World Food Programme

World Health Organization

Health Sector Appeal

Meeting the health needs of Iraqis displaced in neighbouring countries

Joint Appeal by UNFPA, UNHCR, UNICEF, WFP and WHO

September 18th,2007

1. Purpose

This joint interagency appeal to the international community seeks a total of US$ 84,833,647 million to provide support to national efforts aimed at improving access to health care for displaced Iraqis living in Syria, Jordan and Egypt. The activities prioritized in the appeal are based on the Common Action Framework agreed upon during the Ministerial Consultation to Address the Urgent Needs of Displaced Iraqis, convened by WHO in Damascus from 29-30 July 2007.

The six issues identified in Damascus are:

i. Principle of equal access
ii. Priorities for access to health provision
iii. Malnutrition and micronutrient deficiencies
iv. Information and health and nutrition surveillance
v. Coordination
vi. Resource mobilization to address additional demands.

The appeal is being issued jointly by UNFPA, UNHCR, UNICEF, WFP, and WHO, who acted as a coordinator of the process. The agencies have worked together to prepare a detailed plan that spells out the support they will provide to the respective national health authorities, Red Crescent Societies and other partners to address the urgent health needs of displaced Iraqis. The appeal does not cover the additional costs incurred by the national authorities in providing health care through their existing systems. WFP is also part of the appeal but is not requesting funds.

2. Background

2.1 Numbers of displaced Iraqis in neighbouring countries

It is estimated that there are over two million Iraqis who have been displaced from their homes by the continuing violence and instability and are now living in neighbouring countries. This total includes around 1.5 million Iraqis in Syria, 750 000 in Jordan and up to 70 000 in Egypt. There are reports that indicate that the exodus is continuing at a rate of about 2000 people per day. This population movement is posing a growing strain on the already over-stretched public services in the host countries. It presents a major challenge to host governments, voluntary organizations and the international community to ensure that the urgent humanitarian needs of displaced Iraqis are being adequately met.

The respective national authorities in Syria, Jordan and Egypt have estimated the numbers of Iraqis in their countries and identified primary areas of settlement as presented in table 1 (figures stated during the presentations delivered by partners during the Ministerial Consultation in Damascus 29-30 July 2007). Figures related to those who have registered with UNHCR or have applied to do so are not an estimation but an accurate account.

Table 1: Displaced Iraqis in neighbouring countries[1]

Country	No. of displaced Iraqis (available estimates)[2]	Registered with UNHCR or applied to register	Main Locations
Syria	1 500 000	205 000	Damascus, Rural Damascus, Hasaka, Deir Ezzor, Qunaitira.
Jordan	750 000	45 000	Amman, Zarqaa, Irbid
Egypt	Up to 70 000	11 000	Cairo, Alexandria

While the exact number of the Iraqi refugees in Jordan and Syria is not known, it is estimated that most Iraqis have left Iraq during the last twelve months (June 2006 to mid 2007), as the security situation has deteriorated significantly.

2.2 Socio-economic conditions of Iraqis in neighbouring countries

Information about socio-economic circumstances of displaced Iraqis is largely anecdotal or based on small and localized surveys, depending on the country. It is important to recognize that most Iraqis have settled in local communities, not in camps, although there are large concentrations in certain areas. They may either be living with families or renting their own accommodation, often in overcrowded conditions.

The majority of Iraqis in **Syria** face financial difficulties as a large proportion arrived without meaningful financial resources and most do not have employment. Their meagre assets are dwindling, affecting their purchasing power for food, accommodation and health care. Preliminary findings of the July 2007 Ministry of Health (MOH), UNICEF and WHO Rapid Assessment showed that 62% of household heads were unemployed, while 35.8% work in private jobs.

The rapid assessment further indicates that 45.4% of Iraqi refugee families can be classified as poor or extremely poor, based on their family income. The study has also revealed that the majority of Iraqi families (72%) live in shared accommodation with Syrian or Iraqi families. As the average family size is five persons, sharing accommodation with one or more families leads to overcrowding which increases the risk of the spread of infection, especially among vulnerable groups like the elderly and young children.

There is evidence of poverty and poor nutrition affecting health including a preliminary study by the MOH in Syria showing increased stunting and wasting among children under five[3]. The

[1] See Annex I for explanation of UNHCR's summary of other countries not mentioned in this appeal together with a budget.
[2] Presentation by Syrian, Jordanian, and Egyptian MOH, High Level Ministerial Consultation to address urgent Health Care Needs of Iraqis in Neighbouring countries, Damascus 29-30 July 2007.

WFP rapid food needs assessment – conducted in early February 2007 in Syria – estimated that 15 % of those registering with UNHCR are unable to meet their expenses for more than three months from the date of arrival in Syria. (There is no data available for the level of food insecurity of those not registered).

As its neighbour Syria, the **Jordanian** government is not a signatory of the 1951 convention relating to the status of refugees – but both have welcomed the Iraqis in the country as guests. The lack of an internationally recognized status means that even the most basic quantitative information about the Iraqis in Jordan is not available. Health assessments of Iraqis are being planned for the latter half of 2007.

UNHCR information on the socio-economic conditions of Iraqis in Jordan is based on field visits, information from partners, participatory assessments and localized small surveys.
There are indications that the socio-economic circumstances of Iraqis in Jordan are inadequate for the vast majority, who have no legal status, no employment and thus limited sources of income. This is compounded by the fact that for many, the savings and assets with which they initially arrived are already depleted or will be so soon.

Access to education for most Iraqi children in Jordan has been difficult until the start of the 2007 school year. In August 2007 the Jordanian government took the decision to allow all Iraqi children to attend public schools – regardless of their registration status. However, many Iraqi children have been out of school for over three years (in Jordan and in Iraq) and need special assistance to be able to rejoin the educational system.

Egypt is a signatory of the 1951 convention relating to the status of refugees. Based on UNHCR registration data[3] the average family size of Iraqis in **Egypt** is four persons and some 26% of households are headed by women. The profile is distinct in that the overwhelming majority are from Baghdad city (75%) and are middle class, including significant numbers of qualified professionals. Some 40% are children under 18 years and, according to the Ministry of Foreign Affairs as reported in the media, some 4,800 Iraqi children are enrolled in schools, largely in private schools in Egypt. As for the economic circumstances of Iraqis in Egypt, it may be important to add that a considerable number are continuing to receive remittances from Iraq, e.g. from properties or relatives. An estimated 20% are in need of support, because of lack of resources or special needs.

2.3 Health status

Information about the health status of Iraqis in neighbouring countries come mainly from the Red Crescent Societies and UN agencies which have been supporting health services. There is currently no information about morbidity or usage of services based on national surveillance or health information systems because existing systems do not disaggregate data by nationality.

