

# WORLD HEALTH ORGANIZATION IN TURKEY



## Health emergency response to the crisis in the Syrian Arab Republic

Annual Report 2018



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# Abstract

The continuing conflict in the Syrian Arab Republic has affected millions of lives, causing one of the world’s largest and most dynamic displacement crises. During 2018, WHO’s operations in Turkey comprised of a cross-border response from the field office in Gaziantep and a health response to refugees in Turkey, coordinated from the WHO Country Office in Ankara. In north-west Syria, WHO served over three million people by responding to urgent health needs and supporting health facilities in the delivery of health services. This included interventions such as the delivery of vital medicines and medical supplies, support with operational costs of health facilities and capacity-building of health staff. In Turkey, efforts were made to strengthen the national health system through integrating Syrian health care workers and translators, to build capacity for mental health care, to provide linguistic and culturally sensitive health services and to support home care for older and disabled refugees.

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## Abbreviations

mhGAP	Mental Health Gap Action Programme,
NCD	noncommunicable diseases
3RP	Regional Refugee and Resilience Plan
TB	tuberculosis
UNICEF	United Nations Children's Fund



# Key numbers for 2018

## Cross-border operations into north-west Syria



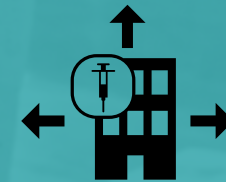
**500**

tonnes of medical supplies and medicaments were delivered to health facilities in north-west Syria



**1464**

Syrian health professionals were trained in trauma management, mental health, primary health and chronic disease management in north-west Syria



**94**

routine vaccination centres were coordinated by WHO to provide children with routine vaccinations



**2 442 054**

doses of oral poliomyelitis vaccine were used to protect children through supplementary vaccination campaigns



**9**

secondary health care facilities were rehabilitated in north-west Syria

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## Refugee Health response in Turkey



**700**

Syrian doctors, nurses and midwives completed the adaptation training to serve in the Turkish health care system and provide health services to their fellow nationals in Turkey



**1038**

Turkish and Syrian doctors received specialized training in mental health and psychosocial support to respond to the high needs of refugees in Turkey



**731**

Turkish/Arabic interpreters were trained to serve as patient guides for Syrian refugees



**427**

Syrians received training to serve as community health support staff for the provision of home care and social services for older and disabled refugees



**588 500**

free-of-charge and culturally sensitive health consultations were provided to Syrian refugees in seven WHO-supported refugee health training centres across the country



**29 000**

mental health and psychological support consultations were provided to Syrian refugees in 7 WHO-supported refugee health training centres



# Foreword

In its third year, the WHO Health Emergency Programme has been scaling up its support to European countries to strengthen their capacities to prevent, prepare for, respond to and recover from health emergencies of any type. The Regional Action Plan to Improve the Public Health Preparedness and Response, agreed by Member States at the 68th session of the Regional Committee for Europe in 2018, provides the regional framework for response to all-hazard health emergencies – disease outbreaks, natural and human-made disasters and conflicts, including the humanitarian crisis in the Syrian Arab Republic.

The Syrian crisis has tragically affected Syria and its people; it has also had an enormous ripple effect on neighbouring countries. In the WHO European Region, Turkey is most affected, with over 3.6 million Syrian refugees on its territory, the highest number globally. Turkey has, however, turned this challenge into an unprecedented opportunity. It has integrated a skilled Syrian health workforce into the national system and hosted the health and humanitarian response targeted to northern Syria. Europe and the entire world look at Turkey as an example of effective response to one of the most demanding emergencies of our times.

The WHO Regional Office for Europe continues its operations within the wider humanitarian response to the Syrian crisis in and from Turkey, centring its work in its Country Office in Ankara and its field office in the city of Gaziantep on the Turkish/Syrian border, while ensuring sustained support from all levels of WHO. This enables full alignment of plans and activities with regional and national strategies and ensures joint accountability across the



House-to-house vaccination teams in Idlib city during polio campaign

Organization, with partners and other stakeholders, for all the beneficiaries.

The Refugee Health Programme, initiated in 2016 jointly with the Turkish Ministry of Health, has become a WHO flagship model of access to quality, affordable and culturally sensitive health services for refugees with similar standards as those for resident citizens. At the same time, it has offered new lives and the possibility of careers to health care workers who had lost hope when fleeing from their embattled home country.

Since the beginning of the Programme, almost 2000 Syrian health care workers have been trained in seven refugee health training centres to work in one of the 151 such centres throughout Turkey. Over half of them have already been hired by the Turkish Ministry of Health to provide health services for Syrian refugees. In 2017–2018, these doctors, nurses and midwives provided over a million consultations to their fellow

citizens and vaccinated over 75% of Syrian children aged under one year.

In parallel, as early as 2013, WHO established a field office in Gaziantep to coordinate cross-border health aid to north-west Syria. Within the whole-of-Syria response, WHO has been working closely with its health partners to provide affected populations with lifesaving medical assistance and to support the operational costs of health facilities. Throughout 2018, there was a continuous need to adapt the health response to the changing dynamics of the conflict. Through a coherent, coordinated and integrated health response, WHO and its health partners provided on average over one million medical consultations per month, treated around 500 000 cases of trauma and ensured over 110 000 safe deliveries of babies.

As the humanitarian crisis persists, Syrians need a sustainable solution for their health. WHO and its partners have the mandate, the skills and the outreach to make this happen. Sustained funding

will assure the continuity of these efforts. Thanks to the financial contributions from our international donors, the Turkish Refugee Health programme will continue to provide quality and affordable health services for refugees, while addressing language and cultural barriers, and WHO will continue to work with partners under extreme conditions to deliver lifesaving interventions to people in need across lines and borders.

Our operations in Turkey clearly show that investing in preparedness can greatly reduce the impact of emergencies. The principles of solidarity, universality and equity on which our work in health emergencies is grounded are a call for more countries to join our efforts and follow the model of Turkey to the benefit of those who rely on us to live healthier and better lives.

**Dr Dorit Nitzan**  
*Acting Regional Emergency Director*



# Preface

The continuing conflict in the Syrian Arab Republic has affected millions of lives, causing one of the world's largest and most dynamic displacement crises. Over half of all Syrians have been displaced from their homes: 40% of internally displaced people are living in north-west Syria and over 3.6 million are refugees in Turkey.



In Syria, the number of civilian casualties, levels of poverty, unhealthy water and sanitation conditions, number of people in need of health assistance and food insecurity keep rising. The large influx of refugees in Turkey has put pressure on the health system there, necessitating significant adjustments. Long-term efforts are needed to help the Syrian community in Turkey cope with the cultural and linguistic barriers they face when accessing health services.

Together with the Ministry of Health of Turkey, the WHO Country Office in Turkey has been making great efforts to find culturally and linguistically sensitive solutions to the health care needs of the Syrian refugees in Turkey. Comprehensive training courses are

being provided to Syrian health care professionals to qualify them to work in the Turkish health care system and to provide services to their fellow nationals.

Events in 2018 have shown that we need to continue working together to alleviate the suffering of Syrians. Our operations in Turkey are twofold, comprising of a health response to refugees in Turkey and a cross-border response. As part of the WHO Health Emergencies programme, there is one coordinated workforce and operational plan for Turkey to achieve a strong and coordinated response for all Syrians.

In northern Syria, in line with United Nations Security Council Resolution 2393 (2017), we have served over three million people in need through the WHO emergency hub in Gaziantep. We are providing lifesaving assistance by responding to urgent health needs and supporting health facilities in the delivery of health services. This is being done through various health interventions, including the delivery of vital medicines and medical supplies, support with operational costs and capacity-building.

This report provides an overview of our response in 2018, highlighting both the cross-border response and the health system response to refugees in Turkey. With the generous support of our donors, we can point to many achievements. We hope to continue serving both the Syrian and Turkish people in 2019 in the true spirit of universal health coverage and leaving no one behind.

**Dr Pavel Ursu**  
*WHO Representative, Turkey*



**A Syrian doctor checks a patient in the refugee health training centre in Ankara**



# Executive summary

By the end of 2018, the conflict in the Syrian Arab Republic had led to an estimated 13 million people in need of humanitarian assistance, including around three million people living in north-west Syria where the situation remains volatile. Hostilities continue to take a toll on civilians. In December 2018, the United Nations Security Council passed a resolution authorizing the continuation of cross-border delivery of humanitarian aid for United Nations humanitarian agencies and implementing partners. More than half of Syria's health facilities have been damaged or destroyed and health workers are among those leaving the country, creating critical gaps in the provision of lifesaving and essential health services.

Turkey is home to the largest refugee population in the world. Even so, 3.6 million Syrian refugees have seen their access to health services improved thanks to system-wide interventions led by the Ministry of Health. These interventions are aimed at reducing

language and cultural barriers with the integration of Syrian health care workers and translators into the Turkish health care system. The Ministry of Health and health sector partners are also focusing on strengthening care for noncommunicable diseases, mental health, reproductive and sexual health and communicable disease surveillance at the national level, including the intensification of routine immunization efforts.

WHO's Health Emergencies team in Turkey continued its work to mitigate the effects of the conflict on the health of millions of Syrians in both north-west Syria and Turkey. The Country Office works in close partnership with the Ministry of Health. Working under the relevant joint response plans (Humanitarian Response Plan 2018 and Regional Refugee and Resilience Plan 2018-2019), WHO has developed and implemented several activities to bring a prompt and effective response to the acute health needs of this population.

The WHO Health Emergencies team in Turkey has led the Refugee Health programme and cross-border operations from, respectively, the WHO Country Office in Ankara and the field office in Gaziantep. The team ensured that activities are aligned with regional and national strategies, that there is full liaison with donors and accountability and responsibility for public information and advocacy efforts.

WHO has coordinated the health cluster in north-west Syria and health sector partners in Turkey, pursuing joint strategies and objectives to identify and act upon gaps that continue to affect the health of millions of people.

