



1.2 -1.5 MILLION*
PEOPLE AFFECTED



159,690
DISPLACED FROM
MOSUL



2.7 MILLION**
PEOPLE IN NEED
OF HEALTH
SERVICES

369,189***
PEOPLE
REACHED



3,330****
INJURED

Highlights

- WHO donated medical devices to support the operationalization of a Trauma Stabilization Point (TSP) in Gogjali. The devices are part of WHO's plan to enhance trauma care in the newly accessible areas of Mosul.
- Twenty one basic units of Interagency Emergency Health Kits enough to treat 21,000 patients were donated to Hamam Alalil Primary Health Centre and Gogjali PHCs.
- Essential medicines including antibiotics, and medicines for chronic conditions enough to treat over 42,000 patients were donated to Qahyira, Alzahraa and Qayyarah Primary Health Centers (PHC) in Ninewa to support treatment of persons displaced from Mosul.

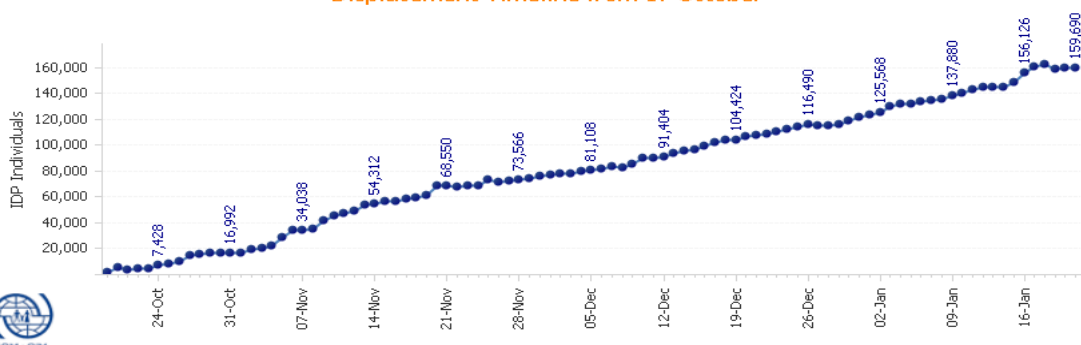


Photo ©: WHO
Pharmacist at WHO warehouse in Erbil arranging essential medicines that were distributed to hospitals in Erbil and Ninawa

Situation update

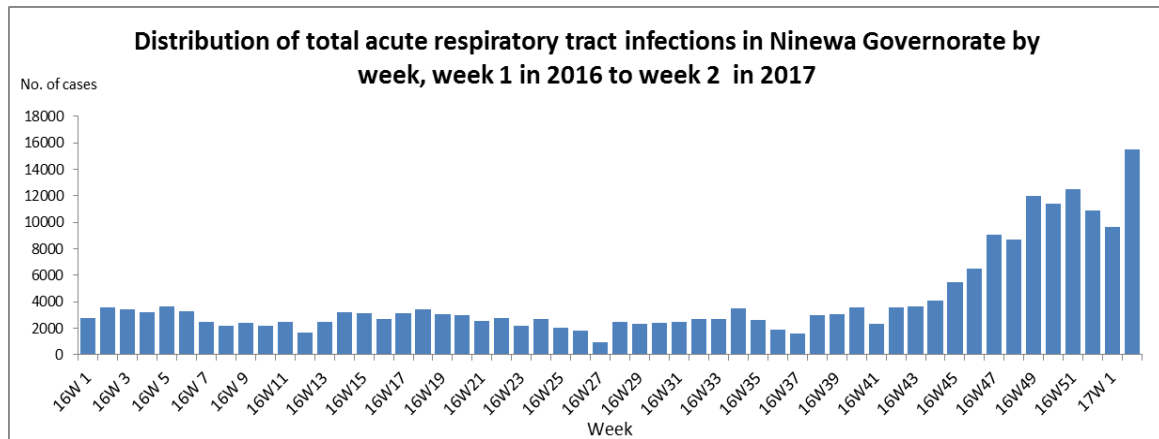
- From 17 October to 18 January 2017, a total of 3,330 casualties have been reported in two major emergency hospitals in Erbil (West Emergency Hospital and Emergency Hospital). Forty nine percent of the total casualty cases are civilians, 12% of them were children under 15 years of age and 14% were women. A total of 3,058 cases were treated at Trauma Stabilization Points, 261 (9%) of them were children and 1,726 (56%) women. The major causes of casualties are mortars (54%) and gunshot wounds (24%).
- As at 21 January 2017, the number of persons displaced as a result of the Mosul Operation since 17 October were 159,690 individuals. Since 19 October 2017 when IOM started tracking IDP movement the number of persons displaced have been increasing, refer to the displacement timeline. Most of the people are displaced to Erbil, Dahuk, Kirkuk and safer areas within Ninewa, Salah-al-Din and Baghdad. New areas are increasingly becoming accessible to humanitarian actors; as such plans are under way by health cluster partners to support the health authorities in Ninewa to revamp health services and WHO is providing the leadership, medical supplies and equipment and technical support. In addition to supporting with the identifications of gaps, functional and nonfunctional facilities as well as guiding partners on areas where to health facilities should be established along with the service packages.

