



Syrian refugees in neighbouring countries as of 29 August 2012

Map courtesy UNHCR

Highlights

Due to insecurity and a lack of health personnel, as well as shortages in basic medical equipment and medicines, areas affected by the ongoing unrest in the Syrian Arab Republic are struggling to keep basic health services functioning. There are reports that hospitals in Latakia have depleted their stock of cancer medicines, while other hospitals and health facilities in the country are continuing to report shortages of urgently needed noncommunicable disease medicines, especially antibiotics, anesthesia, trauma medicines and medicines for diabetes.

The UN regional humanitarian coordination meeting was held on the 30 August in Amman and attended by regional directors of UN agencies involved with the Syrian crisis. The main conclusion of the meeting was to scale up urgently needed support to the increasing numbers of refugees in neighboring countries, as well as increasing efforts to address escalating humanitarian needs inside Syria.

Health situation

Syria

Due to insecurity and a lack of health personnel, as well as shortages in basic medical equipment and medicines, areas affected by the ongoing unrest are struggling to keep basic health services functioning.

Hospitals and health facilities in the country are continuing to report shortages of vaccines and urgently needed medicines, especially antibiotics, anesthesia, trauma medicines and medicines for diabetes and hypertension. Reports from Latakia hospital have confirmed that cancer medicines are no longer available.

WHO has reported that access to safe water and appropriate sanitation in Homs has been interrupted, leading to an increased risk for waterborne diseases. WHO will be distributing water testing kits to the municipality and the Syrian Arab Red Crescent to monitor water quality as there is a shortage of chlorine to disinfect the current water supply. Interruptions in garbage collection and waste disposal services are aggravating the situation.

Jordan

UNHCR reports that 32,017 refugees are currently awaiting registration, 8,573 are already with registration appointments, while 23,444 are pending registration at Za'atri camp. The Government of Jordan has raised its estimate of the number of Syrians (refugees and non-refugees) in Jordan since 03/11 to 185,000.

Health partners reported that on 27 and 28 August, 738 and 785 patients were seen respectively. IOM's primary health care clinic at KAP has treated 9,232 over the past 3 months since 27 June. The most common medical conditions were respiratory infections (29%), gastrointestinal infections (18%), musculo-skeletal conditions (11%), eye/ear-related conditions (11%) and skin diseases (11%). IOM has also screened 14,895 people for tuberculosis.

Lebanon

The number of refugees registered in Lebanon is about 45,000, with an additional 16,000 awaiting registration with UNHCR.

The security situation remains volatile, with concerns rising as a result of kidnappings of Lebanese in Syria and kidnapping and aggression towards Syrians in Lebanon in retaliation.

About 1,000 Lebanese families living in Syria have returned and need support, especially with regards to food and vaccinations.

Iraq

As of 31 August, a total of 18,682 Syrian refugees are reported by UNHCR to have fled to Iraq (14,410 of whom are hosted in the Kurdistan region) and a total of 31,459 Iraqi refugees living in Syria have returned to Iraq. Most of the Iraqis fleeing Syria are reported to be returning to Baghdad, Diyala and Anbar governorates. Their health needs are being catered through local health facilities.

Domiz camp in Dahouk Governorate of Kurdistan region is currently hosting 3,166 refugees (21.9% of total Syrian refugees in Iraq) and Al-Qaim Camp in Anbar Governorate is hosting 2,090 refugees. The overall health situation among refugees is reported to be satisfactory. The most commonly reported causes of consultation within Domiz camp are diarrhea, especially among children (a seasonal variation with no cases of severe or bloody diarrhea reported), urinary tract infections, skin infections, respiratory tract infections, and insect bites.

More than 65% of the total number of refugees in Iraq is residing within the local communities, and the MoH (Federal Government and Kurdistan Regional Government) have instructed health facilities in the hosting areas to provide free treatment to displaced populations. There are reports of an increased demand in healthcare services by those living outside the camps, especially in the treatment of chronic illnesses such as asthma, hypertension, diabetes and heart diseases, as well as antenatal and postnatal care.

No increase in communicable disease prevalence has been reported, and health facilities in all hosting areas are actively monitoring the situation.

Health response

Syria

WHO participated in a UN exploratory mission to Homs to assess the feasibility of establishing a sub-office to enhance the UN's presence in the field and improve the humanitarian response to communities in and around Homs. A final assessment of the mission's findings is being developed.

