### Iraq Crisis
Donor brief & funding request
2 December 2014

#### PEOPLE AFFECTED

<table>
<thead>
<tr>
<th>People</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>In need of humanitarian assistance</td>
<td>5.2 million</td>
</tr>
<tr>
<td>Targeted for health services</td>
<td>4 million</td>
</tr>
<tr>
<td>Internally displaced</td>
<td>1.8 million</td>
</tr>
<tr>
<td>Syrian refugees</td>
<td>215,303</td>
</tr>
</tbody>
</table>

#### HEALTH SECTOR

- 4% of health facilities damaged
- 79% of health facilities functioning with external support

#### BENEFICIARIES REACHED

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children vaccinated against polio</td>
<td>5.6 million</td>
</tr>
<tr>
<td>Medical consultations conducted since July 2014</td>
<td>819,546</td>
</tr>
<tr>
<td>IDPs vaccinated against measles</td>
<td>144,651</td>
</tr>
</tbody>
</table>

#### FUNDING REQUIREMENTS

- **Health Cluster**
  - Requested: US$ 314 million
  - Received: US$ 90 million
  - 71% funding gap

- **WHO**
  - Requested: US$ 187 million
  - Received: US$ 54 million
  - 71% funding gap

### Highlights

- 819,546 people (20% of the health sector targeted) have received medical consultations, in and outside the internally displaced people’s (IDP) camps. There is a need to scale up health efforts ahead of winter.
- WHO and Health Cluster partners estimated that the Health Cluster will need US$23 million to address specific health needs related to harsh winter conditions and displacement.
- Disease early warning and response systems have been established in seven IDP camps and eight refugee camps. The system is being expanded to 800 healthcare centers serving the affected populations.
- 5.6 million children were vaccinated against polio in the October campaign, bringing the total number of oral polio virus (OPV) doses administered to 33.8 million since April 2014.
- The high influx of IDPs and refugees is stretching the existing health services. Shortages of life-saving medicines are being reported in some governorates due to access issues.
- WHO has appealed for US$ 187 million to respond to the humanitarian health needs of the affected Iraqis (displaced and host communities).

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![Photo: WHO/A. Abdulrahaman](image-url)

WHO staff meets an internally displaced family in Zako internally displaced people’s camp in Duhok Governorate during an assessment of the health situation in the camp.
Key public health concerns

- Access to health care
- Primary health care services
- Communicable diseases including polio and measles
- Inconsistent supplies of medicines and medical equipment
- Health care services for patients with chronic diseases
- Increased risk of acute respiratory infections due to the upcoming winter.

Situation update

Since January 2014, there has been massive internal displacement with an estimated 1.9 million people fleeing their homes due to conflict. Some areas are inaccessible, thus limiting the delivery of health care and increasing the vulnerability of the population.

Along with the internal displacement, Iraq is experiencing an ongoing influx of Syrians (215,000) seeking refuge in and outside camps, with Kurdistan hosting 97% of the refugees. The refugee caseload is likely to increase as a result of ongoing armed conflict in the Syrian Arab Republic.

The total humanitarian caseload is now up to 5.2 million people.

The humanitarian situation in the country is unstable and the needs extend beyond the current response capacities available at country level. The provision of essential public services including food, shelter, health, water and sanitation, and education have sharply deteriorated, or the services are inaccessible. Social services in many host communities are overstretched by the influx of IDPs, many of whom are occupying community buildings, religious buildings and community facilities including over 1200 schools.

A number of formal IDP camps have been established, but more are needed to host the large numbers of IDPs.

Public health concerns

An estimated 1.26 million people in Iraq are in need of winter assistance; 49% of them are IDPs currently sheltered in high altitude areas where temperatures range between +5°C and -16°C. Many people are currently sheltering in open spaces, unfinished buildings, collective centers, and public buildings including schools and informal settlements. The Health Cluster estimates that 1.1 million children will require additional care during the winter season due to acute respiratory infections and chronic diseases. For winterization alone, WHO and its health partners need US$ 23 million to respond to the urgent health needs of the displaced population.

