World Health Organization

Situation report no. 13
11 – 24 November 2014

Iraq crisis

WHO staff speaking to a displaced family in Duhok during an assessment of health services for displaced persons Photo: WHO/A Rahman

5.2 MILLION IN NEED HEALTH*

2.1 MILLION DISPLACED

4 MILLION TARGETED WITH HEALTH ASSISTANCE*

5.6 MILLION VACCINATED AGAINST POLIO**

WHO PRESENCE IN IRAQ

WHO tests water in Bajet Kandala camp in Duhok as part of water quality surveillance Photo: WHO

MEDICINES PROVIDED BY WHO

1 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

117,760 VACCINATED AGAINST MEASLES SINCE 6 APRIL 2014 TO 16 OCTOBER ***

HIGHLIGHTS

⇒ An expert technical multidisciplinary team from WHO Eastern Mediterranean Regional Office visited Iraq to assess the level of preparedness of Iraq in the event of an outbreak of Ebola Virus Disease (EVD)

⇒ WHO conducted an assessment to Zakho district in Duhok to address the establishment of health services in the planned new camps

⇒ WHO supported Directorates of Health (DoH) in Erbil, Duhok and Suleimaniyah to vaccinate children newly arriving in camps for internally displaced persons (IDPs) and refugees

⇒ Together with the DoH Erbil, WHO investigated suspected cases of hepatitis A in Baharka camp

* 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 and Suleimaniyah

Situation update

- The total number of internally displaced persons in Iraq has reached 2.1 million people, with 40% of those displaced in the Kurdistan Region of Iraq (KRI). More than 450,000 displaced individuals reside in Duhok governorate's Sumel, Zakho, Duhok and Amedi districts, accounting for 24% of the overall IDP caseload.

- Many displaced persons are in hard-to-reach and inaccessible areas with limited access to health care services. An estimated 300 families are currently displaced in Sinjar Mountain in Kharse and in Beere Oura villages with many others scattered in small groups within the mountain area. Mobile medical teams supported by WHO and health partners through Dohuk DoH are providing medical services to displaced populations.

Humanitarian health update

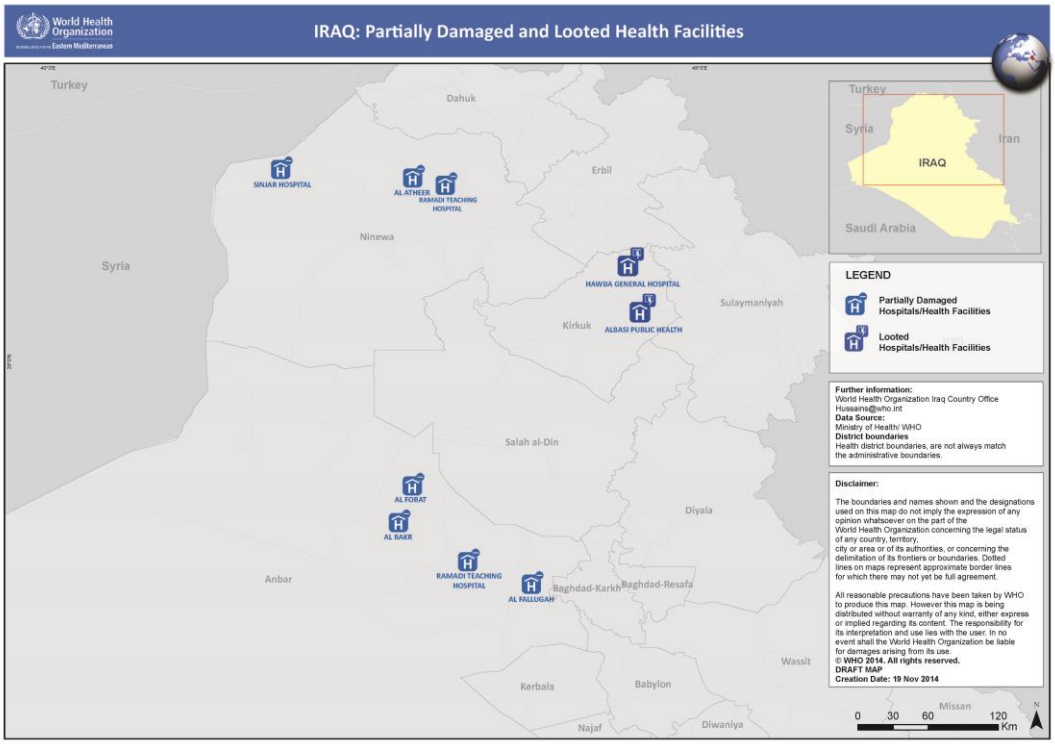
- WHO continues to support the Federal Ministry of Health and the Kurdistan Ministry of Health with the provision of health technologies (essential medicines and medical equipment). However, over this reporting period, areas of Haditha in Anbar remained inaccessible, making the delivery of life-saving supplies to the community challenging. The Ministry of Health airlifted medical supplies to the area.

