Situation update

As of 13 November 2023, 101,848 people have crossed into Armenia from the Karabakh region. The total number of people affected, including refugees and the local population, is 196,000. It is reported that 48% of the refugees are males and 52% are females.

- The largest vulnerable groups are children (29%), older people (12%) and persons with disabilities (2%).
- UNFPA has reported that there are 2,070 women currently pregnant and an estimated 1,380 will give birth in the next six months. According to the Humanitarian Centre of the Government of Armenia, as of 3 November, 120 children were born, of which 67 were born in Yerevan and 53 in the regions.

*Fig. 1. Map of the registered refugee population in Armenia as of 30 October 2023*
Health needs and priorities

Initial assessments by the United Nations High Commissioner for Refugees (UNHCR) indicate that 41,907 refugees are in need of medication and medical assistance.

The results of an inter-agency community-level rapid risk assessment revealed concerns regarding the lack of medicines to manage chronic diseases, assistive devices for persons with disabilities, medical equipment in health-care facilities, and mental health and rehabilitation services.

According to the latest national data, the region hosting the largest number of refugees is Kotayk with 22,350 people, followed by Ararat.

According to the Humanitarian Centre of the Government of Armenia, as of 3 November, the Ministry of Health (MoH) has recorded the following information.

- The number of patients transferred to health facilities in Yerevan is 113. Most of these patients remain burn patients hospitalized following the fuel depot explosion on 25 September.
- Of these, 11 are severe cases and three are critical.
- The process of refugee registration in Armenia is ongoing. As of 3 November, more than 53,000 registered at polyclinics and outpatient clinics. According to the national e-health operator, 4,669 of the people registered are children under six years, 9,975 are elderly people and 577 are pregnant women.

According to the national e-health operator, in the period from 25 September to 6 November, a total of 1,285 COVID-19 cases have been reported, of which 118 are among refugees, as well as five deaths, of which three were reported among refugees.

In the period from 30 October to 12 November, 260 COVID-19 cases and seven deaths have been reported. During this period, 149 COVID-19 patients received treatment in hospitals, of which 28 were in intensive care units. There have been 20 measles cases, none of which have been reported among refugees.

According to the Deputy Minister of Health, of approximately 2,200 refugee health-care workers, more than 590 have been registered, of whom 70 have begun to work at health-care centres. Based on the health system workforce needs, there are currently 273 senior medical worker and 59 mid-level medical worker vacancies in Armenia.

Eligibility for all routine services is granted upon registration. Refugees with documented vaccination records will be entered in the ArMed health information system. Those without documented evidence of vaccination history will be vaccinated according to the national catch-up immunization schedule used for children who have missed doses. Vaccine administration has begun across primary health-care centres where refugees have been registered. The Karabakh region has historically had very high immunization coverage, but many refugees lack documentation and will be considered unvaccinated by Armenia by policy.

Initial priorities for the health response are outlined in the Public Health Situation Analysis (PHSA).
WHO actions to date

**Leadership**

- On 2 October 2023, WHO designated the refugee situation a *Grade 2 emergency* and activated emergency procedures.
- Periodic operational reviews are carried out to allow for performance evaluation, course adjustments, and adequate resource allocation.
- WHO proposes measures to ensure adequate preparation and response to the health needs of refugees during the winter season and to facilitate sectoral planning as part of the inter-agency winterization efforts, in line with the response goals set by the MoH.

