IRAQ COUNTRY OFFICE

THE COVID-19 PROGRESS REPORT
February to July, 2020

World Health Organization

FOREWORD

More than six months have passed since the world was shocked by the rapid proliferation of the COVID-19 pandemic and its devastating impact on health, economy, social life, and other facets of our daily lives.

In Iraq, the current spread of the virus has challenged a fragile health system already weakened by years of conflict. Despite the limitations, the swift and effective response to the pandemic by the health authorities, especially in the first few months of its spread in Iraq, was commendable. But in recent months, the situation deteriorated due to several factors, including the easing of the restrictions and the failure to adhere to the measures or to implement them forcefully. It is high time to document the experience of the last six months of the country's response - since the reporting of the first infected case in Najaf on 24 February 2020 till the end of August – to assess what happened and why. This will provide a learning opportunity for WHO and other stakeholders to discover what went well, what went wrong, and what to do differently for improving our response in the coming days.

The seriousness of the crisis can be demonstrated through a simple epidemiological analysis of the recorded daily numbers over the last 180 days of the spread of the virus. Based on available data from the Ministry of Health and Environment (MoH) in Iraq, by 20 August 2020, there were over 192,000 cases reported in the country, with over 6,200 related deaths. Data indicates that more than 98% of the cases and deaths were reported during just the last three months. Almost 50,000 cases are active in Iraq, and close to 90% are treated at home, with over 9,000 of the health care workers. A detailed analysis of the pattern of spread of the virus in the country reveals that many parts of Iraq are now considered to be suffering from the community-wide transmission of the virus: an alarming and dangerous situation that requires urgent and severe measures.

Although the number of people infected COVID-19 cases in Iraq is exponentially rising to an alarming and worrying level, suggesting a major health crisis soon, Iraqis can still defeat it if they continue to:

- Diligently apply preventive measures from collective efforts such as avoiding mass gatherings to self-discipline acts of wearing masks in public, exercising social distancing as effective ways;

- Strengthen border control and inspection at different airports and other ports of entry;

- Improve Infection Prevention measures in healthcare facilities to protect healthcare workers and regain public trust in the quality of care provided at these facilities;

- Increase testing capacities as well as its standard public health measures including contact tracing, isolation and management of COVID-19 cases and quarantine of contacts;

- Influence people's behaviors and raise public awareness through robust risk communication strategies supported through the initiation of massive media campaigns targeting high risk and affected areas in all governorates;

- Strengthen the existing national surveillance system for better-informed decisions;

- Adopt WHO guidelines for proper administration and management of COVID-19 cases in treatment and isolation wards to reduce case fatalities across the country; and

- Ensure that partners synchronize the response to the ongoing pandemic and avoid duplication of efforts, WHO through its health cluster leadership position, continues to convene partner meetings virtually and on the ground.

The United Nations, guided by WHO expertise, stands committed to supporting the Government in every possible way. The experience of other countries shows that it is possible to contain COVID-19 and gradually reopen economies within 2-3 months if countries heed the advice of competent medical experts. With self-discipline, a willingness to remain informed by credible sources, and the concerted efforts of all, Iraq will overcome the crisis.

I am grateful to the WHO Iraq Country Office (WCO) team for their commitment, dedication, and professionalism in supporting Pandemic counterparts at the Ministry of Health, and for the close working relations with the Health Cluster and other development partners to respond to this pandemic. As WCO, we count on your support, collaboration, and partnership as we move the response to COVID-19 forward because together, we can end this pandemic. I am pleased to share with you the COVID-19 progress report which outlinines our major achievements and areas of support.

Adham Rashad Ismail Abdel Moneim, MS MBA MPH PhD
WHO Representative and Head of Mission, Iraq
Baghdad, August 2020

INTRODUCTION

Like many countries globally, Iraq has faced the brunt of the COVID-19 since cases were first recorded in February 2020. More than 192,000 COVID-19 cases have been recorded in the country as of 20 August 2020, with more than 6,200 deaths. Throughout this period, WHO has worked with health authorities at the National and Kurdistan Region alongside partners to ensure that the pandemic is contained.

Six months later, WHO takes stock of how the organization - together with its key partners - has supported the response to COVID-19.

The pandemic is far from over; however, WHO is optimistic that with a united front from all the partners, the Iraqi population and with all preventive measures followed, the country can bring this monster pandemic to manageable levels.

