



Highlights

As a result of the violence in Ninewa governorate, the United Nations estimates that approximately 300,000 people have been displaced, with this number expected to rise significantly in the coming period.

Almost 80% of the displaced in the Kurdistan Region of Iraq are housed among the host communities. An outbreak assessment team is in the Region to monitor risks of outbreaks of measles, polio and cholera.

The sub-national Immunization Day could only take place only in 25-30% of areas in Mosul due to accessibility issues. No independent monitoring could take place because of security concerns.

The UN and humanitarian community is facing challenges in its response capacity due to limited funding.



Polio immunization campaign by the Erbil Directorate of Health, WHO and UNICEF in Al-Khazar camp for internally displaced persons

Photo credit: Saad Al-Dahwi / WHO, 2014

Overview

Since 9 June 2014 casualties among civilians and the Iraqi Security Forces (ISF) are estimated to be in hundreds; specifically in the Ninewa governorate and its capital/center Mosul, most parts of Diyala and 60% of Salah ud Din governorates towards the North of Baghdad. A UN inter-agency rapid assessment estimates that approximately 300,000 people have been displaced as a result of the violence, mainly from Mosul but also from Tikrit and parts of Salah ud Din, with this number expected to increase in the coming period.

Mosul health situation

The lack of security in the affected areas is making it difficult for the population to access basic supplies and services to meet their needs. Humanitarian space and secure access to conduct needs assessments and provide medical support is limited.

Shortages in fuel are anticipated to have a critical impact on the functionality of health facilities and the cold chain in vaccination activities. Additionally, the electricity line from the main grid has been cut-off since night of 16 June and generators running the health facilities run for few hours only. All vaccines therefore have been moved from the health facilities to the central store at the Directorate of Health.

There are 14 hospitals, 9 of them inside Mosul and the rest outside. The 9 hospitals inside are all functioning except 1 (Ibn Sina Hospital) which was damaged by a strong explosion and so has only 2 functioning units (pediatrics and dialysis unit). Cases are being and referred to Aljimhoori Surgical Hospital. Albatool and the main cancer hospital were also affected by explosions but are still functioning. 4 out of 5 hospitals outside Mosul are functioning. WHO was unable to reach medical staff at Tel Afer hospital by phone after reported

attacks and explosions. The numbers of reported mortality/morbidity cases are within normal range according to the Directorate of Health.

To date there are no shortages in the provision of health services or medicines reported in Mosul. All Primary Health Care Centres in Mosul are functioning, although the staff presence is 30 -50%. The main food contractor for the hospitals has left Mosul so the local community is donating food for patients in hospitals.

There are four priority public health concerns in Mosul:

- Limited supplies of fuel, electricity and water create challenges in the functionality of health facilities, as well as impede vaccination activities as a result of a break in the cold chain.
- Limited access to health services resulting from difficulties by both health personnel and patients in safely reaching affected populations.
- Disruption of vaccination services and the supply and distribution of medicines, medical supplies and equipment due to limited access.
- In some areas, the disruption of basic health services, including maternal and child services and the treatment of chronic diseases.
- Disruption in communications affecting early warning alert and disease reporting system.
Communications are limited to mobile phones and mobile credit cards are limited.

Kurdistan Region of Iraq health situation

Only 20% of the displaced population is housed in camps established by the KRG government and UNHCR: 1 camp in Erbil next to the checkpoint – Al-Khazer transit camp housing 2000 internally displaced persons (IDPs) as of 18 June and 3 camps in Dohuk housing 70,000 IDPs.

The remaining IDPs are spread among friends, families or renting homes or staying in hotels. Others are living in public spaces and houses under construction and are in dire need of food, water, shelter and non-food items. The main challenge at this stage is identifying displaced population due to lack of registration system.

The health system of the Kurdistan Region of Iraq has been strained over the last two years with the arrival of quarter a million Syrian refugees. This influx of Syrian refugees has resulted in resurgence of polio (after 14 years of polio free status) and other infectious diseases affecting the local population (e.g. leishmaniasis). While the KRG health system and health indicators are better than the rest of Iraq; catering for an addition 550,000 people (Syrian refugees and IDPs) is beyond its capacity.

