



# World Health Organization

Situation report no. 16  
04 JANUARY – 18 JANUARY, 2015

## Iraq crisis



Photo: WHO©

A young boy receiving a dose of polio vaccine during a mass vaccination campaign. WHO technically and financially supports the Ministry of Health to conduct polio vaccination campaigns.



**5.7 MILLION**  
IN NEED OF HEALTH\*



**2.2 MILLION**  
DISPLACED



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

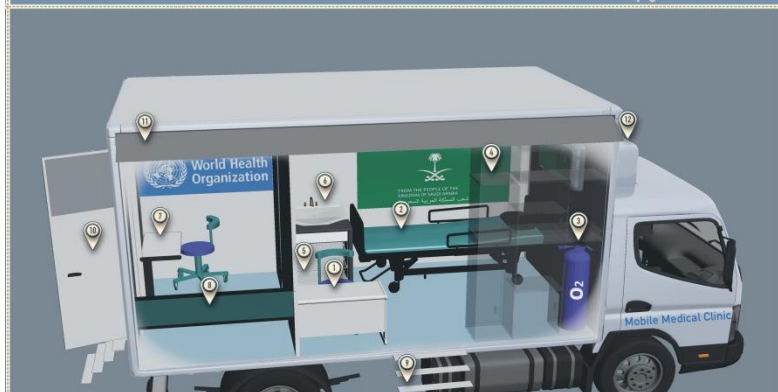


**5.6 MILLION**  
VACCINATED AGAINST POLIO\*\*

### MEDICAL MOBILE CLINICS

#### The Interior and Equipment of the Mobile Medical Clinic

- |  |  |                                 |
|--|--|---------------------------------|
| 1. Doctor's desk   | 5. Refrigerator for medicine storage         | 9. Doctor's entrance            |
| 2. Examination Table   | 6. Wash basin                                | 10. Patient entrance            |
| 3. Oxygen cylinders  | 7. Nurse's desk                              | 11. Electrical rolling umbrella |
| 4. Cupboard/shelves for medicine and medical equipment storage | 8. LED lighting for day and night operations | 12. Air conditioner/heating     |
|  |  | 13. Back-up generator           |



### MEDICINES PROVIDED BY WHO



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

### FUNDING US\$



**187 MILLION** FUNDS REQUESTED

**131 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  
**3.9 MILLION\*\*\*\***

### HIGHLIGHTS

⇒ WHO delivered five basic Interagency Emergency Health Kits (IEHK) to Dhuluiya in Salahadin, enough to treat 5,000 people for three month.

⇒ Three basic Interagency Emergency Health Kits (IEHK) were also delivered to Malteser and Turmenneli Cooperation and Culture Foundation (TCCF) to respond to the displaced people in Debagah district; enough to treat 3,000 people for three month.

⇒ Four additional mobile medical clinics have been delivered to the Ministry of Health; this brings the total number of mobile medical clinics donated to Iraq to 12.

⇒ WHO in collaboration with the Ministry of Health (MOH) and UNICEF conducted a mission to Duhok Erbil, Sulymaniah and Baghdad to assess the progress made on polio eradication in the country.

\* 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

- On 10 January, an estimated 800 families (UNOCHA) were displaced into Debagah district in Erbil. The displaced populations are originally from Dwezat Foqani, Dwezat Tahtani, Tel-Alshair and Tel Alrim in the districts of Sultan Abdullah, Gayara and Makhmour. Those displaced are currently residing in four mosques and a ceremony hall in Debagah. An assessment mission jointly conducted by Malteser and Turmenneli cooperation and Culture Foundation (TCCF) concluded that the populations are in dire need of basic items and services; shelter, food, water, sanitation and healthcare.

An estimated 340 families (UNOCHA) comprising of over 2,500 people were displaced from Salah-al-Din to Arbat IDP camp on 9th January. The displaced have been accommodated in tents inside the camp, and were provided with food, non-food items and access to healthcare services. As the influx of populations continue in Arbat camp, a need to scale up humanitarian services in and around Arbat camp is urgently needed.

