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WHO IN TURKEY



Health emergency response to the crisis in the Syrian Arab Republic

Annual Report 2017



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Abstract

After years of conflict in the Syrian Arab Republic, millions of people still need humanitarian assistance. The numbers of civilian casualties continue rising, as millions of Syrians are daily exposed to explosive hazards and grave violations of human rights. Turkey is hosting 3.4 million refugees. With no end in sight for this crisis, humanitarian interventions must be paired with development measures that effectively tackle the long-term impacts in the region. The new structure of the WHO Health Emergencies programme allowed it to take a more operational approach to the crisis, with one coordinated workforce and aligned plans as a common response for all Syrians: those remaining in the country and those displaced in Turkey. This report gives an overview of the operations developed by the WHO Health Emergencies team in Turkey throughout 2017, both in its cross-border operations and health response to refugees. These activities were made possible by the generous support of donors, local partners and national authorities. In 2018, the team hopes to continue serving both the Syrian and Turkish peoples, leaving no one behind.

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KEY NUMBERS FOR 2017

465 tonnes of medical supplies
and medicaments delivered to health
facilities in northern Syria

**Over 1100 Syrian
health professionals**
trained in trauma management, mental health and
chronic disease management in the northern part
of the Syrian Arab Republic

70 000 Syrians
assisted by 18 WHO-supported health facilities in Idlib

4
poliomyelitis (polio) vaccination campaigns conducted,
covering **750 000 children**
per round in the northern part of the Syrian Arab Republic

3.25 million doses
of oral poliovaccine used to protect children in
the northern part of the Syrian Arab Republic

**More than 1200
Syrian health workers**
trained and certified to serve in the Turkish health care
system, providing health services to their compatriots

More than 433 000
free, culturally and linguistically-sensitive health
consultations provided to Syrian refugees

**7 refugee health
training centres**
supported with medical supplies and equipment

413 000 Syrian children
reached by routine immunization
services in Turkey

Foreword



In the WHO European Region, the WHO Health Emergencies programme works closely with countries and partners to protect health and save lives in outbreaks and emergencies. It does so within the framework of Health 2020 and the 2030 Agenda for Sustainable Development. I am honoured to lead the WHO Regional Office for Europe's contribution to protecting 1 billion more people from health emergencies globally, as envisaged in WHO's draft thirteenth general programme of work for 2019–2023.

The Health Emergencies programme is one of WHO's boldest interventions, broadening its role from the traditional normative to include the operational. The term operational is more than simply a word: it comprises a set of structures, skills and people. It means putting countries at the core and being there on the ground where most needed, when disease outbreaks occur and when disasters and conflicts strike, causing people to fall sick and die. WHO has built a structure for the Health Emergencies programme that covers all the Organization's levels, to help country staff to respond as needed.

Turkey has been a model ground of operations, as it represents two facets of the response to the humanitarian crises in the northern Syrian Arab Republic. In Turkey, we support health authorities providing access to health services to the 3.5 million of Syrian refugees hosted by the country in an equal, affordable, and culturally sensitive way. From Turkey, we work with partners under extreme conditions to deliver life-saving interventions to people in need across lines and borders.

Our staff in WHO offices in Ankara and Gaziantep, Turkey have the experience, skills and dedication needed to conduct operations, with the support of the WHO Regional Office for Europe and WHO headquarters. I am proud to see that, through our work, the Syrians who have found homes in Turkey and those who are seeking health services in their conflict-torn country will be counted among the 1 billion more people protected in outbreaks and emergencies.

Dr Nedret Emiroglu

Director, Programme Management, and Director, Division of Health Emergencies and Communicable Diseases, WHO Regional Office for Europe



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Seven years into the conflict in the Syrian Arab Republic, millions of people still need humanitarian assistance. The numbers of civilian casualties continue rising, as millions of Syrians are daily exposed to explosive hazards and grave violations of human rights. Indiscriminate attacks against health facilities and other civilian structures continue compromising the survival of women, men and children as the health situation in the country keeps deteriorating. Unhealthy water and sanitation conditions, combined with low immunization levels and the weakening of the health system, led to the second outbreak of polio in the country in 2017.

In Turkey, the number of refugees seeking protection continues growing. Only in 2017, close to 900 000 Syrians were registered, making up for a total figure of 3.4 million refugees hosted in the country.¹ With no end in sight for this increasingly complex and dynamic crisis, it is becoming a pressing need to pair any humanitarian intervention with development measures that effectively tackle the long-term impacts in the region. In this regard, the Government of Turkey has led an unprecedented response, welcoming its neighbours when most needed and providing them with access to public services.

The large influx of refugees has posed serious challenges to the national health care system, resulting in overstretched capacities at all levels. The cultural and linguistic barriers that Syrians face when accessing health care services has been one of the main factors affecting system responsiveness. The response of the Turkish Ministry of Health has been remarkably flexible and adaptive to the emerging needs. WHO has supported efforts to find sustainable solutions for refugees in the country while providing, from its field office in Gaziantep, access to the northern part of the Syrian Arab Republic to assess health needs and alleviate the suffering of millions.

The new structure of the WHO Health Emergencies programme, which came into force in 2016, has allowed it to take a more operational approach to the crisis, with one coordinated workforce and aligned plans as a common response for all Syrians: those remaining in the country and those displaced in Turkey. The guiding tools for this new operational role have helped us WHO staff to continue to manage the crisis as we continue learning and improving our structure.

This report gives an overview of the operations developed by the WHO Health Emergencies team in Turkey throughout 2017, both in its cross-border operations and health response to refugees. These activities were made possible by the generous support of donors, local partners and national authorities. In 2018, we hope to continue serving both the Syrian and Turkish peoples, leaving no one behind.

Dr Pavel Ursu

WHO Representative for Turkey

¹ Operational portal. Refugee situations. the Syrian Arab Republic regional refugee response [website]. Geneva: Office of the United Nations High Commissioner for Refugees (UNHCR); 2018 (<http://data.unhcr.org/syrianrefugees/country.php?id=224>).



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EXECUTIVE SUMMARY

By the end of 2017, the humanitarian crisis in the Syrian Arab Republic remained overwhelming. Some 13.5 million people needed life-saving assistance, 4.5 million of whom were located in hard-to-reach areas, including 540 000 people in 11 besieged areas.² Despite some reduction in the level of hostilities in certain regions, humanitarian access to people in need remained constrained by sustained conflict, shifting frontlines, slow administrative and bureaucratic processes and general safety and security concerns. The health situation continued to deteriorate, with 11.3 million Syrians in need of health care. In the north-western Syrian Arab Republic, the large numbers of displaced persons continued driving health needs and posing further challenges to an already overstretched health system. Owing to the continuous disruption of immunization services, a new polio outbreak hit the Syrian Arab Republic in 2017, leaving 74 confirmed cases in the governorates of Deir Ez-Zor, Raqqa and

Homs. Widespread attacks on health facilities and health personnel continued throughout the year, despite international condemnation.

In Turkey, hosting 3.4 million refugees posed serious challenges to the national health system. In addition to overstretched health capacities, language and cultural barriers were significant obstacles to refugees' access to health services. Mental health needs among Syrians continued rising as the constant exposure to violence and experiences of exile left consequences such as depression, anxiety or post-traumatic stress disorder.

Against this backdrop, 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 support to the Ministry of Health of Turkey. Within the "Whole of Syria" approach, WHO has designed a humanitarian response to support Syrians' resilience in the midst of conflict and to bolster social integration within Turkey.

The WHO Country Office, Turkey (in Ankara) and the field office in Gaziantep **maintained oversight of all activities**, ensuring alignment with common strategies by national authorities and other partners, accountability to donors and responsibility for public information.

Through the **coordination of partners** both in the northern Syrian Arab Republic and Turkey, WHO strengthened support for the most vulnerable peoples in need of health assistance, pursuing joint strategies and objectives.

WHO continued an efficient **management of health-related data** both in the northern Syrian Arab Republic and Turkey, to promote data-driven decision making by all partners.

WHO's technical support in the northern Syrian Arab Republic focused on **addressing the health needs of millions of people** by delivering much-needed drugs and medical supplies through health partners, supporting childhood immunization even in volatile and hard-to-reach areas, reinforcing systems for the early detection and control of diseases and training the Syrian health workforce. In Turkey, efforts aimed at providing **linguistic and culturally sensitive health services** to Syrian refugees in close collaboration to the Turkish Ministry of Health.

WHO ensured **operational support and logistics for all activities** in both the northern Syrian Arab Republic and Turkey, ensuring the provision of medical supplies, equipment, essential medicines and support in the field.

² Humanitarian response. Overview. Syria [website]. Geneva: United Nations Office for the Coordination of Humanitarian Affairs; 2018 (<https://www.humanitarianresponse.info/en/operations/syria>).

BACKGROUND



WHO's new way of working

In 2016 WHO has established a new **WHO Health Emergencies programme**. The increasing complexity of humanitarian crisis worldwide and health emergency risks moved Member States at the 2016 World Health Assembly to approve this profound transformation. The programme added a stronger operational response to WHO's traditional technical and normative role, supporting countries' health emergency capacities and leading the international health response when necessary.

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 it acts with appropriate urgency**, triggering specific procedures and mobilizing the adequate resources. WHO grades emergencies as: ungraded, grade 1, grade 2 and grade 3.

The WHO Health Emergencies programme addresses the full cycle of risk management, working with countries and partners for prevention and preparedness, supporting the response to all kinds of hazards resulting from health emergencies and taking part in the recovery phase. The single programme stretches across the three levels of WHO – country offices, regional offices and headquarters – with a single budget, a single workforce, common standards and processes, and a single line of accountability. To achieve the programme's objectives, WHO focuses on building country capacity with the necessary support from national, regional and global partners, working on the five major functions in health emergency risk management shown below.

