In this issue: The health response to the crises in Iraq and Ukraine, the launch of the Ebola Response Roadmap and the events to commemorate World Humanitarian Day

**Iraq**

**Situation highlights:**

The humanitarian situation in Iraq continues to deteriorate with further displacement of people. A surge in violence between Government forces and armed groups displaced over 950,000 people in central and northern Iraq. It is estimated that 1.5 million new people are in need of assistance from the recent crisis which started in June 2014. On 13 August, the Interagency Standing Committee declared the crisis in Iraq a Level 3 emergency. WHO, using its internal grading system, declared it a Grade 3 emergency on 12 August 2014.

The situation is still evolving and new displacements are occurring. This makes it difficult to estimate the total number of people in need of assistance. Almost 200,000 people from Sinjar district have fled to Dohuk as a result of increased fighting. An additional 50,000 people, mostly women, children and the elderly are reported to be trapped on Sinjar mountain. An estimated 60,000 more individuals have crossed to Dohuk through the Feshkhabour border-point with the Syrian Arab Republic.

In Sinjar district, the General Hospital (139 beds) and 16 (of 19 total) primary health care centres are non-functional. Health authorities in Ninewa Governorate have expressed concern over possible outbreaks of measles, polio, cholera, as well as tuberculosis (TB) given that Sinjar is a TB endemic area. Despite the delivery of medicines and medical supplies, there remain shortages in medicines and medical supplies, as well as shortages in electricity, drinking water and fuel.

The security situation in Anbar Governorate is still volatile and displacement of families continues with at least 65,000 families departing from their homes towards safer zones inside the governorate. IDPs are living in areas with a shortage of clean water, insufficient food supplies, and limited health facilities.

In many areas the health infrastructure and access to health services have been disrupted due to the conflict. Where facilities exist and are functioning, most have been inundated with the influx of the displaced. Medical supplies are in short supply. Routine vaccination programmes have been disrupted and currently there is a risk of polio.

WHO’s efforts to provide medicines in response to the acute shortage reported by the Government are hampered by insecurity and the suspension of flights to Erbil. WHO is increasing its presence in country and works out of six offices: Baghdad, Erbil, Dohuk, Suleymaniya, Mosul and Kirkuk. Assessments of health service delivery and identification of health needs are ongoing as the situation evolves.

**Health Cluster objectives**

Health partners are providing support for curative services and lifesaving preventive health interventions such as vaccinations. Additionally the IDPs and host communities will be assisted to access essential health services. This includes the provision of: primary health care services; establishment of a referral system for severe cases; prevention and management of communicable diseases; immunization against polio and measles including vitamin A; provision of life-saving medicines and medical supplies, particularly items needed for injuries/trauma and chronic diseases as tuberculosis, blood hypertension and diabetes; treating severe acute malnutrition and preventing micronutrient deficiency.

**Statistics**

<table>
<thead>
<tr>
<th>Total population living in affected countries</th>
<th>32 778 000</th>
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<tbody>
<tr>
<td>Gross national income per capita*</td>
<td>4230</td>
</tr>
<tr>
<td>Life expectancy at birth m/f (years)</td>
<td>66/74</td>
</tr>
<tr>
<td>Probability of dying between 15 and 60 years m/f **</td>
<td>223/107</td>
</tr>
<tr>
<td>Total expenditure on health per capita* (2010)</td>
<td>149</td>
</tr>
<tr>
<td>Total expenditure on health as % of GDP (2010)</td>
<td>3.6</td>
</tr>
</tbody>
</table>

* *purchasing power parity international $** per 1000 population

Source: WHO/GHO

<table>
<thead>
<tr>
<th>Funding</th>
<th>Health Cluster</th>
<th>WHO</th>
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</thead>
<tbody>
<tr>
<td>US$*</td>
<td>35 000 000</td>
<td>17 662 725</td>
</tr>
<tr>
<td>2014</td>
<td>7 964 554</td>
<td>53 567 997</td>
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</tbody>
</table>

Source: OCHA/FTS

*Iraq SRP 2014 currently under revision.

WHO’s emergency activities in 2014 in Iraq have been supported by the Central Emergency Response Fund, Italy, Kuwait, the Republic of Korea, Saudi Arabia, the United Kingdom and the United Nations Office for the Coordination of Humanitarian Affairs.
For more information:  
http://www.who.int/hac/crises/irq

deficiencies and provision of reproductive health care packages for displaced pregnant women. Capacity strengthening of nutrition stakeholders will be undertaken to facilitate screening and provision of nutrition services to avert deterioration of the nutrition situation.

