HEALTH CLUSTER IRAQ

HEALTH CLUSTER BULLETIN

BULLETIN NO. 07

(July 2021)

Name of the Country: Iraq
Emergency type: Conflict
Reporting period: 01.07.2021- 31.07.2021

Iraq Drought situation

- The current and anticipated drought and water shortages in many governates is concerning, with chance of outbreaks of water-borne diseases, including cholera, being one of the potential risks. While a Cholera Preparedness and Response Plan is available and will be operationalized, the Health and WASH clusters plan to coordinate with the technical teams in WHO and UNICEF to review the plan, to contextualize it to the COVID-19 situation. The Health Cluster and partners are working to strengthen EWARN reporting and will monitor the drought situation along with other clusters, as discussed during Inter-Cluster Coordination Group (ICCG) meetings, to stage a response, should this be required.

COVID-19 pandemic

- **Doubling COVID-19 caseload:** The total number of COVID-19 cases in July 2021 was 280,695, with 1,471 associated deaths; both figures almost doubled compared to the preceding month (June figures: 140,382 cases and 868 deaths). The situation is deteriorating, with the highest number of reported cases since the beginning of the pandemic in Iraq. The cumulative number of cases since the onset of the pandemic in Iraq on 24th February 2020 is 1,626,599 with 18,657 associated deaths as of the end of July 2021.

- **Iraq's worst COVID-19 hit:** The upward trends of both incidence and positivity rates of the second wave reached a peak in July 2021 (as shown in figure 1). Multiple contributing factors for such a scenario include:

Humanitarian Response Plan 2021

857K Targeted Population

40% Reached Beneficiaries

20 Partners Reported

9 INGO **11** LNGO

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.

166K Total Consultations

39K Cases Received Gynaecological Consultations

1K Children Under 5 in Camps IDPs Screened For Malnutrition by MUAC or Anthropometric Measures

4K 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

- Religious festivals and their accompanying social gatherings
- Community transmission is highest in most governates
- Community not practicing the control and prevention measures
- Roll out of vaccination has been slow, even though progressive improvement observed in July 2021
- May be due to the high transmissibility of new strains: so far genetic sequencing capacity in Iraq is not present. MoH reported that the Delta variant is in the country, but it is not possible to know the extent of spread.

Hence, multilateral efforts to establish evidence-based reasoning and interventions are required, moving forward. The intended actions include reviewing and strengthening all Public Health and Social Measures (PHSM), scaling up preparedness and response activities, and efforts to further speed up the vaccination campaign.