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[3] Field work done in July 2007. Report Sept 2007

Preliminary results of a rapid assessment carried out by MOH, UNICEF and WHO in **Syria** in July 2007 provided information on the health and nutritional status of displaced Iraqi children under five years of age and of women of child bearing age. In this rapid survey of a small sample of families, the immunization coverage among children under five was 89% for diphtheria-pertussis-tetanus (DPT) and Haemophilus influenzae type B (third dose); 82% for measles, and 81% for Hepatitis B3. The prevalence rates of diarrhoea (in last two weeks), cough and fever were 8.3%, 8.2% and 12.1%, respectively; 21.2% of children were reported to be mildly/moderately stunted, while 10.8% were severely stunted (chronic malnutrition).

UNHCR registration statistics as of August 2007 show that 19% of those registering in Syria report having a significant medical condition. Furthermore, many of the displaced Iraqis have been exposed to terrifying experiences of terror and violence, and approximately 22% of Iraqis who have registered with UNHCR have reported experiencing personal traumatic events. The mental and psycho-social distress have been further aggravated by the increasing financial difficulties, unemployment, different living environment, and an uncertain future, resulting in psychological fragility, distress and in some cases trauma.

The **Jordanian** MOH reports increased rates of hospital admissions, visits to specialized clinics and surgical operations. They also state that Iraqis currently represent a major proportion of TB cases in non-Jordanian patients (25 % annually). The overall health status of Iraqis in Jordan remains practically unknown at this time as the findings of the recent FAFO study are not yet available and information from government health centres does not differentiate between Iraqi and Jordanian patients.

In **Egypt**, the Ministry of Health reports a disease and patient profile of costly specialized secondary care referrals, dominated by diabetes, cardiovascular and hypertensive disorders, psychiatric illnesses, allergic respiratory diseases, and rheumatic diseases. Infections such as hepatitis B and C and mycobacterial infections such as tuberculosis were leading the consultations for communicable diseases in the first half of 2007.

2.4 Access to Health Services

The policy of all three host governments is to provide access to health services for displaced Iraqis living in their countries on the same basis as for the local population. This commitment (reiterated during the Ministerial Consultations on health needs of Iraqis in Syria, Jordan and Egypt, 29-30 July 2007) is placing a major additional burden on national health services and involves substantial additional costs. Nonetheless, the respective Ministers of Health have all re-affirmed their commitment to this policy.

Reports from **Syria**n national health authorities indicate that especially displaced Iraqis with chronic diseases are posing a substantial burden on government health services, e.g. those in need of renal dialysis, cardiac catheterization and other sophisticated technologies. A total of 71 health centres are reported to be seeing a greatly increased volume of patients due to the presence of Iraqis.

Access to health care for Iraqis in **Jordan** is presently provided through government health facilities, Caritas and the Jordanian Red Crescent (JRC). An increased load on health centres and hospitals and an increased burden on vaccination programmes, school health programmes and community based nutrition programmes have been reported. There are clear indications of problems for Iraqis for having access to appropriate health care. Ninety-five percent (95%) of the Iraqis who have used the JRC facilities are registered officially with the government – by far the minority of displaced Iraqis. Many Iraqis also appear not to be aware of the availability of free primary health care (PHC) services for children and pregnant women. The preliminary results of the rapid assessment showed that Iraqi pregnant women tend to use the private sector for maternity care, both prenatal and delivery care.

Egypt referred to the significant increase in demand requiring an estimated extra 320 hospital beds, 100 nurses and 32 doctors. The main practical problems are lack of decentralized access to the subsidized health care system and affordability of health care, since most refugees, including an increasing number of Iraqi displaced, can not afford to pay for treatment costs (including medication). At present, subsidized primary and secondary health care is provided to a small fraction of the Iraqi displaced population, including a referral system to public and private clinics, specialists, pharmacies, and laboratories in Cairo (and as of recently in Alexandria). Costs for medication, based on a WHO/Ministry of Health and Population (MOHP) list of essential medicines, are subsidized. Non emergency, secondary and tertiary health care interventions are provided on a case by case basis. This system was expanded to absorb the growing number of Iraqis. Discussions with MOHP, in co-operation with WHO, were initiated to decentralize access to this health care system through identified public health facilities, and strengthening the capacity of health care providers through the MOHP.

3. International Response

There has been growing attention in recent months to the needs of the displaced Iraqis both in Iraq and in neighbouring countries. Red Crescent Societies, UN Agencies (UNFPA, UNHCR, UNICEF, WFP, WHO) and NGOs (especially Caritas) have all mobilized resources to assist national authorities to meet the additional demands.

UNFPA works in partnership with UNHCR, Syrian Arab Red Crescent (SARC), General Federation of Women's Union and other partners in addressing the humanitarian needs of Iraqis in Syria. Together with SARC joined the efforts of UNHCR in extending assistance to Iraqi women and girls, including establishing health services, focusing on reproductive and other health care for victims of gender-based violence. It has also positioned emergency reproductive health kits to meet the needs of 30,000 Iraqis.

UNHCR has signed an agreement with Syria and is finalizing agreements with Jordan and Egypt concerning support to the health sector. UNHCR is also working with other agencies, including the Red Crescent Societies and Caritas, to expand services and meet the cost of referrals on a pre-agreed basis. For the time being healthcare is mainly provided by implementing partners (IPs). UNHCR supports, depending upon the country: the costs of medical referrals to governmental hospitals; provision of medicines, medical equipment and

ambulances for health centres and hospitals; upgrading health facilities; recruitment, training and incentive schemes of additional health staff; and direct financial assistance.

UNICEF launched an appeal in May 2007 to raise funds to meet the humanitarian needs of the vulnerable Iraqi displaced population. This enabled UNICEF to expand its humanitarian support responding to the immediate needs of the Iraqi displaced children and women for the interim period until end of 2007. The joint Syrian MOH and UNICEF plan of action includes : a rapid assessment of health and nutrition status of Iraqi displaced children and women; support to immunization services (routine & campaign), supply of cold chain equipment, syringes, printing vaccination cards, communication materials and Vitamin A; pre-positioning of health supplies to cover the needs of 40,000 displaced. In Jordan, UNICEF reached an agreement with the government for the first comprehensive health assessment for Iraqi guests in Jordan, which should be completed by the end of the year.

WFP leads the food coordination in Syria with the SARC, UNHCR and Norwegian Refugee Council. WFP in Syria participated in the Joint Assessment Mission with UNHCR and UNICEF in 2005/2006 in which an overwhelmingly majority of households was found to have adequate food consumption. Only 1% had a poor dietary intake with insufficient food and diversity. In January 2007, WFP began a three month emergency response operation to support UNHCR to assist 6,645 vulnerable Iraqi and Palestinian displaced with basic rations. In February, a WFP rapid food needs assessment was conducted. It recommended that food assistance (2812 MT) be provided for another 9 months for 30 000 beneficiaries nationwide. An appeal was launched in April 2007. WFP signed a Memorandum of Understanding with the Government of Syria and a tripartite agreement with UNHCR and SARC defining the operational modalities.

