



Syrian family in one of the mobile clinics in Damascus. Photo: WHO

HIGHLIGHTS

Syrian Arab Republic: Reports indicate an increase in the numbers of suspected cases of typhoid fever and cutaneous leishmaniasis.

WHO continues to provide medicines and medical supplies to the health facilities and nongovernmental organizations in all affected governorates.

Jordan: WHO Jordan supports the Ministry of Health in continued routine vaccinations conducted inside and outside the Zaatari refugee camp.

Lebanon: WHO has completed the first phase of enhanced vaccination outreach activities in the north and south of Bekaa.

Iraq: WHO provides antiviral medicines to the Ministry in support of case management for the recent rise in influenza cases caused by influenza A (H1N1)pdm09.

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

Situation overview

Between 27 January and 2 February 2013, a total of 253 new cases of cutaneous leishmaniasis were reported through the Early Warning Alert and Response System (EWARS). Of these, 166 cases were reported in the Deir-Ezzor governorate.

146 new cases of suspected hepatitis were reported. 62% of the cases were aged five and above. Most cases have been reported from Deir-Ezzor (31 cases), rural Damascus (26 cases) and Idlib (21 cases).

70 new cases of suspected typhoid fever were reported in Mayadeen, Deir-Ezzor governorate.

The Ministry of Health and Ministry of Higher Education have reported severe medicine shortage in health facilities, in particular intra-venous fluids and albumin. The functioning hospitals continue to be overwhelmed with patients and suffer from severe shortage in medicines and supplies.

FAST FACTS

The Syrian Arab Republic

Four million Syrian people are in urgent need of humanitarian aid.

57% of public hospitals have been damaged and 36% are no longer functional. 78% of public ambulances have been damaged.

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

(Source, Ministry Of Health, Syrian Arab Republic)

Health challenges

Electricity cuts and fuel shortages continue to affect health care delivery in Aleppo. It is reported that regular power cuts are afflicting all health facilities, which are struggling to provide the needed services such as laboratory diagnostics, x-ray, ultrasound, cardiac monitoring, etc.

Contaminated water supply continues to pose a major public health risk for several of the affected governorates.

Poor hygiene practices in densely-populated areas are increasing the risk of spreading epidemic diseases.

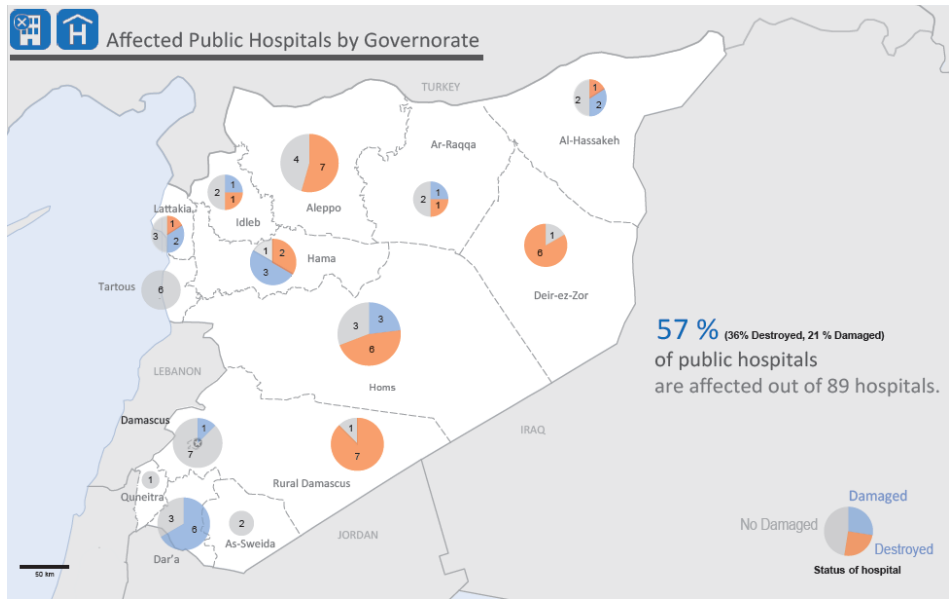
WHO's response

WHO established a sub-office in Homs on 7 February to expand and decentralize its operations.

The Jesuit Refugee Service organization (JRS) is now the 18th locally contracted nongovernmental organization. The JRS has been contracted to strengthen health service delivery in and around the city of Aleppo. The JRS aims to deliver medicines and medical supplies to local nongovernmental organization hospitals.

WHO provided the following support from 5 to 17 February

The Directorate of Health	Medicines and supplies
The Laboratories Directorate in Damascus	27 laboratory diagnostic kits for measles, rubella and AIDS
The Children Hospital in Damascus	Medications to treat 50 children with cancer
The Harasta Charity Organization in Rural Damascus	Medical supplies for 100 surgical interventions and one ventilator
The Circassia Charity Organization in Damascus, Rural Damascus, and Quneitera	Medical supplies for 200 surgical interventions and two diarrhoea kits to treat 1400 cases of diarrhoea of different severity.
The Palestinian Charity Organization	One defibrillator for the intensive care unit in al-Bassel Hospital in al-Yarmouk Camp, Rural Damascus



WHO staff in the Syrian Arab Republic distributing medicine and medicines to health facilities. Photos: WHO

FAST FACTS

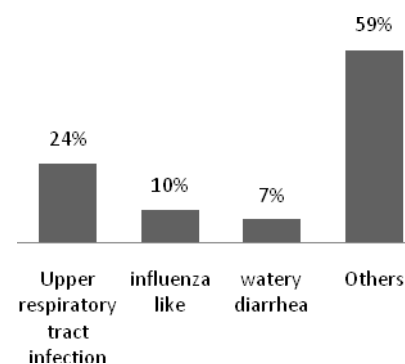
JORDAN

26 4915 Syrian refugees have been formally registered, with 49 391 currently waiting to be registered in Jordan with UNHCR.

