



Name of the Country: Iraq
Emergency type: Conflict
Reporting period: 01.12.2021- 31.12.2021

A. Global Humanitarian Overview (GHO) 2022

The [Global Humanitarian Overview 2022](#) was officially published on 2nd December 2021 with the theme "Climate Change and Humanitarian Action". The Global Humanitarian Overview (GHO) is the most comprehensive humanitarian needs assessment for the purpose of large-scale resource mobilization efforts, as well as to explore possibilities to better deliver humanitarian assistance to people in need. The document covers humanitarian needs and operations in different regions and countries, the total number of which varies each year, and is usually linked to the most acute crises. The report provides donors, aid workers and the public with an overview of the achievements made over the past year, as well as the challenges that remain in the year ahead in each crisis-affected country. In addition, funds received throughout the year by country / site may be found in the document. According to the 2022 GHO, a total of 274 million people worldwide are in need of emergency aid and protection, a 17 per cent increase compared to last year's GHO. An estimated USD 41 billion is required to provide relief and protection to the 183 million people most in need and targeted by the plan. Iraq is featured on pages 97-99 of the GHO 2022.

B. Iraq Humanitarian Fund (IHF) 1st Reserve Allocation 2021

The 1st Reserve Allocation of the Iraq Humanitarian Fund (IHF) for 2021 was under process, with partner agencies of the 4 clusters identified to be funded having uploaded projects online by 8th December. The Health Cluster Strategic Review Team (SRT) meetings for proposal vetting were subsequently held on 14th and 15th December, attended by the members of the Strategic Advisory Group (SAG), the Cluster Gender Focal Person and an IHF team member, as an observer. Three consortium projects, two being primarily health and the other being primarily Multi-Purpose Cash Assistance (MPCA), were approved for funding, which covered all the proposed services and target locations among them.

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.

206K Total Consultations



46K Cases Received Gynaecological Consultations

7K Children Under 5 in Camps IDPs Screened For Malnutrition by MUAC or Anthropometric Measures



11K MHPSS Individual Sessions Provided

1K Patients attending Secondary /tertiary Hospitals



11K Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

*HCO: Health Cluster Objectives

C. COVID-19 pandemic

1. Vaccination updates

Over 2.9 million doses of the Pfizer COVID-19 vaccine arrived in Iraq during November. The total number of vaccines procured for Iraq through the COVAX Facility reached over 6 million doses. The Federal MoH announced on 30th November that it was to administer a third dose of the COVID-19 vaccine to high-risk groups that include the elderly, health workers and people with chronic diseases.

As of the end of December, 8,554,325 individuals were vaccinated with the first dose and 5,738,451 individuals received two doses of the vaccine, accounting for 29.3% and 19.7% respectively of the target population of above 12-year-olds. Additionally, 22,600 individuals received the third dose of the vaccine. These figures are inclusive of the population reached through the WHO/MoH Mass Vaccination Campaign, with an administration of 353,070 doses to target beneficiaries.

2. Update on Omicron variant

The B.1.1.529 variant was first reported to WHO by South Africa on 24th November 2021. The epidemiological situation in South Africa was characterized by three distinct peaks of reported cases from the onset of the pandemic. In recent weeks, another wave is being observed due to infections increasing sharply. The Omicron variant has many mutations, some of which are of concern. [WHO designated Omicron as a Variant of Concern on 26th November](#). Preliminary evidence suggests an increased risk of re-infection with this variant, compared to other Variants of Concern.

The Omicron variant was first identified in Iran on 19th December 2021, with concerns of the variant crossing over into Iraq. In order to support identification of the spread of different variants within the country, a team from the Central Public Health Laboratory (CPHL) in Baghdad had received training in Abu Dhabi on genomic sequencing. Meanwhile, although the CPHL has a device and some testing kits currently, WHO is in the process of providing another 2 devices and testing kits to enhance the capacity of the laboratory.

D. Health Cluster Coordination update

1. Humanitarian Response Plan (HRP) 2022

OCHA conducted an in-person Inter-Cluster Coordination Group (ICCG) Workshop on the 2022 Response Planning and Induction for new ICCG members on 2nd December 2021. The workshop focused on reviewing the joint response plan (with relevant clusters making short presentations on their joint collaboration under each Strategic Objective (SO) – Education, Health and WASH clusters coming under SO2), common objectives, cross-cutting quality programming, and response approaches of the HRP 2022, and also included a welcome and induction for new ICCG members who had joined the forum during the pandemic.

