GHD | EMPHNET: *Policies for Progress Series*

Policy Brief#2
Promoting multi-sectoral collaboration among relevant governmental and non-governmental sectors for a concerted and coordinated effort to respond to potential threats

This policy brief provides practical recommendations on how to promote multi-sectoral collaboration among governmental and non-governmental sectors involved in Arba'eenia MGs for a concerted and coordinated effort to respond to potential threats

October 2022

- The Arba'eenia mass gathering (MG) is one of the largest religious MGs globally and *the* largest in Iraq. It occurs annually in Karbala City with the participation of several million visitors from Iraq and more than 40 countries from the region and other parts of the world.

- This mass gathering poses biosecurity concerns as it may become a hotbed for the rapid transmission and spread of dangerous diseases in Iraq and its after-event spread globally. In addition, MGs can serve as a target for bioterrorism attacks organized by terrorist groups such as ISIS.

- Supporting Iraq MGs since 2014, GHD considers multi-sectoral collaboration among governmental and non-governmental sectors of utmost importance to ensure a concerted and coordinated effort to respond to potential threats.

- Multi-sectoral collaboration of all stakeholders/partners and its promotion and support is a crucial policy choice that ensures an effective response to any potential threats during Arba'eenia MGs in Iraq.[1]
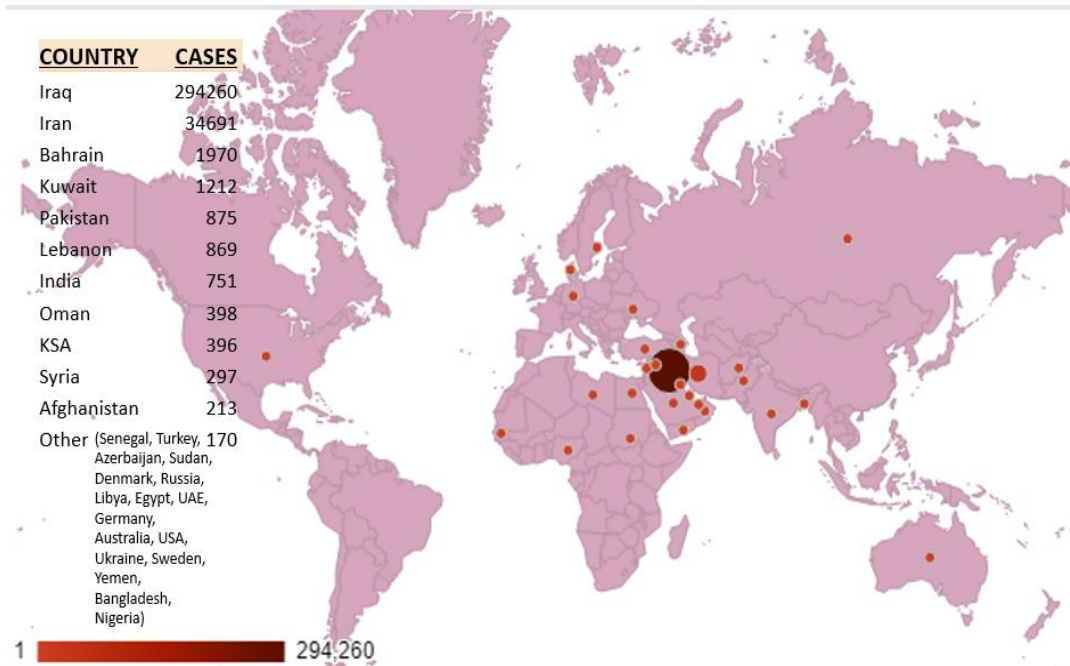
BACKGROUND

According to the World Health Organization (WHO), an organized or unplanned event can be classified as a mass gathering (MG) if the number of people attending is sufficient to strain the planning and response resources of the community, state, or nation hosting the event[2]. The map at the bottom of this page shows over 336,000 cases of infectious diseases and other various health conditions reported over a period of only 12 days among Arba'eenia participants in a sample of health outlets on the main roads used by the MG attendees on their way to Karbala City in 2018. These pilgrims came from 28 countries (all continents). Although about 87.5% of them were from Iraq, the others (accounting for over 41,000) were supposed to travel back to their own countries. Such a huge number traveling to one place and then returning to their countries poses a huge health security threat not only for Iraq but also for all other countries marked on this map. Rapid and timely response to the potential threats posed by such a huge gathering with potential global health security consequences (and COVID-19 was a good reminder of such threats) necessitates wide-scale coordination and planning efforts and the involvement of various sectors to ensure any measures taken are timely, adequate, and well-coordinated.