WCO recognizes the support of its partners and donors who have ensured that the Organization reaches hundreds of communities affected by the ongoing pandemic and provides the much-needed support to health facilities treating the COVID-19 patients.

Without partners' support, WHO efforts to deliver medical and laboratory supplies, Information, Education, and Communications materials and conduct community sensitizations would have been extremely limited. Over the past six months, WCO has comprehensively supported the response to COVID-19 along with nine strategic areas. These include; Country Preparedness and Response, Coordination and Collaboration, Active Surveillance and Contact Tracing, Risk Communications, Mass Gatherings, Technical Guidance and Training, Testing and Verification, and Provision of Medical Devices and Supplies.

besides, WHO continued providing support in its regular programs with more focus on COVID-19. The Organization's support ensured a well-coordinated response for all partners, there by avoiding duplications of efforts, increased numbers of persons tested for COVID-19, a high detection rate of cases, and more identification of community cases. Also, as a result of the WHO support and that of its partners like MoH and other partners, more than 137,000 cases of COVID-19 were successfully treated and discharged from various health facilities across the Iraq's response is unique because, on top of dealing with the COVID-19, the country continues to respond to the humanitarian emergency in which thousands remain displaced or seeking refuge in camps. These individuals remain vulnerable and are at high risk of being infected, given their living conditions. Although a few cases are recorded in the camps, because of WHO leadership and coordination efforts with partners (UN agencies, local and international), the number of cases has not gone out of proportion.

In other areas, WHO continues to strengthen existing health systems through technical support to developmental programs covering major health system components, health protections, and promotion activities, as well as prevention and control of major communicable and non-communicable diseases affecting the country.

In the next remaining five months, WHO remains focused on working together with the health authorities and Iraqi population to bring the numbers of the COVID-19 cases to its minimum.

Key Strategic activities and accomplishments

This report looks at how the COVID-19 pandemic has evolved in Iraq over the past six months. It will highlight challenges and successes on how the country has made progress, showing what has worked best to limit the transmission of COVID-19.

Cases of COVID-19 were first reported in Iraq on 24 February 2020 among Iraqi nationals arriving from the Islamic Republic of Iran. Shortly, the cases increased, reaching 192,797 as of 20 August 2020.

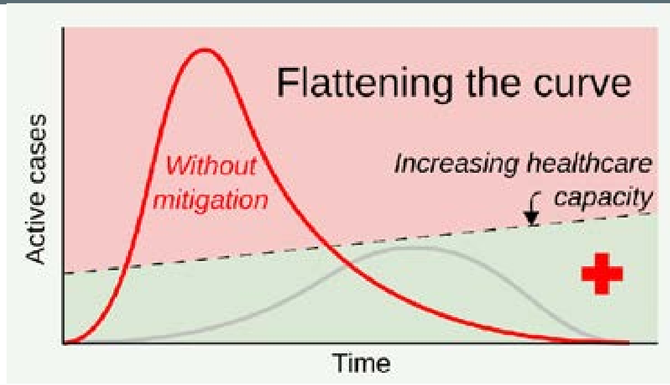
Like many countries, Iraq effected a total lockdown and closed its borders and airspace since March 2020. Months into the lockdown, cases started going down, leading to the easing of the lockdown.

Soon, however, the numbers again increased significantly at the start of May 2020. Throughout the COVID-19 period, WHO has worked with the MoH and partners to contain the pandemic by establishing a coordination mechanism and infectious-disease outbreak response activities, and ensuring that those affected are treated.

The table below provides a summary of Iraq's Pre-emptive and Swift Preventive Measures to contain the pandemic.

