



**World Health Organization**

Situation report Issue number 6  
01 JULY – 31 JULY 2018

## IRAQ HUMANITARIAN EMERGENCY



**7.3 MILLION  
IN NEED  
(HEALTH)**



**2 MILLION  
DISPLACED  
INTERNALLY**



**0.2 MILLION  
REFUGEES**



**3.4 MILLION  
TARGETED**



**3.9 MILLION  
RETURNEES**

### WHO

TOTAL POPULATION REACHED WITH WHO MEDICINES AND KITS **390 800**

ESTIMATED BENEFICIARIES FOR HEALTH TECHNOLOGY DELIVERED TO HEALTH FACILITIES/PARTNERS\*\*



**200** INTERAGENCY EMERGENCY HEALTH KITS  
**500** SURGICAL KITS  
TRAUMA KITS A+B

WHO FUNDING US\$ \*\*\*\*\*



**26** % FUNDED  
**29 M** REQUESTED

### HEALTH CLUSTER

**37** HEALTH SECTOR PARTNERS  
**6.2 M** TARGETED POPULATION

HEALTH FACILITIES DAMAGED/DESTROYED IN SALAHADIN & NINEWA



**6** TOTAL NUMBER FULLY DAMAGED \*\*\*  
**23** TOTAL NUMBER PARTIALLY DAMAGED

### HEALTH ACTION



**190 442** CONSULTATIONS†\*\*\*\*  
**6604** REFERRALS†

### MASS VACCINATION AGAINST



**3628** POLIO†\*\*\*†  
**752** MEASLES

### EARLY WARNING ALERT AND RESPONSE NETWORK



**241** REPORTING SITES

HEALTH CLUSTER FUNDING US\$ (HRP 2017)\*\*\*\*\*



**12** % FUNDED  
**US\$ 67 M** REQUESTED

### HIGHLIGHTS

- In July 2018, WHO donated emergency medical supplies that is sufficient for a population of 390 800. The donation went to five health partners working in four governorates. The partners operate health facilities that serve internally displaced persons (IDPs), refugees, returnees and host communities.
- WHO and its implementing partners provided 190 442 people including 48 396 children less than five years with consultations in four governorates (Anbar, Dahuk, Ninewa, and Salahadin) that host displaced persons.
- To ensure proper disposal of waste management in Ninewa governorate, WHO through its implementing partner Pekawa Organization for Humanitarian and Development Services continues to collect medical waste from thirty-five health facilities. In July, a total of 11567 kilograms of waste was disposed of.
- Lack of funding is threatening the closure of critical health services in Iraq, leaving almost one million people without access to lifesaving medicines and healthcare. In July 2018, nine partners delivering healthcare services were forced to shut down and by the end of August additional partners will partially and wholly shut their doors in 21 camps if the funding gap remains unmet.

\*\* coverage for one month (July 2018)

\*\*\* Hospitals in Salahadeen (04) and Ninewa (03), 23 partially damaged in Ninewa

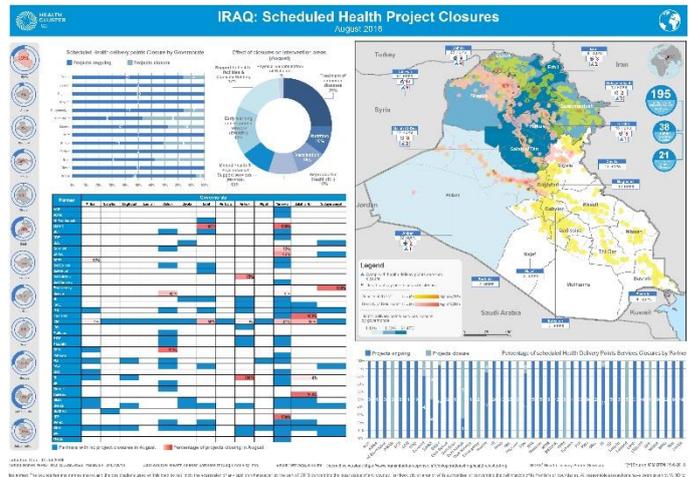
\*\*\*\* Consultations for May and June 2018