Displacement Timeline from 17 October



EPI updates

- In epidemiological (epi) week 02 ending 15 January 2017, a total of 43 health facilities submitted their epi weekly surveillance reports including 13 mobile medical clinics and 30 static clinics from 11 agencies serving internally displaced persons. A total of 31,602 consultations were recorded across all IDPs camps. Acute respiratory infections (49%), cutaneous leishmaniasis (4%) and acute diarrhea (2%) were the leading causes of morbidity in the IDP camps.
- During epi week 2, Ninewa Governorate recorded an increase in the number of acute respiratory infection cases. Most of the cases reported were from Gayyara district in Mosul (44%) refer to graph for details.



Public health concerns

- Limited access of populations to health services in partially liberated areas and inside of Mosul due to security challenges.
- Limited movement of partners to newly accessible areas due to security challenges which makes it hard to conduct timely investigations of suspected cases of communicable diseases in the affected communities.
- Shortage of safe water for populations trapped inside Mosul remains a concern. This is likely to cause outbreaks of water borne diseases such as acute watery diarrhea.
- Increase in acute upper respiratory tract infections due to harsh winter season.

Health needs, priorities and gaps

- Provision of primary health care services to the affected population in newly accessible areas.
- Management of trauma cases which are steadily increasing.
- Inadequate human resources to support the high numbers of trauma cases seen in Trauma Stabilization Points (TSPs) and field hospitals.
- Insufficient stock of controlled substances needed for pain management and sedation of patients with severe trauma injuries.
- Shortage of fuel and ambulances to refer trauma cases out of Mosul city.
- Limited response to medical emergencies in the newly re-taken areas.
- Low capacity of health workers to provide inpatient medical care within Ninawa.
- Lack of clarity on the mechanism for post-operative care.

WHO Response

WHO continues responding to the increasing health needs of persons displaced in camps in Ninewa and Erbil governorates while supporting Trauma Stabilization Points and hospitals in the Directorates of Health (DOH) of Erbil, Ninewa and Dahuk who are involved in the response to trauma cases from Mosul. In addition, WHO continues to support primary health care services by donating medicines, medical supplies and equipment. This week, the organization:

- Donated medical devices to support the operationalization of a Trauma Stabilization Point (TSP) in Gogajli as part of its plan to support the increase trauma care in the newly accessible areas of Mosul. The devices include: portable suction pumps, mobile examination lights, sphygmomanometer, Dual head stethoscope, otoscope set, Finger pulse oximeter, oxygen concentrator, defibrillator with accessories, dressing trolley, IV stands and examination couch*****.

* As of 23 December 2016, 1.2-1.5 million people could be affected by the military operations – Data source, UNOCHA

** Proposed figures for Humanitarian Response Plans 2017

***Number of consultations since 17 October 2016 until 21 January 2017

****Casualty cases for patients referred to Emergency hospitals in Erbil, this number could be higher

***** Only funding status for the Mosul Operations.

- Sixteen Interagency Emergency Health Kits (IEHKs) basic units enough to treat 16,000 patients were donated to Gogjali Alalil, PHC and another 5 IEHKs basic units enough to treat 5,000 patients were also donated to Hamam PHC.
- Essential medicines for infectious diseases, skin conditions, vision impairment and chronic diseases enough to treat 42,000 patients were delivered to Qahyira, Alzahraa and Qayyarah Primary Health Centers in Ninawa to support treatment of persons displaced from Mosul.



