



## SYRIA CRISIS

### Turkey update:

- Refugee Health Programme
- Cross-border operations



WHO delivers life-saving medical supplies to over 186 health facilities in northwest Syria. Supplies include essential medicines, surgical and burn kits and cholera medicines for approximately 520 220 treatment courses. Photo credit: WHO

#### FOR THE REPORTING PERIOD

TURKEY



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



**101 427** HEALTH  
CONSULTATIONS  
WERE PROVIDED TO  
SYRIANS IN  
REFUGEE HEALTH  
TRAINING CENTRES

NORTHERN  
SYRIA



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



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



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

### KEY FIGURES

### HIGHLIGHTS

REFUGEE HEALTH PROGRAMME IN TURKEY	
<b>3.6 MILLION</b>	REFUGEE POPULATION
<b>7</b>	WHO-SUPPORTED REFUGEE HEALTH TRAINING CENTRES (RHTCS)
<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>4 MILLION</b>	ESTIMATED POPULATION IN IDLEB, WESTERN ALEPPO, NORTHERN HAMA AND EASTERN LATAKIA
<b>186</b>	HEALTH FACILITIES SUPPORTED BY WHO
<b>53</b>	AMBULANCES SUPPORTED BY WHO
<b>96</b>	HEALTH CLUSTER PARTNERS
<b>68%</b>	FUNDED OPERATIONS IN 2018
<b>43 500 000</b>	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.*

#### Refugee Health Programme

- WHO leads the revision of the new 3RP 2019–2020 health plan. The coordinated health sector response will tackle the gaps that continue preventing Syrian refugees from enjoying the highest standards of health.
- Innovating to bring health for all: WHO hires 90 Syrian community health support staff to provide home care for older and disabled Syrian patients. At the core of the Sustainable Development Goal agenda, this pioneering initiative aims to integrate the most vulnerable ones into health delivery and ultimately, society.

#### Cross-border operations

- In December, the United Nations Security Council adopted resolution 2449 (2018), which authorizes the continuation of cross-border aid deliveries to northern Syria.
- On 13 December, the polio outbreak was officially declared over with no new circulating vaccine-derived poliovirus type 2 (cVDPV2) positive cases in Syria in over a year. This followed supplementary vaccination campaigns by WHO and partners.
- In preparation for the seasonal changes and expected related increase in influenza, WHO trained 543 field-level surveillance officers and health facility staff in novel influenza detection and response.

<sup>1</sup> Health Cluster estimate based on the 2018 Humanitarian Needs Overview – Syrian Arab Republic.

<sup>2</sup> Between 1 November and 31 December 2018 <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>

### **Situation overview**

Turkey hosts 3.6 million Syrian refugees, the highest number of refugees globally. By the end of December, only 153 400 resided in camps located in the south-east of the country, while the rest resided in urban areas. Since the beginning of the crisis, the Government of Turkey decided to protect and assist all Syrians in need under a temporary protection regime. Within this framework, registered Syrians are eligible to receive the same health services as Turkish nationals. By the end of 2018, a network of 151 migrant health centres had been established where Syrian health professionals provide linguistically and culturally sensitive health care services to their fellow nationals.

### **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.

WHO works to make the health needs of Syrian refugees in Turkey a high priority on the **national, regional and international agendas**. On 20 November, the Refugee Health team opened an art exhibition in Ankara to bring the lives of Syrian health care workers touched by the Programme closer to the Turkish and European public. "[A new beginning](#)" was attended by media outlets, ambassadors and key figures from the Government of Turkey.

### **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 November and December, **WHO and health sector partners finalized the revision of the new 3RP 2019–2020** under the leadership of the Government of Turkey. The objectives focus on strengthening capacity for essential health care delivery, improving access to sexual and reproductive health services and gender-based violence management, strengthening communicable disease surveillance and prevention, and ensuring increased capacity for noncommunicable diseases (NCDs), mental health and rehabilitation. The [Health Sector Monthly Dashboard](#) has the latest information on the work of health sector partners.

Additionally, WHO chaired two sessions of the **Inter-Agency Emergency Response Preparedness Working Group**, composed of most United Nations agencies in Turkey. The

Group aims at optimizing the speed and volume of critical assistance delivered immediately after the onset of a humanitarian emergency, essential in the case of a new sudden refugee influx.

## Information and planning

### Information

**Language and cultural norms** remains an obstacle for the access of Syrian refugees to health services, especially at the secondary and tertiary levels of care. The socioeconomic status of refugees also poses a significant barrier to their access to certain medicines.

