



## SYRIA CRISIS

### Turkey update:

- Refugee Health Programme
- Cross-border operations



Following hostilities and displacements, WHO and partners increased the delivery of medical supplies, shipping over 1.3 million treatments to health facilities in northern Syria. Photo: WHO

#### FOR THE REPORTING PERIOD

TURKEY



**3.5 MILLION**  
REFUGEES  
WERE LIVING  
IN TURKEY



**97 000** HEALTH  
CONSULTATIONS  
WERE PROVIDED TO  
SYRIANS IN  
REFUGEE HEALTH  
TRAINING CENTRES

NORTHERN  
SYRIA



**3.7 MILLION**  
PEOPLE WERE  
IN NEED OF  
HEALTH CARE<sup>1</sup>



**2.3 MILLION**  
PEOPLE WERE  
INTERNALLY  
DISPLACED<sup>1</sup>



**19 ATTACKS**  
ON HEALTH  
CARE  
FACILITIES  
WERE  
VERIFIED

### KEY FIGURES

REFUGEE HEALTH PROGRAMME IN TURKEY	
12	WHO HEALTH EMERGENCY STAFF
70	HEALTH SECTOR WORKING GROUP PARTNERS (INCLUDING DONORS)
3.5 MILLION	REFUGEE POPULATION
7	WHO-SUPPORTED REFUGEE HEALTH TRAINING CENTRES
88%	FUNDED OPERATIONS IN 2018
21 300 000	US\$ REQUESTED FOR OPERATIONS
CROSS-BORDER OPERATIONS TO NORTHERN SYRIA	
23	WHO HEALTH EMERGENCY STAFF
82	HEALTH CLUSTER PARTNERS
4.6 MILLION	ESTIMATED POPULATION
438	HEALTH FACILITIES SUPPORTED BY WHO PARTNERS
82	FUNCTIONING HOSPITALS SUPPORTED BY WHO PARTNERS
31%	FUNDED OPERATIONS IN 2018
43 500 000	US\$ REQUESTED FOR OPERATIONS

### HIGHLIGHTS

*Under the whole-of-Syria approach, WHO and its health partners provide medical services to Syrian refugees in Turkey and to populations in northern Syria from Turkey*

#### Refugee Health Programme

- More than 400 Syrian refugees started training in April as community health workers to provide health care, home care and social services to elderly and disabled refugees.
- More than 97 000 culturally and linguistically sensitive health consultations were provided free of charge in the seven WHO-supported refugee health training centres in Turkey.

#### Cross-border operations

- The Euphrates Shield area hosts hundreds of thousands displaced people, with some camps at 400% of capacity. Idleb is home to around 2.8 million people. WHO coordinated the health response to ensure people have access to life-saving health services.
- Following increased hostilities and displacements, WHO and its partners shipped over 1.3 million treatments<sup>2</sup> to a value of US\$ 1.5 million.
- Hundreds of thousands of Syrian children were vaccinated against poliomyelitis (polio), measles and other vaccine-preventable diseases through campaigns and routine immunization.
- Over 30 000 cases of leishmaniasis were reported in the first 16 weeks of 2018, a 35% increase compared to the same period in 2017.

<sup>1</sup> Estimate by the Health Cluster based on the 2017 Humanitarian needs overview – Syrian Arab Republic.

<sup>2</sup> One standard treatment course (such as a course of antibiotics for eight days) is considered a treatment for one person.

## Refugee Health Programme

### Health needs, priorities and gaps

- Language and cultural barriers remain a major obstacle to the provision of health care services for Syrian refugees, especially at the secondary and tertiary levels.
- The mental and psychological consequences of conflict and displacement among the refugee population still place high burdens on refugees' health and their household expenditures.

### WHO and health sector action

#### *Leadership and partner coordination*

- WHO maintained its role as the lead agency in the Health Sector Working Group and the mental health and psychosocial support sub-working group involved in the refugee health response in Turkey.

