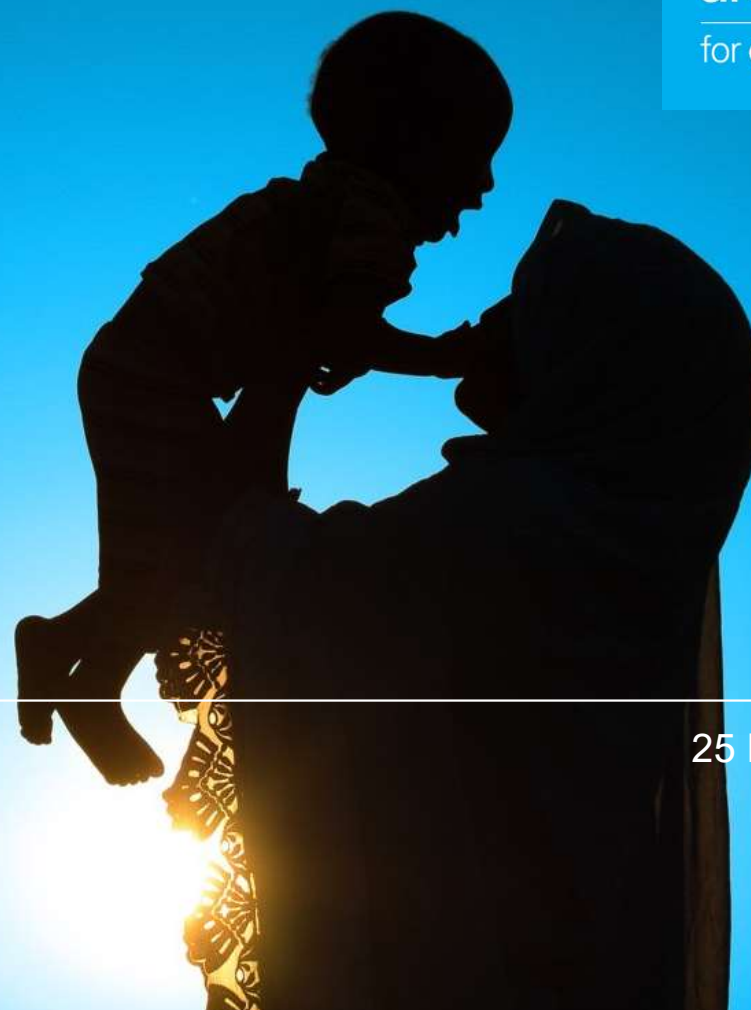


Update on Routine and COVID-19 Immunization in Iraq

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Dr Kamal Kadhim

25 May 2022



Background Information



41,190,658 (2021)
Total Population



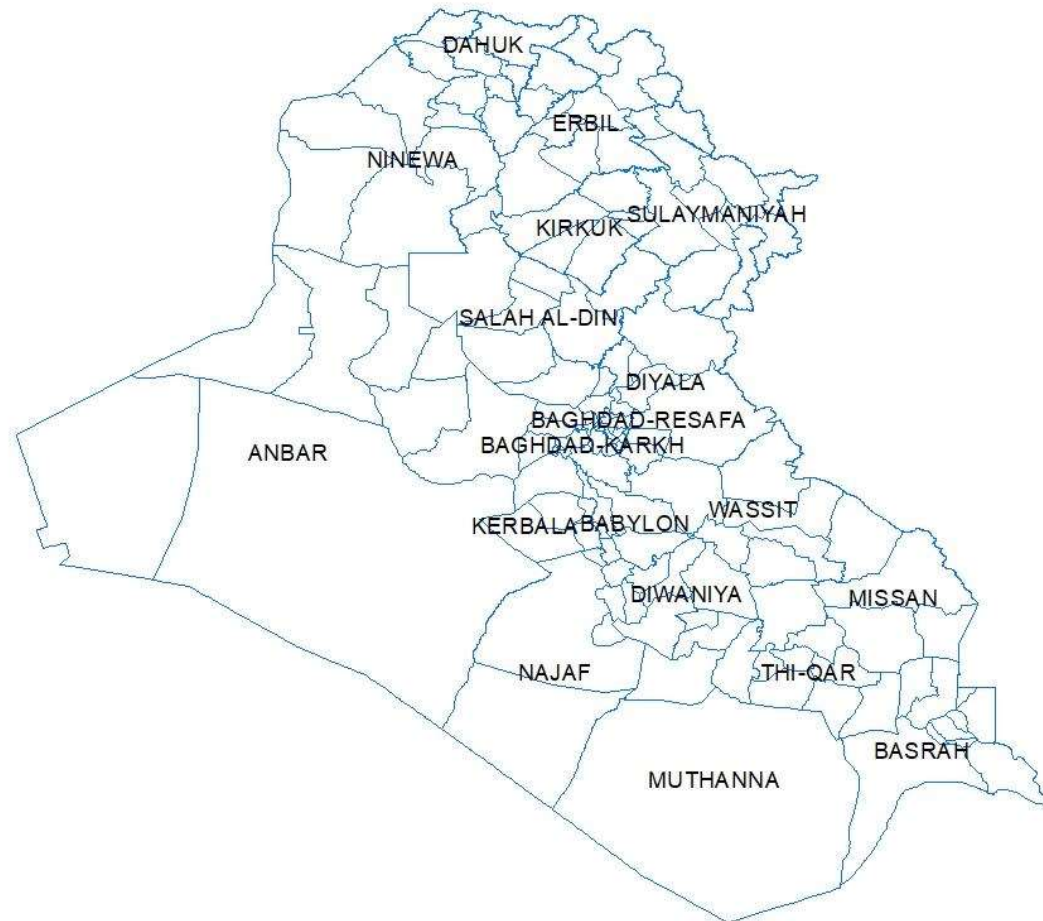
