Situation Report Number 25
08 JUNE – 28 JUNE 2015

Iraq crisis

6.95 MILLION IN NEED OF HEALTH*
2.96 MILLION INTERNALLY DISPLACED*
5.63 MILLION TARGETED WITH HEALTH ASSISTANCE*
5.3 MILLION VACCINATED AGAINST POLIO**

WHO PRESENCE IN IRAQ

WHO HIGHLIGHTS

⇒ WHO delivered 200 oxygen bottles, 10 000 sterile surgical gowns and 200 wheel chairs to Ameriyat Al–Fallujah General hospital to respond to the high numbers of IDPs seeking health services.

⇒ In Kirkuk WHO supported eight mobile medical teams (MMTs) provided therapeutic and preventive services to IDPs and host community hard to reach areas.

⇒ On 7 to 9 June 2015, thirty health workers including doctors, paramedics and nurses in Kirkuk were trained on communicable disease prevention.

⇒ On 6 June 2015, WHO team joined the Deputy Minister of Health, Ministry of Health team from Baghdad and Al-Anbar DOHs, ICRC and IOM on an outreach mission to Al-Salam camp south of Baghdad Governorate.

WHO FUNDING US$:

⇒ FUNDS REQUESTED (JUNE TO DECEMBER 2015)
⇒ FUNDING RECEIVED SO FAR LEAVING 96% OF FUNDING GAP (JUNE TO DECEMBER 2015)

WHO VACCINATIONS

⇒ 5.3 MILLION CHILDREN UNDER FIVE VACCINATED DURING MAY, 2015 POLIO VACCINATION CAMPAIGN
⇒ 658,352**** CHILDREN VACCINATED AGAINST MEASLES SINCE 6 APRIL 2014 TO 28 FEBRUARY, 2015
⇒ 3.7 MILLION****

MEDICINES PROVIDED BY WHO

⇒ 3.5 MILLION PEOPLE HAVE DIRECT ACCESS TO ESSENTIAL DRUGS AND MEDICAL EQUIPMENT PROCURED AND SUPPLIED BY WHO

* Figures cover the period June 2015 to December 2015, (Humanitarian Response Plan)
** Number of children vaccinated during the May National Polio Immunization campaigns; this however excludes Anbar governorate and Mosul due to insecurity
*** Number of children vaccinated in Erbil, Duhok and Sulyeimania during the February mass measles vaccination campaign
**** Number of children vaccinated in 12 governorates during December mass measles campaign.
The security situation in Al-Ramadi and other major towns in Anbar governorate remains fluid. Movement of internally displaced persons in and out of Ramadi has temporarily stopped. Currently, many people remain displaced to the cities of Al-Khalidia, Amriate Al-Fallujah, Al-Habanyia tourist city, Baghdad, Babil and Diwaniah. Others have moved north of the country to Erbil and Sulyeimaniah. In Baghdad, 43 IDP sites have been recorded throughout the country’s capital.

- Reports from Thiqar and Diwania indicate that new internally displaced families have arrived in Samara district. The new arrivals are from the boarders of Samarra (Al-Jazeera of Samarra).

- In Diyala governorate the number of IDPs recorded over the past one year has reached 16,500 IDPs (DOH) housed in 2254 tents and caravans. WHO and other health cluster partners are closely working with government to meet the health needs of the displaced population including providing vaccination services and essential medicines and other medical supplies.

- WHO and other cluster partners have worked to support the Directorate of Health, Dohuk to ensure that people who returned to Sinjar have access to health services by providing essential medicines, supporting Mobile Medical Teams and clinics and availability of health staff. However, majority health facilities in Sinjar north and Sinjar south, Ninewa governorate, remained closed due to the availability of staff, functionality of medical equipment and renovation following the destruction and damage caused in some health facilities. Senoney hospital one of the main hospitals in Sinjar is in urgent need of medical equipment and medical staff to ensure continuation of health service delivery.

- Al-Ramadi General Hospital (Anbar) continued functioning with increased caseload of patients in the emergency department serving all sections of the population within the city. The emergency department is managed by four resident doctors (senior house officers); minor surgical operations are carried out in the hospital and patients who need major surgical interventions are transferred to Heet general hospital using available ambulances. The electricity at the hospital is powered by generators.

- Al-Khalidia Emergency Hospital is currently non-functioning. In addition plans are underway to turn this health facility into a field hospital to manage future trauma cases and injuries. The two major Primary Health Care Centres (PHCCs) of Al-Shuhadaa and Al-Khalidia in Al-Khalidia district remain functional and being run by only doctor assistants.

