



SYRIA CRISIS

Turkey update:

- Refugee Health Programme
- Cross-border operations



Upon completion of the adaptation training, these Syrian health care workers were hired in the Gaziantep Refugee Health Training Centre, where they work hand in hand to serve their community in Turkey. Photo credit: WHO/Lopez

FOR THE REPORTING PERIOD

TURKEY



3.6 MILLION SYRIAN REFUGEES WERE LIVING IN TURKEY



91 900 HEALTH CONSULTATIONS WERE PROVIDED TO SYRIANS IN REFUGEE HEALTH TRAINING CENTRES

NORTHERN SYRIA



3.7 MILLION PEOPLE WERE IN NEED OF HEALTH CARE¹



THERE WERE **2.3 MILLION** INTERNALLY DISPLACED PEOPLE¹



7 ATTACKS ON HEALTH CARE WERE VERIFIED²

KEY FIGURES

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)
98%	FUNDED OPERATIONS IN 2018
21 300 000	US\$ REQUESTED FOR OPERATIONS
CROSS-BORDER OPERATIONS TO NORTHERN SYRIA	
3 MILLION	ESTIMATED POPULATION IN IDLEB, WESTERN ALEPPO, NORTHERN HAMA AND EASTERN LATAKIA
68	HEALTH FACILITIES SUPPORTED BY WHO
68	AMBULANCES SUPPORTED BY WHO
96	HEALTH CLUSTER PARTNERS
68%	FUNDED OPERATIONS IN 2018
43 500 000	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 bridge the language gap in health delivery: 54 Syrian health care workers and 210 interpreters were trained to serve Syrian refugees within the Turkish health system.
- Mental health care is a pressing need among Syrian refugees. WHO continues strengthening primary health capacities to respond to these needs: 193 Syrian and Turkish health care workers were trained to early diagnose and treat conditions such as depression or post-traumatic stress disorder.

Cross-border operations

- Hostilities intensified in early September displacing approximately 40 000 people in just two weeks and seeing three attacks on health facilities, yet significantly reduced with the signing of an agreement to establish a demilitarized zone along the control lines.
- In collaboration with the Syria Immunization Group, WHO completed a supplementary polio vaccination campaign reaching over 39 000 children under 5 years in Afrin.
- WHO finalized and rolled-out a revised curriculum for community health workers to streamline and guide their work.

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

² Between 1 September and 31 October 2018.

Situation overview

Turkey hosts 3.6 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](#).

During a side event session at the [68th session of the WHO Regional Committee for Europe](#) (17–20 September 2018), the Turkish Ministry of Health and WHO shared good practices and lessons learnt on health system response to the refugee crisis. This panel provided a space for exchange with representatives of other governments of 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 September and October, WHO and health sector partners began to revise objectives for the 3RP 2019–2020 around four key priorities for intervention: strengthening essential health service delivery, improving access to sexual and reproductive health care, strengthening communicable disease surveillance and prevention, and ensuring increased capacity for noncommunicable diseases (NCDs), mental health and rehabilitation.

The [Health Sector Monthly Dashboard for October](#) has the latest information on the work of health sector partners.



With the Ministry of Health as the primary health service provider, WHO and health sector partners focus on building health system resilience through developing skills, sharing information and ensuring further financial support to fill gaps and meet pressing needs.

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 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. WHO will continue reinforcing these aspects of response under the new, revised 3RP scheme for 2019, with expanded outreach services for older and disabled patients.

Health operations and technical expertise

Skills building for Syrian and Turkish health care workers

WHO continues expanding a package of capacity-building activities for Syrian and Turkish health care workers and Arabic–Turkish interpreters. These activities contribute to build a health care system that is responsive to Syrians' needs.

In September and October, 17 Syrian doctors and 37 Syrian nurses completed the practical stage of the **adaptation training** aimed at qualifying them to work within the Turkish health care system. These trainings provide Syrian health professionals with the necessary skills to navigate the system while responding to the needs of their fellow nationals in a culturally and linguistically-sensitive manner. This is a unique opportunity for Syrian health care workers to provide for their families and become better integrated in Turkey.



**Practicing her profession,
providing for her family**

"Finding this job was very good for me. Especially for a person of my age, this was really good. I am a nurse; that's what I was trained for and that's what I like doing. Now, I can support my family with my profession!"

