



SYRIA CRISIS

Whole of Syria response

Turkey update:

- Refugee Health Programme
- Cross-border operations



Teams are preparing to spray the homes of families in north-western Syria with insecticides. The insecticide will assist in limiting the multiplication of sand flies and therefore transmission just before the summer months, when they are most active. Copyright: WHO/The MENTOR Initiative

FOR THE REPORTING PERIOD

TURKEY



3.6 MILLION
SYRIAN
REFUGEES WERE
LIVING IN
TURKEY



127 282 HEALTH
CONSULTATIONS
WERE PROVIDED TO
SYRIANS IN
REFUGEE HEALTH
TRAINING CENTRES

NORTHERN
SYRIA



2.9 MILLION
PEOPLE WERE IN
NEED OF
HEALTH CARE¹



THERE WERE
1.8 MILLION
INTERNALLY
DISPLACED
PEOPLE¹



60 ATTACKS
ON HEALTH
CARE WERE
VERIFIED²

KEY FIGURES

HIGHLIGHTS

REFUGEE HEALTH PROGRAMME IN TURKEY	
3.6 MILLION	REFUGEE POPULATION
7	WHO-SUPPORTED REFUGEE HEALTH TRAINING CENTRES (RHTCS)
70	HEALTH SECTOR WORKING GROUP PARTNERS (INCLUDING DONORS)
94%⁴	FUNDED OPERATIONS IN 2019
17 487 000	US\$ REQUESTED FOR OPERATIONS IN 2019
CROSS-BORDER OPERATIONS TO NORTHERN SYRIA	
4 MILLION	ESTIMATED POPULATION IN IDLEB, WESTERN ALEPPO, AFRIN, NORTHERN HAMA AND EASTERN LATAKIA
122 310	NUMBER OF TREATMENT COURSES PROVIDED BY WHO
34	MOBILE TEAMS SUPPORTED BY WHO
120	HEALTH CLUSTER PARTNERS
20%	FUNDED OPERATIONS IN 2019
39 045 000	US\$ REQUESTED FOR OPERATIONS

In response to the humanitarian crisis in Syria, WHO and partners provide life-saving health services to Syrian refugees in Turkey and to populations in northern Syria from Turkey under the Whole of Syria approach.³

Refugee Health Programme

- Monitoring visits were conducted to the RHTCs in Gaziantep and Ankara to assess the challenges in the use of the health information management system for examinations and monthly reporting of the health data.
- To bridge a gap in health care delivery for older and disabled people, 3493 Syrian patients in Izmir and Hatay received weekly home care aimed at ensuring their well-being and integration.
- In August, WHO met with provincial authorities to review the implementation of community health services, discussing achievements, challenges and recommended actions.

Cross-border operations

- WHO organized a celebration for World Humanitarian Day in Gaziantep: 45 people came to pay tribute to aid workers who risk their lives in humanitarian service and to rally support for people affected by the crisis around the world.
- In August 2019, WHO provided partners with supplies for 30 000 complete haemodialysis sessions to treat 500 patients for 6 months.
- For the first time in north-western Syria, WHO and partners completed a comprehensive leishmaniasis prevention, control and treatment project benefitting over 1 million people.

¹ Health cluster estimate based on the 2019 Humanitarian Needs Overview – Syrian Arab Republic.

² Between 1 January and 31 August 2019, <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>, accessed 21 October 2019.

³ Under United Nations resolutions 2449 (2018) and recalling resolutions 2165 (2014), 2175 (2014), 2191 (2014), 2209 (2015), 2235 (2015), 2254 (2015), 2258 (2015), 2268 (2016), 2286 (2016), 2332 (2016), 2336 (2016), 2393 (2017) and 2401 (2018) and its Presidential Statements of 3 August 2011 (S/PRST/2011/16), 21 March 2012 (S/PRST/2012/6), 5 April 2012 (S/PRST/2012/10), 2 October 2013 (S/PRST/2013/15), 24 April 2015 (S/PRST/2015/10) and 17 August 2015 (S/PRST/2015/15).

