

HIGHLIGHTS

- ∅ The humanitarian situation in Iraq continues to deteriorate with further displacement of minorities, challenging WHO efforts to provide medicines amid the acute shortage of medications reported by the government compounded by the suspension of flights to Erbil which will limit the option of international procurement. Alternative sources from the local market are being considered.
- ∅ WHO is coordinating with the Medicines & Medical Supplies Directorate– KIMADIA (the State Company for Medicines and Medical Appliances) in the Federal Ministry of Health the dispatch of medicines and medical supplies to the Kurdistan Region –Iraq.

1.5 million	TOTAL IN NEED FOR ASSISTANCE
1 million	TARGETED POPULATION
500,000	BENEFICIARIES OF MEDICINES PROVIDED BY WHO
18.5 million	CHILDREN VACCINATED AGAINST POLIO MARCH-JUNE 2014
11	HEALTH CLUSTER PARTNERS
65	WHO STAFF IN COUNTRY
6	WHO OFFICES AND SUB-OFFICES

CONTEXT

- ∅ During the reporting period, an additional 200,000 internally displaced persons, mostly from the Yezidi community, fled from the districts of Sinjar and Talafar in Ninewa Province, northern Iraq to Dohuk in the Kurdistan Region of Iraq.
- ∅ Based on recommendations of the US Air Authority and the European Air Security Organization, some airlines, have taken the decision to suspend their flights to Iraq. This will further delay the delivery of humanitarian aid shipments and airlifting of medicines and medical supplies. Alternative solutions, including the possibility of procurement of quality assured items on the national market or in neighboring countries are being considered by WHO.

HEALTH SITUATION

NINEWA GOVERNORATE

As many as 200,000 civilians, mostly from the Yazidi community, were forced to flee their homes in Sinjar and Talafar districts on 2 August heading towards Dohuk and Zakho in the Kurdistan Region of Iraq (KR-I). Unknown number of civilians is reported to be trapped in Jabal Sinjar, an exposed mountainous area near Sinjar district which is now surrounded by ISIS militants. The humanitarian situation of these civilians is assessed as critical and they are in urgent need for basic items including food, water, and medicines.

The two health facilities of Sinjar General Hospital and Primary Health Care Center reported that the acute shortage of medicines and medical staff has worsened due to the closure of Mosul/Sinjar road and the escape of the hospital health personnel yesterday due to ongoing fighting in the city.

KARBALA GOVERNORATE

Official sources dated 3 August indicate that the number of IDPs transferred to Kerbala from northern Iraq exceeded 50,000 with additional daily arrival of 500-700 civilians, the majority are from Telafar district in Ninewa Governorate.

A registration process is being applied by the governorate authorities and a special registration book was provided by Kerbala DOH to all hospitals and PHCs for the registration of IDP patients receiving various health services.

Despite the burden on the health facilities in the governorate, Kerbala DOH has provided 16 fixed and over 30 mobile clinics to extend health services to the displaced population hosted in areas of Kerbala City Center, Kerbala/Baghdad Road, Kerbala/Najaf Road, Kerbala/Hila Road, and the three Visitors' Cities in the governorate. DOH has also utilized the health personnel present among IDP camps and community to serve in the new health facilities established within IDP camps.

AL- ANBAR GOVERNORATE

The security situation in Anbar governorate is still volatile and displacement of families continued from areas of Al- Qaam and Haditha due to the ongoing violence in these areas. At least 65,000 families departed from their homes towards safer zones inside the governorate. Kubaisa and Al Baghdadi sub-districts west of Anbar are now hosting over 22,000 families while Habaniya tourists city, south east Ramadi is accommodating more than 13,000 families. Thousands other families are sheltering in relatively safer towns in different areas central, east, and south the governorate.

IDPs in Anbar live in schools and under-construction houses and the governorate authorities are negotiating the use of spaces in a secured area to set a camp. The shortage of clean water, insufficient food supplies, and limited health facilities present another challenge for the government authorities, international agencies, and humanitarian NGOs. The water supply for displaced families is mainly from water tanks or wells. The water is being treated with chlorine tablets provided to them by Anbar DOH. Health services are provided by PHCs

in the area, which are overburdened by the increased number of patients. Five PHCs were closed last week in 3 sub-districts of Ramadi City due to the ongoing military operations in the area.

A new PHC was opened to serve IDPs in the two nearby towns of Jaraishi and Al-Bueffan. A delivery room also opened in Al Garma district to overcome the difficulty faced by pregnant women to access the main obstetric hospital in Al- Ramadi city.

KIRKUK GOVERNORATE

The functional health facilities in the governorate are: five hospitals, 54 main PHCs, 61 sub PHCs, six medical detachments, and six health houses. However, Kirkuk DOH is experiencing shortage in fuel and funds which is hampering the implementation of the insects and rodents summer control campaign activities.