#### *Health expertise and technical operations*

- Eighty Turkish-Arabic language interpreters were trained to serve as guides to Syrian patients. They will work in refugee health centres and other health facilities offering secondary and tertiary levels of care and serve as cultural and linguistic bridges between Turkish health workers and Syrian refugees.
- Fifty Turkish and Syrian health care workers were trained by WHO and the Turkish Ministry of Health in mental health and psychosocial support as part of the response to the increasing mental care needs of the Syrian population in Turkey.
- WHO trained the Turkish Medical Rescue Team in preparedness and response to chemical exposures. The Team is a specialized medical disaster relief organization coordinated by the Turkish Ministry of Health, offering emergency services in Turkey and abroad during sudden onset disasters or more complex humanitarian crises, including in northern Syria.
- Four hundred Syrian refugees began training as community health workers to provide health care, home care and social services to elderly and disabled refugees. Once certified, these care givers will pay regular visits to Syrians who experience difficulties in reaching health centres in order to ensure their well-being and follow up treatments they may have received. Once they have completed six weeks of theoretical and practical training, WHO will hire them to work under the supervision of doctors and nurses in refugee health training centres in seven provinces across Turkey.

## Cross-border operations in northern Syria

### Situation update

- In the first half of April, about 27 000 internally displaced persons (IDPs) arrived in Aleppo, Hama and Idleb governorates, mostly from eastern Ghouta (61%). By the end of April, over 55 000 people from eastern Ghouta were displaced to Idleb and the Euphrates Shield area as a consequence of the conflict.
- By the end of April, the offensive in Afrin resulted in more than 137 000 people leaving the area, with 250 000 people estimated to remain in the Afrin district where access for humanitarian actors is limited. Cross-border convoys have delivered food and health care for 20 000 people.
- The Euphrates Shield area is hosting IDPs from Afrin, eastern Ghouta, Douma, southern Idleb and Hama. Some IDP camps are reported to be at 400% of capacity, greatly increasing the risk of outbreaks of diarrhoeal and vaccine-preventable diseases. Idleb is now home to around 2.8 million people, half of whom have been displaced from other governorates. Many IDPs cannot seek safety and services in Aleppo city or return to their homes in Afrin district. Based on previous experience, the Health Cluster partners have implemented an organizational and operational structure to deal with the influx of people, but reception capacities and the additional burden of activities are stretching the health system to its limits.

### Public health concerns

- Services are inadequate for people remaining in Afrin. All hospitals are reportedly closed except two which are providing limited services: a military hospital with 100 beds and a hospital run by a

nongovernmental organization with 26 beds. About 12 primary health care facilities managed by partners are running in Afrin city and neighbouring sub-districts. Patients are referred to facilities in Jarablus, Azaz and to Turkey.

- In northern Syria 8697 suspected measles cases were reported as at the end of April, with 83% of those tested confirmed. Suspected cases are increasing and spreading across northern Syria, probably due to low immunity levels and internal displacements. Around 50% of measles suspects are aged under five years.
- Over 30 000 cases of leishmaniasis were reported in northern Syria in the first 16 weeks of 2018, a 35% increase compared to the same period in 2017. Nongovernmental organizations are facing major funding cuts leading to shortages in medicines and staff and increasing the gaps in delivery of medical services.

## Health needs, priorities and gaps

- In March, both Afrin and eastern Ghouta areas faced significant gaps in health care, including too few equipped mobile clinics and ambulances, medicine and other supplies as well as access to people remaining in eastern Ghouta communities.
- WHO and health partners worked nonstop to aid evacuees transiting to camps in Idlib. Between the end of March and early April, about 50 000 IDPs arrived from eastern Ghouta. The rapid influx of IDPs created gaps in the continuity of primary health care and lifesaving interventions provided by mobile clinics in Idlib, and led to mobile clinics being used to service shelters and hosting communities. There was also a need for medical supplies as IDPs increased to over 140 000 by the end of April. The large concentrations of IDPs continue to put a strain on the resources of humanitarian organizations and host communities.
- Additional funding is needed to maintain the health response at the current level, particularly to: support partners in trauma and secondary health care and mental health and to conduct an adequate humanitarian health response in Afrin; complete the response to the measles outbreak; and sustain the multisectoral response to the increase in leishmaniasis cases.