Date	# of Cases	# of Deaths	Cases Recovered	Active Cases	Fatality Rate	MOH Interventions
29Jan-20	0	0	0	0	0.00%	Ban on flights to China
5Feb-20	0	0	0	0	0.00%	Evacuation of Iraqi Students from Wuhan
20Feb-20	0	0	0	0	0.00%	Ban on travel to China, Iran, Japan, South Korea, Thailand, Singapore, Italy, Kuwait, and Bahrain.
23Feb-20	0	0	0	0	0.00%	Closure of Borders with Iran
24Feb-20	1	0	0	1	0.00%	Iraq reported the first COVID 19 case for an Iranian student in Najaf
25Feb-20	5	0	0	5	0.00%	4 cases with travel history to Iran were reported in Kirkuk
26Feb-20	5	0	0	5	0.00%	Schools and universities suspended till 21 March with restrictions on gatherings in public places (cinemas, cafes, and social clubs).
1Mar-20	19	0	0	19	0.00%	Suleimaniya in KRG reported first 6 cases coming from Iran.
14Mar-20	110	10	26	74	9.09%	Local cluster of transmission started in Iraq
15Mar-20	124	10	26	88	8.06%	Borders with Iran are completely closed
17Mar-20	154	11	41	102	7.14%	Country's lockdown
20Mar-20	208	17	49	142	8.17%	Cases were reported in the 18 governorates of Iraq
21Mar-20	214	17	51	146	7.94%	Al-Kadhimia Religious Visit
8Apr-20	1202	69	452	681	5.74%	Shabaniaa Religious Visit
20Apr-20	1574	82	1043	449	5.21%	Country's partial lift of curfew from 6 am to 7 pm

Based on successful strategies from other countries, Iraq adopted similar approaches to assist it in containing the pandemic in the country. The below graph illustrates such a strategy.



This report starts by outlining the efforts that WHO has put in place to support health authorities in controlling the spread of the COVID-19 pandemic in the last 6-month. The report looks at the challenges that the Organization faced while supporting the country, and highlights the way forward.

The key activities in the first six months of the spread of the virus in Iraq can be categorized as follows:

01 Preparedness and Response

According to the 2005 International Health Regulations (IHR), WHO remained a responsible partner in its strategic decisions through which it assisted the Ministry of Health (MoH) to take holistic government/society approach; thereby building a comprehensive strategy to prevent infections, save lives and minimize the impact of the disease. For instance, during the period from April to May, a significant decline in the number of cases was noticed following the government enforcement of a nation-wide lockdown. However, these figures started rising in June when the lockdown was uplifted for economic and social reasons.

Because Iraq is at a very high risk of the COVID-19 outbreak, WHO - in collaboration with the MoH - developed a strategic preparedness and response plan which outlined public health measures that should be adopted to minimize the spread of the outbreak and ensured its control.

WHO Expert mission meeting with the Minister of Health and his technical team to discuss prepardness and response plans and actions for COVID-19 in Iraq

The plan supported the MoH, and Directorates of Health (DoHs) to prepare and respond to COVID-19 and slow down its transmission within Iraq and to other countries. The plan was designed with the following specific objectives:

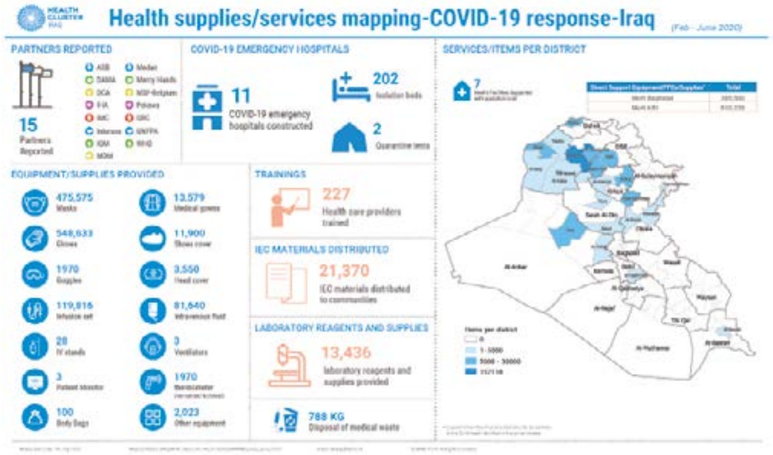
- Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, preventing transmission amplification events, and preventing further spread from Iraq;
- Identify isolate, and care for , patients early, including providing optimized care for infected patients;
- Communicate critical risk and event information to all communities, and counter misinformation;
- Minimize social and economic impact through multi-sectoral partnerships.

The plan focused on priority areas of work which include: Country-level Coordination, Risk communications and Community Engagement, Surveillance, Points of Entry (PoE), Laboratories, Infection Prevention Control (IPC), Case Management, Continuity of Essential Services, Mental Health and Psychosocial Support (MHPSS), Logistics and Procurement, and Supply Chain Management.