**NCDs** pose an important burden for Syrians health and well-being, especially for older people and disabled people. Rehabilitation services and the prevention and management of NCDs are priority areas for intervention at the primary health care level.

**The mental and psychological consequences** of conflict and displacement among the refugee population still place high burdens on their mental health. Needs for care continue to exceed national capacities for response.

**Syrian women of reproductive age** face economic, social and cultural deterrents to seeking sexual and reproductive health care.

**Communicable disease prevention and surveillance** needs to be strengthened at the national level to ensure safety for both refugees and host communities.

**When literacy levels are low** among Syrian refugees this can affect their access to health care, preventive and curative measures and overall well-being.

### Planning

During November and December, **WHO revised programmatic objectives for 2019** under the new 3RP 2019–2020 health sector plan. In the first quarter of 2019, WHO will launch a fund to cover expenses for orthopaedic devices much needed by Syrian refugees. WHO will also focus on strengthening preventive services for NCDs by incorporating nutritionists and physiotherapists in the seven RHTCs. These health care workers will promote healthy habits for diet and physical activity.

The Refugee Health team also **led a workshop to advance the 2019 national research agenda on refugee health**, setting the priorities to feed evidence-based intervention around six overarching topics: communicable diseases, mother and child health, mental health and substance abuse, access to medicines, noncommunicable diseases and health literacy. Sixty-seven participants including representatives of the Ministry of Health, national academicians and experts from the WHO Regional Office for Europe attended the event to define next steps.

## Health operations and technical expertise

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

In November and December, **86 Arabic–Turkish interpreters** received training on medical terminology to serve as patient guides for Syrian refugees. Upon completion, these interpreters were quickly hired by several medical facilities across the country to bridge the linguistic gap between Turkish health care workers and Syrian patients. With their support, patients are able to express themselves in the consultation room and take well-

informed decisions about their health.

WHO also trained **173 Turkish and Syrian doctors in the specifics of mental health care** in order to qualify them to diagnose, manage and treat refugees affected by low-intensity mental health conditions such as depression or post-traumatic stress disorder. In addition, **297 Syrian health care workers received continuous medical education** to use health information systems while serving in the centres.

In Izmir and Hatay RHTCs, **90 Syrian community health support staff** were hired to provide home care and social services to older and disabled Syrian patients in the community. This pioneering initiative began in mid-2018 with the aim of training and hiring an additional workforce who could serve as a bridge between health care workers in the centres and patients with reduced mobility.



### Caring for the new generation

Turkey hosts 1.6 million Syrian children – 45% of the overall Syrian population in the country. Dozens of mothers and their infants visit the RHTCs every day. In order to respond to the specific needs of young patients, WHO continue building specialized capacity and strengthening maternal and child health care. The centres offer continuous care for pregnant women, routine immunization and nutrition services to ensure a healthy pregnancy. Furthermore, Syrian health care workers receive additional education on early childhood development and vaccinations to update their knowledge.

### 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 these centres, Syrian health care workers receive on-the-job training while providing culturally and linguistically-sensitive health care services for their fellow nationals. In November and December, **101 427 primary health care consultations** were provided in these centres.

Furthermore, **4413** Syrian refugees received psychosocial support, which includes psychological, social and legal counselling. When necessary, patients were referred to further social and protection services to ensure their complete well-being.

Medical and psychosocial support teams also conducted **outreach services** in the community to bring health care to people experiencing difficulties in reaching health centres. This is an essential service to identify vulnerable families and individuals in need of further social support, protection or referrals for acute medical conditions.

### Operation support and logistics

In November and December, 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***

Northwest Syria remains one of the last areas under non-state armed group control, and the most direct route for the delivery of humanitarian assistance is through southern Turkey. In December, the United Nations Security Council adopted resolution 2449 (2018), which authorizes the continuation of cross-border aid deliveries. Reports of fighting continue, for the time being with a relatively small number of casualties and no abnormal displacements. The current victims are being absorbed by the existing health structures.

### ***Leadership and coordination***

In November, WHO and the health cluster were involved in advocacy efforts for the extension of the cross-border resolution, highlighting that it is a lifeline for millions of Syrians that cannot be reached through other routes. Also, contingency plans were discussed with health partners and donors in case the resolution was not adopted or adjusted.

### ***Partner coordination***

#### *Health coordination*

The process for Turkey Health Fund allocations was ongoing in December. The health cluster mapped the most urgent needs and worked with partners to formulate activities for this allocation. Moreover, in December flooding was reported in several camps in Idleb displacing thousands and the response was coordinated.

