



Name of the Country: Iraq  
Emergency type: Conflict  
Reporting period: 01.06.2021- 30.06.2021

**Iraq Drought situation**

- Water shortages are being observed in some governorates of the country, with levels falling below the average for 2020 and 2021. This is an alarming situation due to associated challenges in the humanitarian context, some of which are:
  - During May 2021, around 8% people in Ninewa and Kirkuk had insufficient consumption. (national average for May 2021 was around 4%) – (source: WFP Hunger Monitoring)
  - Decrease in water provision to households, increase in water cost and increased reliance by households on purchased water
  - Poor hygiene practices leading to potential disease outbreaks – increased spread of COVID-19, AWD/cholera

All these issues signal the need to maintain timely EWARN reporting, strengthen the national surveillance system and revise contingency plans such the existing Cholera Preparedness and Response Plan, to contextualize it to the COVID-19 situation.

**COVID-19 pandemic**

- WHO Iraq Head of Mission remark on COVID-19:** Dr. Ahmed Zouiten, WHO Head of Mission and Representative to Iraq emphasized the urgency to scale up the COVID-19 vaccination campaign during the regular monthly Iraq Health Cluster meeting on 21<sup>st</sup> June 2021; WHO has donated seven ultra-cold chain refrigerators, with a capacity of more than 500 liters, to MoH and an additional 75 refrigerators are in the pipeline and expected to be received on 23<sup>rd</sup> July 2021. Dr. Zouiten also mentioned that more vaccine doses are coming through both the COVAX facility and government bilateral agreements with manufacturers. UNICEF and WHO have put forward a plan to

**Humanitarian Response Plan 2021**



**HCO\*:** In 2021, the cluster plans to reach 221,392 IDPs in-camp, 126,125 IDPs out-of-camp and 509,412 returnees with essential Primary and Secondary Healthcare services. The cluster objectives will be to ensure continuation of outpatient consultations; provision of essential medicines; surveillance and rapid response and management of communicable diseases, including COVID-19; supporting referral of complicated cases to public hospitals; community awareness about prevention of communicable and non-communicable diseases; and provision of diagnostic and therapeutic equipment/supplies to public health facilities, which will contribute to the HRP strategic and specific objectives by ensuring uninterrupted essential service-availability to IDPs in and out of camps and vulnerable returnees while strengthening the health system to facilitate service handover to the Government and durable solutions.

**136K** Total Consultations



**36K** Cases Received Gynaecological Consultations

**2K** Children Under 5 in Camps IDPs Screened For Malnutrition by MUAC or Anthropometric Measures



**5K** MHPSS Individual Sessions Provided

**1K** Patients attending Secondary /tertiary Hospitals



**1K** Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

\*HCO: Health Cluster Objectives

support the uptake of the vaccine and the vaccination campaign. In addition to WHO's support, UNICEF is bringing in more than 50 refrigerators and sizeable quantity of injection syringes. Dr. Zouiten further encouraged the Health Cluster partners to support the vaccination campaign through Risk Communication and Community Education (RCCE), technical or operational assistance, to enhance the uptake of vaccines.

- **COVID-19 caseload:** The total number of COVID-19 cases in June 2021 was 140,382 with 868 associated deaths, a slightly higher number when compared to May (136,153), but with a lesser total number of fatalities than May (910). Both figures are, however, much lesser than the April report (214,275 cases and 1,142 deaths) when the second wave had peaked. Meanwhile, the cumulative number of cases since the onset of the pandemic in Iraq on 24<sup>th</sup> February 2020 are 1,345,904 with 17,186 associated deaths, as of the end of June 2021.
- **COVID-19 second wave:** The flattening second wave observed in May 2021 showed a slow upward trend of both incidence and positivity rates towards the end of June 2021. There was a slow downward trend in the number of cases and deaths in early June 2021; however, during the second half of the month, the trend completely changed to the opposite direction and a week later, the fatality rates followed the same upward course (as shown in figure 1). Multiple factors could have contributed, including:
  - Community transmission is substantial
  - Citizens do not follow the control and prevention measures
  - Roll out of vaccination is slow
  - Possible high transmissibility of new strains.
    - So far, genetic sequencing capacity in Iraq is not optimal.
    - MoH reported that the delta variant is in the country, but it is not possible to know the extent of the spread.

