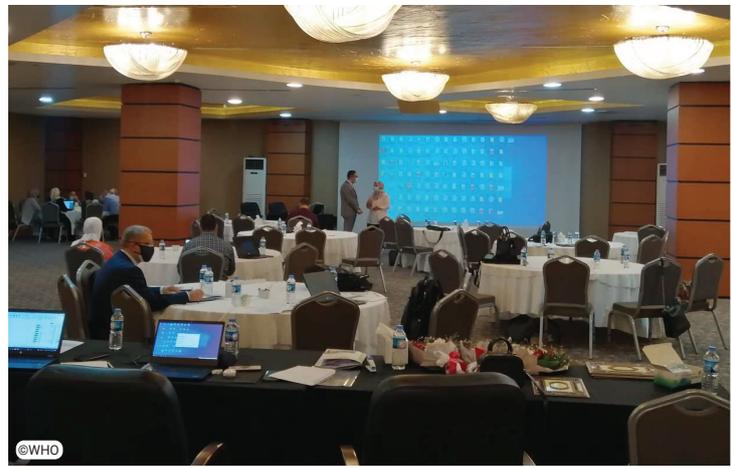


HEALTH CLUSTER BULLETIN
BULLETIN NO. 08

(August 2021)



Name of the Country: Iraq
Emergency type: Conflict
Reporting period: 01.08.2021- 31.08.2021

A. Public health risks, priorities, needs and gaps

The main concern is ensuring sustained essential primary health-care services through the humanitarian response to conflict-affected population, particularly in IDP camps, but also in some return locations and areas of secondary displacement where pockets of humanitarian needs exist. This is more so in the KRI governorates where some NGOs are phasing out due to funding constraints.

The burden of the COVID-19 pandemic, insecurity in some areas and low COVID-19 vaccination coverage are overstressing the health system in its ability to provide essential health services to the most vulnerable groups, including women and children, elderly and IDPs.

In addition to providing services to vulnerable and affected population groups, some Health Cluster partners continue to support public health system strengthening within their individual capacities to facilitate a better handover to the MoH once humanitarian funding runs out. The COVID-19 crisis continues in Iraq, thus hindering the accessibility to and provision of health services to the population in need, and limiting the referral process from primary health care to the secondary and tertiary care levels, decreasing the availability and increasing cost of primary and specialized care alongside limited resources. The Health Cluster is monitoring the situation on a continuous basis through its partners in the field and advocating with the MoH and other stakeholders for operational support.

Humanitarian Response Plan 2021

857K Targeted Population **48%** Reached Beneficiaries
21 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.

175K Total Consultations



44K Cases Received Gynaecological Consultations

2K 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



2K Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

*HCO: Health Cluster Objectives

1. Increment Covid-19 cases, hospitalization in Iraq and circulation of Variant of Concern (VOC) Delta

Iraq is witnessing a notable increase in COVID-19. Up to date, total number of cases is approximately 1,950,765, with 21,496 deaths and 1,822,166 recovered.

Last month, UNHCR reported a regular average of more than 3,500 new daily cases in camps. As of 29 August, the total number of cases has reached 227,446 cases. According to the agency, more than 30% of these cases have been detected in Baghdad, followed by Basrah, Kerbala and Sulaymaniyah. Death cases in camps reached 6,891, however, the increase has been at a lower rate than the number of new positive cases. The Government of Iraq (GoI) and the Kurdistan Regional Government (KRG) have conducted over 1.5 million tests and over 1.6 million doses were administered between first of July and mid of August 2021.

Vaccination centers are now increasing throughout the country. Vaccination is therefore mandatory for government employees and military forces. A weekly PCR test is mandatory for military staff. A mobile vaccination campaign is being organized to enhance the vaccination rate in remote areas. Vaccinations for religious events including Muharram are therefore mandatory. The country will receive an increased vaccination supply mainly Pfizer and Sinopharm vaccination. Nonetheless, the epidemic curve of COVID-19 continues to rise, deaths are rising in parallel, showing a poor prognosis/diagnosis of the disease. Case rate represents 140 cases per 100,000 population, with a total of 19,672 deaths as of 14th of August 2021.

COVID-19 rapid increase is mainly due to the following:

- Delta variant, known for being more contagious compared to previous COVID-19 variants.
- Poor knowledge on COVID-19 vaccination among population
- Lack of awareness on COVID-19 transmission routes, reinfection, symptoms, etc.
- Lack of enforcement/respect of prevention measures.

