Situation in Iraq
The escalation of conflict in Syria has caused hundreds of thousands of Syrians to seek refuge in neighboring countries. Currently, there are more than 217,000 registered Syrian refugees in Iraq. 42% of the refugees reside in eight camps, while the other 58% live within host communities.

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

Key health issues and needs
1. Communicable diseases
Many Syrian refugees are arriving in Iraq having had no or limited access to health care in Syria 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 February and April this year.

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 1.8 million internally displaced Iraqis since June. The majority of these Iraqis now live in Dohuk, Erbil and Sulaymaniyah 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 (July - September 2014)
1. Establishing functioning clinics within refugee camps in Kurdistan Region
WHO Iraq supported the provision of health care for refugees in Kurdistan Region camps and assists the District Directorate of Health with providing salaries for 59 health professionals (doctors, dentists, pharmacists, lab assistants, nurses, managers and support staff). The project places emphasis on employing Syrian health professionals to run clinics in the camps. Other health partners are also providing health services in the camps.
2. Medicine and medical equipment
WHO Iraq engaged in the provision of medicines and medical supplies to the Ministry of Health in response to large influxes of internally displaced persons (IDPs) and refugees into camps and host communities. Eighty-nine medical kits were provided, which can serve up to 947,000 beneficiaries including IDPs and refugees residing in urban areas.

3. Capacity building and training
WHO Iraq increased its support to the central Ministry of Health 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 200 participants were conducted from July - September:

- training on epidemiological information management
- training on independent monitoring of polio campaigns
- training on electronic, tablet-based early warning surveillance programme for communicable diseases

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. A subnational immunization activity for polio in Baghdad and Anbar in June resulted in the vaccination of more than 1.5 million children under five years of age with a coverage rate of over 95%. Measles vaccination campaigns took place in areas where IDPs and refugees are located. More than 1.5 million children were vaccinated against measles, with a coverage rate of approximately 99%.

5. Surveillance
Since the early stages of the refugee crisis, WHO Iraq has supported health authorities to implement early warning systems in camps for the early detection of communicable diseases, in order to prevent disease outbreaks.

WHO Iraq is supporting a team of health inspectors to assess hygiene standards in refugee camps, in places where food and beverages are sold.

6. Disabilities
WHO Iraq donated 63 wheelchairs to Handicap International to be distributed to disabled people in refugee camps in Dohuk and Erbil.
WHO DONOR SNAPSHOT — IRAQ
JULY - SEPTEMBER 2014

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

Training courses for 48 staff on water quality testing were conducted in July.

8. Vector control
WHO Iraq is working closely with the Erbil, Sulaymaniyah and Dohuk Departments of Health to prevent the spread of vector-borne diseases through vector control. Spraying and fogging teams supported by WHO Iraq are working according to planned activities throughout the camps.

CHALLENGES FACED
1. The new IDP crisis and the displacement and movement of approximately 1.5 million people into the Kurdistan Region of Iraq has somewhat overshadowed the refugee crisis and made the response more difficult and complex.

2. Funding challenge: supporting the salaries of 59 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.

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

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

5. 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; 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 numbers of Syrian refugees and IDPs.

WHO assessing health situation and needs in Baharka camp, Erbil
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 \textbf{USD 9.6 million} is needed. This is broken down to:

- Establishment of health services and provision of comprehensive primary health care including NCDs, mental health and psycho-social support
- Further strengthening referral system for secondary and tertiary care
- Provision of essential medicines and supplies
- Management of mental disorders
- 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 services provided to Syrian refugees in camps and non-camp settings
- Further strengthening and expansion of disease early warning system
- Further strengthening health coordination and leadership
- Monitoring quality of water supplied in camps and in host communities
- Provision of specialized aid equipment to disabled school children and adults