WHO has ensured the collection, analysis and sharing of relevant health-related data among partners to feed programmatic decisions and definition of priorities for action.

A key priority for WHO's technical support in north-west Syria has been building capacity among health partners to address the urgent health needs in the most severely affected areas and among those displaced by the conflict. In Turkey, efforts have aimed at strengthening a comprehensive refugee-sensitive national health system, under the adjusted national framework put in place by the Ministry of Health.

WHO has ensured operational support for activities in north-west Syria through the provision of medical supplies and equipment. In Turkey, WHO has supported the operating costs of seven refugee health training centres, including those for staff, consumables and medical supplies.



Participants in a mass trauma management training course



# Background



In recent years, WHO has been undergoing a transformation to respond effectively to complex health emergencies. In the WHO European Region, this has taken the form of support to the WHO Country Office in Turkey in responding to the health needs of millions of Syrian refugees both in Turkey and internally displaced across the border in north-west Syria. This report provides an overview of that response in 2018.

## The global WHO Health Emergencies programme

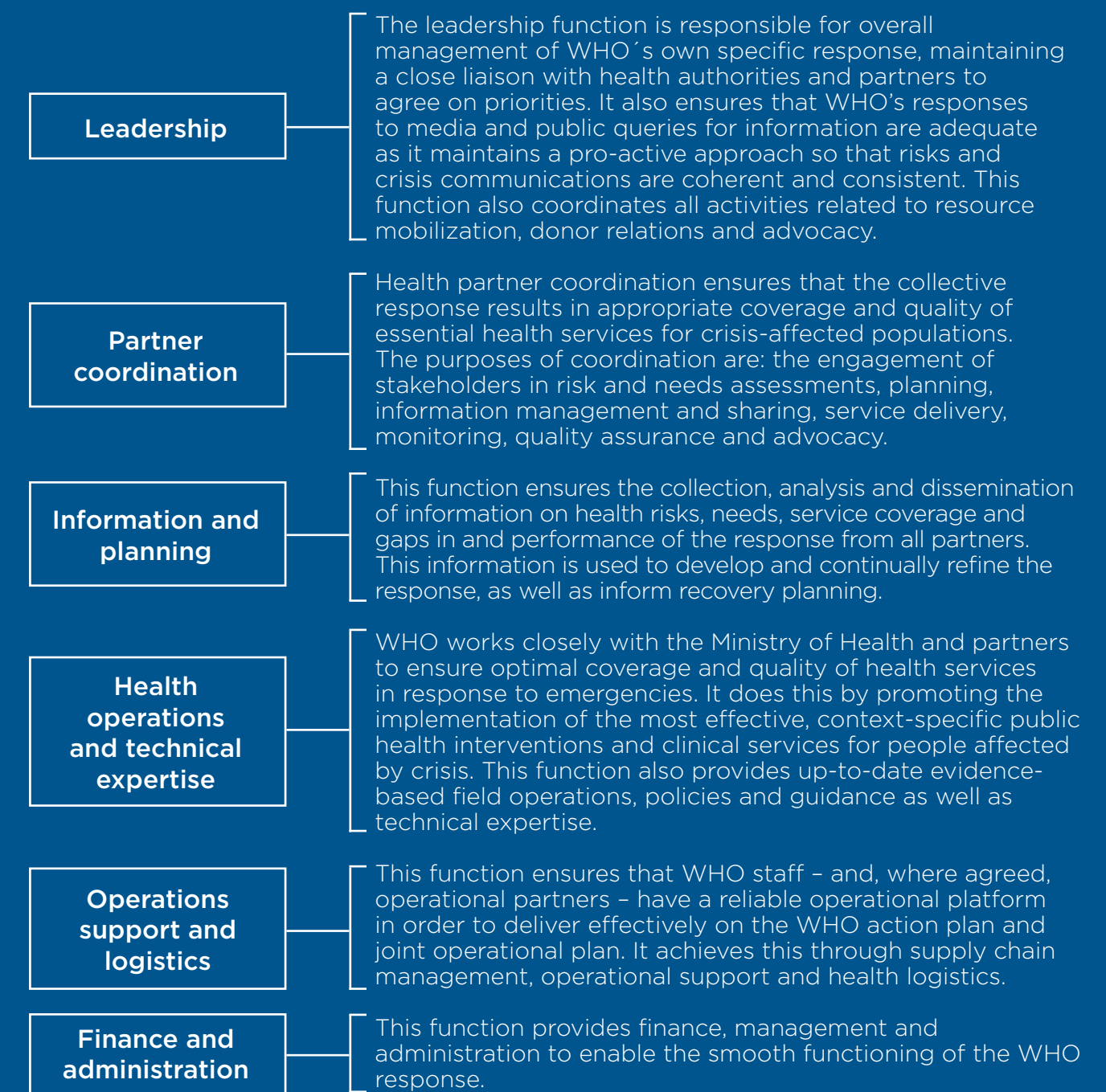
The global WHO Health Emergencies programme adds a stronger operational response to WHO's traditional technical and normative role, enabling countries to respond better to emergencies and leading the international health response when necessary. It addresses the full cycle of risk management, working with countries and partners for prevention and preparedness, supporting the response to all kinds of hazard resulting from health

emergencies and taking part in the recovery phase. To achieve the programme's objectives, WHO focuses on building country capacity with the necessary support from national, regional and global partners.

WHO continually monitors events worldwide to determine their potential impact on public health and whether an emergency response is needed. If the risk assessment is verified and the event requires a response, WHO determines whether grading is necessary. Grading is a WHO internal process, conducted to ensure that the Organization acts with appropriate urgency through triggering specific procedures and mobilizing adequate resources. WHO grades emergencies as: ungraded, grade 1, grade 2 and grade 3.

To deliver an effective operational response to crises, all WHO country offices responding to emergencies follow a standardized structure with six critical functions, called the incident management system (Fig. 1).

Fig. 1. WHO's incident management system





## Health emergency in north-west Syria

The north-west areas of Syria – most of Idlib governorate, rural Aleppo, Afrin, northern Homs and a small part of Lattakia – is home to approximately four million people, of whom 1.5 million people are internally displaced from across Syria. In 2018, close to three million people were in need of humanitarian assistance, 1.8 million of them acutely so. The population of Idlib has doubled since 2011, reception sites are overcrowded and most internally displaced people live in precarious conditions with limited access to health care and other services.

By the end of 2018, this was the largest area remaining under control of non-state armed groups. In March 2018, Afrin district in Aleppo governorate became more accessible after months of military operations. Over 167 000 people had been displaced and the local health system had collapsed, resulting in urgent needs. Military operations in rural Aleppo, southern Idlib and northern Hama led to major population movements with an estimated 385 000 people on the move between December 2017 and March 2018.

Furthermore, by the end of June, the Government of Syria had regained control over the majority of disputed areas, following which the number of people living in hard-to-reach areas dropped from almost three million to just over 1.1 million. Tens of thousands of internally displaced people from eastern Ghouta, northern rural Homs and southern Hama were evacuated to Idlib governorate. For the first time in over five years, no areas were classified as besieged in Syria.

In September 2018, there were increasing tensions and escalating hostilities. It was expected these would lead to the mass displacement of hundreds of thousands of people,

high numbers of civilian casualties and a lack of food, shelter and access to health care. Over time, political instabilities coupled with outbreaks of violence persisted but without massive humanitarian consequences.

### Syrian refugees in Turkey: needs and effects on the national health care system

Turkey is home to the largest refugee population in the world. By the end of 2018, 3.6 million Syrians were being hosted in the country, almost half of whom were children. The majority live in the south-eastern part of the country, more specifically in the provinces of Mersin, Hatay, Adana, Gaziantep and Sanliurfa. However, large numbers of Syrians have moved to other urban areas such that Istanbul is currently the largest refugee-hosting city in Turkey, with over 500 000 Syrians under temporary protection. Other cities hosting large numbers of Syrians are Ankara, Bursa, Izmir and Konya. Additionally, some 153 400 Syrians live in 13 temporary accommodation centres.

Since the beginning of the crisis, the Government of Turkey has offered protection and assistance to all Syrians

in need under the temporary protection regime. This has been extended to health care coverage: Syrians registered in Turkey are eligible to receive the same health service standards as Turkish nationals, all free of charge.

When they arrived, the Syrian population posed certain challenges to the capacities of the Turkish health care system to cope with the high demand. Emergency services were soon overstretched. Language and cultural barriers also presented serious obstacles to adequate access to health care services at all levels.

In 2018, this was still a challenge for the national health care system. Despite

**In refugee health training centres, Syrian health care workers provide specialized care for children to ensure their correct development and well-being**

admirable efforts to reduce the linguistic and cultural gaps, refugees continue to face difficulties in understanding their rights and the procedures and instructions for treatment. The need for interpretation services at secondary and tertiary levels is high.

Financial burdens also remain a barrier for Syrians seeking health care, especially access to medications, medical devices and specialized services such as sexual and reproductive care or rehabilitation for older and disabled patients. The capacity to respond to their mental health care needs has increased in the last few years, yet refugees continue to suffer the psychological consequences of war, migration and resettlement.





# WHO's response to the crisis

Hundreds of thousands of people have lost their lives, over a million have been injured and some 12 million have been displaced in the eight years of armed conflict in Syria. Approximately 5.6 million people are displaced outside Syria. This is arguably one of the world's worst humanitarian crises, which has also been internally graded as a grade 3 crisis, the highest level possible under the WHO Health Emergencies programme. Responding to the crisis requires a coordinated international response from the Country Office and WHO regional offices and headquarters.

The WHO Health Emergencies programme operates two programmes from Turkey to respond to the crisis: cross-border operations into north-west Syria and the Refugee Health programme. The WHO Regional Office for Europe supports the WHO Country Office in Turkey in coordinating both programmes.