WHO organized the Ministerial Consultation to discuss the urgent health needs of displaced Iraqis in Damascus from 29 to 30 July as a follow-up to the Amman conference in order to focus specifically on the issues involved in meeting the health needs in Syria, Jordan and Egypt – those countries bearing the greatest additional burden on their health services. Participants included the Ministers of Health or their representatives from these countries and from Iraq, deputy Ministers or representatives from Foreign Ministries of Egypt, Jordan, Iraq, and Syria and representatives of UN Agencies, Red Crescent Societies and the International Red Cross and Red Crescent Movement. The purpose of the Consultation was to share information about the current situation of displaced Iraqis living in these countries and to agree ways of improving their access to health services. A Common Action Framework was developed at the Consultation and subsequently agreed with all participants (see Annex II). This has provided the basis for the more detailed plan of action on the part of UN agencies set out below.

4. Plan of action

Aim

The overall aim of the joint plan of action of the UN Agencies is to support the national authorities and other agencies in improving access to health services for displaced Iraqis, including strengthening essential public health systems, in order to reduce avoidable, crisis-related, morbidity and mortality among displaced Iraqis, and the local population.

General Objectives

The general objectives have been agreed by all partners in the Common Action Framework (see Annex II).

A. Advocate for the provision of equal access of Iraqis to health services on the same basis as the local population, particularly for primary health services, including immunization, emergency services, reproductive health services, child health services, school health, mental health, access to essential drugs and treatment of acute and chronic diseases.
B. Support national health systems/services in providing improved health services at all levels.
C. Support non-governmental IPs as appropriate.
D. Support public health programmes including health information and surveillance systems, early warning and outbreak response as well as nutrition surveillance.
E. Support nutrition interventions to reduce the malnutrition rate and micronutrient deficiencies.
F. Strengthen coordination of international support for the health sector with national health authorities to meet the additional needs.

Strategy

- Support ongoing and/or planned health surveys to assess the health and nutrition status and needs of Iraqis in neighbouring countries. Assess what support is most urgently required by national and local authorities and other agencies to meet these needs. Re-evaluate the situation when revised data becomes available.
- Assist national health authorities in strengthening the national health and nutrition information and surveillance systems to provide better information about health risks and health service utilization, including disaggregated data about displaced Iraqis.
- Support environmental sanitation activities in areas populated by displaced Iraqis.
- Ensure close coordination between UNFPA, UNHCR, UNICEF, WHO and national health authorities, Red Crescent Societies and NGOs to develop and implement a joint plan of action.
- Support national health authorities to obtain the information needed for resource mobilization to meet the extra burden on their health systems.
- Strengthen health education, and communication efforts to empower Iraqis to exercise a more active role in preventive health and in making better use of services provided.
- Monitor and evaluate the utilization and impact of international support and provide options for improving performance.

5. Overall Budget

Action pillars/ countries	Amount in US$				
	UNFPA	UNHCR	UNICEF	WHO	Sub-total
Improved access to health services					
Syria	2,343,455	34,588,513	3,472,150	3,175,760	*43,579,878*
Jordan	2,554,625	12,732,500	3,705,410	7,372,300	*26,078,610*
Egypt	43,302	725,460	101,650	3,402,600	*4,273,012*
Sub-total	*4,941,382*	*48,046,473*	*7,279,210*	*13,950,660*	***74,217,725***
Malnutrition and micronutrient deficiencies					
Syria	–	–	2,065,100	–	*2,065,100*
Jordan	–	–	–	–	*0*
Egypt	–	–	58,850	–	*58,850*
Sub-total	*0*	*0*	*2,123,950*	*0*	***2,123,950***
Strengthening information and surveillance systems					
Syria	545,700	442,939	1,310,750	731,559	*3,030,948*
Jordan	123,050	–	–	689,594	*812,644*
Egypt	–	–	–	598,858	*598,858*
Sub-total	*668,750*	*442,939*	*1,310,750*	*2,020,011*	***4,442,450***
Coordination and program facilitation					
Syria	–	359,479	535,000	994,319	*1,888,798*
Jordan	208,650	374,500	107,000	840,721	*1,530,871*
Egypt	–	–	–	648,538	*648,538*
Sub-total	*208,650*	*733,979*	*642,000*	*2,483,578*	*4,068,207*
TOTAL	**5,818,782**	**49,223,391**	**11,355,910**	**18,454,249**	**84,852,332**

5.1. Improved Access to Health Services

Although host governments have agreed that displaced Iraqis should be eligible for health care services on the same basis as the local population, the reality is that there are huge difficulties in meeting this commitment and severe problems of access in practice. It was agreed at the Ministerial Consultation that priority should be given to improving access to the following services in the first place:

- Primary health care including both preventive and curative services; reproductive health and child health services; and improved sanitation.
- Emergency medical care.
- Essential drugs and medical supplies including those required for treatment of chronic diseases, emergency obstetric care and reproductive health commodities.

It was also agreed that Ministries of Health should establish fixed immunization sites in selected areas with dedicated outreach programs and carry out immunization campaigns in areas populated by displaced Iraqis.

The support which the four UN agencies will provide to national health authorities to improve access to priority services is summarized below.

UNFPA:

- Collaborate with WHO and UNICEF to upgrade the capacity of the existing health facilities for provision of regular care during pregnancy, as well as for access to emergency obstetric and neonatal care (EmONC) during delivery.
- Introduce standards, guidelines and protocols for ante- and post-natal care, family planning (FP), prevention and management of reproductive tract infections (RTIs) /sexually transmitted infections (STIs)/HIV/AIDS, reproductive health (RH) conditions and the management of obstetric complications and neonatal problems.
- Train health professionals in RH care and equip facilities that provide maternal and neonatal care with necessary medicines, equipment and supplies as well as contraceptives and hygiene items.
- Address the three types of delays contributing to maternal deaths, namely delays in deciding to seek care through community initiatives, delays in reaching appropriate care and delays in receiving adequate treatment at facilities.
- Enhance capacity of the concerned health facilities in clinical management of gender-based violence (GBV) cases, psychosocial support for mothers and GBV cases and establish appropriate referrals.
- Improve access to reproductive health services through provision of technical support for better quality of care and through education and social awareness about the importance of utilizing reproductive health services.
- Improve access to prevention efforts for combating HIV/AIDS and STIs through mobile VCT vans.
- Enhance youth friendly health services and improve accessibility and availability through cooperation with teaching hospitals. This includes detection of anaemia and providing iron pills.
- Support information and services related to RH needs of adolescents including prevention of risky behaviours.

