WHO requires US$ 56 million to address the health needs of the populations affected by the crisis in the Syrian Arab Republic and neighbouring countries in 2013

Current situation

The latest assessments estimate that over four million people have been affected within the Syrian Arab Republic, in all 14 governorates. In addition, UNHCR reports that over 500 000 refugees have fled to five of the neighbouring countries (Jordan 144 997, Lebanon 156 612, Turkey 137 756, Iraq 65 527 and Egypt 8858).

As the humanitarian situation continues to worsen, WHO has designated the crisis in the Syrian Arab Republic and neighbouring countries a Grade 3 emergency based on the criteria (scale, urgency, complexity and context) in its Emergency Response Framework (ERF). The Grade 3 emergency declaration allows WHO to scale-up its response operations and provide substantial Organization-wide support to its Country Offices to respond to the crisis. An Emergency Support Team has been established in Amman, Jordan, to provide technical back-up to the WHO offices in the Syrian Arab Republic and neighbouring countries of Jordan, Lebanon, Turkey, Iraq, and Egypt.

Within the Syrian Arab Republic, insecurity and the breakdown of the health system in many areas have substantially reduced access to health services. Health professionals, staff and patients continue to face difficulties reaching hospitals and health centres due to insecurity. Reports from November and December 2012 indicate that almost 55% of public hospitals, approximately 10% of health centres and 58% of ambulances have been damaged or destroyed. At least 31% of public hospitals are out-of-service.

There is also a severe shortage of medicines and medical supplies particularly for anaesthesia, surgical and trauma care, burn ointments, antibiotics, as well as supplies and equipment for treatment for cardiovascular disease, orthopaedic conditions and haemodialysis.

The prolonged humanitarian situation has resulted in a growing unavailability of food, unhygienic and overcrowded living conditions, inaccessible or limited health care services and reduced immunization coverage for children under five. These combined factors increase the risk of communicable diseases and have serious implications on the nutritional status of children under five and pregnant and lactating women. Communicable diseases being reported through the Early Warning and Response System include influenza, acute diarrhoea and hepatitis.

The provision of mental healthcare remains a challenge, with a severe shortage of psychiatrists in the country and increased needs for referral to mental health treatment and care.

The number of refugees in neighbouring countries has put an immense strain on the hosting communities as well as on the
infrastructure and resources of the countries concerned. The utilization of health services by Syrian refugees in neighbouring countries is steadily increasing, accelerated by the winter temperatures. Health centres are providing primary health care services including medications, vaccinations and diagnostic tests to Syrian refugees. As an example, a review of the utilization of health services among registered Syrian refugees in Lebanon indicated that over a six month period, for a population of 30 000, 7-9% received primary health care services and 5-7% were hospitalized.

Health sector objectives

- To support effective and efficient delivery of life-saving emergency health care (medical, surgical, maternal, child health etc.) at all levels of health facilities in directly and indirectly affected areas.
- To facilitate access to essential primary and secondary health care (preventive and curative) including support for chronic diseases, reproductive health, infant and child health, nutrition, and mental health services.

Health sector strategy

The total population targeted in the health sector is four million, including health and nutrition services for 563 000 affected children.

Due to the limited access, WHO and UN organizations deliver health aid through the Ministry of Health (MoH), Ministry of Higher Education (MoHE), local and international NGOs and community-based organizations (CBOs). Currently there are 16 local NGOs subcontracted by WHO to deliver health care services, referral services and medicines for communicable and non-communicable diseases. These NGOs are working in the areas of Alou, Aleppo, Al Waer, Damascus, Deir ez-Zor, Idlib, Hamah, Homs, Rural Damascus, and Tartous.

Essential medicines and medical supplies are distributed to health facilities and to implementing partners. Disease surveillance and the collection of health information are done in collaboration with health authorities, NGOs and other health providers. Integrated assessment missions with health partners provide updated information on health needs and service availability. Service delivery and remote activities are being monitored using trained medical and pharmacy students coming from the respective areas.

WHO activities in the Syrian Arab Republic

WHO interventions focus on the following areas:

1. Strengthen trauma and referral management

Activities undertaken to support this objective have included the delivery, in December, of medicines, medical supplies and equipment to meet the health needs of an estimated 735 000 beneficiaries in Damascus, Rural Damascus, Al Raqqa, Aleppo, Idlib, Hamah, Homs, Swieda and Quintera. During 2013, WHO will continue to:

- Provide trauma medical supplies and kits for primary and secondary health care; consumables and medical supplies for hospital trauma care including life-saving medicines
- Support field-based first aid and transportation to first level referral facilities
- Train health staff in emergency medical care and basic trauma surgery
- Support the emergency services and operating theatres in hospitals

2. Support delivery of primary health care

In spite of difficulties faced regarding access and security, a national vaccination campaign, managed by MoH, was conducted from 26 November to 20 December in which 1.3 million children under five were vaccinated against measles and 1.5 million children under five were vaccinated against polio across 13 of the 14 governorates. Vaccines and vaccination supplies were provided to health centres and vaccination teams in Aleppo, Homs and Rural Damascus. A list of essential medicines and supplies has been developed for the next six to nine months. During 2013, WHO will continue to:

- Build capacity to deliver primary health care services
- Improve access to primary health care services in affected areas through outreach activities
- Provide essential medicines for primary health care and chronic illness
- Support the implementation of medical interventions for affected populations
3. Support delivery of secondary and tertiary health care

As an example of WHO activities in this area, during the last week of November, consumables to serve 1500 haemodialysis patients were provided through the MoH and NGOs in Damascus. During 2013, WHO will continue to:

- Build capacity to deliver specialized care
- Provide essential medicines, supplies and equipment to support services with a priority for life saving medicines.
- Cover gaps in secondary health care for non-communicable diseases including haemodialysis.

