Mass Gathering and Health

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Health Services in Arbaeen Mass Gathering
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.