Health Emergency Information and Risk Assessment	Emergency Operations	Infectious hazard management	Country Health Emergency Preparedness and International Health Regulations	Emergency core services Management & administration, external relations
Timely and authoritative situation analysis, risk assessment and response monitoring for all major health threats and events	Emergency-affected populations have access to an essential package of life-saving health services	Risk mitigation strategies and capacities are established for priority high-threat infectious hazards	Critical core capacities established for all hazard health emergency risk management in all countries	WHO emergency operations rapidly and sustainably financed and staffed and supported by coordination with external partners

To deliver an effective operational response to a crisis and once a public health risk assessment has been verified, WHO follows a standardized structure with six critical functions, called the incident management system (see below).

Leadership

The leadership function is responsible for overall management of WHO's specific response, maintaining a close liaison with health authorities and partners to agree on priorities. It also ensures that WHO's responds adequately to media and public queries for information, maintaining a proactive approach to ensure that risks and crisis communications are coherent and consistent. This function also coordinates all activities related to resource mobilization, donor relations and advocacy.

Partner coordination

Health partner coordination ensures that the collective response results in appropriate coverage and quality of essential health services for crisis-affected populations. Coordination consists of engaging stakeholders in risk and needs assessments, planning, information management and sharing, service delivery, monitoring, quality assurance and advocacy.

Information and planning

This function ensures the collection, analysis and dissemination of information on health risks, needs, service coverage and gaps and performance of the response from all partners. This information is used to develop and continually refine the response, as well as inform recovery planning.

Health operations and technical expertise

WHO works closely with health ministries and partners to ensure optimal coverage and quality of health services in response to emergencies. It does this by promoting the implementation of the most effective, context-specific public health interventions and clinical services for people affected by crisis. This function also includes providing up-to-date, evidence-based field operations, policies and guidance, and technical expertise.

Operations support and logistics

This function ensures that WHO staff – and, where agreed, operational partners – have a reliable operational platform for the effective delivery of the WHO action plan and joint operational plan, working through supply chain management, operational support and health logistics.

Finance and administration

This function includes providing finance, management and administrative support to enable the smooth functioning of the WHO response.

“Whole of Syria” approach and grading

The Syrian crisis: a joint response from the humanitarian community

As the conflict in the Syrian Arab Republic entered its eighth year, it had already claimed more than 400 000 lives. Close to 5.3 million people fled to neighbouring countries and some 6.3 million were internally displaced. An estimated 13.5 million people needed humanitarian assistance, with 4.5 million people located in hard-to-reach areas and around 540 000 in besieged zones.³ Despite some reduction in the hostilities in few parts of the country, civilians continued to bear the brunt of the crisis with high levels of exposure to life-threatening risks, stemming from displacement, violence and limited access to goods and services. Humanitarian actors continue reporting high rates of civilian casualties and regular exposure of millions to explosive hazards in densely populated areas.

The health situation in the Syrian Arab Republic continued to deteriorate. An estimated 11.3 million people needed health assistance. The shortages of medical supplies, medicines and medical staff continued to disrupt a health system seriously affected by the conflict. In 2017, attacks on health facilities and health workers continued limiting vulnerable people's access to essential medical assistance, critically affecting the sufficiency of remaining facilities. According to the latest figures, half of the Syrian Arab Republic's 111 public hospitals and over half of its 1802 public health centres were destroyed, closed or partially functioning.



Fig. 1. Civilian infrastructure is still a target of indiscriminate attacks across the country

Moreover, two thirds of health professionals had left the country or died since the beginning of the conflict. The damage to other vital civilian infrastructure compromised water and sanitation services, multiplying the chances for outbreaks of water-borne and other vaccine-preventable diseases. Owing to the disrupted immunization coverage in the country, many children are now at high risk of acquiring vaccine-preventable diseases such as polio. In addition, risks have increased to people with chronic diseases and forced interruption of treatment, survivors of trauma, unvaccinated children, pregnant women and neonates without access to obstetric care, girls and women with poor or nonexistent access to reproductive health care, and people suffering from psychological stress and other mental issues.



Fig. 2. Despite the complexity of the Syrian conflict, WHO has continued working to reach those most in need and advocate for free access to besieged zones

³ Humanitarian response. Overview. Syria [website]. Geneva: United Nations Office for the Coordination of Humanitarian Affairs; 2018 (<https://www.humanitarianresponse.info/en/operations/syria>).



Fig. 3 and 4. Children collect water in a camp in northwestern Idlib, where thousands of people gathered as they fled from the escalation of violence in different parts of the country

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Owing to the complexity of the crisis and the increasing needs in the Syrian Arab Republic exceeding capacity to operate and deliver, the United Nations Security Council unanimously adopted resolutions 2165 (2014), 2191 (2014), 2258 (2015), 2332 (2016) and 2393 (2017), authorizing United Nations agencies based in neighbouring countries to conduct cross-border humanitarian operations. At the end of 2014, humanitarian partners agreed to work from three hubs (in Turkey, Jordan and the Syrian Arab Republic) under the “Whole of Syria” approach. This initiative set up a coordination platform and a common plan seeking to bring coherence in the humanitarian response to the Syrian crisis. Each year, a humanitarian response plan therefore sets the priorities for each sector and lays out a framework for the response to large-scale humanitarian and protection needs in the Syrian Arab Republic.

The large numbers of Syrian refugees in neighbouring countries also triggered a joint response from the international community. Envisioned as a long-term and sustainable solution for the refugee population, in 2014 governments, donors and United Nations agencies began to coordinate a regional approach. Known as the **Regional Refugee and Resilience Plan (3RP)**, this roadmap was born as a broad partnership strategy based on national response plans from Egypt, Iraq, Jordan, Lebanon and Turkey. Bringing together almost 200 humanitarian and development partners, this initiative created a paradigm shift in the response to the Syrian crisis. At the country level, this platform aims at addressing refugee protection and humanitarian needs while promoting the resilience of affected and vulnerable communities and reinforcing the capacity of national delivery systems.



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Syrian refugees in Turkey: effects on the national health system

By the end of 2017, Turkey hosted 3.4 million Syrian refugees. Of these, more than 3 million were established in host communities across the country while 227 997 lived in 21 temporary camps set up and run by the Government and Emergency Management Authority (AFAD).⁴ This additional population set a challenging burden on the Turkish health care system in terms of shaping policy, organizing services and mobilizing resources. This was especially true for the provinces with the largest numbers of refugees: Şanlıurfa, Gaziantep, Hatay, Istanbul, Mersin and Adana.

The situation deteriorated, as Syrian patients soon overstretched the capacities of emergency services, bypassing the more cost-effective model of primary health care and raising extra obstacles to referral services. The question of language and the cultural barriers that often emerge in the exchange of information between health workers and refugee patients also presented a challenge, as patients were often unable to describe their symptoms or understand instructions for treatment. Further, Turkish health workers lacked familiarity with the specific health challenges attached to the migration process, a burden intensified with the lack of medical records for Syrian patients. Consequently, this misuse of health services translated into an increase in the workload and working hours of health workers, longer patient waiting times and a general disruption of health services that affected both refugees and host communities.

Mental trauma continued to rise among the Syrian population in Turkey. The exposure to violence, the loss of loved ones and experiences of forced exile are just some of the reasons for the mental stress that many refugees endured. A large number of Syrians suffered from anxiety, depression or post-traumatic disorder, among other conditions.

⁴ Data as of October 2017



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Fig. 5. The Suruç camp in the Turkish province of Şanlıurfa hosted more than 22 000 Syrian refugees by the end of 2017



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Fig. 6. A Syrian doctor instructing some Syrian women on how to proceed with medical treatment in one of the WHO-supported refugee health centres in Turkey



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Fig. 7. Children waiting to see a doctor in one of the WHO-supported clinics in the Turkish city of Gaziantep

WHO: one crisis, one response

Within the scope of the “Whole of Syria” approach and the new global WHO Health Emergencies programme structure, an emergency operations team was set up in Turkey operating both from the Country Office in Ankara and the Emergency Office established in 2013 in the border city of Gaziantep. The team’s two main lines of work of this aim at ensuring one coordinated response to the Syrian crisis: through cross-border operations in the northern Syrian Arab Republic from Gaziantep and through the refugee health response in Turkey (Box 1).



Fig. 8. WHO Health Emergency Operations Turkey

The humanitarian response plan (HRP) for the Syrian Arab Republic defined cross-border operations in the northern Syrian Arab Republic. The 2017

HRP set out a framework for the response to large-scale humanitarian and protection needs in the Syrian Arab Republic throughout the year. Based on humanitarian assessment data, HRP set the priorities for each sector. The system developed to coordinate Turkey-based agencies in their cross-border operations was established in 2013 and it is composed by the Humanitarian Liaison Group, Inter-cluster Coordination Group, clusters and other coordination forums.

For the Refugee Health programme, the main activities of the team were defined under the scope of the 3RP for Turkey, revised annually by United Nations agencies and other local partners. WHO also served as the leading agency for the health sector response within the country and the Health Sector Working Group.

Box 1. A grade-3 crisis



The crisis in the Syrian Arab Republic is graded as 3. Such grade is given to emergencies with substantial public health consequences that require a coordinated international response from the Country Office, WHO regional offices and headquarters.



WHO HEALTH EMERGENCY PROGRAMME IN TURKEY

Cross-border operations

Leadership

In an emergency, flexibility and responsiveness are important, but **strategic thinking and planning** are essential to reach objectives and implement an efficient health response for the most vulnerable. For the response in the northern Syrian Arab Republic, WHO leadership worked closely with technical experts in defining priority actions, designing the response strategy and specifying essential disease control interventions. To ensure smooth implementation of all plans, WHO maintained a close relation to partners and local authorities while feeding a constant exchange of information.

In 2017 WHO worked to maintain a close relation with donors, ensuring accountability and transparency while continue advocating for the health needs of millions in the northern Syrian Arab Republic. During the year, cross-border operations were funded by the Department for International Development (DFID), United Kingdom; the European Civil Protection and Humanitarian Aid Operations (ECHO); the United Nations Office for the Coordination of Humanitarian Affairs (OCHA); the United States. Agency for International Development (USAID), and the governments of China, Japan, Kuwait and Norway.

In addition, WHO, through the health cluster activities, supported its health partners in mobilizing resources by doing related advocacy, preparing donor briefings and supporting the work of the Humanitarian Pool Fund.

