WHO handed Hamam Aleel Field Hospital over to Ninawa Directorate of Health (DOH) following the end of the Mosul military operations. The hospital was previously run by WHO’s implementing partner ASPEN.

In Anbar, WHO relocated a primary health clinic in Kilo 18 camp following the closure of the camp to Al-Bakir neighbourhood in Heet district/Al-Anbar governorate.

More than 1.5 Million children under 5 years of age were vaccinated against polio in a campaign that was launched on 22 April, 2018 targeting high risk and newly accessible districts in 14 governorates of Iraq.

More than 498 500 consultations were recorded by WHO and its implementing partners in April in Governorates hosting internally displaced persons (IDPs) and refugees, these includes more than 60,877 children less than 5 years.

WHO donated emergency medical supplies to four health partners and four Directorates of Health serving communities in IDP camps. The supplies were sufficient to treat a population of 695,000 people.
WHO has started relocating health facilities such as field hospitals and primary health care services inside Mosul following its accessibility and population returns. Major hospitals in West Mosul remained damaged and closed. Moving hospitals and primary health centers closer to the people will ensure accessibility to good secondary and primary health care. Hamam Al’ Alil and Athba have been handed to health authorities in Ninewa and plans to move Athba Field Hospital to a medical complex inside west Mosul are in place. Although handed to Ninewa DOH, WHO continues supporting its implementing partner DARY to deliver health services.

WHO and health cluster partners continue to work closely with the Iraqi health authorities to deliver health assistance in areas of need with a special focus on areas of return and camps in Ninewa, Sulaymania, Dahuk, Kirkuk, Anbar and West Mosul where populations have limited accessibility to health services. Many health infrastructure were severely damaged and shortage of health workers remains a critical issue. The health cluster and WHO mobile medical clinics (MMCs), ambulances remain positioned in areas with critical needs and delivered essential lifesaving medicines are delivered to ensure continued service delivery and referrals for patients that require specialized treatment.

According to International Organization for Immigration (IOM), by the end of April, more than 1.2 Million people had returned to West Mosul and villages on the western bank of the Tigris. Although the return increased by 9% in April as compared to March, it remains slow due to the wide destruction observed in the Old City.

From epidemiological week 13 (also known as “epi week”) to epi week 17 (April 01 through April 29, 2018), a total of 468,622 consultations, including communicable and non-communicable diseases, were reported from health facilities covered by the eWARN system in Iraq, with an average of 93,724 patients per week. In April the number of sites submitting weekly epi-reports varied by week, ranging from 153 to 182 sites. Thirty-six percent (36%) (n=170,764) of the total consultations (n=468,622) were eWARN communicable diseases. Out of the communicable diseases consultations, 64% (n=297,858) were children older than five years of age while 64% (n=110,079) were males.

Of the total consultations, the most common diseases reported in eWARN were acute upper respiratory tract infection at 26% (120,624 cases) followed by acute diarrhea at 5% (25,525 cases), acute lower respiratory infection at 2% (8,174 cases), scabies at 2% (7,877 cases) and suspected chickenpox at 1% (3,034 cases). The weekly distribution of acute diarrhea cases in IDP and refugee camps between 2015 and 2018 is illustrated in Figure 1, and the proportions of commonly reported diseases in relation to the overall consultations is reflected in Figure 1.

Fifty-six alerts were received through the electronic eWARN system during this period. The alerts were investigated by the Departments of Health, WHO and health partners in the field and responded to within 72 hours. The reported alerts included: Fifty-one suspected cases in Ninawa (32 suspected measles cases, 1 Acute Flaccid Paralysis (AFP) case, 11 suspected cholera cases, 5
suspected meningitis cases and 2 unusual communicable diseases/event (i.e. food poisoning); one suspected measles case in Erbil; and four suspected measles cases in Sulaymaniah.

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

Figure 2. Frequency of commonly reported events among all consultations* in Iraq for epi. weeks 13-17, 2018

- Limited accesses to health services by the population in return areas of west Mosul where most health facilities got damaged and Salahadeen due to shortage of health personnel and damaged secondary and tertiary health facilities.
- Limited number of ambulances available in Tikrit to serve the high demand of patients requiring referrals from IDP camps.
- Safe water remains a major concern for the populations living in the city of of west Mosul.
- Provision of primary health care services to the affected population and host communities in newly accessible areas.
- Limited response to medical emergency cases in the newly re-taken areas of Mosul.
WHO action

- In April, WHO and implementing partner ASPEN handed Hamam Aleel Field Hospital over to Ninawa Directorate of Health (DOH) following the end of the Mosul operations. The hospital was previously run by WHO’s implementing partner ASPEN. Hamam Aleel Field Hospital remains a critical facility to provide secondary healthcare services and in-patients services that includes maternity services for more than 40,000 IDPs. Since it was launched in April 2017 to end of March 2018, more than 13,604 patients and 17,644 maternity cases have been served at the facility. The hospital has expanded its services to include trauma and obstetric emergencies, non-trauma medical and surgical emergencies.

- In Anbar, WHO relocated primary health clinic in Kilo 18 camp following the closure of the camp to Hay Al-Bakir neighborhood-Heet district/Al-Anbar governorate where people have returned. Primary health care services in this facility are being delivered by WHO implementing partner DARY. In Ninewa, WHO commenced the process of transferring a PHCC in Al Amala camp to a new location, this will be completed in May 2018.