18 Provinces & 19 Health Directorates



155
Number of Districts



2,786
Total Health facilities



1341 **1445**
Main PHCCs Sub-PHCCs



PHCCs Provides vaccination services
1,848



6,043,625
Annual U5 target
@>2.9% incr/yr



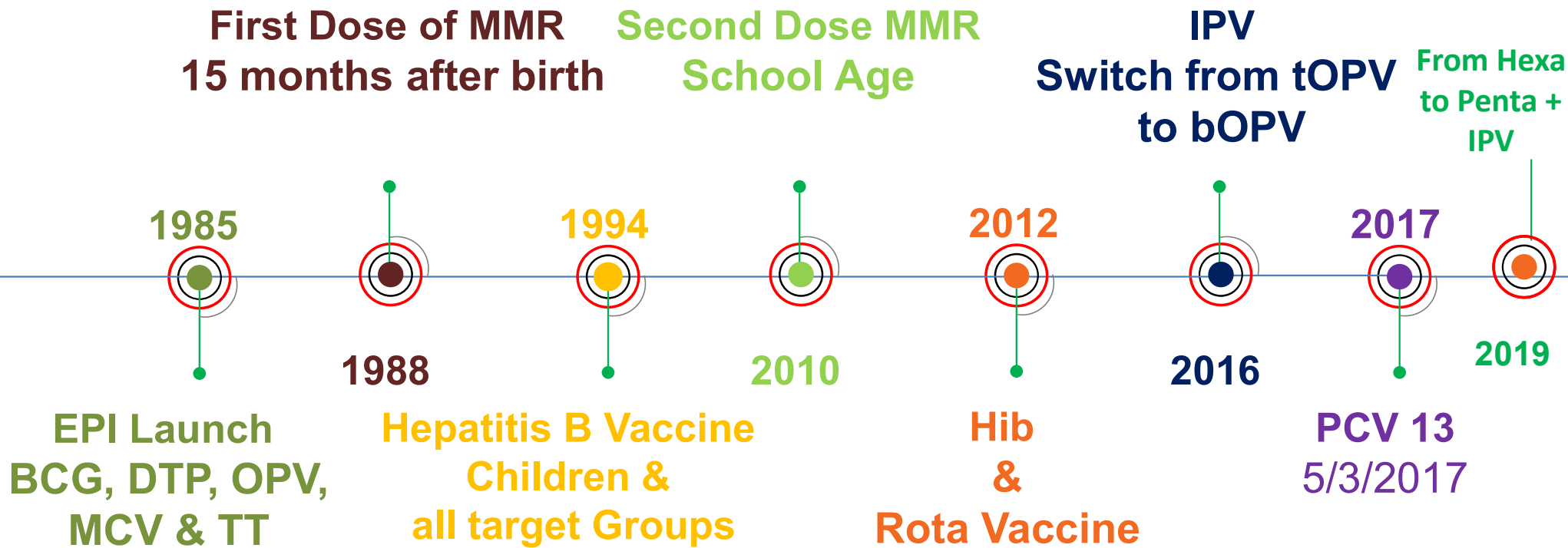
1,079,235
Annual surviving target (>2.6%)

