Situation report #3
MAY–JUNE 2019

SYRIA CRISIS

Whole of Syria response

Turkey update:
- Refugee Health Programme
- Cross-border operations

FOR THE REPORTING PERIOD

KEY FIGURES

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HIGHLIGHTS

In response to the humanitarian crisis in Syria, WHO and partners provide life-saving health services to Syrian refugees in Turkey and to populations in northern Syria from Turkey under the Whole of Syria approach.3

Refugee Health Programme

- The WHO published the 2018 annual report of its health emergency response activities in Turkey for the Refugee Health Programme and cross-border operations.
- WHO built skills among Turkish journalism students in three workshops to promote reporting on refugees with fairness and dignity.
- Bridging a gap in health care delivery for older and disabled, 235 Syrian patients in Izmir and Hatay received weekly home care aimed at ensuring their well-being and integration.

Cross-border operations

- To respond to the newly displaced, WHO is supporting an additional eight mobile clinics, five surgical units, two primary and two secondary health facilities.
- WHO released emergency stock to health facilities, providing an estimated 92 200 treatments: 2200 for surgical and trauma care, 50 000 for secondary health care and 40 000 for primary health care.
- In all, WHO trained over 754 health workers to improve provision of health services in May.

1 Health cluster estimate based on the 2019 Humanitarian Needs Overview – Syrian Arab Republic.
4 Including pledged amounts by donor agreement to be received in 2019.

Every month, community health support staff in Izmir visit more than 70 patients with reduced mobility and difficulty accessing health care centres. This staff provides home care and close monitoring. Photo: WHO/Rocio Lopez.
**Situation overview**

Turkey hosts 3.6 million Syrians, the highest number of refugees in the world. The majority of Syrians are residing in urban areas, and over 100,000 reside in 12 temporary accommodation centres located in the south-east of the country. Since the beginning of the crisis, the Government of Turkey has offered to protect and assist all Syrians in need under a temporary protection regime. Registered Syrians are eligible to receive the same health services and quality standards as Turkish nationals. In order to strengthen primary health care for this population, a network of 178 active refugee health centres has been established. In these centres Syrian health professionals trained by WHO provide linguistically and culturally sensitive health care services to their fellow nationals. Since 2016, these centres have provided over 6.7 million health consultations to Syrians. In other more specialized health care services, Turkish health professionals provide care with the support of interpreters.

**Leadership**

In early May, WHO released the Health emergency response to the crisis in the Syrian Arab Republic Annual Report 2018, including all the activities developed under the Refugee Health Programme and the positive impact achieved in the lives of Syrian refugees in Turkey.

On 23 May, Her Royal Highness Princess Maria of Romania visited the WHO-supported Refugee Health Training Centre in Sanliurfa together with the Ambassador of Romania in Turkey. The visit highlighted the needs in public health of the Syrian population in the country and accordingly the successful response developed by the Ministry of Health and WHO.

On World Refugee Day (20 June), WHO gathered members of the Ministry of Health, representatives of foreign missions, United Nations agencies nongovernmental organizations and academicians in the presentation of the Report on the health of refugees and migrants in the WHO European Region. This event served to commemorate the strength and courage of millions of refugees around the world while bringing evidence to improve the health of refugees and migrants, as well as host societies.

As part of its objectives to advocate for the needs of Syrian refugees in the country, WHO organized three media awareness workshops for Turkish journalism students from Ankara universities. For 6 weeks, 18 students were closely mentored by the WHO Refugee Health
Programme and prominent national media figures to report on refugee health with facts, fairness and dignity.

“What I have learnt in this workshop is that the refugee crisis is complex and therefore we have a great responsibility in making these people and their challenges visible.”
Piray, Journalists of the Future Workshop Series

Partner coordination
During May and June, health sector partners called for a special meeting to support Syrians in obtaining disability reports free of charge. These documents are essential for people with disabilities to access additional assistance. Health partners are advocating for better coordination between the Ministry of Health and the Ministry of Family, Labour and Social Services to ensure this assistance is free of charge.

Information and planning
Information

Unregistered Syrians or those moving within the country and lacking registration in province of residence continue facing obstacles to access health care services as the temporary protection regime only offers coverage for those registered.

Despite the great efforts put in place by the Ministry of Health, WHO and health partners to bridge the linguistic gap in health care delivery, language remains an obstacle for the access of Syrian refugees to health services, primarily at the hospital level.

