



Highlights

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The Ninewa Directorate of Health has received a shipment of medicines and medical supplies from the central Ministry of Health, and public health clinics in Mosul have received enough chronic diseases medicines for 2-3 months. In Mosul city, most of the hospitals are functioning normally, except the coronary care unit of Ibn Sina hospital.



MoH officials and WHO public health experts visit a newly opened health clinic in Al-Khazer camp for internally displaced persons in Erbil

Photo credit: Inas Hamam / WHO, 2014

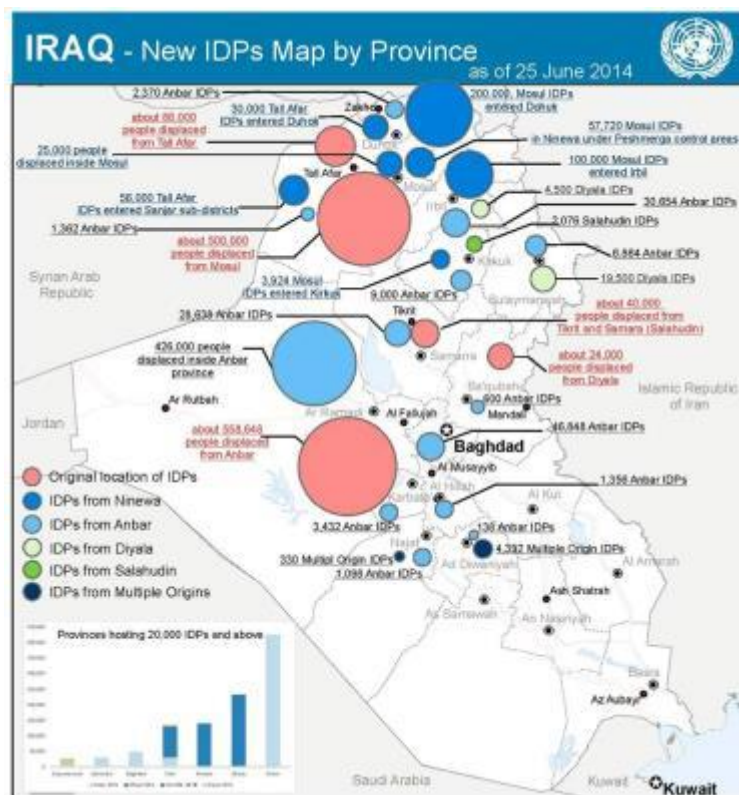
Overview

At least 2,417 Iraqis were killed and another 2,287 were injured in June as a result of the latest wave of violence -- the deadliest month in the country since 2007, according to the UN.

The opposition has reportedly declared the areas it occupies in Iraq and Syria as a new Islamic state.

Heavy clashes continued throughout North East and Western Iraq, with Iraqi Security Forces launching their biggest push yet in an offensive to retake Tikrit.

Iraq's newly elected Council was unable to reach an agreement on naming a new Speaker on 1 July. Acting speaker Mahdi al-Hafidh ended the proceedings after most of the 328-member legislature did not return from a short break, according to media reports. A new meeting has been scheduled for 8 July.



The Kurdistan Region Government has announced plans to hold a referendum on independence within months.

As a result of the clashes in Ninewa Governorate in June, Iraq now has one of the largest internal population displacements globally, with more than one million people displaced in 2014 according to OCHA.

In Mosul city, food, water and other supplies are available at reasonable prices but there are severe shortages in fuel (mainly benzene and cooking gas) which limits movement inside the city and has increased the cost of taxis. There is a severe shortage of electricity as a result of the shutdown of the national electrical grid in Baghdad by the central government. Electricity is only available 2-4 hours a day and the local generators provide electricity for 9 hours a day.

Health situation

Ninewah Governorate

The Directorate of Health was damaged as an indirect result of clashes on June 29. Three staff members were injured and there was damage to the building infrastructure.

The Directorate of Health has received a shipment of medicines and medical supplies from the central Ministry of Health, and public health clinics in Mosul have received enough chronic diseases medicines for 2-3 months.

Most of the primary health care centres are functioning and providing health services including immunizations and mother and child care services. Because of the shortage in fuel the Directorate of Health has instructed that 30-50% of the staff should be present daily in all health facilities.