## Cross-border programme

Throughout 2018, WHO continually adapted its humanitarian response to the conflict and consequences in close collaboration with other actors working in Syria. In order to coordinate the response, humanitarian partners provide assistance in Syria from three operational hubs (in Syria, Turkey and Jordan) which are committed to working together under a “Whole of Syria” approach. Operating from different neighbouring countries allows actors to target people in need using the most direct route and taking into consideration the control lines of the conflict. Following changes in control in 2018, WHO's operations in southern Syria and northern rural Homs managed by Amman and Gaziantep, respectively, were transferred to its office in Damascus. Conversely, Damascus handed over responsibility for some areas of north-west Syria to WHO's hub in Gaziantep.

Activities under the Whole of Syria are defined through the Humanitarian Response Plan, which articulates the shared vision of how to respond to the assessed and expressed needs of the affected population. Given the complexity and fast-evolving nature of the Syrian conflict, close coordination between the Whole of Syria offices and hubs is essential. Staff from all three WHO offices meet regularly to review and adapt operations, conduct strategic planning and ensure an integrated approach based on a common understanding of WHO's aims and objectives. Senior staff from WHO's headquarters and its regional offices in Cairo and Copenhagen also attend these meetings.

## Refugee Health programme

The Refugee Health programme operates from the WHO Country Office in Ankara. Its activities are defined within the scope of the Regional Refugee and Resilience Plan (3RP), a broad



Pharmacist receives shipment of medicines from WHO

partnership platform that has brought together over 270 development and humanitarian partners to provide coordinated support in countries bordering Syria that are heavily impacted by the influx of refugees. This platform capitalizes on the knowledge, capacities and resources of humanitarian and development actors in one strategic, multisectoral, resilience-based response. The integration of humanitarian assistance, resilience and development are at the core of this response.

WHO's activities are complementary to the SIHHAT Health and Well-being project, a joint initiative by the European Union and Ministry of Health of Turkey aimed at improving health care services for Syrian refugees in the country. This project operates under the European Union Facility for Refugees in Turkey and focuses on strengthening the provision of primary and secondary health care services to Syrian refugees, building and supporting a network of refugee health centres across the country and employing additional health personnel, including Syrian doctors and nurses.





# Cross-border response in north-west Syria

In 2018, the delivery of the response in north-west Syria was structured according to WHO's six critical functions in the incident management system (Fig. 1). An overview of the activities is given below.

## Leadership

In north-west Syria, WHO has worked closely with technical experts in defining priority actions, designing the preparedness and response strategies and specifying essential disease control interventions. To ensure the smooth implementation of these plans, WHO has maintained close relationships with partners and local authorities and has coordinated needs assessments in a constant exchange of information. As health cluster lead agency, WHO has a key role in the coordination of all health-related cross-border activities, overall priority-setting, contingency planning and provision of health information in order to support an effective humanitarian response.

WHO advocates an end to attacks on health care, which shatter the already fragile health system. **In 2018, WHO called for the guaranteed medical evacuation of critically ill patients and their families from besieged and hard-to-reach areas.** Advocacy for the protection of health workers in the face of a growing threat of kidnap also became increasingly important.

Maintaining close relationships with donors to ensure accountability and transparency about the activities implemented and advocacy for health needs are key priorities. Regular health updates are shared with the United Nations Security Council; during a session in New York in November, WHO's Damascus hub, on behalf of Whole of Syria, provided a briefing on the impact of the crisis on Syria's health system.

In December, the United Nations Security Council reiterated its grave concern over hindrances to the delivery

of humanitarian assistance. It called on all parties to allow the safe, unimpeded and sustained passage of humanitarian convoys to all parts of Syria, and passed resolution 2449 (2018) authorizing the delivery of humanitarian aid from Iraq, Jordan and Turkey. This resolution confirms and reiterates that cross-border aid is a critical lifeline for millions of Syrians who cannot be supported through other means.

For the various programmes to function effectively, contributions from donors are of vital importance. The contributions received for the Gaziantep hub in 2018 are shown in Table 1.

## Partner coordination

WHO and its partners have faced significant challenges to delivering assistance because of heavy fighting, interference by armed groups with humanitarian actors, the widespread presence of improvised explosive devices and delays in obtaining authorizations to enter areas.

**In 2018, WHO and the United Nations shifted from a response by geographical location to one based on a detailed assessment of the severity of needs in all 270 subdistricts in Syria.<sup>1</sup>** This allowed for a more targeted delivery of assistance, complementing the sector-specific assessments and improving coordination with partners working from the operational hubs in Iraq, Jordan and Turkey. Over 100 health partners are responding to the needs in north-west Syria (Fig. 2), coordinated by the health cluster.

These partners highlight emerging and acute needs through regular reporting. This is important to create a common understanding and prioritization of the

**Table 1. Donors to the Gaziantep hub, 2018**

Donors	Amount (US\$)	Percentage of total (%)
United States Agency for International Development	9 613 163	30
Department for International Development, United Kingdom	8 551 008	26
Directorate-General for European Civil Protection and Humanitarian Aid Operations, European Commission	4 431 006	14
Ministry of Foreign Affairs, Japan	4 221 318	13
Norwegian Agency for Development Cooperation	2 805 514	9
Ministry for Europe and Foreign Affairs, France	903 207	3
Swedish International Development Cooperation Agency	1 091 776	3
United Nations Office for the Coordination of Humanitarian Affairs	554 228	2
<b>Total</b>	<b>32 171 220</b>	<b>100</b>

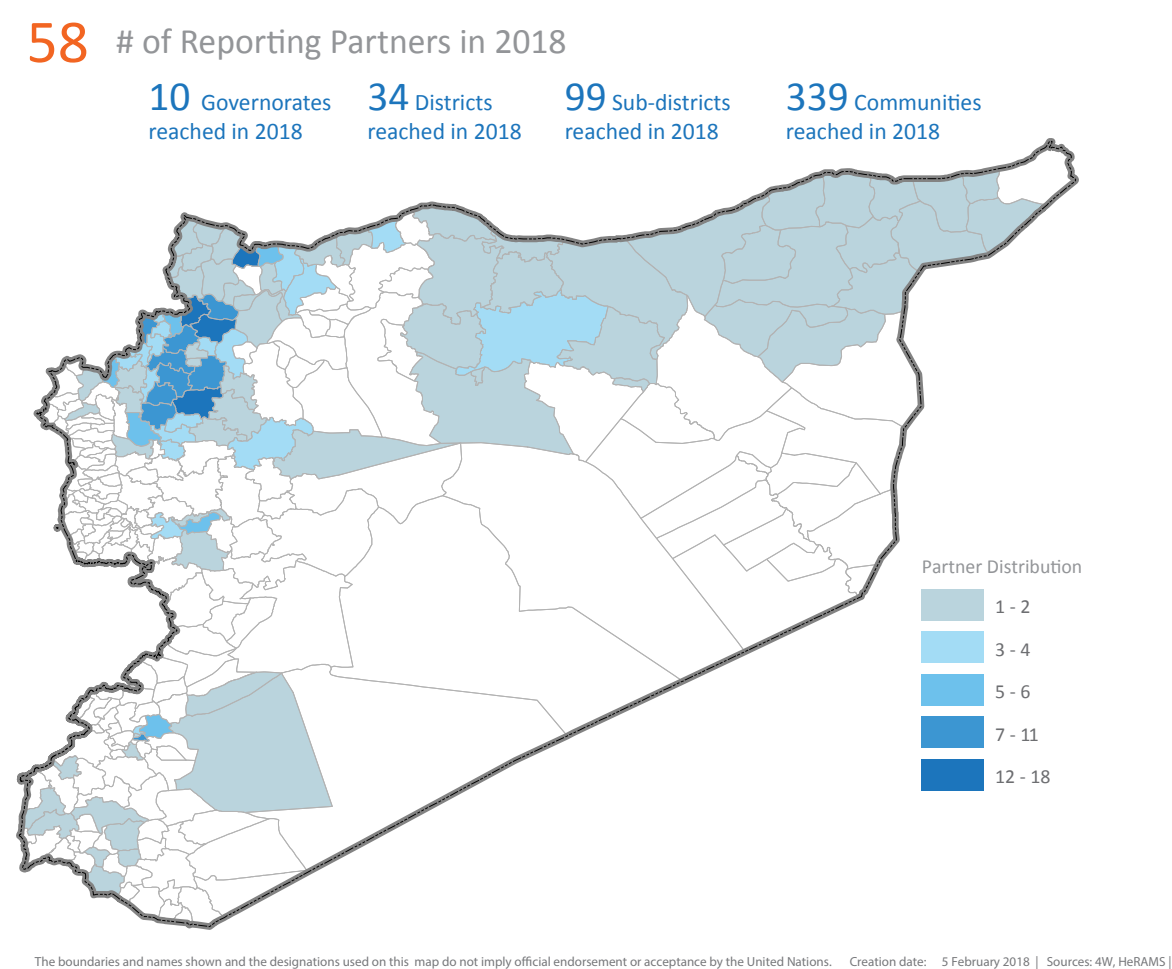
needs for effective response. In 2018, 58 active health partners are reported to have provided on average over one million medical consultations per month, treated around 500 000 trauma cases and ensured over 110 000 safe deliveries of babies, among other services.

Activities conducted by the health cluster are supported through a country-based pooled fund, the Humanitarian Fund in Turkey (THF). This is a flexible funding instrument enabling humanitarian organizations, particularly national nongovernmental organizations, to deliver assistance that is in line with the programmatic framework of the Humanitarian Response Plan.

<sup>1</sup> Severity scales are used by humanitarian agencies to estimate the severity of needs at subdistrict level. The severity scale set out in the Humanitarian Response Plan for 2018 is derived from a range of data sources that yield information on accessibility to health care, number of people affected, humanitarian access, availability of health resources and services and impact of the conflict on health and morbidity.