- More than 1.5 Million (98% coverage) children were vaccinated against polio a campaign that was launched on 22 April, 2018. The campaign targeted high risk and newly accessible districts in 14 governorates of Iraq. A total of 7500 health workers were deployed to 56 districts across the Governorates to vaccinate children under 5 years of age with bivalent Oral Polio Vaccine (bOPV). The campaign involved door-to-door vaccination. The campaign is one of the last two Sub National Immunization Days (SNIDs) recommended by the Ministry of Health and WHO in 2018.

- An independent body (Iraq Red Cross Crescent) was commissioned to monitor the polio campaign mentioned above, and data was compiled, analysed and shared with WHO and other implementing partners. The campaign was supported by WHO, Ministry of Health (MOH) and UNICEF; the MOH provided vaccines; Directorates of Health (DOHs) provided service providers, conducted trainings and conducted supervision of teams, while WHO provided financial support to cater for operational costs and transportation.

- Through routine immunization, more than 7700 children aged 0 to 29 months and children under one year were vaccinated against polio and measles; 6553 children immunized against polio and 1217 immunized against measles in the crisis affected Governorates.

- Throughout the governorates hosting internally displaced persons, host communities, returns, and refugees, WHO continues her support to health partners and DOHs with medical supplies to ensure that all vulnerable people receive the required medications. In April, WHO donated emergency medical supplies to four health partners and four Directorates of Health sufficient for a population of 695,000 people. The supplies also included emergency health kits enough for a population 45,000 persons.
• Services provided include: Mental health services, laboratory and investigations, medicines to treat various diseases, vaccination services, delivery services, reproductive health services and referrals among others.

• More than 498,500 consultations were recorded by WHO and its implementing partners in April in Governorates hosting internally displaced persons (IDPs) including more than 60,877 children less than 5 years. The governorates include: Anbar, Dahuk, Diyala, Erbil, Kirkuk, Ninewa, Salahadin and Sulyaimania.

• The consultations were recorded in health facilities run by WHO’s implementing partners and the Directorate of Health (DOH) in April 2018. The partners include: DARY, Heevie and UMIS **** this is in addition to health facilities run by Dahuk, Erbil and Kirkuk DOHs supported by WHO in 8 conflict affected governorates of Ninewa, Erbil, Kirkuk, Dahuk, Sulyaimania, Salahadeen, Baghdad and Anbar. To date more than 2.3 million consultations have been recorded since January 2018. Graph 2 shows selected areas for which consultations were recorded.

![Figure 3: Consultations recorded in April 2018 by partners supported by WHO](image)

• With the WHO support, the water quality monitoring teams of the Preventive Health Directorate, DOH Sulyaimania were able to collect and test 990 water samples and all checked for chlorine level on the spots. Of the total samples collected, 377 were laboratory tested for bacteriological tests, 258 for chemical analysis and 355 for Vibrio Cholera (VC Culture). All samples tested negative for vibrio cholera.

• In Garmian, WHO supported the DOH to run primary health care services in Qoratoo IDP camp during which 781 consultations were recorded, 18% of these were children under five years. In addition, WHO supported the DOH outreach teams to deliver primary health care services for IDPs and host communities in hard to reach areas of Garmian using Mobile Medical Clinic (MMC). A total of 396 consultations were recorded.

• In Arbat, WHO supported Sulyaimania DOH to deliver health services for IDPs as a way to ensure that IDPs receive decent health services. More than 988 consultations were recorded including patients with chronic conditions and mental health; refer to figure 4 for details. Twenty percent of these were children under 5 years.

![Figure 4: Main Health Events](image)
• In Dahuk, through WHO’s support to Heevie, 5493 consultations including 927 children less than 5 years old were recorded in Talafar and Telkeyf districts and in east Mosul. Through the community health house project, 4490 consultations were recorded in Talafar district, 764 were children less than 5 years. A total of 83 emergency health cases were transported to Duhok and Zakho hospitals using ambulances provided and supported by WHO.

• Through Duhok DOH, 4 mobile medical clinics supported by WHO provided primary health care services to IDPs living in host communities and host community in Sumel, Zakho, Amedi, and Shikhan districts, Duhok Governorate, more than 2400 consultations of which 567 were children less than 5 years old.

• Together with health authorities, WHO continues conducting support supervision visits in Sulyamania, Ninewa, Dahuk, Anbar and Erbil. The supervision visits are meant to strengthen health service delivery, strengthening reporting, assess gaps and ensured they are filled up in WHO supported and non-supported health facilities. More than 60 support supervision visits were carried out in 5 governorates.

• Four sub-national Health Cluster meetings were conducted in this reporting period: Erbil; Sulaymaniyah; Ninewah; and Dohuk. The national Cluster meeting was also held in Baghdad. Working groups such as the Nutrition Working Group and the Erbil Mental Health and Psychosocial Services (MHPSS) also held meetings in April.

• The 4W (Who is doing What, Where and When) Interactive Dashboard for the Iraq Health Cluster was launched online during April 2018. The Dashboard is linked to Activity Info, and provides real-time information, based on partners’ reporting. It captures information such as people in need, target and reached beneficiaries; number and category of reporting partners; distribution of health services by governorate; primary areas of intervention (such as reproductive health, vaccination, mental health, disease surveillance, etc.); and project start and end dates. The Interactive Dashboard can be accessed at the below link: https://www.humanitarianresponse.info/en/operations/iraq/iraq-health-cluster-3w-monitoring-dashboard-2018

• The Health Cluster is in the process of setting up a national level Mental Health and Psychosocial Services (MHPSS) Working Group, which will replace the Erbil and Baghdad working groups. A few eligible partners with technical expertise and a track record of providing quality MHPSS services in Iraq have been contacted.

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