- Displacement of health workers is further complicating the provision of services for the affected populations. Since June 2014, 2,714 health workers have been displaced from Ninewa, Anbar, Salah al-Din, Sinjar and other inaccessible areas to Duhok (2,532) and Suleimaniyah (182). DoHs are exploring options of re-deploying displaced health workers to health facilities in governorates where they currently reside.

- The referral system between Amirat Al Fallujah and Baghdad has resumed. However, recently, the Bzaiziz Bridge connecting the cities was inaccessible, which has affected the referral of patients.

- The level of destruction of health facilities remains a major challenge in many governorates. For instance, Al Fallujah teaching hospital was partially damaged once again during the reporting period. In Sinjar, two patients were injured following the destruction of the hospital. The map (Fig. 1) below shows location of health facilities that have been partially destroyed and looted since June 2014 to date.

Figure 1



- Shortage of essential medicines is negatively affecting health service delivery in Salah al-Din governorate and other inaccessible areas in Ninewa and Sinjar. In Salah al-Din, only limited access to primary health care services exists, hence, patients from the area seek health care services in Mosul city, Ninewa governorate and in Hawija city in Kirkuk Governorate.

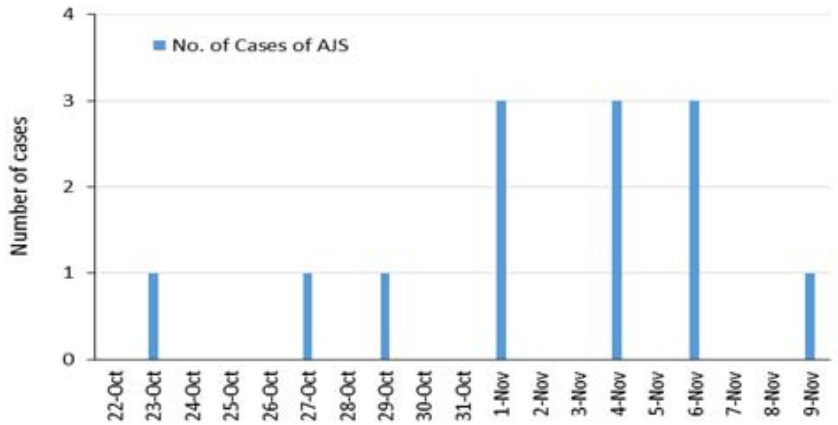
WHO action

- As part of its contribution to water and sanitation surveillance activities in Duhok, WHO provided laboratory reagents to the Directorate of Environment. The reagents will be used to perform water testing in IDP camps as well as routine water testing in the facilities serving the host communities. WHO also supported the Directorate by hiring eight water quality monitoring teams to collect and test water samples from different water sources serving IDPs and host communities.

- WHO emergency team conducted supervision visits to health service delivery points in Suleimaniyah, Duhok and Erbil, and areas served by mobile medical units. In Duhok, on-the-job training for 10 mobile medical service teams was conducted to strengthen disease surveillance and reporting and enhance access to quality health services for IDPs in hard-to-reach areas. WHO continued paying incentives for 50 nurses involved in the provision of health services in IDP camps and host communities.

- The first case of acute jaundice syndrome was recorded on 23 October 2014. Following this, on average, 1-3 cases per day were recorded in KRI as shown in the graph below (Fig. 2). The outbreak was confirmed as a viral hepatitis A (HAV) outbreak.

Figure 2 – Number of cases of acute jaundice syndrome (AJS) recorded in KRI
22 October – 9 November



A field investigation was conducted by the EWARN team which focused on the following aspects: a) epidemiological component with the identification of the index case and new cases and contact tracing; b) laboratory component with clinical samples --- 7 out of 9 samples tested positive for HAV; c) water quality component – chlorination levels at source, reservoir in camp, collection point in camp, and at household level were found adequate, but no conclusion could be drawn as no water sampling was conducted during and before the incubation period; and d) environmental and behavioural component – poor sanitation conditions exist and efforts are underway to promote closer collaboration between WASH and health cluster partners to ensure adequate WASH conditions in the camp. Community health and hygiene education campaigns are being conducted in the camp.

