Situation Report Number 20  
02 MARCH – 16 MARCH 2015

Iraq crisis

WHO PRESENCE IN IRAQ

⇒ WHO’s Regional Director for the Eastern Mediterranean, Dr Ala Alwan, visited Iraq Dohuk governorate of the Kurdistan region of Iraq to officially hand over 15 ambulances and 2 mobile medical clinics to Dohuk health authorities.

⇒ In addition, Dr Ala Alwan also donated essential medicines and medical supplies to support treatment of more than 60,000 beneficiaries for three months.

⇒ WHO visited Basirma Refugee camp on 11 March, 2015 to assess Tuberculosis (TB) service among refugees, increase community and health workers awareness of the disease and follow up on the progress made in referring presumptive TB patients.

HIGHLIGHTS

WHO’s Regional Director for the Eastern Mediterranean, Dr Ala Alwan, officially opens and hands over a Primary Health Care Centre in Bajed Kandala camp.

MEDICINES PROVIDED BY WHO

⇒ 2.5 MILLION PEOPLE HAVE DIRECT ACCESS TO ESSENTIAL DRUGS AND MEDICAL EQUIPMENT PROCURED AND SUPPLIED BY WHO

FUNDING US$

⇒ 187 MILLION FUNDS REQUESTED
⇒ 133 MILLION FUNDING GAP

VACCINATIONS

⇒ 5.5 MILLION CHILDREN UNDER FIVE VACCINATED DURING FEBRUARY POLIO VACCINATION CAMPAIGN
⇒ 658,352*** VACCINATED AGAINST MEASLES SINCE 6 APRIL 2014 TO 31 DECEMBER
⇒ 3.7 MILLION****

* Figures cover the period January 2014 to December 2015, (Crisis Response Plan)
** Number of children vaccinated during the February National Polio Immunization campaigns
*** Number of children vaccinated in Erbil, Duhok and Sulaymaniah during the February mass measles vaccination campaign
**** Number of children vaccinated in 12 governorates during December mass measles campaign.
Situation update

- The number of people displaced and moving to the areas of Samara from Tikrit and Daur, Salahaldeen governorate has reached 28,000. Movement into Kirkuk and Mosul has also been reported, however there is no current figure on the exact numbers of those displaced into Kirkuk and Mosul (Directorate of Health). Those displaced into Samara are living with host communities, abandoned and unfinished buildings and other irregular shelters. Humanitarian partners continue to respond to this displacement with medical supplies, non-food items and water and sanitation supplies.

- In Amriyah Al Falluja, an estimated 7,000 families are reported to be living in the areas of Al Ekhaa residential complex (2,209), Al Ekhaa residential complex (2209), centre and peripheral areas of Amriyah Al Falluja (3,891), schools (148) and in Al Hawejah (752). While in Al Ramadi city, Al Anbar governorate an estimated 366,000 people have reported to be displaced sheltering at Ramadi center (290,000), Al Malaab (20,500), Al Bo Aloa (5,000) and Al Tamim (50,500), (Directorate of Health, Salahadeen and Anbar governorates)

- In Ashty, Erbil governorate, more than 1,000 caravans have been set for the Internally Displaced People (IDPs) to accommodate those still leaving in schools and unfinished buildings in Erbil city and its surrounding areas. In Dohuk, almost 80% of all displaced people formally residing in unfinished buildings and schools have been moved to newly constructed camps. While in Sulaymaniah, a new camp (Sitak IDP camp) with a capacity of 150 families was opened during this reporting period; currently 70 families have moved into the camp.

Humanitarian health update

- Shortages of health technologies including essential medicines and other supplies continue to challenge the health sector. The governorates currently facing shortages of essential medicines include: Al Anbar (Annah hospital), Salahadeen and Nineawa (Mosul and parts of Sinjar). In Annah hospital, Al Anbar governorate shortage of fuel to facilitate the running of ambulances and generators has also been reported.

- Inaccessibility also continues to challenge the delivery of health assistance to internally displaced people. In Anbar, the Directorate of Health has reportedly lost contact with health facilities in the western parts of the governorate. As such no health technologies including essential medicines have been supplied to the health facilities.

WHO action

WHO’s Regional Director for the Eastern Mediterranean, Dr Ala Alwan, visited Dohuk governorate of the Kurdistan region of Iraq to officially hand over 15 ambulances and 2 mobile medical clinics to Dohuk health authorities. He also donated essential medicines and other medical supplies to support services and medical treatments for more than 60,000 beneficiaries for three months. Dr Alwan visited Bajet Kandala camp for internally displaced persons (IDPs) and met with families to hear first-hand accounts of their urgent health needs and inaugurate the primary health care centre established with financial
Communicable disease updates

WHO visited Basirma Refugee camp on 11 March, 2015 to assess Tuberculosis (TB) service among refugees, increase community and health workers awareness of the disease and follow up on the progress made in referring presumptive TB patients. Finding showed that the medical staffs at the health facility in the camp have not been trained on TB service delivery. Program and TB guidelines and health educational materials (IEC) were lacking. WHO will support the Directorate of Health, Erbil to conduct trainings, provide TB guidelines and together with other health cluster partners (IOM and IMC) print and disseminate TB IEC materials.

In Erbil, training on mental health was conducted on 1 to 4 March 2015 (Dohuk) and 7 to 9 March 2015 (Erbil) targeting psychiatrists and psychologist from MoH in KRI, Erbil and Sulaymaniah DoHs as well as from other UN and NGOs working on MH. In total 46; Erbil (25) and Dohuk (21) people were trained.