In Mosul city, many of the hospitals are functioning normally (Ibn Sina general hospital's coronary care unit was damaged during the military clashes).. The five hospitals outside Mosul city are functioning but Sinjar Hospital is overloaded with patients, especially internally displaced persons from Talafar. As of 25 June Sinjar hospital has reported a daily caseload of more than 1000 outpatients compared to 150-200 prior to the recent crisis and is reporting shortages in doctors and medical staff.

Al-Baaj hospital is functioning and has enough medicines, medical supplies, fuel and ambulances but there are shortages in medical and paramedical staff.

A mission by International Medical Corps to Al Hamdaniya on June 26 reported that clashes between local tribes and Peshmerga forces the day before had forced thousands of families to flee to Erbil. In-patient bed capacity which was normally at 200 had been reduced to only 3. Many of the patients who left the hospital the day of the clashes did so against medical advice. Out-patient capacity decreased by 50% and less than 20 out of 800 health staff reported to work on the day of the clashes.

The number of internally displaced persons in Sinjar is still high and there are reported shortages in food, water, electricity and medicines. The manager of Sinjar hospital sent out a medical team with medical supplies and essential medicines to a nearby village to verify rumors of increased mortalities and diseases outbreaks. The team provided health services at the clinic and verified that no outbreaks had occurred.

In Tel Afer the clashes have halted and 50 – 60% of the population has returned to their homes and medical services are overwhelmed, reporting shortages of drugs and staff, especially gynecologists and anesthetists. The fuel shortage is creating challenges in referring cases to Mosul.

Anbar

Multiple displacements have been experienced by many families in Al-Tammem district in Al-Ramadi and Al-Qaim due to escalations in violence in these locations which already were host to IDPs from Falluja.

The Directorate of Health in Anbar has reported 5 suspected cases of measles among internally displaced persons arriving from Baji. Blood samples were taken and sent to the public health laboratory in Baghdad for confirmation.

Hospitals in Heet, Anah and Rawa are receiving two to three times the number of patients they used to receive and the ambulance unit in the Anbar DOH is facing challenges in transferring patients to the main hospital in Ramadi due to fuel shortages.

In Falluja only the emergency unit of the main hospital is open to receive emergency cases. The hospital is reporting shortages in health staff.

The water tanks in Al-Tamem district in the city of Al-Ramadi were destroyed as a result of clashes, leading to the interruption of clean drinking water in the area. The directorate of health is rebuilding the damages.

Kurdistan Region of Iraq

Al-Khazer camp opened on Erbil on June 24 and currently hosts 400 families, including Palestinians and Iraqis displaced in previous years as a result of the Syria crisis. Health services are provided in a mobile clinic, and a primary health care centre in the camp established by the Ministry of Health is due to open in the coming week.

There are currently more than 191 families in Gamarwa camp in Dohuk. Health services are provided in a clinic staffed by one doctor and two nurses from the Dohuk Directorate of Health. More than 50 patients on average visit the clinic per day, half of whom are children suffering from dehydration, diarrhea and skin diseases.



Al Khazer camp in Erbil has seen the arrival of almost 400 families in 8 days

A UNFPA assessment at the Erbil Maternity Hospital during the reporting period indicated that the number of caesarean sections per day has increased from an average of 8-10 to 20. This 100% increase has called for urgent support and UNFPA has responded by providing the hospital with reproductive health kits to cover the needs of 100,000 internally displaced women.

Polio / Measles

As of 30 June there are 2 confirmed cases of polio in Iraq.

WHO and Ministry of Health conducted a sub-national polio vaccination campaign from 15-19 June in Baghdad-Resafa and Baghdad-Karkh governorates. According to post-campaign independent monitoring Iraqi Red Crescent Society, supported by WHO Iraq country office, 95.5% of children under five were immunised.

A sub-national polio and measles vaccination campaign by WHO, UNICEF and Ministry of Health took place from 22-26 June in primary health care centres in the Ninewa governorate districts of Hamdaneya, Talkaif, Sheekhan and Sinjar and some sectors of Al Ayser and Al Aymen. 23,810 children were targeted and more than 50% of children were immunized.



