

# SYRIA CRISIS

## Turkey update:

- Refugee Health Programme
- Cross-border operations



A patient proudly shows the result of his knee replacement surgery performed at a WHO-supported Al-Sham health facility in northern Syria. Photo credit: Al-Sham Humanitarian Foundation

### FOR THE REPORTING PERIOD



**3.5 MILLION** SYRIAN REFUGEES WERE LIVING IN TURKEY



**99 000** HEALTH CONSULTATIONS WERE PROVIDED TO SYRIANS IN REFUGEE HEALTH TRAINING CENTRES



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



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



**10 ATTACKS** ON HEALTH CARE WERE VERIFIED<sup>2</sup>

## KEY FIGURES

### REFUGEE HEALTH PROGRAMME IN TURKEY

<b>3.5 MILLION</b>	REFUGEE POPULATION
<b>7</b>	WHO-SUPPORTED REFUGEE HEALTH TRAINING CENTRES
<b>70</b>	HEALTH SECTOR WORKING GROUP PARTNERS (INCLUDING DONORS)
<b>98%</b>	FUNDED OPERATIONS IN 2018
<b>21 300 000</b>	US\$ REQUESTED FOR OPERATIONS

### CROSS-BORDER OPERATIONS TO NORTHERN SYRIA

<b>3 MILLION</b>	ESTIMATED POPULATION IN IDLEB, WESTERN ALEPPO, NORTHERN HAMA AND EASTERN LATAKIA
<b>44</b>	HEALTH FACILITIES SUPPORTED BY WHO
<b>68</b>	AMBULANCES SUPPORTED BY WHO
<b>96</b>	HEALTH CLUSTER PARTNERS
<b>47%</b>	FUNDED OPERATIONS IN 2018
<b>43 500 000</b>	US\$ REQUESTED FOR OPERATIONS

## HIGHLIGHTS

*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.*

### Refugee Health Programme

- WHO is committed to strengthen refugee- and migrant-sensitive health services capable of responding to the specific needs of Syrians in Turkey, making sure no one is left behind.
- 128 Syrian doctors, 137 Syrian nurses and 186 Arabic-Turkish interpreters were trained to serve in the Turkish health system so that language and culture are not barriers to health delivery.
- WHO strengthens mental health care and psychosocial support for Syrians: more than 3500 refugees received counselling services in seven refugee health training centres (RHTCs).

### Cross-border operations

- A donor alert for US\$ 11 million was launched – of which US\$ 6 million is targeted for north-west Syria – to respond to continuous influxes of internally displaced persons due to escalating conflict.
- WHO is committed to ensuring the continuity of care despite the ongoing conflict. Two cross-border shipments of medical supplies valued at US\$ 412 271 were delivered in July and August to 75 health facilities ensuring 709 080 treatments.
- Health services should be accessible to all, including for noncommunicable diseases (NCDs). Trainings for 18 doctors and nurses and nine pharmacists and pharmacy assistants strengthened their skills for screening and treatment of NCDs.

<sup>1</sup> Health Cluster estimate based on the 2017 Humanitarian Needs Overview – Syrian Arab Republic.

<sup>2</sup> Between 1 July and 31 August 2018.

### **Situation overview**

Turkey hosts 3.5 million Syrian refugees, the highest number of refugees globally. Continuous influxes of people due to escalating conflict in Syria challenge the capacity of the Turkish health system. At the beginning of the crisis, the Government of Turkey decided to protect and assist all Syrians in need. Registered Syrians in Turkey are eligible to receive the same health services as Turkish nationals. Syrian health professionals provide these services in a linguistically and culturally sensitive way.

### **Leadership**

WHO supports the vision of the Ministry of Health of Turkey to build a migrant and refugee-sensitive health care system capable of responding to the needs of the Syrian population. The WHO Refugee Health Programme operationalizes this vision by training and integrating Syrian health care workers in the Turkish health system within the framework of the [WHO Health Emergencies Programme](#), the European policy framework for health and well-being [Health 2020](#) and the [Strategy and action plan for refugee and migrant health in the WHO European Region](#).