+\*\*\*\*+Total number of children vaccinated against polio and measles during routine vaccination in high-risk districts and newly accessible areas in June campaign

\*\*\*\*\* Financial Tracking System, Iraq

## Situation update

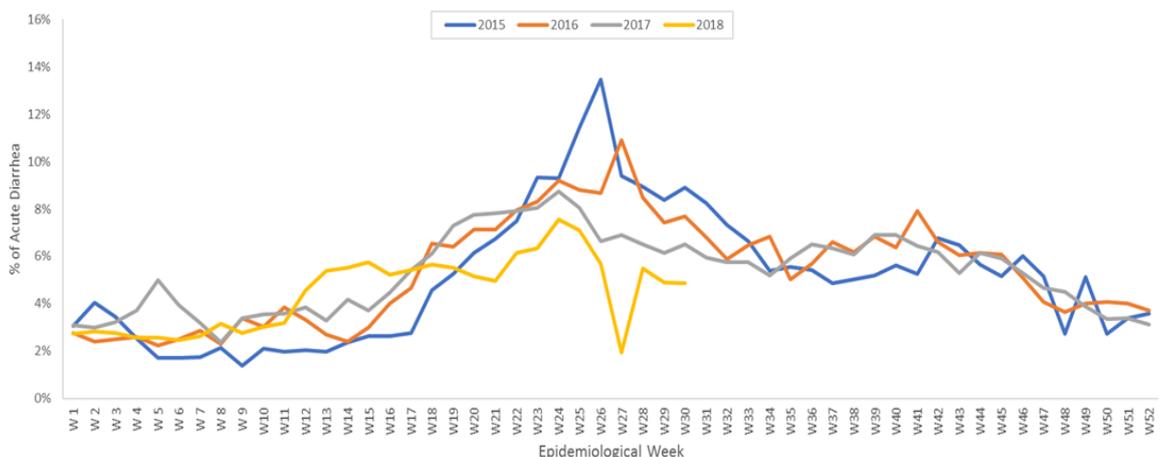
- By the end of July 2018, more than 3.9 million people had returned to their homes in different areas across Iraq while nearly 2 million remain displaced in camps and among host communities (International Organization for Immigration).
- A lack of funding is threatening the closure of more critical health facilities in Iraq, leaving almost one million people without access to essential medicines and health care. In June 2018, four health partners delivering healthcare services in twenty-two service points shut down; by the end of July, nine more health partners shut their doors. If the funding gap remains unmet by the end of August 2018, additional partners will partially or entirely close their services in 21 camps across Iraq. Currently, health partners are the largest healthcare service providers in refugee and displacement camps across Iraq, offering services such as treatment of common and chronic diseases, gynecological and vaccinations for children, nutrition screening and referral of complicated medical cases for advanced treatment.