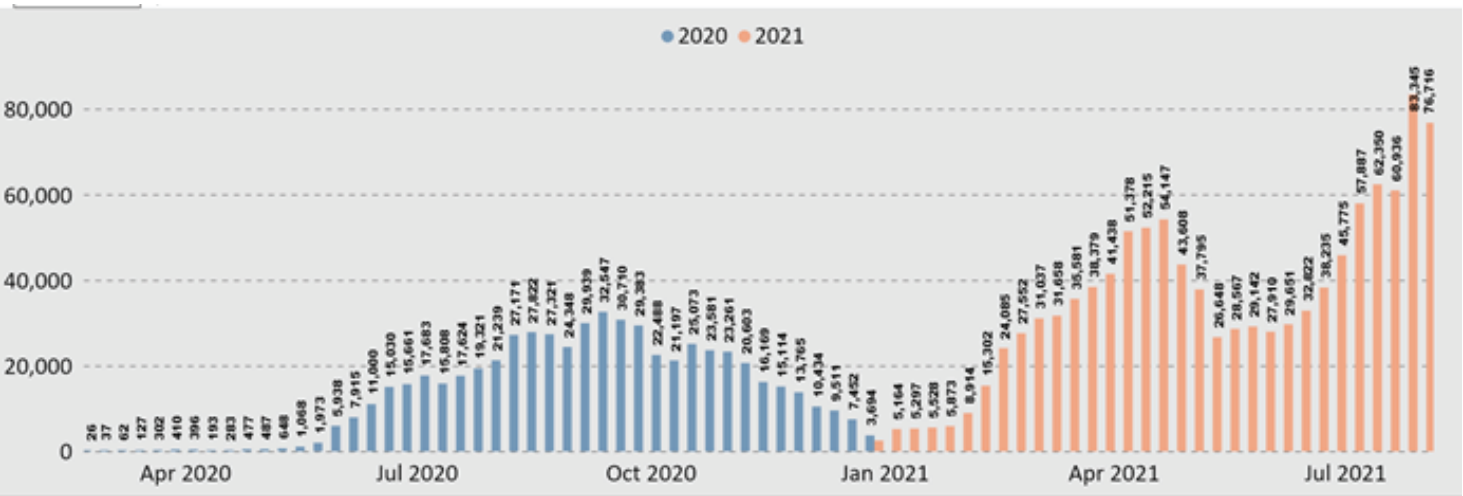


Figure 1: COVID-19 cases weekly trend in Iraq

COVID-19 Taskforce

Vaccine intention survey by MoH: MoH as part of a knowledge product series led by the World Bank to collect global information on COVID-19 vaccine attitudes and hesitancy conducted a survey, mainly using social media (Facebook chat box) as data source in February 2021. The findings, made available in July 2021, showed that 9,431 citizens participated with 89% completion rate. Medical experts with celebrities and religious leaders were identified to be key messengers to improve the intention to get vaccinated by 15-18% of the surveyed people, and all have significant effects across many sub-groups. However, health workers framing key messaging for most sub-groups improved the intent to get vaccinated, even when the additional benefits of the celebrities and religious leaders are negated. Notable exception: younger people (25-34 years) preferred messaging by medical experts and celebrities. Targeting those sub-groups concerned with vaccine safety produced the highest impact, an increase of up to 57% in the intent to get vaccinated.

Vaccine intention survey by INTERSOS: The study generally revealed some openness to get vaccinated. 51% of respondents are likely or very likely to get vaccinated, with women (54%, n=190) being more open to get vaccinated compared to men (48%, n=197) while openness to vaccination generally increased with age (above 55 years most polarized towards vaccination). Most common hesitancy reasons are inaccessibility to vaccines (50%, n=), lack of trust due to potential side effects (36%, n=71) and unavailability of long-term trials (16%, n=32).

RCCE working group: The Working Group is in the process of developing a survey targeting knowledge, attitudes and practices (KAP) towards COVID-19 and vaccination. The group is tackling different issues related to COVID-19 vaccine uptake and hesitancy issues through TV spots and animations used as community engagement tools, capacity building activities to adolescent volunteers on COVID-19 vaccine messaging (using key messages developed by WHO and UNICEF) and orientations on how to properly communicate health messages to community. In addition, they are training the Iraq Information Center staff on vaccine uptake and health messages to target the IDPs and refugees.

- **COVID-19 Vaccination campaign:** A total of 805,363 doses of vaccine were administered as of 31st July 2021; 548,696 and 256,667 people received first and second dose of COVID-19 vaccine respectively. The campaign has showed significant scale up although the need to further boost it remains as one of the multilateral efforts against the current situation.

- **Banning the use of caravans:** Banning the use of caravans: Federal MoH has officially banned the use of caravans for COVID-19 interventions explaining doubtful quality of caravans entering the country as well as safety concerns, particularly for Oxygen storage. However, this ban does not affect existing caravans used for static PHC services in the IDP camps.

- **Field Observations**

  COVID-19 treatment hospitals: Concerns were expressed by Cluster partners on the level of services in these hospitals, leading to mistrust by caretakers and patients with field visits witnessing caretakers accompanying COVID-19 patients inside ICUs and clients buying and using unprescribed medicines. Possible explanations might be:

  - Under-staffing of the treatment centers – leading to caretakers accompanying patients in the ICUs.
  - Increased cases and expansion of COVID-19 Treatment Centers, causing difficulty in controlling attendant traffic, including shift of caretakers
  - Nursing and support staff not trained in many cases
  - Health staff wages not being paid

  The Health Cluster raised this issue to the MoH to seek a solution to this situation, being one of the contributing factors to the spread of COVID in the country

General Health

- **Health Cash and Voucher Assistance (CVA) progress update:** Health and Protection clusters are working with Cash Working Group to develop a guidance note on Cash and Voucher Assistance (CVA) for health services through the Multi-Purpose Cash Assistance (MPCA) component. Final guidance note (SOP) to be presented to MoH for endorsement and subsequently to donors. A health facility (primary and secondary) assessment tool has been developed to identify the services available where patients can be referred to, through provision of cash/voucher assistance.

