Access to health care for thousands of people returning to Ninewa is a major concern for health actors in Iraq. To meet the life-saving health needs in areas of return, WHO, in collaboration with Ninewa Directorate of Health, has deployed mobile medical clinics and established a static primary health care centre at the Iraq–Syria border.

Health facilities have been positioned in the most remote area of Ba’aj town, located 120 km to the west of Mosul city, and are serving a catchment population of over 20 000 people with outpatient services, laboratory, pharmacy, emergency, referral services, and health promotion activities. The Early Warning Alert and Response Network covers this catchment area.
WHO EMRO | More primary health care reach returnees in remote areas of Ninewa

A male patient receives treatment at primary health care centre established by WHO in Ba’aj town.

In addition, WHO has provided equipment, furniture and medicines for the treatment of common ailments and chronic conditions, such as diabetes and hypertension. Since opening its doors to the returning population, more than 7000 people have benefited from the static primary health care centre and mobile medical clinics.

The health facilities are being run by WHO’s implementing partner DARY and funded by a generous contribution from the Office of US Foreign Disaster Assistance.

Currently, WHO remains the only agency supporting health services in areas of return, including in Ba’aj town after all the primary health care centres were destroyed during the crisis that ended more than 6 months ago.

In 2014, more than 100 000 people in the district of Ba’aj were uprooted from their homes. Many of the displaced fled to Syria and found refuge with host communities. When the crisis peaked, many social services, such as health care were lost, damaged or shut down and the population, including health workers, fled.

“Our only major hospital has been destroyed and many of the health facilities and infrastructure have either been damaged or completely destroyed. This makes it hard for us to seek secondary health services, as such we still have to travel many miles to access this care making it costly for us,” said Abdul Karim, one of the beneficiaries receiving services at the mobile medical clinic.

“Nonetheless, having these basic services has eased our access to medical care, especially for the children, women and the elderly. If this facility were not here, my diabetic father could have ended up in an intensive care unit miles away,” Abdul added.

Prior to the crisis, Ba’aj town, had one functional hospital and 11 primary health care centres. WHO’s intervention aims to support communities affected by the crisis by ensuring that they have access to the health care that they most need. However, in some areas, such as Ba’aj, Thrai Alkrah, Abu Taqeya, health care is completely absent with people having to travel considerable distances to reach the nearest functioning health units or hospitals.

WHO will continue to support the Ministry of Health and directorates of health to cover critical gaps in service delivery, however, given the rapid pace of resettlement, the needs are enormous. These range from ensuring that primary health care coverage to all areas with damaged health centres and hospitals in Ninewa is available. To strengthen the early detection and response to outbreak system to mitigate the potential risk of disease outbreaks.

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Monday 11th of March 2019 01:44:49 AM