## Epi update

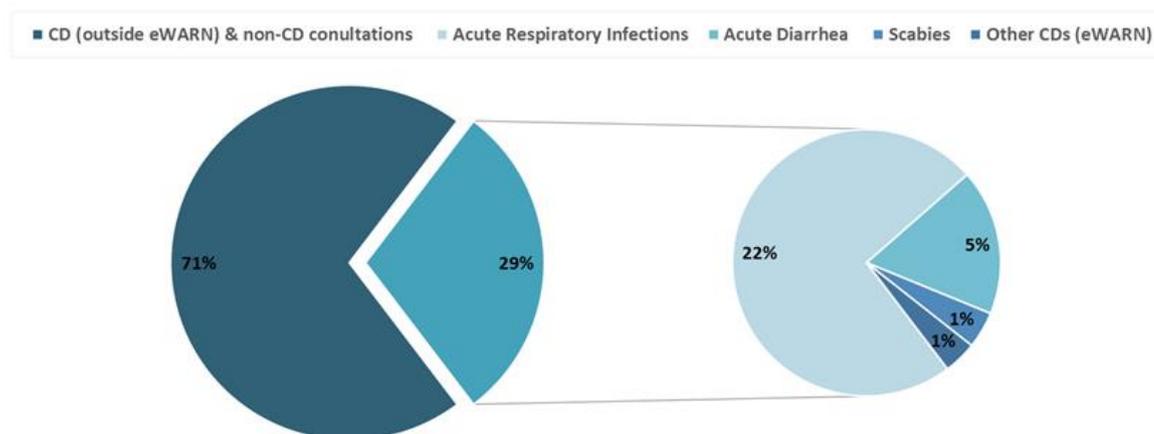
- The Early Warning Alert and Response Network (eWARN) system in Iraq recorded 409 247 consultations including communicable and non-communicable diseases from epidemiological week 27 (also known as "epi week") to epidemiological week 30 (July 02 through July 29, 2018), making an average of 102 312 patients seen per week. In July the number of sites submitting weekly epi-reports varied by week, ranging from 158 to 203 reporting sites.
- Twenty-nine percent (29%) (n=120 213) of the total consultations reported through eWARN (n=409 247) were cases of communicable diseases, of these, 65% (n=78 531) were children older than five years of age, and 50% (n=60 187) were males.
- The most common diseases reported during this period are acute upper respiratory tract infection at 20% (82 678 cases) followed by acute diarrhea at 5% (21 288 cases) and acute lower respiratory infection and scabies each at 1% (6,062 and 5 356 cases) respectively. The weekly distribution of acute diarrhea cases in IDP and refugee camps between 2015 and 2018 is in figure 1, and the proportions of commonly reported diseases about the overall consultations are in figure 2.

Figure 1: Trends of acute diarrhea cases reported through eWARN in IDP and refugee camps in Iraq, by week per year (2015-2018)



- Sixteen (168) alerts were received through the electronic eWARN system, investigated by the Departments of Health (DOH), WHO and health partners and responded to within 72 hours. The alerts include; eleven suspected cases of measles (six from Ninewa, two from Dahuk and one from Sulamaniya) and five suspected cases of meningitis (four from Ninewa and one from Sulamaniya). Others are one suspected case of hemorrhagic fever and one unusual disease/event (cluster of food poisoning cases).

Figure2: Frequency of common reported diseases/events among all consultations\* in Iraq for epi weeks 27-30 2018



- WHO and the Ministry of Health, Iraq with funding from USAID and ECHO have launched a series of capacity building workshops for frontline healthcare workers. Over 200 participants including physicians, laboratory technicians, and epidemiologists drawn from the 18 Directorates of Health and districts all over Iraq will benefit and later scale up the training to other frontline healthcare workers in lower health facilities.

#### Public health concerns

- Limited accesses to health services by the population in return areas and Salahadeen Governorate where most health facilities, including secondary and tertiary health facilities, were damaged and suffer a shortage of health personnel.
- A limited number of ambulances available in areas of return to serve the high demand of patients requiring referrals from IDP camps.
- Safe water remains a significant concern for the populations living in the areas of return in Ninewa.

#### Health needs, priorities, and gaps

- Providing primary health care services, including outpatient consultations, immunization, reproductive health services, communicable disease surveillance and management, clinical assessment and management of mental health cases through mobile and static facilities to the affected population and host communities in newly accessible areas in Ninewa, Salahadin Kirkuk and Anbar.
- There is a limited response to medical emergency cases in the newly accessible areas of Ninewa, Kirkuk, and Anbar.

