



SYRIA CRISIS

Whole of Syria response

Turkey update:

- Refugee Health Programme
- Cross-border operation



WHO provides Syrian health care workers with additional training on early childhood development to ensure young Syrians grow healthy, with specialized care. Photo credit: WHO/Ali Saltan

FOR THE REPORTING PERIOD

TURKEY



3.6 MILLION SYRIAN REFUGEES WERE LIVING IN TURKEY



99 500 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 **1.2 MILLION** INTERNALLY DISPLACED PEOPLE¹



3 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)
170	REFUGEE HEALTH CENTRES ACTIVE ACROSS TURKEY
70	HEALTH SECTOR WORKING GROUP PARTNERS (INCLUDING DONORS)
92%⁴	FUNDED OPERATIONS IN 2019
17 487 000	US\$ REQUESTED FOR OPERATIONS IN 2019
CROSS-BORDER OPERATION TO NORTHERN SYRIA	
4 MILLION	ESTIMATED POPULATION IN IDLIB, WESTERN ALEPPO, NORTHERN HAMA AND EASTERN LATAKIA
616 290	NUMBER OF TREATMENT COURSES PROVIDED BY WHO
36	MOBILE TEAMS SUPPORTED BY WHO
116	HEALTH CLUSTER PARTNERS
81%	FUNDED OPERATION IN 2019
43 500 000	US\$ REQUESTED FOR OPERATION

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 north-west Syria from Turkey under the Whole of Syria approach.³

Refugee Health Programme

- In all, 306 Syrian health professionals received training on early childhood development, trauma-related disorders, autism, gender-based violence and health information systems.
- Syrian home care staff in Izmir visited older and disabled Syrian patients in their homes to identify those most in need of regular and personalized support.
- To help bridge the mental health care gap, 5100 Syrians benefitted from psychosocial advice and health promotion sessions in the 7 WHO-supported RHTCs.

Cross-border operation

- Over 837 000 children were vaccinated against poliomyelitis (polio) in January in 17 districts of north-west Syria.
- In February, over 387 284 primary health care and 1892 mental health consultations were provided, and approximately 18 130 trauma cases were seen.
- WHO delivered life-saving medical supplies to over 137 health facilities in three cross-border shipments, for approximately 616 290 treatment courses, in January and February.

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

² Between 1 January and 28 February 2018, <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>, accessed 1 May 2019.

³ Under United Nation 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 3.6 million Syrian refugees, the highest number of refugees globally. The majority of Syrians reside in urban areas. Only around 4% 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 as Turkish nationals. By the end of February 2019, a network of 170 active refugee 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. 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 makes joint appeals with health sector partners under the [Regional Refugee and Resilience Plan \(3RP\) 2018–2019 for Turkey](#). 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 national systems. WHO supports this mandate as the lead agency for the health sector response, identifying opportunities to strengthen the Turkish health system in response to the health needs of Syrians in the country.

Partner coordination

During January and February, WHO continued to collaborate closely with health sector partners to identify gaps and needs to strengthen the health response for Syrians in the country. During the meetings, partners refined plans for the launch of the new 3RP 2019–2020, which will take place in early March.

Information and planning

Information

Language and cultural norms remain an obstacle for the access of Syrian refugees to health services. **Lack of access to certain medicines and medical devices** continues affecting Syrians due to their socioeconomic status.

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

The mental and psychological consequences of conflict and displacement among the refugee populations still place high burdens on their mental health. Despite the increasing efforts of health sector partners and the Ministry of Health to respond to this demand, needs for care continue to exceed national capacities for response.

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; this directly affects maternal and newborn deaths and diseases, particularly sexually transmitted infections. Increased awareness on family planning, gender-based violence

and infant and young child feeding practices are needed.

Communicable disease surveillance, detection, response and prevention need to be strengthened at national level to ensure safety for both refugees and host communities.

Planning: surveys and assessments

As part of its research agenda, WHO conducted a field assessment in the 7 RHTCs to understand the factors affecting the employability of trained Syrian health-care professionals in Turkey. This study, developed in collaboration with the Department of Migration Health of the Public Health Directorate General, aims at improving programme quality for Syrian health-care workers.



Employed and unemployed Syrian doctors and nurses from Gaziantep RHTC shared their impressions on work and the trainings. Photo credit: WHO.

Health operations and technical expertise

Skills building for Syrian and Turkish health-care workers

In January and February, **177 Syrian health-care workers received continuous medical education** to refresh their knowledge on the Turkish health referral system and health information systems. This training aims at strengthening capacity to manage health-care data to ensure patients are closely monitored.

