SITUATION IN IRAQ

The escalation of conflict in Syria has caused hundreds of thousands of Syrians to seek refuge in neighbouring countries. Currently, there are more than 225,000 registered Syrian refugees in Iraq. 47% of the refugees reside in eight camps, while the other 53% live within host communities.

The biggest concentration of Syrian refugees is in the Kurdistan Region where seven of the refugee camps are located. The eighth camp is close to the Syrian border in Al Anbar governorate.

KEY HEALTH ISSUES AND NEEDS

1. Communicable diseases

Many Syrian refugees are arriving in Iraq having had no or limited access to healthcare in Syria for months and children have missed vital routine vaccinations. These vulnerable populations are at high risk of contracting communicable diseases, particularly when living in crowded conditions with limited access to safe water and sanitation facilities. Routine immunization services are missing in many locations in Syria. There is a need to strengthen uptake of routine and supplementary immunization campaigns responding to the threat of polio as the disease has resurfaced in the region with two cases confirmed in Iraq in mid-February and May.

2. Health system and health information strengthening

Iraq has granted Syrian refugees free access to public health services, however, the health system is fragile. There is a shortage of health professionals in Iraq as many have fled the country. The system is further weakened by government budgetary delays. Additional strains on the health system have been placed with the arrival of more than 650,000 internally displaced Iraqis in June. The majority of these Iraqis now live in Erbil and Dohuk, where many Syrian refugees are also located.

3. Non-communicable diseases (NCDs)

Long-term health conditions such as diabetes, heart disease and hypertension are prevalent in the region and represent an issue.

4. Mental health

Mental health problems are expected to be exacerbated as refugees spend another year in Iraq. More attention is needed for chronic mental health conditions, cognitive impairment, and pervasive developmental disorder.

5. Surveillance

Continued early detection of outbreaks and timely disease surveillance remains imperative.

WHO IRAQ KEY ACHIEVEMENTS (JANUARY - JUNE 2014)

1. Establishing functioning clinics within refugee camps in Kurdistan Region

WHO Iraq supported the provision of healthcare for refugees in Kurdistan Region camps and assists the District Directorate of Health with providing the salaries of 92 health professionals (doctors, dentists, pharmacists, lab
assistants, nurses, managers and support staff). The project places emphasis on employing Syrian health professionals to run the clinics in the camps. Other health partners are also providing health services in the camps.

2. Medicine and medical equipment
WHO Iraq procured medicines and medical equipment to support the treatment of 90,000 people in refugee camps, for a period of three months. This included lifesaving drugs, NCD medication and other medical supplies. Ten interagency emergency health kits were supplied, each with the ability to treat 10,000 individuals for three months. Two diarrhoeal kits were also supplied.

3. Capacity building and training
WHO Iraq increased its support to the central Ministry of Health (MoH) in Iraq and Kurdistan Regional Ministry of Health boosting capacity to coordinate the response to the refugee crisis at central and governorate levels. This involved strengthening MoH planning and management capacity and providing technical expertise in epidemiology, health assessments, epidemic surveillance, and health information systems.

The following capacity building activities for more than 300 participants were conducted from January to April:

- training on early warning systems for communicable diseases
- training on chemical weapon injuries and management
- training on epidemiological information management
- training on independent monitoring of polio campaigns
- training on the management of diarrhoeal diseases, including cholera
- awareness raising on polio management activities

4. Vaccination campaigns
WHO Iraq, with the assistance of health partners such as UNICEF, supported the MoH in national and subnational immunization campaigns against polio and improving acute flaccid paralysis (AFP) surveillance. More than 5.8 million children across the country were vaccinated. Campaign activities included:

- vaccination on entry in Dohuk to ensure coverage of all refugees crossing the border
- transferring samples taken from suspected AFP and measles cases to a central lab in Baghdad
- supporting a subnational polio vaccination campaign in Dohuk where there was a suspected case of polio
- launching an independent polio monitoring campaign with the Iraqi Red Crescent Society
- hiring three polio consultants to support the MoH in responding to the polio case in Iraq
5. Surveillance
In the camps, WHO Iraq has supported health authorities to implement early warning systems since the early stages of the Syrian refugee influx for the early detection of communicable diseases, in order to prevent disease outbreaks. In June, WHO deployed a team of public health experts to assess the risk of cholera and other epidemic diarrhoeal disease outbreaks in refugee camps hosting Syrian refugees in northern Iraq.