⁴ Including pledged amounts by donor agreement to be received in 2019.

Situation overview

Turkey hosts 3.6 million Syrians, the highest number of refugees in the world. Since the beginning of the crisis, the Government of Turkey has offered to protect and assist all Syrians in need under a temporary protection regime. Registered Syrians are eligible to receive the same health services and quality standards as Turkish nationals. In order to strengthen primary health care for this population, a network of 178 active refugee health centres has been established. In these centres Syrian health professionals trained by WHO provide linguistically and culturally sensitive health care services to their fellow nationals. Since 2016, these centres have provided over 6.7 million health consultations to Syrians. In other more specialized health care services, Turkish health professionals provide care with the support of interpreters.

Leadership

WHO continues with its leading role in the interagency coordination in the health sector in Turkey. As the health sector lead under the Regional Refugee and Resilience Plan (3RP) framework, WHO has started the field consultation process for the 2020–2021 period. The consultation process will update the strategic objectives and activities, and agree on the financial appeal of the health sector partners.



Benchmarking Turkey's medicine agency

The Turkish Medicines and Medical Devices Agency (TMMDA), with WHO support, has initiated self-benchmarking of its regulatory efficiency using the WHO Global Benchmarking Tool.

Turkey is the second-largest pharmaceutical market in central and eastern Europe, making it a vital global player in the pharmaceutical sector. TMMDA has already taken some steps at international level, and became a member of the Pharmaceutical Inspection Co-operation Scheme in September 2017.

Partner coordination

WHO is leading the Emergency Response Preparedness Results Group as mandated by the United Nations Resident Coordinator and the United Nations Country Team in Turkey.

Information and planning

Information

From the start of the project and by end August 2019, seven RHTCs provided over 460 000 medical consultations to Syrians. Monitoring visits were conducted at the health centres in Gaziantep and Ankara to assess the challenges in the use of the Health Information Management System for Examinations and monthly reporting of the health data.

Planning: surveys and assessments

WHO and the International Organization for Migration signed an agreement to jointly implement a health literacy and health communication needs assessment among Syrian refugees in Turkey, in partnership with the Ministry of Health. In addition to establishing the health literacy level and communication needs, the survey aims to develop recommendations for culturally sensitive interventions for improving these areas. The study will be implemented in seven provinces with the highest Syrian refugee population. In total, 12 studies were selected to be conducted under the Refugee Health Programme; two of

them were competed, five are being implemented and the other five are at the advanced stages of planning.

Health operations and technical expertise

Delivering health services to those in need

As part of the Turkish health system, the seven WHO-supported RHTCs provide refugees with access to high-quality and affordable health services. In July and August, **127 282 health consultations were provided in the centres**, located in Ankara, Gaziantep, Hatay, Istanbul, Izmir, Mersin and Sanliurfa. Medical teams based in these centres used mobile clinics to reach communities or patients with reduced mobility in need of health services.

In Gaziantep, Hatay, Izmir and Sanliurfa, over **181 Syrians – mostly women – are actively working as community health support staff to provide regular home care to older and disabled Syrian patients** with difficulty accessing health care centres. Currently, 3493 Syrian patients are enrolled and receive much-needed support every week. As part of a comprehensive response, centres in Hatay and Izmir are also offering psychosocial support groups to the relatives of these patients so they can share their concerns and find relief in a safe space.

In these centres, psychologists, social workers, health educators and nutrition specialists also offer specialized counselling to Syrian refugees in a wide range of areas: social and legal counselling, mental health and psychosocial support and health promotion. In July and August, over **7871 consultations were provided in the 7 RHTCs**.

Operation support and logistics

In July and August, WHO continued supporting the operational costs of seven RHTCs, including consumables, furniture, medical supplies and salaries for all facility health support staff (centre managers, translators, psychologists, social workers, etc.)

