



SYRIA CRISIS

Whole of Syria response

Turkey update:

- Refugee Health Programme
- Cross-border operations



WHO supports over 100 primary health care facilities to improve continuity of care through strengthening of referrals. Photo credit: HIHFAD

FOR THE REPORTING PERIOD

TURKEY



3.6 MILLION
SYRIAN
REFUGEES WERE
LIVING IN
TURKEY



117 450 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



11 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) |
| 93%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 IDLIB, WESTERN ALEPPO, AFRIN AND NORTHERN HAMA |
| 598 555 | NUMBER OF TREATMENT COURSES PROVIDED BY WHO |
| 38 | MOBILE TEAMS SUPPORTED BY WHO |
| 120 | HEALTH CLUSTER PARTNERS |
| 20% | FUNDED OPERATIONS IN 2019 |
| 39 045 000 | 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.³

Refugee Health Programme

- The new Regional Refugee and Resilience Plan (3RP) 2019–2020 for Turkey was launched. WHO calls upon donors to support health sector plans and ensure the needs of Syrians are met.
- By the end of April, 176 Syrians were actively working as community health support staff in four RHTCs providing home care and social services to older and disabled Syrian patients.
- WHO published a survey on the health status, services utilization and determinants of health of the Syrian refugee population in Turkey.

Cross-border operations

- 98 routine immunization centres, established in north-west Syria, vaccinated on average 78 000 children under 5 years with more than 190 000 vaccine doses each month.
- WHO delivered life-saving medical supplies to over 100 health facilities in two cross-border shipments, for approximately 598 555 treatment courses, in March.
- In March, WHO trained over 1478 health workers on various topics to improve provision of health services.

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

² Between 1 January and 30 April 2019, <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>, accessed 1 May 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 about 3.6 million Syrians, the highest number of refugees in the world. Most of them reside in urban areas. Only 3.6% of Syrians reside in 13 camps located in the south-east of the country. 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 176 active refugee health centres – out of 178 planned – has already been established. In these centres Syrian health professionals provide linguistically and culturally sensitive health-care services to their fellow nationals. In other more specialized health-care services, Turkish health professionals provide care with the support of interpreters.

Leadership

In March, WHO scaled up efforts to advocate towards the third Brussels Conference on “Supporting the Future of Syria and the Region”. With this objective, the WHO Country Office supported [an event in Istanbul](#) organized by the Delegation of the European Union to Turkey. A photo exhibition told the story of Syrian health-care workers starting a new life in Turkey. The Regional Humanitarian Coordinator, Panos Moutzisz, attended the event and championed efforts to meet the needs of refugees in the neighbouring region to Syria.

Partner coordination

During March and April, WHO and health sector partners addressed gaps in health-care delivery for unregistered Syrians who are not eligible to receive health services free-of-charge. WHO is looking into ways to support the Ministry of Health, while the Office of the United Nations High Commissioner for Refugees and other relevant national authorities are taking action to ensure and promote registration of these individuals and reduce their exclusion from all kinds of national services.

Information and planning

Information

[WHO published a survey on the health status, services utilization and determinants of health of the Syrian refugee population in Turkey.](#) This publication provides additional evidence to understand the acute health needs of Syrians in the country and guide the health response.

The WHO Refugee Health Programme operationalizes the vision of the Ministry of Health by training and integrating Syrian health-care workers in the Turkish health system, building additional capacity in mental health care for Turkish health professionals, training interpreters and hiring Syrian community health support staff to provide home care and social services to older and disabled Syrian refugees. This Programme was developed under 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](#).

Since 2019, the Refugee Health Programme has defined its objectives under the newly launched [Regional Refugee and Resilience Plan \(3RP\) 2019–2020 for Turkey](#). WHO supports this mandate as the lead agency for the health sector response, identifying opportunities to build durable solutions for the national health system and addressing the health needs of Syrian refugees.

- Since the beginning of the Refugee Health Programme, 1527 Syrian health-care workers have been hired in health centres across the country, and hundreds of interpreters have been trained and hired to serve Syrian patients in primary health centres and hospitals. However, despite the great efforts put in place by the Ministry of Health, WHO and health partners to bridge the linguistic gap in health-care delivery, **language remains an obstacle for the access of Syrian refugees to health services.**



Providing health care and guidance in Arabic

“My daughter suffers from thalassemia. When we arrived in Turkey, we could not understand the medical instructions; we didn’t know the medicines were free of charge. At Ankara RHTC, the doctor and the social workers received us in our language – they helped us to register and to get the necessary treatment for Vale and translation services at the hospital – this was very important for us.”