2. Vaccination regulation updates:

- a. By first October, all travelers will be requested to carry international vaccine card while travelling outside their country. In Iraq, MoH advises fully vaccinated individuals to translate the current vaccination card at any authorized translator and revert to their vaccination centers to certify the translated document.
- b. Breastfeeding women are now eligible to take COVID-19 vaccines.
- c. New vaccine-brand administration according to age:
 - Pfizer: 18-40 years old
 - AstraZeneca: 40-60 years old
 - Sinopharm: Above 60 years old.
- d. Based on the issue that current national vaccination cards and the UN vaccination cards are not accepted outside Iraq, the MoH and Civil Association Authority decided to issue international vaccine card that will be distributed through MoH soon.

3. Inaccurate information on social media

To tackle social media misinformation, the Iraqi Judiciary released an official statement informing that Iraqi Judiciary have full right to arrest and take legal action towards people spreading misinformation on covid-19.

4. Hesitancy for covid vaccination among women

Vaccine Hesitancy refers to a continuum of beliefs from complete refusal to complete acceptance. Reluctance can lead people to delay or adjust recommended immunization schedules, to get only partially immunized, or to refuse all vaccines. Although the situation has improved, for COVID-19, declining / stagnating vaccination rates can threaten herd immunity if they fall below a certain threshold. Vaccine Hesitancy is mostly frequent among childbearing women and below are the main reasons:

- Infertility: women feel more apprehensive about information on infertility which could indicate that vaccines may interfere with the female reproductive system
- Birth control and blood clots: even though current research indicates that, it is highly unlikely there is a connection or layered risk between vaccines and contraceptives.
- Blood clots for below the age of 50: Although the risk of developing the Heparin-Induced Thrombocytopenia (HIT)-like clotting syndrome is very low, with 86 cases possibly associated with vaccination, out of 25 million people vaccinated in Europe as of 22 March 2021.
- Birth defects and miscarriage: There is no evidence that the vaccines have any effect on the developmental growth of the baby during any stage of pregnancy.
- Fear of general side effects: Symptoms might delay women's daily responsibilities.
- Fear of losing family: Women tend to be more emotional and fear the loss of family.
- Short period of vaccine preparation

CARE US made a presentation on hesitancy survey results among marginalized communities in Iraq.

The aim was to understand the knowledge, attitudes and practices related to COVID-19 prevention, to assess barriers to the COVID-19 vaccination, and to assess the status of vaccine uptake among marginalized communities. The survey gathered 3,760 individuals from among IDP and refugee community in Duhok and Ninewa governorate. 50% (48% male and 52% female) of respondents thought that the vaccination was not safe. The majority of these were IDP's and returnees (63%). 68% of the respondents, who are not yet vaccinated, stated that they are not willing to be vaccinated. Furthermore, 62% are not willing to be vaccinated even if the vaccine is easily available. Fear of side effects like infertility and death within 2-3 years. Some of the interviewees think that vaccine can cause death or a life-threatening allergy (anaphylaxis). Main recommendation was, to provide sufficient information through social media, television channels, hospitals and vaccination centers, teachers, and religious leaders.

5. General recommendations

Information on registration for vaccination is necessary to keep the population aware of the vaccination sites and different vaccines used. COVID-19 vaccination registration kiosks should be established in areas where internet accessibility is limited, like for IDPs in Sinjar. Vaccination registration process should be facilitated to beneficiaries. Waiting time after registration should be reduced. A main recommendation is to activate more vaccination centers to avail the services in every area.

Health Cash and Voucher Assistance (CVA) progress update:

The Standard Operating Procedures (SOP) document for Cash and Voucher Assistance (CVA) for health services reached the final draft phase, with several inputs from protection partners being addressed. Once finalized by the Health and Protection clusters and Cash Working Group, the document is to be presented by the Health Cluster to the federal MoH for endorsement and subsequently to donors. Modalities are to provide transport costs to beneficiaries for referral to health facilities to receive treatment or collect their regular Non-Communicable Disease (NCD) medication which will be provided in kind by the health partners supporting the initiative. For transportation fees, each partner carries out their own assessment to define the appropriate financial service provider (Hawala, cash in hand, mobile money transfer, electronic card, etc.). For medicines storage, partners will establish agreements with the Directorates of Health (DoHs) to allocate the appropriate health facilities.