**Partnerships and emergency medical teams (EMTs)**

- Under the leadership of the MoH, WHO and the International Organization for Migration are co-chairing the health sector response to ensure that emergency response activities are coordinated amongst health partners.
- On 8 November, the WHO Country Office in Armenia co-led the fourth Health Coordination meeting in person.
  - As part of the health sector coordination, WHO is collecting 5W data to map activities being carried out by all health sector partners. During the meeting a map was presented to all health sector partners. The map is being regularly updated and will be used for response planning activities.
  - During the meeting WHO presented a technical update on winterization.
- An EMT Coordination Cell (EMTCC) was established by WHO under the leadership of the MoH of Armenia to support the ongoing medical support for burn survivors. As of 28 October, the EMTCC has been deactivated with a total of four EMTs that had been deployed. All EMTs have now left the country. The EMTs carried out nearly 600 surgical procedures, dressing changes, and supported early physical rehabilitation.
- WHO is actively supporting the country in establishing EMTs. The national focal point participated in an EMT planning workshop for 2024–2025 and simulation exercise in Georgia, where the experience of deploying specialized EMTs during the refugee response was also taken into consideration.

**Health information**

- WHO continues to carry out event-based surveillance monitoring from open sources.
- WHO supported the development of quantitative indicators for the reporting of health sector partners under the Refugee Response Plan.
Health operations

• Between 2 and 30 October, WHO deployed 28 surge staff to Armenia, including WHO leadership deployments, as part of WHO’s support for the emergency response.

• WHO scaled up mental health and psychosocial support (MHPSS) activities for refugee and host populations with the support of implementing partners.
  o WHO established a MHPSS mobile team – a multidisciplinary team that includes a social worker, a child and adult psychiatrist, and psychologists.
    ▪ In the period from 16 October to 3 November, 251 people received MHPSS consultations (of which 20% were children and 25% were older people).
    ▪ On 30 October, WHO accompanied the mobile team on their visit to a refugee shelter in the Kotayk region to further assess MHPSS needs and guide mobile team operations.
  o WHO built the capacity of the existing MHPSS hotline. In the period from 13 October to 1 November, a total of 454 calls were received.

• A scale-up of the response to the ongoing measles outbreak in the country is under way. A nationwide catch-up immunization effort will be conducted from 17 October to 17 December to vaccinate children who have fallen behind schedule and to fill immunity gaps in the domestic population.
  o On 31 October, WHO visited a Mental Health Care Centre in Sevan, in the Gegharkunik region, to observe the immunization outreach campaign and assess the MHPSS needs of refugees receiving inpatient care at the Centre.
On 8 November, WHO, in collaboration with the National Center for Disease Control (NCDC) and the MoH, developed a comprehensive vaccination card. The card contains information about vaccinations and adverse reactions, the vaccination schedule for children aged 0–18, as well as the catch-up plan for people who may have missed vaccinations or lack proper medical records. The card was issued in 20,000 copies and will be disseminated by NCDC at primary health-care centres throughout the country.

**Risk communication, community engagement and infodemic management (RCCE-IM)**

- RCCE-IM has been finalized and endorsed by the MoH. The plan aims to support refugees in navigating Armenia’s health system based on perceptions and needs through the engagement of community actors, and to sustain social cohesion.
- WHO participates in United Nations communication group meetings to synchronise communication efforts and facilitate sectoral planning and coordinated actions.
- WHO co-developed a package of RCCE-IM materials with the MoH. The package includes a set of materials on mental health, access to health care, health-care system navigation, ways to stay healthy in fall/winter and respond to the spread of influenza, COVID-19 and other respiratory viruses. In addition, WHO launched a social media campaign to promote these RCCE-IM messages and materials. The following materials were developed:
  - seven factsheets on stress, dementia, suicide, postnatal depression, mental health disorders, and mental health myths and facts;
  - one information brochure and one poster on the spread of influenza and acute respiratory infections;
  - one information brochure and one poster on access to health care and on health-care system navigation for refugees; and
  - one Frequently Asked Questions (FAQ) page on the provision of medical care for refugees – posted on the MoH website.
- WHO promoted and engaged with communities on the Healthy Lifestyle campaign implemented by the MoH in the Aragatsotn province. A specially designated area was used to present all of the above-mentioned RCCE-IM materials to refugees. The materials were further distributed to the Ashtarak medical centre, municipality and regional administration.
- All the RCCE-IM materials co-developed with the MoH and used as part of the refugee response were shared with health sector partners for further use and dissemination.
- A social media campaign on mental health was launched. The campaign includes up to 17 social media posts with a call to action on the most pressing mental health issues, including self-care, stress, depression, dementia, mental health myths and realities, importance of mental health, and information on where to seek help.