Mohammed, father of a Syrian patient at Ankara RHTC

- Overall, **hospitals are the most commonly used health-care institution by Syrian refugees**, with low utilization rates of primary health-care centres.⁵ This poses a challenge to the Turkish health system, which is based on a community health-care approach, centred on the needs and preferences of individuals and families. Moreover, utilization of hospitals as entry points for health is less cost-effective.
- **Noncommunicable diseases (NCDs) pose an important burden for Syrians’ health and well-being**, with over 56% of Syrians aged 60–69 years reporting having a chronic disease.⁵ The most prevalent conditions are hypertension, psychiatric disorders, diabetes, asthma and cardiac disease. Thus, rehabilitation services and prevention and management of NCDs are a priority at primary health-care centres.
- **The high needs for mental health care continue to place a high burden on Syrian refugees.** A recent assessment shows that 39% of Syrian adults reported suffering from moderate to severe or extreme depressive feeling.⁵ This is a high priority for the Ministry of Health and partners.
- **Twenty-five per cent of Syrian refugees are women of reproductive age** who still face economic, social and cultural deterrents to seeking sexual and reproductive health care. Rates of awareness and utilization of screening services for cervical and breast cancer are very low.⁵

Planning: surveys and assessments

In collaboration with the Ministry of Health, WHO provided evidence to better guide the Refugee Health Programme to achieve the best outcomes for Syrians. Two studies to improve NCD monitoring and measure the impact of mental health and psychosocial work in the seven RHTCs began in March and April.

⁵ Health status, services utilization and determinants of health of the Syrian refugee population in Turkey. Copenhagen: WHO Regional Office for Europe; 2019.

Health operations and technical expertise

Skills building for Syrian and Turkish health-care workers

In the seven WHO-supported RHTCs, Syrian health-care workers receive on-the-job training while providing culturally and linguistically sensitive health-care services to their fellow nationals.

In March and April, 122 Syrian doctors 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 and knowledge to integrate into the system while serving their fellow nationals in their language.

WHO trained 86 Syrian nurses to improve their skills in the optimal management of early childhood development and gender-based violence. This training enables health care workers to respond to the specific care needs of children and to properly identify, respond to and refer women suffering from abuse.

In addition, 50 Syrian health-care workers increased their skills on basic computer literacy and health information systems. These trainings help them become familiarized with the patient records system to ensure close monitoring. Moreover, WHO trained 13 Turkish doctors on a range of trauma-related disorders, helping them to diagnose and treat Syrian patients suffering from traumatic experiences.

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 March and April, **117 450 health consultations were provided in the centres.**

By the end of April, **176 Syrians** – mostly women – have been working in four RHTCs across the country as **[community health support staff to provide home care to older and disabled Syrian patients with reduced mobility](#)**. Responding to the needs of each patient, the home care staff helps to guarantee safe environments at home, promote patients' self-care and balanced nutrition, support follow-up on treatments and ensure proper care of those who are bedridden.

In addition to these services, both Turkish and Syrian medical teams provided **outreach services to all families experiencing difficulties in accessing health centres**. Medical professionals use mobile health units to provide general check-ups and treatment follow-up for ill-patients. If necessary, referrals are made to the centre or other levels of care and transportation is provided. Furthermore, around **5000 Syrians received psychological, social, legal, health promotion counselling and translation services** in the seven RHTCs. When necessary, patients were referred to further social and protection services to ensure their complete well-being.

Operation support and logistics

In March and April, 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

North-west Syria remains one of the most volatile regions of Syria and hosts the largest number of internally displaced people. Throughout April, tensions have increased in northern Hama, resulting in daily security constraints for health-care providers. There are only three nongovernmental organizations (NGOs) working in this area and access to primary and secondary health care is a challenge for the population remaining in this area. In March and April, eight attacks on health care were reported in this area, killing five people and injuring a further 16.

Leadership and coordination

WHO continued to work closely with Health Cluster partners in Gaziantep. Several new NGOs joined the Cluster during the reporting period, with the total Cluster members and partners reaching 120.

The Regional Humanitarian Coordinator, Panos Moutziz, while visiting Gaziantep prioritized addressing the humanitarian situation in Afrin together with representatives of United Nations agencies and cluster leads. Whilst access to Afrin remains challenging for many sectors, 11 health partners can provide health services in this area. In case of a major population influx, additional health services will be needed to cover existing health facilities.

Partner coordination

Health coordination

During the month of March, [the Humanitarian Needs Overview \(HNO\) and Humanitarian Response Plan \(HRP\)](#) for 2019 was finalized. The HNO/HRP 2019 serves as the strategic framework for Turkey Humanitarian Fund standard allocations, which has three priorities. First, deliver life-saving quality health-care services with attention to surgical, trauma and injury care. Second, provide holistic and standardized quality services at selected facilities for people with special needs, physical disabilities, post-trauma and injury care, rehabilitation needs for trauma- and non-conflict-related injuries, and mental health. Third, enable frontline health-care facilities and second line referral facilities to respond to the needs of armed conflict-affected populations during displacement.

Intersectoral coordination

In collaboration with humanitarian actors from all sectors, including food security, nutrition and education and more, WHO is working to improve prevention of sexual exploitation and abuse through various activities. Trainings were conducted to improve investigations into reported cases. Moreover, a call centre has been established and is receiving sexual exploitation and abuse complaints.