The number of Syrian refugees arriving daily averages 1558.

There are 12 health facilities providing health services inside the Zaatari refugee camp.

21 657 of Syrian refugees have received primary health care services inside the Zaatari camp between 5 and 17 February 2013. 15 709 Syrians refugees have been diagnosed with acute diseases.



Source: Ministry of Health, Jordan

Figure 1. The percentage of diseases reported in primary health care centres between 5 and 17 February 2013.

Public health facilities outside of the camp have received 9061 patients, who were treated in different outpatient departments. 719 patients were admitted to public hospitals, 125 of them for surgical interventions.

LEBANON

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

IMPACT OF THE CRISIS ON NEIGHBOURING COUNTRIES

2044 Syrian refugees received primary health care services between 31 January and 8 February. 371 Syrians have received secondary health care services in the north and south of Bekaa.

Health services to displaced Syrians are provided by 10 primary health care centres run by international organizations and 12 public and private hospitals in Lebanon.

Additional primary health care centres and hospitals are being identified to accommodate the increased demand in Beirut and in the south. Two mobile medical units are providing outreach services, medications, diagnostic services and consultations.

IRAQ

90 449 registered Syrian refugees in Iraq. (UNHCR)

1120 (850 at Domiz and 270 at Al Qai'm) Syrian refugees received 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 run by the government and international organizations which engage 49 health workers.

Health challenges

A continued influx of Syrian refugees into Jordan has had a serious impact on the local health system. The refugee camp is reaching its full capacity and health services are overstretched inside and outside the camp. The health facilities have to provide services to both the local and Syrian refugees with the caseload continuing to increase.

There is a severe lack of essential medications at the primary health care level in Lebanon. Particularly, medicine for the treatment of leishmaniasis positive cases is needed.

The increasing number of refugees outside the camps in north Iraq led to the decision to establish another two camps in Erbil and Sulaimaniyah.

In Iraq, eleven people out of 598 laboratory confirmed influenza cases caused by influenza A (H1N1)pdm09 have died. WHO has enhanced monitoring to prevent further spread in the Syrian refugee camps.

WHO's response

WHO Jordan, in collaboration with the Ministry of Health organized a session on cutaneous leishmaniasis in the Zaatari camp. This workshop was attended by 18 health providers (medical doctors and nurses).

WHO Jordan continues to support the Ministry of Health routine vaccinations inside and outside the Zaatari camp.

New arrivals to the Zaatari camp are vaccinated against measles (children below 15 years) and polio (children below 5 years) and are given vitamin A supplementation.

WHO Lebanon provided technical assistance to the Ministry of Public Health on the medical management of leishmaniasis cases; technical support was also provided to the WASH group, including technical advice on spraying.

WHO Lebanon and the International Medical Corps (IMC) have jointly identified primary health care centres to serve displaced Syrians and supported the development of an essential medicines list of required medications for the centres.

COORDINATION

The WHO emergency support team (EMST) for the crisis in the Syrian Arab Republic conducted a 30-day review on 12 February in Jordan. The team discussed the challenges, opportunities and agreed on the steps forward to further strengthen coordination between the relevant WHO offices in the Region.

On 7 February WHO hosted a workshop in the Syrian Arab Republic on the application procedures for the Emergency Response Fund. The workshop aimed to familiarize UN partners, international and local nongovernmental organizations with the Emergency Response Fund and funding opportunities for life-saving health activities.

The Health Working Group (HWG) held its regular meeting on 12 February in the Syrian Arab Republic to discuss critical health gaps identified by agencies and by the sector as a whole. The most pressing concern is regular access for all patients to health facilities and access of health staff to their work place.

The meeting emphasized the need for more strategic cooperation with local nongovernmental organizations. A nongovernmental organization platform symposium will be organized at the beginning of March.

On 12 February, WHO in collaboration with the Ministry of Health, conducted a workshop on re-activation and strengthening the national health information system for emergency response. The workshop introduced tools to assess and monitor the availability of key health services, resources, capacity, and functionality of the public hospitals and health centres across the Syrian Arab Republic. These tools are developed to assist in adapting the health response through providing timely and up-to-date information. Thirty-four participants from six governorates have been trained, while the remaining governorates are expected to attend a planned follow-up workshop.

WHO Jordan co-chairs the mental health and psychosocial support coordination meetings. WHO Jordan and International Medical Corps began implementing the 4Ws health resource

mapping for mental health, psychosocial and protection services (including child protection). The mapping will cover services provided to Jordanians, Iraqis and Syrians in all governorates.

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

DONORS AND FUNDING

WHO in the Syrian Arab Republic has received US\$ 500 000 from the Emergency Response Fund to fill in the gaps for the provision of life-saving medicines.

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Table 1. Current funding status by country, as of 21 January 2013

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