The Refugee Health Programme defines its objectives and reviews the health needs of the Syrian community in Turkey under the Regional Refugee and Resilience Plan (3RP) 2018–2019. Led by the Office of the United Nations High Commissioner for Refugees, this platform aims at addressing refugee protection and humanitarian needs while promoting the resilience of affected communities and reinforcing the capacity of national delivery systems. WHO supports this mandate as the lead agency for the health sector response, identifying opportunities for interagency cooperation.

### **Partner coordination**

WHO leads health sector partners to jointly prepare and respond to the health needs of Syrians in the country and to improve health outcomes. WHO ensures that gaps are filled through effective coordination and support for the mobilization of resources to address the most pressing health needs.

During July and August, WHO strengthened its partnership with the World Food Programme in order to facilitate the access of Syrians with disabilities to additional social assistance relevant to their condition. The [Health Sector Monthly Dashboard for July](#) has the latest information on the work of health sector partners.

### **Information and planning**

#### *Information*

**Language and cultural barriers** remain a major obstacle to the provision of health services for Syrian refugees, especially at the secondary and tertiary levels. Areas hosting large numbers of Syrians continue facing high demands on resources, ultimately affecting the quality of services for both Syrians and host communities.

**The mental and psychological consequences** of conflict and displacement among the refugee population still place high burdens on their health. Experiences of loss, pain, disruption and violence increase the vulnerability of



Syrian health care workers are trained and integrated into the Turkish health care system as a means to bridge the language and cultural gaps.

Syrians to developing mental health and psychological problems. Mental health care needs continue to exceed treatment capacities.

Conflict-related injuries, the long-term disruption of Syria's health system and the poor management of chronic conditions have left behind **large numbers of refugees with disabilities**. Rehabilitation services, and the prevention and management of **NCDS** are priority areas for intervention at the primary health care level.

### Planning

WHO continues conducting its operations under 3RP 2018–2019 with a focus on capacity building, strengthening community-based primary health care delivery and mental health and psychosocial care for refugees.

## Health operations and technical expertise

### Skills building for Syrian and Turkish health care workers

WHO continues working and expanding a package of capacity-building activities for Syrian health care workers and Arabic-Turkish interpreters. Thanks to these trainings Syrian health care workers can start a new life in Turkey.

In July and August, **128 Syrian doctors and 137 Syrian nurses** completed the practical stage of the adaptation training aimed at qualifying them to work within the Turkish health care system. These trainings took place in seven RHTCs, where Syrian health care workers provide culturally and linguistically sensitive health consultations for other refugees. Even far from home, these health workers are able once again, to use their skills to serve and heal their fellow citizens.



### Starting a new life in Turkey

*“When we first came to Turkey, we imagined that we would have to leave this profession,” Dr Osman explains. He is one of the hundreds of Syrian doctors and nurses trained to serve in the Turkish health care system. He adds, “We thought that we would not be able to continue using our education after the war because nobody would accept our diplomas.” After completing the seven-week training, Dr Osman is now ready to work. “I am happy I can continue supporting my people in this difficult situation and I can also continue my career,” he concludes.*

During the same period, **186 Turkish-Arabic interpreters** received training on medical terminology to serve as patient guides for Syrian refugees and migrants. Their integration into the Turkish health care system gives a sense of empowerment to Syrian patients who can communicate with health care providers in their own language and receive culturally-sensitive health advice.

### Delivering health services to those in need

The seven WHO-supported RHTCs provide refugees with access to high-quality and affordable health services. In July and August, they provided **99 100 primary health care consultations and services**, including maternal and child health, immunization and internal medicine.

In addition, in the same period, over **3500 Syrians received mental health and psychosocial support services** in the RHTCs. Support teams also reached over 4870 people in their homes and referred those in need to the relevant health and social services. These services are essential to identify and act on **acute vulnerabilities** such as teenage pregnancy, early marriage, child labour and other child-related risks.

In Izmir RHTC, 15 women and 27 children took part in **awareness-raising activities against sexual abuse** organized by WHO and partners. Thanks to these sessions, Syrian mothers and their children are able to identify potential sexual abuses and are more empowered to act.

Other health promotion activities in the centres contributed to help Syrians **take informed decisions about their health and well-being**. Topics included hygiene, family planning, sexually transmitted diseases, prenatal and postnatal care, oral and dental care and nutrition and obesity.



Health promotion is a key component of maternal and child health care that contributes to healthy pregnancies and safe births.