- As authorities are planning to expand Baharka camp to accommodate an additional 2,000 IDP families, WHO and the Ministry of Health in collaboration with IMC initiated a process to rehabilitate and expand the primary health care center in the camp to create additional

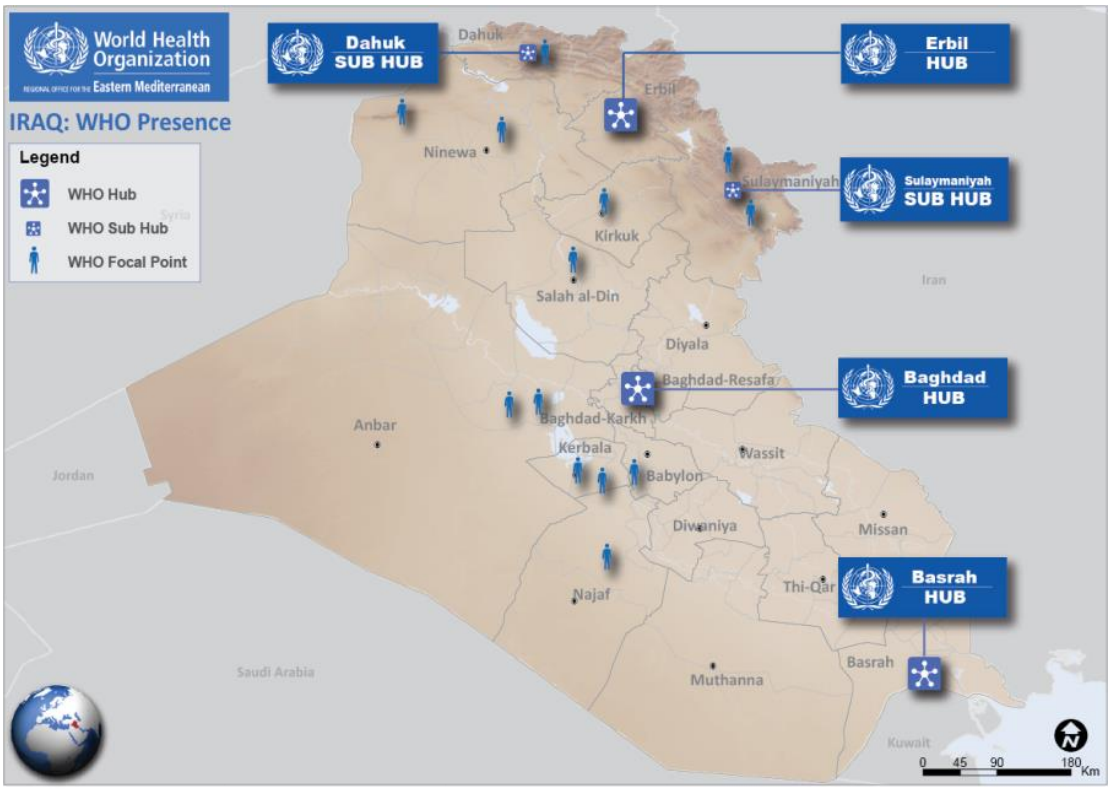
space for patients and improve the quality of services. This will subsequently strengthen access to health care service delivery. WHO will provide financial support while IMC will oversee construction.

- In Ninewa governorate, WHO conducted a training of 30 acute flaccid paralysis (AFP) focal points from 14 hospitals and 10 primary health care centers. The training is expected to generate more surveillance information and improve AFP investigation.

Focal point project

- To strengthen surveillance and coordination of health service delivery in all Iraqi governorates, WHO established a network of public health experts, who as WHO focal points, are responsible for conducting continued health assessments in their respective catchment areas. Ten (10) focal points have been recruited in 10 governorates/districts in Iraq (Fig. 3). WHO plans to expand the network to all 19 governorates in the country in the coming weeks. The focal persons work in collaboration with DoHs to collect and report on health information on disease profiles, populations at risk, and health needs/gaps, which serves as the backbone of coordinated health interventions. During the roll-out of the electronic EWARN system, WHO will rely on the support of its focal points for conducting trainings and ensuring compliance with the requirements of the EWARN reporting cycle.

Figure 3



Communicable disease updates

- Thirteen (13) cases of viral hepatitis were reported among IDPs from Kirkuk (11 cases of hepatitis B and 2 cases of hepatitis C). All the cases were confirmed by laboratory.

