WHO EMRO | Urgent funding needed to prevent imminent closure of health care projects in Iraq

Cairo, 27 May 2015 – If urgently needed funds are not secured by the end of June 2015, more than 84% of health care projects serving populations in need in Iraq will be forced to close. If this happens, more than 3 million refugees, internally displaced persons and host communities will not have access to the treatment and care that these projects provide.

WHO calls on donors to urgently provide financial support to prevent further avoidable deaths and additional suffering for millions of the most vulnerable people in Iraq. The closure of these projects means the suspension of critical services, such as trauma care, nutrition supplementation, primary health care, outbreak detection and management, immunization for children and reproductive health care in 10 out of 18 governorates in Iraq. These governorates are: Missan, Basrah, Sulaymania, Ninwan, Najaf, Kirkuk, Karbala, Erbil, Diala, Dohuk, Baghdad and Anbar.

Deteriorating health situation

The recent escalation of violence in Ramadi has magnified the suffering of civilians, in particular, the sick, older people, children and pregnant women. Since 15 May 2015, according to the United Nations, an estimated 55 980 people have been displaced and dispersed to over 65 locations inside Anbar, and to different northern, central, and southern parts of the country, bringing the number of people displaced to nearly 190 000. This population is in dire need of urgent humanitarian support, including access to health services.

A recent health assessment, conducted by WHO in Ramadi where large numbers of displaced people remain, revealed inadequate supplies of medicines, shortages of doctors and other
health professionals, lack of safe drinking-water, insufficient food and lack of electricity. Currently, health services are delivered through primary health care centres and mobile clinics providing outpatient services, immunization, dressings and referral services, however, the acute shortage of fuel for ambulances is challenging the referral process.

With poor hygienic living conditions, compromised nutrition, and mental health trauma, internally displaced people are at a higher risk of communicable diseases, such as measles, acute diarrhoea and leishmaniasis. Patients with noncommunicable diseases (heart diseases, diabetes, cancer and respiratory infections) are also in acute need of services and medicines.

**WHO's response to growing health needs**

The growing number of displaced persons has increased the need for essential health services. WHO, the Ministry of Health of Iraq and other health partners, have been delivering essential medicines, medical health kits and other medical supplies to health facilities in Ramadi, Khalidiya, Al Baghdadi, Haditha, Amiriyat Al Falluja, Al Habaniya Tourist City, and many other areas inside the Anbar governorate.

Since 10 April 2015, 66 different types of kits (4 trauma kits, 50 basic and 2 supplementary interagency emergency health kits, 1 surgical kit and 9 units of diahorreal disease kits), in addition to other essential medicines were provided to the directorate of health in Anbar and the United Iraqi Medical Society (UIMS), a nongovernmental organization, to treat people displaced as a result of the conflict. The kits provided will allow provision of treatment to 71,623 people for 3 months.

To secure greater health service delivery for the displaced population at Bzebiz Bridge (the crossing point between Anbar and Baghdad), WHO has provided 3 mobile medical clinics to the Anbar and Baghdad departments of health. These clinics will respond to the health needs of people on both sides of the crossing. In addition, WHO has deployed 6 ambulances, health workers and delivered essential medicines to treat internally displaced people in transit on both the Anbar and Baghdad sides of the bridge.

“WHO has established 2 static primary health care clinics in Amiriyat Al Falluja and Nukhaib districts, run by UIMS since 10 April 2015. A total of 4974 consultations have been conducted in these 2 clinics alone,” says Dr Jaffar Hussain, the WHO Country Representative and Head of Mission in Iraq. He added that WHO had established a delivery room next to the clinic.
WHO is coordinating the response of health cluster partners to optimize the use of available resources. Funding gaps and gaining access to support delivery of essential medical supplies to large parts of Ramadi remain challenging as the situation is extremely volatile.

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