Additionally, WHO trained **87 Syrian nurses in the optimal management of early childhood development and gender-based violence**. This kind of training is essential to ensure health-care workers in RHTCs are capable of responding to the specific care needs of children and women suffering from abuse. Moreover, WHO trained **42 Syrian health-care workers on a range of trauma-related disorders and screening and monitoring of autism**.

Delivering health services to those in need

The seven WHO-supported RHTCs provide refugees with access to linguistic and culturally-sensitive health services, all free-of-charge. In these centres, Syrian health-care workers receive on-the-job training under close supervision from Turkish health professionals. During January and February, these centres provided over **99 500 health-care consultations**, including in family health-care services, maternal and child health, immunization and internal medicine.

Both Turkish and Syrian medical teams continued providing **outreach services to all families experiencing difficulties in accessing health centres**. Medical professionals use mobile health units to provide general check-ups and determine the vaccination needs of children. When necessary, patients are referred to RHTCs or hospitals for specialized follow-up.

WHO-trained Syrian home care staff in Izmir RHTC began the process of identifying older and disabled Syrian patients in need of support. **In Bornova, Karabağlar and Konak, 28 high-need Syrian patients were identified**. Home care teams will regularly visit these

patients, many of them bedridden or with reduced mobility, to guarantee safe environments, promote their self-care and support follow-up to treatment.



Photo credit: WHO/Deniz Akkus

Dreaming of helping people

“My parents used to be pharmacists in Damascus. I grew up helping customers and my parents at the pharmacy. I always dreamed of having a job that would allow me to help people. Working as a home care worker now in Turkey proves that dreams can come true even after life is shattered by war.”

Shazel, home care staff at Izmir RHTC

Furthermore, around **5100 Syrian refugees received psychological, social, legal and health promotion counselling**. Doctors, psychologists, social workers and health promoters use a comprehensive people-centred approach in order to identify and address health conditions and vulnerabilities that endanger people’s overall well-being.

In February, Istanbul RHTC, a WHO partner, reached out to Syrian children aged 8–14 years as part of the regular psychosocial interventions at the centre. “Flags of hope” aims to provide a safe space for children to share their wishes and worries about the future, ultimately boosting their means for self-expression and confidence.



Photo credit: Doctors Worldwide

Operation support and logistics

In January and February, 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

As the war in Syria enters its ninth year, north-west Syria continues to have the most urgent humanitarian needs. Over 60% of all internally displaced people reside in this area. Winter conditions, including flooding, badly affected over 97 000 people at the beginning of the year. Shelling and airstrikes were reported almost daily in northern Hama, Idlib and western rural Aleppo. Due to hostilities, over 31 000 people have been newly displaced in January. The deteriorating security situation resulted in suspension of some activities, namely mobile medical teams. By the end of January, all services had resumed as normal.

Leadership and coordination

At the beginning of the year, WHO finalized its operational plan for 2019, including a procurement plan. United Nations agencies working in north-west Syria, including WHO, have been working to strengthen and implement a common risk management framework. This addresses the interruption of, interference with, or harassment of humanitarian relief supplies.

Partner coordination

Health coordination

Under the guidance of the health cluster, partners submitted proposals for the Turkey Humanitarian Fund. After extensive piloting, the Gender with Age Marker (GAM) was used to assess the quality of humanitarian programming for the first time. The technical review committee will review the proposals before allocation is finalized. Azzaz Asylum Hospital, one of the only hospitals offering mental health services in the area, announced it would be forced to close due to a lack of funding. WHO and other partners coordinated a response, securing funding for operating costs for several months and organizing the transfer of some eligible patients to other facilities.

Inter-hub coordination

A Whole of Syria health cluster inter-hub meeting was organized in February, bringing together teams from Gaziantep, Damascus, north-east Syria and Lebanon. During the meeting, key issues were discussed to ensure a coordinated response and effective information management.

Information and planning

Information

The Humanitarian Needs Overview for Syria was published at the end of February. This key document highlights the scale, severity and complexity of humanitarian needs of people in Syria.

As per week 6, only 130 suspected measles cases were reported, representing a lower case load compared to the same period over the last two years. This marks progress towards the containment of the outbreak. An increased number of leishmaniasis cases were reported in mid-February, to which WHO and an implementing partner responded. Over 340 children were screened, resulting in 59 suspected cases. For now, 38 cases have been confirmed through laboratory testing and have been referred for treatment. The team will continue responding.

Planning

Health cluster partners, in collaboration with WHO advisers, reviewed and reformulated indicators on mental health and disabilities. These new indicators will be standardized and included in all reporting templates used. This information is needed to increase the quality of reporting.