UNFPA				
Addressing reproductive health (RH) needs and GBV related concerns of Iraqis in Syria	**Syria**	**Jordan**	**Egypt**	**Total US $**
A. Provide support for RH services at primary and referral level health facilities • Safe motherhood including emergency obstetric and neonatal care • Family Planning • Gender based violence • RTI/STI/HIV/AIDS	200,000		12,000	**212,000**
B. Provide technical support to quality RH services	50,000		13,469	**63,469**
C. Building capacity of primary health care staff in RH and GBV related communication/ counselling techniques	150,000			**150,000**
D. Support the capacity building for different levels of managers in the MOH for the provision of RH care and information		60,000		**60,000**
E. Support community-based organizations/NGOs to carry out outreach RH related services	75,000			**75,000**
F. Provision of RH kits, essential RH commodities, disposable supplies, antenatal supplements such as iron and folic acid, and personal hygiene items to health facilities including the referral level	1,590,145	2,250,000		**3,840,145**
G. Securing psychosocial support for mothers/GBV cases and referrals through building capacity of the concerned health staff and establishing referral mechanisms.	125,000	60,000		**185,000**
H. Project support		17,500	15,000	**32,500**
Sub-total	2,190,145	2,387,500	40,469	**4,618,114**
Indirect costs (7%)	153,310	167,125	2,833	**323,268**
TOTAL	**2,343,455**	**2,554,625**	**43,302**	**4,941,382**

UNHCR:[4]

- Support and expand the capacity of IPs to deliver primary care and management of chronic diseases to displaced Iraqis.
- Support the MOH to provide care in health clinics and referral hospitals.
- Support the MOH and IPs to provide more advanced care to selected cases.
- Buy medicines and equipment for those clinics that have a large displaced Iraqi caseload.
- Purchase ambulances to improve the transportation of medical emergency referrals to hospitals.
- Continue to develop strategies to deal with issues of sexual gender based violence (SGBV); as part of the protection mandate of UNHCR taking into account UNFPA role in dealing with the health and social consequences of GBV.

UNHCR

[4] For UNHCR in Egypt, funds will only be used to assist persons registered with UNHCR.

Priorities to Access to Health Provision	Syria	Jordan	Egypt	Total US $
A. Continue and expand access to PHC services (including treatment for chronic diseases) given by current Implementing Partners (IPs) and the MOH	21,751,044	10,000,000	186,000	**31,937,044**
B. Continue support for referral to MOH and private sector hospitals	2,993,876	1,459,533		**4,453,409**
C. Continue and expand access to certain specialist services (such as prostheses and burn treatments) given by IPs and MOH facilities	3,986,793			**3,986,793**
D. Develop and implement standard operating procedures for referring and paying for costly secondary and tertiary care	50,000	40,000	70,000	**160,000**
E. Support to Governorates to expand health services and enhance capacity of health care providers (gov and IPs) to decentralize access	359,000		402,000	**761,000**
F. Support to MOH to expand PHC and referral services – (extend working hours, expand physical space)	3,000,000			**3,000,000**
G. Community based psychosocial support	100,000	300,000	20,000	**420,000**
H. Info-Education-Communication (IEC) communication and campaigns targeting vulnerable and hard to reach	85,000	100,000		**185,000**
Sub-total	32,325,713	11,899,533	678,000	**44,903,246**
Indirect cost	2,262,800	832,967	47,460	**3,143,227**
TOTAL	**34,588,513**	**12,732,500**	**725,460**	**48,046,473**

UNICEF:

- Support immunization services for children and mothers through the provision of cold chain supplies and equipment, syringes and needles, vaccination cards, and Vitamin A capsules, and communication materials.
- Strengthen primary health care (PHC) capacity through training of PHC workers in child and adolescent health, provision of training and communication materials. In Jordan, services will be expanded to include mobile school health teams – including the equipment, staff and support required for nurses, dentists and doctors to work effectively in schools with Iraqi children.
- Strengthen PHC capacity to provide psycho-social services to Iraqi mothers and children and refer severe cases.
- Upgrade the MOH capacity through training on adolescent health, provision of education materials and counselling on HIV/AIDS.
- Developing communication plan and printing of communication package on maternal and child health, to meet the communication plan objectives; revise and print training materials and support community-based action.
- Supporting the outreach services of PHC centres through the development of a school health programme.
- Implement Integrated Maternal and Neonatal Childhood Illnesses (IMNCI) and increase awareness at the family level and recognizing danger signs of newborns and children.
- Strengthen family care and promote early initiation of breastfeeding, especially exclusive breastfeeding up to six months.

UNICEF				
Priorities to Access to Health Provision	**Syria**	**Jordan**	**Egypt**	**Total US $**
A. Immunization for children & mothers • Supply of cold chain equipment • Syringes and Needles • Vaccination cards • Communication strategy and materials • Supply of Vitamin A capsules, iron + folic acid tablets • Provision of training and communication materials	2,000,000	1,131,000	40,000	**3,171,000**
B. Strengthening PHC • Training of PHC workers on child survival projects • Provision of Chlorine tablets to purify water • Health education activities on hygiene and environmental health • Strengthening the provision of psycho-social counselling for children in targeted PHC centres • Provision of essential drugs for children (Jordan) • Provision of communication and Training materials	400,000	1,543,000	20,000	**1,963,000**
C. Improved Adolescent Health/School Health Programme • Developing manual on adolescents health during emergency • Training of PHC workers • Staff (doctors, nurses, dentists) • Supplies • Education and counselling on HIV/AIDS • Support, including psycho-social	245,000	789,000	20,000	**1,054,000**
D. Communication & behavioural change • Developing and printing communication package on child and maternal health • Revise and print training materials • Support community-based action	600,000			**600,000**
G. Project Support			15,000	**15,000**
Sub-total	3,245,000	3,463,000	95,000	**6,803,000**
Recovery costs at 7%	227,150	242,410	6,650	**476,210**
TOTAL	**3,472,150**	**3,705,410**	**101,650**	**7,279,210**

WHO:

- Provide technical advice and support to national authorities (and UN agencies where required) on specific programmes and priorities and practical measures for ensuring the provision of equitable and quality preventive and curative health services.
- Support to the MOH through provision of supplies and equipments for secondary and tertiary care services (renal dialysis, intensive care, and other advanced services). In Egypt – where UNHCR focuses on assisting persons registered with UNHCR – funds will also be used for essential drugs.
- Mental health and psychological support: Strengthen the capacity of MOH to coordinate mental health and psychological assistance; identification of and provision of adequate protection and care for displaced people with severe mental diseases (about 1%) within community settings; basic training in psychological intervention will be provided to health care professionals to increase their knowledge and skills to specialized facilities for persons who need more intensive care.