GHD|EMPHNET's extensive experience in the field of public health during Arba'eenia mass gatherings since 2014 indicates the importance of active multi-sectoral involvement in such wide-scale efforts and the joint collaboration of stakeholders/partners during all three phases of the MG event (i.e., before, during, and after the event) to function alongside each other.[3] Such close collaboration will help toward a long-lasting positive legacy in the form of strengthened public health systems, enhanced services, an improved living environment, and increased public health awareness.[4]

During the mass gathering events in the past years, different stakeholders were involved in a wide range of voluntary activities and provision of services to the Arba'eenia participants, including the provision of free food and accommodation, awareness generation

COUNTRY	CASES
Iraq	294260
Iran	34691
Bahrain	1970
Kuwait	1212
Pakistan	875
Lebanon	869
India	751
Oman	398
KSA	396
Syria	297
Afghanistan	213
Other (Senegal, Turkey, Azerbaijan, Sudan, Denmark, Russia, Libya, Egypt, UAE, Germany, Australia, USA, Ukraine, Sweden, Yemen, Bangladesh, Nigeria)	170

1   294,260

and guidance, set up of treatment camps, and delivery of other community-based and more formal health services. However, there have been clear gap areas and challenges in the preparedness of different sectors (both governmental and non-governmental) for a concerted and coordinated effort to ensure a timely response to potential health security threats that may arise from time to time.[2]

WHAT IS AT STAKE?

The presence of massive crowds at all times around the day of Arba'een is an issue of concern to public health security[5]. Multi-sectoral communication, coordination, and collaboration among various governmental and non-governmental entities involved in Arba'eenia mass gatherings is a crucial requirement for a concerted and coordinated response to potential health security threats. Having such a mechanism in place will save time and resources in case any potential threats require immediate action and response. Although such communication and coordination efforts are going on throughout the Arba'eenia mass gathering every year, they are not at a level by which active collaboration of various sectors brings about the intended optimal and timely response against potential threats.

Thus, the existence of a more formal setup and mechanism in the form of a multi-sectoral, high-level coordination and executive/operational supreme committee will ensure such an adequate and timely response. It will also help with joint/collaborative planning and design of tailored public health interventions, their successful, timely, and

concerted implementation, as well as the post-event review and evaluation.

A robust communication mechanism is a key element for effective coordination that needs to be maintained before, during, and after MG events. It will also greatly help with collaborative multi-sectoral planning and design of tailored public health interventions, their successful, timely, and concerted implementation, as well as their post-event review and evaluation. Such a mechanism can be ensured through a more formal setup in the form of a high-level multi-sectoral coordination and executive/operational supreme committee that will be supported within a conducive environment through functional C3 mechanisms (command, control, and communication) for an adequate and timely response.

UNDERLYING CAUSE OF THE ISSUE:

During the COVID-19, in the years 2020, 2021, and 2022, and despite the government instructions of lockdown and physical distancing, the Arba'eenia MGs continued, and millions of people from more

than 25 countries in the five continents attended these events. The potential of emerging new strains and their spread to many countries in a short time is quite possible. The XDR typhoid imported from Iraq and Pakistan to the US and the UK after attending MGs[6] is an example of such threats, which may represent only the tip of the iceberg. On another account, the total number of reported injuries during the 2022 Arba'een MG days was more than 2600 incidents, resulting in more than 400 deaths (CFR more than 15%)[7]. The prevention of these incidents required the contribution of many stakeholders besides MOH. Similarly, several incidents of intentional chlorine gas explosions were reported in Iraq in the previous years[8], some of them during the MGs. This is where the MSC is needed because such collaboration is not the MOH role only. Any forecast, detection, and immediate environmental response need the engagement of many stakeholders besides the MOH. Also, the large number of visitors attending these MGs from outside the country requires close collaboration with many sectors like the Ministries of Foreign Affairs, Interior, the intelligence and security agencies, the Customs Department, and others.

