In this issue: The health response to the crises in the Gaza Strip, the Syrian Arab Republic and Iraq, the adoption of the Western Pacific Regional Framework for Action for Disaster Risk Management and the International Day for Disaster Risk Reduction.

Gaza Strip

Situation highlights
The health system in the Gaza Strip has been weakened by years of blockade and conflict. Power cuts and an unstable power supply affect the ability to deliver health care. The functionality of medical equipment has deteriorated due to the lack of maintenance and spare parts. The lack of permits restricts access to medical care for 2000 referral patients. There is a critical shortage of medical supplies, including essential medicines. A tracer study of 48 critical drugs showed 40% were at zero stock at district level and 46% at clinic level in June 2014. Even before the July/August conflict in the Gaza Strip, the health service delivery was on the brink of collapse.

A total of 2145 people have been killed and 11 231 injured as a result of/during the conflict. Just over half of the hospitals in the Gaza Strip were damaged or destroyed during the conflict. According to the Gaza Strip Joint Health Sector Assessment Report, 17 hospitals, 56 primary health care clinics and 45 ambulances were destroyed or damaged during the clashes. Twenty-three health workers were killed and a further 83 injured. During the conflict, thousands of trauma patients overwhelmed the capacity of medical facilities and depleted already severely limited stocks of medicines and supplies.

There were 59 000 IDPs in collective shelters in the beginning of October.

Priority health issues

**Improve quality and safety in service provision, including specialized services:** The conflict highlighted gaps in services for people with disabilities and the elderly. These vulnerable groups were disproportionately affected by increased difficulties during and after the conflict in accessing health services and relief distributions. Specialized and other health facilities are needed, including mobile facilities, to cater for persons with disabilities and elderly people with limited mobility.

**Strengthen the provision of primary health care services to address crisis-related non-communicable disease and mental health gaps:** WHO estimates that up to 20% of the total population in emergency-affected areas could develop a mental disorder. This equates to 360 000 people in the Gaza Strip needing mental health care in the short and medium term, in addition to those needing routine mental health care services. The mental health sector will require strengthening through training, provision of psychotropic drugs, rehabilitation and expansion of infrastructure to manage the increased need.

**Strengthen health information systems:** Strengthen management capacities and an adequate evidence base to support best clinical practice. This is contingent on opportunities for training health personnel to develop the health work force, as well as regular payment of salaries to maintain trained staff.

**Review emergency preparedness plans and development of comprehensive contingency plans, including prepositioning of essential medical supplies and rehabilitation of health facilities:** Immediate measures include prepositioning sufficient essential medicines and disposable medical supplies, repairing and maintaining medical equipment, and rehabilitation of health facilities. Specific capacity building is required in provision of emergency response services and implementation of preparedness plans.
Health response

WHO has ongoing programmes to strengthen the health system in the Gaza Strip, to ensure people have adequate, timely and unimpeded access to primary health care and referral services.

Communicable diseases: WHO works to strengthen the communicable disease surveillance system through training staff, providing cold chain and reagents, and assisting in shipping specimens to laboratories outside of the country. During the conflict, WHO helped support the early warning system (EWARN) to monitor 13 communicable diseases on a daily basis in order to detect and respond rapidly to potential disease outbreaks. To date, the EWARN system has shown no outbreaks of serious public health concern. This is believed to be due to factors including almost full coverage of relevant childhood vaccinations and a high level of knowledge about health and hygiene practices among the population.

Non-communicable diseases (NCDs): Cardiovascular disease, diabetes, cancers and chronic respiratory disease are the leading causes of mortality and morbidity in the Gaza Strip. Management of these chronic, life-threatening diseases is challenged by ongoing shortages of medications, lack of advanced medical equipment and advanced training opportunities for medical professionals. WHO is working to implement a package of interventions for detection, prevention, treatment and care of NCDs and their risk factors.

Health supplies and human resources: WHO provides essential drugs and other medical supplies, supports the deployment of medical staff and mobile clinics through health partners, and provides generators and fuel to maintain electricity for health facilities.

Mental health: WHO is currently implementing a three-year project to strengthen mental health services in the Gaza Strip, targeting multiple health system domains: policy development, capacity building of mental health professionals, integration of mental health services into primary care, promoting recovery and long-term rehabilitation, and community awareness and advocacy for service users. WHO coordinates aid to the mental health sector, and has issued a guidance note on post-conflict mental health assessments for the current crisis.

