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Summary

On 9 June, militias captured the Ninewa Governorate including Mosul along with most parts of the Diyala and Salahadin governorates north of Baghdad. This has caused massive internal displacement and causalities among civilians and the Iraqi security forces (estimates are in the hundreds).

According to the UN, as of 18 June more than 300 000 internally displaced people (IDP), with thousands more fleeing the violence every day.

The lack of security in the affected areas makes it difficult for the population to access basic supplies and services. Humanitarian space and secure access for needs assessment and medical support are limited.

Current health concerns

Erbil and Dohuk

The arrival of 250 000 Syrian refugees over the last two years has strained the health system of the Erbil, Dohuk and Sulaymaniyah governorates (under the authority of the Kurdistan Regional Government). There has been a resurgence of polio (after 14 years of polio-free status) and leishmaniasis and an increased risk of other communicable disease outbreaks. While the health system and health indicators in this area are better than the rest of the country; catering for an additional 550 000 persons (Syrian refugees and IDPs) is beyond its capacity.

The current challenges posed by the influx of IDPs and Syrian refugees include:

- Over-burdening of the hospitals and primary health care clinics
- Increased risk of circulation of wild polio virus due to; 1) the proximity of IDPs to the Syrian Arab Republic; 2) difficulties in vaccinating all children under five in insecure areas
- Increased risk of outbreaks. There are particular concerns over the spread of cholera because it is endemic in this area and the water supply and sanitation are inadequate
- Disruption of care for patients with chronic diseases and mental health disorders
- Increased number of patients with injuries/traumas
- Difficulties in maintaining the supply of essential medicines and medical supplies
- Increased maternal and child mortality and morbidity
Mosul
The main health concerns are:
- Spread of communicable disease (specifically acute watery diarrhea and other water borne diseases).
- Injured patients fleeing conflict areas and needing emergency care in a protected environment.
- Limited access to essential health services resulting from health personnel and patients having difficulties to safely reach health services.
- Disruption of the supply and distribution of medicines, medical supplies and equipment due to limited access.
- Disruption of vaccination services due to limited access.
- Disruption of maternal and child services, mental health services and the treatment of chronic diseases.

Health priorities
The strategic priorities for urgent health activities in the next three months:

Coordination and Information:
The existing coordination Cluster mechanism of the Health and Nutrition Cluster System, co-chaired by the Department of Health and WHO, will be strengthened to include all health partners. Information collection, analysis and dissemination will be the hallmark of this strategy.

Assessment and prioritization of key needs and gaps:
- Determine the health needs of the displaced population
- Assess the capacities of the government clinics and hospitals with regards to human resources, medicines, supplies and equipment
- Prioritize the service delivery package offered to the displaced population in the camps and strengthen the referral system

Surveillance and control of communicable diseases
- Strengthen health service delivery mechanisms and the referral system in Ninewah and other relevant governorates
- Surveillance and control of communicable diseases, including strengthening the early warning system for outbreak detection and early response

Service delivery (including chronic diseases and mental health disorders and injuries):
- Support to immunization services (polio, measles, etc.)
- Provide Trauma Kits A and B, along with lifesaving antibiotics, disinfectants, antiseptics, etc.
- Strengthen the surgical and orthopaedics departments within the hospitals
- Support the Department of Health and partners in community mental healthcare
- Support medical reproductive health units to establish services in the new settlements
- Provide training for health professionals
- Health education, health promotion and hygiene awareness
- Provide emergency public health technical expertise and develop guidelines and standards to be used in IDP settlements and by the Department of Health
- Make specialised public health professionals available to support the delivery of service
- Strengthen the health information system for data analysis and dissemination

Supply of essential medicines and medical supplies
- Provide lifesaving emergency medicines and emergency kits including, Inter-agency Emergency Health Kits, trauma kits, and other specific kits, depending on needs. This will include lifesaving medicines for patients suffering from chronic diseases where the interruption of treatment is life threatening.
- Procure consumables and parts for the maintenance of medical equipment (e.g. for dialysis machines)

If humanitarian space and the availability of implementing partners continues to be restricted, WHO will develop, in coordination with health partners, innovative approaches to reach the vulnerable population.

WHO response
Delivering health services
WHO is providing the Directorate of Health in Duhok and Erbil with medical supplies for mobile clinics delivering trauma care. WHO has also provided Interagency Emergency Health Kits contain-
ing medicines and medical supplies for 20 000 people for three months, as well as trauma kits for the treatment of 200 people. Diarrheal disease kits for the treatment of 200 people with severe diarrheal disease (or 400 people with moderate diarrheal disease) have also been provided.

**Determining the risks to public health**
A Public Health expert was deployed to Mosul to assess health gaps and needs for the affected populations. A team from WHO is also assessing the risk of epidemics in Dohuk and Erbil and will ensure that systems are in place to rapidly respond and contain disease outbreaks.

WHO has strengthened the disease early warning alert and response system in Kurdistan and Mosul to monitor disease outbreaks.

**Launching vaccination campaigns**
WHO is supporting the directorates of health in Dohuk and Erbil have launched emergency polio and measles vaccination activities for internally displaced people.

**Scaling up the response**
The WHO Country Office is scaling up its response to the crisis. In addition to Baghdad, WHO has operational presence in the three governorates of Dohuk, Erbil and Sulaymaniyah and a focal person in Mosul. An Emergency Coordinator and a Health Cluster Coordinator for Dohuk are in place. Public Health Officers and other professionals have been deployed to reinforce coordination, health information management and dissemination.

WHO is the lead of the Health Cluster and is working closely with the Department of Health and the Health Cluster partners to design the strategic areas of response within the available humanitarian space, based on access and availability of implementing partners.

**WHO funding needs**
WHO requires a total of US$ 10 million for the next three months to cover the costs of the following activities:

1. Coordination of health actions, including needs assessments and health information management.
2. Scale up the management of injuries, trauma care and medical evacuation including the upgrading of medical facilities with equipment and supplies.
3. Support health care services in affected areas
4. Strengthen the disease early warning and response system
5. Support health status monitoring and implement appropriate public health measures for the migrant/refugee population in the border areas

Each of these activities will include the deployment of staff and the provision of supplies and equipment to implement the tasks. As the needs evolve rapidly the financial and human requirements may be re-evaluated in the coming weeks.

**Donors**
WHO relief operations in Iraq have been supported by the UN Central Emergency Response Fund, the Government of Kuwait and the UN Emergency Response Fund.

**New funding is urgently needed.**

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**For more information**

**Iraq**
Dr Syed Jaffar Hussein, Head of WHO Country Office
hussains@who.int

WHO Regional Office for the Eastern Mediterranean
Mr Altaf Musani, Emergency Coordinator
musania@who.int

WHO Headquarters
Ms Cintia Diaz-Herrera, Coordinator External Relations
Emergency Risk Management
diazherrerac@who.int