01. Routine Immunization in Iraq

Background and Current Status

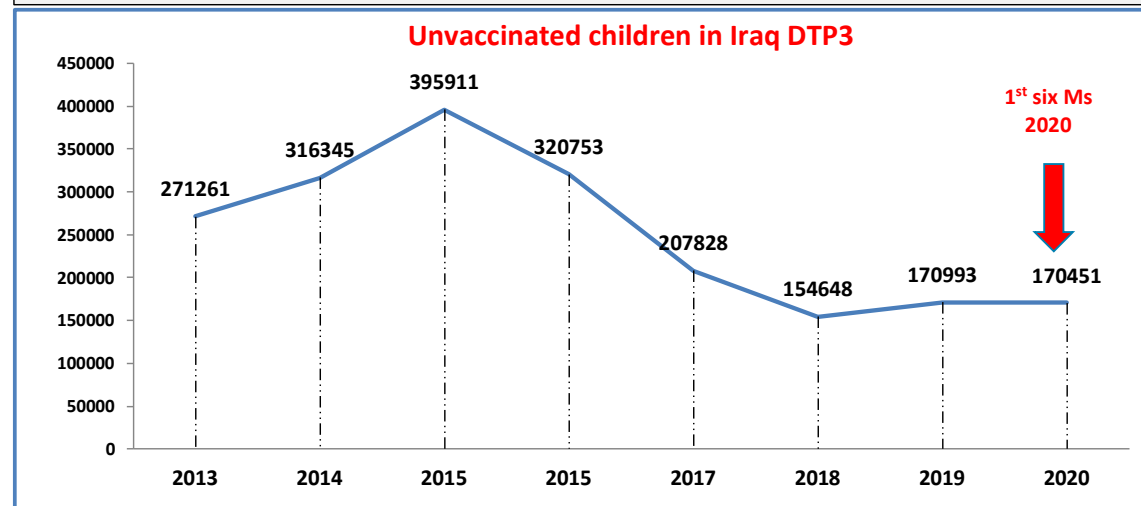
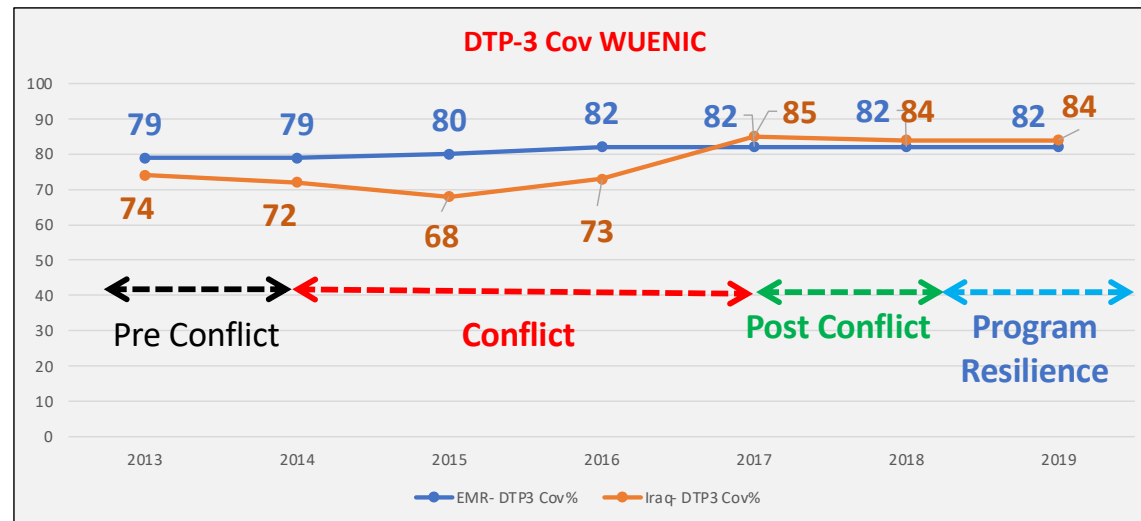