- **Workshop on developing a strategic plan for Gender-Based Violence (GBV) and Human Rights for the years 2022-2026:** The workshop was organized by the Public Health Department of Federal MoH in coordination with WHO-Iraq to streamline the urgency of having a coherent vision, goals and objectives that reflect priorities of GBV response in Iraq. The Health Cluster actively participated and highlighted the key challenges that hinder GBV survivors from seeking assistance in a constantly changing complex humanitarian context in the country. The Cluster also highlighted the importance of coordination among responsible actors and with the GBV Sub-Cluster to improve the service shortcuts in the GBV response pathway, where multiple services (healthcare, legal assistance, psychosocial support, safety and security) are provided in a one-stop-shop method to make the experience easier and more efficient to GBV survivors. It is also necessary to enhance training of healthcare providers on Clinical Management of Rape (CMR) and the treatment of GBV cases not covered by CMR. Additionally, the importance of making GBV response a sustainable service through long-term resource allocation rather than fragmented findings was flagged. Finally, the Cluster emphasized the acknowledgement of roles and responsibilities to fulfill this partnership for a better GBV and Human Rights response in the country and assured the MoH of the Cluster's full support in this regard.

- **EWARN priority diseases:** Cluster partners pointed out that the trends of the six priority diseases (suspected measles, acute diarrhea, lower respiratory tract infections, suspected leishmaniasis, suspected meningitis and suspected pertussis) shared by EWARN appear steady unlike the experience from previous years raising data quality concerns. As a collective effort, based on the timely reporting of partner agencies and their follow-up with the respective DoH to ensure case follow up and confirmation is done, as well as support from the EWARN unit, the Cluster is coordinating with all relevant stakeholders to improve data quality.

- **Camp closures and related issues:** There is unclear information on the status of camps and the timelines for their consolidation/closure. The situation in areas where displaced population is returning is not adequate, with a shortage or complete lack of basic services. This is one of the causes IDPs in some locations are returning to camps or, in the absence of these, are opting for secondary displacement. Partners suggested another possible reason, which is not being accepted by their community in areas of origin. It was agreed to highlight this issue to the national and sub-national ICCGs by the Health Cluster, in order to raise a flag to enhance the multi-sectoral approach, involving the Government, to facilitating safe, voluntary and dignified returns of displaced population.

- **Health partners phasing out from service-provision due to funding crunch**
  - IMC is currently preparing a gradual phaseout plan from provision of lifesaving healthcare services for IDP and refugee populations at the camp and non-camp facilities due to lack of funding. Obvious concerns exist about the unreadiness of the DoH to take over the services in many of the sites.

    On the other hand, they are also supporting MoH (Federal & KRG) in the implementation of the COVID-19 National Deployment and Vaccination Plan (NDVP) through providing more than 300 internet modems with 1 year internet connection to support data entry at vaccination posts; eight 2-ton refrigerated trucks to be donated to the 2 supported DoHs of Baghdad (Resafa and Karkh); and one for each of Nineveh, Duhok, Erbil, Sulaymaniyah, Anbar and Salah Al Din to aid in the transportation of vaccines within those governorates. They have coordinated with Federal MoH to print and donate more than 2.5 million vaccination cards, in line with the technical specifications required by the MoH (Federal and KRG).

  - PUI informed the Cluster of stoppage of their services in most of the sites where they are currently operational in West Anbar {Ubaidy hospital (MCU, Emergency Department and PHCC/ Out-Patient department), Al-Quds MCU and Al-Forat MCU}, Ninewah (Al Noor PHCC, Al-Zahra PHCC and Rabea MCU) and Duhok (heseSheikhan Hospital and 4 in-camp PHCCs: Darkar, Berseve, Bajed Kandala-2 and Essian) by mid to end August 2021 with likely gaps anticipated, as the DoH in t locations is not ready to carry on the services. Any partner with resources has been asked to step in to ensure continuity of service-provision to the people in need.