Key challenges as a result of the recent IDPs crisis and the presence of Syrian refugees include:

- Over-burdening of the hospitals and PHC clinics across the KRG
- Possibility of circulation of Wild Poliovirus because of two factors; one, the proximity of IDPs (before their displacement) to Syria; two, less likelihood of vaccinating all children under 5 in the areas occupied by insurgents
- Increased possibility of outbreaks (especially Cholera-noting that Cholera is endemic in KRG) due to strain on housing, water supply and sanitation
- Compromised care for patients with chronic diseases and mental health disorders
- Over-whelming of the hospitals with injuries/traumas
- Tremendous strain on maintaining the supply chain of medicines intact.
- Increased maternal and child mortality and morbidity

Communicable diseases

The escalation of fighting in Iraq presents major challenges for the control of communicable diseases. Immediate and critical health risks of concern to WHO include the spread of measles, which is endemic in Mosul and could potentially lead to outbreaks, especially in overcrowded areas where internally-displaced persons are located. The spread of polio is also a high risk as new cases were reported in the country earlier this year as a result of the Syria crisis. Cholera is endemic in the Kurdistan Region of Iraq and there is increased possibility of outbreaks due to strains on housing, water supply and sanitation.

As of 18 June no outbreaks have been reported in Mosul or the Kurdistan Region of Iraq.

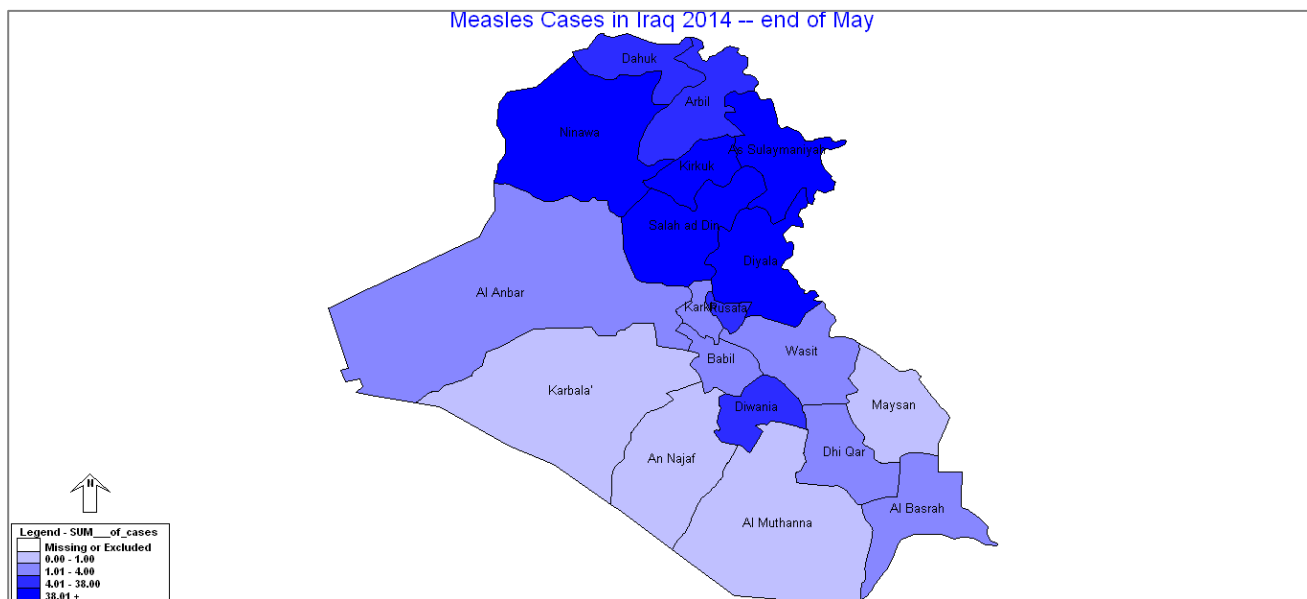


Figure 1 Source: WHO Iraq (2014)