Camp's update

- The CCCM Cluster informed the Health Cluster of movement restriction having been imposed in Ameriyat Al Fallujah IDP camp over the weekend of 30/31 July, resulting in emergency health cases reportedly only being allowed to leave by ambulance, while normally they could leave the camp with a doctor's prescription. Dary NGO, the health provider in the camp, supports an ambulance between 8 a.m. to 2 p.m. only, leaving the evening with a gap in emergency health service-availability. The Health Sub-Cluster coordinated with Dary and the DoH to extend the ambulance work time in the camp till the movement restriction was eased by the authorities.
- **Shortage of PCR testing in Ninawa:** There are three public PCR laboratories functioning in Ninawa: Al Salam hospital in east Mosul, Public Health Laboratory in west Mosul and Telafar Hospital (serving Telafar, Sinjar and Ba'aj districts). While the first and the third one were supported by a contractor from the MoH to deliver the equipment, supplies and kits and conduct maintenance, the second is supported by the DoH. The three in total should test 2500-3000 samples every day. Due to the current load on these laboratories, the DoH designed a plan to distribute the PCR kits among the districts, based on the size of the population of each district. Each PHCC will receive approximately 20 kits per day, equaling 140 samples per week. Meanwhile, in Rabiaa district, in addition to the logistical challenges of transporting collected samples, only a few people are seeking to get tested. Therefore, only two days per week have been allocated for sample collection. However, upon being contacted by the Ninawa Health Sub-Cluster, a promise to increase Rabiaa's share to 400 kits/week and sample-collection days to five per week was obtained.
- **Accidents:** accident related to the storage/handling medical oxygen at health facilities are becoming frequent in Iraq, mainly in places where there is an increase of oxygen bottles to manage COVID-19 cases in facilities. WHO conducted a 2-day online training on 2nd and 3rd August, focusing on safe use of medical Oxygen and biomedical equipment in hospital and community targeting healthcare providers in hospitals. In addition, three posters (Arabic and English) on safety measures related to the use and storage of medical oxygen were distributed to the Health Cluster partners.

Health partners phasing out from service-provision by October:

While the government timeline for closing of camps remains unclear, several health partners will shut down their response by October 2021. Some agencies are arranging to step-in and fill the gap this will create, particularly in Dohuk (covering IDP camps), and Kirkuk to support medical supplies and ensure availability of human resources, since the Baghdad-based supply chain has been disrupted, healthcare workers' salaries have not been paid for consecutive months. Agencies will conclude written agreements to strengthen response and avoid duplication.

Main agencies phasing out and needs are as follow:

1. IMC has finalized their gradual phaseout plan due to lack of funding; however, DoH position to step-in is still unclear.
2. PUI was providing primary health care package, in addition to ultrasound services in 4 in-camp PHCCs in Dohuk(Essian, Bajed Kandala, Berseve 2 and Darcar) . They were able to obtain a No Cost Extension from their donor to cover these camps till end of October (except in Darcar which is end of September). Given that they will close their operations in these locations, WHO is in contact with PUI to fill the gaps following the phase out.
3. In response to the request of OCHA for a recommendation on the setting up/running of Quarantine/Isolation (Q/I) sites in the IDP camps, the Health Cluster informed the Inter-Cluster Coordination Group (ICCG) that WHO and health partners will focus on strengthening the existing health system rather than investing in the operation of new Q&I sites beyond those funded by the Iraq Humanitarian Fund (IHF). These are listed below:

Partner	Governorate	Location name
PUI	Ninewah	Al Shifa Hospital (Mosul)
	Duhok	Berseve and Bajed Kandala camps
INTERMOS	Salah Al Din	Dijla Rehabilitation Hospital (Tikrit)
DAMA	Sulaymaniyah	Ashti camp
	Duhok	Shariya and Sheikhan camps
BCF	Ninewah	Hasan Sham camp
Dary	Anbar	Ameriyat Al Fallujah camp

Humanitarian situation update

Overall, according to MCNA, the most severe needs continue to be found in governorates that witnessed direct conflict such as Al-Anbar, Ninewa, Kirkuk and Salah Al-Din, and in governorates that received a large number the displaced population such as Duhok. At district level, while Al-Mosul and Telafar in Ninewa Governorate and Al-Fallujah in Al-Anbar Governorate continue to host the highest number of people in acute need, Al-Shikhan and Sinjar in Ninewa, Al-Shirqat in Salah Al-Din, and Al-Qaim in Al-Anbar present a higher severity of needs

The four districts host people whose needs are severely impacted, five districts present high severity across two of the three humanitarian consequences analyzed. People in acute need in Al-Hamdaniya and Al-Baaj (Ninewa), Al-Amadiya (Duhok), Tikrit (Salah Al-Din), and Al-Mahmoudiya (Baghdad) report critical problems related to access to affordable health services and COVID-19 response

However, some districts have a relatively small number of people in acute need while from the onset their needs are extremely severe mainly Al-Baaj with notable secondary displacement on arrival and limited functioning services. Partners report high access constraints and efforts of humanitarian actors in the districts is required to ramp-up the response.