2. Cash and Voucher Assistance (CVA) for health

WHO discussed the Cash and Voucher Assistance (CVA) for health services, planned to be included in the HRP 2022, with the Federal MoH-PHC Department. The relevant departments in the MoH have conferred with one another and they are in the process of sending an official reply to WHO on the SOP document, with their suggestions on the modality of implementation of the Non-Communicable Disease (NCD) medicine provision to IDPs and vulnerable returnees. These will be discussed with partners, the Protection Cluster and the Cash Working Group, and the health HRP activities modified accordingly, if required.

Meanwhile, the Health Cluster and Cash Working Group met with the regional health expert of the European Civil Protection and Humanitarian Aid Operations (ECHO) on 5th December 2021, to outline the CVA plan for HRP 2022 as an advocacy effort, among other discussions.

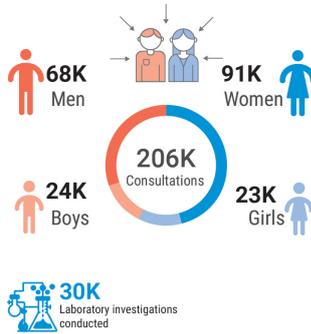
FUNDING INFORMATION

General Health

\$75.8M
Required



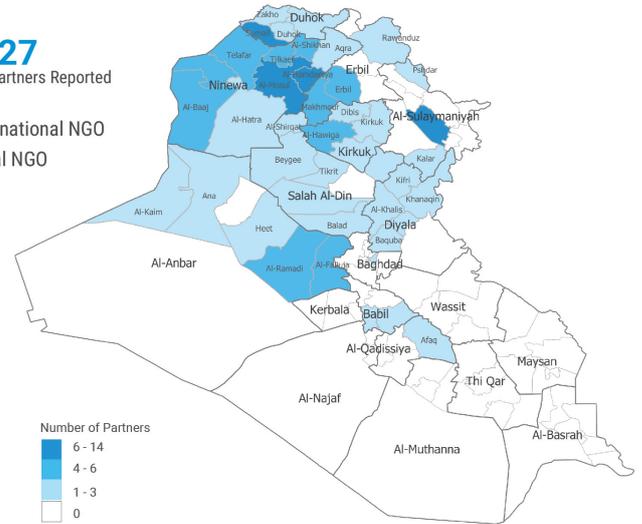
TREATMENT OF COMMON DISEASES



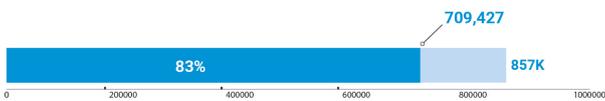
HEALTH PARTNERS

27
Partners Reported

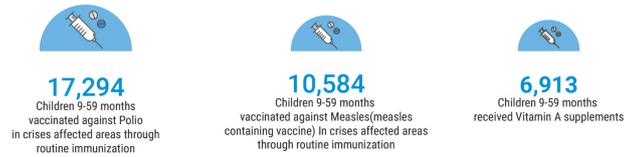
12 International NGO
15 Local NGO



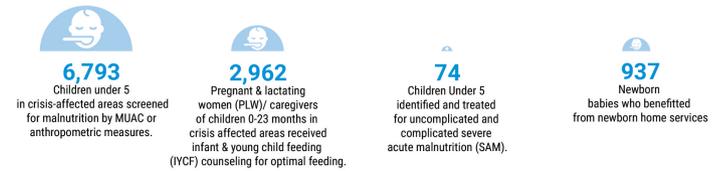
REACHED TARGET



IMMUNIZATION



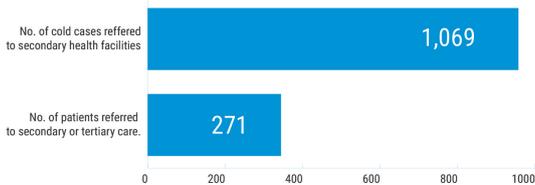
NUTRITION



SUPPORT TO HEALTH FACILITIES



EWARN



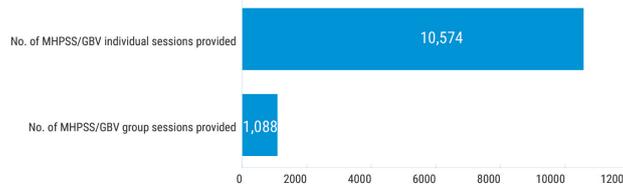
PHYSICAL REHAB OF PATIENTS



REPRODUCTIVE HEALTH



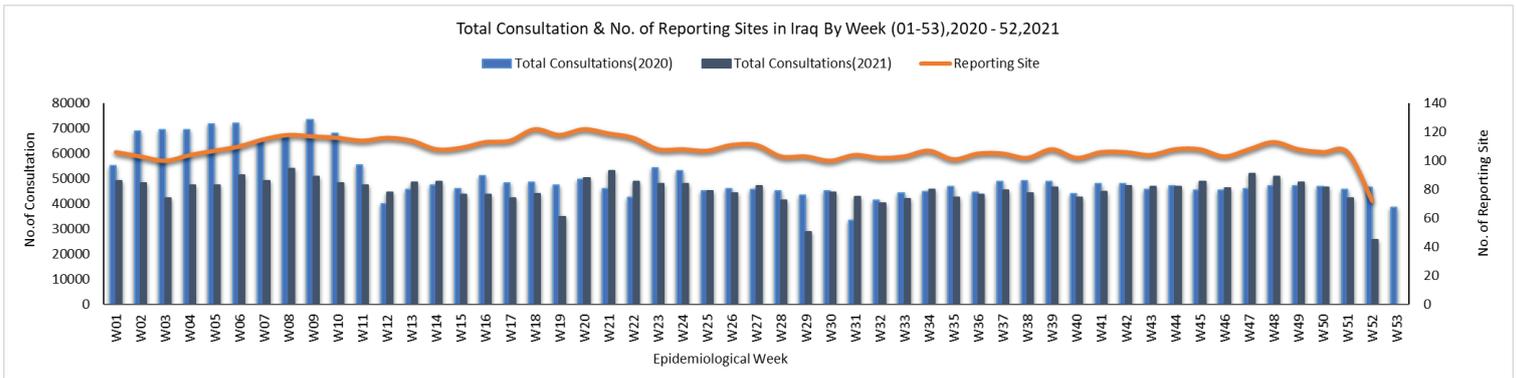
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES



