



SYRIA CRISIS

Whole of Syria response

Turkey update:

- Refugee Health Programme
- Cross-border operations



Every month, community health support staff in Izmir visit more than 70 patients with reduced mobility and difficulty accessing health care centres. This staff provides home care and close monitoring. Photo: WHO/Rocio Lopez.

FOR THE REPORTING PERIOD

TURKEY



3.6 MILLION SYRIAN REFUGEES WERE LIVING IN TURKEY



121 342 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



41 ATTACKS ON HEALTH CARE WERE VERIFIED²

KEY FIGURES

HIGHLIGHTS

| 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) |
| 94%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 IDLEB, WESTERN ALEPPO, AFRIN, NORTHERN HAMA AND EASTERN LATAKIA |
| 290 457 | NUMBER OF TREATMENT COURSES PROVIDED BY WHO |
| 22 | MOBILE TEAMS SUPPORTED BY WHO |
| 120 | HEALTH CLUSTER PARTNERS |
| 20% | FUNDED OPERATIONS IN 2019 |
| 39 045 000 | 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.³

Refugee Health Programme

- The WHO published the 2018 annual report of its health emergency response activities in Turkey for the Refugee Health Programme and cross-border operations.
- WHO built skills among Turkish journalism students in three workshops to promote reporting on refugees with fairness and dignity.
- Bridging a gap in health care delivery for older and disabled, 235 Syrian patients in Izmir and Hatay received weekly home care aimed at ensuring their well-being and integration.

Cross-border operations

- To respond to the newly displaced, WHO is supporting an additional eight mobile clinics, five surgical units, two primary and two secondary health facilities.
- WHO released emergency stock to health facilities, providing an estimated 92 200 treatments: 2200 for surgical and trauma care, 50 000 for secondary health care and 40 000 for primary health care.
- In all, WHO trained over 754 health workers to improve provision of health services in May.

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

² Between 1 January and 30 June 2019, <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>, accessed 21 October 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 Syrians, the highest number of refugees in the world. The majority of Syrians are residing in urban areas, and over 100 000 reside in 12 temporary accommodation centres 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 178 active refugee health centres has been established. In these centres Syrian health professionals trained by WHO provide linguistically and culturally sensitive health care services to their fellow nationals. Since 2016, these centres have provided over 6.7 million health consultations to Syrians. In other more specialized health care services, Turkish health professionals provide care with the support of interpreters.

Leadership

In early May, WHO released the Health emergency response to the crisis in the Syrian Arab Republic Annual Report 2018, including all the activities developed under the Refugee Health Programme and the positive impact achieved in the lives of Syrian refugees in Turkey.

On 23 May, Her Royal Highness Princess Maria of Romania visited the WHO-supported Refugee Health Training Centre in Sanliurfa together with the Ambassador of Romania in Turkey. The visit highlighted the needs in public health of the Syrian population in the country and accordingly the successful response developed by the Ministry of Health and WHO.

On World Refugee Day (20 June), WHO gathered members of the Ministry of Health, representatives of foreign missions, United Nations agencies nongovernmental organizations and academicians in the presentation of the [Report on the health of refugees and migrants in the WHO European Region](#). This event served to commemorate the strength and courage of millions of refugees around the world while bringing evidence to improve the health of refugees and migrants, as well as host societies.

As part of its objectives to advocate for the needs of Syrian refugees in the country, [WHO organized three media awareness workshops for Turkish journalism students from Ankara universities](#). For 6 weeks, 18 students were closely mentored by the WHO Refugee Health

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. It is 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](#).

In 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 addressing the health needs of Syrian refugees.

Programme and prominent national media figures to report on refugee health with facts, fairness and dignity.



“What I have learnt in this workshop is that the refugee crisis is complex and therefore we have a great responsibility in making these people and their challenges visible.”

Piray, Journalists of the Future Workshop Series

Partner coordination

During May and June, health sector partners called for a special meeting to support Syrians in obtaining disability reports free of charge. These documents are essential for people with disabilities to access additional assistance. Health partners are advocating for better coordination between the Ministry of Health and the Ministry of Family, Labour and Social Services to ensure this assistance is free of charge.

Information and planning

Information

Unregistered Syrians or those moving within the country and lacking registration in province of residence continue facing obstacles to access health care services as the temporary protection regime only offers coverage for those registered.

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, primarily at the hospital level.