Given the decrease in expected funding for 2022, the Cluster will have further discussion with implementing partners to discuss the way forward in terms of prioritization of activities and locations.

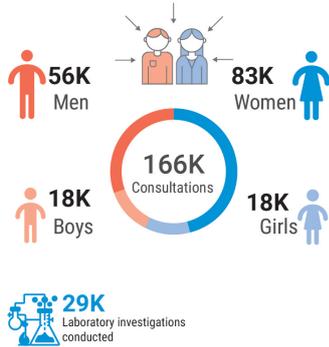
FUNDING INFORMATION¹

General Health

\$75.8M
Required

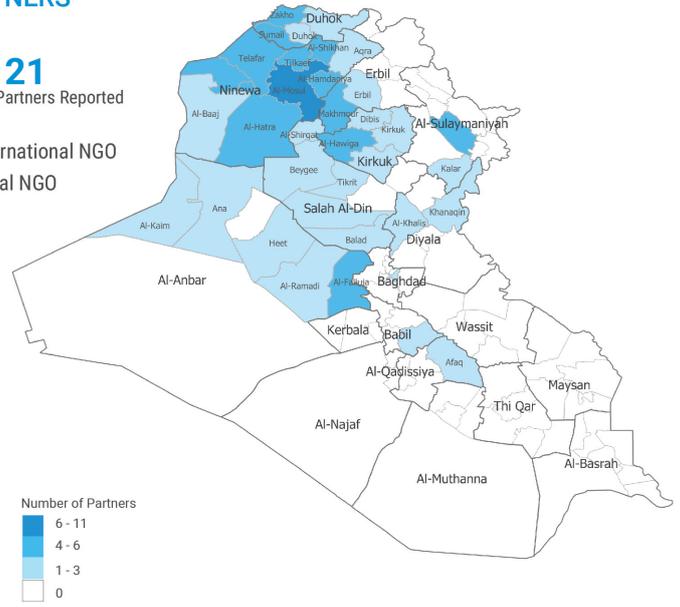


TREATMENT OF COMMON DISEASES

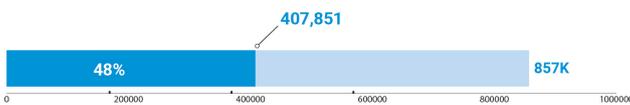


HEALTH PARTNERS

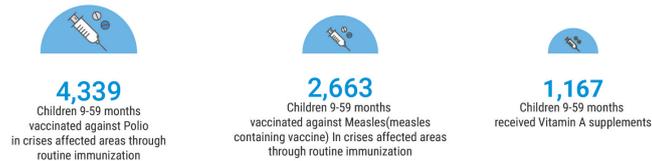
21 Partners Reported
9 International NGO
11 Local NGO