WHO				
Improved access and quality of health care services	**Syria**	**Jordan**	**Egypt**	**Total US $**
A. Provision of supplies and equipments to secondary and tertiary care services (renal dialysis, intensive care, and other advanced services)	1,500,000	6,000,000	500,000 (+2,500,000 for ess. drugs)	**10,500,000**
B. Improve diagnosis and treatment of common diseases through training on standard guidelines and protocols	550,000			**550,000**
C. Training of health care providers in mental health, psychosocial support and counselling as part of the emergency response	350,000			**350,000**
D. Support to school health activities	150,000			**150,000**
E. Support to environmental sanitation	250,000			**250,000**
F. Coordination of mental health and psychological assistance, protection of and care for people with severe mental diseases, training in psychological support to health care professionals		500,000		**500,000**
G. Programme management, monitoring and reporting	168,000	390,000	180,000	**738,000**
Sub-total	2,968,000	6,890,000	3,180,000	**13,038,000**
Program support cost	207,760	482,300	222,600	**281,960**
TOTAL	**3,175,760**	**7,372,300**	**3,402,600**	**13,950,660**

5.2. Malnutrition and Micronutrient deficiencies

There is a risk – and some evidence – of increased prevalence of malnutrition and other health conditions among displaced Iraqis as a result of the loss of income and other sources of support. The actions of individual agencies are as follows.

UNHCR

- Provide nutrition support and training to UNHCR's implementing partners

UNICEF:

- Promotion of b reastfeeding, through promotion of exclusive breastfeeding for the first six months, proper complementary feeding after six months plus continued breastfeeding at all PHC facilities and maternity hospitals, implementing BFHI in all maternity hospitals in targeted areas; involving local NGOs in breastfeeding promotion at the community level and provision of communication materials.
- To provide technical support in the management of malnutrition; promote micronutrient supplementation; and support the training of PHC workers and local volunteers to provide nutrition education.
- Support Therapeutic Feeding of severely malnourished children through training of PHC workers on emergency feeding, provision of therapeutic milk, treatment of infections, and correcting micronutrient deficiencies.
- Support Communication & Education through the development of communication plan, which includes development of communication package on nutrition with focus on micronutrient deficiencies (e.g. household use of iodized salt, iron supplementation and vitamin A), conduct nutrition education, and support community-based interventions.

UNICEF			
Malnutrition and micronutrient deficiencies	**Syria**	**Egypt**	**Total US $**
A. Promotion of Breastfeeding (BF) • Promotion of exclusive BF at all PHC facilities and maternity hospitals • Complementary feeding after six months plus continued BF • Implementing BFHI in all maternity hospitals • Involve local NGOs in BF promotion at the community level • Communication materials	365,000		**365,000**
B. Technical support on treatment of malnutrition and micronutrient supplementation and provision of supplies	100,000	10,000	**110,000**
C. Control of Iron Deficiency Anaemia • Support Flour fortification by supplying iron feeders • Training PHC workers and local volunteers to provide Nutrition education	365,000		**365,000**
D. Therapeutic Feeding in emergency • Train PHC workers on emergency feeding of severely malnourished children • Provision of Therapeutic milk • Treatment of infection • Correct micronutrient deficiencies • Conduct nutrition education	500,000		**500,000**
E. Communication & behavioural changes • Develop Communication Plan of Action • Develop communication package on nutrition including micronutrient deficiencies • Conduct nutrition education • Support community-based intervention	600,000	25,000	**625,000**
F. Project support		20,000	**20,000**
Sub-total	1,930,000	55,000	**1,985,000**
Recovery costs at 7%	135,100	3,850	**138,950**
TOTAL	**2,065,100**	**58,850**	**2,123,950**

WFP

- WFP with its partners UNHCR and UNICEF in Syria will complete a Joint Assessment Mission (JAM) in October 2007 to review the situation of Iraqis settled in Syria. This exercise will provide valuable analysis on the linkages between protection, food security and nutrition, review of the targeting criteria as well as recommendations on delivery modes. It will take stock of the lessons learned from the implementation of the two Emergency Operations in 2007.
- This JAM will provide the basis for the WFP appeal to cover the food needs for 2008 and to kick off a joint action plan with its UN partners.
- The WFP Food Assistance Appeal will be launched in November/December 2007. It will identify clearly the caseload of registered and non registered Iraqis to receive food assistance and specific programs. Food aid assistance to specifically to support nutritional interventions such as supplementary feeding will be further defined and target group identified.

WHO

- Provide technical support and training on standard protocols for the management of acute sever malnutrition and micronutrient deficiencies in close coordination with UNICEF.

5.3. Strengthening information and surveillance systems

An essential component of the strategy is to collect much better information on access to and usage of health services by displaced Iraqis and to strengthen the nutritional and health surveillance systems to monitor and address health threats.

A pre-requisite of improved data is strengthening of the existing health information systems which need to be updated. The proposed action includes provision for making some essential improvements to these systems. It will also be necessary to extend the national disease surveillance system to encompass the nutritional status of displaced Iraqis. The system also needs strengthening to include more disaggregated data.

One option for obtaining better information about displaced Iraqis is to introduce an appropriate registration mechanism for those using health services, for example by issuing a health card to provide access to health services. This would not replace the refugee registration process by UNHCR but rather be a complementary measure. There has been some preliminary discussion of the proposal with the relevant national authorities but it would clearly require further discussion with them. It will be important to ensure that such a scheme was not used for any other purpose or it would deter Iraqis from registering and defeat the aim.

Another option would be, in collaboration with the national authorities, to carry out more selective surveys focusing on the areas where the majority of displaced Iraqis are living. The clinics which are currently carrying the main burden of additional demands could be identified

and, through them, information could be obtained about the numbers of Iraqis who were using the clinics and their health needs and about the extra resources needed by the clinics to provide essential services.

UNFPA:

In close cooperation and coordination with the key national counterparts and WHO and UNICEF, UNFPA render support to the surveillance system for STIs/HIV/AIDS and reporting mechanisms for STIs through upgrading the capacity of designated facilities.

UNFPA				
Support to surveillance system for STIs/HIV/AIDS	**Syria**	**Jordan**	**Egypt**	**Total US $**
A. Building capacity of the concerned staff on the main principles of sentinel surveillance and VCCT, including VCCT guidelines and protocols/national guidelines for reporting STI cases as well as a workshop on mechanisms of strengthening STI reporting	130,000			**130,000**
B. Support and disseminate qualitative and quantitative research on the RH needs of Iraqis especially youth at risk		80,000		**80,000**
C. Support capacity building for MCH staff on monitoring and reporting on RH needs (with WHO), including training of health staff and statisticians on the main principles of data collection and analysis, STI diagnosis, management and accurate data reporting.	105,000	35,000		**140,000**
D. Provision of the necessary equipment and supplies (computers, printers, western blot, ELISA, disposable bags, gloves, vaccutainers, bins, equipment for transportation of samples)	200,000			**200,000**
E. Small scale behavioural surveys in support of the surveillance system and STI reporting	75,000			**75,000**
Subtotal	510,000	115,000		**625,000**
Indirect costs (7%)	35,700	8,050		**43,750**
TOTAL	**545,700**	**123,050**		**668,750**

UNHCR:

- Work with IPs to establish Health Information Systems that conform to MOH standards, as well as meet the need of the partners.
- Build the capacity of partners to use the HIS to monitor and improve programs.
- Participate in population based surveys in health and nutrition along with other partners.
- Identify those most vulnerable and in need of medical services.
- Build the capacity of implementing partners to successfully monitor and evaluate key programs in the health sector.