4. Support health information management and coordination

As the Health Working Group lead, WHO convenes regular meetings with partners and provides regular information about health needs, supports contingency planning and programme planning through the Syria Humanitarian Assistance Response Plan (SHARP). During 2013, WHO will continue to:

- Provide a systematic approach for managing health information and the supporting database management systems
- Map available health resources, services, status of facilities, medicines and equipment
- Map public health risks and partners’ capacities and activities at all levels
- Strengthen regular coordination through effective information sharing and dissemination among UN health partners and participating international and local NGOs working in the health sector

5. Support mental health services

The MoH has requested the support of WHO in undertaking an assessment of the mental health needs in affected governorates. There is concern that when people with mental problems are identified, they are not receiving the necessary expert follow-up as there is no proper referral system in place. During 2013, WHO will continue to:

- Conduct community awareness campaigns to address mental health problems.
- Build the capacity of health care providers to identify, manage and refer mental health cases
- Establish referral mechanisms
- Provide medicines, supplies and equipment

6. Expand nutritional support services

The Health Working Group meets regularly to review the status of nutrition in the country. Data is limited and a nutrition assessment will be conducted to support more effective coordination of nutrition activities. During 2013, WHO will continue to:

- Strengthen the nutrition surveillance system and integrate it into the Early Warning and Response system (EWARS)
- Train health care providers on the management of severe acute malnutrition
- Support health facility-based management of malnutrition
- Conduct supplementation campaigns to address micronutrient deficiencies in affected populations
- Promote exclusive breastfeeding practices

7. Strengthen the capacity for health response

The EWARS system was initiated in September 2012 and is now receiving regular reports from its sentinel sites. Training workshops on surveillance for early epidemic preparedness and response were conducted in September and October to strengthen the capacity and network of national surveillance teams at health district level. A total of 46 Health District Officers from 10 governorates have been trained on EWARS. A review of the system was conducted after three months of implementation and a plan of action developed to expand the system to include more sentinel sites in different governorates and undertake further capacity-building. During 2013, WHO will continue to:

- Expand the EWARS (currently 97 sentinel sites)
- Train staff from governorates on surveillance
- Strengthen capacity for response to epidemic-prone diseases including training of health providers on the management of communicable diseases and prepositioning of medicines and medical supplies for epidemic response
- Strengthening the laboratory surveillance network
- Conduct assessment monitoring and evaluation via decentralized structures
- Preposition sampling equipment, relevant medicines, medical supplies and equipment for laboratory confirmation and rapid response to any outbreaks.
8. Rehabilitation and restoration of damaged/non-functional health facilities in affected areas to full operational capacity

Assessments have been conducted to determine the functionality of public hospitals, health centres and ambulances. During 2013, WHO will continue to:

- Conduct further monitoring and assessments of health facilities and the health system capacity
- Undertake participatory health systems planning
- Conduct light rehabilitation and restoration of most-affected health facilities.
- Provide essential equipment and supplies

9. Restoration of water supply, sanitation, solid waste, hygiene and drainage services in healthcare facilities and hospitals

These include:

- Out-of-service hospitals in Aleppo 3; Rural Damascus 2; Homs 3; Hama 1; Idlib 1; Latakia 1; Raqqa 1; Dier ez-Zor 2; (approximately 1 500 000 people).
- Out-of-service health centres in Damascus 13; Aleppo 15; Homs 11; Latakia 5; Deir ez-Zor 11; Quineitra 12; (approximately 500 000 people)

Health priorities for refugees in neighbouring countries

In order to support the over 500 000 refugees who have fled to the countries surrounding the Syrian Arab Republic, WHO has developed a programme of activities which is reflected in the UN Refugee Response Plan for Syrian Refugees. The health priorities include:

1. Support the access to quality health services at the primary, secondary and tertiary levels for vulnerable displaced Syrians, while minimizing the negative impact on the national health system
2. Support the access to health services such as sexual and reproductive health services, information and mental health services for vulnerable, displaced Syrians
3. Strengthen disease surveillance and response systems for early detection and rapid response to outbreaks
4. Support the collection and analysis of standardized health information, including regular assessment of health system capacity
5. Integrate nutrition into primary health care to prevent and respond to malnutrition including micronutrient deficiencies, and promote optimal nutritional status amongst children under five and women of reproductive age

Health Partners

The Health Sector participating agencies in the Syrian Arab Republic include UNDP, UNFPA, UNHCR, UNICEF, UNRWA and WHO. Additional partners include ICRC, IFRC, SARC and 16 international and local NGOs.

Funding requirements

The total financial needs of the Health Sector in the Syrian Arab Republic amounts to US$ 81 905 133, of which WHO requests US$ 48 465 000 (Humanitarian Assistance Response Plan 2013).

WHO’s health interventions in neighbouring countries require financial support of US$ 8 326 000 (Refugee Response Plan for Syrian Refugees 2013):
- Jordan: US$ 4 000 000
- Lebanon: US$ 576 000
- Iraq: US$ 1 350 000
- Turkey: US$ 2 400 000

In 2012 the following donors have supported WHO’s operations in the Syrian Arab Republic and neighbouring countries: Australia, the European Commission Humanitarian Aid Office, Finland, Ireland, Italy, the League of Arab States, Norway, the United States of America, the Central Emergency Response Fund and the OCHA Emergency Response Fund.

The pledges and contributions received to date total US$ 17 554 650.

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