- Acute respiratory infection (ARI) and acute watery diarrhoea (AWD) remained the leading causes of morbidity in both refugee and IDP camps in week 44. Among refugees, ARI and AWD accounted for 12.4 % and 2.6% respectively (Fig. 4) while among the IDPs, ARI and AWD accounted for 12.6 % and 2.1% respectively (Fig. 5). Figure 4 below shows the proportionate morbidity among refugees in Iraq and Figure 5 shows the proportionate morbidity among internally displaced persons in Iraq. Detailed analysis of disease trends in

refugee and IDP camps reflected in this report are found the Early Warning and Response Network Bulletin for week 44.

Figure 4: Proportionate morbidity among Syrian refugees in Iraq from week 1 to week 44, 2014

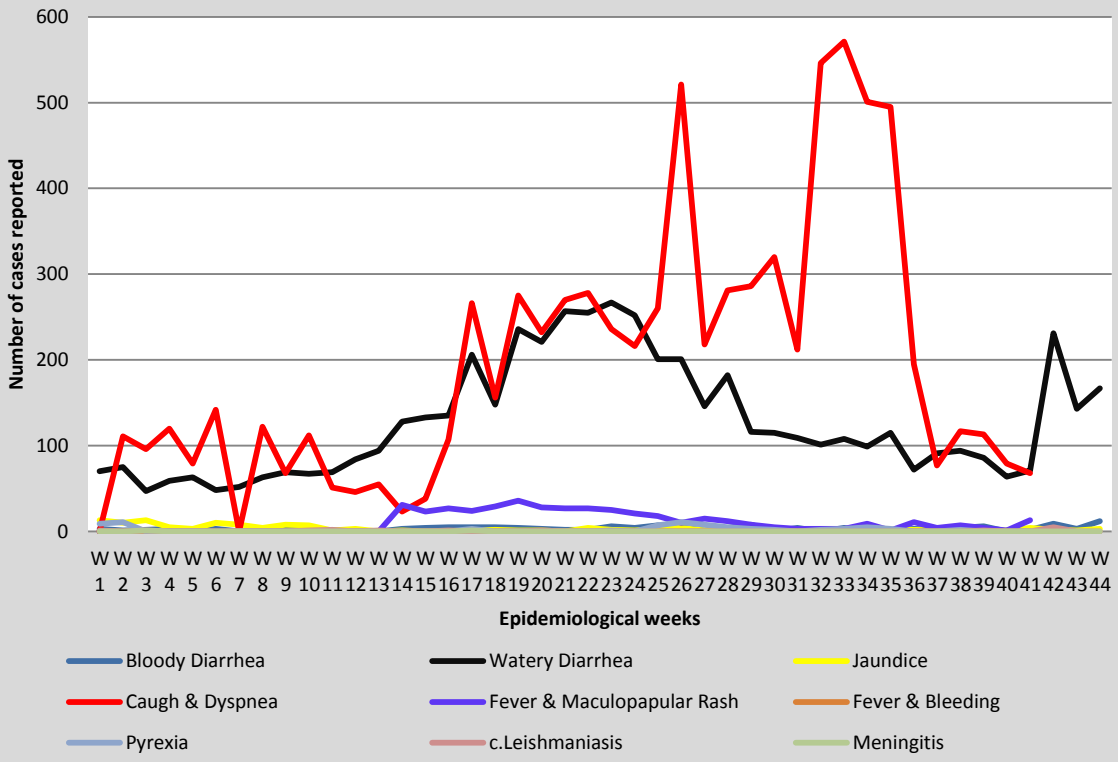
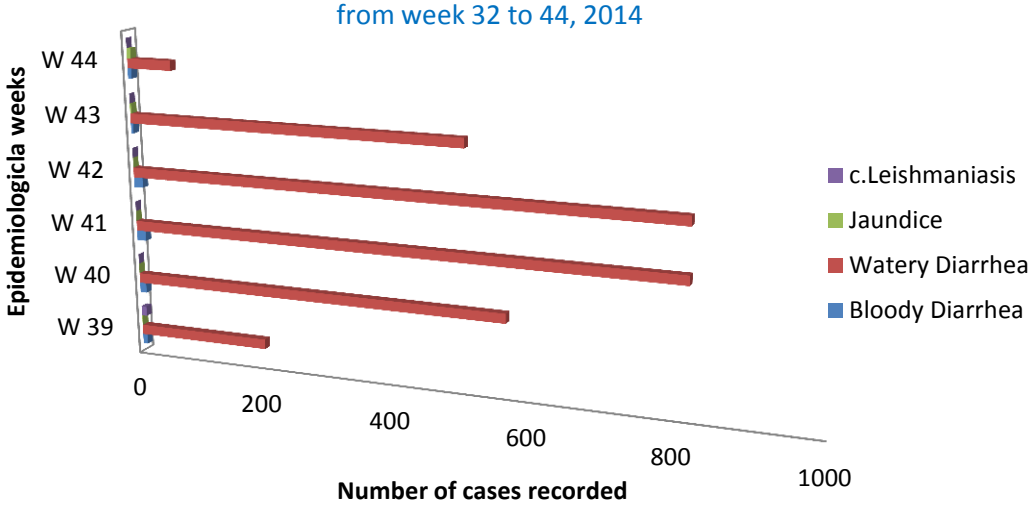