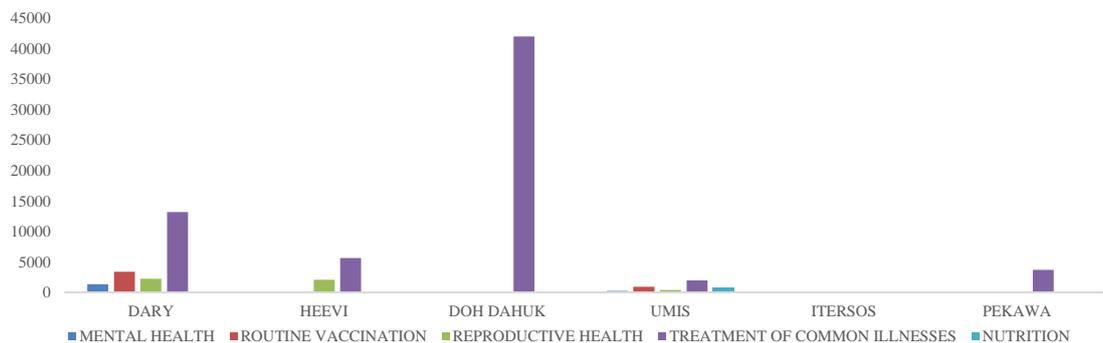
#### WHO action

- In July 2018, WHO donated emergency medical supplies that are sufficient for a population of 390 800 to five health partners working in four governorates. The partners operate health facilities that serve internally displaced persons, refugees, returnees and host communities. The supplies

donated include surgical and trauma kits and essential medicines used for the treatment of various illnesses and are sufficient for four months.

- WHO donated twenty-five surgical and trauma kits A and B and 38 000 units of intravenous fluids to Salahaldeen DOH to support the treatment of trauma patients and in Dahuk governorate, WHO donated medical equipment to enhance the delivery of secondary and tertiary health facilities for displaced persons and refugees there.
- WHO, UNICEF and DoHs supported the vaccination of 3628 children less than five years against polio and 752 vaccinated against measles through routine immunization, in the two governorates of Ninewa and Anbar.
- WHO and its implementing partners provided 190 442 people including 48 396 children less than five years with consultations in four governorates (Anbar, Dahuk, Ninewa, and Salahadin) that host displaced persons. The consultations recorded are from health facilities run by implementing partners and the Directorates of Health. The partners include: Dary, Heevie, Itersos, Pekawa and United Iraqi Medical Society\*\*\*\* in addition to health facilities run by Dahuk, Anbar, Ninewa and Salahadin DOHs. Services provided include mental health, laboratory, and investigations, medicines to treat various diseases, vaccination services, delivery services, reproductive health services and referrals among others. The number of consultations recorded from January to July 2018 is more than 1.4 million. Graph 3 shows recorded consultations in selected areas.

Figure 3: Consultations recorded in July 2018 by partners supported by WHO



- Four mobile medical teams in Kirkuk delivered essential primary health care services to communities in hard to reach areas of Kirkuk, Daquq and Dibis districts. A total 3953 consultation recorded including 710 children and 403 women reached with routine vaccination. The teams also tested 56 samples of water, distributed 283 840 chlorine tablets and 6310 people reached with health promotion messages. The mobile teams made nine referrals of patients to secondary health facilities.



A patient receiving medicine from WHO supported mobile medical clinic in Benja Ali village in Kirkuk governorate Photo © WHO

- In Talafar, Zakho and Sumel districts WHO through its implementing partner Heevie, provided 2524 consultations including 350 for children less than five years. The most common disease for consultation was upper respiratory tract infections, diarrhea, and lower tract respiratory infections. The health facilities in the three districts service a catchment population of 338 754.
- Also, Heevie provided 1842 consultations including 273 for children less than five years in Basheeqa and Alqoosh sub-districts, Telkyef and Shikhan districts. More than 62 000 displaced persons, returnees and host communities are currently living in these localities. The community health house project recorded 4634 consultations in Zumar sub-district, 930 of these were children less than five years. Fifty-eight emergency health cases were transported to Duhok and Zakho hospitals using ambulances supported by WHO.
- In Dahuk, four mobile medical clinics supported by WHO and operated by DOH provided primary health care services to IDPs living in host communities in Sumel, Zakho, Amedi, and Shikhan districts and recorded 3924 consultations including six of children less than five years old. The MMCs serve a catchment population of 55 850 individuals.

- Sharia, primary health care center, provided more than 4000 consultations including 795 for children less than five years while in Kebirto 1&2 primary health care centers offered more than 6000 consultations including 1051 children less than five years. Sharia PHCC serves a catchment population of 16 565, and Kebirto 1&2 serve a combined community of 27 112 individuals. Mamrashan IDP camp in Shikhan district in Ninewa governorate where WHO is also supporting PHCC provided 4609 consultations including 749 children under five years. The most commonly reported causes of consultations in all the facilities are respiratory tract infections and diarrhea. Other services offered in the health facilities include immunization, growth monitoring, nutrition program and health promotion.