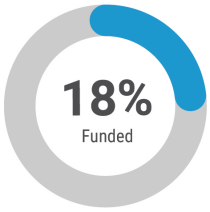
HEALTH CLUSTER EMERGENCY RESPONSE
Monthly Dashboard *(July 2021)*

HEALTH CLUSTER IRAQ

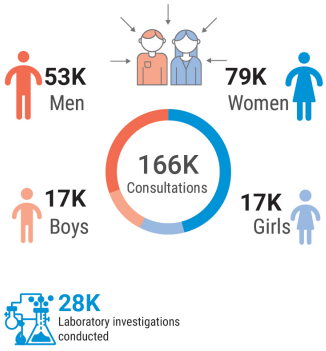
FUNDING INFORMATION[1]

General Health

$75.8M
Required



TREATMENT OF COMMON DISEASES

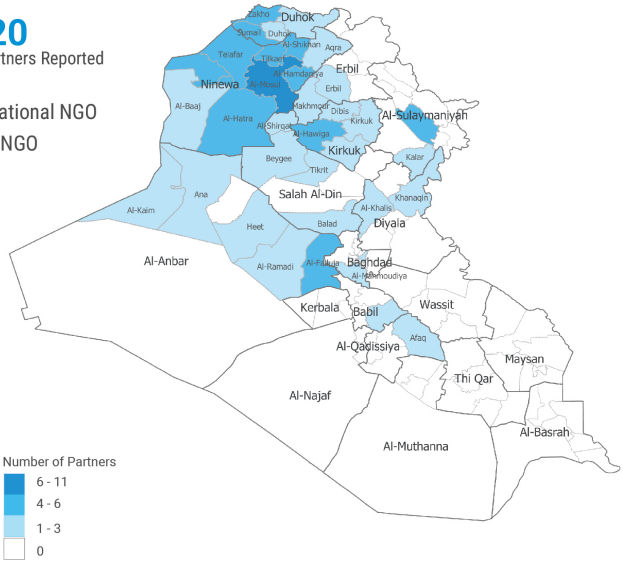


28K
Laboratory investigations conducted

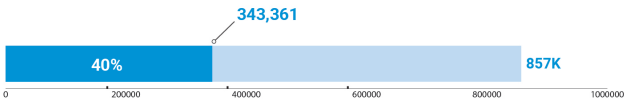
HEALTH PARTNERS

20
Partners Reported

9 International NGO
11 Local NGO



REACHED TARGET



IMMUNIZATION

1,193
Children 9-59 months vaccinated against Polio in crises affected areas through routine immunization

537
Children 9-59 months vaccinated against Measles(measles containing vaccine) In crises affected areas through routine immunization

227
Children 9-59 months received Vitamin A supplements

NUTRITION

973
Children under 5 in crisis-affected areas screened for malnutrition by MUAC or anthropometric measures.

642
Pregnant & lactating women (PLW)/ caregivers of children 0-23 months in crisis affected areas received infant & young child feeding (IYCF) counseling for optimal feeding.

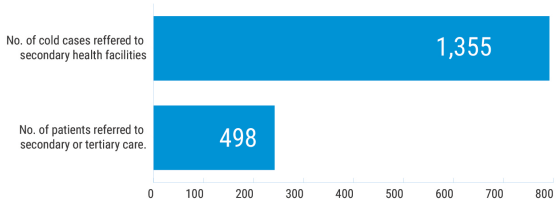
10
Children Under 5 identified and treated for uncomplicated and complicated severe acute malnutrition (SAM).

152
Newborn babies who benefitted from newborn home services

SUPPORT TO HEALTH FACILITIES

23
Hospitals supported to provide secondary health care services.

145
Health Facilities supported to provide primary health



EWARN

72
Health facilitates (PHCCs/MMCs) reported to EWARN system.

16
Camps covered by EWARN services.

256
Alerts that were investigated and responded to within 72 hours.

PHYSICAL REHAB OF PATIENTS

2,633
Physical and functional rehabilitation sessions provided.