EPI Milestones

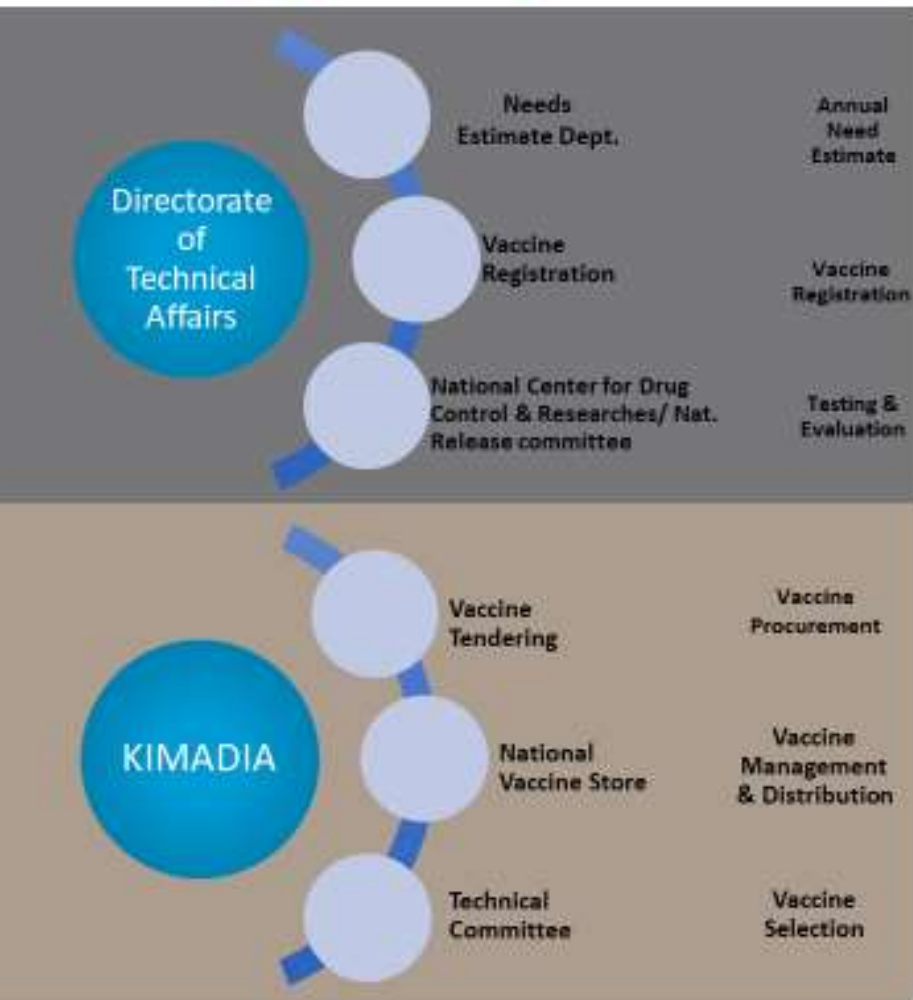


Revitalization of the RI strategy enabled Iraq to increase coverage and reduce unvaccinated children by 2017 nationwide.

