The health effects of Syria disaster

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The Syrian Civil Society – Beirut – November 2016
Worst humanitarian crisis

Key Figures

13.5M
People in need of humanitarian assistance

4.8M
People who fled the country

6.1M
People internally displaced by violence

Data source: OCHA (as of Oct 2016).
Worst humanitarian crisis

53% of refugees worldwide came from three countries:

- Somalia 1.1m
- Afghanistan 2.7m
- Syria 4.9m
8.7 million predicted to be displaced inside Syria in 2016
Serious dimensions of the disaster

13.5 million people (including 6 million children) are in need

8.7 million are food insecure

Over 12,600,000 people in Syria require health assistance

70% of the population have no regular access to safe drinking water
Live in poverty 85%
UN and partners support
### Syria Humanitarian Response Plan (HRP 2016)

#### by Sector (million $)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funded</th>
<th>Unmet</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>FOOD SECURITY</td>
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<tr>
<td>NON-FOOD ITEMS (NFIs) AND SHELTER</td>
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<td>HEALTH</td>
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<td>PROTECTION</td>
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<td>EDUCATION</td>
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<td>EARLY RECOVERY AND LIVELIHOODS</td>
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<td>COORDINATION</td>
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<td>NUTRITION</td>
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<td>CCCM</td>
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<td>LOGISTICS</td>
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<td>ETC</td>
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<tr>
<td>CLUSTER NOT YET SPECIFIED</td>
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</table>

**Source:** FTS 31 October 2016
Besieged and hard-to reach locations
Besieged locations

511,140

People reached** in besieged locations

PERCENTAGE OF BENEFICIARIES REACHED IN BESIEGED COMMUNITIES PER MODALITY

Multi-Sector

% People assisted through cross-line
% People assisted through airdrops
% People assisted through cross-border
% People not reached

**Number of people provided with multi-sectoral humanitarian assistance (Food Security and Livelihoods, NFI/Shelter, CCCM, and Nutrition) for at least one month from January to August 2016. The figure reflects the highest number of beneficiaries reached by a single sector at the community level based on 4W sectoral reports. Moreover, over 120,000 beneficiaries were assisted from the Education sector since the beginning of the year.
Hard-to-reach location

1,930,880

People reached** in hard-to-reach locations

PERCENTAGE OF BENEFICIARIES REACHED IN HARD-TO-REACH COMMUNITIES PER MODALITY

Multi-Sector

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
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<tbody>
<tr>
<td>90%</td>
<td>91%</td>
<td>85%</td>
<td>86%</td>
<td>84%</td>
<td>87%</td>
<td>84%</td>
<td>87%</td>
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<tr>
<td>6%</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
<td>7%</td>
<td>3%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>4%</td>
<td>4%</td>
<td>9%</td>
<td>8%</td>
<td>9%</td>
<td>10%</td>
<td>11%</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Number of people provided with multi-sectoral humanitarian assistance (Food Security and Livelihoods, NFI/Shelter, CCCM, and Nutrition) for at least one month from January to August 2016. The figure reflects the highest number of beneficiaries reached by a single sector at the community level based on 4W sectoral reports. Moreover, over 240,000 beneficiaries were assisted from the Education sector since the beginning of the year.
Public Health Centers - Hospitals

Figure 1: Functionality Status - Q2 2016
- Fully Functioning: 827
- Partially Functioning: 446
- Non-functioning: 497
- No Report: 16

Figure 1: Functionality Status - Mar 2016
- Fully Functioning: 51
- Partially Functioning: 31
- Non-functioning: 31
- 25% of centers are fully functioning.
- 27% of centers are not fully functioning.
Destruction of public health infrastructure

• In 2016, **15 public hospitals (out of 113) and 128 health centres (out of 1,786) are reported fully damaged**, hindering health access to **3.5M people in need for health** to be left-out with limited or no access to free primary, secondary and tertiary healthcare.

• In 2016, **the partial damage of 37 public hospitals and 311 health centres has impacted about 8 M people in need for health** with limited or no access to free primary, secondary and tertiary healthcare.

• Health centers and public hospitals in Aleppo, Al-Hassakeh, Rural Damascus, Dar’a, Homs, Hama and Idleb are either **hard-to-reach or inaccessible.**
Health Human Resources

• Situation with available health human resources continues to exacerbate.

• Ar-Raqqa, Quneitra, Idleb, Dar’a, Deir-ez-Zoir, As-Sweida, Al Hassakeh have the lowest percentage of medical doctors and medical staff.
Essential health services

Health Centers

- Hypertension management: 72% available
- Surgical care: 68% available
- Diabetes management: 64% available
- Cardiovascular services: 53% available
- Basic laboratory: 44% available
- Sexually transmitted infections: 26% available

Available: blue, Unavailable: orange
Medicines

50% increase in prices of locally produced pharmaceuticals

60% drop in local production of pharmaceuticals
Essential Health Services / Topics in Emergency

- Control of Communicable Diseases
- Child Health
- Injuries
- Reproductive Health
- Mental Health
- Non-Communicable Diseases
Injuries - More than

- More than 2,000,000 injured
- 400,000 killed

11.5% of the country’s population have been killed or injured

A significant number of those injured who do not receive timely medical care will suffer lifelong disabilities.
Trauma Care