88
Patients supported with assistive devices

39
Prosthetic devices provided for amputees

REPRODUCTIVE HEALTH

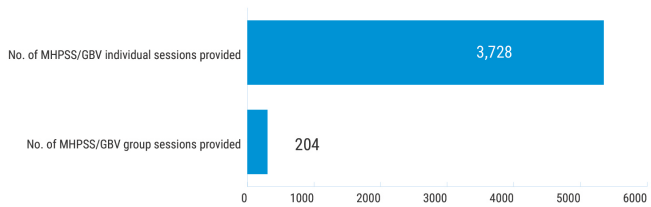
15,565
Antenatal care consultations

6,550
Postnatal care consultations

2,335
Normal Vaginal Deliveries

827
Cesarean Sections conducted

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES



CAPACITY BUILDING

2,226
Health education/awareness sessions conducted

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[1] Data source: FTS (financial tracking system)

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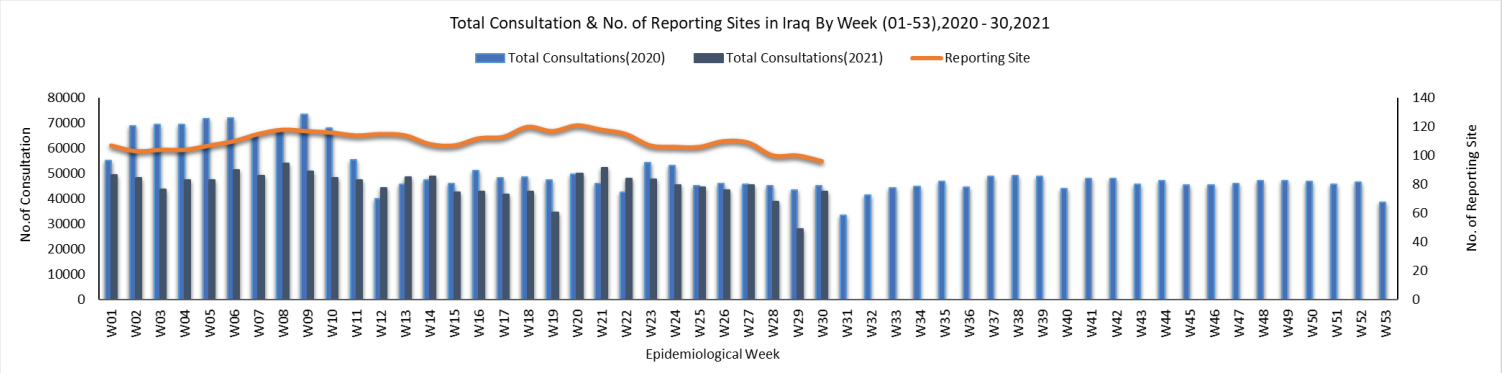
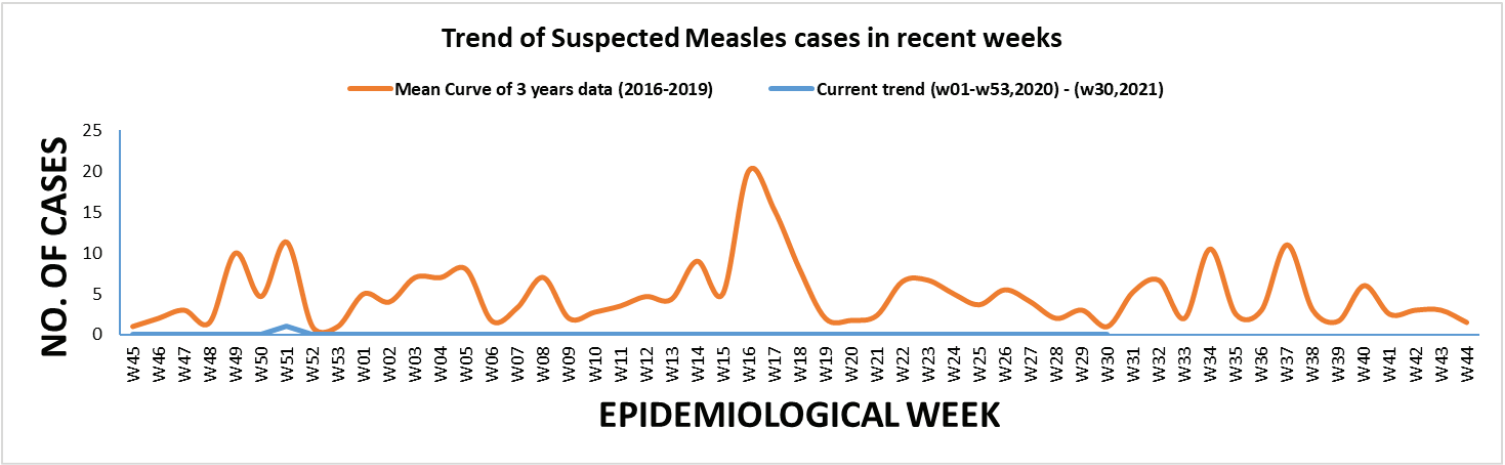
Early Warning Alert and Response Network (EWARN)