Health operations and technical expertise

Prevention and control

WHO has supported the fourth supplementary polio campaign, which took place in December 2018 and early January 2019 covering all 17 districts – including Afrin. The implementation of the campaign was delayed due to the security situation and very harsh weather conditions. Over 837 000 children were vaccinated during the campaign, meeting the target.

In addition, WHO in close collaboration with Médecins Sans Frontières Spain and the United Nations Children's Fund is administering the pneumococcal conjugate vaccine to over 47 000 children aged 2–23 months in eight districts of Idlib and Aleppo. As of February, 93 routine immunization centres were providing services in Aleppo, Hama and Idlib. These centres vaccinate an estimated 13 000 children each month.

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 26 implementing partners. In February, over 387 284 consultations in primary health care and 1892 mental health consultations were provided, and approximately 18 130 trauma cases were seen. WHO also covered the operational cost for 36 mobile teams.

WHO has provided support to three surgical units in Hama governorate. The surgical units play a crucial role as the first-line actors in areas where patients cannot easily reach hospitals. They provide stabilization and emergency care and ensure referrals to designated hospitals.

In January and February, WHO expanded its support to primary health care facilities in Afrin and subdistricts of Idlib. Over 122 facilities now function as a network, with over 6000 patient referrals per month. WHO ensures that facilities adopt common standards to strengthen the quality of care and increase health care coverage. On-the-job supervision is provided in all health facilities. To mitigate severe shortages of health-care staff and ease the pressure on health-care professionals, some tasks formerly handled by physicians were transferred to trained support staff.

WHO has also been providing technical assistance to improve the curriculum for training community health workers and to deliver messages to the community. Alignment among all implementing partners on the curriculum and health messages improves service delivery and quality of care.

Skills building for Syrian health-care workers

In January and February, WHO supported the capacity building of over 4000 health workers through various trainings. Of note, over 300 aid workers were trained in self-care to improve their mental health. Topics discussed included sources of stress and techniques for relaxation.

Operation support and logistics

In January and February, WHO delivered life-saving medical supplies to over 137 health facilities in three cross-border shipments. Supplies included essential medicines, and surgical and burn kits for approximately 616 290 treatment courses.



Reaching remote areas

“My two-year-old was having problems eating and lost a lot of weight. When the mobile team came to my area, I took him there. The staff helped [by giving] me some medicine, nutritional supplements and vitamins. I got this for free and it really helped. After three months of treatment, I’ve come back to the clinic for my son’s check-up. I’m very happy that he has recovered and his condition is getting better and better.”

Najma, a 27-year-old woman, living in north-west Syria

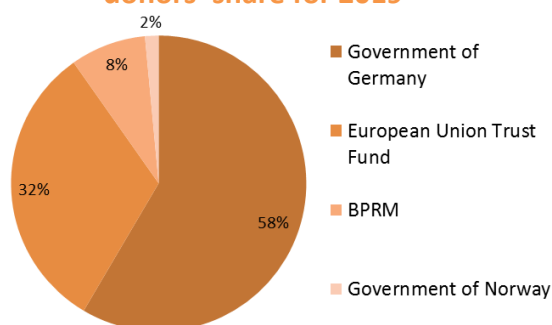
FINANCE AND ADMINISTRATION FOR BOTH PROGRAMMES

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.

The **Refugee Health Programme** is currently 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 Norway. WHO is reaching out to these and other donors to support upcoming activities envisioned for 2019–2020.

Currently, the cross-border operation has a funding gap of almost US\$ 8.16 million. 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 north-west Syria. All the activities described in this report have been made possible through the generous support of the following donors: Office of U.S. Foreign Disaster Assistance (OFDA); the United Kingdom Department for International Development (DFID); European Civil Protection and Humanitarian Aid Operations (ECHO); the governments of Japan, Norway, Sweden, Kuwait and France; and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) pooled funds.

Refugee Health Programme donors' share for 2019

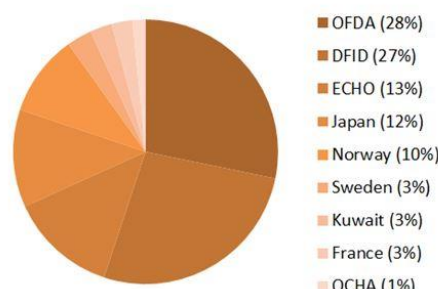


UNDER 3RP APPEAL for 2019

REQUESTED US\$ 17 487 000

FUNDED US\$ 16 090 556

Cross-border operation donors' share for 2019



CROSS-BORDER TURKEY—SYRIA APPEAL 2019

REQUESTED US\$ 43 500 000

FUNDED US\$ 35 336 043

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

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