To ensure that the MoH and DoHs were well prepared to respond to the surging numbers of cases, WHO provided their rapid response teams with a strategic plan, technical guidelines, tools, and supplies for surveillance and laboratory verification. It also provided training, information Education and Communications (IEC) materials for community awareness campaigns that target schools, markets, mosques, and public places.

A coordination meeting between WHO and Ministry of Health Technical teams taking place at the Ministry of Health offices in Baghdad

02 Coordination and Collaboration



To ensure robust coordination of efforts and response, WHO worked with the MoH at the national and Kurdistan Region levels to provide technical support and coordination required through the incident management teams. The WHO teams briefed all relevant parties, including UN agencies, NGO leaders, government authorities, diplomatic missions, academic professors, as well as community and religious leaders on the COVID-19 status in the country. At the same time, the staff at local levels coordinated efforts with DoHs in IPC, case management training, and risk communications.

As the Health Cluster lead, WHO has, and continues to play a significant role in leading the COVID-19 response efforts in the country. From the onset of the outbreak, WHO has been a member of the Humanitarian Operations Cell (HOC), a forum including the Humanitarian Coordinator, UNAMI, NGO Coordination Center in Iraq (NCCI), heads of UN agencies and NGOs, and OCHA.

WHO activated and scaled up emergency response mechanisms as well as the pandemic preparedness plans for vulnerable populations (such as refugees and IDPs). It regularly provided strategic and technical guidance to members of the Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Group (ICCG). Several other technical guiding documents and developed critical messages were coordinat to with other clusters including:

- A Scenarios Planning document developed in collaboration with the Iraq Shelter Cluster, based on the health system capacity being overwhelmed by increasing numbers of COVID-19 cases. COVID-19 Outbreak Preparedness and Response Operations in IDP camps – an inter-cluster follow-up preventive measure/response plan to the Worst-Case Scenario - was identified in the Scenarios Planning document, in which MoH capacity to manage cases in hospitals is overwhelmed due to the rising caseload. This document provides technical guidance on setting up and running quarantine and isolation sites in camps. This has been discussed and shared with UNHCR, for potential use in refugee camps.
- Joint Health, WASH and CCCM cluster COVID-19 Key Messages for IDP camps and Informal Settlements
- Health and Hygiene Promotion Guidance for COVID-19 – a joint WASH and Health clusters' document on having streamlined guidance on health and hygiene messages will be shared with local communities
- Remote and face-to-face Gender Based Violence (GBV) counseling flowchart, focusing on primary health care workers, to clarify management methods and referral pathways for survivors of GBV. A web story on the Iraq Health Cluster.
- Technical input was also provided to the CCCM guidance on camp-level preparedness and response planning document
- Spport in the development and translation of the SMS messages related to prevention and mitigation of COVID-19 infection. They were disseminated through the Iraq Information Center to the affected population.

To fulfill its Health Cluster Lead role, WHO contributed to the development of the Addendum to the Iraq Humanitarian Response Plan 2020 and the Global Humanitarian Response Plan against COVID-19 in the document's initial and subsequent versions.

In collaboration with the Water and Sanitation (WASH) and CCCM clusters, the health cluster developed a 4W partner capacity-mapping template to map the available partner capacity to respond to COVID-19 epidemic in the humanitarian response areas. This includes geographical presence, lead-time to mobilize resources, duration of planned implementation. The data is updated monthly.

As a sequel, a mapping of services and supplies provided by humanitarian partners to the MoH was developed by the Health Cluster and updated by partner agencies regularly. The coordination and leadership roles of WHO/Health Cluster prevented the spread of COVID-19 in the camp population.

03 Active Surveillance and Contact Tracing

Teams of volunteers supported by WHO conduct community outreaches in Baghdad to sensitize communities on transmission, pre-vention and dangers of COVID-19 as well as conduct active surveillance

Despite some sporadic cases recorded in IDP camp, it is important to note that managing a pandemic of this nature requires large sums of financial and human resources to succeed, over US $ 20 Million has been raised so far.

WHO supported the MoH to strengthen surveillance in all areas including selected hospitals, PoEs, and IDP camps through providing standard case definitions, line-list formats, reporting formats, with updated guidelines, protocols and training.

WHO also provided guidelines on quarantine, and laboratory verification with necessary laboratory supplies to verify the confirmed cases for isolation and treatment.