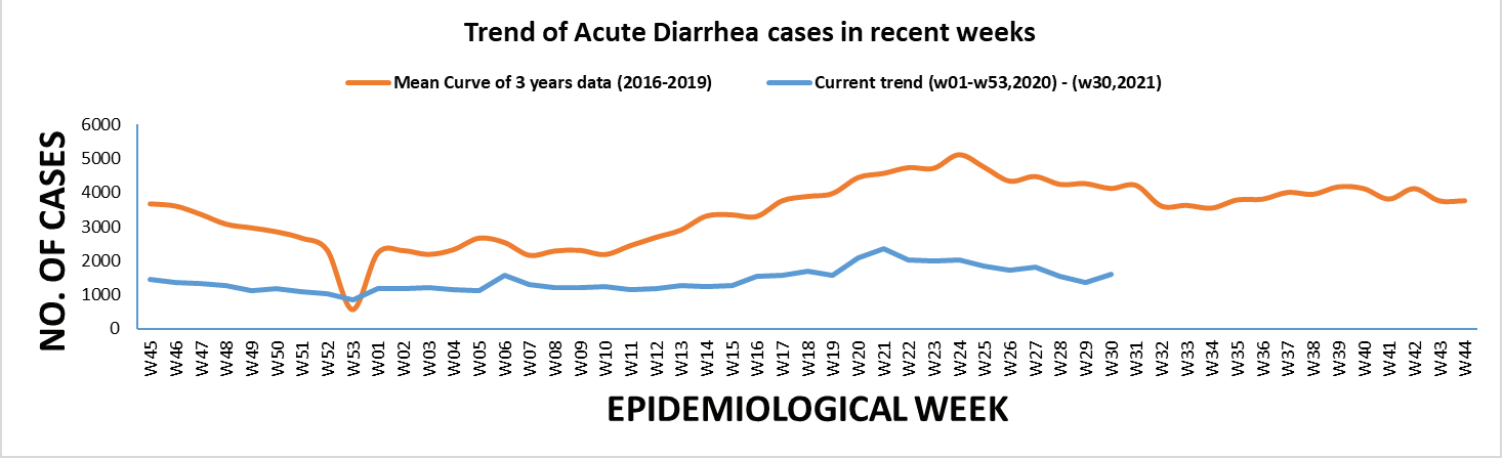


Alerts / Outbreaks - July 2021

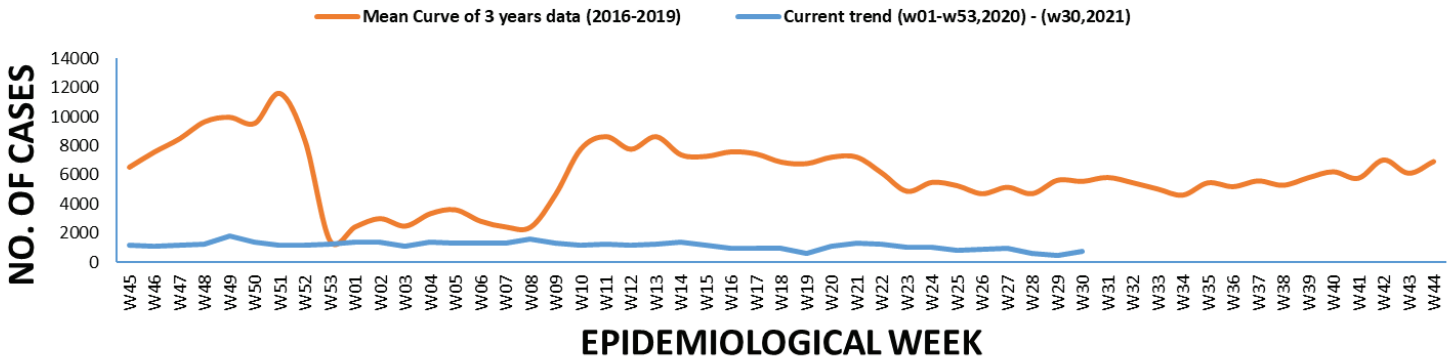
Disease	No. of alerts	No. of cases investigated	No. of clinical outbreaks	No. of cases treated	No. of lab confirmed outbreaks	No. of cases treated
Suspected Cholera	0	0	0	0	0	0
Acute Flaccid Paralysis (AFP)	1	1	0	0	0	0
Suspected Measles	1	1	0	0	0	0
Suspected Meningitis	2	2	0	0	0	0
Suspected Diphtheria	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 leishmaniosis	0	0	0	0	0	0
Avian Influenza A	0	0	0	0	0	0
Suspected COVID-19	701	701	0	0	133	133
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
Total	706	706	0	0	133	133

