Situation Report Number 24
17 MAY–07 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

The third round of the national polio vaccination campaign was conducted from 24 to 28 May 2015 in Iraq targeting 5.7 million children aged 0 month to 5 years and reaching 5.3 million children (92%) nationwide excluding Mosul and Anbar governorates which started the campaign late due to security concerns.

In response to the health needs of newly displaced populations in Kirkuk, WHO has delivered basic units of Interagency Emergency Health Kits (IEHK) to the Directorate of Health in Kirkuk in quantities sufficient to treat 3,900 people for three months.

WHO also donated a trauma kit and Interagency Emergency Health Kits (basic unit) worth treating 18,000 people for three months to United Iraqi Medical Society (UIMS), WHO implementing partner to support management of newly displaced populations (IDPs) in Al-Nekheeb Primary Health Care Centre (PHCC).

As part of cholera preparedness, experts from the Global Outbreak Alert and Response Network (GOARN) conducted a mission in Iraq to assess the risk of cholera outbreak.

** 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 Sulaymaniah during the February mass measles vaccination campaign
***** Number of children vaccinated in 12 governorates during December mass measles campaign.
Situation update

- As of 21 May 2015, an estimated 25,000 people were reported to have been displaced from Husaibah Alsharqiah, Khalidiah and Habbayniah (Anbar Directorate of Health). This is in addition to the on-going displacements from the governorate that peaked on 16 April and later on 15 May 2015. As of 31 May 2015, the International Organization for Migration’s (IOM) Displacement Tracking Matrix (DTM) had reported 237,786 individuals (39,631 families) to have been displaced from and within Anbar Governorate, a significant increase over 25 May, when IOM had estimated that over 180,000 people had fled Ramadi district since 8 April.

- IOM also reported that between 15 and 29 May alone, 103,878 individuals (17,313 families) were displaced from Ramadi District. Sixty-two percent (62%) of these stayed within Anbar governorate, an estimated 19% travelled to Baghdad and another 16% travelled to Erbil Governorate. Many IDPs have also been reported to move from Ramadi and other parts of Anbar to Sulyeimaniah province. To date an estimated 420,000 individuals have been reported to have arrived in the province.

- Reports from Sulyeimaniah indicate that three new IDP camps have been created i.e. Tazade and Qoratw in Garmian district with a capacity of 1000 families each to host internally displaced people. Plans are also underway to open Barznja IDP camp near Sulyeimaniah with a capacity of 152 families, a new IDP constructed by UN Habitat.

- Areas of Amariate Al-Fallujah, Habaniyah City and other parts of the country where IDPs from Ramadi and other parts of Anbar governorate are seeking shelter are experiencing immense pressure on health services. In Amariate Al-Fallujah alone, an estimated 2000 IDP families were already displaced into public buildings, schools and stores from other parts of Anbar governorate, many of whom have no access to health facilities. And with the recent wave of displacements, additional 2000 IDPs were again displaced into Amariate Al-Fallujah from Ramadi; this increased the IDP caseload to 4000 IDPs in the area, thus an urgent need to increase the number of health facilities in Amariate Al-Fallujah to serve these populations.

- Health service delivery in Al-Ramadi general hospital with a capacity of 400 beds continues partially functioning on a limited scale. However the Maternal and paediatric teaching hospital in the same city remains closed. A few health workers resent at the hospital are providing services for the population that remained in the city.

- In Al-Khaldia district, most health facilities are reported to have closed down following the fleeing of health workers from the area due to the deteriorating security situation in Ramadi (DOH Anbar). Shortage of human resources for health remains a challenge in most high risk areas of Al-Khaldia district including Al-Khaldia emergency hospital, Al-Khaldia major PHCC and Al-Shuhdaa major PHCC which providing Reproductive Health services, internal medicine and CCU (coronary care unit) services.
Rehabilitation of health facilities commenced recently in accessible areas as health service delivery in these areas remains limited due to infrastructure challenges and human resource gaps. In Zumar Primary Health Care (PHC), renovations by United Nations Development Fund (UNDP) have commenced while International Committee of the Red Cross (ICRC) plans to renovate Awenat and Rabea PHCs. In Dohuk, Girgamesh comprehensive PHC, near Wana village in Talkeif District (Ninea Governorate) there is an urgent need for rehabilitation of the facility; however no partner has yet been identified to provide the much needed support.

