



**1.2 -1.5 MILLION\*  
PEOPLE AFFECTED**



**152,448  
# DISPLACED FROM  
MOSUL**



**2.7 MILLION\*\*  
PEOPLE IN NEED  
OF HEALTH  
SERVICES**

**462,922\*\*\*  
PEOPLE  
REACHED**



**3,972\*\*\*\*  
# INJURED**

## Highlights

- After over two years of suspended routine immunization activities in Mosul and the surrounding districts, the World Health Organization in collaboration with the Ministry of Health have trained 30 vaccinators from the recently taken areas in east Mosul and Salahaddin to help revitalize routine immunization services.
- This week 12,523 patients including 1,848 children aged 0 to 5 years were reached with consultation services through the WHO supported Mobile Medical Clinics, Mobile Medical Teams and Primary Health centers run by WHO implementing partner in Mosul.
- Health facilities in east Mosul and the surrounding districts are continuously facing crowdedness with patients seeking health services, this has caused frequent shortages of essential medicines. Particularly, shortages of antibiotics, medicines for chronic illnesses, fever and pediatric syrups have been recorded in many health facilities.
- WHO responded to an acute shortage of medical supplies in the newly retaken areas of Mosul by delivering medicines and other medical supplies sufficient for 200,000 patients to 16 primary health centers, one hospital and the Directorate of Health (DOH) in Ninewa. Part of the donation is an in-kind support from the Government of Norway.



Photo ©: WHO  
Emergency medical supplies that WHO delivered to the Directorate of Health, Ninewa to respond to the critical shortage of medical supplies newly accessible areas of Mosul

## Situation update

- Since 17 October 2016, a total of 3,972 injured patients from east Mosul have been treated in Emergency and Emergency West hospitals in Erbil and in Bartalla Field Hospital with WHO supporting. Fifty percent of those treated were civilians.
- WHO and health partners have scaled up preparedness plans to support the population in West of Mosul. Hospitals and stabilization points are being prepared in readiness to receive emergency trauma cases, while ambulances and mobile clinics are being prepositioned to respond to the influx of people who currently remain inaccessible.
- This week, WHO began constructing a second field hospital in Hammam ali in preparation for the upcoming west Mosul operations. The construction is expected to be complete in the first week of March. The hospital established with funding from Office of Central Emergency Response Fund (CERF) will be run by WHO's implementing partner and will provide 24 hours services to civilian trauma patients.
- In northern Talafar district, Ninewa Governorate, WHO's implementing partner Heevie has completed the construction of Primary Health Centre in Amalla IDP camp to support the delivery of health services for persons displaced from Mosul.

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

\*\* Figures for Humanitarian Response Plans 2017

\*\*\*Number of consultations since 17 October 2016 until 12 February 2017

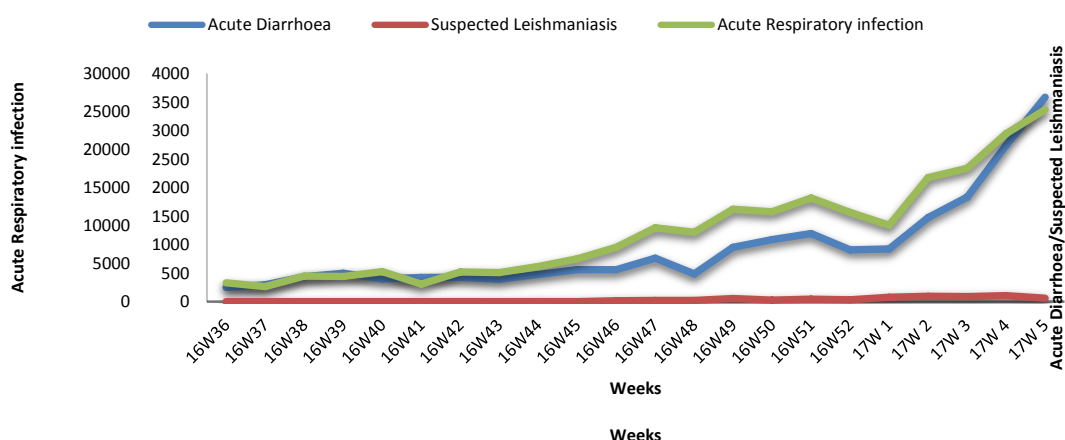
\*\*\*\*Casualty cases for patients referred to two Emergency hospitals in Erbil and Bartalla Hospital, this number could be higher

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

## EPI updates

- In epidemiological (epi) week 5 ending 05 February 2017, a total of 56 health facilities submitted their epi weekly surveillance reports including 15 mobile medical clinics, 41 static clinics and 1 hospital from 15 health agencies serving internally displaced persons in Ninewa. A total of 48,073 consultations were recorded in all Mosul IDP camps. Acute respiratory infections (52%), acute diarrhea (7%) and cutaneous Leishmaniasis (13%) were the leading causes of morbidity in the governorates.
- One alert of suspected measles was generated from Gogjali, through EWARN following the defined thresholds. This was investigated by the Directorate of Health after 72 hours, was verified as true and responded to. Samples have been taken and sent through Erbil Public Health Laboratory.
- During epi week 5, Ninewa Governorate recorded an increase in the number of acute respiratory infection cases. Most of the cases were reported from Quayara Health district in Mosul (43%), Al-Hamdaniya health district (18%), Ayeser health district (13%), Telafar health district (8%), Al-Shikhan, Makhmur and Tilkaif health district (5%), Sinjar, Bardarash and Mosul health district (1%). Refer to graph for details.