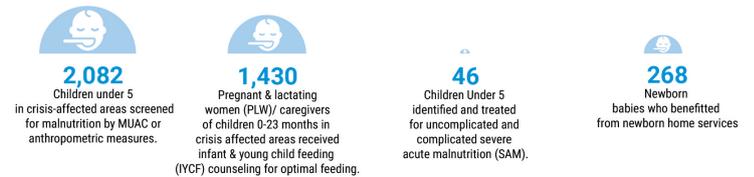
REACHED TARGET



IMMUNIZATION



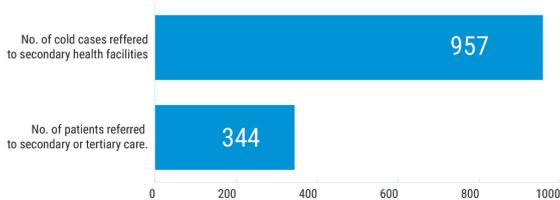
NUTRITION



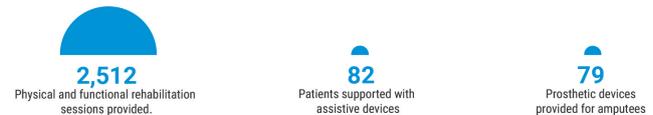
SUPPORT TO HEALTH FACILITIES



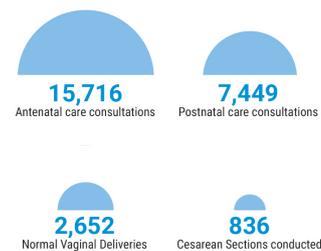
EWARN



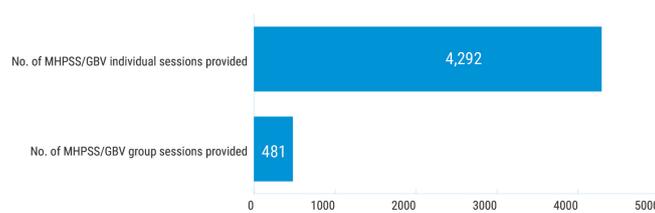
PHYSICAL REHAB OF PATIENTS



REPRODUCTIVE HEALTH



MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

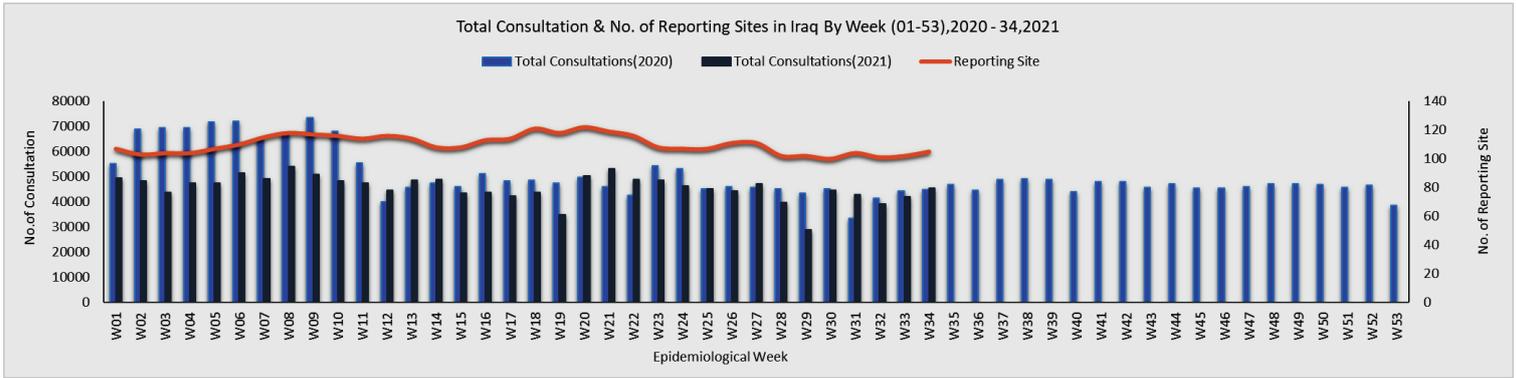


CAPACITY BUILDING



¹ Data source: FTS (financial tracking system)