Trauma interventions cover the needs for life-saving medicines, surgical supplies, trauma and burn kits and equipment, blood safety kits, spare parts for blood testing machines, manufacturing equipment and accessories for prosthetic devices, assistive devices, physical rehabilitation services and the need for strengthening the referral system by providing fully equipped ambulances, in addition to rehabilitating emergency departments and operating theaters in hospitals across Syria.
More than

70,000 fell victim to lack of adequate health services, medicine, especially for chronic diseases, lack of food, clean water, sanitation and proper housing.
Over 3.1 million children under the age of five years old and pregnant and lactating women are at risk of malnutrition.
Child Health

SYRIA CRISIS: Children in Need inside Syria and Children Refugees in the Region

(as of December 2015)
Creation Date: 18 January 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>Children in Need</th>
<th>Refugee Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syria</td>
<td>6,000,000</td>
<td>2,308,795</td>
</tr>
<tr>
<td>Jordan</td>
<td>330,036</td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td>567,200</td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>1,800,000</td>
<td></td>
</tr>
<tr>
<td>Jordan</td>
<td>53,759</td>
<td></td>
</tr>
<tr>
<td>Egypt</td>
<td>53,759</td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td>47,529</td>
<td></td>
</tr>
<tr>
<td>Iraq</td>
<td>48,500</td>
<td></td>
</tr>
<tr>
<td>Egypt</td>
<td>74,000</td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td>71,500</td>
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<tr>
<td>Turkey</td>
<td>1,242,210</td>
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</tbody>
</table>

*Data Source: HNO 2016.
Including 13,707 child refugee in other countries
(Data source: UNHCR 04 January 2016)

The scale of the circles in the legend represent 100,000 children.
IMMUNIZATION

Children cannot be reached with vaccines. 33%

Children can be reached with vaccines. 67%

- Children cannot be reached with vaccines.
- Children can be reached with vaccines.
Child Health

- According to UNICEF, **8.4 million children** – more than 80 percent of Syria’s child population – have been affected by the conflict, either in Syria or as refugees in neighboring countries.

- In 2015 alone, the agency documented nearly 1,500 “grave violations” against children.

- Growth monitoring – counseling
- Nutrition assessment – counseling – Breastfeeding – Complementary feeding
- Malnutrition prevention – early detection – treatment
- IMCI
- Early Child Development
REPRODUCTIVE HEALTH

- A severe shortage in skilled-birth attendants, including obstetricians, means that there are major obstacles to providing care to an estimated 300,000 women who are pregnant and need targeted support.

- BEmoc services are provided only through 17 centers at national level (i.e. only about 1% of all health centres), these centers has no night shift due to security concerns as all of these centers are based in rural areas, resulting in very limited number of services provided.

- Malnutrition – Anemia
- Lack of perinatal care
- Family planning
- GBV
## REPRODUCTIVE HEALTH

<table>
<thead>
<tr>
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<th>Deliveries</th>
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<tbody>
<tr>
<td>Caesarian sections</td>
<td>37%</td>
</tr>
<tr>
<td>Normal deliveries</td>
<td>63%</td>
</tr>
</tbody>
</table>
Lack of basic utility services including electricity, fuel, overcrowding, substandard housing, limited access to safe water and sanitation and varying degrees of access to primary health-care services have increased the vulnerability to disease outbreaks such as diarrhoeal diseases, typhoid, hepatitis A, acute respiratory infections as well as other vaccine-preventable diseases.

In 2016 different outbreaks have been reported through the EWARS*. These includes H1N1 (Aleppo, Ar-Raqqa and Idleb), Typhoid (Rural Damascus), Hepatitis A (Dar’a), Diarrheal diseases (Damascus, Rural Damascus, Lattakia), Guillain-Barré Syndrome (Damascus, Rural Damascus, Lattakia) and Meningitis (a besieged area in Rural Damascus).

*EWARS: The Early Warning Alert and Response System
Chronic Disease

• People with life-threatening chronic diseases such as diabetes, kidney failure, asthma, epilepsy, cancer and cardiovascular illness are at an increased risk of dying or developing complications as access to life-saving medications and care is becoming more difficult.

• Number of patients with non-communicable diseases is steadily increasing across the country: 1.8 million consultations in 2016.
The number of people seeking mental health care is increasing – current estimates indicate 600,000 people are living with severe mental illness in the Syrian.
Mental Health

• There is an acute shortage in mental health professionals and mental health facilities in Syria. Only 10% of primary health care centres provide basic mental health services.

• The majority of people affected by emergencies in Syria do not have access to effective mental health care and psychosocial support, where even the pre-war mental health system was not community-based.

Increase the number of health centers with integrated mental health services by training non-specialized health professionals using mhGAP programme, Psychological First Aid guide, WHO guides to address health and mental health aspects of GBV, Self-Help plus programme and other community based psychological interventions.
MORTALITY RATE

2010: 4.4
2015: 10.9
The average life expectancy has fallen by 15 - 20 years.
Protection of health care

• In 2016, there have been reports of more than 101 attacks on hospitals and health care centres across Syria.

• Attacks against health workers and facilities have been increasing, presenting one of the highest risk countries for health workers to work in.

• The Syrian Arab Republic had the most reported attacks on health care each year: twice as many attacks as any other country or territory in 2014 and nearly four times as many attacks in 2015.

• At least 640 health care workers have been killed since the crisis started, and medical facilities continue to be attacked.
Human Rights - International Humanitarian Law

• To keep the humanitarian aid (health and education services) neutral.
• Protection of civil institutions particularly health facilities
• Protection of health workers
• Awareness for communities – institutions (including health workers – militants)