Disease trend during 2016 - 2020 compared to 2021

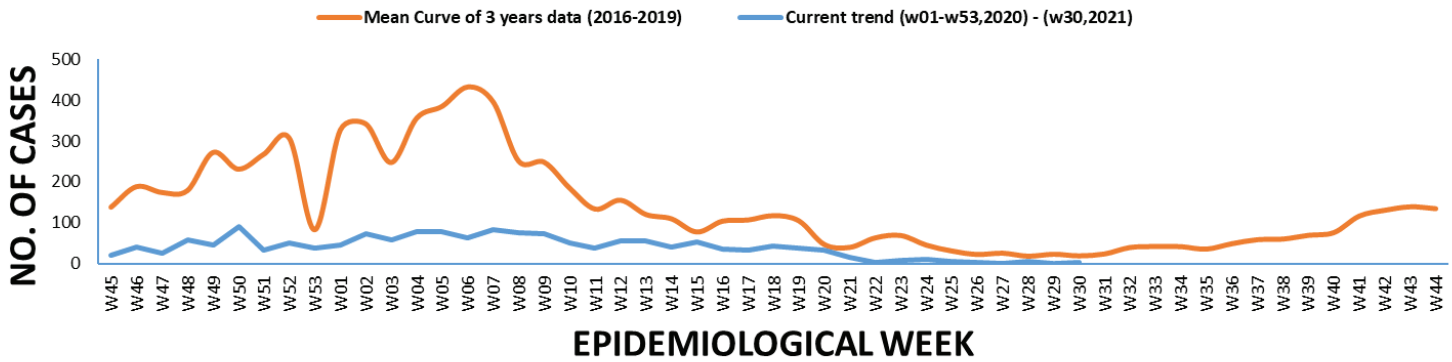




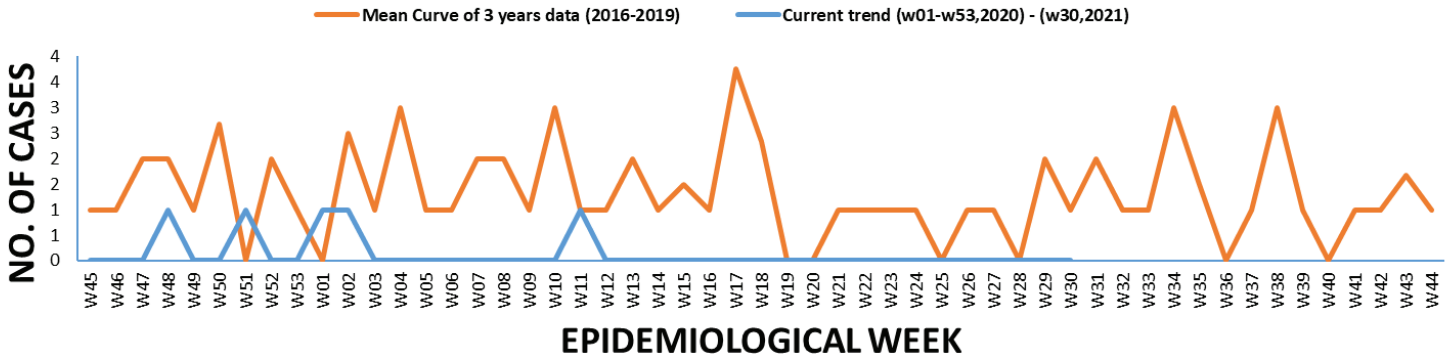
Trend of LRTI cases in recent weeks



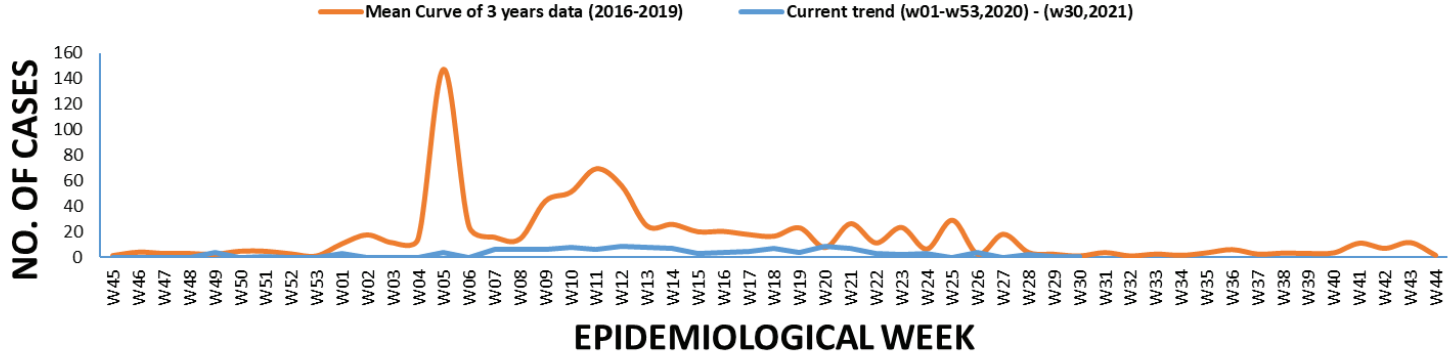
Trend of Suspected Leishmaniasis cases in recent weeks



Trend of Suspected Meningitis cases in recent weeks



Trend of Suspected Pertussis cases in recent weeks



Health Cluster

- Cluster to follow-up with partners on capacity building of their staff in monitoring and prevention of SEA
- Cluster to discuss with WHO-Iraq EWARN Unit regarding data quality concerns on the disease trends
- Health and WASH clusters to review and adapt the Cholera Preparedness and Response Plan to conform to the COVID-19 situation.
- 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.
- Cluster to discuss with MoH on system readiness to take over the camp PHCCs from the partners as their project phaseout
- MoH, in coordination with MoMD, to provide accurate information on camp closures and timelines to support response planning.

Risk Communication and Cummunity Engagement (RCCE) Working Group

- Awareness creation, targeting the general community and health workers, on proper knowledge using the key messaging to reverse the uncertainty to get vaccinated for COVID-19

MHPSS Working Group

- The MHPSS assessment tool for the Federal MoH psychosocial rehabilitation plan is being designed.
- Implementation of MHPSS capacity building plan within Protection Cluster in progress.
- The Experts Symposium on Repatriation to Iraq jointly organized by WHO and IOM, was conducted and the report was shared within the MHPSS TWG.