Noncommunicable diseases (NCDs) pose an important burden for Syrians’ health and well-being. The most prevalent conditions are hypertension, diabetes, asthma and cardiac disease. Rehabilitation services and prevention and management of NCDs are a priority at family and community 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, severe or extreme depressive feelings.⁵ This is a high priority for the Ministry of Health, WHO and partners, who are strengthening capacity building for Turkish and Syrian doctors for better service provision.

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

⁵ Survey on the health status, services utilization and determinants of health of the Syrian refugee population in Turkey. Copenhagen: WHO Regional Office for Europe; 2019:93–94.

Planning: surveys and assessments

In collaboration with the Ministry of Health, WHO is preparing a series of assessments to better document the needs of Syrians in the country and guide the national health response. An assessment on the impact of the WHO Mental Health Gap Action Programme training among Turkish and Syrian doctors found high satisfaction with the course to help them respond to the health care needs of Syrians.

Health operations and technical expertise

Skills building for Syrian and Turkish health-care workers

In May and June, **42 Syrian doctors in Istanbul, Gaziantep, Hatay and Mersin completed the practical stage of the adaptation training** aimed at qualifying them to work within the Turkish health care system. Thanks to these trainings, Syrian health professionals learn how to navigate an unfamiliar system and make referrals. These practical courses take place in seven WHO-supported RHTCs where participants receive mentorship from Turkish doctors while providing culturally and linguistically-sensitive health care services for their fellow nationals.

Moreover, 125 Syrian and Turkish doctors and nurses received specialized courses on basic computer literacy and health information management. These trainings are essential for health-care workers to understand and properly use the patient records system of the Turkish health care system.

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 May and June, **121 342 health consultations were provided in the centres**, located in Ankara, Gaziantep, Hatay, Istanbul, Izmir, Mersin and Sanliurfa. Medical teams based in these centres used mobile clinics to reach communities or patients with reduced mobility in need of health services. Over **2180 consultations were provided** and, when necessary, patients were referred to hospitals and provided with transportation and interpreter services.

In Gaziantep, Hatay, Izmir and Sanliurfa, over **181 Syrians – mostly women – are actively working as community health support staff to provide regular home care to older and disabled Syrian patients** with difficulty accessing health care centres. Currently, 235 Syrian patients are enrolled and receive much-needed support every week. As part of a comprehensive response, centres in Hatay and Izmir are also offering psychosocial support groups to the relatives of these patients so they can share their concerns and find relief in a safe space.

In these centres, psychologists, social workers, health educators and nutrition specialists also offer specialized counselling to Syrian refugees in a wide range of areas: social and legal counselling, mental health and psychosocial support and health promotion. In May and June, over **1800 consultations were provided in the 7 RHTCs**.

Operation support and logistics

In May and June, 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 update

An escalation of violence in north-west Syria at the end of April resulted in an estimated 320 000 newly displaced individuals. It has continued unabated in May and June. Violence is driving displacement into densely-populated areas, putting a strain on service delivery for partners. A further escalation of violence, triggering waves of displacement and complicating humanitarian assistance, risks overwhelming an already stretched response.

Leadership and coordination

The readiness and response plan for potentially 700 000 affected people, prepared in case of large-scale escalation of conflict in north-western Syria, is now a response plan. WHO and partners responded to the needs of the population through existing interventions while identifying additional needs. Reprogramming to support newly displaced people is ongoing. Humanitarian efforts continue to be challenging due to the insecurity and the large-scale displacement.

Partner coordination

Health coordination

Due to the sudden changes on the ground, there might be gaps, overlap and duplication of health services. Coordinated by the health cluster, health partners are fully engaged in reprogramming health service delivery with existing funds to ensure the most effective use of resources.

Intersectoral coordination

On 12 June, the Inter-Cluster Coordination Group (ICCG), responsible for the technical aspects of coordinating humanitarian response for cross-border assistance from Turkey, assessed challenges of the ongoing emergency and its response. The need to provide accurate and timely information on the availability and locations of humanitarian services to the newly displaced people in north-west Syria is a priority. Of the newly displaced individuals, an estimated two thirds have chosen to remain outside camps and WHO is coordinating with partners to ensure mobile teams can reach these individuals. Additionally, WHO is liaising with the water, sanitation and hygiene working group for disease surveillance, especially focussing on prevention of water-borne disease outbreaks like cholera.