Therefore, further work to identify the main reasons and possible evidence-based interventions are required. The intended actions include:

- Reviewing and strengthening all Public Health and Social Measures (PHSM)
- Scaling up preparedness and response activities
- Increased efforts to speed up the vaccination campaign including:
  - Counteracting anti-vaccination rhetoric through trustworthy key messaging,
  - Enhancing vaccination preparedness
  - Stepping up the campaign in IDP and refugee camps

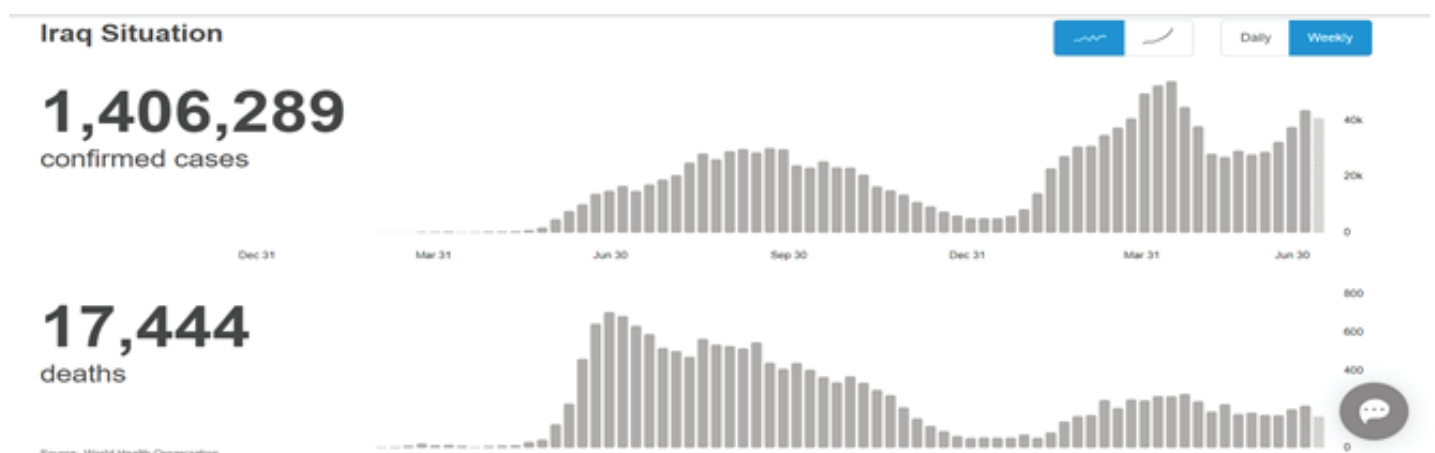


Figure 1: COVID-19 cases and associated deaths weekly trend in Iraq

- **COVID-19 Taskforce:** Given the importance of ensuring infection prevention and control (IPC) measures during COVID-19 vaccination campaign across the country, an [Arabic version](#) of the Iraq Health Cluster IPC guideline for COVID-19 vaccination was produced and shared with all stakeholders to ensure comprehension and adherence by a wider audience among health workers in vaccination centers.

To address the high level of hesitancy and low COVID-19 vaccine uptake by communities, an RCCE exchange session is planned to be conducted with the aim to share ideas, experience among partners working on COVID-19 related projects and brainstorm on challenges. This should assist in the exchange of lessons learned and best practices to better combat misinformation and in improving the vaccine uptake among community members.

During the COVID-19 Task Force meeting on 17<sup>th</sup> June 2021, IOM presented their experience on COVID-19 screening and triage processes as part of the outbreak response, including maintaining essential health services, RCCE, disease surveillance, COVID-19 case management and point of entry interventions. They also detailed the implementation process of suspected case screening and triage system in 30 PHCCs in six governorates from October 2020 - May 2021. Although their COVID-19 funding has come to an end, they will continue to provide screening service in PHHCs where IOM is the primary health provider.

Similarly, Dary Human Organization presented their experience in managing the quarantine/isolation site, routine coordination with CCCM-IOM and other partners in Ameriyat Al Fallujah IDP camp, Anbar Governorate, that started operating on 6<sup>th</sup> June 2021.