6. Disability assessments
WHO Iraq held a disability assessment for people with special needs within the camps. The goal of this assessment is to provide patients with necessary support aids (mobility, auditory and other).

7. Water quality improvement in camps
WHO Iraq in partnership with UNICEF is working closely with Erbil, Suleimaniya and Dohuk departments of health to ensure that adequate water is supplied to refugees in camps, and to monitor water quality. Water monitoring teams are collecting water samples from sources, storage tanks, distribution networks and tents and testing it to ensure compliance with Iraqi drinking water quality standards.

8. Vector control
WHO Iraq is working closely with the Erbil, Suleimaniya and Dohuk departments of health on vector control in order to prevent the spread of vector-borne diseases. Spraying and fogging teams supported by WHO Iraq are working according to planned activities throughout the camps. The programme was launched on Monday 7 April, World Health Day, under the theme “Small bite, big threat”.

9. School health screening for Syrian refugee students in camps
WHO Iraq in the Kurdistan Region, launched the “Health Screening for Syrian Refugee Students in Camps” together with the Kurdistan Regional Government Department of Health and The Peace Fund of Japan. This is the first campaign of its kind and responds to the lack of data to determine the medical needs of Syrian refugee students. Objectives of the campaign are:

- assess the students’ medical needs in the areas of oral, hearing and visual care
- collect data for programme and policy recommendations
- identify preventive measures and actions

During a three-month period, the campaign is targeting 10,000 Syrian refugee students living in refugee camps in the Kurdistan Region from 1st to 9th grade. Children are the most vulnerable in the camps and it is a priority to focus on assessing their medical needs.
CHALLENGES FACED

1. Funding challenge: supporting the salaries of 92 health staff in the camps is costly and WHO Iraq is struggling to maintain its support in the camps for the upcoming months until local authorities are in a position to take over the provision of services.

2. Low capacity of the local health authorities to respond to the needs of the refugees.

3. Unstable security situation in Anbar hampers health care services.

4. Limited feedback on referral treatment and monitoring.

KEY STRATEGIC INTERVENTIONS FOR THE REMAINDER OF 2014

1. Primary health care and referral to secondary health care including: prevention and control of communicable diseases and immunization, maternal and child healthcare; reproductive health; chronic and non-communicable disease management; and mental health support.

2. Emergency preparedness including: support for the national health system; with the procurement of essential medicines and equipment; early warning systems; capacity building; and technical support.

3. Support and capacity building of the national health system beyond emergency preparedness

4. Water quality improvement in camps and other settings with high influxes of Syrian refugees

KEY STRATEGIC AREAS IN RRP6 FOR 2014

WHO Iraq estimates that to continue its work to support access for all residents in Iraq to basic health services USD 9.6 million is needed. This is broken down to:

- Establishment of health services and provision of comprehensive primary healthcare including non-communicable diseases (NCDs) and mental health and psycho-social support (MHPSS)
- Further strengthening referral system for secondary and tertiary care
- Supply of essential medicines and supplies
- Management of mental disorders and provision of psycho-social support
- Strengthening community health volunteer teams in place
- Polio immunization campaigns
- Increased comprehensive coverage of EPI services
- Comprehensive reproductive health services including emergency obstetric care and gender-based violence (GBV) services provided to Syrian refugees in camps and non-camp settings
- Further strengthening and expanding of disease early warning system
- Further strengthening health coordination and leadership
- Monitoring quality of water supplied in camps and in host communities
- Provision of specialised aid equipment to disabled school children and adults