#### *Intersectoral coordination*

WHO field office in Gaziantep is co-chair of the protection against sexual exploitation and abuse (PSEA) network. Two one-day workshops were conducted in Gaziantep for all health partners to improve understanding of and compliance with the WHO Sexual Exploitation and Abuse Prevention and Response policy.

### ***Information and planning***

#### *Information*

In the last months of 2018, health partners highlighted the increased insecurity for health workers with accounts of kidnappings. In December, the health cluster issued a statement highlighting that since June, attacks have increased dramatically with one or more incidents occurring every month. A total of nine health workers have been kidnapped to date. Also in December, two specialized hospitals and one prosthetic centre in Azzaz, Aleppo governorate was attacked. Access to specialized services has always been very challenging and this attack increases the shortages of such services.

A recent assessment estimates as many as 1000 or more tuberculosis cases in northwest Syria and highlights that they do not have access to appropriate health services due to the poorly resourced health facilities, low-quality drugs and lack of specialized health workers.

#### *Planning*

The health cluster, with WHO support, will launch a programme of work to improve management of medical and pharmaceutical supplies and practices in 2019. It aims to improve the handling, storing and dispensing of medical and pharmaceutical supplies at warehouses by nongovernmental organizations (NGOs), and stockrooms and pharmacies at health facilities by standardizing operations and minimum infrastructure needed.

## Health operations and technical expertise

### Prevention and control

On 13 December, the polio outbreak was officially declared over with no new cVDPV2 positive cases in Syria in over a year. In November, WHO, in collaboration with the Syria Immunization Group, had completed a supplementary measles vaccination campaign reaching over 1 099 925 children under 15 years and a polio campaign in December reaching 883 150 children under five. Yet, experts highlighted the ongoing urgent need for increased vaccination as immunization coverage is still too low.

### Delivering health services to those in need

WHO is improving the way health care is provided by supporting primary and secondary health care facilities and mental health care through partnerships with 16 NGOs. In November, over 173 000 consultations in primary health care and 1970 mental health consultations were provided, and approximately 5 600 trauma cases were seen. WHO also covered the operational cost for 53 ambulances.

### Skills building for Syrian health care workers

In preparation for the seasonal changes and expected related increase in influenza, WHO trained 543 field-level surveillance officers and health facility staff in detection and response to novel influenza in November. WHO also initiated one of the first Problem Management Plus training of trainers, to improve mental health interventions for adults impaired by distress and experiencing adverse circumstances.

WHO continues to support the capacity building of community health workers, through trainings of 42 master trainers.

## Operation support and logistics

In November, WHO delivered life-saving medical supplies to over 186 health facilities in six cross-border shipments. Supplies included essential medicines, surgical and burn kits and cholera medicines for approximately 520 220 treatment courses.



### Prevention is better than cure

*“Due to the insecurity and winter conditions, we faced a number of challenges this year in reaching all the children in northwest Syria that are under 15 years old in the measles and polio campaigns. We are proud of our achievements so far.”*

*Health staff working as part of the immunization team in northwest Syria*

## FINANCE AND ADMINISTRATION FOR BOTH PROGRAMMES

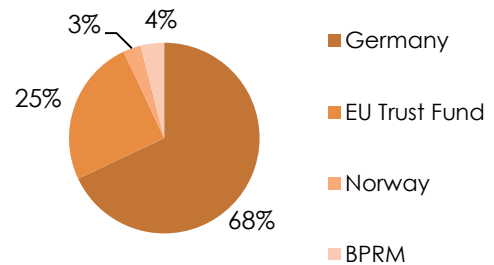
Both refugee health and cross-border operations in northwest Syria are implemented within the WHO Health Emergencies Programme, a three-level structure (global, regional and country) across the Organization. This Programme works to prepare for, prevent, respond to and recover from **health emergencies**, 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.

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.

### Refugee Health Programme donors' share for 2018

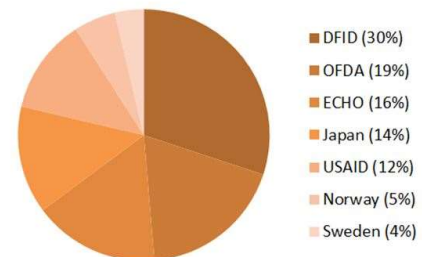


### UNDER 3RP APPEAL for 2018

REQUESTED US\$ 21 300 000

FUNDED US\$ 20 982 000

### Cross-border operation 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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