Figure 10. The graph shows the donors' share for cross-border operations in 2017

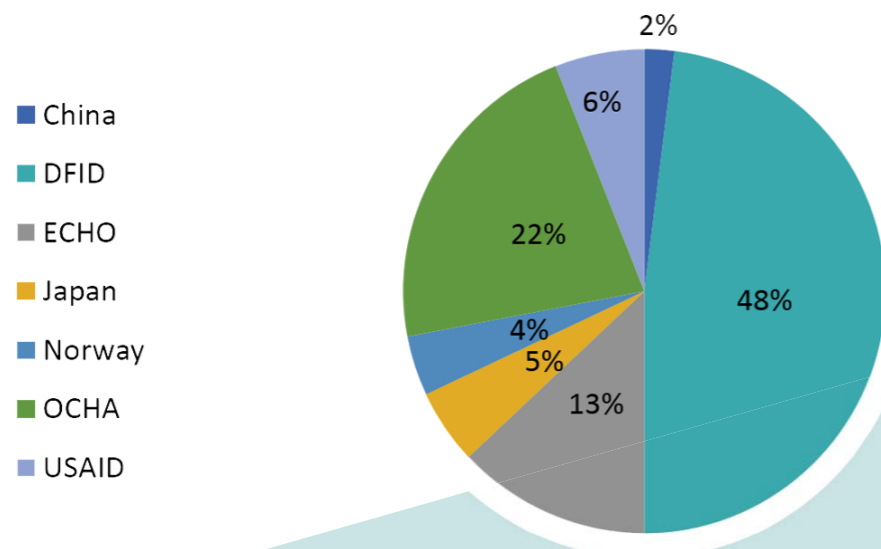


Fig. 11–13. WHO shared pictures and testimonies of Syrian doctors, nurses and other health workers in an event hosted by OCHA and the Turkish Red Crescent in Gaziantep



The WHO communications team in Gaziantep worked to increase the visibility of the activities of the Gaziantep office and that of WHO partners in the northern Syrian Arab Republic. Efforts focused on the public health aspects of the crisis and the medical needs of the populations affected. Web stories, photo stories and interviews were collected and crafted to respond to mass-media and other public queries. Bulletins were drafted regularly and shared with all those interested in receiving online updates on WHO's work. International journalists of highly relevant media outlets such as the British Broadcasting Corporation (BBC), Die Tageszeitung or El País visited the WHO office in Gaziantep and witnessed some of the training given to Syrian health workers. This helped to raise awareness of the acute health needs of the Syrian people and informed large audiences about WHO's response and essential role in the emergency.

For World Humanitarian Day on 19 August, the communications team worked with local partners and OCHA to raise awareness of the devastating attacks on health facilities. As part of the "Not a Target" campaign, WHO channelled the voices of dozens of health workers in the northern Syrian Arab Republic, demanding a halt to the bombings. WHO worked to put health high on the United Nations humanitarian agenda, bringing attention to the work of the health cluster partners in the northern Syrian Arab Republic. WHO made sure that their work and that of local partners was shared on regional and global WHO social media channels.



Partner coordination

Through the “Whole of Syria” approach to the Syrian crisis, three operational Health Cluster/Sector working groups in Amman (Jordan), Damascus (Syrian Arab Republic) and Gaziantep (Turkey) were set up. The WHO office in Gaziantep led the health cluster operating in the northern Syrian Arab Republic with the Syrian American Medical Society Foundation (SAMS) as the co-leading partner. The cluster comprised more than 70 partners, including international and Syrian nongovernmental organizations (NGOs), donors and health directorates. The functions of the cluster were:

- to support the delivery of services to those most in need, providing a platform for coordination for local NGOs and other partners around agreed strategies (identifying gaps in health services and linking them to proper health resources) and maintaining a constant exchange of information to guide better strategic decision-making by partners (leading needs assessments, gaps analysis and report sharing);
- to plan and develop a common strategy, with clear objectives and indicators, as well as identifying the needs for funding, and monitoring the activities of the health-cluster partners and recommending corrective actions when necessary;
- to develop contingency planning and preparedness activities for high-risk situations;
- to identify advocacy concerns for the health-cluster partners and undertake advocacy on behalf of the Syrian population; and
- to ensuring accountability to affected populations through participatory and feedback mechanisms.

WHO’s hub in Gaziantep coordinated around 70 health-cluster partners working in areas controlled by non-state armed groups in the north-western Syrian Arab Republic. The office had around 20 staff, and collected and analysed health information on health needs and gaps to support the emergency response, and documented attacks on health care to support WHO’s advocacy efforts. Public health officers in Gaziantep provided support and guidance to NGO partners delivering health care services in the north-western Syrian Arab Republic. The office delivered medicines and medical supplies to health care facilities in the Syrian Arab Republic through cross-border operations, trained health care workers and provided technical support for mass vaccination campaigns for children the north-western Syrian Arab Republic, as well as in besieged and hard-to-reach areas.

WHO coordinated: medical evacuation and ad-hoc vaccination for internally displaced persons from Aqrabat, Aرسال (Lebanon), Al-Waer, Al-Qabun; and the response to the Khan-Sheikhun chemical incident on 4 April (see Box 5). It monitored attacks on health care facilities and personnel, and the overall health response.

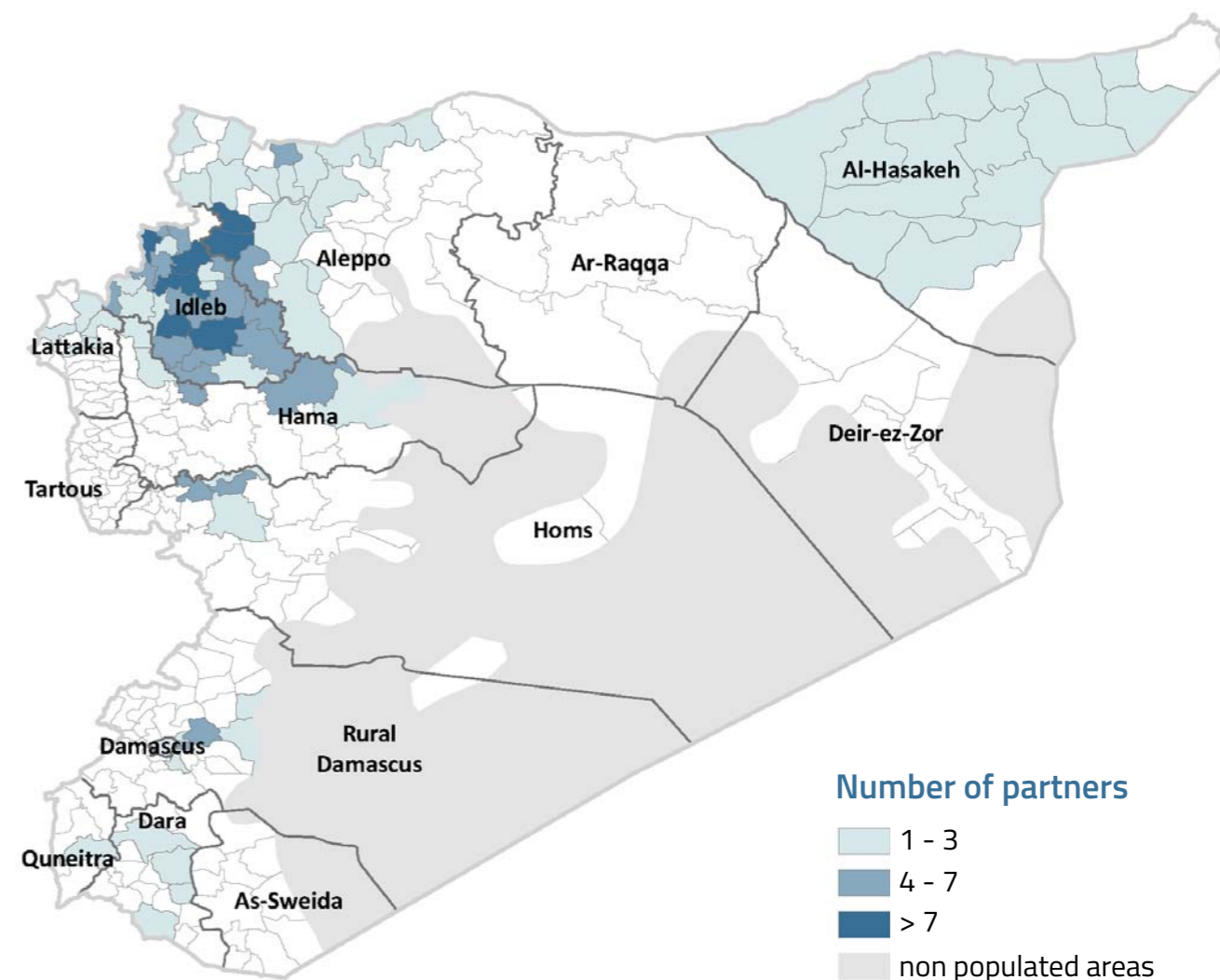


Fig. 14. The number and location of partners of the health cluster led by WHO in Gaziantep

All activities conducted by the health cluster in the northern Syrian Arab Republic in 2017 were framed under the 2017 HRP, which had three objectives:

- ▶ to provide life-saving and -sustaining humanitarian health assistance with an emphasis on those most at risk and in need;
- ▶ to strengthen health sector coordination and health information systems to improve the effectiveness of the life-saving health response for people in need, with an emphasis on enhancing protection and increasing access for health; and
- ▶ to improve access to basic services and livelihoods by supporting community resilience, institutional and response capacity.

It aimed to serve the whole population in need: 12.8 million people

Fig. 15. A Syrian health worker testing some samples in a laboratory run by one of WHO partners in the northern Syrian Arab Republic



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Information and planning

Collecting, tracking and analysing health information is essential in emergencies. WHO considers the management of health-related data one of its core functions. The WHO team in Gaziantep collected, monitored, and regularly published and shared information with partners on, for example, the health needs of the population in the northern Syrian Arab Republic; the functionality and level of damage of health care facilities; mapping of mobile clinic facilities and assessments of emergency medical supply lines. Work to strengthen the health information system in the Syrian Arab Republic reinforced these efforts.