Noncommunicable diseases (NCDs) pose an important burden for Syrians’ health and well-being. The most prevalent conditions are hypertension, diabetes, asthma and cardiac disease. Rehabilitation services and prevention and management of NCDs are a priority at family and community health care centres.

The high needs for mental health care continue to place a high burden on Syrian refugees. A recent assessment shows that 39% of Syrian adults reported suffering from moderate, severe or extreme depressive feelings.\(^5\) This is a high priority for the Ministry of Health, WHO and partners, who are strengthening capacity building for Turkish and Syrian doctors for better service provision.

Twenty-five per cent of Syrian refugees are women of reproductive age who still face economic, social and cultural deterrents to seeking sexual and reproductive health care. Rates of awareness and utilization of screening services for cervical and breast cancer are very low.\(^5\)

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Planning: surveys and assessments
In collaboration with the Ministry of Health, WHO is preparing a series of assessments to better document the needs of Syrians in the country and guide the national health response. An assessment on the impact of the WHO Mental Health Gap Action Programme training among Turkish and Syrian doctors found high satisfaction with the course to help them respond to the health care needs of Syrians.

Health operations and technical expertise
Skills building for Syrian and Turkish health-care workers
In May and June, **42 Syrian doctors in Istanbul, Gaziantep, Hatay and Mersin completed the practical stage of the adaptation training** aimed at qualifying them to work within the Turkish health care system. Thanks to these trainings, Syrian health professionals learn how to navigate an unfamiliar system and make referrals. These practical courses take place in seven WHO-supported RHTCs where participants receive mentorship from Turkish doctors while providing culturally and linguistically-sensitive health care services for their fellow nationals.

Moreover, 125 Syrian and Turkish doctors and nurses received specialized courses on basic computer literacy and health information management. These trainings are essential for health-care workers to understand and properly use the patient records system of the Turkish health care system.

Delivering health services to those in need
As part of the Turkish health system, the seven WHO-supported RHTCs provide refugees with access to high-quality and affordable health services. In May and June, **121 342 health consultations were provided in the centres**, located in Ankara, Gaziantep, Hatay, Istanbul, Izmir, Mersin and Sanliurfa. Medical teams based in these centres used mobile clinics to reach communities or patients with reduced mobility in need of health services. Over **2180 consultations were provided** and, when necessary, patients were referred to hospitals and provided with transportation and interpreter services.

In Gaziantep, Hatay, Izmir and Sanliurfa, over **181 Syrians – mostly women – are actively working as community health support staff to provide regular home care to older and disabled Syrian patients** with difficulty accessing health care centres. Currently, 235 Syrian patients are enrolled and receive much-needed support every week. As part of a comprehensive response, centres in Hatay and Izmir are also offering psychosocial support groups to the relatives of these patients so they can share their concerns and find relief in a safe space.

In these centres, psychologists, social workers, health educators and nutrition specialists also offer specialized counselling to Syrian refugees in a wide range of areas: social and legal counselling, mental health and psychosocial support and health promotion. In May and June, over **1800 consultations were provided in the 7 RHTCs**.

Operation support and logistics
In May and June, WHO continued supporting the operational costs of seven RHTCs, including consumables, furniture, medical supplies and salaries for all facility health support staff (centre managers, translators, psychologists, social workers, etc.)
**Situation update**

An escalation of violence in north-west Syria at the end of April resulted in an estimated 320,000 newly displaced individuals. It has continued unabated in May and June. Violence is driving displacement into densely-populated areas, putting a strain on service delivery for partners. A further escalation of violence, triggering waves of displacement and complicating humanitarian assistance, risks overwhelming an already stretched response.

**Leadership and coordination**

The readiness and response plan for potentially 700,000 affected people, prepared in case of large-scale escalation of conflict in north-western Syria, is now a response plan. WHO and partners responded to the needs of the population through existing interventions while identifying additional needs. Reprogramming to support newly displaced people is ongoing. Humanitarian efforts continue to be challenging due to the insecurity and the large-scale displacement.

**Partner coordination**

**Health coordination**

Due to the sudden changes on the ground, there might be gaps, overlap and duplication of health services. Coordinated by the health cluster, health partners are fully engaged in reprogramming health service delivery with existing funds to ensure the most effective use of resources.