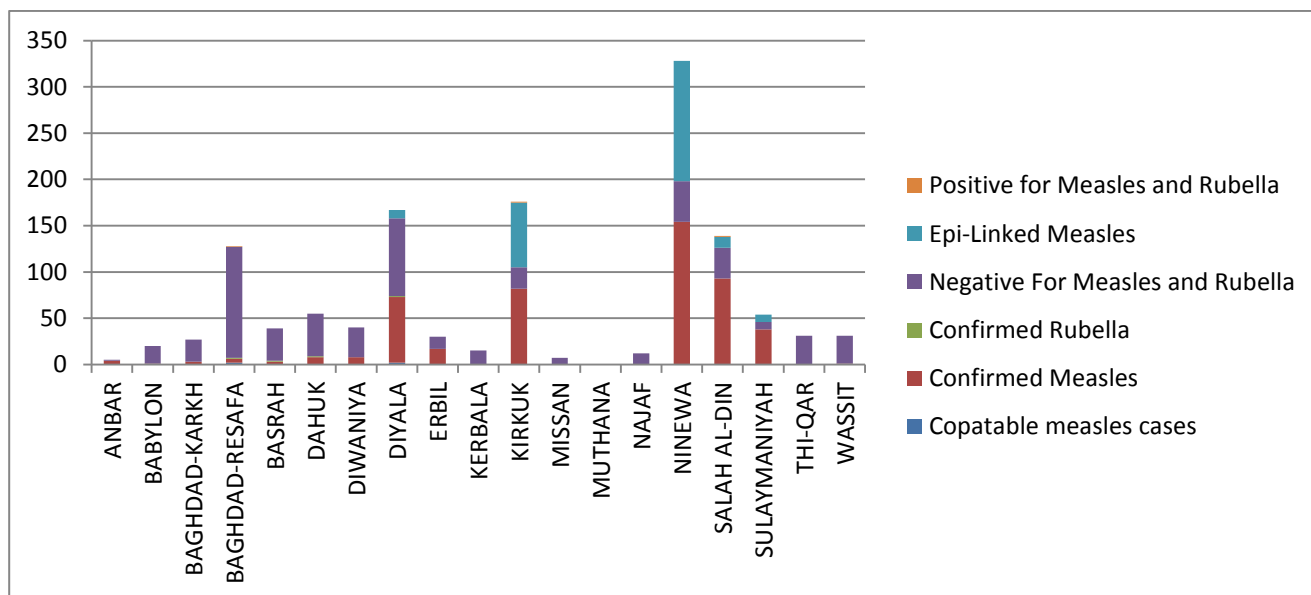


Figure 2 Source: WHO Iraq (2014)

Health response

The WHO Country Office is scaling up its response to the crisis. A health cluster coordinator and emergency coordinator are in place. Public health officers and a communications officer have been deployed to support WHO's response to the crisis.

In addition to supporting the Syrian refugees in Iraq, WHO's response to the recent crisis in Iraq is based on activities within the four critical functions as defined by the Organization's Emergency Response Framework:

1. Leadership

- a. WHO has established and co-chairs the Health Working group together with MOH-KRG.
- b. WHO chairs the Health Cluster composed of UN agencies (WHO, UNICEF, UNHCR, UNFPA, IOM) and International NGOs (MSF, IMC, IRC, Emergency). Initial coordination meetings have taken place in Dohuk, Solimaniya and Erbil to identify gaps in health response and ensure coordination of activities by health partners.

2. Public health expertise

- a. WHO has positioned public health experts to Mosul to identify health gaps and needs for affected populations.
- b. WHO and MoH have scaled up the EWARN system in Mosul and KRG.
- c. An outbreak assessment team from WHO and the International Center for Diarrheal Disease and Research has visited Erbil, Dohuk, Solimaniya to evaluate the risk of outbreaks and support the health authorities with contingency planning and training for communicable diseases (including Cholera, for which the region is endemic)
- d. WHO, the Directorate of Health and the International Center for Diarrheal Disease and Research are holding capacity-building and practical training workshops in Erbil for health personnel throughout KRG on the management of diarrheal diseases.

3. Information

- a. WHO's country office in Iraq has increased staff capacity in the area of communications.

4. Core services

- a. To ensure adequate trauma care for patients, WHO is supporting the directorate of health in Dohuk and Erbil with provision of medical supplies for mobile clinics and has also provided interagency emergency health kits containing medicines and medical supplies for 20 000 people for three months, as well as trauma kits for the treatment of 200 people and diarrheal disease kits for the treatment of 200 people with severe diarrheal disease or 400 people with moderate diarrheal disease.
- b. Polio immunization has started and initial reports indicated that it faced some challenges in Mosul due to security reasons. Contact has been made with Mosul Health directorate and arrangement has been made to vaccinate those displaced as they cross into KRG.
- c. Vaccinations for IDP children for polio and measles in the camp in Erbil began on 17 June.

Donors and funding

WHO requires a total of US\$ 10 million for the next three months to cover the costs of the following activities:

1. Coordination of health actions, including needs assessments and health information management.
2. Support health care services in affected areas.
3. Strengthen the disease early warning and response system.
4. Scale up the management of injuries, trauma care and medical evacuation including the upgrading of medical facilities with equipment and supplies.
5. Support health status monitoring and implement appropriate public health measures for the migrant/refugee population in the border areas.

Each of these activities will include the deployment of staff and the provision of supplies and equipment to implement the tasks.

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