### **Operation support and logistic**

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.).

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### **Situation overview**

Idlib governorate and the surrounding areas of western Aleppo and north-western Hama are one of the last remaining non-state-armed-group-controlled areas in Syria. Over the past months the situation has become increasingly tense with an escalation of conflict and continuous influxes of internally displaced persons from across the country. With widespread concern over a military offence in the region that would displace up to 800 000 people, the situation remains extremely volatile.

### **Leadership and coordination**

The challenges in delivering assistance to the people of Syria are profound. To increase the effectiveness of the response, the United Nations Security Council authorized United Nations agencies to conduct cross-border operations. Since 2014, humanitarian partners have provided assistance in Syria across three operational hubs (Jordan, Syria and Turkey). These hubs are committed to working together under a Whole of Syria approach, constituting one comprehensive framework, a common response plan and a supporting coordination structure.

### **Partner coordination**

#### *Health coordination*

From its field office in Gaziantep, Turkey, WHO leads health cluster partners operating in northern Syria and ensures that resources are used effectively to address the most pressing health needs of those affected. In July and August, efforts were dedicated to integrate health and nutrition services. Activities also focused on the evaluation of

partners' capacity and readiness to respond to the escalation of the conflict to ensure critical gaps are identified and addressed.

#### *Intersectoral coordination*

WHO is the co-chair of the prevention of sexual exploitation and abuse (PSEA) network, coordinating partners from all sectors to improve understanding and compliance to PSEA policy. The network has been finalizing information and education materials to be distributed in Syria.

### **Information and planning**

#### *Information*

The number of internally displaced persons in northern Syria requiring health services rose during July and August, as a result of the growing violence in this area. In this period, there were 10 attacks on health care, hampering access to services.

**Of 440 health facilities, 370 were assessed as functional, yet still needing continued support** to keep running, according to the latest Health Resources and Services Availability Monitoring System. Priority areas include trauma care and rehabilitation services, as well as continuity of prevention and treatment of cardiovascular and renal diseases, diabetes, cancer, and maternal and child health services.

#### *Planning*

Humanitarian needs in Syria exceed the response capacity of the humanitarian community, resulting in a need for prioritization. WHO is planning to increase access to primary health care and improving the mobility of services to adapt to the population displacement flows and shifting frontlines. Additionally, planning to scale-up trauma care is critical at this time.

### **Health operations and technical expertise**

#### *Prevention and control*

To prevent the spread of vaccine-preventable diseases, WHO supports routine immunization at fixed Expanded Programme on Immunization (EPI) and outreach vaccination centres. As of August, 84 of 87 fixed EPI centres in Idlib and Aleppo governorates were fully functional, providing over 240 000 vaccination doses to children under 5 years in the month of July. In August, WHO, in collaboration with the Syria Immunization Group, launched a six-day polio campaign targeting 35 300 children under 5 years in Afrin. To address the lack of treatment for patients with tuberculosis, WHO conducted its first tuberculosis training in 2018 (on 7–11 August) for 13 participants.

#### *Delivering health services to those in need*

To improve access to health care, WHO is supporting the operational costs of around 70 primary and secondary health facilities, and maintaining a network of ambulances and non-emergency vehicles. WHO is leading the establishment and maintenance of referral pathways for trauma cases through technical support to the health facilities, resulting in over 4000 referrals per month.

#### *Skills building for Syrian health care workers*

WHO continues to maintain an early warning alert and response network to collect weekly data on 13 high-priority infectious diseases such as poliomyelitis, measles and cholera. In

July, 40 people were trained on **vaccine-preventable diseases surveillance and response**, in collaboration with the United States Centers for Disease Control and Prevention.

WHO finalized and rolled-out operational plans in nine pilot health facilities in July and August to strengthen **screening and treatment of NCDs**. This included updating various protocols and guidelines, training 18 doctors and nurses and nine pharmacists and pharmacy assistants, and promoting awareness-raising campaigns on prevention of diabetes and hypertension.

Detection and referral of most common **mental health illnesses** is a critical intervention for those affected in northern Syria. WHO trained 300 humanitarian workers to improve capacity in this area. The Organization continues to supervise the clinical work of 42 WHO-trained mental health doctors and 62 psychosocial workers, and to support the operational costs of Sarmada Mental Health Centre, which provides largely lacking mental health services in north-west Syria.