Since June 2014, the delivery of health care services in inaccessible areas and areas hosting IDPs has been severely impacted. In the areas of Anbar, Ninewa, Salahudin and Kirkuk, an estimated 80% of the health facilities are
Health Cluster objectives:

- Provide timely, basic package of primary and secondary health care services, including reproductive and mental health services, and care for disabled patients.
- Strengthen early detection, investigation and response to epidemic-prone outbreaks of communicable diseases for target populations (i.e. IDPs, returnees and impacted communities)
- Strengthen coordination and leadership to respond to the humanitarian health response

Health Cluster priorities and targets

1. **Providing access to primary and secondary health care services**

- Providing operational and technical support for strengthening the urban primary healthcare facilities
- Supporting the establishment of primary healthcare services in camps and non-camps
- Supporting the establishment and coordination of mobile clinics to reach IDPs outside formal establishments
- Supporting the establishment of medical referral systems and mechanisms
- Strengthening the secondary health care system in government hospitals in areas hosting IDPs (Dohuk, Souleiymaniah, Erbil, and Anbar)

2. **Strengthen early detection, investigation and control of epidemic-prone and vaccine preventable diseases for IDPs, returnees and host communities**

- Establishing/strengthening the early warning detection surveillance and response system for rapid detection and response to epidemic-prone diseases.
- Ensuring that all children in Iraq are vaccinated against polio and measles
- Supporting the National Immunization Days and targeted campaigns

partially functioning (Sinjar) and 4% are completely non-functional. Meanwhile, more than 45% of health professionals fled to more secure areas, leaving a gap in healthcare provision including primary health care, trauma care and obstetric care. Supplies of medicines and equipment are irregular due to road inaccessibility and power/fuel shortages. Simultaneously, the rapid influx of IDPs has overwhelmed the available health services.

The population displacement further complicates the provision of healthcare services to needy populations, the timely humanitarian health response to IDPs with life threatening conditions and the regular monitoring of patients suffering from chronic diseases. In Dohuk Governorate, only a fraction of the 543 000 IDPs are hosted in organized camps, with the majority living in schools, unfinished buildings, under bridges, and under trees. This makes it almost impossible to respond to all the humanitarian health needs of the affected population.
3. Strengthen coordination and leadership to respond to the humanitarian health response

- Ensuring adequate coordination of the health sector to deliver life-saving interventions to conflict-affected populations
- Providing technical and operational support to Health Cluster partners to scale up the humanitarian health response

4. Response to the upcoming winter

- Training health care workers in the management of severe cases of pneumonia and other chronic illnesses which are posing a high risk during the expected harsh weather conditions, especially in the north of the country
- Strengthening mobile medical services to vulnerable groups, especially women, children and the elderly living in single households and in camps and supporting the Department of Health to expand the medical mobile team’s (MMT) activities
- Providing equipment, supplies, including laboratory reagents to clinics and to health facilities
- Stockpiling of antibiotics, nebulizers and other medicines and medical supplies used to manage respiratory tract diseases

WHO and Health Cluster action

WHO deployed 58 staff to support the humanitarian health response, including a Health Emergency Lead, an Emergency Coordinator a Health Cluster Coordinator and information management staff. WHO’s capacity was also strengthened with 81 technical and operational staff including 21 international surge staff with presence in over ten governorates.

WHO supported the provision of primary healthcare services to IDPs and refugees in and outside the formal camps and establishments in Dohuk, Suleimaniyah and Erbil. There have been 819 546 medical consultations since August.

Twelve mobile teams are supported in Duhok and Suleimaniyah through the Directorate of Health, with the aim to provide services to IDPs living outside
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28 November 2014

Funding

WHO’s activities in response to the health humanitarian crisis in Iraq have been funded by:

- The Central Emergency Response Fund (CERF)
- Italy
- Kuwait
- The Republic of Korea
- United Kingdom of Great Britain and Northern Ireland
- The Kingdom of Saudi Arabia
- UNOCHA Emergency Relief Fund

the formal establishments. Five partners were supported with emergency medicines and supplies in Duhok, Erbil and Suleimaniyah.

Medicines and medical supplies including 41 Interagency Emergency Health Kits, 22 Trauma Kits A and B, 21 Diarrhea Kits, and other assorted essential medicines were distributed to different governorates, including those affected by the conflict (Ninewa, Salah Al-Din, Kirkuk, Al-Anbar, etc.). Medicines and medical supplies provided by WHO covered the needs of 1,005,000 people between March and September.

During the October campaign, 5.6 million children were vaccinated against polio, bringing the total number of OPV doses administered since April to 33.8 million.

An Early Warning and Response Network has been established in seven IDP camps and eight refugee camps. The expansion of the project to all primary health care centres serving IDPs is underway.

WHO issued a Public Health Risk Assessment for the new Iraq crisis, highlighting common health risks and response priorities.

Under WHO leadership, the Health Cluster has conducted strategic planning and prioritization of needs and gaps for the strategic response plan; the Health Cluster website on the IASC website was established and serves as an exchange and coordination platform.

Funding requirements

WHO is appealing for US$ 187 million to respond to the health needs of more than five million beneficiaries, (1.8 million IDPs and 3.5 million host communities). WHO has so far received US$ 54 million (29%) of the funding; US$ 133 million is still needed to ensure all populations in need of health services have access and receive appropriate health care. WHO and its health partners need US$ 23 million to respond to the urgent health needs of the displaced population for winterization.

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