



# World Health Organization

Situation report no. 15  
21 DEC, 2014 – 04 JAN, 2015

## Iraq crisis



Photo: WHO ©  
A young boy among the first group that received a cochlear transplant as part of a project supported by WHO in a hospital in Duhok



**5.2 MILLION**  
IN NEED OF HEALTH\*



**2.1 MILLION**  
DISPLACED



**4 MILLION**  
TARGETED WITH HEALTH ASSISTANCE\*



**5.6 MILLION**  
VACCINATED AGAINST POLIO\*\*

### WHO PRESENCE IN IRAQ



Photo: WHO ©  
A young boy lying in the waiting room before benefiting from a cochlear implant in Heevi hospital in Duhok

### HIGHLIGHTS

- ⇒ Ninety seven percent (97%) of the targeted 3.9 Million children were reached during mass measles vaccination campaign in 12 governorates in Iraq.
- ⇒ An orientation workshop for health workers on Family Practice Approach (IFPA) was held in Erbil, Sulymaniah and Dohok.
- ⇒ Two emergency health kits provided to partners in Baharka camp to support the health response.
- ⇒ A mission to Mam Alyan IDP camp, Akre District in Dohok governorate conducted to assess the general health and WASH services in the camp.

### MEDICINES PROVIDED BY WHO



**1.2 MILLION PEOPLE** HAVE DIRECT ACCESS TO ESSENTIAL DRUGS AND MEDICAL EQUIPMENT PROCURED AND SUPPLIED BY WHO

### FUNDING US\$



**187 MILLION** FUNDS REQUESTED

**133 MILLION** FUNDING GAP

### VACCINATIONS



**5.6 MILLION** CHILDREN UNDER FIVE VACCINATED DURING OCTOBER POLIO VACCINATION CAMPAIGN



**151,903\*\*\*** VACCINATED AGAINST MEASLES SINCE 6 APRIL 2014 TO 31 DECEMBER  
**3.7 MILLION\*\*\*\***

\* Figures cover the period January 2014 to December 2015, (CRP)  
\*\*Number of children vaccinated during the October National Polio Immunization campaigns  
\*\*\* Number of IDP children vaccinated in Erbil, Duhok, Sulymaniah and Kirkuk  
\*\*\*\* Number of children vaccinated in 12 governorates during December mass measles campaign.

## Situation update

- According to a draft contingency plan for Ninewa IDP returns, an estimated 1,000 civilian returnees from Dohuk are said to have returned to villages of Sinuni sub-district, following accessibility of some parts of Sinjar Mountains. Additional 9,000 people are also reported to be in and around the Sinjar Mountain; an estimated 5,000 of these are residing in the mountain slopes (Sinuni sub-district authorities).
- Dhuluiya in Salahadin also became temporary accessible to humanitarian actors. The majority of the displaced people (IDPs) in Dhuluiya are from Al-Alam, Yathrib, Beshican, Mashrou' and Gubaiba villages. Those displaced are in need of health services and non-food items; however the number of partners on ground remains limited.
- Despite accessibility of some areas in the Sinjar Mountains and Dhuluiya, other areas in like Ramadi, Mosul and parts of Anbar remained inaccessible; this limits the delivery of humanitarian assistance to populations of humanitarian concern. Partners are working with the local authorities in the affected areas to ensure that the displaced people have access to the humanitarian assistance.

## Humanitarian health update

- A mass measles campaign was conducted in 12 governorates of Iraq in early December targeting IDP and host communities; 97% of the target population (3.9 million) aged 9 month to 5 years children were reached. Iraq faces the risk of measles and polio as a result of population movement and displacements. Since June 2014, limited measles vaccination activities have taken place in areas with large population displacements due to shortage of vaccines in early August to November, 2014.

- WHO is working with other health partners to ensure that displaced populations receive health assistance in all areas with populations of humanitarian concerns (Dohok, Sulymaniah, Erbil, Anbar, Ninewa, Khanaqin and the Sinjar Mountains. But the extremely limited number of health partners on ground is negatively impacting on service delivery in inaccessible areas. In Anbar, health service delivery is challenged as the place largely remains inaccessible. The DOH has requested WHO to support the set up Primary Health Care Clinics in the two districts of Amiriate Al-Falluja and Al-Nekheb districts. Al Nakheb currently hosts 1,200 IDP families.



Photo: WHO ©

**WHO staff making contacts with health services providers regarding a patient found in the IDP where the team was conducted an assessment of health services**

- In Ninewa limited data collection and information has caused a break down in the disease surveillance system.
- A meeting of health cluster partners (WHO, IMC and UNFPA) and the DOH Erbil was held in late December to discuss Reproductive Health services for IDPs living in camps in Erbil governorate. The camp management team in Baharka agreed to allocate space for reproductive health services which will be set up by UNFPA.

