

Mass Gathering and Health

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Sciences

Health Services in Arbaeen Mass Gathering



Iranian
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Overview:

Arbaeen ceremony

- A mega mass gathering(Religious Ceremony)
- Psychological motivational and physical impacts
- Collective partnership among communities with different cultures
- Different ages and genders
- It requires more considerations
- *A mobile mass gathering*

Challenges

- Seasonal time change.(Lunar and solar calendar)
- Population movement: political security and health considerations
- Transmission of one specific disease from one area to the other
- Lack of enough proper transportation means
- Poor waste management
- Coordination among multiple health services.





IRCS actions to be taken (before, in, after the event)

- Unified command structure
- Preparedness planning: various scenarios
- Existing capacities and gaps
- Contingency planning
- Control of communicable diseases
- Prevention of physical injuries
- Developing an early warning system
- Provision of emergency medical services

- Control and surveillance of food and water
- Social services for the sick people
- Control of epidemics
- Vaccination
- Developing possible scenarios
- Simulation or exercising
- Reviewing / lessons learnt



Scenarios

1- Traffic incidents with high casualties

2- Communicable diseases (epidemiology) and water and food-borne diseases

3- Terrorist attacks (such as bioterrorism, chemical explosions, and hostage) which leads to stampede.



The Experiences

- Identifying common diseases such as digestive, respiratory, muscular, trauma, cardiac, etc.
- Providing medication and medicines
- Increasing medical and emergency staff
- Mobilizing Arabic-speaking personnel
- Mobilizing host communities stations or rest stations
- Recruiting experienced personnel
- Media coverage and information sharing
- Preparing awareness pamphlets to increase public awareness
- Coordination with Iraqi Red Crescent Society
- Preposition of medical items as per needs

The Risks

- Lack of fixed stations or posts
- Lack of special medicines and specialized equipment
- Lack of specific protocols for medical personnel and volunteers
- Lack of internal communications in the stations or posts (instead of cell phones)
- Equipping Iraqi RC ambulances with required medicines and equipment
- Lack of SOPs in registration and data collection
- Lack of crisis management task force to forecast possible hazards
- Staff fatigue

Recommendations

- Meetings with relevant authorities including national disaster management organization (NDMO), army, and Hajj and Pilgrimage Organization
- Visiting the border to find out the best locations for setting up the posts
- Providing the people with awareness materials on preventing the diseases
- Developing a software for medical visits

- Needs assessment
- Recruiting relevant medical volunteers
- Planning and organizing for deployment
- Briefing sessions between operational teams
- Documentation teams for media coverage
- Create virtual groups to education staff
- Make proper contingency plan based on previous experiences.
- Prepare mobile campus

Thank You
For Your Attention