WHO also supported surveillance through contact tracing, and active surveillance initiatives through isolating, testing, and treating every case and tracing every contact. These initiatives enabled a better detection, verification, and response of the COVID-19 epidemic until the major community transmission started following the May Eid celebrations. The MoH surveillance mechanism enabled the public health department and WHO to establish dynamic dashboards that reported the epidemiological situation with necessary parameters and indicators to take the required technical decisions regarding the mitigation and response initiatives.

On top of the initiative established by the MoH, WHO created a unique reporting link through the EWARN system to report suspected COVID-19 cases from the humanitarian response areas.

The reporting has enabled timely detection verification and control of the COVID-19 outbreak in IDP, refugee camps, and returnee locations. More than 60 alerts and 7 outbreaks were detected in the humanitarian project locations that were successfully managed with one related fatality in Kirkuk.

04 Risk Communication

WHO Country Representative together with Health authorities address the media on the status of COVID-19 in a press conference conference held at the Ministry of Health, Baghdad

In partnership with the Iraq Communication, Media Commission (CMC), health partners, and media houses, WHO and the MoH reached more than 120,000 people through printing and publishing 7,000 information, education and communication materials, and bilk managing.

To ensure coordinated messaging with all partners involved in the response and to debunk myths, a media crisis cell comprised of WHO, national Communication & Media Commission (CMC), and thirty media outlets was formed and used to educate society on the dangers and prevention of COVID-19. Traditional media and social media, including WhatsApp, Viber, Facebook, Twitter, and Instagram, were used in reaching out to communities (Please refer to CMC Iraq COVID-19 on Viber where more than 500 000 subscribers and publishers on COVID-19 can be found). Also, 17 educational videos were produced and broadcast in 30 Iraqi satellite channels countrywide. The achievements are as follows:

- Publication and distribution of hundreds of thousands of Information, Education, and Communications materials in Arabic, English, and Kurdish to different communities. These areas include among other Ministries of Health, Hospitals, and Airports.
- Conduction of numerous television interviews to raise public awareness in various stations countrywide. At the same time, the WHO social media such as Twitter and Facebook widely broadcast and amplified key preventive messages
- Issuance of fourteen press releases highlighting WHO support. They were disseminated to the media, through the WHO website and UNAMI mailing list.
- WHO, MOH, and other partners continued their support of communicating risks and mobilizing communities to observe prevention ways, especially during mass gatherings.
- The COVID-19 MHPSS/GBV awareness-raising materials were also printed in Arabic and Kurdish and distributed to different governorates. WHO also translated package of important mental health and GBV materials into the Kurdish Sorani language.
- Consolidated key messages on MHPSS and GBV prevention were prepared jointly by the Iraqi National MHPSS TWG and GBV Sub-Cluster to be used in the dissemination campaigns on social media SMS, TV and radio spots.

To respond to the increasing number of community transmissions of COVID-19 in the country, WHO and the MoH, in partnership with the United Iraqi Medical Society, the Ministry of Youth and Sports and community police organized awareness-raising campaigns in Baghdad, Basra, Thi-qar, Wassit, Missan, and Suleimaniyah. They targeted more than 8 million people in densely populated and COVID-19-affected districts in each of these governorates with health promotion and awareness messages to limit transmission of COVID-19. The campaigns dubbed "Your health is important". More than two hundred and fifty volunteers used booths, mobile screens, and mobile clinics to display educational videos and play audio messages on a variety of protective measures.

They also distributed facemasks, hand sanitizers, and flyers and informed the public of the importance of wearing facemasks, practicing physical distancing, and washing hands frequently. The campaign included support from the media, religious leaders, athletes, artists, and other professionals.

Volunteers ensured that a wide range of the population were reached with messages on COVID-19 including those in crowded places like markets

05 Mass Gatherings

According to WHO, public health risks increase significantly with mass gatherings resulting from close contact in crowded venues and accommodations. A recent WHO study has indicated that mass gatherings have the effect of increasing the rate of transmission of any respiratory disease (including COVID-19) by 57%.

To limit/prevent religious mass gatherings, WHO worked with the MoH to advocate for its restrictions at the highest levels. Key events canceled are, Al-Kadhmiya in Baghdad which was supposed to have taken place on 21 March 2020, as such Government was able to prevent 90% of visitors from coming to Al-Kadhmiy, an event planned for 8 April 2020 in Mid-Shaaban was also canceled following the WHO Country Representative's visit to a top religious scholar in Najaf and Kerbala.