CAPACITY BUILDING



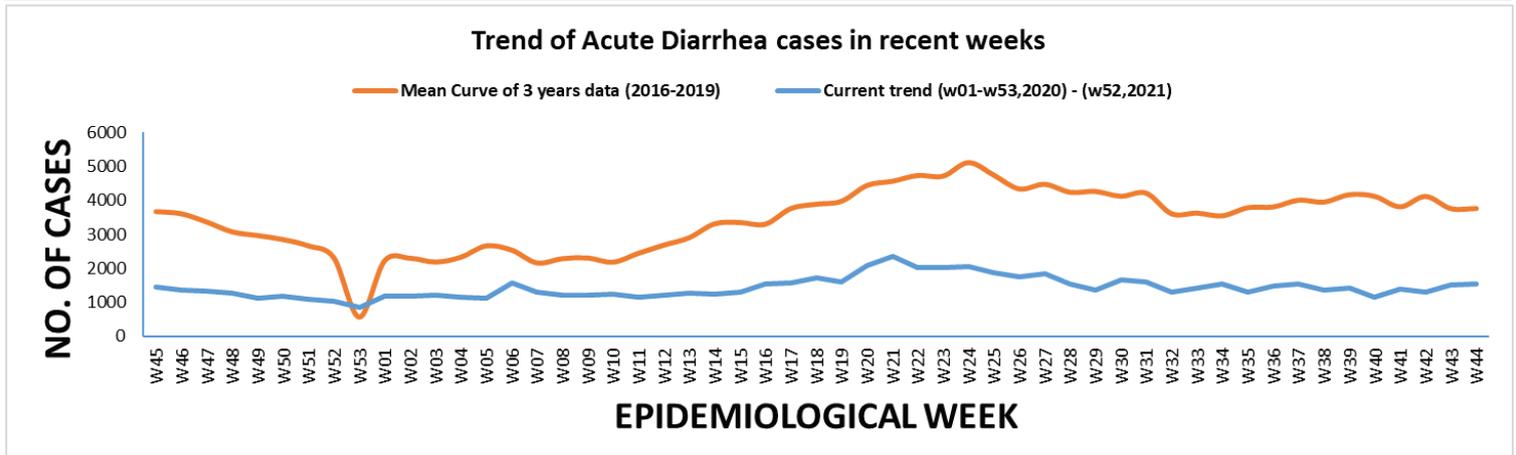
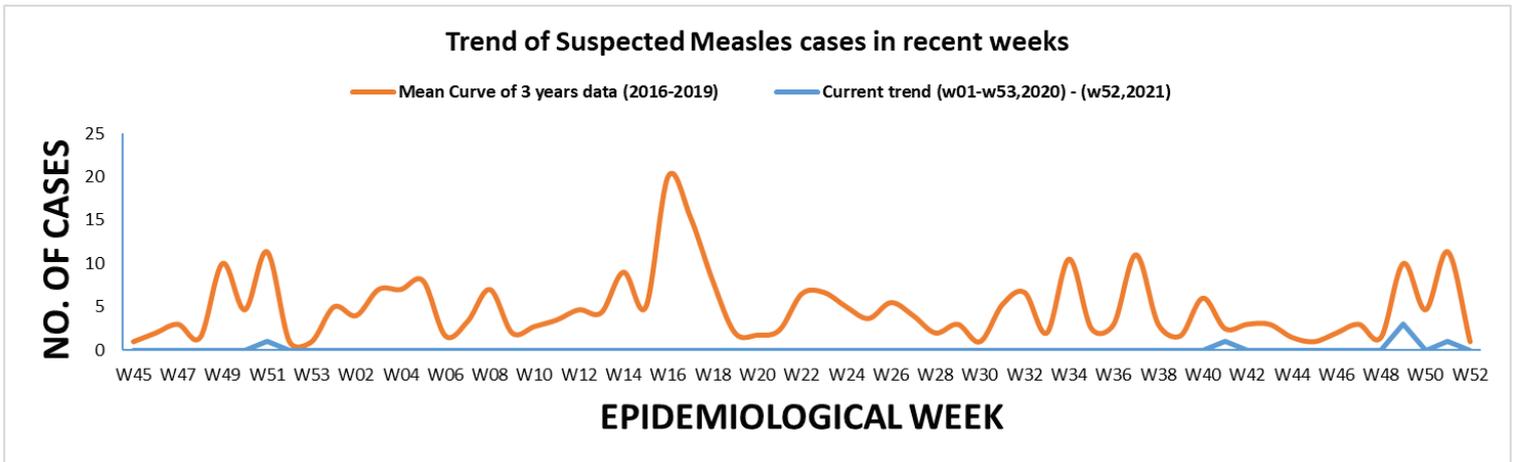
Early Warning Alert and Response Network (EWARN)



