Situation Report Number 22
07 APRIL – 27 APRIL 2015

Iraq crisis

5.2 MILLION IN NEED OF HEALTH*
2.7 MILLION INTERNALLY DISPLACED
4 MILLION TARGETED FOR HEALTH ASSISTANCE*
5.4 MILLION VACCINATED AGAINST POLIO**

WHO PRESENCE IN IRAQ

⇒ The second round of the national polio campaign in Iraq was conducted from 12 to 16 April 2015 targeting 5.6 Million children aged 0 month to 5 years. Supported by WHO and other partners 5.4 million children were given oral polio vaccine (OPV) nationwide.

⇒ WHO worked with the Directorates of Health (DOH), for Anbar and Baghdad and the Federal Ministry of Health to deploy six ambulances, essential medicines and health workers to Bzebaz Bridge to treat IDPs on transit.

⇒ WHO donated and delivered four caravans to Habaniyah clinic, creating more space to handle the growing patient caseloads in the facility. WHO also supported the Directorate of Health of Anbar with one caravan for Al-Khaldia to serve the health needs of the displaced people.

⇒ Essential medicines and kits were donated to the Directorate of Health in Anbar, Amriat Al Falluja, Al-Baghdadi, Al-Khaldia, Haditha, Baghdad (Warehouse) to improve access to treatment of internally displaced people.

⇒ Over 100 health workers were trained in Erbil, Kirkuk, Diyala, Duhok and Sulyeimaniah on the use of tablets to collect and analyse Early Warning and Response Alert Network (EWARN) data.

WHO medical supplies being lifted from a warehouse in Erbil for loading to Baghdad where they will be distributed to different locations of need.

Photo: WHO©

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A health worker in one of the health facilities that WHO handed to the Directorate of Health run by United Iraq Medical Society for Relief and Development (UIMS).

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MEDICINES PROVIDED BY WHO

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

FUNDING US$

189 MILLION FUNDS REQUESTED
135 MILLION FUNDING GAP

VACCINATIONS

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

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

- On 16 April 2015, the security situation in Al-Ramadi deteriorated and as a result thousands of people were internally displaced. Those displaced fled from Al-Ramadi (Al boferage, Al Sofiya and Al Garma districts) to Al-Khalidia, Amriate Al-Fallujah, Al-Habaniya tourist city, Baghdad, Babil and Diwaniah. As of 27 April, the Government estimated that over 19 000 families (approximately 114 000 people) have been displaced from Ramadi District in Anbar Governorate. However humanitarian partners put the number at 17 442 families (approximately 104 652 individuals) spread across 15 of Iraq’s 18 governorates, excluding Dahuk, Kirkuk and Nineveh governorates (UNOCHA).

- To accommodate the increased number of displaced people, including those currently sheltering in mosques, construction of additional camps has been planned and initiated in some areas. Camps planned for construction include: Al-Radwanyia to be constructed by Ministry of Displacement and Migration (MODM), Al-Yossifyia (MODM), Al Latifiah (Al Qamar housing complex with estimated 1500 houses), Al-Jam’aa (MODM), Doura (MODM), Bzebaz bridge to be constructed by IOM, Abu Ghraib city (MODM); Al-Rasheed district (Baghdad governorate ) and Hoor Regab district (MODM). These new camps will have to be equipped with infrastructure for the provision of basic services including health and water.

- No new population movement outside of Al Ramadi to Bzebaz Bridge has been recorded by Government of Iraq. But movement, back to Ramadi has been registered with 2500 people recorded to have returned to the area. In Sinjar area, 80 families are reported to have returned to Senone town and 60 families to Khanasoor village while in Tikrit and Diyala an estimated 40 IDPs families in Babil are reported to have returned.

- As a result of the crisis, many health facilities have negatively been affected and are working with reduced capacity while others have been closed either due to insecurity or damage. Ramadi General Hospital, and Ramadi Maternity and Paediatric hospital have been closed since 16 April 215 due to the on-going insecurity. Map 1 shows health facilities that are functional and non-functional in Anbar governorate along with IDP camps.

- To ensure health services continue to be provided to those displaced from Anbar, the Directorate of Health (DOH), Al Anbar rented a private hospital in Al Khalidiyah as a field hospital to manage patients displaced from Ramadi. Health workers displaced from Ramadi have been asked to provide health care in the rented hospital.

- WHO and other partners continue supporting the Ministry of Health and Directorates of Health to fill critical gaps in health technologies including provision of medicines, medical supplies and equipment. However recurrent shortages of essential medicines and other supplies continue to challenge the health sector. The governorates currently facing shortages of essential medicines include: Al Anbar (Annah hospital), Salah-Al-Deen and Nineveh (Mosul and parts of Sinjar). In Annah hospital in Al Anbar governorate shortage of fuel to run ambulances and generators has also been reported.
The second round of the national polio vaccination campaign was conducted from 12 to 16 April 2015 targeting 5.6 Million children aged 0 month to 5 years regardless of their previous vaccination status. Supported by WHO and UNICEF and other health cluster partners, 5.4 million children were given oral polio vaccine (OPV) nationwide. Intra-campaign monitoring carried out by Iraqi Red Crescent Society with support of WHO among selected children in host communities, IDPs and Refugees showed that vaccination rates was at 90% based on finger-marking. Comprehensive results of the post campaign assessment shall be shared in the next report. Despite substantive progress made in improving immunization coverage and immunity, Iraq remains at high risk of polio importation, considering the movement of displaced populations inside Iraq from neighbouring Syria.

WHO worked with the Directorates of Health (DOH) of Anbar and Baghdad/Karkh and the Federal Ministry of Health to deploy six ambulances and health workers to Bzebaz Bridge and to supply essential medicines to treat IDPs on transit.