Health sector coordination: During the crisis, the cluster system was reactivated and regular coordination meetings were held with national and international health partners, to ensure effective coordination of the health response and early recovery of the health sector. WHO and partners are leading and supporting sub-working groups for foreign medical teams, mental health and psychosocial support, and dis-abilities. For the duration of the conflict, WHO and MoH also established a joint emergency operations room to coordinate, inform, and monitor health needs, assistance, interventions and donations to the health sector.

Health information: WHO has collected and disseminated information concerning the health situation and needs, including the status of health facilities and the availability of medical supplies. WHO supports the MoH to maintain a comprehensive database of health statistics and profiles of individual health facilities.

Assessments: WHO monitored and assessed the impact of the crisis on the health system and the health status of the population, including damage to health infrastructure, the degree of functionality of health facilities and the availability of human resources at health facilities. WHO took the lead in conducting the health component of the Multi-Cluster Initial Rapid Assessment (MIRA), and led the health cluster to complete the Joint Health Sector Assessment. The assessment is available at http://www.who.int/hac/crises/international/wbgs
Syrian Arab Republic

Situation highlights
The complex, prolonged conflict in the Syrian Arab Republic has required the biggest humanitarian response operation in the history of the United Nations: since 2011 over 190 000 people have been killed, around 1 million injured and almost 6.5 million people are internally displaced.

The overall security environment in the Syrian Arab Republic deteriorated further over the past three months as active fighting continued across the country between the different parties to the conflict. The worsening security situation severely affected the overall humanitarian situation.

The continuous fighting against the Islamic State in Iraq and Levant (ISIL) extremist group, which is currently in control of a large swathe of territory in the Syrian Arab Republic, has resulted in the displacement of tens of thousands of people especially in Ar-Raqqah, Deir ez-Zor and Al-Hassakeh governorates, while humanitarian convos’ access has been further limited.

The Syrian health system is paralyzed in the conflict areas and the continuing flow of Syrian refugees also places a heavy burden on the already weak health systems of the neighbouring host countries. For instance, in rural Damascus over half of the health facilities have been damaged since the beginning of the conflict 2011 and in total approximately 25% of public hospitals and almost 20% of primary health care clinics are destroyed. As the conflict continues, people have increasingly limited access to basic health care services, including life-saving treatments as an average 25 000 new injuries are estimated to happen each month. The UN has estimated that currently nearly half of the Syrian population are in need of urgent help and over 4.7 million civilians are living in hard-to-reach areas. One of the main challenges for the next months is winterization as winter is expected to have a huge impact on the vulnerable people living in the areas that will face severe winter conditions, particularly in the mountainous regions in northern Syria.

WHO priorities for the fourth quarter 2014
- Revitalization of primary health care services.
- Improve access to essential medical care at secondary and tertiary level.
- Strengthen the levels of preparedness for and management of trauma care.
- Early Warning, Alert and Response System to prevent, detect early and respond to epidemic prone diseases and contain the current polio epidemic and its spread to other countries/regions.
- Strengthen mental health service delivery.
- Support public and private health infrastructure and services affected by the crisis and enhance revitalization of health services and restoration of health facilities in affected areas.
- Implementation of the health sector winterization contingency plan covering access to protective and or curative measures for acute respiratory infections, measles, meningitis, tuberculosis, hepatitis and lice and scabies, of which incidence is known to increase during winter months.
- Health Information System strengthening for regular, timely and accurate collection and dissemination of data.
- Strengthen health sector coordination to address the needs of people in need and to provide improved access of vulnerable populations to a quality basic health care package of services and allow for adequate preparation and response capacities for ongoing and new emergencies.
- Strengthen the National Tuberculosis and HIV/AIDS Programme.
Health response

