SITUATION IN EGYPT

After safely passing the peak of the political crisis and electing its current president, Egypt is now living a phase of political stability, which has had positive effects for both Egyptians and Syrian refugees residing in the country. Meanwhile, on the economic level, Egypt is experiencing noticeable increases in prices of goods and services, which is negatively impacting both groups.

The Egyptian Ministry of Foreign Affairs estimates that between 250,000 and 300,000 Syrian refugees reside in Egypt with approximately 138,000 presently registered; 85% of whom registered during the latter half of 2013. UNHCR projects that the total number of registered Syrian refugees will reach 140,000 by the end of 2014. The Syrian refugee population within Egypt is largely urbanized and predominantly integrated within the host communities of six governorates: Giza, Greater Cairo, Alexandria, Damietta, Qalyubia and Sharkia.

KEY HEALTH ISSUES AND NEEDS

According to the 2013 joint assessment report for Syrian refugees residing in Egypt, 25.5% of respondents use private sector facilities, 13.5% depend on charity and friends’ support and 19% use UNHCR supported health services. 42% of respondents said they use public health facilities (up from 20% reported in 2012). However, equitable access to quality services remains a serious challenge with concerns raised as to the availability and accessibility of health services through the public system.

According to the joint needs assessment, most households reported having one or more persons in their family with health needs. Information presently available suggests there remains an acute need for early diagnostic and treatment services for communicable and non-communicable disease, as well as mental health disorders, at the primary and secondary health care levels, and rehabilitation. Responses from focus group discussions indicate a high prevalence of cardio-vascular diseases among chronically ill Syrian refugees, in addition to diabetes. A significant case load of chronic obstructive pulmonary disease (COPD) and cancer cases among the Syrian population is also believed to exist. 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.

Primarily integrated into densely populated urban settlements, Syrian refugees residing in Egypt have varying degrees of access to adequate hygiene and sanitation infrastructure and primary health services. There is the potential for an increase in communicable disease alerts and events of public health significance associated with population displacements, reflective of current concerns regarding MERS and polio.

With respect to mental health and psychosocial issues, current estimates suggest that 3-4% (4,500) of registered Syrian refugees in Egypt may currently be experiencing a serious mental disorder in addition to an estimated 22,000 registered Syrian refugees presently thought to be experiencing moderate psychological distress. Syrian refugees are at a significantly higher risk of experiencing mental health 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.
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WHO EGYPT KEY ACHIEVEMENTS (JULY - SEPTEMBER 2014)

1. Capacity building & training
   • Providing wider training scope for primary health care units. Surveillance officers at governorate and district levels are to be trained on Early Warning and Response Network for communicable diseases (EWARN) systems, disaster management and supervision and monitoring of reporting systems at primary health care level for epidemic-prone diseases.
   • Completed planning for trainings to be localized in 60 units where refugees mainly reside. Training courses are planned for an average of 260 trainees and include training on web-based reporting.

2. Service provision
   • Directly financed the provision of secondary and tertiary health services accessible to the majority of the Syrian refugee population through four specialized medical centres, in collaboration with the Ministry of Health and Population (MoHP).

3. Coordination
   • Leading the health sector in the development of the Regional Refugee and Resilience Plan (3RP).
   • Strengthening of Health Working Group coordination mechanism as co-lead with UNHCR.

4. Surveillance
   • Expanded the scope of support for capacity development of selected primary health care facilities (through training on disease early warning and surveillance) and outbreak investigation response.

5. Vaccination campaigns
   • Assisting in logistical and financial preparation of polio National Immunization Days (NIDs) taking place on 26 October, in collaboration with MoHP, UNICEF and USAID.

CHALLENGES FACED
• Ambivalent government attitudes towards Syrian refugees leading to the imposition of a new system requiring Syrians to obtain visas prior to arrival in Egypt
• Poor quality reporting from specialized medical centres which impedes proper data collection on cases managed
• Fragmentation of the public health care delivery system in Egypt leading to poor service provision
• Integration of Syrian refugee population within host communities inhibits access for assessment and service provision
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• Lack of adequate baseline data relating to key health trends and determinants within the Syrian refugee population

• Limited coordination between health service providers at the local, governorate and central levels

• Limited capacity within the already over-stretched public health system to provide services to Syrian refugees in addition to regular case loads

KEY STRATEGIC INTERVENTIONS FOR THE REMAINDER OF 2014

1. Service provision
   • Extend WHO financial and technical support to four specialized medical centres to improve access to quality secondary and tertiary health services for Syrians, in collaboration with MoHP

   • Support the capacity of primary, secondary and tertiary health care facilities to provide health services for non-communicable diseases through provision of equipment and supplies

   • Support the capacity of primary, secondary and tertiary health care facilities through training of facility staff on early diagnosis, case management and reporting of non-communicable diseases

   • Support the capacity of primary, secondary and tertiary health care facilities through training of facility staff on early diagnosis, case management and reporting of mental health services

2. Coordination
   • Establishment of health services mapping and emergency referral task force

   • As co-lead of Health Working Group with UNHCR, support active information exchange and the mapping and coordination of activities between health service providers to address gaps, avoid duplication and promote complementary and effective resource allocation

   • Collaborate with partners on health-based needs assessments and consolidation of available health data to inform evidence-based programming within the Health Working Group

3. Community engagement
   • Consolidate established networks of community health focal persons to encourage uptake of available services and standardisation of health messages provided to Syrian refugees

4. Information sharing
   • Plan for communication strategy to create mass awareness through local media coverage of programme activities

5. Disease surveillance and monitoring health status of refugees
   • Extend current support of the Early Warning and Response Network for communicable diseases to 60 primary health clinics and participating laboratories through provision of trainings and required project materials
KEY STRATEGIC AREAS IN RRP6 FOR 2014

WHO Egypt has requested a total of USD 2,704,376 to enable it to continue its work in 2014. USD 1,609,376 is for polio and USD 500,000 is to support equitable access to health services.

- Provision of secondary and tertiary health services through SMCs: USD 160,000
- Strengthen early diagnosis and management of non-communicable diseases at primary, secondary and tertiary levels: USD 50,000
- Promote access to mental health services at different levels: USD 60,000
- Capacity development of sub-national EWARN: USD 90,000
- Strengthen response capacity of WHO Egypt (staff and transport): USD 40,000
- Coordination and health information generation and exchange: USD 40,000
- Support governmental contingency and emergency and outbreak preparedness planning: USD 20,000
- Provision of vaccines for polio vaccination campaigns: USD 1,600,090
- Support for effective independent monitoring of polio campaigns: USD 176,550