Conflict in Iraq: a Grade 3 emergency
Update and funding request
June 2015

At a glance

- Escalating conflict since January 2014 has left 7.84 million people in need of health assistance.
- Over the next six months, WHO and Health Cluster partners aim to reach 5.63 million of the 6.95 million people in critical need of health assistance.
- Already, WHO has supplied medicines and supplies to treat 3.5 million people.
- However, WHO and Health Cluster partners may be forced to shut down 84% of health projects unless additional funding is received by 30 June.

Situation update

Escalating violence since January 2014 has had a devastating effect on the people of Iraq. The number of people requiring life-saving assistance has quadrupled in 12 months to reach 7.84 million; of these, 2.96 million people are internally displaced persons.

Essential public services, including health care, water and sanitation, have sharply deteriorated in conflict-affected areas. In other areas, these services are struggling to cope with increasing needs caused by both the conflict itself and the influx of those internally displaced.

Yet, Iraq could soon become the first Level 3 emergency to have humanitarian operations shut down due to a shortage of funding. Support is urgently needed from the international community to ensure the continuation of life-saving services.

PEOPLE AFFECTED

- 7.84 million in need of health services
- 6.95 million in critical need
- 5.63 million targeted with health assistance
- 2.96 million internally displaced
- 248,203 Syrian refugees in Iraq

HEALTH SECTOR

- 14 major hospitals and more than 170 other health facilities are non-functional or destroyed
- 45% of health staff have been displaced

BENEFICIARIES REACHED

- 3.5 million people have directly benefited from essential medicines and medical equipment supplied by WHO
- 5.3 million children were vaccinated against polio in May
- 3.7 million children were vaccinated against measles in 12 governorates during mass measles campaigns in December 2014

FUNDING REQUIREMENTS

- Health Cluster
  - US $60 million requested for priority health needs over the next six months
  - US $1.1 million received
  - Funding gap: 98%

- WHO
  - US $22.5 million requested
  - US $1 million received
  - Funding gap: 96%
Public health concerns

The healthcare system has been severely disrupted by the crisis currently facing Iraq.

Fourteen major hospitals and 170 other health care facilities have been rendered non-functional or destroyed as a result of the conflict. In addition, 45% of health professionals have been displaced. This has created considerable gaps in the provision of health care, including specialist services such as trauma and obstetric care. The conflict has also severely disrupted the national system for the procurement and distribution of medical supplies.

Meanwhile, many of the facilities which remain operational are completely overwhelmed. Both hospitals and clinics functioning in high burden areas have reported a 50% increase in caseloads. This is due to both the influx of the internally displaced and the increased health needs created by the crisis itself (eg. conflict-related trauma).

A major challenge is to ensure the continuation of treatment for chronic illnesses, non-communicable diseases and mental health. Iraq has a high burden of non-communicable diseases, with more than 300,000 people in need of ongoing treatment. Chronic diseases are a major cause of mortality in the region and sudden interruption of treatment can have severe consequences, including death. And, as can be expected given the brutality of the current conflict, mental health needs are on the rise.

At the same time, poor living conditions, sanitation and water quality are contributing to increased health problems and a high risk of outbreaks, particularly among internally displaced populations. Measles remains a major concern, with all 18 governorates reporting cases of the deadly, yet preventable, disease. Diarrhoeal diseases are similarly spreading amongst the affected population. Furthermore, while polio has not been seen in the country for more than a year (the most recently reported case had onset of paralysis on 7 April, 2014) the virus will continue to threaten the children of Iraq without crucial preventive vaccination rounds.

All of these concerns could be further compounded if key health projects are shut down. Without new funding, 84% of all humanitarian health operations will close by the end of this month.
Health Cluster objectives under the IHRP

Under the new Iraq Humanitarian Response Plan, Health Cluster partners, including WHO, are targeting 5.63 million of Iraq’s most vulnerable families and communities with much-needed health assistance over the next six months.

Health Cluster partners are working together to achieve the following three objectives:

Objective 1: Improve access to essential lifesaving health services for crisis-affected populations.

Objective 2: Strengthen and expand early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner.

Objective 3: Ensure affected populations have access to critical life-saving medications and supplies.

In brief: WHO and the Health Cluster

- The crisis in Iraq was declared a Grade 3 emergency on 12 August 2014
- 81 WHO surge staff have been deployed
- The Health Cluster, coordinated by WHO, was activated in February 2014 and brings together 48 partners
- Sub-national Health Cluster meetings are held in Erbil, Duhok, and Sulaymaniyyah
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WHO and Health Cluster key achievements

- 3.5 million people have directly benefited from essential medicines and medical equipment supplied by WHO.
- The number of disease early warning and response system reporting sites has been tripled from 18 in 2014 to 54 in May 2015.
- 5.3 million children were vaccinated against polio during a mass vaccination campaign in May.
- 3.7 million children were vaccinated against measles in December 2014.
- More than 300 doctors, nurses, and other health professionals who are themselves displaced by insecurity have been recruited and deployed to northern Iraq.
- Ten mobile medical clinics were procured and deployed to Northern Iraq, Anbar and Baghdad to provide health services to internally displaced people who have limited or no access to medical services.
- More than 186 health workers have been trained in the use of electronic tablets to collect and analyse Early Warning and Response Alert Network (EWARN) data.

Funding requirements

There is an urgent need for further funding. Health care projects serving 3 million Iraqis will be forced to close unless additional funding is secured by 30 June.

In recognition of the unprecedented scale of emergencies around the world today, and the associated strain on donor resources, objectives contained in the new Iraq Humanitarian Response Plan have been refined down to the bare minimum. The figures below reflect the funding required to implement basic life-saving interventions over the next six months, targeting only the most vulnerable people of Iraq.

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<thead>
<tr>
<th>WHO</th>
<th>Health Cluster</th>
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<tbody>
<tr>
<td>Funding request: US$ 22.5 million</td>
<td>Funding request: US$ 60 million</td>
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<tr>
<td>Received: US$ 1 million</td>
<td>Received: US$ 1.1 million</td>
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<td>Funding gap: 96%</td>
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Previous contributors to WHO’s work in Iraq include:
- Canada
- CERF
- Italy
- Republic of Korea
- Kuwait
- Saudi Arabia
- UNAMI
- United Kingdom
- United States
- UNOCHA

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