Graph 1: Acute respiratory tract infections, suspected leishmaniasis and acute diarrhea disease trends reported in IDP camps since week 5, 2017



## Public health concerns

- Limited access of populations to health services in newly 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 western Mosul remains a concern. This is a potential risk for 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.
- Inadequate existing capacity for post-operative care.

- A high demand for emergency medicines and other medical supplies especially those for treating chronic conditions like diabetes and hypertension persist in many health facilities in areas of displacement and newly accessible areas of Mosul and the surrounding districts. To respond to this gap, WHO delivered the much needed assistance to 16 primary health centers, one hospital and the Directorate of Health (DOH) in Ninewa. The donation that consists of 4 full interagency emergency health kits, 96 basic emergency health kits, 10 surgical kits and one full interagency diarrheal disease kits sufficient to treat 200,000 patients will support treatment of patients with infectious diseases, chronic conditions, and trauma who have been deprived of medical care. Part of the supplies is an in-kind donation from the Government of Norway.



Photo ©: WHO  
WHO staff vaccinates a child during the recently concluded National immunization days campaign in Sulymania

- To further support the critical gap of medicines and medical supplies, WHO also supported implementing partners Women and Health Alliance International (WAHA), International Medical Corps (IMC) and Help the Needy with essential medicines sufficient for 33,000 patients. The medicines will be used to treat patients with infectious diseases, chronic conditions, and trauma.

- To assist DOH Ninewa to swiftly respond to the needs of IDPs and hard to reach communities in the newly retaken areas of Ninewa and to reduce the burden on crowded health facilities, WHO is supporting Mobile Medical Clinics, Mobile Medical teams and Primary health centers through implementing partners. During this reporting period, 12,523 patients were treated through the WHO supported Mobile Medical Clinics (MMCs), Mobile Medical Teams Primary Health centers run by WHO implementing partners.



Photo ©: WHO  
Casual workers setting up the first field hospital in Adba, Mosul close to the frontline to support critical trauma care from the west of Mosul.

- After over two years of suspended routine immunization activities in Mosul and the surrounding districts, WHO and the Ministry of Health have trained 30 vaccinators from the recently taken areas in east Mosul and Salahaddin to help revitalize routine immunization services. The 3-day training that targeted grass root level health workers is funded by the Government of Japan. More than 450,000 children aged 0 to 5 years are in need of urgent vaccination services in Mosul and the surrounding districts. One of WHO's most immediate responses in the ongoing emergency is to reactivate immunization services to prevent outbreaks of vaccine preventable diseases in IDPs camps and host communities in Ninewa and Salahaddin governorates.

- In Dahuk, WHO has maintained its support for twelve medical doctors hired to treat patients in Emergency and Azadi general hospitals. As a result of this support, 735 IDP patients were treated this week by the

medical team. This makes the total number of IDPs treated since WHO commenced its support on 1 November 2016 to 16,609 patients.

- As hospitals in Erbil and parts of east Mosul continue to receive trauma patients, the need for a continuous supply of supplies that support trauma care remains critical. To support these needs, WHO supported non-state actor and Samaritan's Purse with seven surgical kits sufficient for 700 surgical operations.

Partnership and coordination

- A National level Health Cluster coordination meeting was held in Erbil on 6 February 2017, and was attended by 35 participants. The main focus was on the Mosul crisis, primary health care services in new IDP camps, primary health care services in East Mosul neighborhoods, planning scenario for west Mosul, coordination and communication – lessons learned on vaccination program update, Nutrition Working Group update were also shared.
- On 9 February 2017, Health Cluster coordination meeting was held in Baghdad, and attended by 32 participants. This focused on feedback for 2017 Humanitarian Response Plan feedback RP portfolio for the health cluster; health cluster revised indicators, Mosul crisis update including an introduction to the planning scenario for west Mosul, Anbar crises, and updates from Early Warning Alert and Response Network, Expanded Programme on Immunization/Polio programme and Reproductive Health Working.

Plan for the coming weeks

- Complete the establishment of the second field hospital in Hammam Ali, strategic area that will ensure relevance and effective response to trauma needs from west Mosul.
- Two trauma stabilization points are being established in the southern side of Mosul to support primary stabilization and referral of trauma cases to the nearest hospital.
- Plan and coordinate additional post-operative care in Erbil and Quayara in collaboration with Emergency, WHO's implementing partner.
- WHO has procured thirty ambulances and the process of shipment are under way. Fifteen of these ambulances are expected to arrive the country within 10 days and will be used to support the DOH response during West Mosul operations.

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 1: 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
<b>Total</b>	<b>14,000,000</b>	<b>14,000,000</b>

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