Children under 5 in Gamarwa camp in Dohuk are being vaccinated against polio and measles.

The national immunization campaign which was planned to start on 28 June 2014 has been postponed to 6-10 July 2014 at the request of the Kurdistan region government in order to address logistical challenges as result of the current fuel shortage. 1 million doses of bivalent oral polio vaccines (bOPV) procured with the support of UNICEF have been delivered to the Ministry of Health and 100,000 MR and 300,000 MMR vaccines will also be provided. Community mobilization and communication efforts led by UNICEF and supported by WHO have been made to ensure that the remotest areas are informed about the immunization schedules.

Health response

WHO has identified five strategic areas to support the Kurdistan region government in its response to the crisis:

1. Coordination of the health response
2. Ensuring the supply chain of medicines and supplies
3. Establishing and strengthening disease surveillance and early warning systems
4. Providing technical support for water and sanitation with a focus on waterborne diseases
5. Increasing immunization coverage, including polio
6. Strengthen of health systems in emergencies

Ninewah Governorate

WHO facilitated the airlifting of more than 15 tonnes of medicines and medical supplies by a military aircraft from the central supply store in Baghdad to Erbil. These will be distributed by the federal governorate to health facilities in Ninewah governorate, including Mosul, although there are challenges in identifying legitimate interlocutors.

WHO has provided one interagency emergency health kit for 10,000 beneficiaries for three months and 1 diarrheal disease kit for 400 beneficiaries in Al-Hamdaneya.

Sinjar

WHO has provided two interagency emergency health kits for 20,000 beneficiaries for three months in a UNICEF convoy to Sinjar containing other essential items for families and children.

Kirkuk

WHO has provided interagency emergency health kits, trauma kits, oral rehydration salts and diarrheal disease kits for a total of over 35,000 direct beneficiaries.

Kurdistan Region of Iraq

WHO is working with the Ministry of Health to prioritize the list of required medicines and procure those that are most urgently needed:

1. Category A includes 23 items that are most urgently needed with no stocks available in the Kurdistan region. These include medicines for chronic diseases such as kidney failure diseases, diabetes and hypertension, as well as antibiotics, acute pain and palliative care, IV fluids and medicines for mental and behavior disorders.
2. Category B includes 29 items for which some stocks are available but in very limited quantities. These include medicines in the same therapeutic categories as in category A as well as anesthetics, anti-allergic and medicines used in anaphylaxis; anti-parasitic medicines, disinfectants and antiseptics and ophthalmologic medicines.
3. Category C includes 55 items for which stock is reportedly to be limited but sufficient for a period of about 5 to 8 weeks.

WHO and the Ministry of Health are conducting a rapid assessment of all health facilities in the Kurdistan Region of Iraq to obtain an initial understanding of the current functionality of the health system.

WHO, the ministry of health and other health partners are currently conducting field visits to IDPs locations to assess their health status and develop plans for immediate response. Visits have already taken place to Kalar district in Suleiymaniyah governorate, Gamawra camp in Dohuk and Al Khazer camp in Erbil. Key health issues identified include the need for regular reporting of noncommunicable diseases and strengthening of communicable disease surveillance systems.



WHO assessment visit to Gamarwa camp in Dohuk

Handicap International have started identifying people with disabilities and injured in Dohuk Governorate. 25 cases have been identified in Garmawa camp and identification will start in Erbil in Khazir camp next week.

Coordination

The MoH for KRG held a coordination meeting chaired by the Kurdistan Region of Iraq Minister of Health and co-chaired by WHO's representative in Iraq. The meeting was attended by representatives from all health

partners, including UN agencies, DoHs and NGOs with the aim of establishing a coordination mechanism for the provision of medicines and health services to IDPs. The MoH has also established an operations centre hosted by WHO to facilitate and streamline information sharing of health needs between all partners.

Donors and funding

The Government of the Kingdom of Saudi Arabia has contributed US\$500 million to the United Nations for life-saving humanitarian assistance to people in Iraq.

The health sector requires a total of US\$ 35 million and WHO requires a total of US\$ 15.6 million as part of the Strategic Response Plan to respond to the needs of populations affected by the crisis.

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