Situation update

The humanitarian situation for people in north-western Syria continues to deteriorate as the latest escalation in hostilities is in its third month. Since the end of April, close to half a million people have been displaced and close to 150 000 people in August alone. The majority of the displaced are living in informal settlements in northern Idlib, near the Turkish border, where humanitarian assistance is overstretched. A unilateral ceasefire was announced by the Syrian Government on 31 August, bringing a cautious calm to the area.

Leadership and coordination

Ongoing emergency response activities were predominantly based on existing financial resources. As the response has been scaled-up, these resources are rapidly depleting and to maintain the levels of response, more funds are needed. The Syria Cross-border Humanitarian Fund (SCHF) is currently providing a second reserve allocation to health partners. WHO and the health cluster have provided guidance for the prioritization of activities, based on rapid needs assessments.

Partner coordination

Health coordination

To ensure access to health care for all the newly displaced and the host communities, WHO and partners are coordinating efforts and scaling up seven existing health facilities and mobile clinics, based on needs assessments. Furthermore, re-programming of activities that were being implemented by partners in areas that are no longer accessible is ongoing. This is done in collaboration with WHO and the health cluster coordinator.

Intersectoral coordination

In July and August, the Inter-Cluster Coordination Group (ICCG) boosted humanitarian response efforts in north-western Syria. The ICCG enhanced coordination at local level and information-sharing among clusters to identify and respond in geographic areas where needs are increasing due to displacement patterns.

Information and planning

Information

Continuing an unprecedented trend, in July and August, 19 attacks on health care were reported in this area, killing 9 and injuring a further 17 people. Moreover, an increase in suspected meningitis and acute diarrhoea cases are recorded and responded to. In both cases, emergency-alert thresholds were not reached. Of the 30 suspected meningitis cases in July, 3 were confirmed as gram-positive bacterial meningitis.

Planning

Based on a WHO-initiated health facility assessment, availability of health services in Darqoosh, Harim, Qurqeena and Salqin in northern Idleb is being evaluated. These are areas where the newly displaced people continue to arrive. WHO and health partners plan to relocate and scale-up health services there, taking into consideration the needs and the availability of resources. This will ensure there is no overlap or duplication of services, effectively utilizing scarce resources.

Health operations and technical expertise

Prevention and control

Routine immunization centres continue to provide monthly vaccinations to over 129 000 children under one, to prevent the spread of childhood diseases. At the end of August, 10 out of 98 centres had to suspend their activities due to the security situation. WHO has launched an infection prevention and control pilot project targeting 30 facilities, including 15 primary and 15 secondary facilities across north-western Syria. The objective is to strengthen infection prevention and control practice and prevent health care-associated infections.

Delivering health services to those in need

WHO continues to directly support 2 secondary and 38 primary health care facilities with 8 mobile clinics and 3 surgical units. WHO is also supporting a referral system covering emergency and non-emergency transportation of patients and defining referral pathways

between functioning health facilities. In July and August, the referral system needed to be redefined due to the suspension of services in conflict-affected areas.

Providing mental health services

A 33-year-old male patient was brought to Azaz Mental Health Asylum Hospital by his family. When questioned by the psychiatrist, he could not formulate coherent answers. Family members described him as being irritable and having auditory and visual hallucinations. Sometimes he would lose his orientation of time, place and even people.

Before the war, he had been admitted to a specialized mental health facility for several years after being diagnosed with a bipolar disorder. As the conflict escalated, the family was displaced to north-western Syria, resulting in irregular supply of essential medication and no follow-up on his condition.

Through the support of WHO, the patient was treated by a trained psychiatrist and received access to the right medication. He visibly improved after just four weeks having fewer hallucinations and a steady mood. The psychiatrist continued to work with the patient and his family to manage his condition until he could be released from the hospital. With the continued support of this family and community-based mental health staff, he is now successfully living at home.

Skills building for Syrian health-care workers

WHO and its partners have implemented one of the first large-scale leishmaniasis prevention, control and treatment projects in north-western Syria, reaching approximately 1.25 million people. WHO has increased access to appropriate care by improving leishmaniasis knowledge and skills in primary health-care facilities. Preventative measures include the distribution of protective bed nets and spraying sandfly-preventing insecticides. Leishmaniasis is a neglected disease. It is estimated that every year over 40 000 new cases occur in Idleb, northern Hama and rural Aleppo alone, making this one of the worst-affected areas in Syria.