WHO action

The third round of the national polio vaccination campaign was successfully implemented from 24 to 28 May 2015. Available data shows that 5.3 million children were vaccinated excluding those carried out in Ninea province and five districts of Anbar. The campaign was supported by WHO and UNICEF. The Iraqi Red Crescent Society monitors checked 11,472 children in areas that had completed campaign by 28th May. Findings showed that 91% of the children were vaccinated; 80% with proof of finger-marking. Since 7 April 2014, Iraq has not reported any new case of polio and is no more listed as part of infected countries; however the country remains vulnerable to international spread of polioviruses due to volatile security situation, uneven performance of Expanded Programme on Immunization (EPI) at sub-national levels and endemic transmission in Asia.

Concerted efforts are needed from all partners to promote three routine doses of oral polio vaccine for all children before they reach the age of six months, vaccinate all children below 5 years children during campaigns regardless of their previous vaccination status. The Ministry of Health, in consultation with WHO, plans to conduct two polio vaccination campaigns for remaining part of 2015; however there is a funding deficit of 1.1 million US dollars to ensure polio-case-free status of Iraq.

Mobile Medical Clinic donated by WHO to the Ministry of Health (MOH) and prepositioned at Bzebez Bridge, Anbar was redeployed from Diwania II health district to Diwania I health district to serve the increasing influx of refugees in the area.

WHO conducted rapid health assessments to identify health needs and gaps and advocate for support from partners to address the needs of hundreds of IDPs sheltered in different IDP sites. Four Rapid Health assessments were conducted between 29 May to 1 June 2015 in eight IDP locations (Abu Gharaib IDP camp, Bzebiz Bridge to Baghdad, Cement Factory check point, White IDP camp, Amriate Al-falluja IDP camp, Al Amal Almanshood IDP Camp and Al Salam IDP Camp). WHO has responded by providing medical supplies in addition to initiating the procurement of six caravans, 200 wheel chairs, 10,000 sterile surgical gowns and 200 oxygen bottles and 200 regulators to address needs and gaps identified during these assessments.
• WHO supported Kirkuk 2 district to conduct hygiene and health education for IDPs in Laylan and Yahyawa camp. A total of 90 people were reached health and hygiene messages. Bad sanitation conditions are a concern in IDP camps and require continuous education to prevent water borne disease outbreaks.

• From 19 to 20 May 2015, WHO supported the Wassit DOH to conduct training workshop for health workers in the Central Public Health Laboratory on how to collect stool samples and vibrio cholera identification.

• WHO donated trauma kit and Interagency Agency Emergency Health Kits (basic unit) to United Iraqi Medical Society (UIMS) to support management of patients in Al-Nekheeb PHCC. The Kits provided are worth treating 18,000 people for three months. In addition, IEHK (Basic units) were also donated to the DOH in Kirkuk to support PHCCs in Laylan and Yahyawa IDP camps worth treating 3,900 people for three months.

• WHO in collaboration with the Ministry of Health, Kurdistan Region with technical support from the Global Outbreak Alert and Response Network (GOARN) assessed the risk of cholera outbreak in the Kurdistan region (Erbil, Dohuk and Sulyeimaniah). The team visited IDP and refugees camps among other areas. Recommendations of the assessment team include: capacity building for health staff in surveillance, improved skills of health workers in case management and laboratory confirmation, ensure availability of medical and laboratory supplies for cholera and other diarrheal diseases, ensure availability of quality water supplies and increased community awareness on good hygiene practices.

• Acute Upper Respiratory Tract Infections remains the highest reported communicable disease recorded from all reporting sites in three consecutive weeks (20, 21 and 22), followed by Acute Diarrheal Diseases, Acute Lower Tract Infections and Skin Diseases, refer to graph 1.

Graph 1: Reported number of communicable disease cases through EWARN, Iraq week 20 to week 22-2015


• Sporadic cases of Acute Jaundice Syndrome, suspected measles, and one suspected case of Acute Flaccid Paralysis were reported in this period, timely investigations were conducted and samples were collected and sent for further laboratory investigations. Results will be shared once received.
From week 20, 21 and 22, WHO and the Ministry of Health received 65 alerts through the electronic Early Warning, Alert and Response Network (EWARN). Ninety five percent of the alerts were verified as false given that they did not meet the case definitions criteria. All the alerts that met the case definition criteria were timely verified and responded to. Among these were sporadic cases of leishmaniasis, suspected measles, acute flaccid paralysis and samples had been collected and sent for further laboratory investigations.

WHO continues to work with health authorities and other partners to vaccinate all children in areas of new displacements to reduce the risk of measles outbreak in IDP camps and other IDP locations. With fresh displacements from Ramadi and other parts of Anbar, the risk of measles outbreak remains high among IDP 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

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<thead>
<tr>
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<th>Funds requested</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
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<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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**** 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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