- Three years (2014 – 17) of conflict and war against ISIS; 25% of the total pop. and 30% of the land area impacted. 11% of PHC facilities destroyed. RI program maintained services to all areas through many innovative approaches.
- Revitalization of the RI strategy enabled Iraq to ↑ coverage & reduce unvaccinated children by 2017 ... nationwide



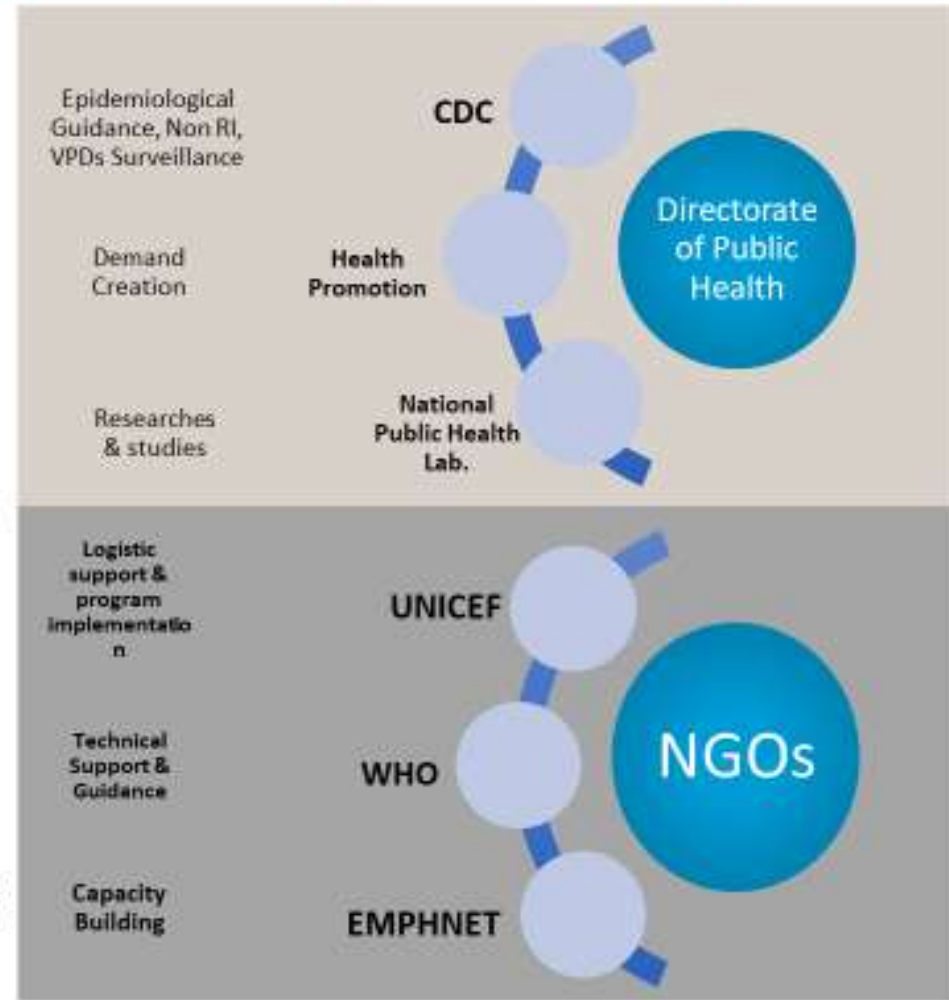
Supporting entities for EPI (note, no pvt sector)



MEDIA Dept.