Reinforcing subnational surveillance systems for the early detection, prevention and control of diseases

After the collapse of the Syrian health system, WHO supported the creation of a simplified disease surveillance system to ensure the timely detection and response to disease outbreaks in the country. The Early Warning Alert and Response Network (EWARN) integrates multiple surveillance systems so that available resources are used efficiently, improving the exchange of information to monitor interventions and ensuring the flow of data across health system levels. EWARN covers 50% of the geographical area of the Syrian Arab Republic and 9 560 115 people, representing 51% of the total population. About 500 EWARN sentinel sites operated in 11 governorates, 38 districts and 118 subdistricts. They collected weekly reports as well as immediate alerts on 13 high priority conditions (including acute flaccid paralysis, typhoid fever, measles, meningitis and leishmaniasis) in order to prevent, rapidly detect and respond to epidemic-prone diseases.

In June 2017 a new vaccine-derived polio outbreak was declared in the Syrian Arab Republic. Afterwards, the EWARN team strengthened its efforts to identify children with relevant symptoms. In all EWARN-covered areas 469 children were identified as having acute flaccid paralysis, including 434 from the northern governorates of Aleppo, Idleb, Hama, Homs, Ar-Raqqa, Al Hasakeh and Deir Ez-Zor. Moreover, by the end of 2017, 74 cases of circulating vaccine-derived poliovirus type 2 were confirmed in the Deir Ez-Zor, Raqqa and Homs governorates.



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Monitoring attacks on healthcare facilities

The continuing violence and indiscriminate attacks against civilian infrastructure damaged or destroyed many health care facilities in the Syrian Arab Republic. In many cases, hospitals, clinics and ambulances were deliberately targeted. In 2016, the United Nations Security Council unanimously adopted resolution 2286 condemning attacks on hospitals and medical personnel and demanding an end to impunity for those responsible. WHO also condemned such attacks, which, shockingly, were increasing in both frequency and scale and thus deprived the most vulnerable people – including children and pregnant women – of their right to health services, just when they needed them most. The WHO office in Gaziantep and partners in the north-western Syrian Arab Republic monitored all attacks, following rigorous verification processes and joining efforts to advocate the end of bombings of health workers. Nevertheless, the WHO office in Gaziantep verified 112 violent attacks against health facilities in 2017, in which 27 health workers were killed and 48 injured.

Health operations and technical expertise

Primary health care: strengthening health systems in the northern Syrian Arab Republic

Prior to the conflict, the Syrian Arab Republic's health system had an extensive network of public and private clinics. After seven years of continuous violence, close to 50% of its health infrastructure had been destroyed: 28% of the 111 public hospitals were not functioning and 22% functioned only partially (i.e. facing shortages of staff, equipment, medicines or major structural damage). Of the 1802 public health centres, 31% were totally out of service and 22% functioned with serious limitations. This disruption in health services reduced the continuity of care at all levels, especially for chronic patients whose treatments were forcibly interrupted. Referrals systems and supply chains were also severely affected, ultimately resulting in deterioration in the quality of care.



Fig. 16. A Syrian doctor checking a young boy's health in one of the WHO-supported clinics run by partners in the northern Syrian Arab Republic

In 2017, WHO's field office in Gaziantep launched the first primary health care network in the governorate of Idleb, providing integrated health services in a coordinated and efficient use of resources. This initiative seeks to enlarge the health coverage offered at local level in primary health care facilities, avoiding overlapping and duplicated services. It also looks to establish a well functioning referral system that ensures proper and timely transfer of patients among the different levels of care and specialty.

Box 2. Mobile WHO clinics

"In the past, we'd have a van for the staff with space in the back for the stocks of medicines. We'd ask communities to prepare space for our visit – in tents, rooms in a school, a mosque. The situation in a tent wasn't good. It wasn't comfortable for the patients, especially women," explains Dr Tamer Hasan of SAMS, a WHO partner in the northern Syrian Arab Republic. WHO supports its partners in this area with mobile clinics and ambulances to reach those most in need and provide proper referral to other levels of care if necessary. **"We thought the mobile clinic from WHO would be the perfect solution to cover this gap"**, Dr. Hasan explains. "The mobile clinic has space. Midwives can examine pregnant women inside the clinic. It provides privacy and dignity". Dr Hasan's team mostly visits displaced people living in host communities, but it also serves two camps. He says, "We provide a lot of services from the mobile clinic. Some common diseases we treat are respiratory infections, skin problems and eye conditions, like conjunctivitis. We do blood sugar tests and tests for urinary tract infections, basic lab tests. With the mobile clinic, we go directly to the beneficiaries, because in some cases no public transportation exists. You can do everything with this unit. It's great."

© Independent Doctors Association



The network was ben established in the Saraqeb district, an area with the largest concentration of internally displaced peoples in the northern Syrian Arab Republic. Originally consisting of 10 primary health facilities, it was after enlarged to 18 facilities by the end of 2017, including eight mobile units to reach isolated and vulnerable groups cut off from health services. In Idleb, WHO-supported mobile clinics and mobile teams reached thousands of people in hard-to-reach areas, providing them with primary health care and essential medicines.



Fig. 17. A Syrian nurse checking the blood pressure of a patient at one of the WHO-supported health facilities in the northern Syrian Arab Republic

- The primary health care network covers **70 000** people in the subdistrict of Saraqeb, in the governorate of Idleb
- The WHO-supported primary health care network treated more than **36 000** patients from July to December 2017
- Mobile clinics in rural Idleb reached about **150 000** people between July and December 2017
- Over **645 000** treatments were delivered to more than 230 health care facilities in the northern Syrian Arab Republic

Immunization for children

Vaccination rates in the Syrian Arab Republic declined sharply when the crisis began in 2011. The continuous conflict weakened the health system and disrupted many services, including routine immunization coverage. According to the Syrian Ministry of Health, coverage rates prior to the conflict were around 95%. WHO and the United Nations Children's Fund (UNICEF) estimate that levels of immunization are around 60%. Although staff of the Ministry of Health reached most of the governorates in 2017, some significant parts of the country still lacked routine immunization services owing to the difficulty to deliver vaccines across the lines.

In March 2017 WHO's field office in Gaziantep oversaw the restart of routine immunization for children under 5 years old in several centres. By the end of the year, 54 centres supported the immunization programme in the governorates of Idlib, Aleppo and Hama. Apart from providing technical supervision, WHO supported the operating costs of 33 centres, with the aim of setting up over 80 centres by early 2018. Routine immunization covers vaccines against 10 diseases: diphtheria, tetanus, whooping cough, hepatitis B, *Haemophilus influenzae* type b, tuberculosis, polio, measles, mumps and rubella. Because many children in the Syrian Arab Republic have been displaced and remain in hard-to-reach areas, the WHO field office in Gaziantep also provided supervision and logistical support to reach them through several rounds of vaccination campaigns covering the same diseases as routine immunization.



© Syrian Immunization Group



© Syrian Immunization Group



© Syrian Immunization Group

Figure 18 & 19. WHO partners in northern Syria conduct immunization campaigns even in the most remote areas, reaching out to families through informative materials.

Fig. 20. Health workers from the Syrian Immunization Group cover vast areas of the northern Syrian Arab Republic in supplementary immunization campaigns reaching children left out of routine immunization services at local health centres

- In WHO-supported health centres more than **785 000** doses of vaccine were used to protect children against diseases including hepatitis B, tuberculosis, measles or rubella

- WHO supported four polio campaigns in 2017, covering **750 000** children per round

- Almost **3.25 million** doses of oral polio vaccines were used in 2017

Following the declaration of the polio outbreak in June 2017, WHO's field office in Gaziantep supported the response conducted by the WHO Country Office, Syrian Arab Republic (in Damascus), monitoring the activities of partners in the field and maintaining constant surveillance of disease trends. There was a special focus on displaced populations moving from or through areas with a high prevalence of infection.

Box 3. Messaging apps to support vaccination

"During a measles campaign in north Raqqa, it was reported through a messaging app that there were not enough vaccines in one area," says Ibrahim, a doctor who coordinates vaccination teams in volatile areas of the northern Syrian Arab Republic. "We immediately managed to transport the vaccines via a very complicated route, through areas controlled by different factions." Ibrahim is part of the Syrian Immunization Group (SIG), a confederation of health organizations coordinated by WHO that makes sure children in war-torn the northern Syrian Arab Republic are vaccinated. Messaging apps help the teams adapt quickly to the changing reality on the ground so that children are not left out. Doctor Mousa from SIG explains, **"In a recent campaign, our target was 5 000 kids. But because families had been displaced from another area, we ended up vaccinating 12 000 children."**

"Most of our work depends on messaging apps and video calling services," says Ahmed, another doctor from SIG. "In the immunization campaigns, there's a messaging app group for data entry, finance, logistics, social mobilization, linking the team in Gaziantep and the teams in the northern Syrian Arab Republic." Despite this high-tech side of vaccination, however, teams are often compelled to go back to basics. "We've delivered vaccines on camels, tractors, boats, on foot," says Dr. Ibrahim.



© Syrian Immunization Group



Fig. 21. Doctors trained in mhGAP provide mental and psychological support to thousands of people in the northern Syrian Arab Republic



Fig. 22. WHO sends noncommunicable disease kits to the northern Syrian Arab Republic through two border crossings in the Turkish-Syrian border, to doctors trained by WHO to assess and treat their patients at primary health care facilities

© WHO/Regional Office for Europe

Non-communicable diseases and mental health

In the Syrian Arab Republic, the mass displacement due to violence and the disruption of the Syrian health system seriously affected care for noncommunicable diseases across the country. There is a strong need to ensure quality care and the provision of essential medications for most common chronic conditions, such as diabetes, hypertension, chronic respiratory diseases and mental illnesses.