To respond to the increasing needs of the displaced population, WHO donated and delivered four caravans to Habaniyah clinic as part of its support to create more space at the clinic to handle the growing patient caseloads in the facility and supported the Directorate of Health, Anbar with one caravan for Al-Khaldia district used serve the health needs of the displaced people.

WHO also donated essential medicines and kits to the Directorate of Health of Anbar, Amriat Al Fallujah, Al Baghdadi, Al-Khaldia and Haditha districts in Anbar governorate to increase access to health care services by internally displaced people. Four Interagency Emergency Health Kit basic units), one Surgical kit, three Trauma Kits A and B, Interagency diarrhoea Disease Kits (IDDK), two Infusion modules and two Oral Rehydration Salt Modules were donated to the DOH of Anbar. Interagency Emergency Health Kits (two supplementary units, two basic units and different medicines for the treatment of a wide range of medical conditions, including chronic diseases), 10 surgical kits, one trauma Kit A and one trauma kit B, three Interagency diarrhoea disease kits, one interagency diarrhoea disease kit infusion module and one interagency diarrhoea disease kit Oral Rehydration salt module were also delivered to Baghdad WHO warehouse as a contingency stock to backstop the response in Baghdad. The supplies donated are sufficient to meet the needs of 144 023 people (135 542 people will benefit from kits for three month) and (8481 people will benefit from other medicines).

Through the logistics cluster, medical supplies worth 1.473 tons and 4.854 tons were transported to Al Baghdadi and Haditha respectively. These will be distributed to health facilities and partners serving displaced people in the two districts.
Communicable disease updates

- Between April 21 2015 and 30 April, 2015, WHO trained 186 health workers in five governorates of Erbil, Kirkuk, Dohuk, Sulyeimaniah and Diyala for 66 reporting sites on electronic EWARN using tablets to collect and analyse Early Warning and Response Alert Network (EWARN) data. The electronic EWARN has been operationalized and real-time alerts are being generated and reported to the DoH for immediate investigation and response. Seventy tablets were also procured and distributed to the five governorates.

- To respond to the mass displacement of IDPs from Ramadi, WHO in coordination with the Ministry of Health and DoHs conducted rapid health assessments in Kalar, Kifri, Salih Aga and Arbat villages in Garmian and Sulyeimaniah district, Burhan Al Deen/Jamaa camp, Dahaaa Rawee and Jabar Mosque in Khadraa Quarter in Baghdad and Al Shuhamaa Quarter, Abu-Ghraib district to assess the health situation of IDPs there and their needs. Overall findings indicate insufficient sanitation conditions which pose a health risk to IDPs and highlight the urgent need to deploy mobile medical teams or set up a mobile medical clinic to respond to the health needs of the IDPs and vaccinate all IDP children aged 0 to 15 years against polio and children aged 9 months to 15 years against measles regardless of their previous vaccination status. Also women of child bearing age (15 – 49 years) will also be vaccinated against tetanus. (Refer to special situation reports issue number 1 to 3 on Ramadi for details). In Erbil, an assessment of Martshmoni PHCC was conducted to assess the health situation and needs. The health facility was found to be functioning at optimum level.

- A total of 25 cases of acute flaccid paralysis cases (AFP) (suspect polio) have so far been reported in April. These include an alert by IOM Mobile Clinic in Sulyeimaniah. Analysis of data demonstrates that so far the country, including all provinces are meeting the target of non-polio AFP Rate of two or above per 100 000 children below 15 years except for four provinces in 2015, see bar chart below. All children with acute flaccid paralysis cases below 15 years regardless of reasons should be immediately reported to the Department of Health for investigation including testing of specimen in the National Laboratory for polio viruses. Non-polio AFP Rate is gold standard for measuring ability to report all AFP cases. Highly sensitive surveillance system at national and sub-national level is vital for proving that the country is Polio-free.

- The follow up on the outbreak of measles in Arbat IDP camp in Sulyeimaniah where health services are run by Emergency NGO is gradually showing a steady decrease of cases since 16 March 2015. 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.
WHO is supporting the MOH and DoHs to respond to cases of Leishmaniasis in Erbil, Thi-Qar, Ninewa, Baghdad-Resafa, Baghdad-Karkh, Dahuk, Kirkuk and Sulyeimaniah. Leishmaniasis is a public health concern in Iraq; many governorates are currently reporting increasing numbers of cases. Since January 2015 to 19 April, a total of 8383 cases of Leishmaniasis have been recorded all over the country with more reporting in Misan, Wassit, Diyala, Suleyeimaniah, Thiqar, Diwania, Muthana, and Baghdad as compared to 3847 cases recorded in 2014 (January to December). On-going control measures supported by WHO, MOH and DOHs include provision of Sodium stibogluconate (Pentostam), a drug used to treat Leishmaniasis, and vector control measures through spraying and health education campaigns. Rodent control is another applied measure to control the disease.

Health cluster partners, in coordination with the DOH of Duhok, have started developing a contingency plan for diarrhoea diseases in the governorate and prepositioning diarrheal disease kits and are in process of conducting capacity building for medical staff on the management of diarrhoea diseases. In Duhok, shortage of water supply and poor solid waste management in IDP camps is a concern and as summer sets in, this is becoming a public health concern with fear of potential increase of water borne diseases and diarrheal diseases among displaced people. There is need to increase the quantity of water supply in the camp and improve solid waste collection. Health and Water, Sanitation and Hygiene partners are also in the process of reactivating hygiene promotion sub working group.

The graph below provides a graphical overview of funding requirements for WHO and the Health cluster until 31 December 2015 to respond to the needs of 4 Million IDPs and targeted host communities.

**** 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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