UNHCR		
Surveillance and Health Information Systems for non-governmental implementing partners	**Syria**	**Total US $**
A. HIS • Technical support for management of HIS for IPs; • upgrading HIS of IPs to be conform with MOH standards and UNHCR reporting needs	100,000	**100,000**
B. Assessment and surveys	80,000	**80,000**
C. Identification and support for the most vulnerable	65,962	**65,962**
D. Monitoring and evaluation at both beneficiary and delivery levels	168,000	**168,000**
Subtotal	413,962	**413,962**
Indirect costs	28,977	**28,977**
TOTAL	**442,939**	**442,939**

UNHCR is concentrating on its IPs to make sure their surveillance/HIS is in line with those of the Government.

UNICEF:

- Support to nutrition surveillance through identified nutrition indicators, collect routine data and specific indicators, analyse information and disseminate results.
- Support assessments and evaluations focusing on priority issues, carrying out evaluations of health and nutrition interventions, analyse findings and act on results.
- Support programme monitoring and reporting through establishing a joint monitoring group, development of monitoring indicators, carry out monitoring visits, and report findings for action.

UNICEF		
Upgrading the nutrition surveillance system	**Syria**	**Total US$**
A. support to nutrition surveillance • Identify nutrition indicators • Collect routine data and specific indicators • Analyse information and disseminate	500,000	**500,000**
B. Assessments and monitoring • Conduct assessments on priority issues • Carry out assessments of health and nutrition interventions	500,000	**500,000**

• Analyse findings and act on results		
C. Programme monitoring and reporting • Establish joint monitoring group • Develop monitoring indicators • Carry out monitoring visits • Report findings for action	225,000	**225,000**
Sub-total	1,225,000	**1,225,000**
Recovery costs at 7%	85,750	**85,750**
TOTAL	**1,310,750**	**1,310,750**

WHO:

- Provide technical and logistic backup to MOH disease surveillance, early warning and outbreak response systems;
- Work with partners to undertake sample surveys and analysis of available information to identify health status and access to health services of displaced Iraqis;
- Support the implementation of international health regulations.

WHO				
Upgrading and strengthening the disease surveillance and response systems	**Syria**	**Jordan**	**Egypt**	**Total US $**
A. Conduct comprehensive health assessment survey	300,000	65,000	65,000	**430,000**
B. Technical support for disaggregating key data in national health information systems	40,000	22,000	40,000	**102,000**
C. Upgrading the national health information system, including capacity building, and publishing health information reports	80,000	167,000	127,000	**374,000**
D. Commissioning and supporting ongoing and planned surveys		140,000	22,000	**162,000**
E. Develop the disease and nutritional surveillance and response systems and support implementation of IHR 2005		214,000	274,000	**488,000**
F. Training of health care providers on disease surveillance and response systems	50,000			**50,000**
G. Providing supplies and equipments to upgrade provincial and national PH laboratories	100,000			**100,000**
H. Support establishing sentential and early warning system and implementing of IHR	75,000			**75,000**
I. Programme management, monitoring and reporting	38,700	36,480	31,680	**106,860**
J. Program support cost	47,859	45,114	39,178	**132,151**
TOTAL	**731,559**	**689,594**	**598,858**	**2,020,011**

5.4. Coordination

It was agreed in the Ministerial Consultations that it is vital for all partners to work closely with national health authorities in order to ensure effective coordination. This will enable unmet needs and gaps in information and services to be identified and more effective planning and delivery of additional services and support.

The overall responsibility for coordination of work in the health sector rests with national health authorities and it was agreed that they should develop coordination mechanisms for health assistance for displaced Iraqis. UNHCR coordinates assistance to and protection of all displaced Iraqis in host countries across all sectors in line with their mandate. UNHCR will work closely with WHO to coordinate UN interventions in the health sector for displaced Iraqis and will agree to a clear definition of roles and responsibilities according to their respective expertise and resources.

Effective coordination requires all agencies to play their part and involves extra costs as summarized below

UNFPA:

- Work with national counterparts and with UNHCR, WHO, and UNICEF to address the health needs of Iraqis in the most efficient and effective way, focusing especially on the health of women and adolescents.

UNFPA		
Coordination	**Jordan**	**Total US $**
A. Strengthening technical capacity of UNFPA office	100,000	**100,000**
B. Logistics and operational costs	50,000	**50,000**
C. Programme management, monitoring and reporting	45,000	**45,000**
Subtotal	195,000	**195,000**
Programme support cost (PSC)	13,650	**13,650**
TOTAL	**208,650**	**208,650**

UNHCR:

- Coordinates assistance to and protection of all displaced Iraqis in host countries across all sectors in line with their mandate.
- Coordinates the health sector response for displaced Iraqis.
- Works with implementing and operational partners to ensure a standard package of interventions to Iraqis in neighbouring countries.

UNHCR				
Coordination	**Syria**	**Jordan**	**Egypt**	**Total US $**
A. Strengthening technical capacity of UNHCR country office	169,962	100,000		**269,962**
B. Coordination with UN partners and MOH to arrive at and disseminate detailed standard PHC, secondary package and indicators for IPs and others	10,000			**10,000**
C. Strengthening coordination with MOH and other implementing partners	60,000			**60,000**
D. Programme monitoring and reporting	96,000	250,000		**346,000**
Subtotal	335,962	350,000		**685,962**
Indirect costs	23,517	24,500		**48,017**
TOTAL	**359,479**	**374,500**		**733,979**

UNICEF:

- Hire expertise for increased technical support to the MOH at both the central and local level. UNICEF will contribute to strengthening monitoring and evaluation systems. Assessment and surveys will be conducted when needed. This component also covers logistics and operational support.

UNICEF			
Support to MOH Public health coordination	**Syria**	**Jordan**	**Total US $**
A. Strengthening technical capacity of UNICEF country office • Recruit international and national experts • Administrative support	300,000	100,000	**400,000**
B. Logistic support and operational support • Provision of basic office supplies • Provision of essential transport facilities	150,000		**150,000**
C. Programme management, monitoring and reporting • Develop monitoring indicators, carry out monitoring visits • Conduct assessments, and in-depth surveys, to identify requirements of target group, and Report findings for follow up action	50,000		**50,000**
Sub-total	500,000	100,000	**600,000**
Recovery costs at 7%	35,000	7,000	**42,000**
TOTAL	**535,000**	**107,000**	**642,000**

WHO:

- Will work closely with UNHCR to coordinate UN interventions in the health sector for displaced Iraqis and will agree to a clear definition of roles and responsibilities according to their respective expertise and resources.