The Human Rights Centre in the Governorate has shared with WHO a detailed report with the medicines and medical supplies urgently needed for Amerli affected population.

Hawiji, one major district of Kirkuk governorate as well as some areas of Dakuk sub-district have also reported shortage of medical staff in health facilities. There are also reported shortages of chlorine.

KIRDISTAN REGION OF IRAQ

In Dohuk, 150 health facilities are functioning including 29 hospitals (17 specialized and 12 general). However, the load on these facilities is resulting in acute shortage of medical staff and medicines and medical supplies. A list of essential drug needs has been prepared by Dohuk DOH and shared with WHO for support.



**IDPs sleeping on floor in a school building in Khanek, Dohuk
WHO visit to Khanek Collective Town, Dohuk-KRG- 5 August 2014**

Kalar City in Suleimaniya governorate, where the most affected IDPs are hosted, was visited on 3 August 2014 by a WHO technical team to assess the humanitarian situation of the displaced population in the city and its sub-district of Salih Village about 10 km to the east. Official sources estimate that the number of displaced population in the city and sub- district has reached 600 families representing about 10 to 15 per cent of the IDP population in the governorate. The sources also revealed a 40% increase in the number of IDPs in Peramagron, scaling the number up to 700 families and to 650 in Rania district.

Health services are offered by Kalar general hospital and two PHCs. The hospital emergency unit reported a number of diarrhea case among the IDPs and local community. The cases were

treated but no stool samples were taken for Vibrio Cholera testing. However, the hospital indicated no shortage in I.V. fluid or other diarrhea treatment drugs.

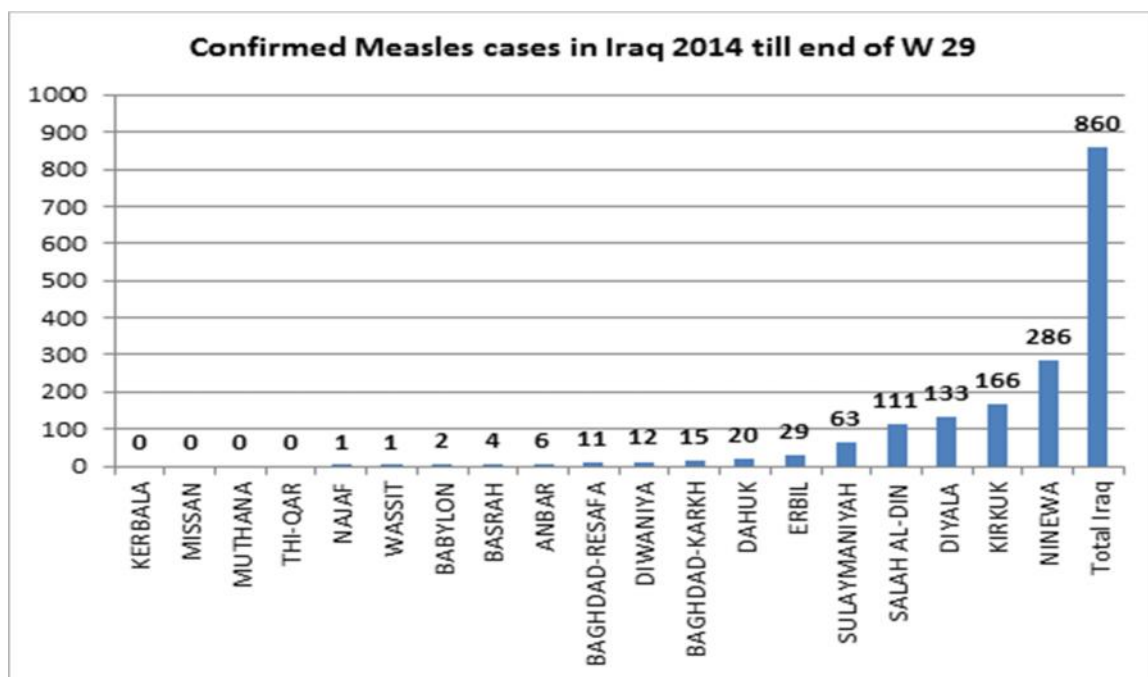
PUBLIC HEALTH CONCERNS

COMMUNICABLE DISEASES

According to the epidemiological report for week 28, the total number of measles cases in all Iraqi governorates was 860, acute watery diarrhea 50, fever and rash two, and total acute jaundice six.