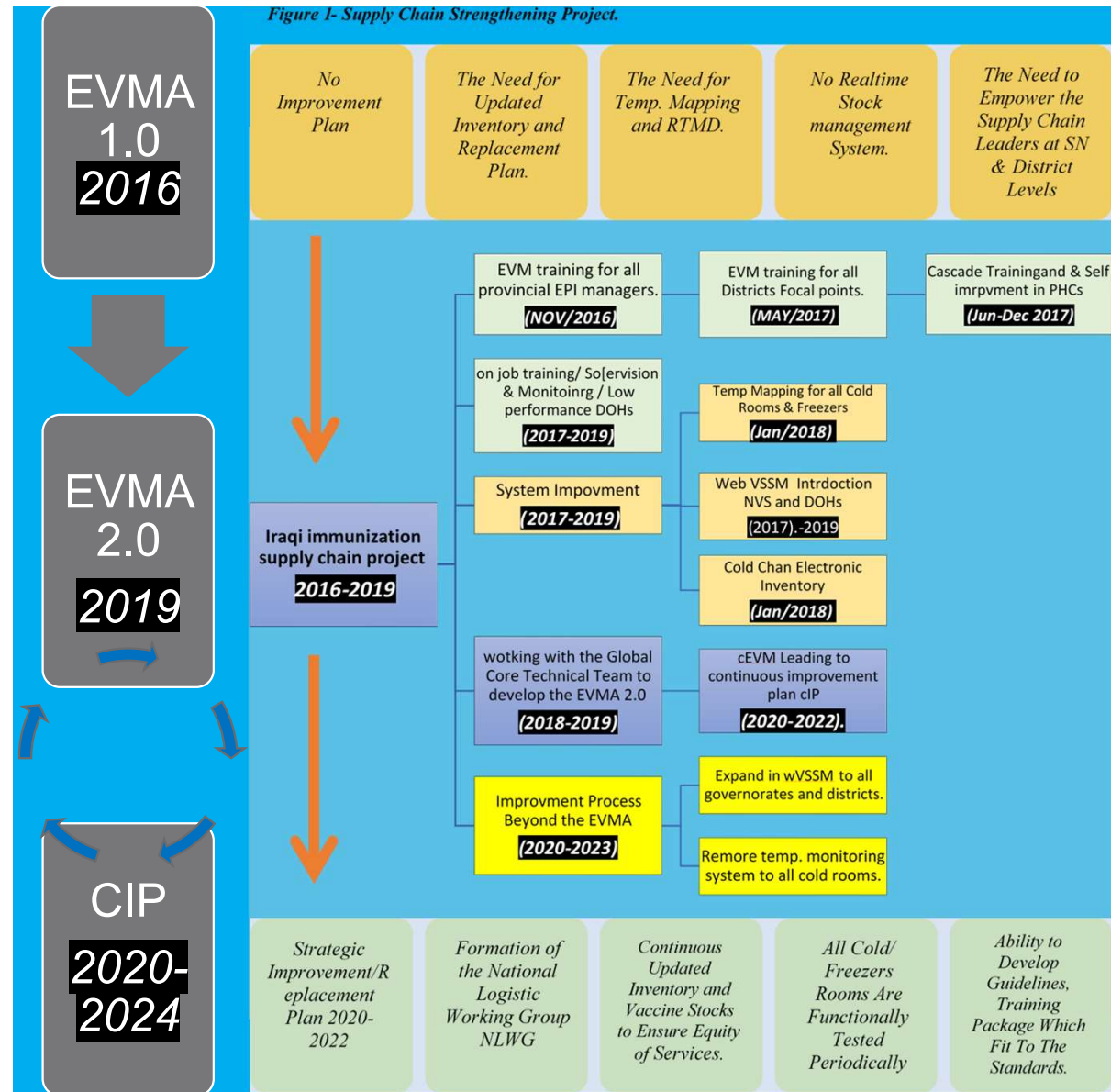
NITAG

SIA Planning Committee



EVM assessments, RI & cIP achievements, 2020-2022:

1. Rollout of WEB-VSSM to 60% of all districts vaccine stores (all will be covered by 2023).
2. RTMD in 70% of Cold rooms and freezers rooms (all will be covered by August 2022).
3. 90% of all Cold Chain Gap is covered during 2020-2022.



02. COVID-19 and COVID-19 vaccination in Iraq



COVAX rollout- NDVP development WHO- UNICEF and other partners.

- Establishment of National Coordination Committee (NCC) and Inter-agency Coordination Committee (ICC).
- Finalize VIRAT/VRAF 2.0 tool
- Support NITAG involvement in all stages during the development of NDVP.
- Development of training materials and implementation of National and subnational training workshops (8000 HCWs)
- Engagement with GAVI and the COVAX Facility.
- PS for COVAX vaccines.
- TA on monitoring and vaccine uptake by adapting the WHO Supportive Supervision Checklist
- Joint visits to Governorates.
- Support AESI & AEFI monitoring.



Multi-partner operational support for COVID-19 vaccination

Devt of NDVP and RCCE approaches. Periodic review meetings. COVAX!