The lack of a well-established, high-level, highly functional, responsive, and strong mechanism in the form of a multi-sectoral coordination (MSC) and executive/operational committee results in efforts that are least effective on a large scale and non-responsive in case a sudden intentional and unintentional health security threat emerges during Arba'eenia mass gathering. A mechanism that closes the mentioned gap and addresses this underlying issue will be successful in delivering appropriate, adequate, and timely response in case of any emerging threat.

Key Stakeholders/Partners:
The following partners play key roles in an institutionalized and integrated real-time surveillance disease surveillance system:

- Ministry of Health Iraq
- Directorate of Public Health, MOH,
- Directorate of Technical Affairs, MOH,
- Directorate of Kimadia, MOH,

- Directorate of Planning and HR Development, MOH,
- Directorate of Operation and Specialized Services, MOH,
- Directorate of Health in the concerned Governorates, MOH,
- Directorate of Inspection, MOH
- Directorate of Management and Financing
- Al-Atabat
- Ministry of Municipalities, Iraq
- Ministry of Environment, Iraq
- Ministry of Transport, Iraq
- Ministry of Interior, Iraq
- Council of Border Ports
- Ministry of Defense
- Ministry of Foreign Affairs
- Ministry of Finance
- Iraqi National Monitoring Authority (INMA)
- National Biorisk Management Committee (NBMC)
- Kurdish National Biorisk Management Committee (KNBMC)
- Prime Minister National Operations Center
- National Security Agency and security services
- Ministry of Higher Education
- Iraqi Red Crescent Society and other National NGOs
- Iraq Field Epidemiology Training Program, which is under the Directorate of Public Health of MOH
- Any form of community representation.
- GHD|EMPHNET (Technical Advisory Role)

* * * * *

POLICY OPTION 1 - *Mission: Establishment of a Multi-sectoral, High-level Coordination and Executive/Operational Supreme Committee for Araba'eenia Mass Gathering*

Objective(s) to accomplish the mission: Such a multi-sectoral, high-level coordination and executive/operational committee will serve as a trustworthy and authoritative entity known by all stakeholders/partners in the Arba'eenia mass

gathering and represents their collective viewpoints and decisions. The committee will have a key role in not only coordination but also operationalization/implementation of all planned and designed efforts during the three operational phases of the MG event (pre-, during, and post-event). This high-level, multi-sectoral coordination (MSC) and executive/operational committee will be supported by a well-functional C3 mechanism (command, control, and communication) to ensure adequate and timely response to any potential threats and bring about the required planning and design of tailored public health interventions, their successful, timely, and concerted implementation, as well as their post-event review and evaluation. GHD|EMPHNET Stakeholders' Mapping and Analysis Tool[9] will be used for the identification, mapping, analysis , and engagement of all relevant stakeholders. The Committee will have a TOR highlighting roles and responsibilities of each stakeholder, including development of an action plan for the committee; development of a real-time risk and response monitoring system with accessibility levels for efficient info sharing between partners, establishment of clear referral mechanism between relevant, departments/stakeholders, etc.

POLICY OPTION 2 – *Mission: National High-level Coordination Body within the Cabinet.*

Objective(s) to accomplish the mission: Having a national high-level body within the cabinet that ensures the involvement of all relevant governmental and non-governmental entities will facilitate the overall coordination and steer the activities towards achieving the goals of safe and secured MG events with minimal morbidities, mortalities, and any collateral damage. Similar to many such coordinating bodies in Iraq, this body can have a technical arm to take care of all relevant activities, particularly health activities on the ground, through close work with the concerned agencies implementing MG activities like the provision of safe water and food, safe and hygienic waste disposal, adequate healthy shelters, safe transportation, easily accessed emergency services, and others.