WHO trains health professionals to respond to these needs. The Mental Health Gap Action Programme (mhGAP) for the northern Syrian Arab Republic aims to qualify non-specialist health workers to assess and manage low-intensity mental health conditions during emergencies. mhGAP trains them to treat people with depression, post-trauma stress disorder, self-harm or suicidal thoughts, psychosis, substance abuse, and child and adolescent mental and

behavioral disorders. In 2017, training was given in Azzaz, Jerablus, Western Aleppo and parts of Lattakia. For besieged areas such as eastern Ghouta, out of reach of humanitarian workers, WHO conducted online training from the field office in Gaziantep.

By disseminating information materials and other community outreach activities, WHO also worked to raise awareness about mental health issues among Syrians, so as to reduce the stigma on depression or anxiety. To support the work of health professionals in the northern Syrian Arab Republic, WHO also delivered psychotropic medicines from Turkey and helped to create a proper mental health referral system to link patients in need with higher levels of care. Starting in September 2017, WHO funded the only specialized mental health centre in the governorate of Idlib.

- More than **250** doctors and nurses from the northern Syrian Arab Republic were trained in the management and treatment of chronic diseases in the northern Syrian Arab Republic, including besieged areas
- Over **160** Syrian doctors, nurses and midwives were trained to respond to the mental health needs of women, men and children in the northern Syrian Arab Republic
- **Three** online training sessions on mental health and psychosocial support were conducted for more than **50** Syrian doctors and nurses in the besieged area of eastern Ghouta

As part of the response to the untreated noncommunicable diseases in the Syrian Arab Republic, WHO trained Syrian health workers on a set of clinical interventions to reach a minimum quality of care for patients, despite the low-resource settings in which most of these professionals worked. This

training teaches doctors how to conduct proper screening, diagnosis, management and treatment of, for example, diabetes, cardiovascular conditions, asthma and chronic pulmonary diseases. In addition, WHO provided primary health care facilities with medical kits tailored to treat these illnesses.

Box 4. Stress on health workers

Before the conflict, Abulaman would work as a doctor in the clinic from 8:00 to 14:00. "Then I'd go with my family to gardens, walks," he remembers. **"With the war, our lives changed 180 degrees.** When we're in the hospital, we see huge injuries, trauma," he says. "Many days we can't speak to our families when we get home, because of what we see—children without legs or arms. When we get home, we can't look at our children. We think, 'What if this happens to them?'"

Many health workers are serving in volatile areas of the northern Syrian Arab Republic. They suffer from burnout and secondary trauma stress. WHO offers seminars on self-care for humanitarian aid workers and medical staff.

"So many health staff are themselves displaced," says Dr Fuad Almosa, a Syrian psychiatrist. "We encourage them not to be isolated. We say, 'Don't just see patients and sleep. At least one day a week, socialize with family and friends.'"



© WHO/Ali Saitan



Fig. 23. A Syrian doctor treats a young boy with an injured hand in one of the health facilities supported by WHO



Fig. 24. An injured man is treated by Syrian doctors in a WHO-supported community clinic, before being transferred to a hospital



Fig. 25. A group of Syrian doctors performs surgery at a health facility supported by a WHO partner in the northern Syrian Arab Republic.

Surgery and trauma management: programme to support capacity building and facilities

Trauma and wounds remained a reason for concern. According to international standards, life-saving trauma services for severely injured people should be available within minutes and more advanced techniques within less than one hour. In the Syrian Arab Republic, the conflict hinders referrals and many patients are unable to get second and tertiary levels of care (damage control surgery or secondary surgery). Thus, trauma victims die, or experience physical disability and severe mental health conditions without medical treatment. This is especially true for those who go untreated, with 30% of cases are reported to be linked with permanent disability.⁵

Many health care workers died or fled their homes. WHO tries to address the needs through training and encouraging task shifting. To qualify health workers to treat these kind of trauma cases, the WHO field office in Gaziantep trains them in several fields: treating patients injured by explosives or building collapse, and surgical subspecialties such as burn

management, infection control, trauma life support, emergency surgery or intensive care. The health professionals often travel to Turkey for the training and return to hospitals and health centres in the northern Syrian Arab Republic. Online training and follow-up supervision are provided for those who cannot travel.

During the training, participants take part in hands-on work using dummies to practice skills such as resuscitation, intubation, and use of tourniquets. Trauma supplies such as anaesthesia, kits for burn treatment or specialized orthopaedics equipment is sent to WHO partners in the northern Syrian Arab Republic.

WHO also supports the establishment of protocols for chemical decontamination, so it regularly sends protective equipment to the northern Syrian Arab Republic, including specialized suits, masks and gloves.

- **320** health staff trained in trauma management, chemical exposure, burn management, infection control and hospital management
- **440** health staff and first responders trained in chemical exposure and intensive care in besieged and hard-to-reach areas in the Syrian Arab Republic
 - **10** ambulances and **12** intensive care units shipped to the Syrian Arab Republic
- **7** full sets of anaesthesia equipment sent to the Syrian Arab Republic
- **1000** full chemical equipment sets, several chemical treatment kits and chemical decontamination units sent to the northern Syrian Arab Republic

Box 5. Coping with chemical incidents

Muhanad, a surgeon in the northern Syrian Arab Republic, was not far from the town of Khan Sheikhoun on 4 April 2017. During the visit, he was called to a local field hospital that was receiving emergency cases of patients exposed to gas. He realized their symptoms were not what he was used to seeing with similar incidents.

"More than 30 patients came in the afternoon," he says. "They were in convulsions. That's not a chlorine gas symptom". He and others set to work decontaminating the patients in an area outside the building.

"I protected myself and the patients were washed well," he says. One of the patients they treated died. Muhanad and other health care staff in the northern Syrian Arab Republic are familiar with treating chlorine gas symptoms, but the nerve agent used on 4 April was new to them. After that episode, he decided to join take part in the training offered by the WHO field office in Gaziantep.

"We need this kind of training," says Muhanad. "Our knowledge is old. Here we get updated information. We must teach others in the Syrian Arab Republic immediately."

⁴ 2017 Syrian Arab Republic Humanitarian Response Plan: January - December 2017. New York: United Nations Office for the Coordination of Humanitarian Affairs; 2017 (<https://reliefweb.int/report/syrian-arab-republic/2017-syrian-arab-republic-humanitarian-response-plan-january-december>).



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Operational support and logistics

In the northwest region of the Syrian Arab Republic, supplies of urgently needed medical items can run low. As part of the WHO Health Emergencies programme, WHO has broadened its mission to strengthen operational capacities and support for health logistics and supply chain management. Every month, the WHO field office in Gaziantep ships tons of medical supplies to the northern part of the country,

to implementing partners in areas with the biggest needs through two crossing points, Bab Al Hawa and Bab Al Salam. WHO staff supervise the preparation of shipments in United Nations convoys before they cross the border, making sure supplies are correctly handled, stored and, if needed, the cold chain is maintained throughout the process.



465 tons of medicines, kits and medical equipment worth US\$ 5.5 million transshipped to the northern Syrian Arab Republic in 2017



Fig. 26 and 27. A shipment of medical supplies is prepared at the WHO warehouse in the Turkish province of Hatay under the supervision of two WHO officers; the trucks arrive at health facilities where they are quickly unloaded by Syrian personnel



Refugee Health Programme

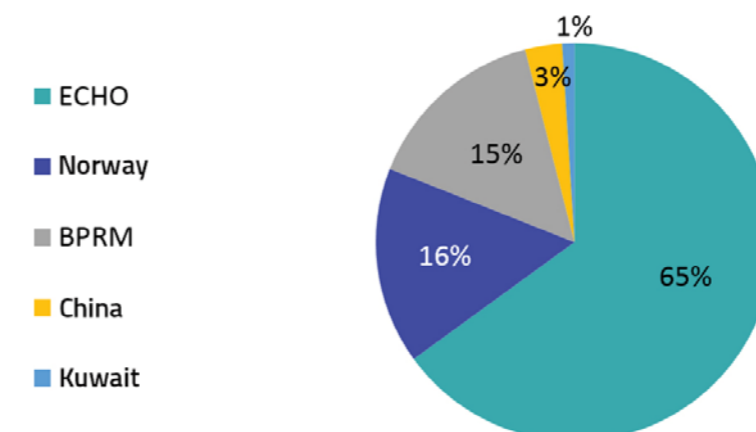
Fig. 28. A Syrian doctor fills some forms with one of his patients in the background

Leadership

To ensure an efficient and adequate health response for Syrian refugees in Turkey, WHO thoroughly planned and maintained day-to-day oversight of activity implementation, aligned with the strategic plans of national and local authorities and other partners, as defined in the 3RP 2017–2018. WHO ensured timely and effective communication with the Government of Turkey, particularly with the Ministry of Health, through regular meetings and information sharing. Its support for and alliance with other United Nations agencies is key to planning objectives and specific multisectoral responses to the needs of millions of Syrians.

Throughout 2017 the Refugee Health programme was funded by ECHO; the Bureau of Population, Refugees and Migration of the US Department of State; and the governments of Kuwait; Norway and China. Thanks to their generosity, WHO was able to support the Turkish Ministry of Health in mitigating the challenges that the displaced Syrian population posed to the national health system, providing sustainable solutions that bolster community resilience and reinforce national structures.

Fig. 29. Donors' contributions to the Refugee Health programme in 2017



The communications team in Ankara ensured the constant visibility of all the activities developed within the Refugee Health programme, creating stories for WHO websites, responding to media queries, producing audiovisual materials and hosting information events for all kinds of audiences.

In October 2017 the team organized, in cooperation with WHO Regional Office for Europe, a workshop on emergency risk communication aimed at training national emergency response experts in communicating with affected populations and the media during a crisis. Another workshop was held with national and local journalists from Ankara, Gaziantep and Istanbul to tackle the image of Syrians portrayed by the media. During the sessions, concepts of diversity, stereotyping, labelling and prejudice were discussed.

To support WHO's technical expertise and activities, the Refugee Health communications team also worked hard to engage affected populations in its activities, reaching out to them in their communities through information materials, workshops and other means. At health facilities, thousands of information leaflets have been distributed to raise the Syrian population's awareness of a series of diseases and inform them about their options for accessing health care services. The materials, produced in both Turkish and Arabic, aim to increase the health literacy of affected communities and guide them to make appropriate decisions.