Fig. 2. Distribution of partners at subdistrict level, 2018



### Information and planning

One of the core functions of WHO is management of health-related data, starting from collection, tracking and analysis. This is a key component in the planning process. In 2018, WHO continued to improve its monitoring capacity. It issued monthly reports documenting progress measured against almost 70 key indicators. Other monthly reports include a Who Does What, Where and When (4W) report for the health cluster, and a report documenting attacks on health care in Syria. All the hubs working under Whole of Syria contribute to WHO's global database documenting attacks on health care. WHO also issues epidemiological bulletins based on aggregated data derived from the Early Warning Alert and Response Network and regular reports on the status of health care facilities throughout Syria.

### Early warning alert and response network

WHO supports the Early Warning Alert and Response Network, which integrates the available data resources and improves the exchange of information. The network covers over 486 sentinel sites monitoring the trends for 13 high-priority diseases including acute flaccid paralysis, measles, cholera and leishmaniasis. WHO regularly provides capacity-building activities, laboratory support and coordination of international testing of samples. The network has proved effective in detecting epidemic-prone diseases, which has triggered response and monitoring trends over time.

Before the crisis, it was estimated that 95% of children had been immunized but this had dropped to approximately 60%, resulting in more outbreaks of vaccine-preventable diseases. In 2018,



A doctor treats a child with burns to his feet in a WHO-supported health facility in Idlib

outbreaks of measles and poliomyelitis were of major concern. **In 2018, a vaccine-derived poliomyelitis outbreak was declared over**, although continued preventive measures need to be taken to ensure no new cases arise.

### Responding to high-priority diseases

Leishmaniasis is one of the priority conditions that have been on the rise in 2018, especially in northern parts of the country. In 2018, the reported number of people affected by cutaneous leishmaniasis in northern Syria increased by up to 30% compared to the same period in 2017. Increased transmission can be explained by the environmental conditions related to overcrowded settlements, poor sanitation and inadequate waste management which expose people to the sandflies that are the vector transmitting the disease. In 2018, there was a shortage of leishmaniasis medicaments on the world market. In high transmission areas for leishmaniasis, there were chronic shortages of trained health workers and a decrease in prevention measures due to funding shortages. WHO will scale up its activities in 2019 for a greater response.

In 2018, health partners expressed increased concern about the spread of tuberculosis (TB). Treatment options for diagnosed patients were limited, with severe shortages of TB drugs, use of expired drugs, weak laboratory capacities and lack of qualified staff as contributory factors. TB is highly infectious and urgent action is required to increase detection rates and provide treatment. In response, WHO's hub in Gaziantep prepared a strategy to tackle TB in north-west Syria. This seeks to establish a system to secure a sustainable supply of medicines for TB patients, complemented by measures to reduce the risk of developing multidrug resistance. The quality of care was assessed in TB treatment centres in north-west Syria and has procured sufficient quantities of TB drugs to treat all known TB patients.

Since the crisis began, there has been an increased risk of cholera outbreaks due to the poor water and sanitation conditions in the area. WHO has been preparing health partners to respond to outbreaks through the provision of training for early detection, control measures and treatment for patients.





Health facility after being hit in Aleppo

### Attacks on health care

The Syrian conflict has been characterized by the sheer number of attacks on the health care. In order to track the attacks on health facilities and personnel, WHO uses the Organization's new online database – the global Surveillance System for Attacks on Health Care.<sup>2</sup> This database uses a standardized methodology to allow it to identify global and context-specific trends and allow comparisons between regions and contexts. Based on data from this tool, there were 142 confirmed attacks on health care in Syria in 2018. Syria accounted for the second-highest number of attacks worldwide, the



<sup>2</sup> Surveillance system for attacks on health care [online database]. Geneva: World Health Organization; 2017 (<https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>, accessed 2 March 2019).

**“ By the end of 2018, 4400 patients were being referred through the referral network each month.**

highest being in the occupied Palestine Territories. Syria was deemed one of the most dangerous places to be a health worker, with 102 health workers killed and 189 more injured in the 142 attacks. From mid-2018 to the end of the year, at least one health worker was kidnapped every month, rising to nine in total.

### Health operations and technical expertise

#### Primary health care

Primary health care services are the backbone of the humanitarian response of health partners in north-west Syria. Health facilities face numerous challenges in meeting the community's needs. They have to work with inadequate financial means, a small number of staff and with limited coordination between services which leads to both gaps in coverage and overlapping of services in some areas. After eight years of continuous violence, close to 50% of the health infrastructure has been destroyed and supply chains for medicaments and equipment have been severely affected, ultimately resulting in deterioration in the quality of care.

**WHO's hub in Gaziantep coordinated and supported a network of 38 primary health care centres in Idlib** in adopting common standards and strengthening the quality of care in order to increase health coverage. By the end of 2018, the

primary health care network provided on average close to 150 000 consultations per month. On the basis of this network's experiences, and with the technical and operational support of WHO, a larger network for referrals linking 62 primary and secondary health care structures was initiated. This referral network allowed patients to be transported without delay to the next health facility capable of providing appropriate diagnostics and treatments according to the medical needs and priorities of the patient. By the end of 2018, 4400 patients were being referred through the referral network each month. Coordination between the facilities maximized the use of limited services by reducing overlapping and duplication of services. To mitigate severe shortages of health care staff and ease the pressure on health care professionals, certain tasks formerly handled by physicians were transferred to health care support staff.

#### Mobile clinics

Large-scale population movements create a challenge in reaching the people in need. It is assumed that at least 50% of the population in Idlib governorate is located in rural and peri-urban areas that have low access to health services. Often they cannot pay for transport to and from health facilities, and they are





regularly displaced due to insecurity. Mobile clinics are the most appropriate way to reach people living in areas that are remote or hard to reach, or where health care facilities have been destroyed.

**In 2018, WHO supported on average 16 mobile teams per month to address urgent health needs and adjusted these outreach activities based on needs reported by the partners. On average, each mobile team carried out around 100 consultations per day.**

The vehicles, which are specifically equipped to serve as a mobile clinic with a consultation room, have been well accepted by the community. They allow teams to provide health services in dignity and privacy and to respect cultural sensitivities, which is especially critical in the local context.

### Immunization

The disruption of routine immunization services has been significant in north-west Syria owing to the weakened health system. WHO and the United Nations Children's Fund (UNICEF) estimate that levels of immunization are around 60%, leaving many children

**“ In 2018, the number of centres offering routine vaccination services was scaled up from 54 to 94 centres, of which 40 are fully supported by WHO.**

unprotected from vaccine-preventable diseases and more outbreaks being reported.

In order to increase access to immunization services, WHO collaborates with the Syrian Immunization Group, a consortium with UNICEF and 20 nongovernmental organizations. In 2018, the number of centres offering routine vaccination services was scaled up from 54 to 94 centres, of which 40 are fully supported by WHO. Notably, four

### Box 1. Resuming vaccinations in Afrin

“Over the years, our vaccination teams faced very tough situations, going from village to village in some of the world's most insecure places. Afrin had been the one area that we couldn't reach for close to two years. It was essential to reach children in this area with vaccines as we were facing worrying outbreaks of measles and poliomyelitis in neighbouring areas. This changed in September 2018. We vaccinated 38 145 children with the poliomyelitis vaccine and since then have been able to return for the measles campaign in November, reaching 87 750 children under 15 and to start establishing centres for routine immunization. By the end of 2018, we opened four new centres. We hope to keep expanding.”

Dr Mostapha Loufty, WHO Immunization Consultant



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new centres were set up in Afrin for the first time in two years as a result of improved access. Routine immunization covers vaccines against 10 diseases: diphtheria, tetanus, whooping cough, hepatitis B, haemophilus influenzae type b, TB, poliomyelitis, measles, mumps and rubella. To address the ongoing transmission of communicable diseases among children, supplementary immunization activities take place for measles and poliomyelitis. **In 2018, during five poliomyelitis campaigns 2 442 054 doses were administered and during two measles campaigns 1 641 186 children were vaccinated.**

### Noncommunicable diseases

Noncommunicable diseases (NCD) are one of the world's biggest public health challenges, and north-west Syria is no exception. Common diseases include hypertension, cancer, chronic respiratory diseases and diabetes, some of which could be prevented through cost-effective interventions or lifestyle-related changes. WHO has been working with partners to initiate and integrate an approach to NCD that improves their detection, diagnosis and treatment at primary health care level.

**“ Twenty-seven NCD kits were distributed, sufficient to treat approximately 90 000 people for up to nine months.**

**A child receives routine vaccinations in Idlib**



© WHO/Abdurahm Ismail

**A nurse applying new noncommunicable disease protocols**



© WHO/Abdurahm Ismail



In 2018, WHO piloted the use of a newly developed NCD kit, intended for outpatient care, containing oral medicines, basic diagnostic equipment, renewables and additional products needing the cold chain (such as insulin) accompanied with treatment guidelines. Twenty-seven kits were distributed, sufficient to treat approximately 90 000 people for up to nine months. Coupled with capacity-building within the health facility of staff and training of clinicians, these kits are expected to have a big impact on patient care.

### Mental health

Mental health is of a particular concern in north-west Syria, with an estimated 600 000 people suffering from moderate and severe mental illnesses

while only one fifth of primary health care facilities provide the services needed. Appropriate care requires trained health care providers, both at community level and in the health care facilities. Unfortunately a lack of qualified staff is the main barrier to receiving appropriate care: only three trained psychiatrists are working in north-west Syria and only two facilities provide inpatient services for acute and severe cases of mental illness.

To respond to these needs, **WHO has provided capacity-building activities for mental health staff, psychotropic medicines for 4000 patients, salaries for two psychiatrists and the running costs for four mobile teams and one specialized hospital.**

### Box 2. Personal story: Fatima

“We are here to tell people their lives matter”

Fatima Haj Yousef is a psychosocial worker in Afrin, in northern Syria. Before the war she had studied French literature but had to abandon her dreams of becoming a French teacher and was retrained by WHO to serve her community.

