa.**

Additional primary health care centres and hospitals are being identified to accommodate the increased demand in Beirut and the south. **Two mobile medical units** continue to reach those locations to provide necessary medication, diagnostic services and consultations.

IRAQ

81 034 registered Syrian refugees in Iraq. (UNHCR)

About **900** (650 at Domiz and 250 at Al Qai'm) Syrian refugees are **seeking health services in Domiz and Al Qai'm camps every day.**

There are **four primary health care facilities** in both Al Qai'm and Domiz camps and **49 health workers.**

EGYPT

14 878 registered Syrian refugees in Egypt (UNHCR)

Health challenges

Limited funding for the health sector coupled with limited space available in the camps has decreased the current response capacity of the Government and partners. The huge influx of refugees and their tremendous need for a variety of health services has overstretched the current capacity of service providers. Total beneficiaries of health services in the Zaatari camp have reached almost 60 000. The high load of patients, especially those with war injuries and those presenting with chronic conditions, limits the time health workers can spend with each patient.

The under-five and crude mortality rates are elevated compared to week 3 of January 2013. There were eight deaths in week 4 from a variety of causes. The neonatal mortality rate is high at 87 per 1000 live births (target is less than 40). Neonatal death audits are planned to start to review all neonatal deaths and ascertain any preventable or avoidable factors. (UNHCR Refugee Assistance Information System data)

In Lebanon, mental illnesses, such as depression, mood disorders, post-traumatic stress disorder and others, are reported more frequently by nongovernmental organizations providing health services to displaced Syrians in Lebanon. Case management and referral for mental health conditions need to be reinforced.

The supply of chronic medications in primary health care centres in Lebanon has been almost depleted and vaccination coverage of displaced Syrians is suboptimal.

WHO's response

WHO, in partnership with UN organizations, assists health authorities to address the health needs of the populations affected by the crisis in neighbouring countries through supporting effective and efficient delivery of life-saving emergency health care at all levels and facilitating access to essential primary and secondary health care.

Displaced Syrian children are included in both regular immunizations in Egypt and now in the emergency polio campaign.

WHO Jordan has established an office inside the Department of Health in Mafraq (north Jordan) to ensure close coordination with the Ministry of Health team.

Three new primary health care centres were established in Zaatari camp with the financial and technical support of WHO.

WHO Jordan, in collaboration with the Ministry of Health, organized a workshop on H1N1 case management in the Zaatari camp. This workshop was attended by 22 health providers (medical doctors and nurses). WHO Jordan has also translated the Jordanian national guidelines from Arabic into French to make it more accessible for health providers.

WHO Lebanon, along with the Ministry of Public Health and UNICEF, have launched an enhanced immunization outreach vaccination against polio and measles (OPV and MMR) targeting children in schools, collective shelters and settlements in different regions. The outreach started on 21 January and will end on 4 February. The target is to reach 8000 children both from the displaced Syrians and the host communities.

WHO Lebanon provided tuberculosis (TB) medications to replenish the Ministry of Health stock, along with additional quantities in preparation to

cover the needs of 200 new patients in case of a massive influx of displaced Syrians.

WHO Lebanon, in coordination with the Ministry of Public Health, completed a set of workshops on hazard management, attended by more than 450 participants from private–public hospitals, as well as Ministry of Public Health district officers and focal points from line ministries.



Photo: UNHCR

COORDINATION

Meetings with WHO Syrian Arab Republic regarding the SHARP plan

WHO conducted two coordination meetings on 31 January and 3 February with Ministry of Health staff to follow up the implementation of SHARP activities regarding mental health and nutrition.

Health Working Group meeting

The first meeting of the Health Working Group (HWG) was held on Tuesday, 29 January, 2013. The meeting discussed the key recommendations which were identified during the recent visit of the Emergency Directors to the Syrian Arab Republic. In addition, the need to have a more systematic and unified reporting system for the HWG was discussed. The Central Emergency Response Fund (CERF) manager contributed to the meeting by familiarizing partners about the CERF and funding opportunities for life-saving health activities. UN partners, international nongovernmental organizations and especially local nongovernmental organizations, are encouraged to submit proposals to the CERF. An orientation workshop on the application procedures of the fund will take place on Thursday 7 February, in WHO premises.

Field visit to the Syrian Family Planning Association

WHO conducted a supervisory visit to the Syrian Family Planning Association on 23 January, the main purpose of the visit was to monitor WHO-supported

mobile clinics and identify gaps, challenges and urgent needs. The Syrian Family Planning Association has 18 fixed clinics located in Damascus, Rural Damascus, Aleppo, Homs, Deir Ezzor, As-Suwayda, Idlib, Lattakia and Ar-Raqqah.

The following findings were reported by the monitoring team.

- a) Challenges faced included:
 - delivering medicines to heavily-affected governorates;
 - Lack of fuel for mobile clinics;
 - delay of technical reports from the affected governorates due to outages of electricity and lack of telecommunication;
 - The partial damage of Homs mobile clinic and the need to transfer it to a more secure area.
- b) Needs include medicines for influenza, cough, lice and scabies, in addition, vitamins for pregnant women and children.