- The draft National Suicide Prevention Strategy was launched in Baghdad and Erbil.

Nutrition Working Group

- UNICEF supported DoH Anbar to conduct training on IYCF, Nutrition Counselling and Growth Monitoring for 77 staff working in PHCCs of West Anbar (returnees' area) and Fallujah.
- DoH Ninewah continues to provide the required services in Jeda'a 1 for families who came from Al Hol camp in Syria. All nutrition services are available for U5 children and the DoH provides regular reports on screening of children and referral of SAM cases for management (last report on 28 June identified 2 SAM cases).
- UNICEF received a new shipment nutrition supplements, which is to be distributed to different locations soon.
- All IDPs and refugees' camps in Duhok are covered by nutrition services by the DoH with UNICEF support to staff. DoH Duhok prepared a new proposal for UNICEF to support activities between July-September 2021.
- All IDPs and refugees' camps in Erbil are covered by nutrition services by DoH Erbil.
- During the month of July, health teams screened 2,995 children 6-59 months of age with MUAC, identified 43 SAM, 148 MAM and provided IYCF counselling to 1,694 mothers. Additionally, 766 U5 children were provided with Vit A capsules and the teams conducted newborn care visits to 188 newborn babies.

Links for cluster dashboards and infographics on www.humanitarianresponse.info

1. Health Cluster meeting minutes: http://bit.ly/2Kc3IFq
2. Health Cluster infographics: http://bit.ly/2I9SZZp

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