**Emergency communications**

- WHO published Armenia refugee response situation report No. 4 on the WHO/Europe website and social media channels.
- Several external communication products were featured on WHO newsroom and social media channels:
  - Web feature stories:
    - "The situation is critical." Emergency Medical Teams (EMTs) caring for severely burned refugees shoulder to shoulder with Armenian doctors;
    - "With a little help, everybody here can move on. Nobody is hopeless." Scaling up mental health and psychosocial services for Armenian refugees
Situation report No. 5

- Photo essay: Armenia launches revised immunization schedule and catch-up campaign; Testimonies from frontline workers and community members caring for vulnerable refugees in Armenia

- Social media:
  - A photo gallery on EMTs was published on the WHO/Europe X/Twitter, Facebook, Instagram and LinkedIn channels.
  - A video featuring Dr Poghosyan, a rehabilitation therapist, was published on the WHO/Europe and WHO headquarters X/Twitter, Facebook, Instagram channels.
  - A photo gallery on the revised immunization schedule and catch-up campaign was published on the WHO/Europe website, as well as the X/Twitter, Facebook, Instagram and LinkedIn channels.

- EMT response activities were featured in a story titled “The situation is critical” published in Armenian and English on the UN Armenia webpage, UK Med webpage One Step at a Time: Providing Hope Through Rehabilitation and UK Med X/Twitter and LinkedIn social media channels.

- For further updates on the response, refer to the WHO Armenia refugee response webpage.

- Photos from the response are available here.

Fig. 3. RCCE-IM team at the public outreach and community engagement activity in the city of Ashtarak, Aragatsotn region of Armenia

Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

- Rapid risk assessment was conducted to generate evidence-based information for planning, advocacy, implementation, and tracking progress in PSEAH mainstreaming in the refugee response.

- Twenty-five MHPSS workers providing services through the hotline, burn hospital and MHPSS mobile team were trained on PSEAH principles, roles and responsibilities.
Supplies and logistics

- WHO had prepositioned trauma supplies for over 200 patients at the end of August 2023.
- On 6 and 7 October, WHO delivered 10 burn modules from TESK kits to support advanced care needs for 500 burn patients, in addition to five noncommunicable disease modules comprising medicines and insulin that will cover three months of treatment for up to 50,000 people.
- Since mid-September, WHO has dispatched 1672 kilograms of supplies valued at over US$ 71,300.

Resource mobilization

- The WHO Regional Office for Europe has established an Emergency Donor Appeal for Armenia for a total of US$ 2.9 million for the next six months.
- UN Armenia has requested US$ 97 million as part of the Armenia Refugee Response Plan to provide urgent humanitarian aid and protection to refugees and those generously hosting them in Armenia, in support of the government-led response.
  - The health sector has expressed the need for over US$ 10.5 million for the health sector interventions to be conducted under the overall coordination of the MoH.
  - WHO received funding from the Central Emergency Response Fund to implement priority health activities as outlined in the Refugee Response Plan (RRP). It focuses on mental health, health workforce capacity building, immunization, and procurement of medication supply and equipment.

Next steps

- Extend the existing MHPSS programme to affected refugee and host populations.
- Enhance surveillance and response for disease outbreaks (such as measles in Armenia).
- Expand risk communication and community engagement activities.
- Increase immunization activities for measles, polio and COVID-19.
- Support the scale-up of primary health-care services and referrals.

Corrigendum: The hyperlinks were not active in the document and have been enabled. This correction was implemented in the electronic file on 20 November 2023.