Information and planning

Information

In May and June, 41 attacks on health care were reported in this area, killing 11 and injuring a further 13 people. This signified an unprecedented trend. WHO warns of the dire impact on the delivery of health services to the most vulnerable. Due to the volatile security situation, and in fear of attacks, health partners are constantly monitoring the situation to evaluate where and how health services can be provided to both the host communities and newly displaced.

Planning

WHO's priority is serving the high number of displaced people located in northern Idleb, near the Turkish border and Idleb city. To do this, WHO and health partners re-evaluated the location and capacity of all health facilities in Idleb and northern Hama vis-à-vis population density. The assessment will provide detailed information about the availability of services at the primary and secondary health care levels in Darqoosh, Harim, Qurqeena and Salqin,

which are subdistricts of Idlib where an estimated 320 000 new internally displaced people have settled.

Health operations and technical expertise

Prevention and control

As part of the ongoing response, WHO is supporting immunization activities to prevent the spread of common childhood diseases. In northern Hama, all routine immunization centres had to close due to the security situation and were relocated to Idlib. Moreover, as part of the evolving security situation, some of the 98 centres in the network have suspended and resumed services at various times. At the end of June, 89 out of 98 centres were functioning.

Delivering health services to those in need

To address the health needs of the newly displaced, WHO is supporting an additional eight mobile clinics, five surgical units, two primary and two secondary health facilities. Referral mechanisms and provision of patient transportation were coordinated with all health partners to ensure access and continuity of care. Moreover, four WHO-supported mental health teams are helping new arrivals in various locations.



Timely delivery of services

“Given the scale of the ongoing population displacement, mobile services are the most efficient way to rapidly increase access to essential health services by the Syrians in need.”

Annette Heinzlmann, Emergency Operations Manager

Skills building for Syrian health-care workers

In May, WHO supported the capacity building of over 754 health staff through various trainings. For instance, a team of 14 health staff were trained in District Health Information Software (DHIS2) for reporting, analysis and dissemination of data for all health programmes. Data management is essential for disease surveillance and monitoring.

Operation support and logistics

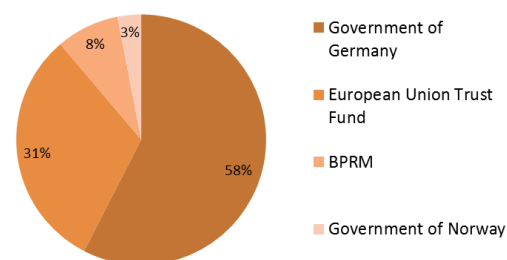
WHO released emergency supplies from the prepositioned stock inside Syria to respond to increased needs in early May. These supplies were timely distributed to 21 main referral facilities and provided 92 200 treatments: 2200 for surgical and trauma care, 50 000 for secondary health care and 40 000 for primary health care. In June, WHO delivered an additional four truckloads of supplies amounting to an estimated 798 520 treatments.

FINANCE AND ADMINISTRATION FOR BOTH PROGRAMMES

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 2019–2020, WHO is reaching out to these and other donors pledging in the last Brussels Conference to support activities envisioned for 2020 and beyond in support of the Ministry of Health of Turkey.

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. Currently, there is a funding gap of over US\$ 31 million. Under the humanitarian response plan for Whole of Syria, WHO has requested US\$ 140 914 950. 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.

Refugee Health Programme donors' share for 2019

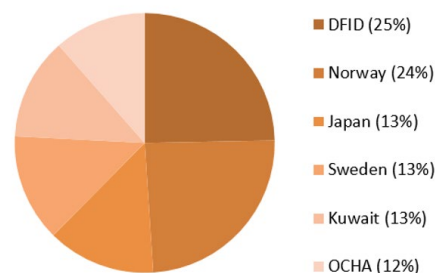


UNDER 3RP APPEAL for 2019

REQUESTED 17 487 000

FUNDED 16 494 059

Cross-border operation donors' share for 2019



CROSS-BORDER TURKEY-SYRIA APPEAL 2019

REQUESTED US\$ 39 045 000

FUNDED US\$ 7 953 916

The WHO Regional Office for Europe supports the WHO Country Office in Turkey to coordinate two emergency response programmes; the refugee health and cross-border operations in north-west Syria. These programmes are also part of the global WHO Health Emergencies Programme, a three-level structure (global, regional and country) across the Organization. Within this structure, WHO works to prepare for, prevent, respond to and recover from health emergencies, including disease outbreaks, natural disasters and conflicts, using an all-hazards approach. The refugee health team is based in Ankara, and the cross-border operations team is based in the southern Turkish city of Gaziantep.

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

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