- **COVID-19 Vaccination campaign:** A total of 548,696 and 256,667 people received first dose and second dose of COVID-19 vaccine as of 30<sup>th</sup> June 2021, respectively. There is a need to scale up the campaign to combat the upsurge of cases and associated fatalities, to prevent another wave of COVID-19.

- Iraq Health Cluster conducted **Q & A session** (in Arabic) on **COVID-19 vaccination and vaccine hesitancy** on 9<sup>th</sup> June 2021 for partner staff and for their network dissemination to dispel vaccine uptake hesitancy among communities.

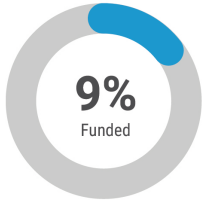
- **ActivityInfo Reporting of COVID-19 Supplies and Services:** The online, dynamic, interactive [health services and supplies for COVID-19 response](#) mapping dashboard was presented in the June national Health Cluster meeting to dispel doubts some partners were having regarding the reporting, which is not related to the HRP ActivityInfo platform. Partners providing inputs for COVID-19 response were encouraged to report their activities/inputs on a regular basis so that this is reflected promptly, as the dashboard is on a public domain and is a good source of visibility and advocacy.

- **WHO Iraq Head of Mission remark on PSEA:** During his remark in the above-mentioned forum, Dr. Zouiten stressed the importance of observing the humanitarian principles by all partners regardless of being national or international NGOs, or UN agencies, particularly in connection with Prevention of Sexual Exploitation and Abuse (PSEA). All partner agencies are expected to have a “zero-tolerance” policy regarding PSEA and required to be very vigilant in observing these policies. Unfortunately, incidents of suspected SEA continue to be reported to WHO as the Cluster Lead Agency, the recent one being on 20<sup>th</sup> June 2021. WHO condemns any sexual abuse and exploitation in all its forms, and shall do all the needful to prevent it, and to bring justice and moral compensation to the survivors of SEA.
- **Protection from Sexual Exploitation and Abuse (PSEA) Training:** WHO-Iraq and Iraq Health Cluster, in collaboration with the GBV Sub-Cluster and Iraq PSEA Network, conducted a capacity building training for Health Cluster partners’ focal persons to enhance the exercise of Accountability to Affected Population (AAP) and protection mainstreaming in the program cycle. The event presented the updated concepts of SEA, incidents/complaints reporting and responding, available assistance package for survivors, and how to integrate prevention measures within their programs and policies. The course also underlined the concept of “zero tolerance” against Sexual Exploitation and Abuse (SEA) in humanitarian settings. Participants were encouraged to cascade this training to all their organization staff, particularly those in the field at service-delivery level.  
Two online sessions were conducted on 30<sup>th</sup> June (English session) and 1<sup>st</sup> July (Arabic session), delivering the following key topics in a highly interactive and participatory method:
  - PSEA Key Concepts: power, violence, informed consent, gender, GBV, conflict-related sexual violence, and sexual harassment
  - Types and Consequences of SEA
  - PSEA Code of Conduct and Core Principles
  - PSEA survivor support: impact of SEA and multi-sectoral services
  - Complaint and Reporting procedures: challenges for PSEA, Iraq PSEA Network, making a complaint, investigation and follow-up, confidentiality
  - Integrating PSEA into Policies and Program: strengthening PSEA in health interventions, program planning and implementation, staff training, awareness raising, and policies
- **Financial Tracking Service (FTS) Training:** The Health Cluster conducted a training on how to use and report to the Financial Tracking System (FTS) for partners’ reporting officers on 13<sup>th</sup> June 2021 (English session) and 28<sup>th</sup> June 2021 (Arabic session). The online course covered introduction to FTS, reporting on FTS, FTS as a coordination tool, and concluded with an online demonstration in an attempt to familiarize participants with the FTS website and adequate reporting of HRP funded projects.
- **Activity Plan Module (APM) & Response Monitoring Module (RMM) refresher training:** The Activity Plan Module (APM) is a new reporting template that has been introduced in Iraq under the HRP 2021 and was in the phase of development by OCHA, requiring reporting on beneficiaries reached by location, with the funding obtained per activity per location. To familiarize the health partners on this reporting mechanism and to address challenges noticed during reporting, the Health Cluster conducted online training sessions immediately after the above training (FTS) for the same audience, on APM and RMM platforms. A reporting demonstration was also done.
- **Health Cash and Voucher Assistance (CVA) progress update:** Health and Protection clusters are working with Cash Working Group (CWG) to develop a guidance note on Cash and Voucher Assistance (CVA) for health services through the Multi-Purpose Cash Assistance (MPCA) component. The Guidance note (CVA for health services) has been finalized and shared with Health and Protection cluster SAG members and health partners interested in implementing CVA. A follow up meeting to review the document was conducted on 15<sup>th</sup> June 2021 bringing together Health and Protection clusters, Child Protection Sub-Cluster and CWG, and interested health partners (INTERSOS, PUI and IMC). The inputs from this forum are being addressed and the final document is to be shared with all stakeholders after endorsement by MoH.