Fatma, Syrian nurse in the Gaziantep RHTC

During the same period, 210 **Arabic-Turkish interpreters** received training on medical terminology to serve as patient guides for Syrian refugees. This intervention is essential to bridge the linguistic gap between Turkish health care workers and Syrian patients, especially in hospitals and other secondary health centres. Thanks to their support, Syrian patients can take well-informed decisions about their health, understand treatment instructions and increase awareness of their rights.

To help address the mental health needs among the Syrian population, WHO trained 193 Turkish and Syrian health care workers in **mental health care** so they can quickly diagnose, manage and provide low-intensity mental health services at the primary level of care. These trainings help health care workers guide, support and counsel refugees affected by depression and post-traumatic stress disorder. In addition, WHO trained 105 Turkish health care workers on suicide prevention and 184 Syrian health care workers on gender-based violence. These Syrian health professionals also received additional training on early childhood development.

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 fee-free health services. In September and October, Syrian health care workers in the centres provided **91 900 primary health care consultations** in a culturally and linguistically-sensitive manner to their fellow nationals. When necessary, patients were referred to hospitals and accompanied by patient guides (Arabic–Turkish interpreters).

In September and October, **3100** Syrian refugees accessed mental health care and psychosocial support, as well as other types of social and legal counselling.

Medical and support teams also conducted outreach services in neighbourhoods with high numbers of Syrian refugees to ensure health care reaches those most in need, including those with mobility limitations. WHO and partners work in close coordination with local authorities and community leaders (mukhtars) to identify and build trust with vulnerable families.



Outreach teams ensure health care delivery to Syrian patients experiencing difficulties in reaching health centers. This support is essential for their well-being.

Promoting health, increasing health literacy

In close collaboration with the Ministry of Health and partners in the field, WHO is conducting health promotion activities to increase Syrians' **health literacy** on several topics. In the Ankara RHTC, 18 women took part in a workshop on depression and post-traumatic stress disorder to strengthen awareness, reduce stigma and learn about options for care. In the Hatay RHTC, 22 women and two men attended an information-sharing session on **diabetes and nutrition**. These health promotion activities are essential to change risky behaviours that endanger Syrians' health.

Operation support and logistic

In September and October, 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 overview

Idlib governorate and the surrounding areas of western Aleppo and north-western Hama are some of the last remaining non-state armed groups controlled areas in Syria. Hostilities intensified in early September displacing approximately 40 000 people in just two weeks, and three attacks on health facilities were recorded, yet significantly reduced with the signing of an agreement to establish a demilitarized zone. Despite the uncertainties surrounding the practical implications of the agreement, an estimated 7000 people returned to their homes, and health partners resumed their activities.

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).

In September and October, the Gaziantep hub focused on the formulation of preparedness and contingency plans with donors and health partners to address the most urgent needs for trauma care including strategically prepositioning medical supplies and providing medical services to those displaced.

Partner coordination

Health coordination

As hostilities intensified, the coordination of available health services for those most in need and the mapping of gaps in medical supplies were vital. From its field office in Gaziantep, Turkey, WHO supported health cluster partners operating in northern Syria in their preparedness plans especially to ensure skills and capacity for trauma response, including possible chemical incidents.

Intersectoral coordination

WHO's mental health technical working group continues to coordinate with the child protection and gender-based violence clusters. Together they ensure the clear division of roles and responsibilities of case workers working with victims of gender-based violence and children, and the psychosocial workers based in the health facilities. The clusters are also working on a referral system between the psychosocial workers and case workers to ensure people receive the best care closest to their homes.

Information and planning

Information

In this period, there were seven attacks on health care rendering three health facilities close to the control lines out of service. Each health facility was handling on average approximately 200 trauma cases per month, offering life-saving health services. These attacks remain a critical issue hampering access to health care.

WHO finalized a mapping of mental health services in northern Syria, highlighting a huge shortage with only two psychiatrists, two specialized hospitals for chronic care and 110 health facilities for a population of approximately three million. Additionally, a screening exercise revealed that noncommunicable diseases remain a concern in northern Syria.

Planning

Under the guidance of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), partners collaborated at a workshop to formulate preliminary planning figures and identify key issues for the humanitarian response in 2019. This workshop is one of the key steps in the formulation of the 2019 Humanitarian Response Plan.