## WHO and health sector action

### *Leadership and coordination of partners*

- In March, WHO activated and led an emergency operations centre. The centre supported the coordination of primary health care and of referral, vaccination and mental health services in reception centres and arrival sites in the governorates of Aleppo and Idlib, in collaboration with other United Nations agencies. WHO is also supporting the operational costs of around 25 mobile clinics and 70 ambulances that are providing health care and referral services at Qalaat Al Madiq, the main arrival site for IDPs from eastern Ghouta.

### *Information and planning*

- Attacks on medical facilities continued. In March and April, 23 incidents against health care facilities were reported by partners, 19 of them confirmed. In total, the verified attacks killed 26 people and injured five, including three health workers killed and four injured.

### *Health expertise and technical operations*

- **Primary health care (PHC).** The Saraqeb PHC network, connecting 10 PHC facilities, successfully piloted the adoption of an essential health services package. This led to increased access to local health facilities, common quality of care standards and operational plans across all facilities. The network has now been expanded to 28 facilities covering a catchment population that is almost triple its original size (from around 250 000 to 720 000 people in areas around Idlib city).
- **Referral system.** At the end of April, referrals had increased by 12 times since the start of the system (from 77 in January to 820 in April).
- **Mental health and psychosocial support.** Over 14 500 patients received support through a mental health acute inpatient centre, which serves 22 200 people in Sarmada (Idlib governorate), and two

mental health mobile clinics.

- **Immunization.** The first of four supplementary polio immunization rounds with oral polio vaccines planned for 2018 vaccinated 97% of children aged under five years in Aleppo, Homs, Hama and Idleb governorates. These children also received vitamin A supplement. A campaign against measles and rubella was conducted in Aleppo, Hama and Idleb governorates for children aged 6–59 months (86% coverage) and in the 311 IDP camps in the same area for children aged 5–15 years old (60 000 children vaccinated).

Eight routine vaccination centres were launched, making a total of 77 centres by the end of April. The centres reached 58 000 children per month with a monthly average of 144 000 vaccines. All WHO-supervised centres in Aleppo, Hama and Idleb also provided inactivated polio vaccines to children aged under two years.

- **Capacity building.** Thirty-three Syrian senior psychologists and psychosocial experts were trained as trainers for psychosocial workers; 59 doctors trained in mental health services are receiving on-line clinical supervision and on-the-job training; and 60 health care staff were taught about infection prevention control, 22 how to implement the referral system and 16 trained as trainers in immunization.

### Operational support and logistics

- Cross-border deliveries in March consisted of 10 truckloads of medical supplies worth more than US\$ 800 000. Deliveries provided 935 000 treatments, including specialized emergency kits, essential medicines, intravenous fluids and anaesthesia drugs. Supplies for Afrin were prepositioned pending partners' access to Afrin. In April, cross-border deliveries supplied 411 000 treatments to a value of about US\$ 560 000. As a preparedness measure, supplies were prepositioned in Turkey and Syria for rapid deployment.

## RESOURCE MOBILIZATION

FUNDING STATUS OF APPEALS FOR 2018 (US \$)			
WHO Regional Office for Europe			
NAME OF APPEAL	FUNDS REQUIRED	FUNDED	% FUNDED
Turkey Regional Refugee & Resilience Plan (3RP) 2018-2019 (Refugee Health Programme)	21 300 000	18 800 000	88%
Humanitarian Response Plan 2018 (Cross-border operations)	43 500 000	13 475 000	31%

### DONORS: Refugee Health Programme

European Civil Protection and Humanitarian Aid Operations; the Bureau of Population, Refugees, and Migration of the United States Department of State; KfW Development Bank; EU Trust Fund and the governments of the People's Republic of China, Kuwait and Norway.

### DONORS: Cross-border operations

The United Kingdom Department for International Development, European Civil Protection and Humanitarian Aid Operations, United Nations Office for the Coordination of Humanitarian Affairs pooled funds, the United States Agency for International Development and the governments of Japan and Norway.

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