The Iraq Strategic Response Plan 2014 identifies the Health Cluster objectives as:

- All IDPs and host communities affected by the crisis, and especially the most vulnerable, have access to quality life-saving public health and nutrition inside and outside IDP settlements.
- Timely response to life threatening health needs of the target population and prevention of excess morbidity and mortality both among IDPs from Anbar and affected host communities inside and outside Anbar Governorate.

Given the escalation of the crisis in the past weeks, the current SRP for Iraq is being revised. Needs assessments are currently ongoing.

Health response

- The WHO-supported health services include deployment of two mobile medical teams to Sinjar Mountain to provide essential health services and distributing high-protein biscuits to civilians stranded on the mountain. The two teams will be stationed there until everyone is evacuated. Supplies used by the teams are being replenished by helicopters.
- A further 10 mobile medical teams supported by WHO (one doctor, one nurse, one pharmacist assistant and a driver) are visiting displaced people in Dohuk to provide needed health services. All health centres and hospitals are on high alert and require space prepared to receive patients among the new families arriving in Dohuk. WHO has also recruited 50 nurses to support local health authority teams in locations lacking health personnel and further medical personnel recruitments are being planned.
- At the Iraqi-Syrian border point of Feshkhabour, 16 ambulances, two medical doctors and 10 paramedics are providing health services.
- WHO is providing the Ministry of Health US$ 20 million worth of medicines to be distributed in the areas with a high influx of displaced people. The first consignment of locally procured medicines has been delivered to Dohuk health authorities for use in health facilities, while two tons of medicines and medical supplies have been provided by WHO to the Feshkhabour check point medical facilities. Since June 2014 WHO has provided drugs and medical supplies to address the current health needs of an estimated 934 900 beneficiaries for one month. The emergency health supplies have been delivered to the Department of Health in Dohuk, Erbil, Kirkuk, Garmanian and Suleymaniya.
- WHO is also making contingency plans for the delivery of medical supplies into Iraq following the decision by several airlines to cancel or reduce flights into the country amid the insecurity. Strategies being considered involve local procurement of medicines and the use of sea ports for heavy consignments.
- In response to concerns over the spread of TB, the Federal Ministry of Health has supplied Mosul Department of Health with 70 tons of medicines and medical equipment in addition to two million chlorine/aqua tablets.
- WHO, in conjunction with the Iraqi Ministry of Health and UNICEF, conducted a polio vaccination campaign across the country (4 – 14 August), reaching 3.75 million children aged under 5 years out of 4 million targeted in 12 governorates. WHO aims to reach five million people (IDPS and host populations) for preventive health services and 1.5 M people for provision of basic health services.
Health emergency highlights

Ukraine

Situation highlights

Fighting and shelling in Donetsk and Luhansk continues to trigger more displacement as the humanitarian situation in eastern Ukraine continues to worsen. As of 1 September, the number of internally displaced increased to 259 741 while more than 300 000 people (asylum seekers and refugees) have fled eastern Ukraine to neighbouring countries. The numbers are difficult to confirm and actual numbers may be up to one million.

Reports indicate there is a sharp rise in the need for basic services such as water, electricity and health in areas of ongoing shelling in Donetsk and Luhansk.

On 8 August, the Government of Ukraine and a number of UN agencies conducted an initial assessment of humanitarian needs of displaced people in Yalta and Mariupol. The assessment concluded that water and sanitation and health need urgent attention. To address existing humanitarian needs WHO, UNICEF, UNFPA and UNHCR delivered more than five tons of relief aid consisting of non-food and medical items. International actors, civil society, local government and charity organizations continue providing basic life supporting assistance to the displaced people. Despite efforts made, needs of the affected and displaced continue to rise and IDPs staying in shelters will require urgent support in view of the coming winter, as these shelters are not heated.

Almost 4 million people have been affected by the crisis, with almost 2600 deaths and over 7000 people injured as of 28 August 2014.

An estimated 800 000 to 1 million people have been forced to leave their homes, many more than the 260 000 officially registered internally displaced persons (IDPs) and 300 000 officially registered asylum-seekers and refugees.

Almost 3.9 million people live in the combat areas. In Luhansk Oblast, 250 000 persons have no access to safe water and electricity. There are 49 damaged hospitals and 32 have closed.