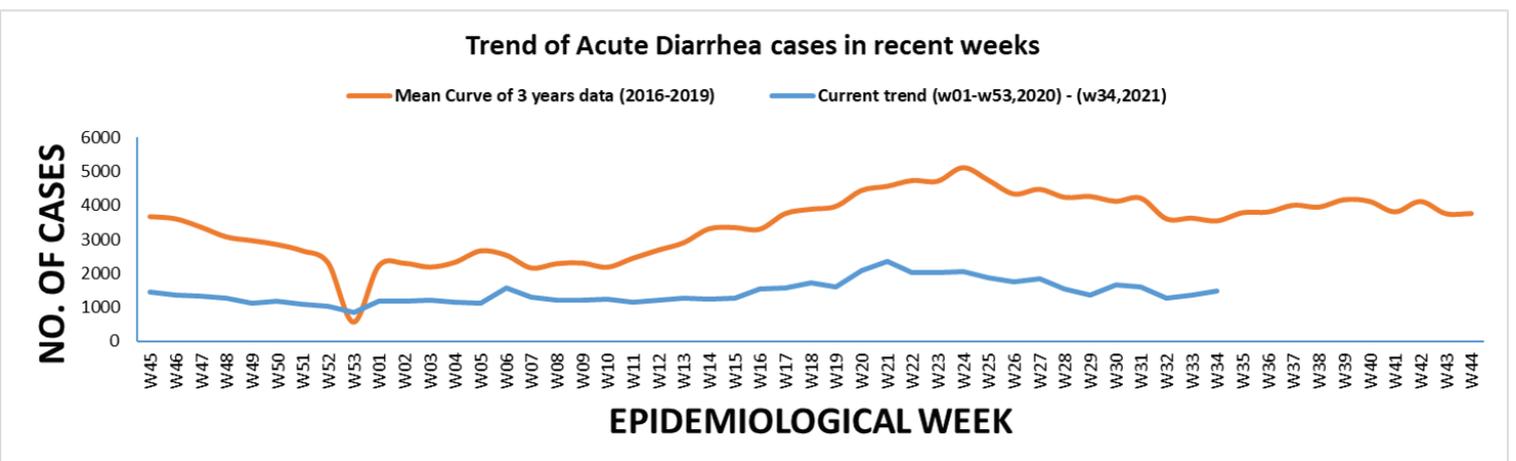
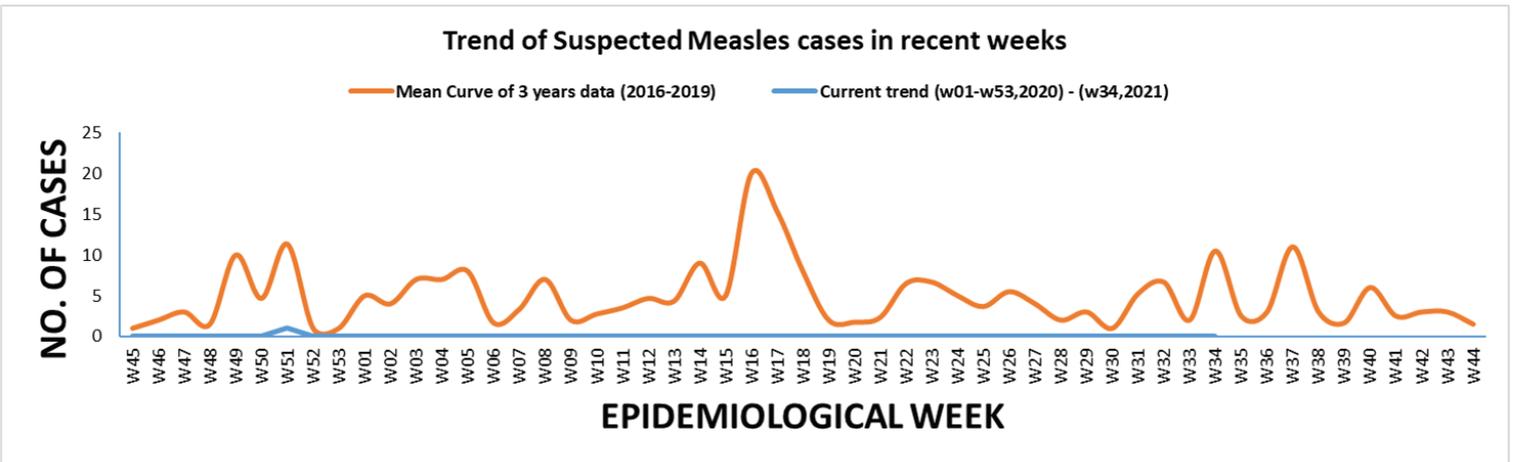
Early Warning Alert and Response Network (EWARN)



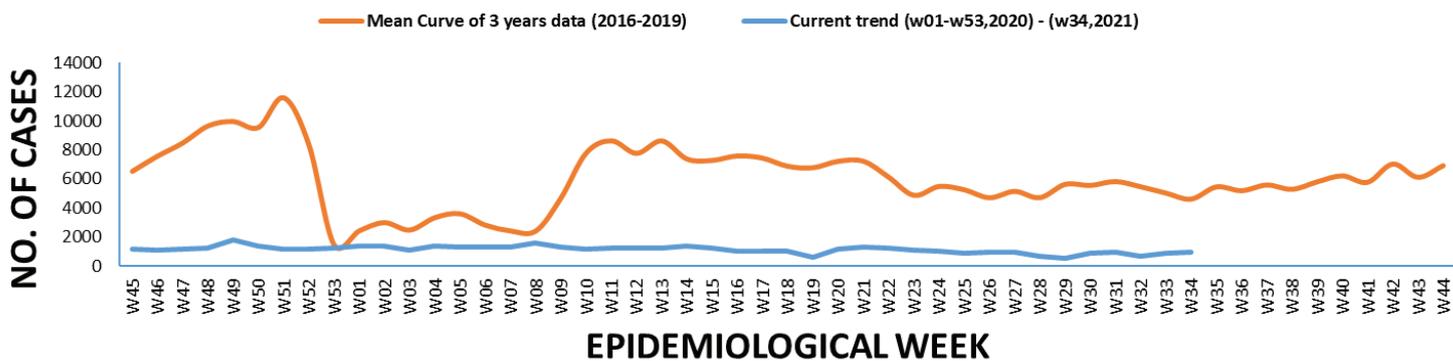
Alerts / Outbreaks - August 2021

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	963	963	0	0	193	193
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	968	968	0	0	193	193