Figure 5: Proportionate morbidity among internally displaced people in Iraq from week 32 to 44, 2014



Public health concerns

- WHO continues to monitor disease trends and provides essential medicines to support IDPs/refugees and host communities in areas with high concentrations of displaced people, as part of its preparations for winter. As the season draws closer, health cluster partners are concerned about increased prevalence of respiratory tract infections and water borne diseases which could have serious public health consequences for IDP populations. Many of the IDPs remain in open spaces, unfinished buildings, collective centres and public buildings including schools and informal settlements.

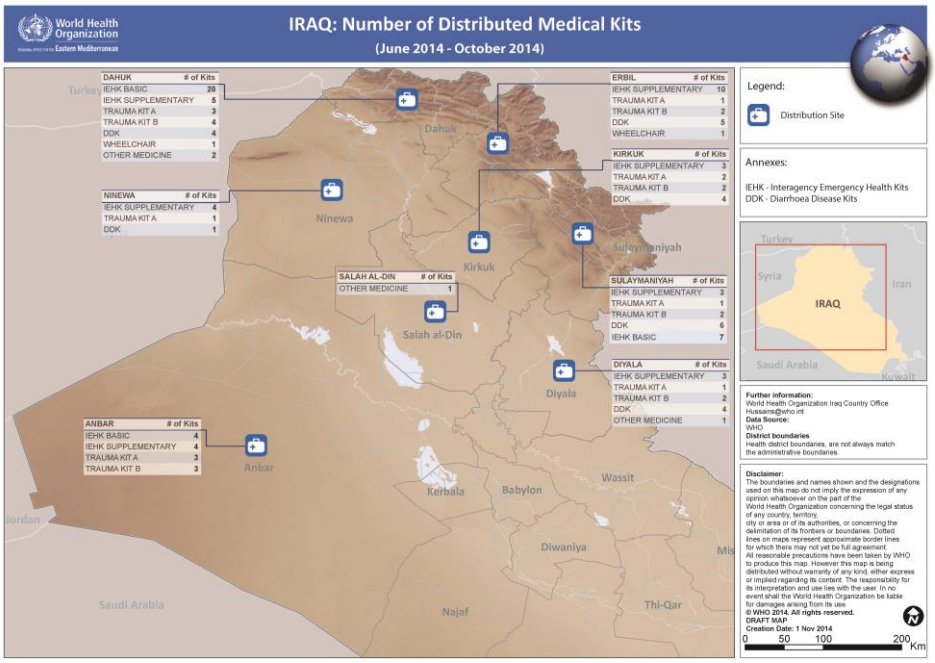
- WHO supports training of focal points that monitor and investigate notifiable diseases throughout the country including some inaccessible areas, as a measure to strengthen disease surveillance. With the influx of refugees into the Kurdistan Region, measles, polio and other infectious diseases pose a high risk to host communities and displaced persons. In Sinjar, vaccination activities have not been conducted since June 2014. A shortage in measles vaccines has been reported in the country. Shortage of Tetra vaccine (DTPHib), MMR and Penta vaccine (DTPHH) have also been reported in most provinces. Reinitiating vaccination activities in Salah al-Din is a top priority for WHO and health cluster partners.

- WHO continues to support Ninewa and Duhok Departments of Environment with teams that conduct water quality monitoring. However in Ninewa, the interruption of water supply in Mosul city and the lack of chlorine for water purification, increases the risk of water borne diseases like cholera.

Core Services

- In response to health access challenges faced by displaced people in Erbil, WHO provided 4 boxes of diarrhoea disease kits and 2 boxes of trauma kits A to the DoH. The map below (Fig. 6) shows areas where WHO has distributed medical kits since June, 2014.

Figure 6



Resource mobilization

	Required funds (USD)	Funded (USD)	% funding gap
WHO**	**187 Million**	**54 Million**	**71%**

**** The funds WHO requires will be used to respond to the health needs of more than 5 million people (1.9 million IDPs and 3.5 million from host communities).

Contact information

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