Fig. 30. A communication product from the WHO Regional Office for Europe for the media and donors



Fig. 31 and 32. Information materials on the correct use of antibiotics are available in the refugee health training centres in Arabic and Turkish, giving both Syrians and host communities direct access to accurate information

Fig. 33 and 34. Posters like those above are placed at the refugee health centres in both Arabic and Turkish, so Syrian patients and host communities are aware of their rights in the clinics

Partner coordination

WHO coordinates the health sector response in Turkey through the Health Sector Working Group, a forum for information sharing among agencies and organizations engaged in providing humanitarian assistance in relation to health services. Members to this group are United Nations agencies, and international and local NGOs. Meetings are held in Gaziantep each month and in Ankara when needed. After December 2016, this response also included a mental health subworking group led by WHO, ensuring responses to mental health and psychosocial needs are tackled in a coordinated form.

As the representative of the health sector response in Turkey (see Table 1), WHO also participated in regular meetings with partners from the 3RP, facilitating intersectoral information sharing through monthly and quarterly reports, production of dashboards for health sector activities and utilization of relevant data management systems. WHO also took the lead in defining biannual and annual objectives, contributing to the identification of critical issues that require multisectoral responses and planning the relevant synergistic interventions with key actors. Finally, WHO maintained regular communication with the Ministry of Health in order to align efforts, identify challenges at the national level and create synergies with sub-national authorities.

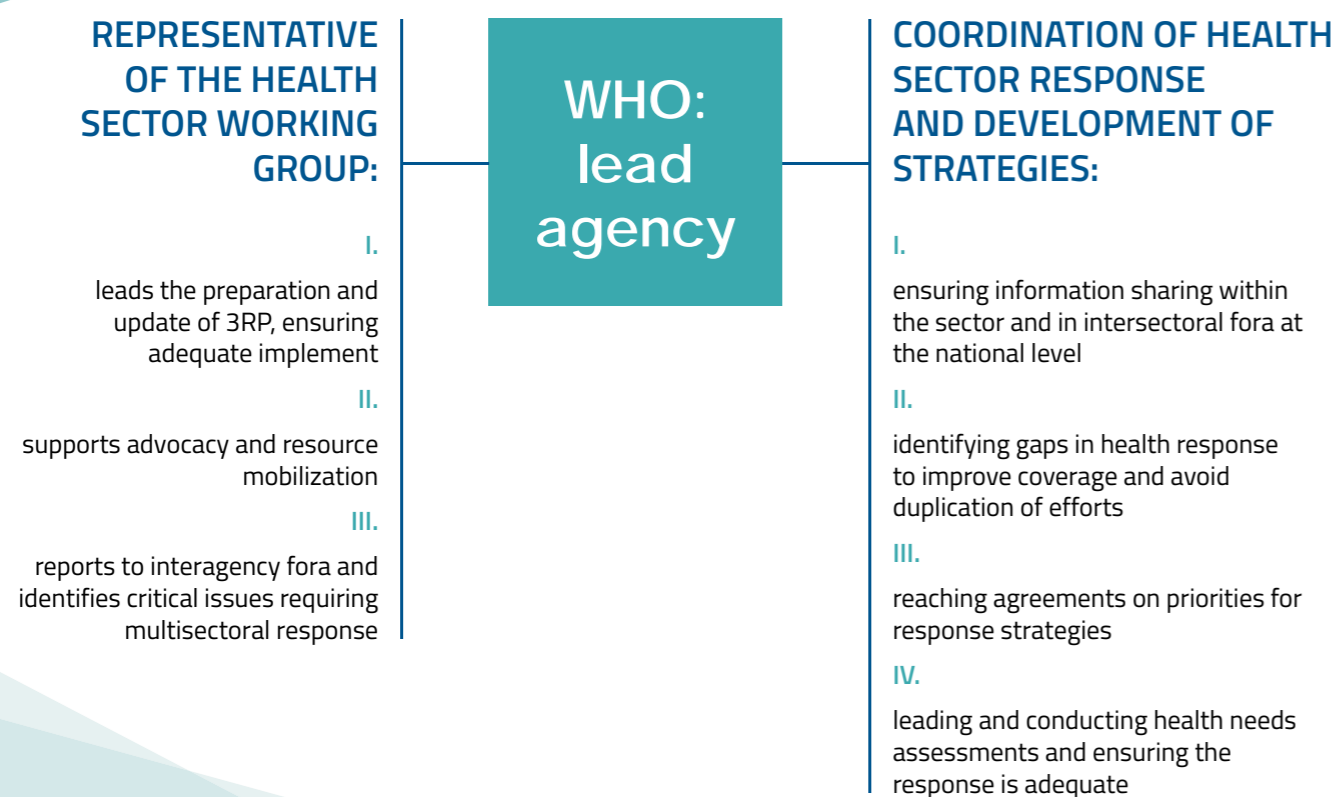


Table 1. Framework for the 2017–2018 3RP health sector response

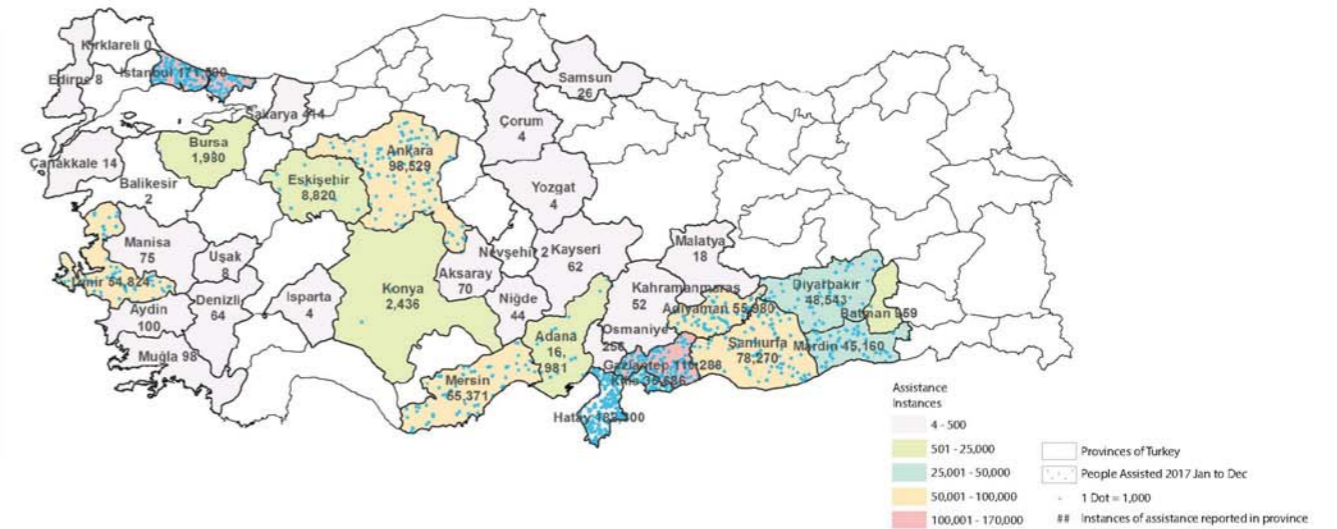
Leading agency	WHO
Partners	IOM, the United Nations Population Fund (UNFPA), the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF, WHO, the Ministry of Health, the Ministry of Family and Social Policy and other NGO partners
Objectives	<ol style="list-style-type: none"> 1. Strengthen the capacity for essential health service delivery and referral health care, including curative and preventative 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 young people) 3. Strengthen communicable disease surveillance, detection, response (EWARN) and prevention (including immunization), and strengthen all-hazard emergency response 4. Increase access to noncommunicable disease, mental health and psychosocial support services (MHPSS) and rehabilitation services at all levels of health services
Population in need in 2017	10,750,000
Target population for 2017	9,500,000

Information and planning

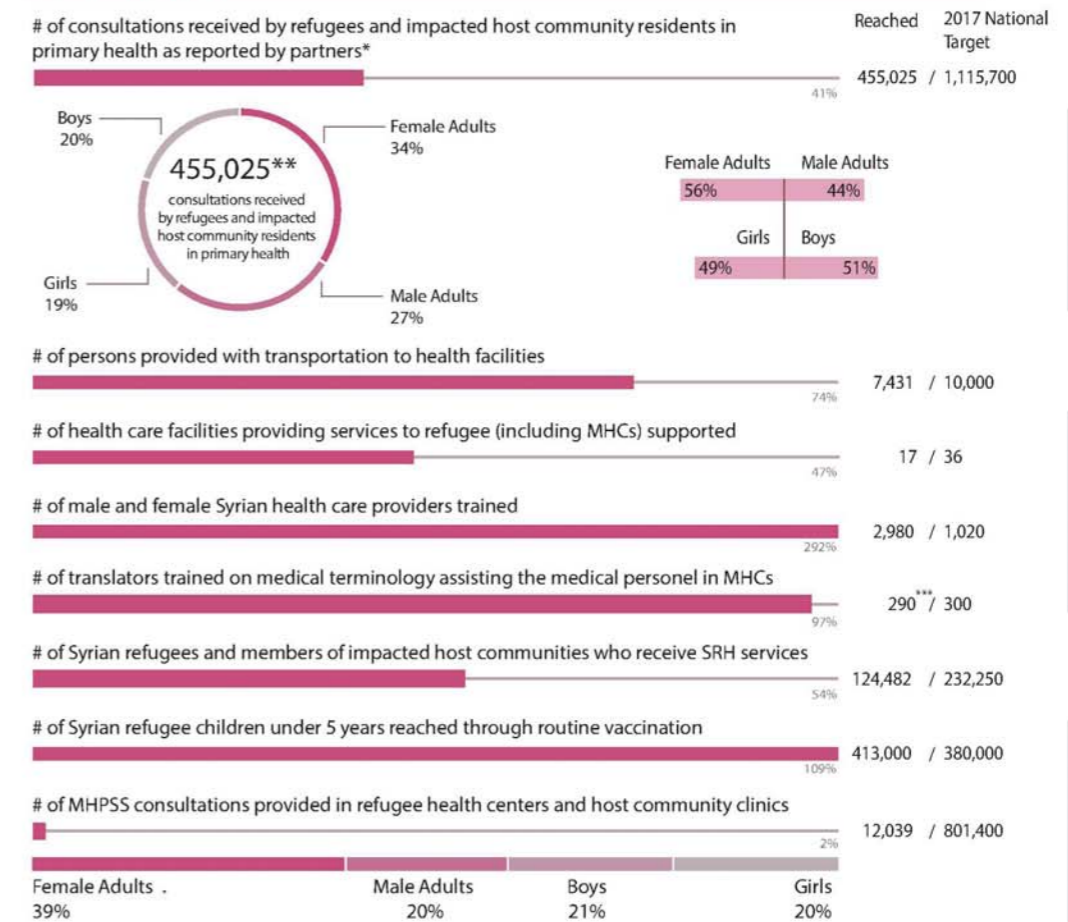
The Refugee Health Information Management team maintained close liaison with partners through the Health Sector Working group, the MHPSS subworking group and the Information Management Working Group, making sure data were collected and analysed in a relevant way and appropriate datasets were shared and updated as needed. The close relationship with the Ministry of Health proved to be essential in this regard, to avoid duplications or misinterpretation of data. Most of the data collection and reporting activities were conducted through Activity Info, a monitoring and evaluation software that works both on- and offline, facilitating the optimization of data sharing for activities that were geographically dispersed and involve different organizations. For example, these efforts enabled all partners to have an online, updated map of refugee health centres across the country, fed by data from the Ministry of Health and other United Nations agencies involved in the 3RP for Turkey. WHO regularly shared with the partners of the Health Sector Working Group information sheets, describing the progress made on all the indicators defined in the joint plan. Updated maps are also shared among all partners to track the geographical coverage of activities. Info sheets are produced monthly and quarterly.