Training of staff on IPC, SBC, RCCE, new vaccines, changes in age range etc.

Supervision and monitoring rollout (MOH-WHO and UNICEF designed checklist).

Population e-registration by vaccine type, mobile phone reminders etc.

Data management and reporting (training, internet services, laptops)

Vaccination support to IDP-refugee camps & host communities (240 mobile teams)

Mass vaccination centers at 106 sites.

3iS campaign (1320 sites).

Ramadan Campaign:
1. Social media Campaign.
2. Billboards etc.



Immunization Supply Chain Strengthening



Filled 90% of cold chain gap in 2020-2024 expansion plan) (8 cold rooms, 863 fridges, 1,200 cold boxes, 2,400 vaccine carriers).

75 ultra cold chain freezers (current capacity to store 13.7 m ds of PZ vx/ 41,304,000 L)

Rollout of web-based stock management system to 34% districts.

Deployment of grade A (freeze-free equipment) fridges and vaccine carriers (in progress).

Support the continuous improvement plans.

Remote temp. mon. device installation to all cold rooms and freezer rooms (50/83), will finish in Aug 2022.

50 RTMDs for UCC freezers

RCCE Centrepieces

Reach: Estimated 25 million people covered on key life saving behavioural messages including RCCE through traditional and nontraditional channels.

Capacity building: Over 14,000 frontline workers trained on RCCE/COVID_19 principles.

15 radio/media channels engaged – estimated reach 5 million (last quarter), engaging young people. Estimated 500 rumours tracked and implemented upon.

Evidence base and data generation: Community needs assessment, Focus group discussions, rapid need assessments, data generated through social listening tools – talk walker, IOGT.