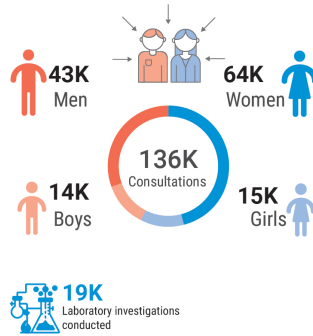
### FUNDING INFORMATION<sup>1</sup>

#### General Health

**\$75.8M**  
Required

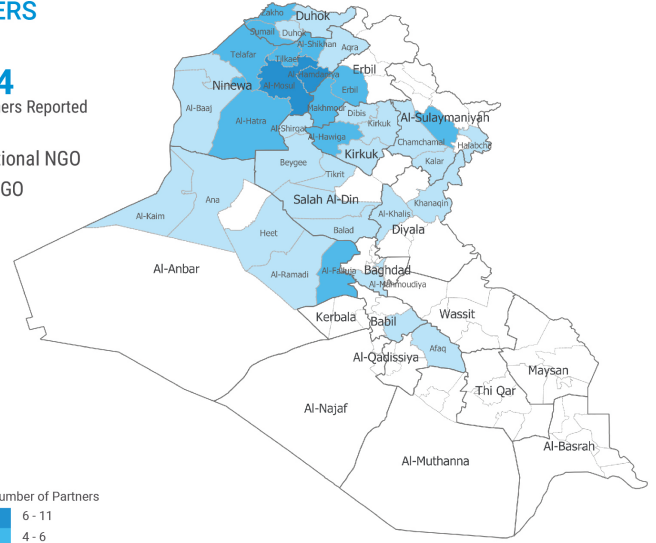


### TREATMENT OF COMMON DISEASES

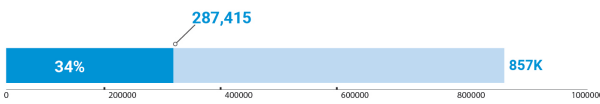


### HEALTH PARTNERS

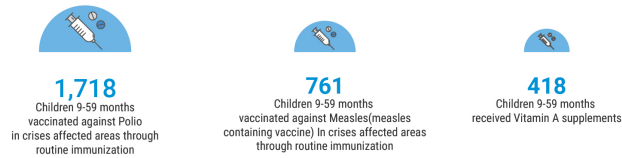
**24** Partners Reported  
12 International NGO  
12 Local NGO