- Over 8 million Syrians have received lifesaving devices, medicines and supplies in 2014, both in government- and opposition controlled areas.
- There are 627 Early Warning and Response System sentinel sites
- WHO has an increasing number of NGO partners (51).
- An estimated 31% of the over 4 million people in hard-to-reach and opposition controlled areas were reached with medical supplies and lifesaving treatments in the past three months.
- Ten metric tonnes of medical supplies were delivered to four hospitals in Eastern Aleppo following a ceasefire agreement.
- More than 24,000 people received antibiotics for various ailments in the besieged area of Moudamiya in Rural Damascus.
- A total of 35.5 metric tonnes of medicines and supplies were delivered to hard-to-reach areas in Rural Damascus, Ar-Raqqa and Al-Hassakeh.
- WHO is establishing a Water Pollution Alert and Response System which will detect drinking water contamination incidents across the country.
- Rehabilitation of the psychiatric unit in Al-Mowasat General Hospital was funded by WHO, to increase the available psychiatric in-patient beds to cope with increasing needs.
- Multivitamins distributed to more than 40,000 children and 10,000 pregnant and lactating women as a preventive measure against acute malnutrition.
- Revitalization of nutrition surveillance system, reaching up to 85 health centres in urban and rural areas in 12 governorates through re-trained health personnel following modified reporting modalities and referral procedures.
- Establishment of 11 stabilization centres or in-patient care of complicated cases of severe acute malnutrition in 10 governorates.
- Promotion of breastfeeding through educational sessions conducted for 1450 women at IDP shelters in Damascus, Rural Damascus, Aleppo, Lattakia.

Iraq

Situation highlights

As a result of recent conflict and the Anbar crisis, some 1.8 million Iraqis have been displaced from their homes since January of this year. These displacements took place in four main waves (January, June, August and October). Many of the internally displaced people (IDPs) are residing in the 26 camps and 1700 informal sites that have been set up across the country. In Duhok only 4 of 14 planned camps are operational, which results in people living wherever they can (e.g. in schools and unfinished buildings). The scale of the displacement places a severe burden on public services. Ongoing assessments indicate that displaced families are continuing to move, often on a daily basis.

The volatile security situation in Anbar, Diyala, Ninewa and Salah-alDin is making humanitarian access highly problematic. The lack of humanitarian access to areas controlled by armed opposition groups is rendering around two million people including children, extremely vulnerable to public health risks.

The intensified conflict poses several health threats such as disease outbreaks including cholera and respiratory infections, shortages of medicines and medical supplies and dysfunction of hospitals, clinics and other health facilities. For instance, after 14 polio-free years two cases were confirmed earlier this year and also the risk for measles outbreak is high. The national health system is under great stress as many hospitals are damaged and health care personnel are unable to carry out their tasks due to insecurity.
Health sector priorities

- Restore emergency and essential primary and secondary health services, including medical referral services.
- Address trauma and emergency surgical conditions (abdominal and others).
- Provide reproductive health care, especially safe deliveries, obstetric and neonatal care and care for victims of Sexual and Gender Based Violence.
- Ensure continuity of treatment of chronic conditions and noncommunicable diseases.
- Procure, store and distribute life-saving and essential medicines and supplies.
- Provision of safe drinking water, adequate sanitation and hygiene facilities.
- Strengthen disease surveillance and early warning response systems for outbreak-prone diseases.
- Strengthen preparedness for, prevention and management of, the most common infectious diseases (diarrhoeal diseases, respiratory tract infections), and prepare for the upcoming winter season.
- Ensure availability of integrated vaccination services, with a focus on measles and polio.
- Address child health, including referral and care of children with medical complications of severe acute malnutrition.
- Ensure wider provision of emergency mental health and psychosocial care.
- Promote infection control in health-care facilities, including safe transfusion and medical waste management; enhance coordination among health facilities.
- Disseminate public health risks messages to the public.
- Provide protection for health-care workers and health facilities in conflict zones and ensure availability of life-saving emergency services for the affected populations. Ensure that people have access to the minimum set of HIV prevention, treatment and care services; ensure continuity of treatment for tuberculosis (TB) in an integrated way.
- Ensure appropriate access, joint planning and an integrated approach to the response by working with other priority clusters, in particular the Protection, Shelter, Water, Sanitation and Hygiene (WASH) and Camp Coordination and Camp Management (CCCM) clusters.

Health response

- WHO together with its health partners has launched vaccination campaigns especially against polio and measles. A national polio vaccination campaign in the middle of September was concluded successfully in all 18 governorates of Iraq.
- WHO has responded to the needs of IDPs by providing medicines and medical supplies, establishing disease surveillance activities, recruiting health personnel and supporting national capacity-building. Around 600 tons of medical supplies have been delivered since June 2014 and 300 health care staff have been recruited.
- In addition, partners from the Global Outbreak and Response Network (GOARN) have been deployed in order to perform a risk assessment and recommend activities for mitigating those risks.
Western Pacific Regional Framework for Action for Disaster Risk Management

The WHO Regional Committee for the Western Pacific Regional Office adopted the Western Pacific Regional Framework for Action for Disaster Risk Management for Health during its sixty-fifth session (13 - 17 October).