ASSISTANCE TO SYRIAN REFUGEES IN THE HEALTH SECTOR IN TURKEY



ACHIEVEMENTS



455,025
of consultations in Primary Health Total

2,980
of male and female Syrian health care providers trained

413,000
of Syrian refugee children under 5 years reached through routine vaccination

REPORTING ORGANISATIONS



*The figure does not include all services provided by Government Refugee Health Centers.

**Some beneficiaries may have received more than one type of assistance and total figures do not account for possible overlap.

***A total of 322 trained since October 2016.

Technical operations

Strengthening primary health care with people-centred services for Syrian refugees

To build a primary health care body capable of responding to the specific needs of the refugee population hosted in Turkey, the Refugee Health programme supported the design and implementation of adaptation training to qualify Syrian health workers to work within the Turkish health care system, providing free consultations for their fellow nationals and other migrants.

This visionary project began to take shape in 2014 in an attempt to find a culturally sensitive solution for the millions of refugees seeking health services. In 2016 the Turkish Government enabled such a vision and enacted a regulation on work permit of foreigners under temporary protection. WHO supported the Ministry of Health in developing comprehensive training for Syrian doctors, nurses and midwives, teaching them how to navigate the Turkish health care system.

The training has two stages: five-day theoretical training to guide Syrian health workers around the Turkish health care system and a six-week practical



Fig. 36. A trainee checks the health status of a young Syrian girl at a health facility

programme to mentor doctors and nurses on-site. This second phase takes place in seven refugee health training centres (RHTCs) located in Ankara, Istanbul, Gaziantep, Şanlıurfa, Hatay, Izmir and Mersin. Following the training, those doctors and nurses who successfully pass the courses are then certified and qualified to work in refugee health centres (RHCs) across the country. In the RHTCs, Syrian health workers provide free consultations to the refugee population, reducing cultural and linguistic barriers to primary health care.

Box 6. Syrian health workers in the Turkish health care system

“We and the Turkish doctors are working like brothers and sisters.” These are the words of Muhammed Hattab, one of the 3.4 million Syrian refugees now living in Turkey. A doctor who fled his home in Aleppo more than two years ago, Muhammed did not know whether by leaving northern Syria he was also abandoning his profession and the career he had built in his home country. However, thanks to the programme designed by WHO Country Office in Turkey and the Turkish Ministry of Health, he has been able to begin a new chapter of his life and career, working in the Turkish national health system and providing care for his fellow Syrians in Turkey. “This project in Turkey was the salvation for Syrian doctors,” says Muhammed. “With this programme, we felt like doctors for the first time in two years”



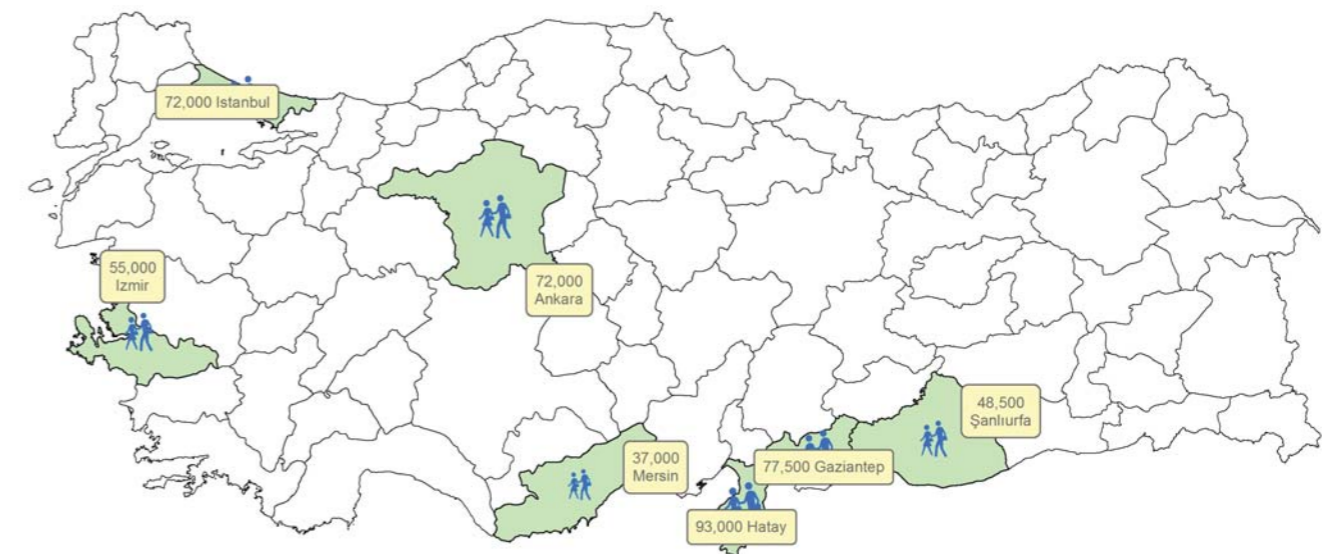
These centres provide outpatient, maternal and child health services, health education, vaccination and some screening programmes, all services similar to what Turkish citizens receive at any primary health care centre across the country. When necessary, referrals are made to secondary and tertiary levels.

As part of the efforts to provide people-centred health services, several training courses for Turkish–Arabic translators have been conducted. For these translators to act as patient guides, the training introduces them to general medical terminology and mental health concepts. It is designed to tackle the cultural and language barriers that prevent Syrians from accessing health care services and to enhance integration in the community.



Fig. 37. Syrian doctors sit in one of the theoretical sessions teaching them to navigate the Turkish health system

Fig. 38. Number of consultations provided to Syrian refugees in Turkey in the Refugee Health Training Centres during 2017



0 200 400 800 Kilometers

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: ActivityInfo - Health Sector Turkey, WHO, Health Sector Turkey
Map Production: IM unit WHO Gaziantep (BEQIRIM@who.int)
World Health Organization

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Fig. 39. Training process for Syrian health care workers



- **7** Refugee Health Training Centres supported by WHO
- More than **1000** Syrian doctors received theoretical training
 - More than **600** doctors received practical training in WHO-supported Refugee Health Training Centres
- As a result, more than **250** doctors have been hired by the Turkish Ministry of Health

- **850** Syrian nurses received theoretical training
 - More than **500** nurses received practical training in WHO-supported Refugee Health Training Centres
 - More than **300** Syrian nurses and midwives have been hired by the Turkish Ministry of Health
- More than **450** translators were trained
- More than **433 000** culturally and linguistically sensitive consultations were provided free of charge to Syrian refugees in WHO-supported Refugee Health Training Centres

Fig. 40. Some Syrian trainees in front of the RHTC where they received practical training





Fig. 41. Two Syrian mental health workers trained in mhGAP exchange impressions on their patients at the RHTC in Gaziantep

Fig. 42. Mental health workers trained in mhGAP work hand in hand with doctors to identify patients in need of mental and psychosocial support

Mental health

Syrian refugees' long-term exposure to physical conflict, social conflict and low standards of living directly affects their mental health. After exposure to constant violence and the loss of their loved ones, homes and livelihoods in their home country, Syrians in Turkey, are still under tremendous psychological stress as they deal with uncertainty about their futures, suffering from anxiety, post-traumatic disorder, suicidal thoughts and even psychosis.

To tackle the increasing demand for mental and psychosocial interventions for Syrians, WHO designed a comprehensive programme in collaboration with the Turkish Ministry of Health that gives Turkish and Syrian health workers additional training in mental

health and psychosocial support as a way to enhance services at RHCs and host community clinics. As mentioned above, mhGAP aims at qualifying primary health care doctors to deal with a range of low-intensity psychological illnesses that do not require highly specialized staff. Doctors are trained in early diagnosis, management, treatment, basic counselling and proper referral for a range of priority mental illnesses.

Extra efforts were made to reduce the stigma of depression and engage with local communities, educating them through communication materials in Arabic and Turkish and other activities.

Box 7. Mental health services

“In class, we were starting to whistle not to hear the bombs’ sounds” explains Abeer Alhmidi Alkheder, a 35-years-old Syrian teacher who has lived in Hatay (Turkey) for three years now. She used to work in a primary school in Syria, but after his father died, she decided to flee the country with her mother.

