Baghdad, Iraq, 20 July 2020 – The COVID-19 outbreak in Iraq has presented a huge challenge to the country's fragile health infrastructure weakened by decades of unrest and internal conflict. It has also severely impacted over 1.3 million vulnerable internally displaced people and over 4.7 million returnees living in difficult conditions in many parts of the country.

Ninewa, northwest Iraq, hosts the highest number of these returnees. Their living conditions have worsened as a result of the COVID-19 outbreak and the subsequent containment measures, including lockdown, which has impacted the ability of over 270,000 returnees to access health care services, including access to prevention and treatment services for COVID-19.

First deployed during the Mosul crisis of 2014, a network of WHO-supported mobile medical clinics is again delivering first-line health care services, and helping to contain the spread of COVID-19 in remote and conflict-affected areas.

“WHO was concerned about the health of the vulnerable population in Ninewa and in other conflict-affected areas who are still living in difficult conditions,” said Dr Adham Ismail, WHO Representative in Iraq. “In close cooperation with local health authorities, WHO and health cluster partners are coordinating sustainable access to essential health care services in these locations, in addition to disseminating messages to the public about how to limit transmission of COVID-19 to protect themselves and their families. We believe that the spread of the pandemic in settings such as displacement and refugee camps or returnee shelters could lead to dramatic and uncontainable infection consequences,” Dr Ismail added.

The WHO-supported network of mobile clinics has been managed by implementing partners in northwest Iraq. The nongovernmental organization DARY is one of the health partners running 18 WHO-supported mobile clinics in the governorates of Anbar and Ninewa, where the highest number of vulnerable populations are located.

“During the current COVID-19 pandemic, the mobile clinics have become increasingly important in providing primary health care services in areas under recovery,” said Dr Ahmed Riyadh, a Medical Officer working in one of the clinics operating in Mosul. “The restriction of movement imposed by the local authorities in Ninewa has limited the access of beneficiaries to health services in fixed primary health care centres. But with mobile clinics, we were able to reach
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different remote areas to deliver primary health care services and support COVID-19 response efforts by distributing health promotion and awareness messages on COVID-19 prevention.”

While in lockdown, patients are benefiting from mobile health services reaching them through one WHO-supported mobile clinic run by partner Dary in Mosul. May 2020. WHO/Iraq

The streets of Yarmouk in west Mosul looked almost empty apart from a few individuals gathered in a line practising social distancing as much as possible. “Maha couldn’t sleep all night yesterday. She had a fever and severe pain in her abdomen with frequent vomiting,” said Ali Yasir, father of 9-year-old Maha. “The mobile clinic saved my daughter. I couldn’t take her to the city hospital with the lockdown in place. The checkpoints wouldn't allow me; the nearest health facility to my place is over 20 kms away,” he explained.
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A 9-year old girl from Mosul receiving treatment by the medical team of a WHO-supported mobile clinic run by partner Dary. Photo: WHO/Iraq

The health services delivered by the mobile clinics during the COVID-19 response operation have been rescheduled to cover outreach locations and neighbourhoods where the population is unable to access primary health care facilities due to the country-wide imposed lockdown. The health teams working in these clinics have succeeded in delivering COVID-19 awareness and prevention messages to thousands of beneficiaries in Ninewa since the start of the outbreak in Iraq. They have also provided 48,611 consultations covering 293 areas as of June 2020.

Iraq confirmed the first case of COVID-19 on 24 February this year. Transmission rates were low then allowing Iraq's health authorities to mobilize available resources to organize its coronavirus response and rapidly expand its testing capabilities with the support of WHO. The response was planned to cover all of Iraq with a focus on high-risk locations.

WHO support to health services, including the mobile medical clinics run by health partners in many underserved areas in Ninewa, was made possible by the generous contribution of the Office of U.S. Foreign Disaster Assistance (OFDA) and the European Commission Civil Protection and Humanitarian Aid Office (ECHO).

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