WHO				
Support to Public health coordination	**Syria**	**Jordan**	**Egypt**	**Total US $**
A. Support to humanitarian health coordination activities, including strengthening technical capacity of WHO country office	560,000	630,000	430,000	**1,620,000**
B. Regular monitoring and supervision to provincial and district levels	75,000			**75,000**
C. Logistic and operational platform	60,000	48,000	94,000	**202,000**
D. Supporting MOH in responding to vital gaps through establishing coordination focal points and committees at provincial and district levels	50,000			**50,000**
E. HQ and Regional support to the implementation of the activities	139,570	61,041	50,670	**251,281**
F. Programme management, monitoring and reporting	44,700	46,680	31,440	**122,820**
Sub-total	929,270	785,721	606,110	**2,321,101**
Programme support cost	65,049	55,000	42,428	**162,477**
TOTAL	**994,319**	**840,721**	**648,538**	**2,483,578**

Annex I

UNHCR budget requirements 2008 (January-December) and summary of health issues of other countries not included in this appeal

	Jordan	Syria	Egypt	Total $ for joint appeal	Other countries(b)	Total health sector (UNHCR)
2007	$5,906,600	$10,437,000	$617,340	$16,960,940	$1,411,672	$18,372,612
2008	**$13,107,000**	**$35,390,932**	**$725,460**	**$49,223,392**	**$1,500,000**	**$50,723,392**
Country total	$19,013,600	$45,827,932	$1,342,800	$66,237,832	$2,911,672	$69,149,504

The above figures are estimate requirements for the period January to December 2008 (12 months), pending further discussions with partners in each country. As indicated above, the estimate requirements in Syria, Jordan and Egypt amount to US$ 49.2 million.

For UNHCR's health sector requirements in 2007, please refer to "Iraq Situation Response, Update on revised activities under the January 2007 Supplementary Appeal, July 2007" which covers multi-sectoral activities in Iraq and 7 neighbouring states. UNHCR has been appealing for a total of US$123,689,141 for 2007 of which US$18,372,612 is for health. For the three countries in this appeal, a total of US$ 16,960,940 is requested US$ 5,906,600 in Jordan, US$ 10,437,000 in Syria, and US$ 617,340 in Egypt.

As of September 2007, UNHCR's 2007 appeal has been funded at 75%. On a pro-rata basis, it means that UNHCR's health sector in Jordan, Syria and Egypt are short of US$4.2 million for 2007. Therefore, a grand total of approximately US $ 53.4 million is requested by UNHCR in the health sector for the three countries from October 2007 to December 2008 (15 months).

UNHCR's health care for Iraqi refugees in Iraq and other neighbouring countries

The estimation of the number of displaced Iraqis in **Lebanon** varies from 50,000 to 100,000. A total of 10,000 persons are registered by UNHCR thus far, and the number is increasing daily. The UNHCR demographic database indicates that Iraqis in Lebanon are predominately of young age mostly single men, the ratio of male to female is 70% to 30%. Nearly 40% of the requests made by refugees seeking UNHCR assistance are of a health-related nature. The information available to UNHCR suggests that health problems among the Iraqis are of similar to that of the locals with possibly an increase in mental health problems. UNHCR conducted participatory assessment with various refugees groups. During this discussion refugees expressed a need particularly regarding provision of chronic medications and in-patient services. In 2007, UNHCR has appealed for 295,000 USD for health services in Lebanon. In terms of primary health care, refugees have access to local clinics and dispensaries run by government or various charity organizations. These facilities provide subsidized services. Clear gaps were noted in terms of access to medications for chronic health problems as well as

admission for hospitalization which relies on presentation of some form of social security, private insurance or providing a proof of capacity to pay. A network of non-governmental organizations, partners, hospitals, and pharmacies has been established to address refugee health needs.

According to the government of **Iran**, there are some 54,000 Iraqi refugees, the majority of whom are displaced for a long time. UNHCR has registered some 1,000 new arrivals in Tehran area alone, while it is estimated by the local authorities that the number of Iraqis is increasing throughout the country. UNHCR continues to monitor the situation through its offices along the Iraqi border – Ahwaz and Orumiyeh. In 2007, UNHCR has appealed for US$ 150,000 for health services for Iraqis in Iran in the forms of medical referral, special financial assistance for medical service, targeting extremely vulnerable refugees.

In **Turkey**, it is estimated there are some 10,000 Iraqis. UNHCR has registered over 4,000 Iraqis as of summer 2007 and submitted over 2,200 Iraqis for resettlement. UNHCR continues to monitor the situation in eastern Turkey and along the Iraq border through its presence in Van and Silopi. In 2007, UNHCR has appealed for US$246,000 for health assistance such as medical referral and treatment for vulnerable Iraqis, Iranian refugees who are displaced from Northern Iraq, and for contingencies.

In **Iraq**, UNHCR's health assistance is limited to non-Iraqi refugees in Iraq, who are in refugee camps and settlements in Northern Iraq, stranded at Syrian and Jordanian border areas, or displaced within Iraq. For 2007 health assistance, UNHCR has appealed for US$720,672 for basic medical assistance as well as for life-saving assistance for some 50,000 refugees - Turkish, Iranian, Palestinian, Sudanese and Syrian refugees.

In 2007, total health requirements in Iraq and other countries amount to US$1.4 million. UNHCR estimates that a minimum of US$ 1.5 million will be required for the same purposes as described above

Annex II: Common Action Framework

Ministerial Consultation on the Health Needs of Displaced Iraqis living in Neighbouring Countries. 29-30 July 2007

Common Action Framework

Introduction

The purpose of the Ministerial Consultation held in Damascus on 29-30 July 2007 was to agree on ways to improve access to health care for displaced Iraqis living in Syria, Jordan and Egypt and to address the key issues involved in doing so. The meeting followed the conference of neighbouring countries held in Amman on 26 July, itself a follow-up meeting to the Sharm Al Shaikh conference on the international compact for Iraq. It builds upon the conclusions of the Amman conference especially item seven of those conclusions relating to health.

The agreed aim is that all displaced Iraqis living outside Iraq should be able freely and safely to return to Iraq in due course so that the strategy for meeting their health care needs in host countries should be seen as a temporary one.