WHO supported outreach teams move from home to home vaccinating children against vaccine-preventable diseases including polio in Kirkuk Photo © WHO/P.Ajello

- To ensure proper disposal of waste management in Ninewa governorate, WHO through its implementing partner Pekawa Organization for Humanitarian and Development Services continues to collect and dispose of medical waste from thirty-five health facilities. In July, a total of 11567 kilograms of waste was disposed of. The Ninety percent of medical waste collected during this period were plastic bags.
- WHO in coordination with the water, sanitation and hygiene cluster, continues to support water quality monitoring teams in Kirkuk. During this reporting period, DOH teams collected, checked and tested 394 water samples for chlorine and 194 for Vibrio cholera. In Sulaimaniyah, the water quality monitoring teams were supported by the Directorate of health to collect, test and check 736 water samples for chlorine, 297 for bacteriology, 151 for chemical analysis and 288 for Vibrio Cholera (VC Culture). All samples tested for Vibrio cholera were negative.
- WHO together with local health authorities conducted support supervision visits in Kirkuk, Sulaymaniyah, Ninewa, Dahuk, Anbar and Erbil governorates. The supervision visits are meant

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to strengthen health service delivery and reporting, assess gaps and ensure that they are filled up. More than ten support supervision visits took place in six governorates in July 2018.

- In collaboration with the MOH, WHO conducted a series of capacity building training to strengthen health systems at the governorate levels, these include; death certification for 50 hospital physicians carried out with the objective of improving causes-of-death statistics, mortality levels analysis and causes-of-death for 17 staffs from different governorates. Training on interactive data visualization tool was also carried out in the province, attended to by 14 staffs from Sulaimaniyah, Erbil, Diyala and Bagdad directorates of health.

Partnership  
coordination and

- The Health Cluster convened five national and sub-national meetings in July; two of these took place in Erbil, one each in Ninewah, Kirkuk, Baghdad, and Dohuk.
- Twenty-one participants from 16 agencies benefited from an orientation workshop on International Humanitarian Law (IHL) convened by the Health Cluster and facilitated by the International Committee of the Red Cross in Baghdad. Given the importance and benefits of this training to health partners, the Health Cluster and ICRC plan to conduct a similar workshop in Erbil for the partners who did not attend.
- To highlight the challenge of funding gaps in Iraq following the closure of some health facilities and the imminent closure of others, the Health Cluster released a press statement calling for funding for health partners. Advocacy campaigns for more funding continue on different forums to prevent further closures of health service delivery points in many camps by mid/end of August 2018. The Health Cluster urgently requires \$54 million of the \$ 67.4 million requested for through the Iraq Humanitarian Response Plan for 2018. For the more details, please visit: <http://www.emro.who.int/irq/iraq-news/funding-gaps-threaten-closure-of-health-facilities-in-iraq.html>
- The Health Cluster finalized the nomination of the gender focal person from International Medical Corps. The focal point will ensure planning, capacity building, and service delivery to support the mainstreaming of gender-based violence in health cluster partners' programming.
- The cluster has reached out to the Protection Cluster to nominate a focal person to co-chair the mental health and psychosocial support services working group alongside International Medical Corps as a way to strengthen the response to mental health and psychosocial support services. In July, the group convened three working group meetings in Baghdad, Erbil, and Dahuk.

#### Contacts:

1. Mr. Altaf Musani Country Representative and Head of Mission, WHO Iraq, email: [musania@who.int](mailto:musania@who.int)
2. Dr. Wael Hatahit, Technical Officer, Mobile: +9647510101456, email: [hatahitw@who.int](mailto:hatahitw@who.int)
3. Ms. Pauline Ajello, Communication Officer, mobile: +9647510101460, email: [ajellopa@who.int](mailto:ajellopa@who.int)
4. Ms. Ajyal Sultany, Communication Officer, mobile: +9647510101469, email: [sultanya@who.int](mailto:sultanya@who.int)