Photo ©: WHO
Medical supplies being loaded for delivery to the Directorate of Health in Sulmaniaya

- In addition, a shipment of IEHK supplementary module and Interagency diarrhoeal disease kits (IDDK) enough for 50,000 patients, medical supplies that include antibiotics, treatments for chronic conditions and dermatological treatments enough for 49,768 patients were donated to DOH Erbil.
- In Dahuk, WHO continues to support displaced persons fleeing from Mosul at the districts that share border with Ninewa. This week, 606 individuals newly arrived at Nargizlia in Shikhan district. A total of 221 consultations including 59 children under 5 years of age were recorded through the WHO supported Mobile Medical Teams (MMTs). Over 1,100 patients were also seen in Duhok Emergency and Azadi General Hospitals by WHO supported medical doctors managing referrals.



Photo ©: WHO/S Mohammed
Patients queue for health services in WHO supported health facility based internally displaced persons camp

- As part of its role to enhance supervision, WHO team visited five health facilities in Ninewa Governorate to establish the state of health facilities and services and disease surveillance. **Findings:** Some health facilities do not have recording and reporting system, shortage of laboratory reagents and kits were reported, there was also lack of vaccination services, lack of ambulances and laboratory services. **Urgent needs:** essential medicines, laboratory facilities, reagents and ambulances to support referrals. Anesthesia for dentistry and regulators for oxygen cylinders HCC are also urgently needed. WHO will support the health facilities with essential medicines, together with health authorities and partners support routine vaccination services and strengthen the surveillance system and reporting.

Partnership and coordination

- As a lead agency for health, WHO continues participating and organizing various coordination meetings in Kirkuk, Salahaddin and Dahuk. In Dahuk the organization participated in an inter-cluster coordination meeting hosted by UNOCHA. WHO briefed partners on the ongoing health activities that are provided to the IDPs through the Mobile Medical Teams in the newly retaken villages in Ninewa Governorate. Partners were also briefed on gaps and challenges including essential medicines used to support the

- Sphygmomanometer is used to measure blood pressure of patients
- Stethoscope is an acoustic medical device for listening to the internal sounds of human body - to check clarity of chest and abdomen
- Oroscope set is a medical device which is used to look into the ears- to screen illness during regular check-ups
- Finger pulse oximeter is used to monitor Saturation of Oxygen in blood (SpO2), and pulse strength, oxygen concentrator used to assist patients with respiratory difficulties
- Defibrillator is used to deliver high-amplitude current impulse to the heart in order to restore normal rhythm in patients

management of chronic illnesses. WHO works with the DOH Dohuk to deliver health services to IDPs from Mosul who are displaced to villages bordering Dahuk.

- WHO participated in an interagency assessment mission to Gogjaly, Alsamah, Alzahraa and Alqahira PHCCs together with UNICEF and UNFPA to assess the state of health facilities and services. **Findings:** Alqahira PHCC is partially damaged, Gogjaly and Alsamah PHCCs lacked ambulances for referrals while Alsmah lacks a laboratory to conduct investigations. **Needs:** All the health facilities reported having shortage of essential medicines including those for non-communicable diseases; ambulances are required in Gogjaly and Alsamah PHCCs to support referrals. WHO is in the process of delivering essential medicines to health facilities that reported shortages.

Resource
Mobilization

To fully support health needs resulting from the Mosul operations, WHO requires a total of US\$ 65 million of which US\$ 14 million (21%) has been received. Refer to table 1 for details on WHO funding status.

Table 2: WHO Funding status in US\$ since 1 December 2016*****

Donor	Funds Requested US \$	Funded Awarded US \$
Government of Kuwait	5,000,000	5,000,000
CERF	9,000,000	9,000,000
Total	14,000,000	14,000,000

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