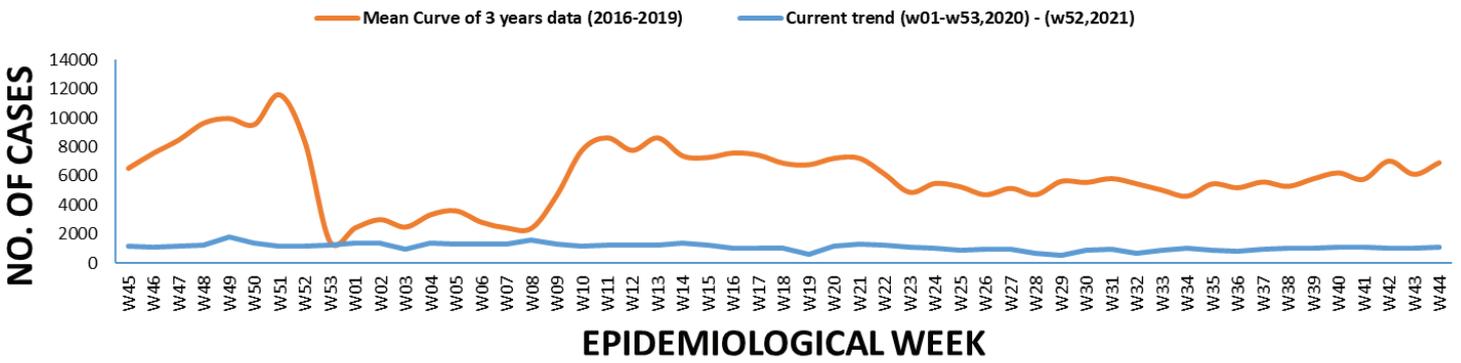
Alerts / Outbreaks - December 2021

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	4	4	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	2147	2147	0	0	337	337
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	2154	2154	0	0	337	337

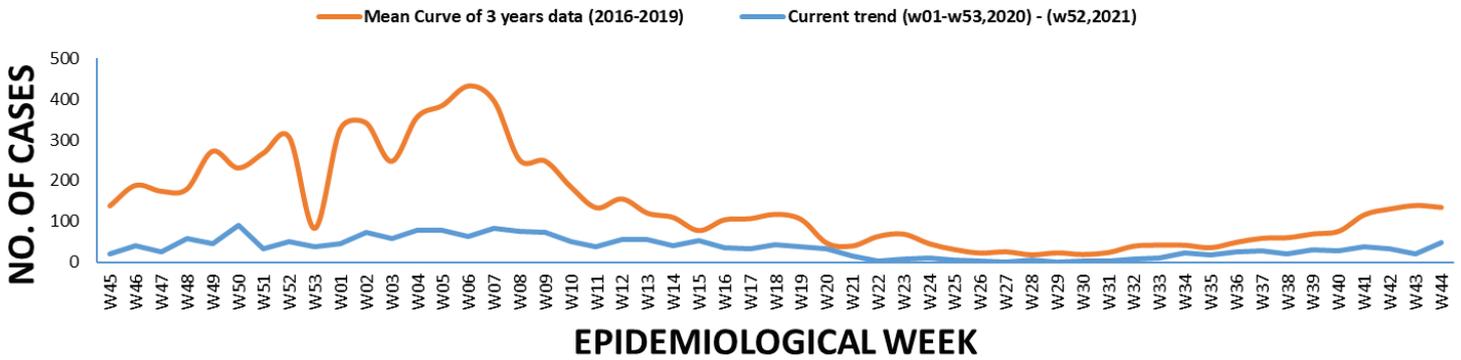
Disease trend during 2016 - 2020 compared to 2021



