In this issue: The health response to the humanitarian crises in Iraq and Yemen and the 68th World Health Assembly decision regarding a global health emergency workforce and contingency fund.

Iraq

Situation highlights
Over the past few months, there has been an escalation of violence in Iraq in general and in particular in Ramadi, the capital city of Anbar governorate. This situation has further aggravated the suffering of civilians, in particular the sick, elderly, children and pregnant women. The United Nations reports that since 15 May 2015, 237,786 individuals have been displaced from and within Anbar Governorate, bringing the total number of internally displaced people (IDPs) across the country to 2.96 million. This population is in dire need of urgent humanitarian assistance, including access to essential health care services.

A recent health assessment, conducted by WHO in the eastern part of Anbar governorate revealed inadequate supplies of medicines, shortage of doctors and other categories of health professionals, lack of safe drinking-water, insufficient food and lack of electricity. Currently, health services are delivered through primary health care centres and mobile medical clinics and mobile teams providing outpatient services, immunization, first-aid for wounded patients and referral services. However, the acute shortage of fuel for ambulances is challenging the referral process in addition to hindering the capacity of generators to run in an interrupted manner in order to maintain the needed cold chain and other power dependant health services.

With poor living conditions, lack of hygiene and sanitation and comorbidities, IDPs are exposed to higher risks/threats of communicable diseases, such as measles, polio, acute diarrhoea and leishmaniasis while the conflict has also caused mental trauma among affected populations. Patients with non-communicable diseases such as heart diseases, diabetes, cancer and respiratory infections are also in acute need of services and medicines.

The influx of IDPs in non-camp settlements has increased the demand for health services for both IDPs and host communities with a 50% increase in the caseload among the functional DoH/MoH facilities. Across the five governorates most affected by the ongoing armed conflict (Anbar, Ninewa, Diyala, Salah-Al-Din and Kirkuk), 14 major hospitals and over 170 primary health care facilities are non-functional or completely destroyed. If urgently needed funds are not secured by the end of June 2015, more than 84% of health care projects serving IDPs and other populations in need in Iraq will be forced to close. In case this happens, more than three million refugees, IDPs and host communities will lose access to the treatment and other preventive and curative and health services.

For more information: [http://www.who.int/hac/crises/irq](http://www.who.int/hac/crises/irq)
The Health Cluster has identified health priorities for a sequenced response as follows:

**First line response**: Secure critical life-saving health service delivery for the for the most vulnerable people, including the displaced population in need of assistance, through support to existing health facilities and the launch of Mobile Medical Clinics. Basic health services will be provided including measles and polio vaccination, trauma care, Basic Emergency Obstetric and Newborn Care and early detection and response to outbreaks.

**Second line response**: Supplementary health services targeting mental health and psychosocial support services; essential reproductive health care, including referral systems for obstetric/secondary care; essential nutritional services (IYCF-E); support to cold chain systems; promotion of routine vaccination (preventing disease outbreaks) and ensuring a functional supply chain as well as stock piling of essential medicines to primary health care units.

**Full cluster response**: At this stage, full health care services will be provided including infrastructure rehabilitation and capacity building for health care staff.

**Health Cluster response**
- WHO donated and delivered four caravans to Habaniyah clinic, creating more space to handle the growing patient caseload in the facility. WHO also supported the Directorate of Health (DOH) of Anbar with one caravan to Al-Khaldia primary health care clinic and hence creating more space to serve the health needs of the displaced people.
- WHO provided the clinic in Al-Habaniya Tourist City with four pre-fabricated structures to use as a lab and dentistry units whose capacities will be increased with the provision of additional equipment such as bio-medical, dentistry and laboratory devices and supplies.
- WHO and health officials deployed six ambulances, three Mobile Medical Clinics in addition to providing essential medicines and health workers to treat IDPs in transit on the Bzebiz Bridge.
- UNFPA is supporting the establishment of a normal delivery centre in Ameriyat Al-Fallujah.
- Relief International and International Medical Corps are finalizing their assessments with the aim of starting the provision of services in Anbar governorate and in western Baghdad.
- MOH/Director General of Anbar DOH and members from Anbar Provincial Council visited the Maternity and Paediatric Hospital in Al Ramadi City on 9 May to assess the damage inflicted on the hospital and measures taken to rehabilitate the hospital;
- In Anbar governorate, WHO supported the construction of two clinics in Ameriyat Al-Fallujah and Al Nakheeb areas and handed them to the DOH. The two clinics are run by United Iraq Medical Society for Relief and Development (UIMS), a local NGO and WHO implementing partner.
- Health partners. including UIMS, Relief International, ICRC and MSF-CH are working together to improve access to basic health services for the IDPs and host communities and coordination with the local authorities and non-health partners is ongoing so as to ensure availability of clean water, improved hygiene and sanitation and hence reducing the risk of outbreak of water-borne and food-borne diseases among the IDPs and affected host communities.
Yemen

Situation highlights
On 12 May at 11 pm local time, a five-day humanitarian pause in the conflict began, allowing the scaling-up of humanitarian aid into and inside Yemen. While the pause allowed WHO to reach 16 000 direct and 4 000 000 indirect beneficiaries and preposition essential medicines inside the country, the situation in terms of health care in Yemen continues to deteriorate.

From 19 March to 03 June, conflicts in Yemen claimed 2288 lives and left 9755 others injured, according to the latest reports.

