**People Affected**

**132 375** Syrian refugees in Egypt in need of health services

**Health Issues**

- Communicable diseases
- Non-communicable diseases
- Mental health
- Reproductive health
- Secondary and tertiary care
- Determinants of health (tobacco, nutrition, unhealthy lifestyles)

**Beneficiaries Reached**

**60 339** acute/chronic primary health care consultations

**25 315** referrals to secondary and tertiary care

**13 053** Syrian children received polio vaccination

**Funding Requirements**

**Health Sector**

Total financial requirement for health sector under 3RP for health: **$28.7 million**

**WHO**

- **$6.3 million** required for refugee component
- **$2.1 million** required for resilience component
- **$8.4 million** total requirement
- **$467 000** received
- **96%** funding gap

**Highlights**

- Syrians in Egypt do not benefit from public insured health services, making access to quality and equitable health care a challenge.
- Syrians in Egypt reside in urban areas together with Egyptians, making targeting for health purposes difficult.
- Although Egypt accommodates around three per cent of the total number of Syrian refugees in the region, it lacks the same level of donor attention.

**Situation Update**

More than 132 000 registered Syrian refugees currently reside in Egypt, representing around 3% of the total number of registered Syrian refugees in the region. The Egyptian Ministry of Foreign Affairs estimates however, that a more accurate figure is between 250 000 and 300 000.

The Syrian refugee population within Egypt is largely urbanized and predominantly integrated within the host communities of six governorates: Cairo, Giza, Alexandria, Sharkia, Damietta and Qalyubia. Refugees have varying degrees of access to health and basic sanitation services.

The government of Egypt has continued to support both registered and unregistered Syrians in Egypt, upholding earlier commitments to provide Syrians with access to public health services on equal footing with
Key public health concerns

- The health profiles and the disease spectrums of the Egyptian host population and Syrian refugees are similar, with a high prevalence of NCDs.

- Free access to medical care is hindered as medicines and non-basic medical services are not uniformly provided free-of-charge. This only applies for preventive not curative sectors.

- Mental health consultation and intervention remains a challenge as it is not available in public primary health care settings and there are few facilities accessible, even for the host community.

- Many Syrian families share crowded accommodation and this might increase their exposure to communicable diseases.

Egyptians. However, health services provided do not include secondary and tertiary care, which leaves a large proportion of Syrians in Egypt vulnerable due to the high costs of these services.

The constitution adopted in January 2014 put health high on the Government’s agenda (together with other social sectors) and set a target for government health expenditures of 3% of GDP, which is twice the current government contribution.

During the last few years, political turmoil has weakened the foundations of Egypt’s economy. Poverty is still widespread with 25% of the population living under the national poverty line.

Public health concerns

Syrian refugees are scattered across 230 districts. Access to health care remains a challenge because of distance and cost. Public preventative primary health care (PHC) is accessible and free while curative care is not always accessible. Monitoring, referrals, and ensuring cost-effective secondary and tertiary health care in the areas where refugees reside remains a challenge. There remains an acute need for early diagnostic and treatment services for communicable and non-communicable diseases (NCDs) as well as mental health (MH) disorders at the primary and secondary health care levels, for Syrian refugees.

There is a high prevalence of cardio-vascular diseases and diabetes among Syrian refugees. A significant caseload of chronic obstructive pulmonary disease (COPD) and cancer cases exists within the Syrian population. In addition to the need for early diagnosis and management of chronic conditions, there exists, as with any population, a pronounced need for emergency care services.

Due to the integration of Syrian refugees into densely populated urban settlements, with varying degrees of access to adequate hygiene, sanitation infrastructure and primary health care services, there remains the potential for increases in communicable diseases. Syrian refugees are at a significantly higher risk of experiencing MH problems than members of the host population due potentially, but not exclusively, to the impact of chronic unemployment and associated financial hardship, experiences of discrimination, rights violations and recent exposure to conflict. There remains a need to ensure Syrian refugees have access to reproductive health (RH) services.
**Health Sector priorities and targets**

### Health Sector objectives:

- To improve refugee and host community access to comprehensive quality primary health care
- To ensure lifesaving assistance through essential secondary and tertiary health care
- To increase capacity of the health system in selected impacted districts

The Health Sector aims to respond to the needs of the refugees and the host community with a general objective to reduce morbidity and mortality. The strategy seeks to establish a balance between the strengthening of health systems and services delivery, focusing on two areas:

1. Supporting equitable and sustainable access to quality health care services (primary and essential secondary/tertiary) while also enhancing the community health approach and boosting health service coverage.
2. Strengthening of existing national health systems with a focus on key areas such as NCDs, MH, RH and emergency preparedness.

### WHO action

- WHO’s main activities include capacity building of MoH staff; providing medical equipment; developing a web-based reporting application for 15 frequently reported communicable diseases; capacity building of health staff and technicians in the diagnosis of NCDs; and providing training for PHC staff to be able to identify and refer patients in need of MH care.
- WHO supports the provision of quality and equitable secondary and tertiary health care services to Syrians by contracting MoH specialized medical centers. WHO subsidizes patient bills for emergencies and life threatening conditions, including investigations, surgical interventions and hospitalization costs.
- WHO supported the National Immunization Days against polio from 19 - 22 April. A total of 13 053 Syrian children under five were vaccinated. A total of 15 468 911 Egyptian children under five were also vaccinated in the campaign.
- WHO provides both Health Working Group partners and Syrian refugees with geographical information and data on PHC centers and contracted hospitals through its GIS application built by the MoH GIS team [www.healthmap.mohp.gov.eg](http://www.healthmap.mohp.gov.eg)
- WHO provides data on the health impacts of displaced Syrians in Egypt on the local health system, through the Health Impact Assessment. WHO also conducts Health Needs Assessments of Syrian refugees in Egypt.

**Surge capacity**

- Grading of the emergency: G3
- Number of WHO staff deployed: 3
- Geographic distribution of deployed staff: Cairo
- Number of health partners operating on the ground: 15
- Locations of Health Sector coordination: Cairo and Alexandria

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WHO has conducted 4 events with over 800 attendees, including between 150 - 200 Syrian refugees and their children. The days are aimed at spreading awareness within the refugee community about health services provided by WHO and partners.

WHO supports the MoH in strengthening EWARS and NCD surveillance systems, in addition to integrating MH services at 62 PHC centers in six refugee dense governorates in Egypt.

WHO supports Health Sector coordination and co-chairs health working group meetings together with UNHCR.

**Funding requirements**

- Refugee financial requirement 2015: USD 23 236 181
- Resilience financial requirement 2015: USD 5 540 000
- Total financial requirement for health sector under 3RP for health: **USD 28 776 181**

**WHO**

- Refugee component required 2015: USD 6 340 000
- Resilience component required 2015: USD 2 100 000
- Total requirement: **USD 8 440 000**

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**Syria crisis donors**

- WHO received $267 000 from the Government of Kuwait in 2015.
- WHO received $200, 000 from CERF in 2015.