“In my work, depression is a big issue, and I speak to a lot of people who have lost their will to live mostly because they don’t have hope for a better future. Many men don’t have jobs and women struggle with traumatized children. We are here to tell people their lives matter,” says Fatima.

“I love this job because I can help and support people, to make them feel like their lives can be better. It is not always easy because I get emotionally involved,” she adds.

She recounts a time when an 18-year-old girl came to her with signs of severe depression and a tendency to self-harm after seeing her sister commit suicide. Both girls suffered domestic abuse and, according to Fatima, the girl thought the only way out was to follow in her sister’s footsteps.

“I had to gain her trust and get her to talk about her situation, suggesting ways to overcome those feelings. It was difficult for me not to make false promises, like that I could solve her family problems. I did get her to see that her life mattered, which helped her overcome her depression.”



Nonspecialized health workers were trained through the Mental Health Gap Action Programme (mhGAP) to assess and manage low-intensity mental health conditions. In 2018, WHO certified 70 health workers after six month’s intensive training as mhGAP professionals. In addition, WHO trained 150 psychosocial workers for community outreach activities to identify patients in need in the community and, if necessary, direct them to the closest health facility (Box 2).



### Box 3. Evacuations from besieged areas

Besieged eastern Ghouta suffered under severe and intense conflict until March 2018 when over 45000 people, including over 6700 children, could be evacuated to an area of northern Syria. Under the coordination of the Syrian health directorates, WHO and health partners established an urgent medical triage at the reception point, which was named “zero point”. Overall, prompt transportation of 370 acute, 1153 trauma and 4156 medical cases to 22 hospitals in Idlib ensured the minimum amount of casualties. Other care provided at the zero point included reproductive health for over 1066 women and psychosocial support resulting in 8448 consultations.

### Secondary health care

As the conflict in north-west Syria continues, trauma cases and burn victims pose a significant challenge for the weakened health system. An added challenge is how to operate effectively when there are mass casualties as a result of, for example, explosives, buildings collapsing and chemical events.

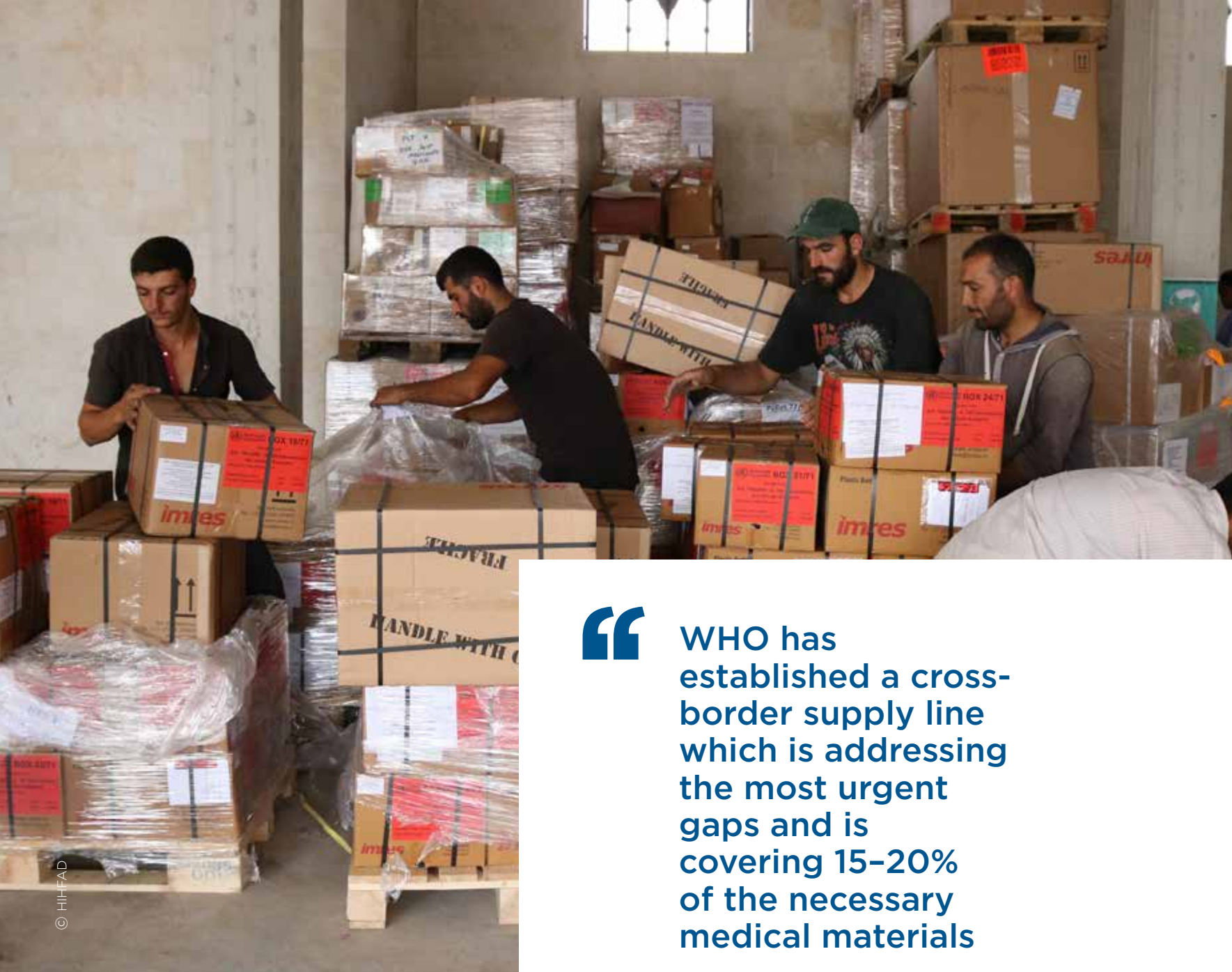
WHO supports hospitals in north-west Syria with running costs, maintenance or new equipment and capacity-building for health staff. Over 88 000 trauma cases were supported as a result in 2018. WHO builds the capacity of health staff in several fields, including infection control, burn management, trauma life support, emergency surgery and chemical preparedness and response. Moreover, **WHO has funded 68 ambulances and has tailored training courses for the first responders to facilitate the best possible conditions for trauma care** (Box 3).

### Addressing quality of care

The lack of skilled health workers is an overall concern impeding the health system in north-west Syria. Across the country, the availability of doctors, nurses and midwives in the public sector is below internationally recommended standards, with only 2.45 health staff per 1000 population, against the Sustainable Development Goal minimum standard of 4.45 per 1000 population. In particular, specialized services such as internal medicine, cardiology and hospitals providing cancer services in secondary care are impacted by this. **In 2018, WHO trained 23 503 people to address the lack of skilled health workers.**

To tackle the constraint posed by the limited number of trained health staff available in primary health care facilities, WHO introduced task-shifting. Where appropriate, tasks were moved to less specialized health workers and appropriate training provided. One of the main achievements in 2018 was the large-scale effort to improve the capacity





**“ WHO has established a cross-border supply line which is addressing the most urgent gaps and is covering 15–20% of the necessary medical materials**

of community health workers. A standardized curriculum for community health workers was developed, endorsed and implemented by partners. WHO trained master trainers and trainers of trainers to ensure the harmonization of levels of knowledge in the network of community workers.

After eight years of conflict and continuous lack of funding, the maintenance of technical medical equipment is a challenge at all levels of the health system. The disruption of technical equipment can be life-threatening. Similarly, rehabilitation centres that are treating an increasing number of people with disabilities are facing continuous shortages. Health

partners also issue alerts on the lack of orthopaedic surgical equipment such as external fixators and plates which are necessary to treat complex bone fractures. In 2018, WHO planned and carried out the rehabilitation and equipping of nine secondary health facilities to improve quality of care.

#### **Operational support and logistics**

In north-west Syria, medical care is mostly delivered by nongovernmental organizations working in close collaboration with WHO. Shortages of medical material and medicines are recurrent. WHO has established a cross-

#### **Box 4. Personal story: Mahmoud**

#### **“We stay and deliver services”**

Mahmoud Haj is a pharmacist working in rural Aleppo in northern Syria. He works in a health facility supported by WHO with supplies and capacity-building for its medical staff.

“I am always happy when the pharmacy is well stocked, so that I can treat my patients. Every day there are people coming to see the specialist and then they come to me. I guide them through their treatment, carefully explaining what they need to do,” Mahmoud explains.

“Over the years, we have run out of stocks several times because there was fighting in and around Aleppo, and this is when things were hard for me. I know that many people depend on these medicines, and they are people from my community that I will see suffering every day. People’s lives depend on these supplies.”

Mahmoud has been working in highly stressful environments for the last three years but feels proud he has stayed and supported his community.



border supply line which is addressing the most urgent gaps and is covering 15–20% of the necessary medical materials (Box 4). The medical supplies are shipped from WHO’s warehouse in Mersin, Turkey, through the border crossings in Bab el Hawa and Bab el Salam and donated to implementing partners in north-west Syria. The distribution is done according to a strategic plan which takes into account the analysis of priority needs, medical activities and the target populations of the respective partners. Supplies are usually delivered monthly, but the frequency can increase in cases of acute events such as large-scale attacks or major population displacements.

**In 2018, WHO shipped over 60 truckloads of emergency health kits, medicines, surgical kits, laboratory supplies and medical equipment with a total weight of approximately 500 tons**

**and valued at US\$ 5 million to hospitals and clinics in north-west Syria.** These supplies are enough for an estimated 4.2 million treatment courses. They include:

- trauma kits
- surgical kits
- interagency emergency health kits
- essential medicines
- NCD kits
- burn kits and dressing kits
- anaesthesia drugs and supplies
- insulin
- psychotropic drugs as medication for mental health conditions
- intravenous therapy fluids
- treatments for exposure to toxic chemicals and personal protective equipment.