Health operations and technical expertise

Prevention and control

In September, WHO, in collaboration with the Syria Immunization Group (SIG), completed a supplementary polio vaccination campaign reaching over 39 000 children under 5 years in Afrin. These supplementary campaigns are implemented to increase herd immunity, especially as many children have been displaced and have not accessed health services. SIG continues to support 86 fixed immunization centres to ensure families have access to vaccines, providing on average approximately 66 500 children with routine vaccinations per month.

Delivering health services to those in need

WHO is strengthening the health system by expanding primary health care provision. One of the main advantages of primary health care is that people have quick access at community level, but the health services sought might not always be available. For this, WHO is ensuring the establishment of protocols, procedures and maintenance of a network of ambulances and non-emergency vehicles with 16 health partners, to enable facilities to refer patients. Increasing the number of referrals requires training, regular visits to facilities for technical guidance and overall awareness raising in the community. In September, over 213 000 consultations and 3600 mental health consultations were provided, and approximately 9600 trauma cases were seen.

Skills building for Syrian health care workers

In light of the continuing crisis with many trauma cases, WHO is strengthening the skills of first responders and ambulance drivers. Over 160 health workers were trained to deal with mass trauma incidents, and 11 doctors completed advanced chemical incident management training.

WHO finalized and rolled-out in September a revised curriculum for community health workers to streamline and guide their work when engaged by various health partners. It is envisioned that this curriculum, including six modules such as family health, communicable diseases and nutrition, becomes institutionalized ensuring a high level of skills and effective referrals that connect communities to primary health care centres. In September, 23 people were trained as master trainers to use the new curriculum and train a further 700 community health workers in northwest Syria. Over the past six months, WHO has been training 42 health workers to improve mental health service provision in northern Syria. In October they passed their final examination, which certifies the skills developed during the six months of field clinical supervision and trainings.

Operation support and logistic

In September and November, WHO delivered life-saving medical supplies to over 200 health facilities in five cross-border shipments. Supplies included essential medicines, surgical and burn kits and cholera medicines for approximately 896 810 treatment courses.



Preparing for the worst, health workers in hazmat suits

“Our job is very tough, especially when there are many casualties. This training gave us new skills in case of mass trauma events occurring close to our facility.”

First responder working in northwest Syria

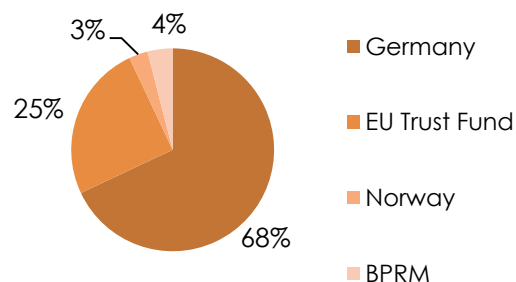
FINANCE AND ADMINISTRATION FOR BOTH PROGRAMMES

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 southern Turkish city of Gaziantep.

The **Refugee Health Programme** is currently supported by the generous contributions 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 3.6 million Syrian refugees from accessing linguistically and culturally sensitive health services, including mental and psychosocial health care.

Refugee Health Programme donors' share for 2018



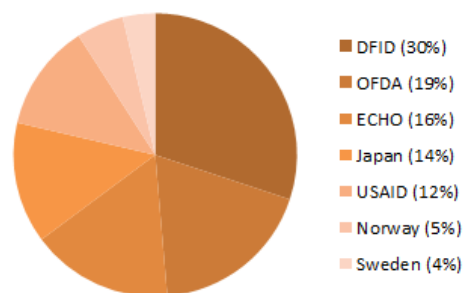
UNDER 3RP APPEAL for 2018

REQUESTED US\$ 21 300 000

FUNDED US\$ 20 982 000

Under the Whole of Syria approach, the **cross-border operation** has requested a total of US\$ 43.5 million to assist the affected population in northwest Syria. Contributing donors include the United States Agency for International Development (USAID), 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 amounts to almost US\$ 13.9 million.

Cross-border operations donors' share for 2018



CROSS-BORDER TURKEY-SYRIA APPEAL 2018	
REQUESTED	US\$ 43 500 000
FUNDED	US\$ 29 578 000

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

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