A number of health partners contribute to a disease surveillance system called EWARN – Early Warning, Alert and Response Network. This is the only disease surveillance network in northern Syria, monitoring for possible outbreaks. When there is an impending outbreak, it activates a response mechanism that includes emergency risk communication. To strengthen the capacity within the network, WHO carried out risk communication training from 22 to 24 July in line with the regional [Emergency Risk Communication five-step capacity-building package](#). As a result, it provided WHO's partners with the high-quality skills needed not only to communicate risks and engage communities in health emergencies but to train others to do so effectively.

Operation support and logistics

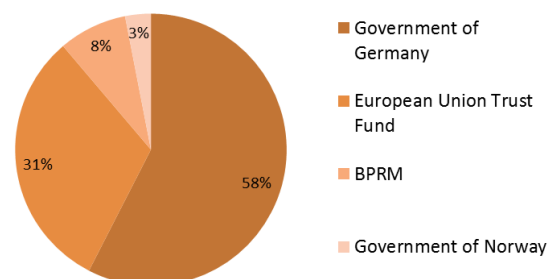
Every month, WHO transports medical supplies and equipment across the border from Turkey to north-western Syria, as part of the United Nations convoy. In July, WHO delivered supplies to health facilities, allowing them to provide patients with approximately 122 310 treatments. In August 2019, WHO provided partners with supplies for 30 000 complete haemodialysis sessions to treat 500 patients for 6 months.

FINANCE AND ADMINISTRATION FOR BOTH PROGRAMMES

During the reported period, the **Refugee Health Programme** was supported by the generous contributions of Germany through KfW Development Bank; the European Union Trust Fund; the Bureau of Population, Refugees, and Migration of the United States Department of State (BPRM); and the Governments of Norway and Japan. With the new 3RP plan 2019–2020, WHO is reaching out to these and other donors pledging in the last Brussels Conference to support activities envisioned for 2020 and beyond in support of the Ministry of Health of Turkey.

Under the Whole of Syria approach, the **cross-border operations** have requested a total of US\$ 39 million to assist the affected population in north-west Syria. Currently, there is a funding gap of over US\$ 31 million. Under the humanitarian response plan for Whole of Syria, WHO has requested US\$ 140 914 950. All the activities described in this report have been made possible through the generous support of the following donors: the United Kingdom Department for International Development (DFID), the Governments of Norway, Japan and Sweden and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) pooled funds.

Refugee Health Programme donors' share for 2019

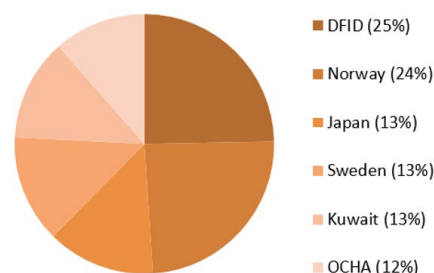


UNDER 3RP APPEAL for 2019

REQUESTED 17 487 000

FUNDED 16 494 059

Cross-border operation donors' share for 2019



CROSS-BORDER TURKEY-SYRIA APPEAL 2019

REQUESTED US\$ 39 045 000

FUNDED US\$ 7 953 916

WHO Regional Office for Europe supports the WHO Country Office in Turkey to coordinate two emergency response programmes; the refugee health and cross-border operations in north-west Syria. These programmes are also part of the global WHO Health Emergencies Programme, a three-level structure (global, regional and country) across the Organization. Within this structure, WHO works to prepare for, prevent, respond to and recover from health emergencies, including disease outbreaks, natural disasters and conflicts, using an all-hazards approach. The refugee health team is based in Ankara, and the cross-border operations team is based in the southern Turkish city of Gaziantep.

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For more information, please visit <http://www.euro.who.int/en/syria-crisis>

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