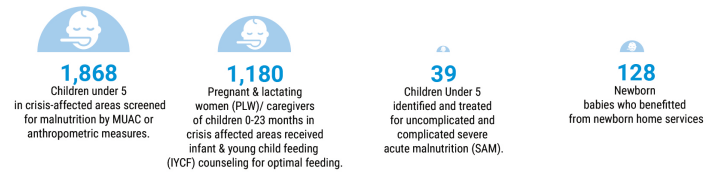
### REACHED TARGET



### IMMUNIZATION



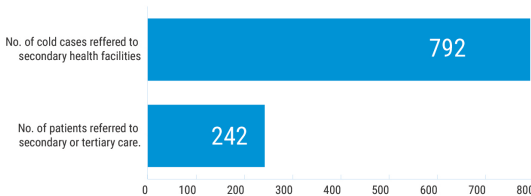
### NUTRITION



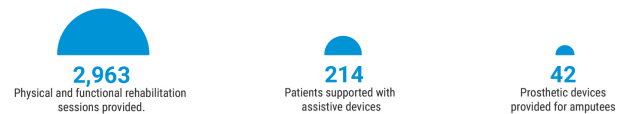
### SUPPORT TO HEALTH FACILITIES



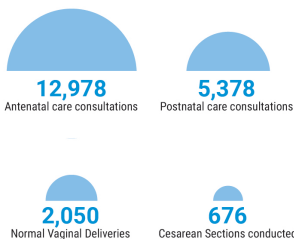
### EWARN



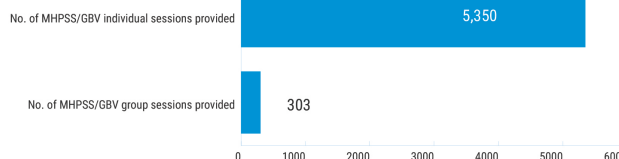
### PHYSICAL REHAB OF PATIENTS



### REPRODUCTIVE HEALTH



### MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

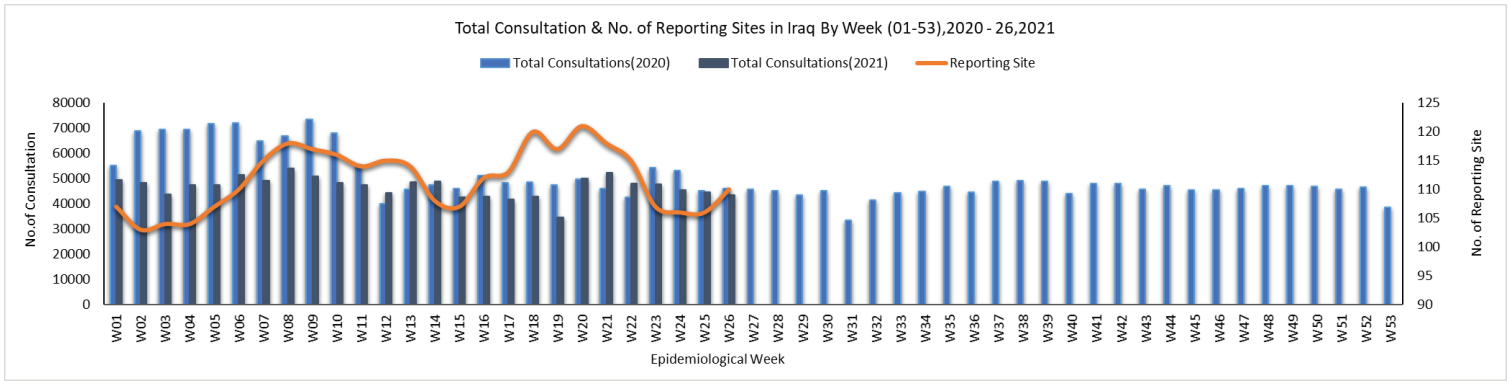


### CAPACITY BUILDING



<sup>1</sup> Data source: FTS (financial tracking system)

