



World Health Organization

Regional Office for the Eastern Mediterranean

Iraq crisis

Situation report no. 4
6–9 July 2014

1.1 TOTAL IN NEED OF ASSISTANCE
million

360,000 TARGETED POPULATION

170,000 BENEFICIARIES OF MEDICINES PROVIDED BY WHO

18.5 CHILDREN VACCINATED AGAINST POLIO MARCH-JUNE 2014
million

11 HEALTH CLUSTER PARTNERS

65 WHO STAFF IN COUNTRY

6 WHO OFFICES AND SUB-OFFICES



Children in Garmawa camp, Dohuk, where more than 1100 internally displaced persons currently live Photo: I. Hamam / WHO

HIGHLIGHTS

Five cases of measles have been confirmed among displaced families moving from Biji to Al-Anbar governorate.

WHO has supported the Kurdistan Ministry of Health with 24 tonnes of medicines and medical supplies for Erbil, Dohuk, Sulimaniyah, and Kirkuk.

Medicins Sans Frontieres is opening a primary health care clinic in Hit City for internally displaced families fleeing Al Qaim.

Shortages in electricity, food, and fuel continues to impact hospital operations in Ninewah Governorate.

HEALTH SITUATION

Ninewah Governorate

Ibn Seena Hospital in Mosul which was damaged in June as a result of the conflict is now under rehabilitation. Only the right wing of the hospital is functioning including the internal medicine and psychiatric and neural treatment halls. Other parts of the hospital including the laboratory, the neuro-surgery section, the pediatric emergency unit, and the cardiac intensive unit are also functional.

Ninawa Directorate of Health receives around 400 tons of medicines and medical supplies from the Ministry of Health each month. Warehouses in Suleimaniyah and Erbil have been established to facilitate the shipment of medical supplies to Ninawa governorate through the Kurdistan Region of Iraq. The transfer of medicines by road remains a challenge due to insecurity. Mosul Directorate of Health is currently transferring medicines to Ninawa through local contractors.

Shortages in electricity, food, and fuel continue to impact hospital operations.

Al-Anbar

Many families from Al-Qaim were displaced to Hit city which is currently hosting more than 50,000 people living in houses under construction with no clean water, electricity or sufficient health services. The flow of internally displaced persons to Hit is overburdening health facilities and necessitating the support of new mobile or primary health care clinics to accommodate the increasing needs for health care.

Kurdistan Region of Iraq

About 300 internally displaced families coming from Telafer in Ninawa Governorate are now living in Baharka transit camp in Erbil before their relocation to Najaf. Health services are provided by Baharka Primary Health care center through an ambulance and a team of paramedics. A team of WHO public health experts led by WHO’s Representative in Iraq Dr. Syed Jaffar Hussain visited the camp earlier this week to determine the health needs of the internally displaced persons and identify how WHO can support Erbil Directorate of Health in ensuring their access to health services.

Garmawa camp in Dohuk currently hosts 197 families,

(1100 people). 58 patients were treated by the camp medical team, nine children were given oral polio vaccine and nine children given MMR vaccine. No communicable disease outbreak was reported. A team of WHO public health experts accompanied by the Deputy Special Representative of the Secretary General (DSRSG) conducted an assessment visit to the camp to evaluate the health services available for the displaced population.

Displaced families are also residing in public places, schools, and host community in Kalar city in Suleimaniyah. Insufficient health and water and sanitation services have been reported.