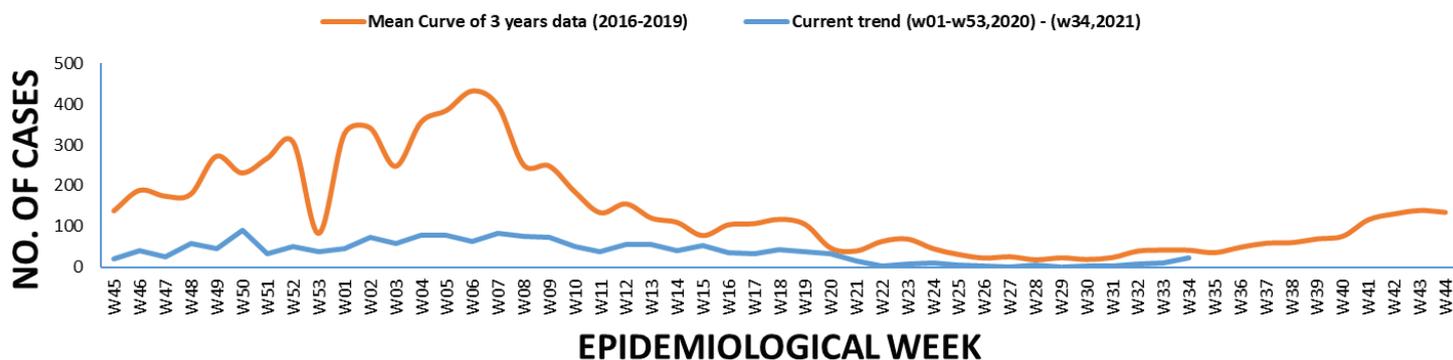
Disease trend during 2016 - 2020 compared to 2021