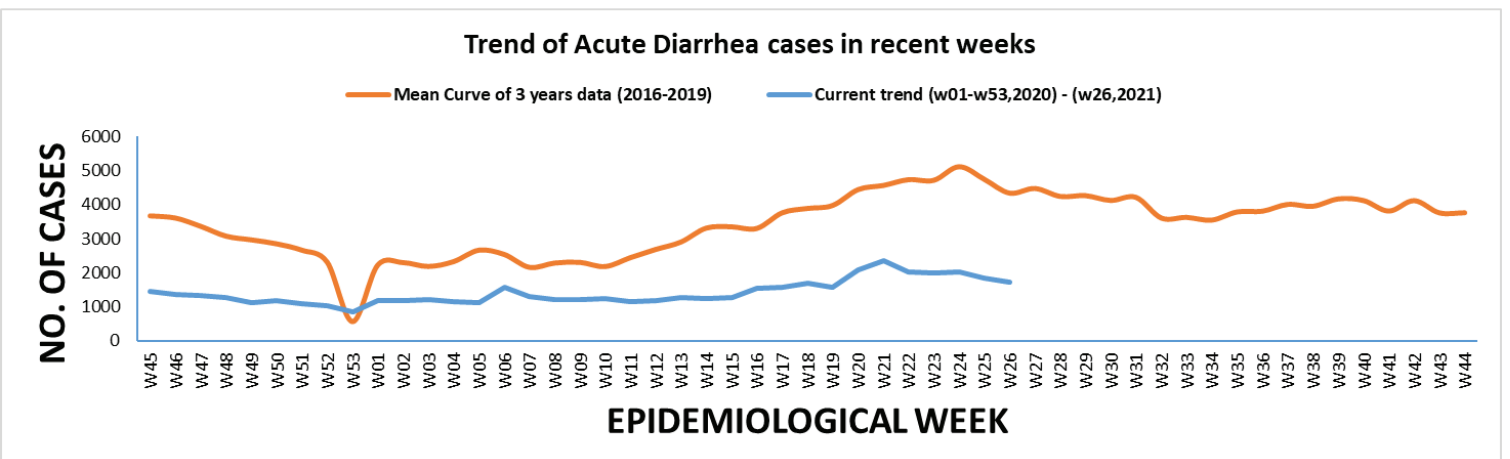
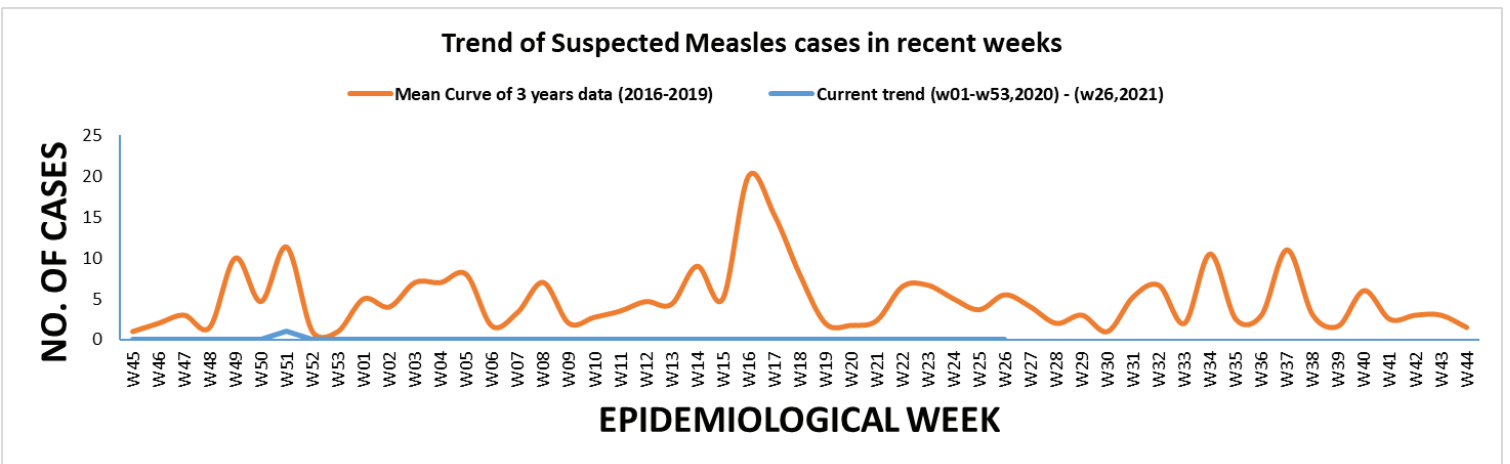
# Early Warning Alert and Response Network (EWARN)