## Humanitarian health update

- WHO is advocating with the Ministry of Health and other Directorate of Health (DOH) to ensure that preventive services are made available in all health facilities serving in displaced populations. This follows an assessment conducted by WHO that found that some health facilities serving IDPs in Erbil (Mart Shmoony Charitable Medical Unit and Harsham IDP camp), and Dohuk (Bajet Kandala IDP 1 & 2) are not providing vaccination services. WHO together with the Ministry of Health and other health partners are working closely to ensure that vaccination services are made available to all displaced children as well as host communities
- Additional assessments indicate that basic laboratory services in some health facilities in IDP camps are either non-existent or insufficiently equipped supporting the setup of basic laboratory services in camps will enhance the diagnosis and quality of health services provided to displaced populations. Four health facilities visited by WHO (Bajet Kandala IDP camp 1 & 2, Kebirto IDP Camps 1 & 2) in Dohuk lack minimum laboratory capacities, while in Mart Shmoony Charitable Medical Unit, the laboratory is well equipped but is still not functional as the laboratory reagents and trained laboratory technologists are still being put in place.

## WHO action

- Four additional new mobile clinics that were procured by WHO with funds from the Kingdom of Saudi Arabia were delivered to the MOH in Baghdad. This brings the total number of WHO procured mobile clinics to 12 units. The first batch of the mobile clinics were handed over to the Directorate of Health, Duhok governorate to serve the needy populations sheltered in hard-to-reach areas in Sinjar Mountain, Shekhan, Zakho and Summail districts. Two clinics have been deployed to Erbil, and two to Sulymaniah.
- As part of a joint humanitarian response mission, WHO delivered five basic units of Interagency Emergency Health Kits (IEHK) to serve the population in Dhuluiya that was inaccessible for seven months. The Primary Health Care Centre (PHCC) in Dhuluiya was affected and rendered non-functional, currently health services are being provided from a rented house. The commodities delivered will cover the needs of 5000 people for three months. Additional three basic units of Interagency Emergency Health Kits (IEHK)



Photo: WHO©  
Preparation of the Interagency Emergency Health Kits which were delivered Duluiayah district as part of a humanitarian convoy

were donated to Malteser and TCCF to serve the needs of 3,000 people displaced to Debagah from Dwezat Foqani, Dwezat Tahtani, Tel-Alshair and Tel Alrimi.

- WHO in collaboration with the Ministry of Health, Eastern Mediterranean Public Health Network (EMPHNET) and UNICEF conducted a polio review mission in Baghdad, Erbil, Dohuk and Sulymaniah with the aim to determine the quality and sensitivity of the surveillance system and its reliability; and to establish all necessary steps to ensure interruption of the wild polio virus transmission. Findings of the review mission will be shared in the next situation report. The last cases of poliomyelitis infection were reported in the country in April 2014, this triggered a series of vaccination campaigns jointly organized by the MOH, WHO and UNICEF throughout the country.
- As a follow up to the large number of cases of Acute Respiratory Infections in Bajet Kandala camps 1 & 2, WHO and DOH conducted a joint assessment mission. There is a need to strengthen health services and address shortage of health technologies including essential medicines and other medical supplies in Bajet Kandala camp 2. WHO is currently supporting the DOH with essential medicines to cover critical gaps, and will collaborate with the governorate and WASH cluster partners for a joint response to water provision and chlorination.

- WHO team also conducted health assessments mission to Kebirto camp 1 and 2, as well as Sharia IDP camps in Duhok. Both Kebirto 1 & 2 IDPs camps having a population of 13,318 and 13736 individuals respectively are newly established camps with no functioning Primary Health Centres (PHC); however mobile medical teams regularly visit the camps to provide medical services.