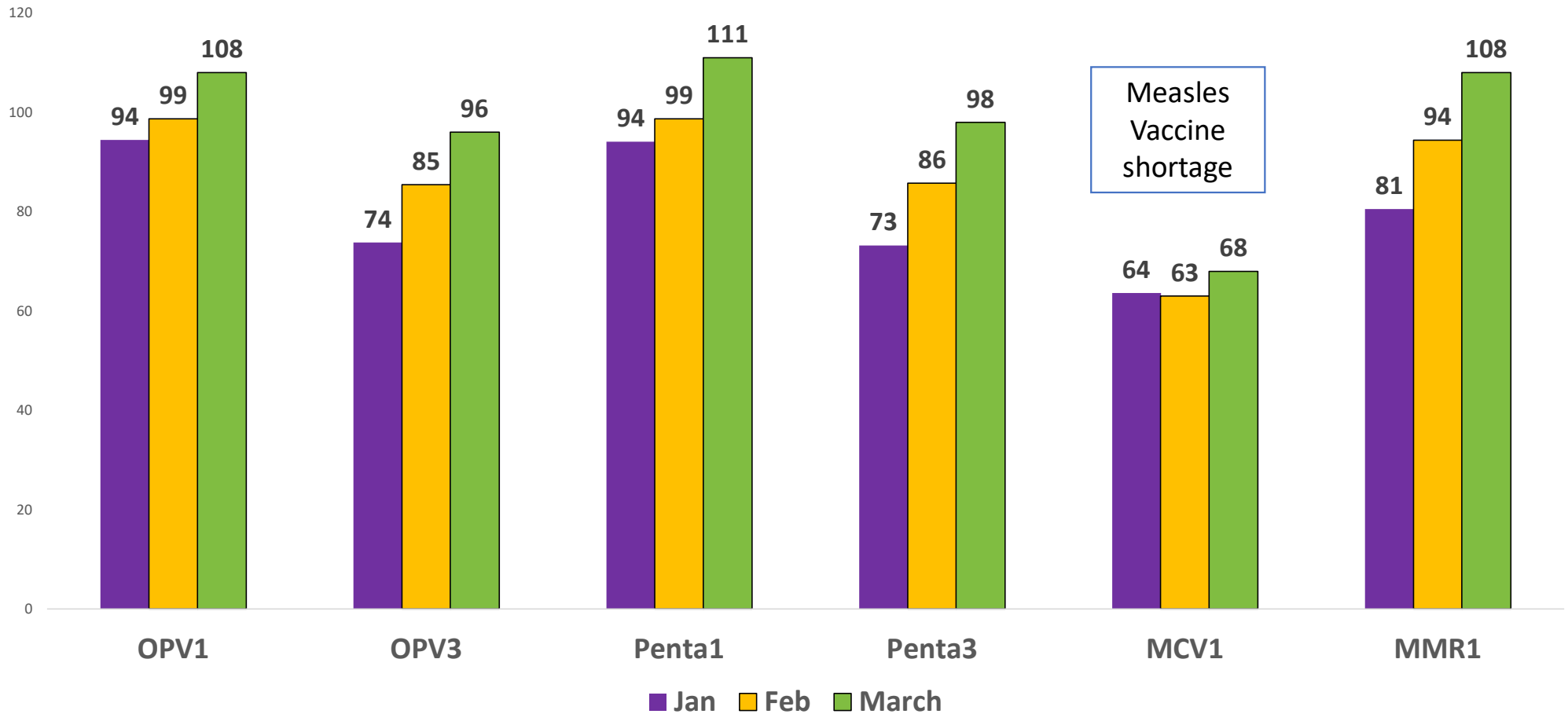
03. Impact of COVID-19 on RI in Iraq



RI Coverage 2019-2021



A comparison of RI coverage rates between Jan, Feb & March 2022 (National Level) – 3iS campaign administered 370,000 RI doses



Challenges

- RI stuck on 85% even before COVID and dependent on periodic campaigns
- Availability of the space for vaccination sites at PHCCs; staff shortages for RI/COVID vaccin
- Hard-to-reach areas such as desert, marshes, and remote areas, some mobile populations
- Implementation of RI and continuous improv. plan negatively affected by pandemic
- Wastage concerns
- Shortage of fuel at Governorate/PHCC level
- Govt has not incentivized COVID vaccination – almost no disadvantage to being unvaxxed
- Non-compliance with govt instructions on obligation of state employees to be vaxxed
- Shortage in ICT equipment and internet access to complete and share data timely/in full
- Former unreliable distribution of vaccines
- Young population; hesitancy on need, effectiveness and safety of C19 vaccines
- Ad hoc cooperation amongst key stakeholders
- Paper-based HMIS and weak CRVS (cf IHME estimates of C19 infection & deaths)

Way Forward

- PIRIs?
- Strengthening responsibility and accountability at all levels of the govt structures
- Expansion of vaccination outlets/sites
- Staff surge for the COVID-19 vaccination outlets to include health professionals from outside the EPI program (already being doen for 3iS)
- Incentives for staff working out of working hours and weekends
- Minimize trained staff turnover in compliance with Ministerial Circular
- Expand vaccination sites to include mass vaccination, more mobile teams
- Advocate for increased government restrictions on access of unvaccinated ppl to markets, restaurants etc.

Looking forward – Iraq’s vision for Immunization

Immunization as an entry to health systems strengthening

- cMYP - National and 18 Governorates with associated monitoring
- Evidence-based planning process at national and sub-national level
 - Bottleneck Analysis done and Action Plan Developed at District level (priority on low performing)
 - Appropriate resource allocation and effective utilization
- Digitalized information system including coverage and supply chain
 - Real-time data of cold chain equipment status / perf., temperature monitoring, HR and vaccine supply
 - Smart Card for children and barcode reader in each PHC
 - Data link between birth registration office and PHC facilities
- Streamlined procurement services and effective vaccine management
 - Vaccine procured through UNICEF
 - Need-based EVM assessment done at Governorate and District level
 - Real-time data of cold chain equipment, temperature monitoring, HR and vaccine supply
- Tracking of unvaccinated children - Every Child Counts
 - Update Micro-planning and linked to QGIS
 - Defaulter tracing and follow-up through SMS and Outreach
 - Regular agenda in EPI review meetings at District, Governorate and National Level
- Communication Plan to Improve Coverage of RI
- Control of Outbreaks
 - No cases of polio
 - No measles outbreaks

unicef 
for every child

Thank you.

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