- Al-Nakheeb and Al-Amal Al-Manshod PHC in Ameriyat Al-Fallujah continue to receive high patient caseloads. Since 16 April 2015 to 22 June 2015, 11,771 consultations have been recorded in Al-Nakheeb (4,049) and Al-Amal Al-Manshod (7,722).
WHO action

- To respond to the urgent needs of health facilities serving the IDPs from Ramadi and other parts of Anbar governorate, WHO delivered 200 oxygen bottles, 10,000 sterile surgical gowns and 200 wheelchairs to Ameriyat Al-Fallujah General hospital.

- In Kirkuk WHO supported eight mobile medical teams (MMTs) by paying their incentives to provide therapeutic and preventive services to IDPs and host community hard to reach areas. The teams also distributed chlorine tablets to support water purification at household levels and held health education and hygiene sessions with the IDPs with a focus in prevention of communicable and waterborne diseases.

- WHO in collaboration with the Directorate of Health in Dohuk trained 25 medical and paramedical health staff working in refugee, IDP camps and host communities. The training aimed imparting skills on: continued treatment for diagnosed TB patients; identification of infectious TB cases from patients diagnosed with respiratory symptom presumptive TB; reduction of TB transmission in the family and community and ensuring high TB patient compliance with TB treatment. The team was also trained on how to increase TB case detection rate and ensuring the reduction of TB social stigma.

- On 7 to 9 June 2015, thirty health workers including doctors, paramedics and nurses in Kirkuk were trained on communicable disease prevention measures with the objective of strengthening health promotion initiatives at community and health facilities levels. Those trained were selected form health facilities within Kirkuk governorate serving the needs of IDPs and host communities.

- On 8 to 9 June 2015, WHO supported the DOH, Diyala to train 22 individuals from the Department of Public Health on rapid response mechanism to prepare teams (RRT) in readiness for any outbreak potential in the governorate. Those trained will form part of the RRT and will participate in the investigations and response of any suspected disease outbreaks in the province.

- In the Governorate of Missan, the MoH and WHO investigated acute flaccid paralysis (AFP) cases in Kumait sub-district. Acute flaccid paralysis patients were reviewed and Expanded Programme on Immunization data also reviewed; samples were collected and sent for further laboratory investigations. The investigation team recommended oral polio vaccination of all children under 5 years in the affected village.

- On 6 June 2015, WHO team joined the Deputy Minister of Health and his from Baghdad and Al-Anbar DOHs, ICRC and IOM on an outreach mission to Al-Salam camp south of Baghdad Governorate. Two Mobile Medical Clinics (MMCs) donated by WHO with support from the Kingdom of Saudi Arabia to the MOH, 10 ambulances and six Mobile Medical Teams (MMTs) were involved in the mission:

Outcome of the outreach: 1000 consultations were conducted, of these 27 patients needed hospital level management and were referred to hospitals in Baghdad. Health promotion teams conducted house to house health education; chlorine tablets were
Communicable disease updates

- WHO conducted a comprehensive training for thirty-seven surveillance officers from Ministry of Health from thirteen governorates on Early Warning and Alert Response Network (EWARN) along with software training of tablets were distributed to the trained teams and from 20th June 2015 addition thirty four new reporting sites in the IDPs settings will be added to EWARN making a total of eighty four (n=84) EWARN reporting sites.

- A steady increase in waterborne diseases (Acute Diarrhoea Bloody Diarrhoea, and Acute Jaundice Syndrome) during summer has been recorded in IDP camps and refugee camps from 42 reporting sites in Iraq in week 23 ending 7 June 2014. From refugee camps steady pattern ranging between 3% to 4% was recorded. Refer to graphs I and II for details on the trends of waterborne disease increase in IDP and refugee camps.

![](image)

Public health concerns

- Shortage of safe drinking was reported in Basra IDP camp and in the southern parts of Thiqar governorate mainly Suq- Al sheiukh and al Chebaish districts critical shortage of safe water supply due to decreased water levels in Euphrates river was also reported leading to increased contamination thus exposing the displaced persons to water borne diseases.

- The low vaccination coverage in Najaf is raising the risk of communicable disease among the displaced children.
The table below shows funding requirements for WHO and the Health Cluster from 1 July to 31 December 2015 in order to respond to the needs of 5.63 million IDPs and host communities.

<table>
<thead>
<tr>
<th></th>
<th>Funds requested</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Cluster</td>
<td>60 Million</td>
<td>1.1 Million</td>
<td>98%</td>
</tr>
<tr>
<td>WHO</td>
<td>22.5 Million</td>
<td>1 Million</td>
<td>96%</td>
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</tbody>
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**** The funds WHO requires will be used to respond to the health needs of more than 5.63 million people from June to December 2015 (2.96 million IDPs and 2.73 million from host communities). All funds requested and received are in US dollars.

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

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