Iraq Crisis
Country brief and funding request
February 2015

PEOPLE AFFECTED
5.2 million in need of humanitarian assistance
4 million targeted for health services
2.2 million internally displaced
235,563 Syrian refugees

HEALTH SECTOR
24% of health facilities damaged/non functional
76% of health facilities functioning with external support

BENEFICIARIES REACHED
1.5 million medical consultations conducted since July 2014
5.6 million children vaccinated against polio in October
3.9 million children vaccinated against measles in National Measles Immunization campaign
356,231 IDPs vaccinated against measles on arrival.

FUNDING REQUIREMENTS
Health Cluster
US$ 95 million received for 2014
70% funding gap

WHO
US$ 54 million received for 2014
US$ 135 million requested for 2015
70% funding gap

Highlights
The continuous rapid influx of internally displaced persons (IDPs) continues to overwhelm the existing health services. Between November 2014 and January 2015, an additional 400,000 new IDPs have been reportedly displaced. This has further worsened the shortage of life-saving medicines.

Over 1.6 million people (40% of the health sector targeted) have benefited from medical consultations in and outside the IDP camps.

There is an anticipated influx in the number of IDPs into Dahuk, in the coming months, as the government plans to move into the city of Mosul.

The WHO’s Early Warning Alert and Response network (EWARN) systems, to detect epidemic prone diseases, have been established in ten IDP and eight refugee camps. The system is being upgraded and expanded to all primary healthcare centres serving internally displaced people, refugees and affected host communities.

3.9 million children were vaccinated against polio in the national immunization campaigns in 12 governorates in December and another 356,231 others vaccinated on arrival in Erbil, Dahuk, Sulymaniah and Kirkuk.

Contact:
Country Office:
Dr Jaffar Hussain, Syed,
Representative and Head of Mission
hussains@who.int
+9647901944039

Regional Office:
Ms Alexandra Simon-Taha,
Regional Adviser a.i.
tahaa@who.int
+20122234877

Headquarters
Cintia Diaz-Herrera, Coordinator
External Relations
diazherrerac@who.int
+41 22 79 11629
**Situation update**

Since January 2014, there has been massive internal displacement with an estimated 1.9 million people fleeing their homes due to conflict. Some areas are inaccessible, thus limiting the delivery of health care and increasing the vulnerability of the population.

Along with the internal displacement, Iraq is experiencing an ongoing influx of Syrians (235,563) seeking refuge in and outside camps, with Kurdistan hosting 97% of the refugees. The refugee caseload is likely to increase as a result of ongoing armed conflict in the Syrian Arab Republic. The total humanitarian caseload is now up to 5.2 million people.

The humanitarian situation in the country is unstable and the needs extend beyond the current response capacities available at country level. The provision of essential public services including food, shelter, health, water and sanitation, and education have sharply deteriorated, or the services are inaccessible. Social services in many host communities are overstretched by the influx of IDPs, many of whom are occupying community buildings, religious buildings and community facilities including over 1,200 schools. A number of formal IDP camps have been established, but more are needed to host the large numbers of IDPs.

**Public health concerns**

The numbers of internally displaced people in Iraq have continued to rise over the past few months, reaching 2.2 million IDPs from 1.8 million by the end of November 2014. As the numbers increase, so do the needs for more health services in areas hosting displaced persons. Health facilities remain limited in some camps of displacement.

An estimated 1.26 million people in Iraq remain in need of winter assistance. The Health Cluster estimates that 1.1 million children remain in need of additional care during the winter season due to acute respiratory infections and chronic diseases. For winterization, WHO and its health partners remain in need of funds to respond to the urgent health needs of the displaced populations.
The delivery of health care services in inaccessible areas and those hosting IDPs has remained severely impacted. In Salahadin, 50% of health facilities are non-functional. In Anbar and Ninewa 20% are also non-functional, and in Sinjar only 20% are completely functional. An estimated 45% of health professionals have been displaced country wide, mainly from Mosul, Anbar, Ninewa and Kirkuk while a significant part of the country is inaccessible with people having limited or no access to health services. This has left a gap in healthcare provision including primary health care, trauma care and obstetric care. Supplies of medicines and equipment are irregular due to road inaccessibility and power and fuel shortages. The continuous and rapid influx of IDPs has overwhelmed the available health services.

The ongoing population displacement further complicates the provision of healthcare services to needy populations, the timely humanitarian health response to IDPs with life threatening conditions, and the regular monitoring of patients suffering from chronic diseases.

### Health Cluster priorities and targets

**1. Provide access to primary and secondary health care services:**

- Provide operational and technical support for strengthening the urban primary healthcare facilities.
- Support the establishment of primary healthcare services in camps and non-camps.
- Support the establishment and coordination of mobile clinics to reach IDPs outside formal establishments.
- Support the establishment of medical referral systems and mechanisms.
- Strengthen the secondary health care system in government hospitals in areas hosting IDPs (Dohuk, Souleiymaniah, Erbil, and Anbar).

**2. Strengthen early detection, investigation and control of epidemic-prone and vaccine preventable diseases for IDPs, returnees and host communities:**

- Establish/Strengthten early warning detection surveillance and response system for rapid detection and response to epidemic-prone diseases.
- Ensure that all children in Iraq are vaccinated against polio and measles.
- Supporting the National Immunization Days and targeted campaigns.
3. Strengthen coordination and leadership to respond to the humanitarian health response:

- Ensure adequate coordination of the Health Sector to deliver life-saving interventions to the affected populations.
- Provide technical and operational support to health cluster partners to scale up the humanitarian health response.