The humanitarian situation continues to decline due to a lack of fuel, shortages in supplies and insecurity. A number of private hospitals have been forced to shut down across the country due to lack of fuel. Public hospitals are also struggling to remain functional due to shortages of medical supplies and insecurity, especially in Sa’ada, Taiz and Aden governorates. Health care staff continue to work in extreme security compromised settings and some have been injured or lost their lives. The WHO warehouse at Algamhoria Hospital in Sana’a could not be reached due to heavy clashes.

Compared to pre-crisis levels, total consultations have fallen more than 50% to the current weekly figure of about 35 000. The overall low number of consultations suggests that access to health care continues to be a major challenge for the affected population. An assessment is ongoing to determine the status of health facilities and access to health services among the affected population.

The three leading causes of morbidity are acute respiratory infections, acute diarrhoeal diseases and malaria.

Health Cluster priorities
- Support casualty management in conflict-affected governorates, including provision of trauma kits, drugs, medical and surgical supplies, deployment of surgical teams, first aid, referral services, ambulance services and capacity-building of health workers on mass casualty incidents.
- Provide integrated primary health care (PHC) services, including mental health care, timely disease surveillance and response for outbreaks control, newborn illness and protection and safety of health facilities and health care workers.
- Provide life-saving maternal, newborn and child health interventions, including antenatal, delivery and postnatal care for mothers; newborn care, routine immunization and screening and treatment of illnesses in children through health facilities, outreach and mobile services, all accompanied by social mobilization activities.
- Strengthen and expand the disease surveillance and outbreak response system (EWARN) for timely detection of communicable diseases alerts and respond to outbreaks. This will coincide with preventive activities including health promotion and health risk awareness.
- Procure, stockpile and distribute medicines and medical supplies to health facilities around the country and maintain cold chain for vaccines.

Health response
During the pause from 12 to 17 May, WHO was able to reach 16 000 direct beneficiaries and 400 000 indirect beneficiaries through the following activities:

Supplies delivered
- Provided 47.6 tonnes of medicines and medical supplies for a total of 10 350 beneficiaries in the governorates of Aden, Lahej, Abyan, Sada’a, Hajja, Albaida and Aljouf. An additional 20 tonnes of medical supplies are being delivered to Sana’a airport for 120 000 beneficiaries.

For more information:
http://www.who.int/hac/crises/yem
The 68th World Health Assembly decision regarding a global health emergency workforce and contingency fund

The 68th World Health Assembly was held in Geneva 18 – 26 May. During the Assembly, a decision was adopted relating to the 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola. The decision included specifics regarding the establishment of a global health emergency workforce and a contingency fund for WHO’s work in emergencies.

Global health emergency workforce

The Assembly welcomed the Director-General’s efforts to provide an initial conceptual plan for a global health emergency workforce to respond to outbreaks and emergencies with health consequences, as part of the dedicated structure and functions of the wider emergency response programme which would unite and direct all WHO outbreak and emergency response operations within the WHO mandate, across the three levels of the Organization and under the direct supervision of the Director-General, in support of countries’ own response.

It was reiterated that WHO emergency response at all levels shall be exercised according to international law, in particular with Article 2(d) of the WHO constitution and in a manner consistent with the principles and objectives of the Emergency Response Framework, and the International Health Regulations (2005), and be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility and accountability; humanitarian principles of neutrality, humanity, impartiality, and independence; and predictability, timeliness, and country ownership.

There was particular emphasis on the importance of WHO building capacity in its areas of comparative advantage and drawing extensively on the capacities of other United Nation agencies, funds and programmes, the Global Outbreak Alert and Response Network, foreign medical teams and stand-by partners and the lead role of WHO in the Global Health Cluster.

A report on progress will be prepared for the 138 Executive Board in January 2016.

- A shipment of anti-malaria medicines from the Global Fund to Fight AIDS, Tuberculosis and Malaria sufficient for 44 950 treatment courses of malaria.

Fuel
- Provided 262 300 litres of fuel to support hospitals, ambulances, the oxygen plant and the transport of vaccines in 10 governorates. The majority of fuel was delivered to 14 hospitals (228 100 litres).

Direct medical and nutrition assistance
- Supported surgical teams in four hospitals, one team in Sa’ada governorate and three in hospitals in Abyan governorate (Modia Hospital, Lador Hospital, Mahfad Hospital). It is estimated that the teams will provide essential surgical care to 60 000 people.
- One medical team supported by WHO working in Haidan Hospital in Sa’ada governorate is expected to provide primary health care services for a total of 15 000 people.
- Thirteen mobile clinics provided essential primary health care services for 5323 internally displaced persons (IDPs) and residents in Amran, Al Hudaida and Aden governorates.
- Nutritional support delivered by three mobile clinic teams to 1141 IDPs in Al Hudaida and Aden governorates. Services include early detection and referral services for severe and medium malnourished children.

Other support
- A psychological first aid training course was conducted for 33 health staff from five partner nongovernmental organizations in Sana’a City. One hundred IDPs are receiving counselling from those who were trained.
Contingency fund

The decision was taken to create a specific, replenishable contingency fund to rapidly scale up WHO’s initial response to outbreaks and emergencies with health consequences, that merges the existing two WHO funds (WHO’s Rapid Response Account and WHO-Nuclear Threat Initiative Emergency Outbreak Response fund) with a target capitalization of US$ 100 million fully funded by voluntary contributions, flexible within the fund’s scope.

The contingency fund will reliably and transparently, including with regard to financial reporting and accountability, provide financing, for a period of up to three months, emphasizing predictability, timeliness, and country ownership; humanitarian principles of neutrality, humanity, impartiality, and independence; and practices of good humanitarian donorship.

The contingency fund would be under the authority of the Director-General, with disbursement at his or her discretion.

For further details, please refer to the Fourth report of Committee A (A68/71).