# Refugee Health programme



## Leadership

In 2018, WHO continued working closely with the Ministry of Health of Turkey and provincial health authorities to align objectives so as to ensure a sustainable health response for Syrian refugees in Turkey. In this regard, WHO defined its response as complementing the SIHHAT project within the framework of the WHO European policy framework for health and wellbeing, Health 2020, and the strategy and action plan for refugee and migrant health in the WHO European Region.

With 3RP coordination mechanisms in place, WHO maintained close coordination with donors to the Refugee Health programme: the Government of Germany, the European Union, the Government of Norway and the Bureau of Population, Refugees and Migration of the United States (Table 2). Their support proved essential to bring forward better health outcomes for Syrian refugees.

**Table 2. Donors under WHO's 2018–2019 3RP appeal**

Donor	Amount (US\$)	Percentage of total (%)
Government of Germany	25 566 218	60
European Union Trust Fund	14 044 523	33
Government of Norway	877 633	2
Bureau of Population, Refugees and Migration, United States State Department	2 000 000	5
<b>Total</b>	<b>42 488 374</b>	<b>100%</b>

WHO also engaged in close coordination with 3RP health sector partners and other United Nations agencies involved in multisectoral responses. This liaison proved essential to identify gaps and needs and to define joint actions and future plans. Finally, WHO reached out to key actors in the academic field of migrant and refugee health to support evidence-based interventions and bridge experiences for better responses. The lessons learnt in the Refugee Health programme were highlighted in several conferences and summer





schools around Europe as a bridge for common learning and practice-sharing.

The team worked on several advocacy and communication activities to locate the needs of Syrians in Turkey in the national, regional and international agenda. They also reached out to the broader international community engaged in supporting the future of Syria and the region so as to raise awareness about the overall health response, and gaps in it, in Turkey.

Partner coordination

WHO is the lead agency of the health sector working group, which is a forum for coordination and information-sharing among health partners involved in the specific health response under

the 3RP. During 2018, WHO ensured the adequate implementation of the health sector plan for the year, identifying gaps for joint action and reporting critical issues in need of multisectoral responses. WHO also led the revision of the health sector’s priorities for 2019 (Box 5).

With the Turkish health system coping with an increasing influx of Syrian refugees, the Ministry of Health of Turkey and 3RP partners have given priority to strengthening national health care capacities, especially at the primary health care level. Within its mandate, WHO is supporting this move to build a migrant- and refugee-sensitive health care system capable of responding to the needs of the Syrian population, and supporting all partners to move in this direction.

WHO also chairs the mental health sub-working group, a forum for partners particularly involved in the provision of mental health care and psychosocial support. During these sessions, WHO is working to identify underlying gaps and to coordinate partners to ensure that Syrians are correctly referred to the relevant services.

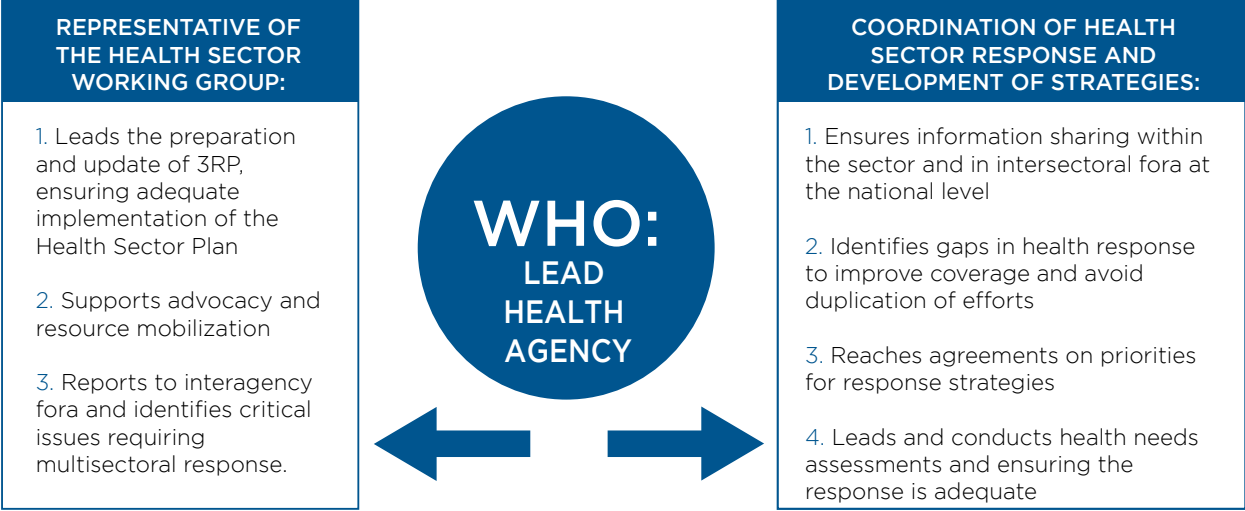
Information and planning

As the lead agency for the health sector response, WHO ensures that all partners’ data are collected to guide analysis and activities in the direction envisaged under the 3RP scheme (Fig. 3, 4). Monthly and quarterly dashboards have been created to keep track of progress towards meeting health sector objectives, as well as maps that help to localize partners’ activities.

In 2018, WHO conducted a household survey among Syrian refugees in Turkey to assess their self-reported health status in a series of areas, mainly chronic diseases, mental health and child health. This study shed some light on the use of and access to health care services among the refugee population, their awareness of the services available and their level of



Fig. 3. WHO lead agency functions



health literacy. It also revealed the need to improve understanding of refugees’ needs and how to strengthen health service delivery to meet them.

To complement this initiative and lead strategic and operational decision-making, WHO is leading a series of nationwide health needs assessments across several topics. In November 2018, a workshop was held with representatives

of the Ministry of Health and health sector partners to define the focus of this research around six topics related to refugee health: communicable diseases, mother and child health, mental health and substance abuse, health systems and access to medicines, NCD and health literacy. These surveys will help to ensure that evidence-based responses are at the core of health sector activities in 2019.

Box 5. Regional Refugee and Resilience Plan 2019–2020

Objectives for the response from the health sector

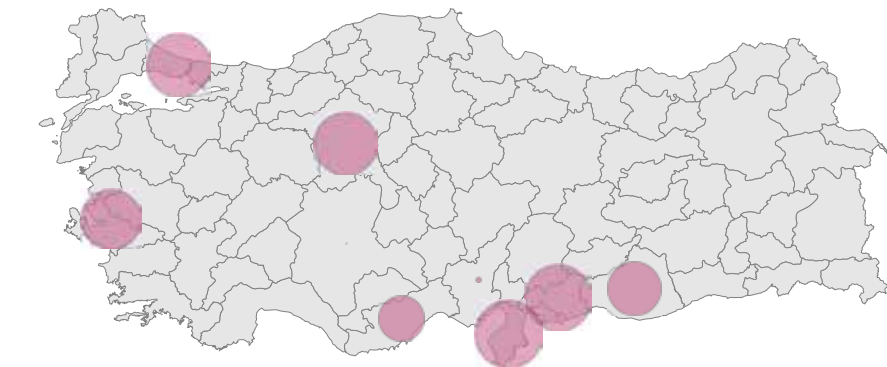
- 1. Strengthen the capacity of essential health service delivery and referral health care, including curative and preventive services for noncommunicable and communicable diseases
- 2. Increase access to sexual and reproductive health services, including clinical management of gender-based violence cases for particularly vulnerable groups of Syrian refugees and host communities (women, girls, adolescents and youth)
- 3. Strengthen communicable disease surveillance, detection, response and prevention (including immunization), and strengthen all-hazard emergency response
- 4. Increase access to noncommunicable disease, mental health and psychosocial support services and rehabilitation services at all levels of the health services



Fig. 4. Turkey 3RP dashboard for 2018

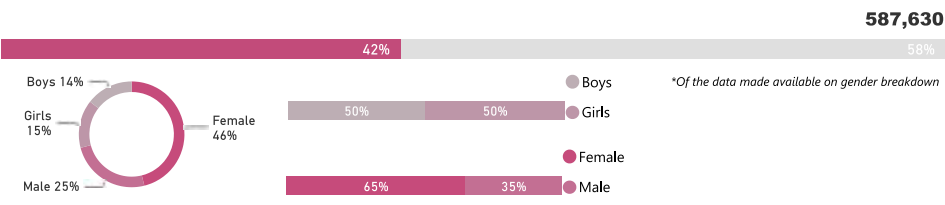
Turkey Health Sector 3RP Achievements in 2018

# of consultations received by Syrian refugees in Turkey in refugee health centers directly supported by 3RP activities



Boundaries shown on this map do not imply official endorsement by UN.

