The effects of the war in Basrah have been heavy, both on the health status of its population and on the capacity of services to respond to increasing health needs. Infrastructure damage has been substantial: of paramount concern, the interruption of electricity resulted in a breakdown of the already weak water supply system. Garbage collection and disposal have stopped; the sewage system has been disrupted. In the aftermath of the war, violence erupted, targeting mainly government buildings, including health units. Several primary health care centres were looted; the primary health care department, which included the public health department, was completely destroyed (see picture). Taking into account this context, it is not surprising that water-borne diseases, such as diarrhoea, have been, and are exerting a heavy toll on population. Cholera, which is endemic in the region, has re-emerged. Health services are being hampered by lack of security (including threats to staff), institutional vacuum (with a high turnover of managers), irregular supply of drugs and uncertainty with regards to payment of health worker's salaries. The risk of a weakened sector moving towards de-regulation and fragmentation is high, mainly in a power void, and the first signs of this are emerging (e.g. in the self-financing mechanisms). The newly elected Director General of Health of Basrah Governorate recognises that lack of security of his staff and assets represent his priority concern, followed by the availability of resources for paying decent and regular salaries to his staff.
Since May 3\textsuperscript{rd}, WHO has a stable presence in Basrah, alongside the other UN agencies, with international and national staff. The coordination mechanisms that WHO initiated in Kuwait in April, together with UNICEF and NGOs, have taken a new momentum in Basrah with the active participation of national counterparts and a more operational focus.

Following the initial laboratory confirmation in Basrah of 18 cases of cholera, WHO referred additional samples, four of which were later confirmed for cholera in Kuwait public health laboratory. Immediately, WHO set-up a task force to re-establish a communicable disease surveillance system, to pilot investigations for the identification of the source of transmission of cholera in the community, to ensure optimal case management and treatment availability, and to initiate targeted health education activities. In addition, WHO initiated an outbreak verification mailing list for the coordination of health partners in the investigation and response to epidemics. WHO wants to strengthen the local laboratory capacity for diagnosis of epidemic-prone diseases until the public health laboratory can be rehabilitated. In the mean time, a reference laboratory was identified in Kuwait to ensure immediate technical backup for confirmation of the outbreak.

WHO is also working with local authorities and other partners (UNICEF, ICRC, Medecins du Monde, Medecins Sans Frontieres, Premiere Urgence) in coordinating the allocation of available resources to meet the immediate needs of the sector (supply of drugs, quick rehabilitation, recurrent expenditure). WHO is supporting the coordination of immediate interventions directed to the restoration of critical health services, while more detailed information, necessary for the development of a comprehensive plan for sectoral reconstruction, is collected.