The framework proposes a set of priority areas for actions to guide government decision-makers, stakeholders and international organizations in strategizing, planning and implementing health sector interventions across the disaster risk management cycle. The framework aims to standardize disaster risk management for health by creating a common language; presenting priority actions for the health sector; promoting interaction between regional, national and international disaster risk management for health agreements and frameworks; facilitating multisectoral coordination; and advocating for sustainable investment and resource mobilization in disaster risk management. Ultimately, the framework seeks to improve regional and national capacities to plan and implement disaster risk management for health in order to contribute to regional health and human security.

The full text of the Western Pacific Regional Framework for Action for Disaster Risk Management for Health can be found at:
http://www.wpro.who.int/about/regional_committee/65/documents/wpr_rc065_09_emergencies_and_disasters.pdf?ua=1

International Day for Disaster Risk Reduction: older persons and disasters

The International Day for Disaster Risk Reduction 2014, observed on 13 October and organised by the United Nations International Strategy for Disaster Reduction (UNISDR), had the theme “Older persons and disasters.” The World Health Organization joined international calls to ensure greater attention is given to the needs, vulnerabilities, and capabilities of older people – before, during, and after emergencies, including natural disasters and other humanitarian crises.

“We’re unfortunately seeing a proliferation of many different types of crises in recent years,” said Dr Rick Brennan, WHO’s Director of Emergency Risk Management and Humanitarian Response. “Hard experience shows us that older persons aren’t receiving the care and support they require. This issue needs stronger action.”

Experts state that persons of advanced age also contribute in times of crisis by assuming family responsibilities and giving local information and advice to those responding to disasters.

Older people can suffer disproportionately in many different types of emergencies and disasters, ranging from weather events and epidemics to armed conflicts. WHO recommends that special planning and sufficient attention is given to the elderly when natural catastrophes such as typhoons and earthquakes strike, or when violence uproots thousands and even millions, driving older persons from their homes and communities. WHO is urging countries to bolster their capacities to help such people through advance planning and preparation, such as by developing evacuation schemes that take special account of older people’s needs.

Even in developed countries, the toll can be high. More than half of the immediate deaths from the massive 1995 earthquake in Kobe, Japan, were of people over age 60. Following the 2011 Japan earthquake, research found that adults aged 65 years or older accounted for almost 57% of deaths in three affected prefectures. More than 70% of those who died in the wake of Hurricane Katrina in the United States in 2005 were elderly.

Providing sufficient – and appropriately trained – assistance to older people during disasters is even more of a challenge in less wealthy nations. Poverty affects some 80% of those over 60 in developing countries. That means they frequently live in unsafe housing in high-risk areas and – for economic as well as physical reasons – cannot easily flee disasters. When uprooted and resettled in emergency camps, they are often unable to obtain care or medication for chronic conditions such as high blood pressure. They can find it difficult to transport water, and can lack the energy to queue for hours to obtain food.

The issue is growing in importance. People aged over 60 currently make up slightly more than 11% of the global population. By 2050, and they will account for 22% of the population and number some 2 billion.

The health needs of older people need greater attention before, during, and after emergencies and disasters,” says Jonathan Abrahams, whose work with WHO supports the development of country capacities for disaster risk management. “It is important to ensure that mainstream health and other services and facilities are accessible to older people to strengthen their resilience. Emergency and disaster risk management programmes need to
address the health needs of older people – for example, by ensuring continuation of medications to manage chronic conditions and by including older people in feeding programmes in response to disasters.”

Among recommended steps for improving care are the creation of detailed evacuation and treatment plans for older people in case of disaster. Also recommended are measures such as providing appropriate water-carrying containers, designing latrines in emergency shelters and camps so that they can be safely used by the elderly, such as by including handrails, and making special efforts to provide mattresses, blankets, and warm clothing.

Another major issue is accurate demographic information. The elderly may be less visible, especially in less-wealthy nations if isolated in their homes or not working, resulting in their numbers and needs being underestimated in risk assessments and when disaster strikes.

The elderly can also make positive contributions to disaster risk management. Often familiar with local history, geography, and culture, they can provide important information on local risks to health, and in times of crises can offer astute advice to relief workers on response and recovery efforts.

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