# of consultations received by male and female refugees and impacted host community residents in primary health



Supporting Agencies

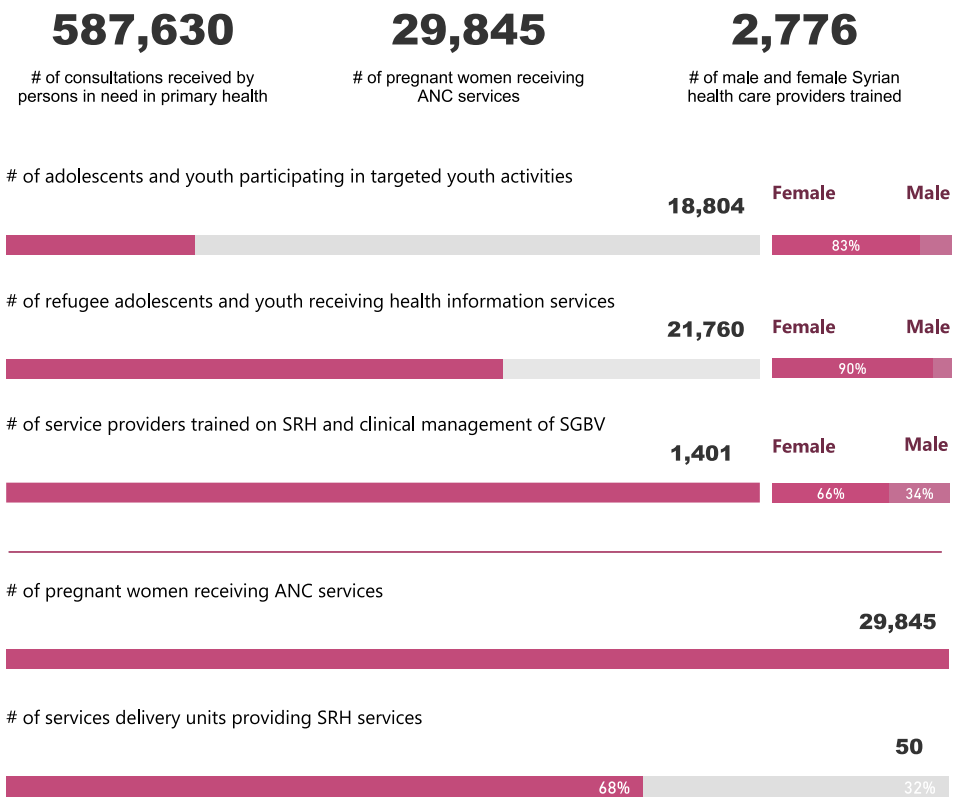


Reporting Agencies



All figures shown here refer to health sector 3RP supported activities in Turkey. Sources: ActivityInfo - Health Sector DB 2018 Feedback: BECIRIM@who.int, IMTurkey@unhcr.org

Achievements



Source: United Nations High Commissioner for Refugees [website]. Geneva: WHO Regional Office for Europe; 2018 ([http://bit.ly/whotur\\_healthsector\\_dashboard\\_2018](http://bit.ly/whotur_healthsector_dashboard_2018), accessed 4 March 2019).





Health operations and technical expertise

Integrating Syrian health care workers into the Turkish health care system

The continuous arrival of Syrian refugees in Turkey has intensified the gap between the demands for and the capacities of the health services, especially at the emergency level. The Turkish health system quickly adapted to the specific needs of this population, shaping policies, organizing services and mobilizing resources. In the areas with the largest numbers of refugees, hospitals scaled up to respond quickly to the most acute needs. However, the high demands ultimately affected the quality of health care delivery for both Syrians and the host communities.

Against this backdrop, WHO is supporting the Ministry of Health in training Syrian doctors, nurses and midwives to serve in the Turkish health system so as to provide culturally and linguistically sensitive health care services for their fellow nationals. During a five-day theoretical course, these trainees learn how to navigate the Turkish health care and national health information systems. During the six-week practical programme,

“ By the end of 2018, the network counted 151 active centres, with a target for 2019 of 178

they receive on-the-job mentorship by Turkish health care workers in seven refugee health training centres in the provinces with the largest numbers of refugees: Ankara, Istanbul, Gaziantep, Sanliurfa, Hatay, Izmir and Mersin.

Once certified, these health care workers are hired to serve in a broad network of migration health centres across the country. These community-based health centres function within the Turkish health system providing primary care and some extended secondary care such as gynaecological services, paediatrics or internal medicine. Since their establishment, these centres have helped to relieve the pressure on the Turkish health care infrastructure and provide a common space for Syrian health care workers and their patients. By the end of 2018, the network counted 151 active centres, with a target for 2019 of 178 (Boxes 6, 7).



A Syrian doctor checks a baby in the refugee health training centre in Gaziantep

© WHO/Ali Saltan

Box 7. Personal story: Fatme

Practising her profession, providing for her family

“I’m happy that I left. After losing my five-year-old son, my house and my job, there was no reason to stay”, explains Fatme, a Syrian nurse living in the south-eastern city of Gaziantep. When she arrived in Turkey in 2013, she had to adapt to all kinds of job to be able to survive. “I worked as an informal translator for some years, I tried other jobs but it was difficult for me, I am a nurse. That is all I was trained for”.

After joining a social media group of Syrian health care workers in Turkey, she heard about the possibility of placing her skills and experience at the service of her own community. She underwent the training to qualify her to work within the Turkish health care system and was soon hired in Gaziantep refugee health training centre. “Finding this job helped me a lot. Especially for a person of my age, this was really good. I am a nurse, that’s what I was trained for and that’s what I like doing. Now, I can support my family with my profession!” she concludes.



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Box 6.

Key figures on Syrian health care workers in 2018

In 2018:

180 Syrian doctors and 208 Syrian nurses and midwives completed the theoretical stage of the adaptation training

261 Syrian doctors and 439 Syrian nurses completed the practical stage of the adaptation training

More than 600 Syrian doctors and nurses were hired by the Ministry of Health

7 refugee health training centres were supported

Since the beginning of the programme:

1275 Syrian doctors and 1203 Syrian nurses and midwives have completed the theoretical stage of the adaptation training

1216 Syrian doctors and 1019 Syrian nurses and midwives have completed the practical stage of the adaptation training

1332 Syrian doctors and nurses have been hired by the Ministry of Health to serve in several refugee health centres across the country, providing health care services for their fellow nationals





### Building capacity to bridge the language divide in health care delivery

Language is still a significant challenge to ensure the access of Syrian refugees to appropriate health information and services. This is especially true at the secondary and tertiary levels of care, where linguistic and cultural differences impede the exchange of information between Turkish health care workers and Syrian patients. For refugees, this linguistic barrier is an additional source of uncertainty, as they are unable to take informed decisions about their health.

In order to address this gap, under the framework established by Ministry of Health allowing consecutive formal employment, **WHO trained a further 731 Arabic/Turkish interpreters in 2018 to serve as guides for Syrian patients, adding to a total of 1193 since the beginning of the programme.** These interpreters undergo one week of training in medical terminology in order to reinforce the accuracy of their translations during consultations. They are then hired to serve in different levels of care and support refugee patients during consultations and referrals.

### Supporting the mental health needs of the Syrian population

Refugees' mental health is influenced by the nature of the migration experience. The long-term exposure to conflict and the hardships faced during

and after the resettlement process pose specific risks to their mental health and well-being. In addition to the violence and loss suffered in their country, Syrian refugees in Turkey are still under high psychological stress as they deal with adaptation to a new context, communication barriers and uncertainty about their future.

WHO has trained Turkish and Syrian doctors to respond to these needs. The mhGAP training course aims at scaling up non-specialist services for mental and psychological support, so family doctors are able to assess and manage low-intensity mental health conditions such as depression, post-trauma stress disorder, self-harm or suicidal thoughts, psychosis, substance abuse or child and adolescent mental and behavioural disorders. These training courses ensure that doctors are able to diagnose, treat and provide basic counselling to refugees struggling with obstacles that compromise their health (Box 8).

Syrian and Turkish health care workers have also undergone a series of training courses on how to handle cases of gender-based violence among their patients. This is essential for victims to be referred quickly to the proper psychological and protection services. In addition, WHO has trained health care workers in early childhood development to ensure the complete and healthy cognitive, emotional and physical growth of their youngest refugee patients.

Syrian health care workers learn how to navigate the Turkish health care system in a training course on theoretical aspects of health care

#### Box 8. Key figures for mental health in 2018

**421**

Syrian doctors were trained in mhGAP

**617**

Turkish doctors were trained in mhGAP

**472**

Syrian health care workers were trained for work with gender-based violence and early childhood development

**75**

Turkish health care workers were trained to become trainers for early childhood development

**61**

Turkish health care workers were trained to become trainers for work with gender-based violence





**A medical team from Izmir refugee health training centre reaches out to a community of Syrians to provide health care services through mobile units**

### Providing people-centred health services

People-centred health systems are essential to guarantee access for refugees and migrants to health care and to improve the health outcomes for both the Syrian and Turkish host communities. In the seven WHO-supported refugee health training centres, refugees are provided with access to high-quality and free-of-charge primary care, maternal and child health, internal medicine and immunization services.

These centres are part of the community health centre network of the Turkish health system. When necessary, patients are referred to hospitals or other relevant services. Transport to other levels of care is provided to ensure that a lack of financial resources does not translate into an obstacle to accessing health care.

In these centres, WHO and partners have conducted regular health promotion and awareness-raising activities to improve the health literacy of Syrian refugees. These sessions have covered a broad range of topics such as nutrition and chronic disease management,

**Box 9. Key figures in 2018**

**588 500** health care consultations took place in supported refugee health training centres

More than **29 000** mental health and psychosocial support services consultations took place in supported refugee health training centres

At least **91** facility health support staff were hired to support the effective management of the centres

hygiene, gender-based violence, family planning, pre- and postnatal care, sexual and reproductive health and dental care. Additionally, these centres offer specialized psychosocial services to Syrian refugees to help them cope with adverse challenges. For this purpose, WHO trains and hires psychologists and social workers to provide regular counselling and support.

Medical teams at the centres ensure that outreach services can bring health

### Box 10. Personal story: Ahid and her mother

## Syrian health workers bring care and hope to their fellow nationals

When Ahid's mother crossed the Syrian-Turkish border in December 2017 she did not know if her daughter would walk again. Some weeks before, a bomb fell on their house in Ar-Raqqa, killing her husband and her eldest son and leaving the young Ahid with a serious leg injury. The little girl underwent some minimal reconstruction surgery in Syria but by the time they reached Turkey, she was at high risk of losing her leg.

When the family reached the refugee health training centre in Ankara, a team of WHO-trained Syrian health care workers provided Ahid with the necessary treatment. Following this first intervention, Ahid was soon referred to a hospital with expertise in orthopaedic surgery, where she underwent two operations that finally saved her leg from being amputated.

