WHO in Basra and lower south  
07.07.2003

WHO is engaging directly in short-term emergency response and emergency rehabilitation measures. This requires a systematic, targeted and coordinated approach comprising three inter-connected elements:

1. Coordinating the initial humanitarian health response at national and governorate level in close collaboration with MOH

2. Identifying and addressing the most important short-term health needs of the Iraqi population through provision of support and emergency rehabilitation of medical and public health systems through a process termed, “Jump-Start”, and

3. Strengthening health sector policy and planning so as to guide the longer-term rehabilitation, recovery, reconstruction and development of the sector. (This is taking place more on the Central MOH level in Baghdad).

WHO outputs in the lower south

1. Coordination

There are various forms of health coordination at the level of Basra:

a) Health rehabilitation and reconstruction meeting chaired by CPA and supported by WHO each Saturday. Only reconstruction issues are discussed. The main focus is so far on the rehabilitation of the Central public Health Laboratory (CPHL) in Basra.

b) Health sector Coordination meeting each Tuesday: Various public health issues are discussed

c) CD coordination meetings (Saturday and Wednesday 2:30 each week) where surveillance and disease control are coordinated

2. Assessment:

So far all health institutions in lower south were assessed. Data were sent to Baghdad for entry in the central assessment data base. In addition, WHO Basra started to enter these data in its database. More information is needed for other governorates in the south like Muthana and Thiqar.
3. Surveillance:

So far, Surveillance is an Inter-agency collaborative mechanism under the Cholera Task Force (now modified to be Communicable Diseases Task Force). Two training courses were held for all surveillance officers of the lower south districts. Unified forms for collection of information on priority diseases are distributed. Information from more than 150 centers is coming weekly and is entered into a database which now provides weekly updates.

4. Jumpstart the Iraqi health system which consist of the following components:

a) Jumpstarting hospitals and PHC (so far carried out by partners and coordinated through the various coordination fora)

b) Jumpstarting the supply distribution network which is focusing on supporting Kimadia network in the south and provision of selected supplies through WHO whenever needed. The value of supplies purchased by WHO since the beginning of the crisis to entire Iraq (outside OFFP) is around 7 million dollar as of 07/07/2003. Many of these supplies were sent to lower south. The biggest portion of these supplies were delivered to the MOH Warehouse (Kimadia) in Baghada where their origin become irrelevant and were then provided to the governorates through the Iraqi supply network.

c) Jumpstarting the various Public health programs like surveillance (ongoing) control of communicable diseases like diarrhea diseases including cholera (ongoing), Leichmanisis, malaria (Vector born diseases), food born diseases such as hepatitis, typhoid and brucellosis. TB and other diseases. In addition, Mother and child care, NCDs, mental health, CBR, immunization (with UNICEF), nutrition, and environmental sanitation (with UNICEF and other agencies)

Activities in the Pipeline

1) Continuation and up-stepping of assessment to be dynamic and care oriented. As part of future Health Information System. More visibility and availability of information to partners

2) Continuation of coordination. Further decentralization of WHO presence for assessment and coordination to include Thiqar, Missan and Muthana

3) Surveillance: Gradual shifting from syndromic surveillance to laboratory based surveillance. Further decentralization of information analysis and response to the governorates

4) Jumpstart the hospitals, laboratories and clinics, and public health programs through partnership with NGOs

5) Assurance of blood safety and upgrading of laboratory network

6) Concerning supporting MOH, most of planning and policy support is presently taking place in Baghdad. In the lower south, the support will focus on human resources development and general capacity building.
Relation with CPA

In Basra, CPA is having the overall responsibility of the health sector. WHO delivers its technical advisory role towards both CPA and MOH. The relation with CPA south is very good and rational. CPA is not only responsible but also an important direct actor.