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### Iraq

**WHO deploys teams to cholera-affected areas**

The Ministry of Health of Iraq, in consultation with WHO, declared a cholera outbreak in nine governorates of central and southern Iraq on 15 September 2015, and announced a stepping up of measures to stop transmission and prevent further spread of the disease.

The declaration came after a sudden increase in the number of acute watery diarrhoea cases. Laboratory tests conducted in the central public health laboratory confirmed the presence of Vibrio cholerae subtype 01 Inaba. As of 6 October there were 1039 cases that have been tested positive with over 2500 suspected cases being treated for cholera symptoms.

WHO deployed field investigation teams and health care providers to cholera-affected areas to strengthen surveillance, investigation, case finding and standardize case management.

A cholera task force comprised of officials from the Ministry of Health, WHO, and other United Nations partners was created to lead the response and coordinate with local health authorities in affected areas. As the outbreak progresses, WHO and partners are concerned about the further spread of the disease in a highly insecure environment. New Year celebrations planned for 23 October raise a further concern as mass gatherings are expected throughout Iraq with potential of rapid proliferation of cases in the wake of the celebrations.

Efforts are ongoing to strengthen and sustain the disease surveillance system in camps. Some 80 health facilities report to the early warning and alert response network. From 6-12 September, 20,501 health consultations were conducted.

**WHO medical consignment ready to treat 16,000 for three months**

WHO dispatched an emergency consignment of life-saving medicines and medical supplies to health facilities in Haditha City and Al-Baghdadi district. The consignment contained seven Interagency Emergency Health Kits, which included one Basic Kit (containing essential medicines), two Surgical Kits, two Trauma A and B Kits, and one Interagency Diarrhoeal Basic Kit. The total consignment is sufficient to treat 16,000 people for three months.

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South Sudan

Expanded healthcare to 1 million more IDPs needed

In South Sudan, more than 1 million internally displaced persons (IDPs) live outside of the Protection of Civilian (PoC) areas. WHO says the most critical health need is the expansion of primary health care services beyond the PoC areas to reach at least 80% of these IDPs. Access to preventative care, vaccination campaigns and cold chain capacity remains limited in areas affected by conflict. The situation is worsened by the looting and closure of health facilities due to fighting and insecurity, further comprising already limited services.

Cholera, polio and measles remain major health risks. Although most of the camps in the PoC areas have now been covered, WHO finds there is a need for vaccination of the host communities and the other IDPs outside the PoC areas. In addition, water-related diseases (cholera and Hepatitis E) remain a potential threat to the IDPs and host community.

Secondary health services especially surgical, reproductive and mental health care are in short supply in the conflict affected areas. Furthermore, an effective referral system especially for the war wounded is urgently required.

Strengthening epidemic preparedness and response including strengthening and expansion of disease surveillance and early warning system and prepositioning of life saving supplies is also required. Malnutrition remains a huge challenge in the three conflict affected states.

Health Cluster response efforts lead to drastic cholera case decline

WHO led health partners to support the Ministry of Health’s response to the cholera outbreak. Concerted response efforts by the National Cholera Taskforce led by the Ministry of Health and supported by Health and WASH Cluster partners have resulted in a drastic case decline (from 260 cases per week in mid-July to zero cases per week at the end of September) with the last cholera Rapid Diagnostic Test positive case registered on 13 September.

WHO provided technical guidance and operational support towards the National Cholera Taskforce and its three working sub committees. WHO supported oral cholera vaccination campaigns at the PoCs in Juba, Malakal and Bentiuin as part of the response to vaccinate an estimated 228 849 IDPs.

WHO had procured and prepositioned twelve Diarrhoeal Disease Kits, eight Interagency Emergency Health Kits, 10 Trauma kits, 312 Basic Units and ORS modules to respond health emergencies and common epidemics. More than 14 health partners benefited from the supplies donated by WHO, which provide medicines and supplies to treat 312 000 persons for three months.

WHO airlifts antimalarial drugs in response to increased malaria cases

In the last week of September, 39.9% of the 33 489 consultations provided to IDPs were attributed to malaria. Malaria transmission has levelled off following a health facility assessment and integrated response by the Health Cluster partners.

WHO airlifted antimalarial drugs (200 000), Rapid Diagnostic Tests (70 350) and other lifesaving supplies to strengthen malaria case management in POC health facilities including 70 000 doses of artesunate.

Funding US$ requested and received

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<td><strong>Received</strong></td>
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Source: OCHA/FTS and WHO

WHO received 2015 funding support for humanitarian health activities in South Sudan from the United States of America, Japan, the European Commission Humanitarian Aid and Civil Protection, UNOCHA Emergency Relief Fund, UNOCHA Common Humanitarian Fund and the Central Emergency Response Fund.

For more information: [http://www.who.int/hac/crises/ssp](http://www.who.int/hac/crises/ssp)

Statistics

Global Health Observatory – South Sudan
WHO delivered healthcare in challenging setting of Yemen

WHO supported a mobilization to reach 358,681 infants under one year of age over six days in September. Despite the ongoing conflict, the effort covered more than 95% of the targeted infants in all 23 of Yemen’s governorates. It was the second round of integrated outreach activities including immunization, Integrated Management of Childhood Illnesses (IMCI), reproductive health, nutrition and treatment of common diseases. An estimated 1982 mobile medical teams and 5964 health workers participated. WHO supported 16 independent supervisors and 806 mobile teams to reach the infants.

WHO teams with FMF to help over 2000 mothers and children

WHO and Field Medical Foundation (FMF) set up mobile nutrition clinics to diagnose and treat children aged between six months and five years. A total of 2029 children under five, pregnant women and mothers benefited from the mobile clinics in Aden and Hadramout governorates.

Hospital evacuation fuelled by WHO

On 6 September, Al-Sabeen Hospital in Sana’a was closed due to damages to its infrastructure as a result of the conflict. WHO responded by coordinating and fuelling three ambulances that were used to evacuate patients from the hospital and facilitated their admission to other government and private hospitals within Sana’a. Over 200 inpatients (80 children and 127 women) were evacuated.

WHO Cluster Coordinator Training 2015

WHO designed and delivered a new training package for the Health Cluster Coordinator training held 14-20 September in Divonne-les-Bains, France. Twenty Health Cluster Coordinators or soon to be participated in the training, which consisted of theoretical and practical sessions and a simulation exercise articulated around the Humanitarian Program Cycle.

The training aimed to strengthen participants’ capacity and skills to coordinate effective, efficient and timely humanitarian health response in countries affected by sudden-onset and protracted emergencies. The course targeted Health Cluster Coordinators and Health Cluster partners who fulfil cluster coordination roles. Upon completion of the training participants were able to:

- Understand and apply key elements of the Transformative Agenda;
- Understand and apply key elements of Humanitarian Reform in WHO and the implications for the Health Cluster leadership;
- Be aware of role of the Global Health Cluster Unit in facilitating access to information, guidance and tools;
- Describe and understand the 6 Core Cluster Functions at country level;
- Describe and understand the key roles and responsibilities of the Health Cluster Coordination Team;
- Effectively carry out the tasks and duties associated with their role;
- Identify their own preferred styles of leadership and the areas they need to develop and strengthen.