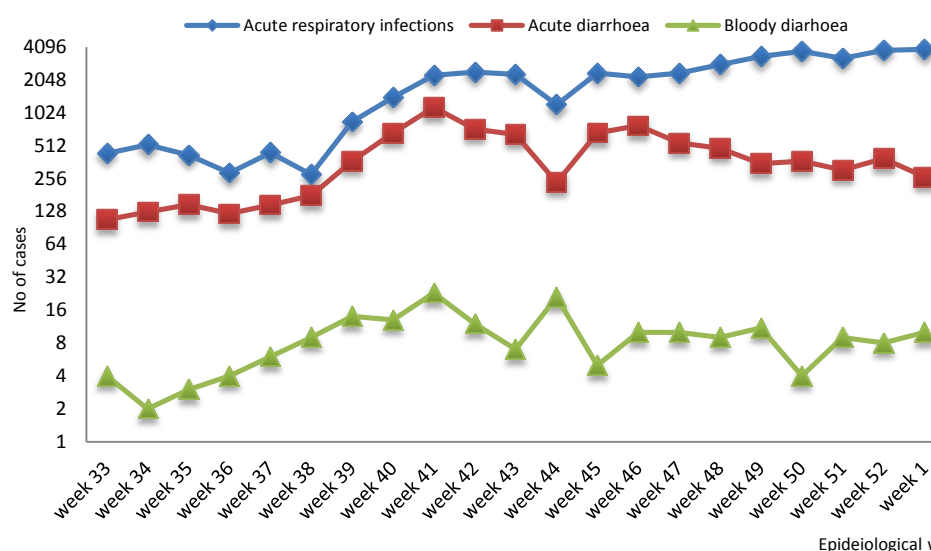
Photo: WHO©  
WHO staff meets with a pharmacist in a primary health care unit in Bajet Kandala camp during an assessment mission

WHO team, visited Mart Shmoony Charitable Medical Unit and Harsham IDP camp, and noticed the lack of vaccination services in both camps. The team reported these gaps through the health cluster, and in close collaboration with the DOH, action will be taken to ensure that preventive services including vaccination are provided to the health facilities in IDP camps.

## Communicable disease updates

- Acute Respiratory Infection (ARI) and Acute Diarrhoea (AD) remained the leading causes of morbidity with 3,883 and 265 cases respectively, representing 40.1% and 2.7% increase in the number of ARI and AD cases in comparison to week 52 (details in Figure I). For four consecutive weeks, ARI cases have been increasing from 3,354 (from 13 reporting sites) in week 49 to 3,883 cases (from 11 reporting sites) in week 1.
- The outbreak of viral hepatitis A (HAV) that was reported from Baharka IDPs camp since October continue to record declining trends in the past five weeks. In this reporting week, no new case of HAV was recorded from Baharka camp.1

Figure I: Trend of leading communicable diseases by weeks\*\*\*\*\*



\*\*\*\*\*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.

## Public health concerns

- Following media rumours of suspected cases of Haemorrhagic fever in Mosul, the Ministry of Health and the World Health Organization investigated the allegations through existing surveillance networks, and contacts with health authorities and other medical sources in Ibn Sina Hospital in Mosul. All sources contacted negated the existence of any suspected cases of Ebola. The Ministry of Health and the World Health Organization remain vigilant and have scaled up surveillance efforts to ensure early detection and safe management of any suspected Ebola Virus Disease cases in the country.
- The lack of vaccination services in Mart Shmoony Charitable Medical Unit and Harsham IDP camp is a public health concern for children given the new and regular waves of displacement and congestion in IDP camps. Providing booster doses of vaccines through static health facilities is therefore crucial.
- The lack of basic laboratory services in some health facilities in IDP camps is also a public health concern. Ensuring basic laboratory services at PHCs not only improves the quality of medical care and supports efforts of a physician in adequately diagnosing and treating diseases. Ensuring a minimum package of laboratory services will not only improve the treatment modalities but can also bring down the cost of treatment by minimising the use of the syndromic approach to treat minor ailments.

## Resource mobilization

	Required funds (USD)	Funded (USD)	% funding gap
WHO*****	187 Million	56 Million	70%

\*\*\*\*\* The funds WHO requires will be used to respond to the health needs of more than 5 million people (2.2 million IDPs and 3.5 million from host communities).

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

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