### **Operation support and logistic**

In July and August, WHO delivered life-saving medical supplies to 75 health facilities in two cross-border shipments amounting to 31 metric tonnes with a value of over US\$ 412 271. Supplies included essential medicines, surgical and burn kits and cholera medicines for 709 080 treatments.

WHO has prepositioned medical supplies in north-west Syria for approximately 188 400 treatments and surgeries including for trauma, burns and chemical exposure. These supplies will be distributed to address the most urgent needs as they arise in various places, depending on the development of the conflict. In this context, WHO has updated its mass trauma response plan and initiated actions such as strategical distribution of personal protective equipment and preparation of referral hospitals and their staff.



Life-saving medical supplies before shipment into north-west Syria

*“Supplies can only cross into north-west Syria from Turkey through two border crossings, Bab al-Hawa and Bab al-Salam. The other routes are either too dangerous or too damaged to use. Getting supplies into north-west Syria is not always easy as there are times when the border crossings are closed for various reasons. We at WHO facilitate the transportation ensuring the right papers are in order and are transferred to our partners.”*

*Dr Annette Heinzlmann, Emergency Operations Manager, WHO*

### **FINANCE AND ADMINISTRATION FOR BOTH PROGRAMMES**

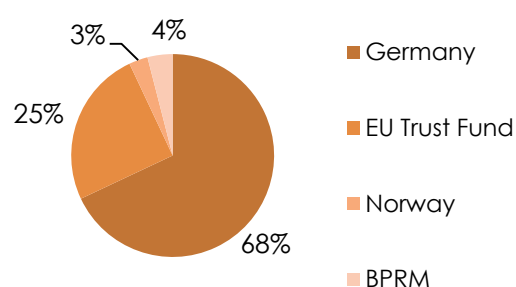
Both refugee health and cross-border operations in northwest Syria are implemented within the WHO Health Emergencies Programme, a three-level structure (global, regional and country) across the Organization. This Programme works to prepare for, prevent, respond to and recover from **health emergencies**, including disease outbreaks, natural disasters and conflicts, using an all-hazards approach.

Within this structure, the WHO Regional Office for Europe supports the WHO Country Office in Turkey to coordinate both programmes. The refugee health team is based in

Ankara, and the cross-border operations team is based in the Turkish southern city of Gaziantep.

The **Refugee Health Programme** is currently supported by the generous contributions of the of the Government of Germany through KfW Development Bank; the European Union (EU) Trust Fund; the Bureau of Population, Refugees, and Migration of the United States Department of State (BPRM); and the Government of Norway. Lack of funds may prevent the 3.5 million Syrian refugees and migrants from accessing linguistically and culturally sensitive health services, including mental and psychosocial health care.

### Refugee Health Programme donors' share for 2018



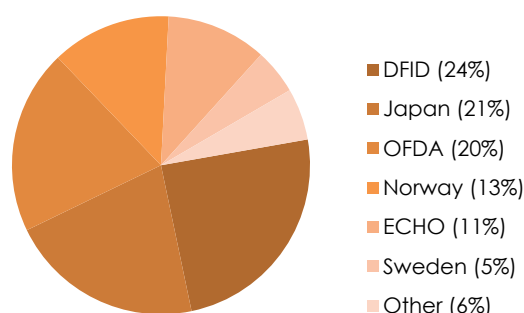
### UNDER 3RP APPEAL for 2018

REQUESTED US\$ 21 300 000

FUNDED US\$ 20 982 000

Under the Whole of Syria approach, the **cross-border operations** has requested a total of US\$ 43.5 million to assist the affected population in northwest Syria. Contributing donors include the United Kingdom Department for International Development (DFID), European Civil Protection and Humanitarian Aid Operations (ECHO), United Nations Office for the Coordination of Humanitarian Affairs (OCHA) pooled funds, Office of U.S. Foreign Disaster Assistance (OFDA) and the governments of Japan, Norway and Sweden. The funding gap to cover 2018's operational costs still amounts to almost US\$ 23 million.

### Cross-border operations funding status



### CROSS-BORDER TURKEY-SYRIA APPEAL 2018

REQUESTED US\$ 43 500 000

FUNDED US\$ 20 585 000

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

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