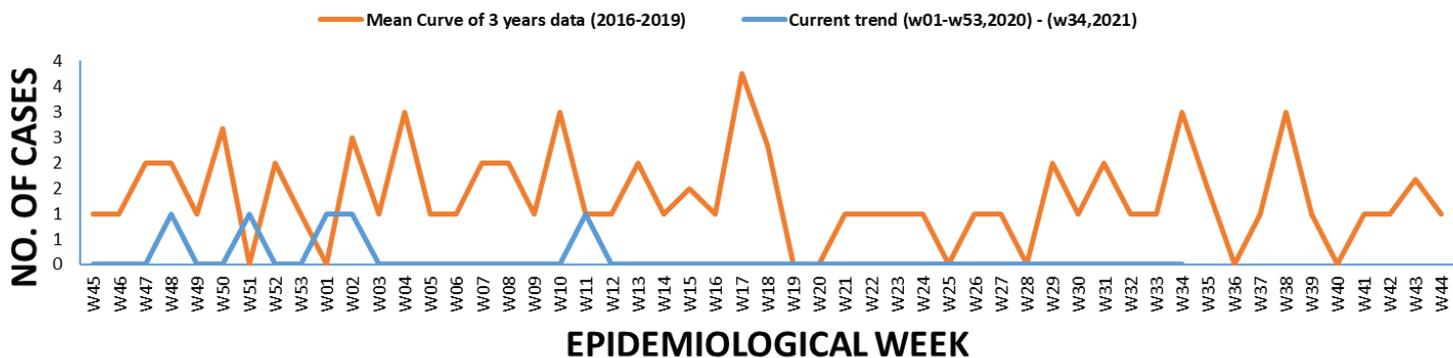
Trend of LRTI cases in recent weeks



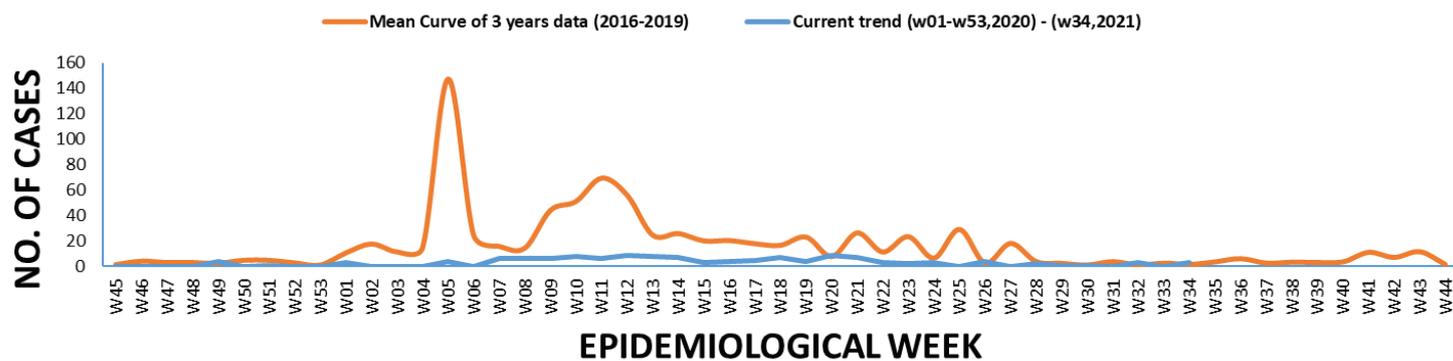
Trend of Suspected Leishmaniasis cases in recent weeks



Trend of Suspected Meningitis cases in recent weeks



Trend of Suspected Pertussis cases in recent weeks



ICCG follow-up and action point update

- Health and CCCM to follow up with WHO and UNHCR for decisions on the way forward for the outstanding Q&I Sites, including communication campaigns/protocols on use of the sites
- Health to follow up on potential alternative to the delayed site in Hassan Shams U3 with DoH and key partners, the option of potentially using the Khabat PHCC for quarantine and isolation of COVID-19 positive IDPs from HassanShams U3 was discarded as it would entail further delays and require budget changes.
- Health and CCCM clusters to follow up on outstanding COVID-19 response issues regarding Jad'ah 5, Asthi (potential larger quarantine site) and Erbil camps, as well as communication/protocols for use of the sites where health funding remained an obstacle (outside the IHF) and delays in infrastructure work persisted. CCCM and Health clusters to follow up with respective Cluster Lead Agencies (CLAs) for a decision on the way forward.
- The Health Cluster reiterated concerns about COVID-19 patients refusing to use the Q&I sites mainly mothers to stay with their families and day laborer's fearing to lose income/jobs. While the first category could be managed through in-shelter isolation, the latter posed a significant risk to the communities. The Health Cluster will keep on to advocating and consider possible solutions.
- Cluster partners raised the issue of understaffing in COVID-19 treatment centers - leading to caregivers accompanying patients to intensive care units in COVID-19 treatment facilities which increases spread of the virus and impairs on staff work traffic. The Cluster is advocating with the MoH to intervene in ensuring adequate staffing for hospitals to minimize caretakers' presence in hospitals, though it is a difficult and uncertain process.

D. Working group updates

Physical Rehab

Partners are planning for the arrangements of International Day of Disabled Persons on 3rd December with awareness campaigns in high-risk locations.

The partners continue to provide physiotherapy, psychosocial services, screening, referral, provision of prosthetics and assistive devices for the conflict affected population.

Nutrition Working group

- Action Point: UNICEF was requested to update on the location of the 35 cases of SAM identified.
- UNICEF is planning to carry out an assessment in the Returnee area of Kirkuk to identify the needs of returnees.

MHPSS working group

A joint WHO/IOM mission was conducted in July 2021 to Jadaa 1 to strengthen coordination in MHPSS.

- At the time of the visit, mental conditions were not being detected, identified, and treated.
- Health professionals at PHCC did not receive training in mental health including such topics as mhGAP.

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>

CONTACTS

Dr. Kamal S. Olleri
World Health Organization
Health Cluster Coordinator
olleri@who.int
+964 (0) 7740892955

Tabasum Abdul-Rasul Masumbuko (Mrs)
Médecins du monde
Health Cluster Co-Coordinator
healthclusterco.coord.iraq@medecinsdumonde.net
+964 (0)7512354827

Amar Sabah
World Health Organization
Health Cluster IMO
norea@who.int
+964 (0)7740892895

Bakhtyar Khoshnaw
World Health Organization
Health Cluster IM Assistant
khoshnawb@who.int
+964 (0)7740892943