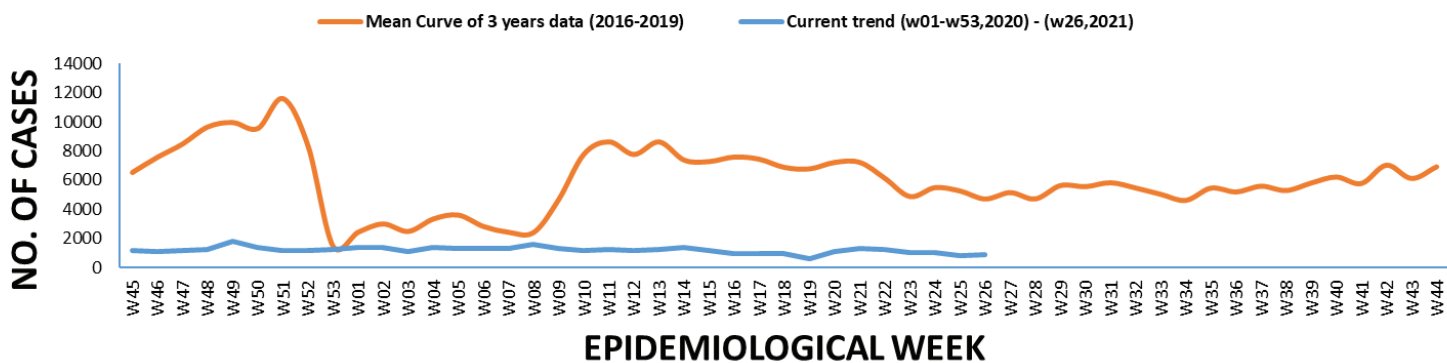
## Alerts / Outbreaks - May 2021

Disease	No. of alerts	No. of cases investigated	No. of clinical outbreaks	No. of cases treated	No. of lab confirmed outbreaks	No. of cases treated
Suspected Cholera	0	0	0	0	0	0
Acute Flaccid Paralysis (AFP)	1	1	0	0	0	0
Suspected Measles	1	1	0	0	0	0
Suspected Meningitis	2	2	0	0	0	0
Suspected Diphtheria	1	1	0	0	0	0
Suspected Neonatal Tetanus	0	0	0	0	0	0
Suspected Acute Haemorrhagic fever	0	0	0	0	0	0
Food poisoning	0	0	0	0	0	0
Suspected visceral leishmaniasis	0	0	0	0	0	0
Avian Influenza A	0	0	0	0	0	0
Suspected COVID-19	445	445	0	0	97	97
Suspected tuberculosis	0	0	0	0	0	0
Suspected brucellosis	0	0	0	0	0	0
Typhoid fever	0	0	0	0	0	0
Suspected Anthrax	0	0	0	0	0	0
<b>Total</b>	<b>450</b>	<b>450</b>	<b>0</b>	<b>0</b>	<b>97</b>	<b>97</b>

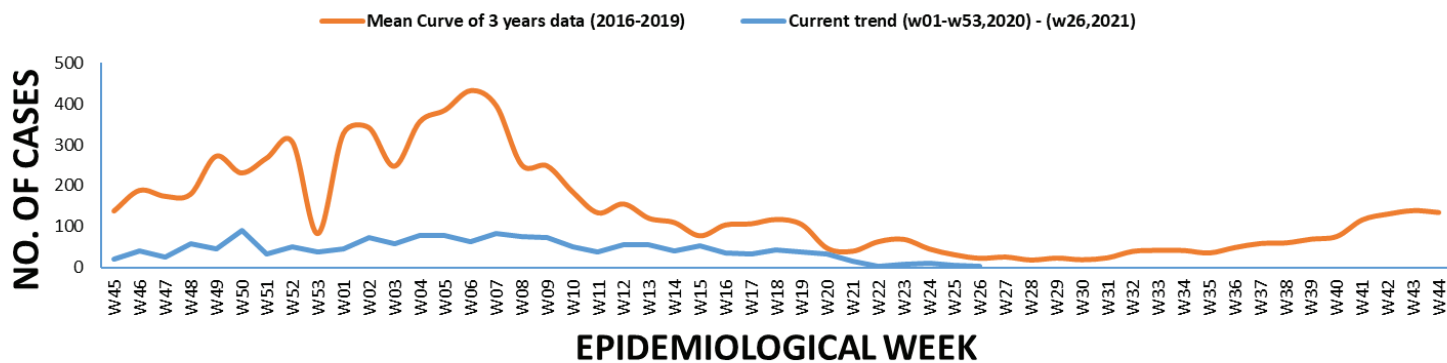
## Disease trend during 2016 - 2020 compared to 2021