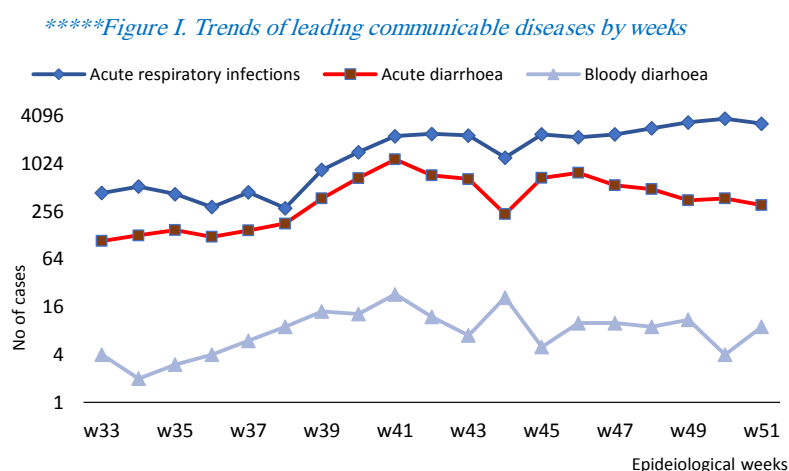
## WHO action

- During this reporting period, WHO conducted an orientation workshop of health workers in Erbil, Sulymaniah and Dohok on Family Practice Approach (IFPA). The workshop aimed at giving an insight to policy-makers and managers of primary health care centres on the IFPA concept; in order to strengthen a family practice programme which is the principal approach for the delivery of high-quality and effective primary care services. WHO recommends family practice as an approach best suited to provide good quality and effective primary care services, an essential element for progress towards universal health coverage.
- In Sulymaniah, WHO trained 50 newly contracted medical staffs of SHAR hospital as a way of preparing them to provide Emergency Medical services. SHAR is a new 400 bed capacity hospital that will offer health services for internally displaced people, refugees and host communities in Sulymaniah.
- WHO conducted an assessment mission to Mam Alyan IDP camp in Akre District to assess health and WASH services in the camp. Mam Alyan IDPs camps is one of seven newly setup IDPs camps in Dohok, constructed and funded by Baghdad Federal Government with a housing capacity of 3,000 tents. Currently 664 individuals have moved to the camp. The team established that mobile medical teams regularly visit the camp; vaccination of children against measles and polio is on-going, however there is no Primary Health Care facility in the area. WHO also conducted water testing and found that the water was not treated (chlorinated) at the time of the visit. The outcome of the assessment has been shared with partners for collective action.
- WHO provided two emergency health kits to IMC to support the response in Baharka camp. The drugs provided are enough to treat 2,000 people for a period of three Month.

## Communicable disease updates

- The outbreak of Acute Jaundice Syndrome (AJS) that was reported from Baharka IDPs camp on 23/10/2014 was confirmed as a viral hepatitis A (HAV) and two cases were recorded in Baharka camp in week 50. Eight more cases of AJS were reported in week 50, four cases were recorded from refugee camps (Arbat, Domiz and Basirma) and four were recorded from Bajit kandala IDP camp. Health cluster partners in collaboration with DOH and WASH visited the camp and conducted health and hygiene education awareness.

- Acute Respiratory Infections (ARI) and Acute Diarrhoea (AD) remained the leading causes of morbidity in week 51 with 3,234 and 306 cases respectively. A 13.4% decrease in (ARI) cases and 17.5% decrease in (AD) cases (Figure I). Bajit Kandala IDP camp accounted for the highest number of diarrhoea and ARI cases; in week 51 the camp reported 123 AD and 1025 ARI cases (40.2%) and 31.7% respectively.



## Public health concerns

- During the current reporting period, 69 suspected cases of Tuberculosis (TB) were reported in the Sulymaniah chest centre; Nineteen (19) IDPs in Sulymaniah are currently on TB treatment including two new cases recently detected among displaced persons.

Tuberculosis diagnostics and treatment services in Sulymaniah, Erbil, Dohuk and Kirkuk are supported by WHO, IOM, UNDP and the MOH, while the TB drugs are procured through the global fund contribution. Efforts should be made to avail TB services in all PHC including those serving the IDPs, Refugees and affected host communities.

- WHO has initiated discussions with the Ministry of Health to explore ways of supporting IDP patients diagnosed with cutaneous Leishmaniasis in areas of conflict. To date, five cases of cutaneous Leishmaniasis have been diagnosed among IDPs in Sulymaniah, and more than 100 others recorded in Kalar and Khanaqeen area, 80 of these cases are IDPs.

## Resource mobilization

	Required funds (USD)	Funded (USD)	% funding gap
WHO****	187 Million	55 Million	70%

\*\*\*\* The funds WHO requires will be used to respond to the health needs of more than 5 million people (2.1 million IDPs and 3.5 million from host communities).

## Contact information

For more information on issues raised in this situation report and the on-going crisis, please contact:

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\*\*\*\*\* The graphic axis is made on the basis of logarithmic scale based on the orders of magnitude rather than the standard linear scale. This enables illustration of data despite the large range of quantities.