The other option is to keep the technical part and the implementation of activities on the ground for the EOC as far as health and emergency are concerned. This might have the benefit of activating the EOC and avoiding duplicating work, but on the other hand, it will limit the MSC to other aspects of health other than the emergency response.

This policy option can supplement the first policy option above.

IMPLEMENTATION CONSIDERATIONS

In order to guarantee a successful establishment, it is essential to lay a broad foundation for this multi-sectoral, high-level Committee, maintain a close dialogue with all involved partners/entities, and secure their buy-in. This may require more time in the beginning, but it will pay off later on. Given the timeline of the coming Arba'eenia in 2023, it is recommended to start earlier for a successful outcome. This is a high-level governmental decision that can be raised jointly by a number of agencies like the MOH, Atabat, Environment, UN and non-UN agencies, and others. A meeting with different stakeholders to be held in Baghdad to share and discuss this and the other two policy briefs can be an appropriate forum to propose this council, and once the green light is on, the wheel will spin.

It is essential to highlight that most of the provided services like provision of safe water, hygienic disposal of wastes, safe well-ventilated shelters, and safe transportation are all relevant to health in terms of communicable diseases, outbreaks, and injuries risk. Meanwhile, it is not the MOH that is responsible for the provision of these services. In fact, other sectors, including governmental and non-governmental agencies, besides civil society, are mostly responsible for the provision of these services during MG events. These facts, besides the rapid influx of a huge number of people from different countries through different PoE over a short period and in a limited area, as mentioned earlier, will highlight the value of the MSC in MG.

The proposed National Council of MG can play two roles: the policy development, steering, and coordinating role, and the second can be a technical role through a technical committee made of all the partners that can seek support from other stakeholders as per need basis. This technical arm assumes the lead in executing all decisions on the ground, monitoring activities at different phases of the event (before, during, and after), evaluating implemented actions, and stating the lessons learned. The National Council can take the lead in coordinating efforts with other countries and other organizations and set the necessary standards and SOPs for different aspects of the MG, particularly the health of the visitors and the native population.

External funding for the implementation of the suggested options under this policy brief (e.g., funds from ISN/CTR and other sources) will be used to supplement any allocated government funds and/or to fill gaps till more sustainable country-based mechanisms are established for regular functioning of this policy initiative.

SOURCES:

1. Iraq MG Reports from 2016 to 2020.

2. WHO. 2015. *Public Health for Mass Gatherings: Key Considerations. World Health Organization*. Geneva. https://apps.who.int/iris/handle/10665/162109.

3. GHD|EMPHNET. 2022. "Collaborative Public Health Interventions during Mass Gathering (MG) Events in the Eastern Mediterranean Region.": 24. https://library.emphnet.net/libraryDocs.

4. World Health Organization. International Health Regulations, Mass Gatherings (MGs). WHO, May 2015. Available from http://www.who.int/ihr/about/IHR_Mass_Gatherings_prevent.pdf?ua=1&ua=1.

5. Lami F, Amiri M, Majeed Y, et al. Real-Time Surveillance of Infectious Diseases, Injuries, and Chronic Conditions During the 2018 Iraq Arba'een Mass Gathering. *Heal Secur*. Epub ahead of print 3 May 2021. DOI: 10.1089/hs.2020.0074.

6. CDC. Morbidity and Mortality Weekly Report (MMWR). May 22, 2020 / 69(20);618-622. https://www.cdc.gov/mmwr/volumes/69/wr/mm6920a2.htm.

7. Ministry of Health of Iraq (MOH) Report on Arba'eenia Mass Gathering 2022.

8. Chlorine bombings in Iraq. (2020, June 28). In *Wikipedia*. https://en.wikipedia.org/wiki/Chlorine_bombings_in_Iraq.

9. Amiri, M. and Al Nsour, M. (2021) 'GHD|EMPHNET Stakeholders' Mapping and Analysis Toolkit (version 16.6, 2021)'. Available at: https://lms.emphnet.net/enrol/index.php?id=63.