WHO in collaboration with the Expanded Program on Immunization (EPI) and Centre for Disease Control (CDC) convened Acute Flaccid Paralysis (AFP) workshop in Erbil with an objective of sharing Acute Flaccid Paralysis (AFP) surveillance performance in 2014 and strategizing solutions for issues identified at the operational levels. Thirty AFP Surveillance Officers from national and provincial levels attended the meeting. Some recommendations made during the meeting include: contact sampling (3 to 5) to be done for all AFP cases in Baghdad and conflict areas, continue with contact sampling for hot and inadequate AFP cases; conduct regularly periodic review meetings to maintain interest of governorates surveillance teams and monitor the progress and ensure standardized practices. Others are: intensifying surveillance activities in Baghdad and its surrounding areas keeping in mind known epidemiological risks (high population density, slums, migrant and mobile populations and international travellers from countries having polio epidemic).

WHO in collaboration with Iraq Red Cross Crescent conducted training for Independent monitors in Erbil from 11 March to 13 March 2015. WHO provided technical and financial support for the training. Those trained will be used to monitor polio vaccination campaigns.

- The proportion of AD remains steady ranging between 1% to 4% (week 10=2%). Skin diseases trend remained constant from week 2-10 (week 10=6%). ARI proposition shows a steep decrease of 1% in the caseload since week 9 (w9=49% and w10=48%).
In Arabat camp, the measles campaign has been completed and the measles outbreak that was reported in the camp in February 2015, is gradually showing a steady decrease, refer to table one below. Arbat IDP camp in Sulamaniya is currently run by Emergency an International Non-governmental Organization.

### Suspected Measles Cases - Arbat Camp - Sulaymaniya

<table>
<thead>
<tr>
<th>Cases &gt; 5yrs</th>
<th>Cases &lt; 5yrs</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
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<tr>
<td>0</td>
<td>0</td>
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<tr>
<td>1</td>
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<td>3</td>
<td>2</td>
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<td>4</td>
<td>2</td>
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</tbody>
</table>

An alert of three suspected cases of measles were reported from Kowergosh Refugee camp in week 10. The camp is run by IMC. The alert was investigated by rapid response team in Dohuk, samples were collected and test result were negative. It was concluded that the cases had adverse effect of the measles vaccination conducted a week earlier.

From Shariya IDP camp in Duhok run by Medair NGO a suspected meningitis case was reported from. The alert was investigated by the DoH surveillance unit, a sample was collected and test results were negative.

Unexplained fever alert was reported from Essian IDP camp in Duhok run my IMC, investigations conducted by DoH/WHO noted that the threshold level was not crossed, however, the situation is being monitored and, in case a threshold is crossed the investigation team will conduct an epidemiological investigation and put in place a response plan.

In Salahaldeen, 30 cases of pulmonary tuberculosis have been reported in Shirqat; within this reporting period, eight new cases had been reported. The shortage of anti-tuberculosis treatment is a public health concern as cases continue to be reported. WHO will work closely with partner agencies to ensure anti-TB drugs are delivered to the DOH. IOM supports TB treatment in all IDP camps in Erbil, Dohuk, Sulaymaniah and Kirkuk.

Cases of Cutaneous Leishmaniasis continue being reported in some IDP camps in Dohuk and parts of Kirkuk. The unavailability of treatment for the disease and the increasing number of cases reports in the two governorates is a public health concern. In Kirkuk, the DOH has not been able to implement some vector control measures due to shortage of fuel in the province and the absence of the department's budget to support car rentals.

In Kirkuk, viral hepatitis (12 cases of hepatitis A, 12 cases of hepatitis B and 5 cases of hepatitis C) is becoming a public health concern as IDPs are diagnosed with the disease but with limited access to treatment. The governorate is in urgent need of antiviral drugs to treat cases of viral hepatitis diagnosed within IDPs and PCR device. The governorate has requested partners to support with medicines. Currently patients with viral hepatitis are referred to hospitals in the Kurdistan hospital to access PCR service.
Since the start of the emergency in August 2014 WHO has supported the following activities listed on the right corner of this text. An estimated 1.5 people have benefited from WHO support.

If WHO does receive additional funding all the activities listed here will be supported

<table>
<thead>
<tr>
<th>Activities</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile teams</td>
<td>20</td>
</tr>
<tr>
<td>Mobile clinics</td>
<td>12</td>
</tr>
<tr>
<td>Nurses and other health cadres</td>
<td>50</td>
</tr>
<tr>
<td>Children vaccinated against polio</td>
<td>5.6M</td>
</tr>
<tr>
<td>Children vaccinated against measles</td>
<td>3.9M</td>
</tr>
<tr>
<td>Children vaccinated on arrival in KRI and Kirkuk</td>
<td>356,231</td>
</tr>
<tr>
<td>Trauma kits</td>
<td>30</td>
</tr>
<tr>
<td>Reporting sites</td>
<td>18</td>
</tr>
<tr>
<td>Health assessments</td>
<td>100</td>
</tr>
<tr>
<td>Cochlear implants conducted</td>
<td>20</td>
</tr>
<tr>
<td>Water quality monitoring teams</td>
<td>20</td>
</tr>
<tr>
<td>Water samples tested</td>
<td>5,635</td>
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<tr>
<td>Chlorine tablets provided</td>
<td>2.3M</td>
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<tr>
<td>Interagency Emergency Health Kits</td>
<td>55</td>
</tr>
<tr>
<td>Diarrhoea Disease Kits</td>
<td>25</td>
</tr>
<tr>
<td>Psychosocial support for school going children</td>
<td>67,000</td>
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<tr>
<td>Health technologies (essential medicines)</td>
<td>60 tons</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 million people (1.9 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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