4. Continued response to the ongoing winter:

- Strengthen mobile medical services to vulnerable groups, especially women, children and the elderly living in single households and in camps, and support DOHs to expand the medical mobile teams (MMT) activities.
- Provide equipment, supplies, including laboratory reagents to clinics and to health facilities.
- Continue stockpiling of antibiotics, nebulizers and other medicines and medical supplies used to manage respiratory tract diseases.

WHO and Health Cluster Actions

- In response to the crisis in Iraq, WHO provided essential medicines and medical supplies for a total of 1.2 million beneficiaries throughout the country. Following the Level 3 designation, which signified a global organizational response, WHO’s country office was scaled up with the deployment of more than 15 international staff in all areas of expertise, and WHO hubs and/or focal points were established in 10 governorates. With the generous donation from the Kingdom of Saudi Arabia, WHO provided 12 mobile clinics to provide health services in areas where access to health facilities was limited.
- WHO supported the provision of primary healthcare services to IDPs and refugees in and outside the formal camps and establishments in Dohuk, Suleiymaniah and Erbil. Over, 1.6 million people have benefited from WHO’s medical supplies since August.
- Since April to December 2014, WHO Iraq supported the provision of healthcare for IDPs, refugees and host communities in the Kurdistan Region through the District Directorates of Health by supporting the remuneration for 1,972 health professionals (nurses, doctors, dentists, pharmacists, laboratory technicians, assistants, managers and support staff). In the IDP camps, WHO puts emphasis on employing health professionals from the displaced communities while in refugee camps, emphasis is put on employing Syrian health professionals to run clinics in the camps.
- WHO provided health equipment, including health kits, essential medicines and other medical supplies and equipment which benefited over 1.5 million IDPS, refugees and host communities. The supplies included lifesaving drugs and medications for non-communicable disease. 55 Interagency Emergency Health Kits, 30 Trauma Kits, A and B, 25 Diarrhoea Disease Kits, and assorted essential medicines were distributed to nine governorates of Dohuk, Erbil, Sulaimaniya, Ninewa, Sinjar, Hamadiya, Khanakeen (Diyala), Mosul, Al-anbar, Salah Al-Din, Kerbala and Anbar.
- In Sulymaniah, a warehouse was upgraded for essential medical stocks and consumables.
• Given the limited storage capacity for the MOH to store and secure large and adequate amounts of medical supplies and equipment, WHO supported the Ministry of Health to utilize WHO’s own warehouse in addition to renting out a warehouse with sufficient storage capacity on behalf of the MoH.

• WHO increased its support to the central Ministry of Health in Iraq, the Kurdistan Regional Ministry of Health and DOHs in order to boost their capacity to coordinate the response to IDPs, refugees and host community crisis at the 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.

• In April 2014, a case of Wild Polio Virus was detected and confirmed in Baghdad. To ensure all IDP and refugee children in and outside the camps are adequately vaccinated, WHO provided technical and operational support to the MOH to vaccinate children on arrival at the camps and settlements as well as children in the host communities.

• WHO with the assistance of health partners such as UNICEF, supported the MoH to conduct national and sub-national immunization campaigns against polio and improve acute flaccid paralysis (AFP) surveillance. More than 5.6 million children 0-15 years were vaccinated across the country in the October National Immunization Days campaigns for polio and 3.9 million children aged 9 month to 15 years vaccinated against measles in 12 governorates. In addition 356 231 IDP and refugee children were vaccinated against measles on arrival and ongoing campaigns in Erbil, Dohuk and Sulaymaniah.

• WHO supported the Federal Ministry of Health to transport vaccines to some hard to reach areas in Iraq during the national mass polio vaccination campaigns in August and September 2014.

• The Organization also supported the Ministry of Health with financial resources to pay incentives for vaccinators, independent monitors, supervisors and social mobilizers. In total over 51 788 vaccinators, and over 11 288 Supervisors (team, district, provincial and national supervisors), 520 independent monitors and 160 social mobilizers were mobilized, trained and mentored to support the national mass polio campaign. WHO strengthened its campaigns for polio booster doses for children under 5 years of age.

• Three polio specialists were also hired to support the MoH in responding to the polio case in Iraq.

• WHO supported Dohuk and Sulaymaniah governorates with 10 mobile medical teams each to extend services to five districts of Samail, Zakho, Amedi, Shekhan and Dohuk in Duhok and to Sulaymaniah 1 & 2, Ararat 1 and 2 and Dukan offering limited health services to IDPs and host communities. The clinics targeted over 300 000 displaced people and host communities and were fully stocked with essential medicines and medical supplies. Through the mobile teams more than 53,000 people were reached with various medical interventions.

• In addition, WHO provided Mobile Medical clinics to the Ministry of Health. Four clinics were handed over to Dohuk, 2 to Erbil, 2 to Sulaymaniah and 4 to Baghdad) to provide primary health care services in places with limited or no access to care. An on-site training for drivers on the mechanical aspects of the mobile clinics was conducted by WHO.
**Donors**

WHO’s activities in response to the health humanitarian crisis in Iraq have been funded by:

- The Central Emergency Response Fund (CERF)
- Italy
- Kuwait
- The Republic of Korea
- United Kingdom of Great Britain and Northern Ireland
- The Kingdom of Saudi Arabia
- UNOCHA Emergency Relief Fund

**Funding requirements for 2015**

For 2015, WHO has appealed for US$ 134.9 million to respond to the health needs of more than five million beneficiaries (2.2 million IDPs and 3.5 million host communities). In 2014, WHO received US$ 54 million in humanitarian funding for Iraq.