UN humanitarian chief visits Syrian Arab Republic and Lebanon

The United Nations Humanitarian chief Ms Valerie Amos discussed the humanitarian crisis caused by the crisis in the Syrian Arab Republic during a field visit to the Region. Ms. Amos met in Damascus with the UN Country Team and commended the activities of UN agencies emphasizing the need to expand and accelerate the provision of humanitarian assistance to the affected

population. Ms Amos visited a mobile clinic operated jointly by International Medical Corps and the Syrian Arab Red Crescent to monitor the delivery of health care activities to an IDP shelter in Rural Damascus. she also had a high-level meeting with Lebanese health officials.

UN Emergency Directors' mission to the Syrian Arab Republic

Operations Director of the UN Office for the Coordination of Humanitarian Affairs (OCHA) John Ging, accompanied by the emergency directors from eight UN agencies including Dr Richard Brennan, Director of Emergency at WHO headquarters, visited the Syrian Arab Republic. The mission aimed to identify gaps and challenges in the current humanitarian effort as well as to find ways of reaching a greater number of Syrians more efficiently and effectively.

The mission spent two days in Damascus, conducted a visit to Daraa, Homs and to the town of Talbiseh (province of Homs), the first cross-line town to be visited by UN staff since the beginning of the crisis.

Following the Emergency Directors' visit, WHO will be providing equipment and supplies for surgical intervention, medical supplies and life-saving medicines to a field hospital in Talbiseh.

UN coordination meeting for Syrian refugees in Egypt

WHO organized a meeting with the Office of the United Nations High Commissioner for Refugees (UNHCR)/UNICEF/the United Nations Population Fund (UNFPA)/International Organization for Migration (IOM) on 29 January 2013 and agreed to conduct a joint mission in which WHO would be leading the health component. The mission has been postponed currently given recent instability in Egypt. The core team has agreed to use the WHO health assessment tools.

WHO Jordan participated in an information dissemination activity in collaboration with a nongovernmental organization Un Ponte Per and Yarmouk University Radio, to disseminate key messages and information on mental health and psychosocial support for Syrian refugees in the northern governorates of Jordan.

WHO Director of Emergency conducts mission to Lebanon

Dr Richard Brennan, Director of Emergencies at WHO headquarters, paid a visit to and Lebanon and had a meeting with Lebanese Ministry of Public Health officials and key stakeholders and partners on the humanitarian response in the context of the displaced Syrian crisis in Lebanon.

Emergency focal points at WHO country offices participated in the regular field health coordination meetings and UN intersectoral coordination meetings on the crisis.

DONORS AND FUNDING

On 30 January 2013, representatives from Member States, UN agencies and nongovernmental organizations gathered in the city of Kuwait to attend the **International Humanitarian Pledging Conference for the Syrian Arab Republic. US\$ 1.5 billion were pledged in support of the humanitarian response to the crisis in the country.** Numerous donors indicated they would be supporting delivery of health services, including medicines.

This was the first International Humanitarian Pledging Conference for the Syrian Arab Republic in order to provide life-saving aid to more than 4 million people over the first six months of 2013.

The WHO African Region is supporting the one-WHO initiative of a back-up cell for the Syrian crisis by donating **US\$ 100 000 for the implementation of an emergency support team joint response plan.** This underlines the exemplary interregional collaboration and unprecedented solidarity action that the WHO African Region initiated following the declaration of the emergency in the Syrian Arab Republic and neighbouring affected countries.

Saudi national campaign for Syrian solidarity has donated US\$ 2 107 000 (7.9 million Saudi Riyals) to support people of the Syrian Arab Republic to provide essential medicines, vaccines and medical equipment to support conflict-affected populations in the Syrian Arab Republic.

Appeal Doc	Country of operations	Total requested by health sector	Total requested by WHO	Amount received by WHO (including pledges)**	% of overall amount requested by WHO	WHO unmet requirements
SHARP	Syrian Arab Republic	81 905 133	48 465 000	16 352 481	34%	32,112,519
RPP	Iraq	2 089 000	1 350 000	-	0%	1,350,000
	Jordan	15 625 999	2 650 000	803 701	30%	1 846 299
	Lebanon	6 613 440	400 000	149 800	37%	250 200
	Turkey	2 089 000	1 200 000	248 668	21%	951 332

SHARP: Draft Syria Humanitarian Assistance Response Plan
RPP: Syria Regional Response Plan

Table 1. Current funding status by country

FOR MORE INFORMATION

WHO Syrian Arab Republic Country Office

Ms Elizabeth Hoff, acting WHO representative

wrosyria@syr.emro.who.int

WHO Jordan Country Office

Dr Akram El Tom, WHO representative

wjrjor@jor.emro.who.int

WHO Turkey Country Office

Dr Cristina Profili, WHO representative

mcp@euro.who.int

WHO Lebanon Country Office

Dr Hassan El Bushra, WHO representative

wroleb@leb.emro.who.int

WHO Iraq Country Office

Dr Syed Jaffar Hussein, WHO representative

wriraq@irq.emro.who.int

WHO Egypt Country Office

Dr Naeema Al Gasseer, WHO representative

WREgypt@egy.emro.who.int