Baghdad

Dr. Nima Saeed Abi, former Deputy Director preventive Health was elected as the new DG of Preventive Health. He holds a Ph. D. in Epidemiology and is devoted to Public Health. He has worked for WHO as a short term consultancy in Egypt. WHO had enjoyed full cooperation and excellent working relations with him and expect to continue receiving the same level of cooperation as in the past. WHO plans to pay a courtesy visit to welcome him tomorrow.

During today’s health sectoral meeting at UNICEF Office, Were present MOH Directors of EPI, CDC and Central Public Health Laboratory, Representatives of UNICEF, WHO and ORHA. UNICEF announced that a comprehensive assessment of Health Centers in Baghdad and surroundings has been conducted. The results indicate that 80% of these centers are ready to resume daily immunization activities and have a functional cold chain. The 20% remaining could do it twice a week using cool boxes for the transport of vaccines from the nearby centers. Thanks to UNICEF assistance quantities of EPI vaccines sufficient to cover three months period have been procured and will reach Amman on 25 May from where it will be directly shipped to Baghdad. Also the assessment indicates that manpower to carry out the immunization activities is also available in the centers.

It was also mentioned that some religious groups have been carrying out vaccination activities on their own and it was stressed that ORHA should arrange for the protection of the Institute of Sera and Vaccines which serves as central warehouses for vaccines. There is indeed a strong fear that these religion driven groups could attempt to take over vaccines received to continue their activities.

It was also reported that UNICEF has delivered to Basrah from Kuwait, EPI vaccines which have already been distributed to major towns in Basrah as well as to other three governorates of Missan, Thi-Qar and Muthana.

Vaccines allocated to the three northern governorates in addition to Mosul, Salah-Adin and Kirkuk will be sent to Erbil on 15 June 2003.

Director of CDC explained the following:
- During the year 2002 and the first two months of 2003, there was an outbreak of leishmaniasis in the south and governorates surrounding Baghdad. The outbreak was compounded by the lack of drugs shortages of diagnostic kits and interrupted vector control activities which were supposed to be conducted in April and May 2003. Concerns were expressed on the expected high density
of sun flies and malaria vector (i.e. anopheles species) with lack of communication and absence of information regarding the situation outside Baghdad. The Director expressed the need to conduct rapid assessment of vector density and availability of human and other resources for vector control to adapt its plan for the second round of vector control (spray campaign) scheduled to start in September. The major constrains are security, communication and motivation of staff.

- WHO requested the CDC Director to prepare his plan for rapid assessment and needed support to be discussed with WHO and ORHA during a joint field visit next Tuesday.

Regarding the Central Public Health laboratory, the Director explained that:

- Most of the equipment has been either looted or damaged, and many activities stopped including polio laboratory activities.
- The lab can still conduct simple tests for cholera, meningitis, diphtheria if the problem of continuous power supply and security is solved as well test for kala-azar if leishmania deep sticks is made available.

According to ORHA representative, there are a possibility of getting support to the central Public Health laboratory from NEMRO3 laboratory in Cairo in terms of personnel, complete set of laboratory equipment. A meeting or a field visit with relevant ORHA technical staff will be convened next Tuesday to work out details.

The Iraq International Medical Aid Committee (IMAC) held today a meeting at ORHA office. Present were representatives from MOH, ORHA, UNICEF, WHO, ICRC and NCCI. The main highlights are:

- Comments were sought on an ORHA drafted paper “Policies and Procedures for the Coordination of medical Aid in Iraq”. The key principles guiding the donations of medical assistance are similar to the WHO Guidelines for drug donations. All participants were of the opinion that donations should be driven by validated needs.
- The draft paper contains also a form already in use which must be filled out by any organization which wants to provide assistance in Iraq.
- Four proposals for donations were reviewed. Two were accepted, one was rejected and further clarification was needed for the last one.
- Many NGOs expressed their frustration and dissatisfaction regarding the fact medical stocks in the Kimadia central warehouses are out of reach whereas many health centers urgently need items in stocks. They stated that some health centers will be obliged to stop their activities within weeks if the distribution does not take place. WHO representatives briefed the audience on the efforts being made to reactivate the distribution system.
- It was decided that IMAC will hold meetings twice a week and that these meetings will be hosted at MOH as soon as office space permits. The next meeting should focus on physical rehabilitation projects. UNICEF has also offered to host the meeting as it has now a functional conference room. It was suggested that later on the venue could be rotating.

Off loading of the four trucks which arrived Thursday from Amman has been completed as planned and the items are temporarily stored in the WHO Office pending distribution to hospitals that need them most.
As indicated in Thursday’s daily situation report, the four tons of drugs and medical supplies donated by the Government of Kuwait (MOH) to Iraqi people were transferred from Baghdad International Airport to WHO Office. ORHA facilitated access to the airport and helped in unloading the truck.

Mosul

Reports sent by WHO focal point in Mosul (by Thuraya phone) indicate that the City Council elected a new Director General of Health for Mosul. The newly appointed DG has already assumed his duties and has started to introduce limited changes in the administration. Only the Director of the main hospital in Mosul and the Director of Public health Laboratory were replaced.

The general security is improving. Contrary to Kirkuk, Mosul was not affected by ethnic tensions. As overall, there are indications that the Governorate Council is controlling the situation in the town.

Average bed occupancy rate in most of hospitals has increased and is currently more than what is was before the war. This is explained by the abolition of the heavy system consisting of paying high fees in self-financing health facilities which has been now replaced with nominal fees (1/2 dollar). Hospital bed occupancy rate is about 100%.

Following the payment of April salary (US$ 20) and the finalization of the new salary scale (Minimum ID 100,000 maximum ID 500,000) all health staff in Mosul are now reporting to their duty.

Fuel situation has improved although there are still queues at the pumping station.

Garbage collection and disposal activities in Mosul are back to normal. The payment of April salary to municipality workers contributed to this positive step.

No cases measles, whooping cough or suspected cholera were reported.

Water and electricity supply as well as sewerage activities are reportedly to be back to the pre-war levels.