When she arrived in Turkey she had nothing to do, she felt useless, “I was making plans to kill myself. I had some pills. Every night I dreamed of taking them”. Then, she heard that psychological support was given at Refugee Health Centres. “I decided to go there. This was my last hope. And after my first interview, I felt like was finally being heard,” says Abeer. After that, she decided to work in the health centre, guiding other Syrians to their doctors, “I am smiling at them all the time. Because we shared the same fate. I am also a refugee”.



Recent research suggests that humanitarian workers dealing with refugees also face numerous mental health and psychosocial challenges. WHO in Turkey started prioritizing staff care among aid workers and conducted some additional training to provide them with the tools to manage stress and develop coping mechanisms to fight depression, anxiety and trauma.

Fig. 43. Posters included in a wide WHO campaign to reduce the stigma of depression among the Syrian population

- Over **400** Turkish doctors trained in mental health and psychosocial support to serve Syrian refugees and host communities
- Over **150** Syrian doctors trained in mental health and psychosocial support to respond to the needs of other fellow Syrians in Turkey



Fig. 44. Vaccination of a Syrian newborn as part of the country-wide efforts to immunize refugee children aged under 5

Country-wide vaccination campaigns for Syrian children

The Turkish Ministry of Health provides routine vaccination services for all refugee populations, regardless of registration status. In 2017 WHO supported the Ministry in conducting a country-wide vaccination campaign to protect Syrian children aged under 5 years in Turkey. The campaign consisted of three rounds of vaccinations that protect children against diseases such as measles, mumps, rubella, diphtheria, pertussis, tetanus, hepatitis A and B, polio and serious diseases caused by Haemophilus influenzae type b bacteria, such as pneumonia or meningitis. This outreach campaign was added to the routine efforts made at primary health centres to immunize Syrian children. WHO supported the campaign in planning, resource mobilization and

coordination of health partners, engaging with local NGOs to conduct outreach and communication activities. WHO identified translators and community guides that could bring the necessary information to the Arabic-speaking population and thus tackle linguistic and cultural barriers.

Consultations for immunization reached 413 000 children. The campaign covered all provinces in the country but especially those where approximately 90% of the overall Syrian population resided: Adana, Adiyaman, Ankara, Bursa, Diyarbakir, Batman, Gaziantep, Hatay, Istanbul, Izmir, Kahramanmaraş, Kayseri, Kilis, Kocaeli, Konya, Malatya, Mardin, Mersin, Osmaniye and Şanlıurfa.

Fig. 45, 46 and 47. Syrian doctors following routine immunization programmes and providing frequent check-ups to children under 5 in the RHTCs



- **413 000** children aged under 5 years reached

- More than **660 000** vaccine doses given during the campaign's 3 rounds

- Electronic vaccination records made in Ministry of Health databases⁶ for over **80%** of the targeted children

Operational support and logistics

As part of the new WHO Health Emergencies programme, WHO has broadened its operational capacities, support for health logistics, field support and supply chain management. The Refugee Health team focused on strengthening these three main subfunctions, ensuring strategic partnerships with local actors and other United Nations agencies in Turkey, so as to leverage their comparative advantages.

WHO Refugee Health team ensured end-to-end, timely and efficient provision of medical consumables and nonmedical equipment, including to the seven RHTCs where health services are freely provided to the Syrian population. Further, WHO provided technical expertise, tools, methods and means to meet the specific logistical needs of medical facilities, cold-chain management, laboratories and blood banks.

⁶ According to the population count of the Directorate-General of Migration Management as of 28 December 2017.

GAPS, CHALLENGES & RESPONSE FOR 2018 AND BEYOND

Cross-border operations

Millions of people in the Syrian Arab Republic still need life-saving assistance. As of the first weeks of 2018, the escalation of violence in the north-western region of the country displaced an alarming number of people. Host communities in the Governorate of Idlib are struggling to absorb new arrivals while thousands of people from the central and border parts of Afrin district have been forced to flee to nearby villages. Nearly 400 000 civilians in the besieged enclave of eastern Ghouta continued to suffer airstrikes and lack of access to humanitarian aid.

Against this backdrop, the work of the WHO field office in Gaziantep remained essential to bring much needed health care to the northern Syrian Arab Republic. As long as the necessary funds are available, WHO will continue supporting local partners and other United Nations agencies, bringing health to the millions of Syrians affected by the conflict. In particular, the gaps, challenges and planned response for 2018 and beyond include the following.

The disruption of routine immunization services in significant parts of the northern Syrian Arab Republic and the difficulty of vaccine delivery risks leaving millions of children susceptible to vaccine-preventable diseases.

WHO will continue appealing to all parties to cooperate, including through temporary pauses in hostilities, to allow vaccines to reach the children most at risk.

WHO will continue strengthening routine immunization services to increase the coverage and improve vaccination reporting systems for the proper identification of children aged under 5 years.

WHO will support and coordinate supplementary immunization campaigns, prioritizing hard-to-reach and besieged areas.

Needs for mental health services are increasing, owing to exposure to violence and hard living conditions of millions of Syrians. The decrease in the already limited number of mental health professionals through death or displacement aggravates the situation.

WHO will conduct several training courses in mental health, substance abuse and scalable psychological interventions for Syrian health workers, as well as specialized training in child mental health for school personnel.

WHO will continue delivering psychotropic medicines and other supplies based on needs.

WHO will support the establishment of six community centres, including two specialized centres for child behavioural and mental health problems.

WHO will support communities with outreach mental health services provided by seven mobile health clinics.

Attacks on health facilities, lack of health personnel, shortage of drugs, medical supplies and equipment, as well as the absence of a coordinating authority, led to the fragmentation of the health system in the northern Syrian Arab Republic, ultimately disrupting the provision of health services at all levels.

WHO will continue strengthening the Saraqeb primary health care network in order to rebuild a responsive and coordinated health system in this underserved district of Idlib.

The network will be expanded to reach at least 150 000 people in 2018, offering a fully functioning referral system responding to quality standards.

WHO will continue reinforcing the supply chain of partners, ensuring the provision of medical supplies, drugs and equipment responding to the needs of the Syrian population.

Trauma and wounds are still a reason for concern, due to the continuing exposure of millions of Syrians to explosive hazards in densely populated areas. Trauma victims still present high rates of associated mortality and disability, especially those who go untreated.

WHO will continue offering training on trauma and chemical warfare care, principles of emergency surgery, burn care, intensive care and infection control.

WHO will provide logistical support and procurement of medical supplies and drugs to health facilities in the northern Syrian Arab Republic, including ambulances and chemical decontamination caravans.

WHO will continue supporting rehabilitation services for all wounded patients in need of physiotherapy, prosthetics and orthotics.

Refugee Health programme

With the escalation of violence in the Syrian Arab Republic, the refugee population in Turkey needs a long-term and sustainable solution. The health response designed by WHO in collaboration with the Turkish Ministry of Health aims to bring high levels of health care and well-being for all Syrians, with similar standards as those for Turkish citizens. As long as WHO activities are fully funded, the Refugee Health programme will continue assessing Syrians' needs, expanding its coverage and helping to bolster their resilience. In particular, the gaps, challenges and response planned for 2018 and beyond include the following.



The mental and psychological consequences of conflict and displacement among the refugee population still place high burdens on refugees' health and household expenditures.

WHO will continue training both Turkish and Syrian doctors, psychologists and social workers in mhGAP and providing regular practical supervision to trainees.

WHO will provide technical support to establish adequate referral systems for mental health patients and to support the continuous distribution of essential psychotropic drugs.

Syrian refugees in Turkey also face a high burden of noncommunicable diseases and have difficulty affording necessary treatment.

WHO will continue strengthening access to pharmaceutical products to ensure treatment continuation.

WHO will ensure that trainings for both Turkish and Syrian health workers include modules on noncommunicable diseases.



Fig. 48. A Syrian doctor holding a baby during her routine checkup in the Gaziantep RHTC

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CONCLUSIONS AND THE WAY FORWARD

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2017 was a year full of challenges. The lack of a political solution to the Syrian conflict and the sustained violence of different parties continued to harm civilians. Forced displacement and the associated vulnerability increased, as millions fled their homes and communities looked for protection. The needs for life-saving humanitarian assistance grew and the health needs of the Syrian population remained overwhelming. In Turkey, the additional population of 3.4 million refugees still faced serious obstacles to accessing health care services.

For this reason, WHO strengthened its partnership with key actors to put in place a comprehensive and sustainable response. In the northern Syrian Arab Republic, WHO worked with local NGOs that brought health care to the women, men and children most in need, even in hard-to-reach areas and besieged zones. Owing to the lack of health professionals, WHO also committed to ensuring continuous and updated training for those remaining in the northern Syrian Arab Republic on a broad range of medical interventions, such as chemical exposure treatment, burn treatment or mental health and psychosocial support. This enabled doctors, nurses and other health workers to respond in a timely and proper manner to the health needs of their compatriots. WHO also supported efforts to conduct disease surveillance in the country while working to increase immunization coverage for children under 5 in the governorates of Idlib, Aleppo, Hama and Homs, both at health facilities and through supplementary campaigns.

In Turkey, WHO remained a close ally of the Ministry of Health in the design and implementation of the health response to the needs of Syrian refugees. The Refugee Health programme looked to provide access to care for all in a manner sensitive to refugees' needs, while helping to ease the pressure on the overstretched Turkish health system. WHO therefore supported various kinds of training: of Syrian health workers to adapt to the Turkish health system, of both Turkish and Syrian doctors in mental health and psychosocial support, and of interpreters in medical terminology to serve as guides for Syrian patients.

With no end of the crisis in sight, WHO aims to scale up its activities across the northern Syrian Arab Republic and Turkey in 2018. Doing so requires further financial support. A lack of necessary funds for WHO programmes will impede millions of people's access to life-saving treatments, essential drugs or continuous care for chronic diseases and younger generations may face life-long consequences from the new polio outbreak. The good work done in recent years may even be reversed if the international community fails to provide the necessary support to the affected population. This is why WHO calls on donors to take responsibility for the health of millions and bring some hope to Syrians. With their support, WHO will continue serving the Syrian population and working to ensure the protection of its right to health.

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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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