WHO meeting with top religious leaders in Najaf to discuss mass gatherings during major religious events as a means to minimize the spread of COVID-19

Friday prayers were canceled after the Minister of Health visited another group of scholars to urge them to do so. Because of this cooperation and as an Advocacy tool, WHO issued an appreciation letter of support and positive messages towards this initiative. The Minister of Health also visited a section of scholars to advocate for the same; they were extremely cooperative and understanding.

In Ramadan, mosques were closed, and towards its end, events that were of concern were stopped. All this was attributable to the strong messaging on mass gatherings at the highest level. In the Kurdistan region, the mass gatherings were avoided by the lockdown initiatives even during the Ramadan festival season. All gatherings except for the Friday prayers (with precautions) were banned until 31 July 2020.

06 Technical Guidance & Training

WHO Expert Mission, 9-12 March 2020

Volunteers supported by WHO provide guidance on how to wear and use facemasks in a health facility in Baghdad

Following reports of its first COVID-19 cases in the country from Iran, WHO-led an inter-agency team on a technical review mission from 09 to 13 March 2020 with experts from the Regional office and Headquarters.

The aim of the mission was to rapidly assess the core elements of the response, provide additional guidance as needed, and guide on scaling up its operational readiness and response to the COVID-19.

The team also assessed the MoH and health facilities' capacity on COVID-19 disease detection, verification, and case management and to provide further guidance.

Findings and Recommendations of the team include;

Leadership and Governance: The MoH had to set up a crisis committee that included focal points for surveillance, epidemiology, laboratory, IHR, and other key areas, chaired by the Director-General (DG) of Public Health. However, there was no Incidence Management and Support Team (IMST) structure and no clear assignment of roles and responsibilities for the emergency response's focal points.

The Prime Minister set up a high-level crisis committee (known as Committee 55) that was chaired by the Minister of Health. The committee included many critical sectors such as interior, defense, security, transportation, Governor of Baghdad, parliamentarians, media, and representatives from different governorates.

The committee met at least twice a week during the crisis. The team lead attended this committee's meeting and noted the level of awareness and seriousness of the situation and offered their full commitment.

The mission recommended that the Government should adopt a holistic approach of involving all relevant teams in the MoH and other sectors and fully engage them; establish an IMST structure with clear roles and responsibilities across all pillars of response (which would be supported by the WHO office as secretariat), and develop a national preparedness and response plan for COVID-19. An IMST structure was launched on 12 March, and updates were provided across all pillars based on inputs and templates provided.

Points of Entry: The number of official PoEs in Iraq is 28, including 15 land ports, 6 seaports, and 7 airports (4 of which are suspended), and 5 PoEs in the Kurdistan region, which are not recognized by the federal Government. This is in addition to the informal crossings on the ground over the Iranian border.

Three PoEs have been selected for the implementation of the IHR (Zurbatiya Land Port, Knorr Al Zubair Maritime Port, Baghdad International Airport). From the discussion with IHR focal point and other key MoHE officials, it was found that POE staff has not been trained recently on screening, interview and early detection for COVID-19, there was no clear information available on data and stockpile of PPE in place at the POEs, and there is a lack of coordination and collaboration between the health sector and other key sectors such as security.

Visits to Baghdad International Airport (BIAP) revealed that there is a public health emergency contingency plan; however, it needs to be updated for potential COVID-19 events, and a mechanism exists for safely transporting ill travelers to designated hospitals. Most of the staff have been trained for early detection of symptoms, staff and passenger protection, and in interviews. Nevertheless, they need refresher sessions. A stockpile of PPE is available for the health workers. Important steps were taken like closing Najaf, and stopping visits to shrines, as well as Friday prayers.

Priority recommendations included strengthening collaboration between officials from PoEs, national surveillance and response systems, and health and security sectors through initiation of refresher training for airport staff, and improvement of cleaning and disinfection of the airport. Religious events taking place towards the end of March were also stopped while religious leaders' engagement was established.