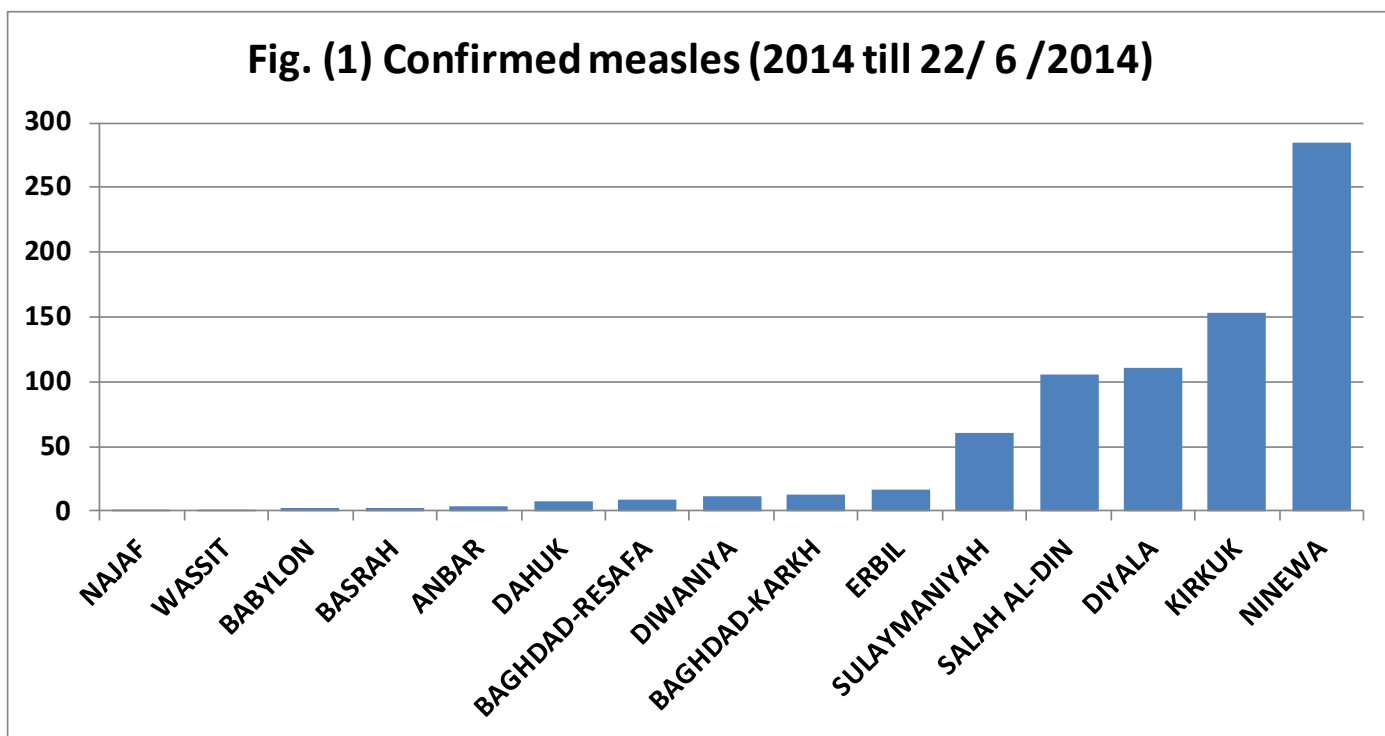
HEALTH RESPONSE

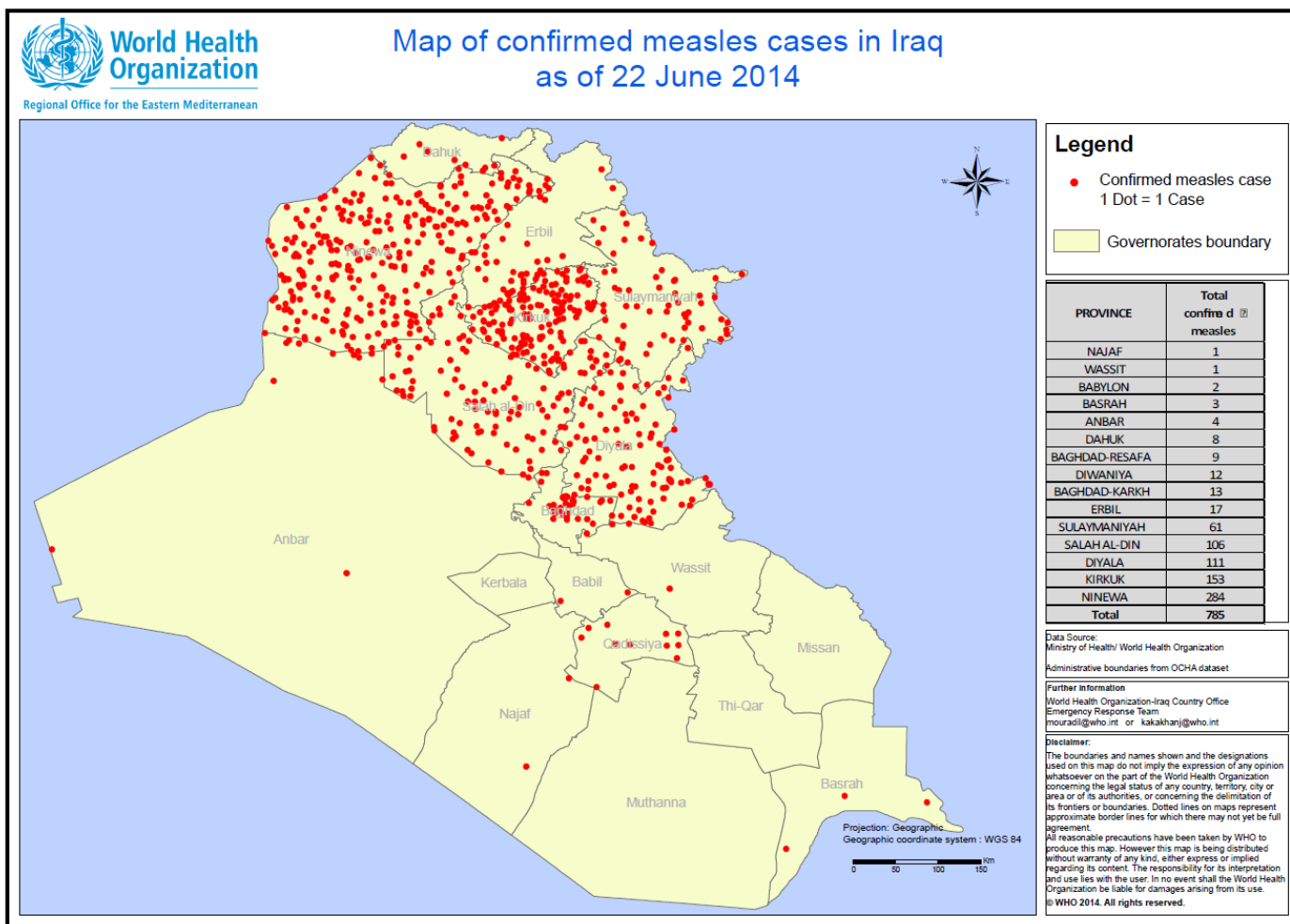
Ninewah Governorate

Medicine and medical supplies in Telafer are provided through the Ninewa Directorate of Health. Telafer Primary Health Care centre also receives vaccines from the central vaccines warehouse.

WHO has provided Al-Jumhuriyah hospital in Mosul with an IEHK (Interagency Emergency Health Kit) for 10,000 people for three months.

Fig. (1) Confirmed measles (2014 till 22/ 6 /2014)





One mobile clinic has been established in Tillkaif district of Mosul by Medecins Sans Frontieres (MSF) to cover several locations within Al Qosh zone. MSF is also conducting a rapid health assessment in the area and supporting the main hospital.

Kurdistan Region of Iraq

WHO has dispatched 24 tons of medicine and medical supplies to the Ministry of Health for distribution to Erbil, Suleimaniyah, Dohuk. A shortage in medicine is expected in Suleimaniya within the coming weeks.

COMMUNICABLE DISEASES

Five confirmed cases of measles have been reported among displaced families moving from Biji to Anbar governorate. Communicable diseases reported from

the rest of affected governorates were within the normal rate. samples were sent to the Central Public Health Lab (CPHL) confirmation.

The disease surveillance in Telafer city is partially functioning and does not include all health facilities due to limited communication. Recent reports on communicable diseases reflected normal rates.