Throughout the whole process, she was always supported by patient guides and monitored by social workers from the



refugee health training centres. "When I came to Turkey, I did not know what to do to help Ahid", explains Safaa, the child's mother. "Finally some relatives brought us to this clinic where other Syrians took good care of my baby", she adds.

Now Ahid can run and play again, and a healthy future stands ahead of her. Syrian health care workers at the refugee health training centre continue to monitor her through regular home visits and social workers ensure the well-being of Ahid and the whole family. "I'm so thankful", Safaa concludes.

care to the most vulnerable refugees in the area. They visit patients who cannot get to health care centres and provide them with the necessary care. Together with social workers, they assess the living situation of patients. These services are essential to identify and act on acute risks such as teenage pregnancy, early marriage or child labour (Boxes 9, 10).

### Providing home care for older and disabled patients

Conflict-related injuries, the long-term disruption of Syria's health system and the poor management of chronic conditions have resulted in large numbers of refugees with disabilities. Adding to the linguistic and cultural barriers faced

by Syrians in Turkey, these patients experience even further obstacles to reach health care centres due to their reduced mobility options, increasing their social exclusion.

In 2018, the Ministry of Health and WHO designed an innovative response to the increasing needs of this vulnerable group. **Over 427 Syrian refugees were trained to serve as community health support staff for the provision of home care and social services to older and disabled fellow nationals.** Responding to the needs of each patient, Syrian home care staff work as a bridge between the refugee health training centre and patients at home. They help to guarantee



“ With women making up more than 84% of those enrolled in the training courses, WHO is helping to create more paid work opportunities for Syrian women which boosts their empowerment and resilience.

safe environments to avoid accidents at home, promote patients’ self-care and balanced nutrition, support follow-up on treatments, and ensure proper care of those who are bedridden to prevent complications.

With women making up more than 84% of those enrolled in the training courses, WHO is helping to create more paid work opportunities for Syrian women which boosts their empowerment and resilience. WHO has already hired 91 support staff in the provinces of Hatay and Izmir and plans to finalize the hiring process in the seven provinces by the beginning of 2019 (Box 12).

## Operational support and logistics

In 2018, WHO provided operational support through implementing partners who provided continuous oversight of activities in the seven WHO-supported refugee health training centres and identification of specific needs in the field. By doing this, WHO ensured the prompt and efficient provision of running costs, medical supplies, consumables and non-medical equipment for the centres. In support of the Ministry of Health, WHO also provided any necessary technical expertise, tools, methods and means to meet the specific logistical needs of these centres.



## Box 12. Personal story: Fateme

## Determined to help her own people

Fateme fled Aleppo four years ago with her husband and five children. In Syria she used to teach women and children in the nearby mosque. “Before the war, life was good for us. I enjoyed helping the community,” she explains. “When the war broke out, everything became very difficult. Things were very expensive and there was barely food to eat.” Under these circumstances, the family decided to leave.

Fateme now lives in Turkey, in the southern city of Mersin. Like many Syrians in the country, she struggled to find a job. Then friends told her about the opportunity to join WHO’s new training programme for the provision of home care to older and disabled Syrian refugees. Through this programme, WHO has already trained 350 Syrians to provide care to patients with limited mobility who have difficulty visiting health centres.

“This is a great opportunity,” she explains. “In Syria, I used to be very active teaching women and children. Here in Turkey I also wanted to do something, especially if I can help other Syrians. Staying at home was not an option!”



Syrian home care staff help to guarantee safe environments to avoid accidents at home, promote patients’ self-care and support follow-up to treatment





# Gaps, challenges and response for 2019 and beyond

## Cross-border operations

As the conflict enters its eighth year with continued insecurity and escalation of violence, millions of people still need lifesaving assistance. United Nations Security Council Resolution 2449 (2018), authorizing the United Nations and partners to deliver humanitarian aid from neighbouring countries to people throughout Syria, continues to be critical to people who cannot be reached through state-controlled areas. **From Turkey, WHO's efforts focus on reaching people in areas where the health needs are most severe, as long as the necessary funds are available.** The operations have evolved in 2018 and will continue to do so in 2019, taking into consideration the following gaps and challenges.

### 1. Lack of essential lifesaving emergency health care services:

- WHO will continue to train health staff to improve the knowledge they need for effective trauma care, including for chemical events;
- WHO will continue to strengthen primary health care where effective referrals of emergency and non-emergency patients take place;
- WHO will continue to reinforce the supply chain to partners, ensuring the provision of medical supplies, drugs and equipment in response to the needs.

### 2. Inability of affected communities to access specialized health care services:

- WHO will strive to compensate for the lack of health staff by shifting tasks, wherever possible;
- WHO will invest in supporting secondary health care facilities in scaling up specialized care;



- WHO will continue to conduct training courses to improve refugees' access to mental health services and provide medicines based on demand;
- WHO will prioritize treatment for chronic diseases.

### 3. Increased incidence and prevalence rates of infectious diseases:

- WHO will rebuild routine immunization services to increase coverage and prioritize supplementary immunization campaigns for measles and poliomyelitis;
- WHO will continue to support specialized care for highly infectious diseases such as leishmaniasis and TB;
- WHO will continue to strengthen the early warning and response network to ensure quality data collection and prompt responses to outbreaks of disease.

### 4. Attacks on the health care in north-west Syria:

- WHO will continue to manage the surveillance system for attacks on the health care to ensure the most accurate and up-to-date information on attacks;
- WHO will continue to advocate against attacks on the health care.



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## Refugee Health programme

Under the Regional Refugee and Resilience Plan 2019–2020 for Turkey, **WHO will continue to strengthen essential health service delivery and proper referrals and to ensure enhanced services for reproductive health, NCD, mental health and rehabilitation, as well as communicable disease surveillance.** WHO will address these priorities for intervention through the two legs of the regional response: humanitarian intervention and resilience-bolstering for both Syrians and Turkish host communities.

Furthermore, WHO will continue to operate under the umbrella of the WHO Health Emergencies programme. In particular, the gaps and challenges, and the responses to them, planned for 2019 and beyond include the following.

### 1. Language, cultural norms and socioeconomic status continue to pose barriers for Syrians seeking health care.

- WHO will continue to train Syrian health care workers to work in the national health care system and provide linguistically and culturally sensitive health services for other Syrians.
- WHO will continue to train Arabic/Turkish interpreters to serve as patient guides, mainly at the secondary and tertiary levels of care.
- WHO will continue to support refugee health training centres across the country, providing primary health care services as well as specialized services such as reproductive health and internal medicine.
- WHO will provide financial assistance to cover medical-related expenses for Syrians so as to ensure access for them to costly medicines and medical devices.



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## 2. Noncommunicable diseases pose an important burden for Syrians' health and well-being, especially for older people.

- WHO will strengthen services for NCD prevention and care at the seven refugee health training centres, including health promotion activities targeted at increasing health literacy among the Syrian population.
- WHO will strengthen continuing medical education on NCD management for Syrian health care workers.
- WHO will hire 350 Syrians as community health support staff for the provision of home care services for older and disabled people.

## 3. Syrian women of reproductive age (25% of the Syrian population) face economic, social and cultural deterrents to seeking sexual and reproductive health care.

- WHO will continue to provide enhanced services for sexual and reproductive health care, including maternal and child health, in the seven refugee health training centres.
- WHO will continue to build capacity on sexual violence among Syrian and Turkish health care workers as a means for identification and response at the primary health care level.
- WHO will engage at the policy level in strengthening awareness of violence against women, and share essential standardized guidelines for response among key decision-makers.

## 4. The psychosocial effects of war and displacement continue to persist among the Syrian refugee population in Turkey, with high levels of depression.

- WHO will continue to train Syrian and Turkish health care workers to respond to the mental health care needs of the Syrian population.
- WHO will continue to provide mental and psychosocial support in the seven refugee health training centres from specialized psychologists and social workers.

## 5. Communicable disease prevention and surveillance needs to be strengthened at the national level to ensure safety for both refugees and host communities.

- WHO will support systematic efforts for disease surveillance, detection and response through the national health information system and early warning system, using an all-hazard emergency response approach.
- WHO will support intensified efforts for immunization among refugee children and will ensure routine vaccinations at the seven refugee health training centres.

## 6. The low health literacy levels among Syrian refugees compromise their health and well-being.

- WHO and its implementing partners will continue to organize health promotion activities in the seven refugee health training centres on a broad range of topics.
- WHO will support the establishment of a hotline to ensure truthful health information is shared with Syrian refugees so that they learn about their rights, how to access and navigate the health system and where to go in case of emergency.





# Conclusions

The situation in north-west Syria remains volatile and unpredictable. The extension of the authorization for cross-border humanitarian deliveries by the United Nations Security Council was welcomed by the humanitarian community at the end of 2018, offering a lifeline to millions of people until a political solution stems the conflict. WHO calls on parties to the conflict to comply with their obligations under international law by protecting health workers and health facilities.

With an unclear future for the conflict in Syria, WHO maintains its commitment to serve those people most in need. Whether bringing lifesaving health support in north-west Syria or supporting the Turkish Ministry of Health in building a comprehensive health response for the 3.6 million Syrian refugees in the country, WHO will ensure that its operations continue to bring hope to Syrians in 2019.

Investing in the health care of Syrian refugees through strengthening the health care system and integrating Syrian providers represents an investment in long-term solutions. WHO's strategic response will contribute to reducing the pressure on services for host communities and increasing overall resilience. Furthermore, it will contribute to the creation of a refugee-sensitive health care system, moving one step closer to WHO's overall goal to bring health for all.

In order to ensure the continuity of its operations, WHO calls on the international community to take responsibility for the health of millions of Syrian refugees and support Turkey's commitment to provide universal health coverage for those most in need. Thanks to the support of the donor community, WHO will continue to serve refugees and civilians still living in Syria and to ensure their right to health.



Participants from north-west Syria in a chemical event preparedness and response training in Turkey

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## **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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