Meanwhile, the host countries have all committed to provide equality of access to health services for displaced Iraqis living in their countries through their existing systems and they are opposed to the provision of separate services. It was widely recognized and appreciated by participants at the consultation that host countries, Red Crescent Societies (supported by the International Red Cross and Red Crescent Movement) and others had made and were continuing to make a very substantial contribution in providing for the health needs of displaced Iraqis living in their countries. Furthermore, despite the increasing burden on their health systems, host governments are at present receiving very little support for the heavy additional costs which they are incurring. The representatives of the Iraqi Government at the consultation re-iterated the commitment of their Government to share these additional costs in collaboration with the international community.

However, it was also accepted that, despite the above commitments, a substantial proportion of the displaced Iraqi population living in neighbouring countries, particularly those requiring secondary and tertiary care, are facing difficulties in getting access to adequate health care.

The following note summarizes the key issues that were discussed at the consultation and sets out the actions which National Authorities, UN agencies, Red Crescent Societies and non-governmental organizations (NGOs) agreed to take to improve access by displaced Iraqis to health care in line with their existing services.

Issue 1. Principle of Equal Access
Issue 2. Priorities for Access to Health Provision
Issue 3. Malnutrition and Micronutrient Deficiencies
Issue 4. Information and Health and Nutrition Surveillance
Issue 5. Coordination
Issue 6. Resource Mobilization to Address Additional Demands

Issue 1: Principle of Equal Access

Displaced Iraqis in neighbouring countries currently have variable or inadequate access to health services. Host governments have agreed that they should be eligible for health care services on the same basis as the local population.

Health Implication if not met

- Excess morbidity and mortality in inequitable manner occurring

Actions needed

National Authorities

- Confirm their existing commitment to the principle of equal access for displaced Iraqis to public health services, regardless of whether they are registered as refugees with the United Nations High Commissioner for Refugees (UNHCR) or not, on the same basis as the local population
- Establish a mechanism to monitor access to public health measures and essential health services (see issue 2 below)
- Promote quality of health services through joint work with health service providers and community-based organizations

UN agencies, Red Crescent Societies and other partners:

- Commit to support displaced Iraqis and host governments in providing access to quality health services

Issue 2. Priorities for Access to Health Provision

Need to agree on priorities for access since not all health needs of displaced Iraqis can currently be met.

Health Implications if not met

- Inequitable care and unfair allocation of resources
- Less urgent needs may be met before more urgent needs
- Reduced immunization coverage with outbreaks of vaccine preventable diseases may take place

Actions needed

National Authorities:

- Will provide access to:
    - Primary health care including both preventive and curative services and reproductive health and child health services
    - Emergency medical care
    - Essential drugs and medical supplies including those required for treatment of chronic diseases
- Establish fixed immunization sites in selected areas with dedicated outreach programs
- Carry out immunization campaigns in areas populated by displaced Iraqis

UN agencies, Red Crescent Societies and other partners will:

- Provide technical support as needed
- Develop standard operating procedures for referring and paying for costly secondary and tertiary care
- Support MOH in establishing immunization points and carrying out immunization campaigns

- Mobilize resources to support MoHs in providing the necessary services

Issue 3. Malnutrition and Micronutrient Deficiencies
There is a risk of, and some evidence of, increased prevalence of malnutrition and other health conditions among displaced Iraqis as a result of the loss of income and other sources of support.

Actions needed
National Authorities:
- Undertake health surveillance
- Provision of treatment for severe acute malnutrition in health centres and hospitals
- Iraq Government to consider assistance in cash or kind to help meet nutritional needs of displaced Iraqis

UN agencies, Red Crescent Societies and other partners:
- Support country efforts to ensure vulnerable populations receive food aid (World Food Program)
- Provision of technical support on treatment of acute malnutrition and micronutrient deficiencies

Issue 4. Information and Health and Nutrition Surveillance.
Insufficient data about the numbers of displaced Iraqis living in neighbouring countries and about their health status and needs.

Health Implication if not met
- Impedes effective planning and decision making
- Essential health needs of displaced Iraqis not identified or met
- Surveillance gaps, non functioning early warning systems and difficulty in implementing international health regulations
- Weakened capacity for timely response
- Risks to health of host population and displaced Iraqis
- Poor response to epidemics
- Duplication of efforts and waste of time and resources

Actions needed
National Authorities:
- Consider appropriate registration mechanism for displaced Iraqis such as issuance of health card to provide access to health services; not for political or security purposes. This would not replace the refugee registration process by UNHCR but rather be a complementary measure
- Strengthen the national disease surveillance system including disaggregated data
- Ensure nutritional surveillance undertaken with the national information systems

UN agencies, Red Crescent Societies and other partners:
- Support National health information systems through training, technical assistance and provision of data processing as well as geographic information system equipment (World Health Organization; WHO)
- Provide technical and logistic backup to MOH disease surveillance and outbreak response systems (WHO)
- Work with partners to undertake sample surveys and analysis of available information to identify health status and access to health services of displaced Iraqis

- Support the implementation of international health regulations

Issue 5. Coordination
Insufficient coordination of health provision for displaced Iraqis.

Health Implications if not met
- Gaps in information and services
- Unmet needs
- Reduced health protection for host population and displaced Iraqis

Actions needed
National Authorities:
- Develop coordination mechanisms for health assistance for displaced Iraqis with partner agencies ensuring that the four major parties are represented, i.e. MOHs, UN Agencies, Red Crescent Societies and NGOs. This should translate into the formulation and implementation of national strategies and action plans for meeting the health needs of displaced Iraqis in the respective countries.

UN Agencies, Red Crescent Societies and other partners.
- UNHCR coordinates assistance to and protection of all displaced Iraqis in host countries across all sectors in line with their mandate.
- UNHCR will work closely with WHO to coordinate UN interventions in the health sector for displaced Iraqis and will agree to a clear definition of roles and responsibilities according to their respective expertise and resources.

Issue 6. **Resource Mobilization to Address Additional Demands**
A*dditional burden on the human, financial and infrastructure resources of the national health systems (e.g. clinics, hospitals, tertiary centres, drug and medical supply management, and other types of diagnostic and treatment facilities)*

Health Implications if not met
- Shortage of resources for services to national and displaced Iraqi populations
- Longer waiting lists
- Extra costs to host governments

Actions needed
National Authorities:
- Identify and quantify additional burden of demand and utilization of health services and estimate costs of meeting increased needs.
- Maximize use of qualified health staff among displaced Iraqi population
- Expedite the contribution to the health care costs of displaced Iraqis committed by the Iraqi Government

UN agencies, Red Crescent Societies and other partners:
- Support national authorities in quantifying additional burden in terms of demand and utilization, taking into account multiplicity of beneficiaries
- Mobilize resources needed to support MOH and other health service providers to carry out actions mentioned above

- Consider existing mechanisms for funding the health needs of displaced Iraqis, including the Iraq Reconstruction Trust Fund Facility, and examine alternatives in coordination with national authorities