Up to 70% of healthcare workers in conflict areas have fled their work place.

The health system is unable to provide adequate health services to meet people’s needs. Historically low immunization coverage (including for polio), high incidence of HIV/AIDS and drug-resistant tuberculosis, and a high burden of chronic diseases compound the challenges.

Health response

- WHO has procured Emergency Health Kits, essential medicines, including emergency drugs, consumables, vaccines, and medical equipment for the national health care system.
- WHO and partners have expanded the scale of the national early warning system for infectious disease outbreak prevention and control in both affected and IDP hosting areas.
- Health Impact Specialists have been trained and deployed to the affected areas to gather information on health needs, gaps and response activities.
- Roma Health Mediators have been trained and deployed to gather health status and needs information.
- WHO is coordinating working groups on mental health and on the health needs of minorities.
- Mobile primary health care and psychosocial clinics are being organised to serve the urgent needs of 100 000 IDPs
- WHO is providing leadership in coordinating the health sector and establishing a Ukrainian medical supplies platform along with UNICEF, ICRC, IFRC, UNFPA, MSF, and other health sector partners.
Launch of the Ebola Response Roadmap

On 28 August 2014, WHO issued the Ebola Response Roadmap for scaled-up response to the Ebola outbreak in West Africa. The document lays out the priority activities to be implemented under the three main goals.

**Objectives**

- To achieve full geographic coverage with complementary Ebola response activities in countries with widespread and intense transmission
- To ensure emergency and immediate application of comprehensive Ebola response interventions in countries with an initial case(s) or with localized transmission
- To strengthen preparedness of all countries to rapidly detect and respond to an Ebola exposure, especially those sharing land borders with an intense transmission area and those with international transportation hubs.

The Roadmap intends to assist governments and partners in the operationalization and resourcing of country-specific operational plans for Ebola response, and the coordination of international support for their full implementation.


WHO has established a dedicated Ebola virus disease website, [http://www.who.int/csr/disease/ebola/en/](http://www.who.int/csr/disease/ebola/en/), where information about the disease and the outbreak response can be found.

<table>
<thead>
<tr>
<th>Funding US$ 2014</th>
<th>Total</th>
<th>WHO</th>
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<tbody>
<tr>
<td>Requested</td>
<td>450 000 000</td>
<td>60 000 000</td>
</tr>
<tr>
<td>Received</td>
<td>89 387 528</td>
<td>26 671 460</td>
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</tbody>
</table>

Source: OCHA/FTS

WHO activities in response to the Ebola outbreak have been supported by the African Development Bank, the UN Organization for the Coordination of Humanitarian Affairs, Andorra, the Central Emergency Response Fund, Ethiopia, the European Commission Humanitarian Aid and Civil Protection, Italy, Japan, the Republic of Korea, Kuwait, Luxembourg, Norway, the OPEC Fund for International Development and the United States of America.

World Humanitarian Day

On World Humanitarian Day, 19 August 2014, WHO paid tribute to humanitarian heroes around the world, honouring those who have lost their lives and recognising colleagues who dedicate themselves to work in humanitarian crises. WHO staff work in 27 emergency countries around the world, helping bring health care to people in crises. August 19 marks the day in 2003 when 22 people were killed in the bombing of the United Nations Headquarters in Baghdad.

This year’s World Humanitarian Day focused on the work of humanitarian heroes – telling the stories of aid workers who are dedicated to protecting and supporting people who have had their lives shattered by conflicts and natural disasters. WHO showcases the stories of five health humanitarian heroes [http://www.who.int/hac/world-humanitarian-day/en/](http://www.who.int/hac/world-humanitarian-day/en/).

On World Humanitarian Day, WHO brought attention to an unprecedented increase in the scale and violent nature of attacks on health care workers. The targeting of health personnel and facilities in recent conflicts in the Syrian Arab Republic, Gaza, Central African Republic, South Sudan and other areas shows a grave lack of respect for International Humanitarian law. It also breaches the fundamental human right to health, which WHO has a specific mandate to protect.

World Humanitarian Day was commemorated with events in countries around the world. In Geneva the event at the Palais des Nations included films on the United Nations’ humanitarian work, an interactive, high-level discussion (moderated by Rick Brennan, WHO Director of the Department of Emergency Risk Management and Humanitarian Response), followed by a ceremony with the unveiling of a plaque with the names of the victims of the bombing of the United Nations offices in Algiers on 11 December 2007.

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