Information and planning

Information

Attacks on health care continue in north-west Syria. At the end of April, two health facilities were attacked and are currently out of service. These facilities were providing essential secondary health-care services in northern Hama area. One of the hospitals was providing a monthly average of 1300 outpatient consultations and 310 surgeries. WHO strongly condemns these attacks as breaching people's right to health.

Planning

The health system in Afrin remains fragile and needs to be strengthened. WHO supports three primary health-care centres and six mobile clinics in this area. This is not yet sufficient to meet the needs to the population. A more critical gap remains in the provision of secondary health care. Health partners highlight that referral services for patients are key to maintain the current system and ensure that patients have access to the appropriate services. Moreover, in north-west Syria mental health services and ambulatory reproductive health care need strengthening to ensure services and specialized health-care workers are available in the appropriate numbers.

Health operations and technical expertise

Prevention and control

During March and April, 98 routine immunization centres, established in north-west Syria, vaccinated on average 78 000 children under 5 years with more than 190 000 vaccine doses each month. Three centres are still temporarily non-functional due to insecurity in Hama and Idlib governorates. WHO, in collaboration with the United Nations Children's Fund and Médecins Sans Frontières Spain, launched a pneumococcus vaccine campaign in eight districts of north-west Syria during the last week of February and first week of March 2019. The campaign ended with 92% administrative coverage reaching 43 556 of the targeted 47 168 children aged 2–23 months in eight districts of Aleppo and Idlib.

Delivering health services to those in need

WHO's support to primary and secondary health-care facilities is ongoing with 27 implementing partners. As a result, facilities are working together to ensure the maximum coverage of health services in north-west Syria for an estimated four million people.

NCDs are a major contributor to diseases in Syria. WHO strives to improve treatment and control of NCDs through an integrated response in nine dedicated secondary health-care centres. This includes distribution of medicines, awareness-raising sessions, training health workers, standardizing protocols and standard operating procedures in health facilities and ensuring referral services. As patients with NCDs often visit health facilities on a regular basis, continuity of care over a long period is essential. With limited resources and in an emergency setting, this is a challenge.



Regaining good health

"I was referred to Al-Sham central hospital after a visit to my health centre. I had a bad infection in my knee. After some laboratory tests, my doctor recommended me for surgery. I had the surgery and am feeling much better. I'm doing some recommended exercises to regain full movement. It is very special to receive good care. The success of the surgery increases our confidence in the health assistance."

Maryam, a 73-year-old woman, living in north-

Skills building for Syrian health-care workers

In March, over 1478 health staff increased their skills through various trainings. In order to improve the capacity of community health workers, 29 health staff were trained as master trainers. They will strengthen the knowledge of community health workers in areas such as family health, nutrition, communicable diseases, healthy lifestyles and more.

Operation support and logistics

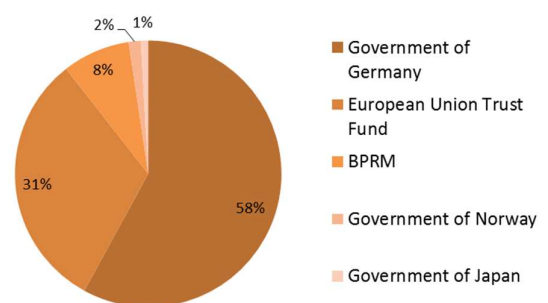
In March, WHO shipped 12 truckloads of cross-border deliveries through the Bab Al Hawa and Bab Al Salam border crossing gates for distribution inside Syria providing 598 555 treatments. WHO also prepositioned further supplies to prepare for a possible increase in hostilities in Hama and Idlib. In April, supplies for leishmaniasis control were delivered, including 100 000 bed nets and insecticide (Ficam) to spray the homes of 250 000 households ahead of the high-transmission season.

FINANCE AND ADMINISTRATION FOR BOTH PROGRAMMES

Both refugee health and cross-border operations in north-west 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.

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, WHO has been reaching out to these and other donors who pledged in the third Brussels Conference to support activities envisioned for 2020 and to secure continuity of health care delivery.

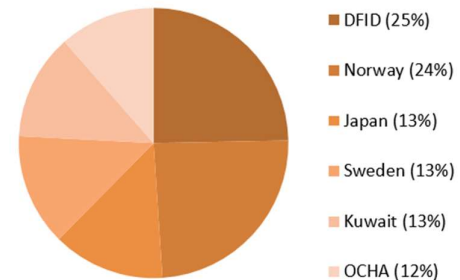
Refugee Health Programme donors' share for 2019



UNDER 3RP APPEAL FOR 2019
REQUESTED US\$ 17 487 000
FUNDED US\$ 16 233 413

Currently, the cross-border operations have a funding gap of over US\$ 31 million. 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. 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.

Cross-border operation donors' share for 2019



CROSS-BORDER TURKEY-SYRIA APPEAL 2019

REQUESTED US\$ 39 045 000

FUNDED US\$ 7 953 916

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

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