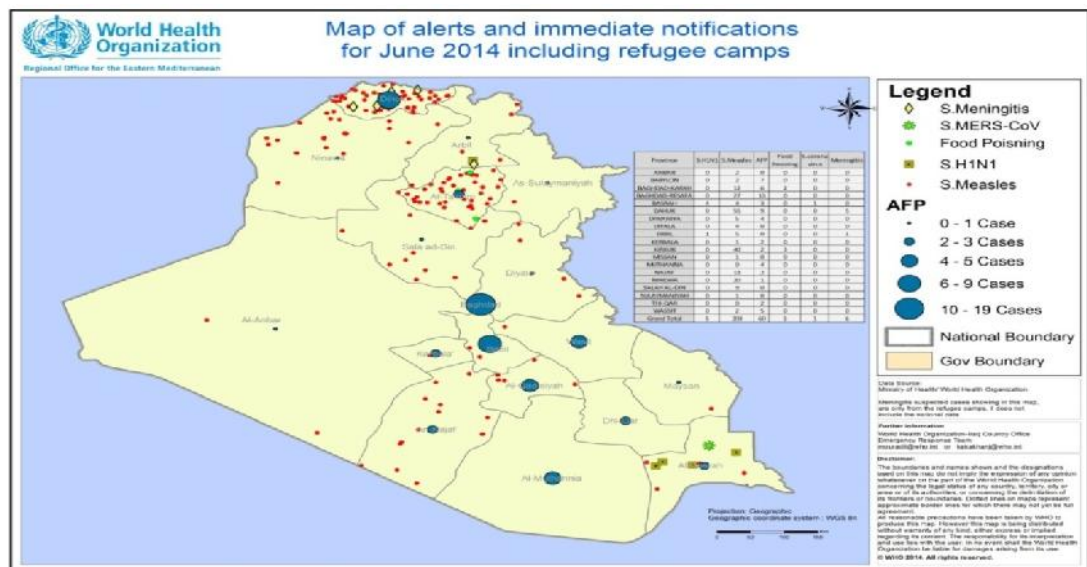
Kirkuk DOH received EWARN reports from 12 sentinel sites detecting one suspected case of H1N1.

The communicable diseases monitoring program in Anbar is partially functioning. Only three districts (Al Qaam, Haditha, and Hit) sent their reports to Anbar DOH on acute diarrhea cases for weeks 23, 24, 25, 26, and 27 indicating a total of 1,313 cases in the said three districts. No update was received from the rest seven districts of the governorate and no stool sample was taken from any patient for investigating Vibrio cholera virus. The DOH reports shortages in stool sample transporting medium (Cary-Blair medium) and culture medium to re-activate the routine system of acute diarrhea management, necessary for the detection of cholera outbreak which is expected in the summer season, considering the lack of clean water, overcrowded shelters, and poor sanitation and hygiene in many IDPs locations. I. V. fluid supplies are also in shortage in many hospitals equipped to manage cholera cases during outbreaks



WHO AND OTHER PARTNERS' ACTION

- In response to the drug shortages reported in several health facilities and governorates DOHs, including in the KR-I, MOH/Kimadia continue to facilitate the delivery of medicines and medical supplies throughout the countries. During the reporting period, 11 trucks have been delivered to Erbil; seven to Suleiymaniyah and three to Dohuk. Each truck is loaded with 24 to 25 tons of medicines and supplies
- Kerbala DOH opened additional 16 fixed clinics and deployed over 30 mobile health teams supported by eight to ten ambulances for emergency referrals
- Preparations for the upcoming national and sub- national polio and measles immunization campaign on 10-14 August is on-going in all 12 selected governorates including the three KRG provinces.
- WHO technical experts are following up closely with DOHs of the selected governorates to ensure smooth Oral Polio Vaccination (OPV) campaign administration to targeted population.
- Kirkuk DOH received 44 refrigerators and other vaccine equipment from UN partners in support for the upcoming polio and measles immunization campaign on 10-14 August.
- Dohuk DOH is coordinating with WHO in conducting an assessment of the humanitarian situation of the civilians in Zumar district following the new wave of violence in Sinjar and Zumar districts of Mosul governorate.
- Sinjar General Hospital has developed a cooperation program with MSF to pay the two months delayed salaries for the hospital doctors and resident general practitioners. The program also included opening an outpatient clinic to minimize the burden on Tawar hospital.
- UNICEF supported Sinjar hospital with 20,000 liters of gasoil, Sinonu hospital with 10,000 liters, and the health sector with 20,000 liters.



RESOURCE MOBILIZATION

- ⇒ WHO estimates that approximately USD 150 million is required to respond to the health needs of more than 5 million beneficiaries (1.8 million IDPs and 3.5 million from host communities).
- ⇒ Since the beginning of the IDP crisis in June 2014, WHO has received support from the DFID (UK), Italy, Korea, Saudi Arabia and Kuwait.

For more information, contact:

Dr Syed Jaffar Hussain
WHO Representative and
Head of Mission
Iraq
hussains@who.int

Dr. Ezechiel Bisalinkumi
Technical Office
Iraq
bisalinkumie@who.int

Ms. Ayyal Sultany
Communications Officer
Iraq
sultanya@who.int