WHO has provided IT and communications support to the Ministry of Health Planning and International Cooperation Directorate in order to strengthen national Health Information Systems and facilitate the role of decision makers in taking evidence-based actions on health issues.

WHO and MoH have developed a common reporting format which will allow mobile clinic teams to streamline reporting and issue weekly epidemiological data to fill current reporting gaps.

Jordan

An intercountry workshop on communicable disease surveillance is scheduled to take place during the second week of September.

WHO is in the process of establishing an operational room in Mafraq to build the Ministry of Health's capacity in coordinating the response to the refugee situation both inside and outside the camp.

The Ministry of Health's surveillance system has now been implemented in Jordan's refugee camps by most health partners, although there is a need for further strengthening of the system.

100 children in Zataari camp have been vaccinated by MoH teams.

The Italian field hospital is now operational in Zaatari camp.

Lebanon

WHO is scheduled to arrange a training of trainers on nuclear and biological and chemical hazards during the last week of September 2012, with attendance by 3 focal points from WHO's country office in the Syrian Arab Republic.

Field preparations for intensified routine vaccination activities are ongoing: outreach vaccination activities will start in the second half of September 2012 in the North (Baalbek , Hermel and Akkar) as well as the Beqaa to target 8,000 children below 5 years of age.

Primary Health Care services continue to be provided through the MOPH network in the North and Beqaa regions.

Hospital services are being provided in three hospitals in the North through agreements with UNHCR/IMC and the Qatari Red Crescent covering up to 85% of the cost of treatment, with the remaining 15% to be shared by the patients.

Field training for the nutrition assessment survey of the Displaced Syrians coordinated jointly between WHO, UNICEF and WFP and implemented by ACF has been launched; pilot testing will be completed by September 10.

Iraq

Al-Qaim Directorate of Health is operating a health center in the camp to deliver health services to the residents. Efforts are being directed to simplify the referral procedures of patients to nearby hospitals.

With support from WHO, the Ministry of Health is operating a health center in Domiz camp. Plans are underway to initiate a health and hygiene campaign in the camp.

WHO participated in a joint UN mission to Al-Qaim camp from 2-4 September to conduct a rapid assessment, Health needs and gaps will be identified based on the assessment results, which are in the process of being finalised.

Al-Qaim Directorate of Health conducted a tuberculosis and Hepatitis B vaccination campaign in Al-Qaim camp. 1,539 out of 2,010 residents were vaccinated. Due to some residents refusing to take vaccination, DoH is planning on holding a vaccination awareness campaign.

WHO and the Ministry of Health have prepositioned medicines, medical supplies and water quality monitoring kits in preparation for an outbreak response. To date, however, no outbreaks have been reported.

WHO and the Ministry of Health's T.B control program has enhanced T.B surveillance in hosting governorates with regards to early case detection and management, especially among camp residents.

Coordination

Syria

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WHO participated in the Mental Health and Psycho Social Support (MH&PSS) sub-working group meeting on 2 September in Damascus. The meeting was attended by 21 participants from 12 partner organizations working in Syria. The MH&PSS framework was presented, as well as the terms of reference for the sub-working group. Participants discussed the need for assessments and for mapping activities, as well as identifying locations for implementation of activities.

Jordan

Health coordination meetings attended by all health partners are held three times a week in WHO's meeting space in Zaatari camp.

Lebanon

Field coordination meetings to North and Beqaa were postponed due to security situation.

Iraq

No new information available since last situation report.

Donors and funding

Syria

Due to the increasing needs of populations affected by the unrest, the UN Undersecretary General for Humanitarian Affairs and Emergency Relief Coordinator Valerie Amos, the Director General of WHO, Dr Margaret Chan and the Executive Director of UNICEF, Anthony Lake have sent a joint letter to donors seeking support for UN agencies and their partners in the health and nutrition sector in the Syrian Arab Republic.

Jordan

No new information available since last situation report.

Lebanon

No new information available since last situation report.

Iraq

CERF has agreed to provide some money to agencies in Iraq (US\$ 250 000 total, most of which will be targeted to health).

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Previous situation reports are available at:

www.emro.who.int/emergency/eha-news/syria-sitrep.html

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