**Intersectoral coordination**

On 12 June, the Inter-Cluster Coordination Group (ICCG), responsible for the technical aspects of coordinating humanitarian response for cross-border assistance from Turkey, assessed challenges of the ongoing emergency and its response. The need to provide accurate and timely information on the availability and locations of humanitarian services to the newly displaced people in north-west Syria is a priority. Of the newly displaced individuals, an estimated two thirds have chosen to remain outside camps and WHO is coordinating with partners to ensure mobile teams can reach these individuals. Additionally, WHO is liaising with the water, sanitation and hygiene working group for disease surveillance, especially focussing on prevention of water-borne disease outbreaks like cholera.

**Information and planning**

**Information**

In May and June, 41 attacks on health care were reported in this area, killing 11 and injuring a further 13 people. This signified an unprecedented trend. WHO warns of the dire impact on the delivery of health services to the most vulnerable. Due to the volatile security situation, and in fear of attacks, health partners are constantly monitoring the situation to evaluate where and how health services can be provided to both the host communities and newly displaced.

**Planning**

WHO’s priority is serving the high number of displaced people located in northern Idleb, near the Turkish border and Idlib city. To do this, WHO and health partners re-evaluated the location and capacity of all health facilities in Idlib and northern Hama vis-à-vis population density. The assessment will provide detailed information about the availability of services at the primary and secondary health care levels in Darqoosh, Harim, Qurqueena and Salqin,
which are subdistricts of Idleb where an estimated 320 000 new internally displaced people have settled.

**Health operations and technical expertise**

*Prevention and control*

As part of the ongoing response, WHO is supporting immunization activities to prevent the spread of common childhood diseases. In northern Hama, all routine immunization centres had to close due to the security situation and were relocated to Idleb. Moreover, as part of the evolving security situation, some of the 98 centres in the network have suspended and resumed services at various times. At the end of June, 89 out of 98 centres were functioning.

*Delivering health services to those in need*

To address the health needs of the newly displaced, WHO is supporting an additional eight mobile clinics, five surgical units, two primary and two secondary health facilities. Referral mechanisms and provision of patient transportation were coordinated with all health partners to ensure access and continuity of care. Moreover, four WHO-supported mental health teams are helping new arrivals in various locations.

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![Timely delivery of services](image)

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*Skills building for Syrian health-care workers*

In May, WHO supported the capacity building of over 754 health staff through various trainings. For instance, a team of 14 health staff were trained in District Health Information Software (DHIS2) for reporting, analysis and dissemination of data for all health programmes. Data management is essential for disease surveillance and monitoring.

*Operation support and logistics*

WHO released emergency supplies from the prepositioned stock inside Syria to respond to increased needs in early May. These supplies were timely distributed to 21 main referral facilities and provided 92 200 treatments: 2200 for surgical and trauma care, 50 000 for secondary health care and 40 000 for primary health care. In June, WHO delivered an additional four truckloads of supplies amounting to an estimated 798 520 treatments.

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*Timely delivery of services*

“Given the scale of the ongoing population displacement, mobile services are the most efficient way to rapidly increase access to essential health services by the Syrians in need.”

Annette Heinzelmann, Emergency Operations Manager
During the reported period, the Refugee Health Programme was supported by the generous contributions of Germany through KfW Development Bank; the European Union Trust Fund; the Bureau of Population, Refugees, and Migration of the United States Department of State (BPRM); and the Governments of Norway and Japan. With the new 3RP plan 2019–2020, WHO is reaching out to these and other donors pledging in the last Brussels Conference to support activities envisioned for 2020 and beyond in support of the Ministry of Health of Turkey.

Under the Whole of Syria approach, the cross-border operations have requested a total of US$ 39 million to assist the affected population in north-west Syria. Currently, there is a funding gap of over US$ 31 million. Under the humanitarian response plan for Whole of Syria, WHO has requested US$ 140 914 950. All the activities described in this report have been made possible through the generous support of the following donors: the United Kingdom Department for International Development (DFID), the Governments of Norway, Japan and Sweden and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) pooled funds.

The WHO Regional Office for Europe supports the WHO Country Office in Turkey to coordinate two emergency response programmes; the refugee health and cross-border operations in north-west Syria. These programmes are also part of the global WHO Health Emergencies Programme, a three-level structure (global, regional and country) across the Organization. Within this structure, WHO works to prepare for, prevent, respond to and recover from health emergencies, including disease outbreaks, natural disasters and conflicts, using an all-hazards approach. The refugee health team is based in Ankara, and the cross-border operations team is based in the southern Turkish city of Gaziantep.

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