Mosul Communicable Diseases Centre (CDC) is conducting surveillance of acute diarrheal diseases, fever, skin rashes and jaundice especially among children under 5 years .

COORDINATION

WHO participated in a meeting for UN agencies with the Central Ministry of Migration and Displaced Popu-

lation and the Office of Foreign Affairs in the Kurdistan Region of Iraq. The meeting discussed the current situation response plans. It was suggested that camps for internally displaced persons should be established at the border with Ninewa Governorate in order to facilitate their repatriation.

WHO also attended the operational Humanitarian Country Team meeting (OHCT), a UN internal meeting which will be held on a regular basis to discuss operational and programmatic issues/challenges and outcomes and report back to Humanitarian Country Team on its decisions. During the meeting, it was agreed that a special meeting focusing on how to coordinate the rest of Iraq will be held and Heads of Agencies or their Cluster representatives should participate.

Finding a way of pursuing the implementation of United Nations Development Assistance Framework related programmes/projects in the Kurdistan Region of Iraq and the rest of the country were also discussed recommending that WHO follow up on the announcement of KRG about the first installment of its contribution to the Trust Fund.

DONORS AND FUNDING

WHO estimates that additionally US\$ 6 million is required to respond to the health needs of affected populations in each of Iraq's 18 governorates per month.

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