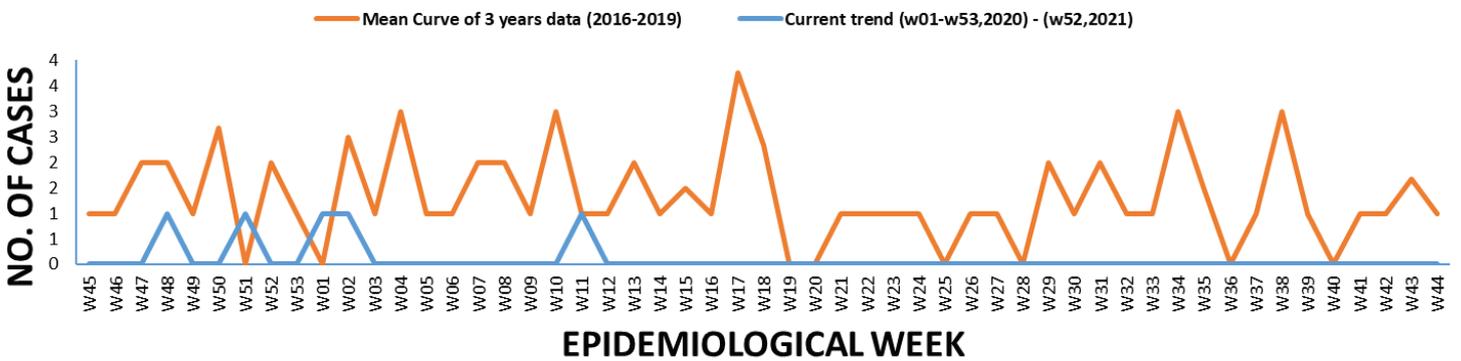
Trend of LRTI cases in recent weeks



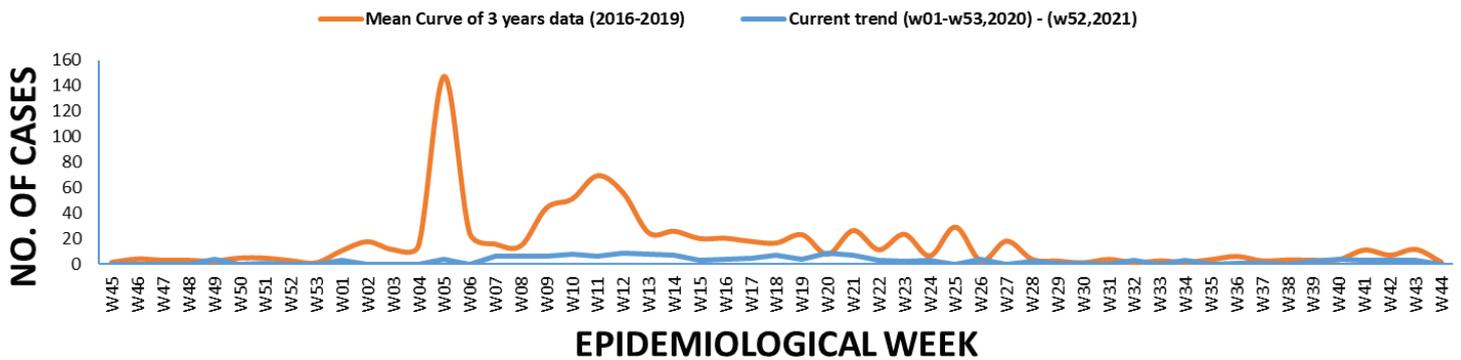
Trend of Suspected Leishmaniasis cases in recent weeks



Trend of Suspected Meningitis cases in recent weeks



Trend of Suspected Pertussis cases in recent weeks



E. Working group updates

MHPSS

- The national MHPSS Technical Working Group is in the process of reviewing their Terms of Reference (ToR) and expanding membership to new organizations.
- MHPSS TWG partners raised concerns around confidentiality in detention centers for children in Baghdad.
- Beneficiaries' selection was done for UNDP MHPSS initiative in 5 target areas in three governorates:
 1. Al-Anbar Governorate: Al Qaim and Habaniya districts
 2. Salah Al Din Governorate: Tuz Khurmato district
 3. Nineveh Governorate: West of Mosul/Al Muhalabeyah and Ayadiyyah
- The Kirkuk sub-national MHPSS TWG is in the process of identifying a new chair.
- The Duhok sub-national MHPSS TWG is also in the process of identifying a co-chairing agency.

Nutrition working group update

All operational IDP and Refugee camps are covered with nutrition services by health partners and the relevant Directorates of Health (DoH).

Nutrition supplies of Plumpy Nut, Plumpy Sup, Micro-Nutrient Powder (MNP) and therapeutic milk are available at all locations and all DoHs have sufficient quantities till the end of 2021.

During November, health teams screened 7,089 children 6-59 months of age with Mid-Upper Arm Circumference (MUAC) method, identified 32 Severe Acute Malnutrition (SAM) cases, 154 Moderate Acute Malnutrition (MAM) cases, and provided Infant and Young Child Feeding (IYCF) counselling to 2,403 mothers. Additionally, 1,979 children under-five were provided with Vitamin A capsules and Newborn care visits were conducted to 680 newborn babies.

Challenges expressed by the partners are:

- No reporting from Kirkuk and DoH Duhok
- Interrupted and partial services in returnees' areas
- Poor coordination between some NGOs and nutrition focal points at DoH level
- COVID-19 movement restrictions, with a negative impact on both service provision and access remains a major challenge
- Shortage of financial resources allocated to nutrition program and for procurement of nutrition supplies and PPEs
- Deployment of staff from other programs to support EPI and health teams on COVID vaccination is adding more burden on staff to fulfil their regular responsibilities

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

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