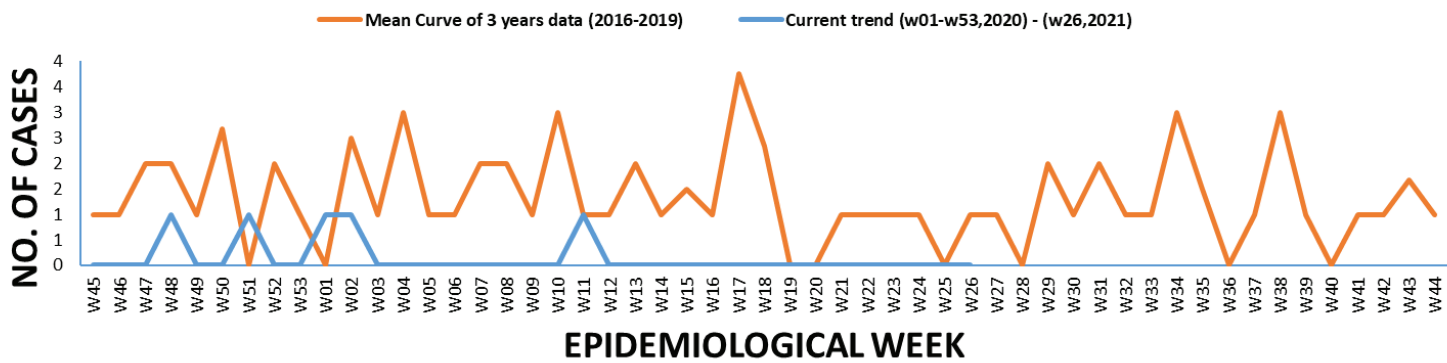
Trend of LRTI cases in recent weeks



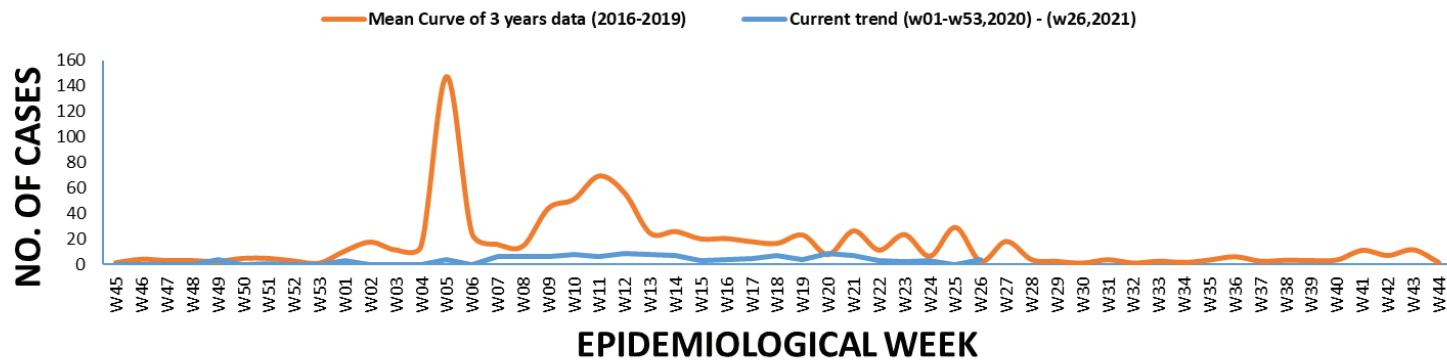
Trend of Suspected Leishmaniasis cases in recent weeks



Trend of Suspected Meningitis cases in recent weeks



Trend of Suspected Pertussis cases in recent weeks



## Health Cluster

- To organize a refresher training on PSEA for all partner agency focal persons.
  - Follow-up with Health Cluster partners on capacity building of their staff in monitoring and prevention of SEA
- To finalize the CVA guidance note for health services along with the Protection Cluster and Cash WG, before approaching MoH for endorsement. Subsequently, Health and Protection clusters and Cash WG will approach potential donors.
- Health and WASH clusters are discussing the review and adaptation of the Cholera Preparedness and Response Plan to conform to the COVID-19 situation.
- Cluster partners to reach to the Health Cluster with any information or feedback in terms of the water situation and its effect on the health service provision.

## MHPSS Update

- To finalize the design of the national guidelines on MHPSS human resources profiles and capacity building (IOM, all relevant stakeholders)
- To share assessment materials from experiences in other countries/regions (WHO).

## Nutrition WG

- To follow up the request from DoH Duhok with a proposal to support the nutrition activities during July-September 2021

Links for cluster dashboards and infographics on [www.humanitarianresponse.info](http://www.humanitarianresponse.info)

1. Health Cluster meeting minutes: <http://bit.ly/2Kc3IFq>

2. Health Cluster infographics: <http://bit.ly/2I9SZZp>

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