Mass Gatherings: Iraq holds a special status for the Muslim Shiite community all over the world, with many important holy sites and shrines. Some of the pilgrimages to these sites, like Arba'een Pilgrimage, is among the world's largest annual mass gatherings held every year in Karbala, and attracts millions of people. Smaller mass gatherings commemorating various important events also take place throughout the year. Earlier efforts by MoH and WHO representative had led to the suspension of weekly activities like Friday prayers.

Besides, in late February, Najaf, a major religious site, and where the first case of COVID19 was confirmed in Iraq, also announced the closing of the Imam Ali mausoleum, only allowing access to its surroundings.

Surveillance and Data Management: It was not clear what strategy was used for case detection, but upon additional discussion with the surveillance team, it became clear that 80% of the cases were identified through the Severs Acute Respiratory Infection (SARI) surveillance, which started in Iraq in January 2019. Thus, most reported cases were among hospitalized patients (severe disease). Mild and moderate cases of COVID-19 were not reported (Iraq also does not have an influenza-like illness (ILI) surveillance system in place).

Paper-based case report forms are used to investigate reported cases. The major challenges here include multiple non-standardized case investigation forms and separate laboratory investigation forms with cases referrals for testing by CPHL made without informing the surveillance team. Also, there is no analysis plan in order to generate data to guide the outbreak response. Monitoring of the virus geographical spread, transmission intensity, disease trends, and impact on healthcare services is not being done in a systematic way.

Communications between the relevant departments (surveillance, lab, health directorates) were observed to be on an ad-hoc basis and informal, rather than following a clear systematic process and schedule. Identification of local data managers who will be responsible for regular analysis of the data to enhance and inform decisions at the Ministerial level was needed. In addition, the production of weekly epidemiological reports and dissemination to all levels and partners was advised by the team.

Contact detection and tracing: It was reported that contact tracing is being initiated in a timely way. Once a case is confirmed, the health directorate where the patient resides is contacted for contact tracing. However, it was not clear what proportion of contacts developed symptoms and were tested. All contacts were quarantined in special isolation areas in the provinces in order to help the system to meet their needs while in quarantine.

However, there were many problems with contact tracing, and data on contacts was not adequate. T

o improve case detection, the team recommended more testing of all SARI samples for COVID-19; all new arrivals from Iran, or other affected country; and implementation of active case finding in selected governorates. Accompanied by clear and needed to intensify the communication plan. In addition, immediate provision of necessary guidance and capacity building in areas of contact tracing at the governorate level, as well as reporting to the central level. Data on all contacts should be compiled in one database and regularly analyzed to guide the response and identify gaps and additional needs.

Infection Prevention and Control (IPC): In Iraq healthcare facilities, IPC is generally weak, which causes a huge pressure on healthcare workers and staff. Immediate actions are needed to reduce the probability of the spread of COVID-19 in healthcare settings through infections.

It was also found that the national IPC lead being a member in the therapeutic department is not communicating efficiently with the public health department. Within isolation and management hospitals, the IPC programs were minimal and in case of a surge of suspected patients, there will be a high risk of transmitting infections within the hospital. An IPC Webinar training was conducted, and the National IPC guideline was disseminated. WHO worked alongside the MoH and UNICEF to assess facilities and health care workers' capacities for IPC. In total, 144 health facilities were assessed, and recommendations for improvements were made.

To ensure the immediate high-level support to IPC at national and facility management levels and to empower IPC teams, the team recommended that strong collaboration between IPC and the preventive sector should be implemented. This will help in ensuring the continuous availability of adequate Personal Protective Equipment (PPE). The team recommended that updated standardized IPC guidance, continuous training on COVID-19 across all healthcare levels be provided, and optimal use of PPE, triage, early recognition of cases, source control, and environmental cleaning be ensured.

Case Management: The Ministry issued treatment guidelines early in March, based mainly on treatment data consistent with China and Europe. Health officials were aware of the WHO guidelines; however, they believed they must provide some type of treatment for severe cases. They were also aware of drugs under study; however, do not believe they have the capacity for clinical trials and assess that it will be difficult for them to randomize patients. Revisions to the clinical guidelines and protocols were needed to remove treatments with no proven benefits or with reported side effects. The Ministry was also advised to ensure clinicians are well trained.

Laboratories: The Central Public Health Laboratory (CPHL) in Baghdad was taking the lead on coordinating diagnostic testing in Iraq. WHO initially provided test kits that have been completely depleted. CPHL maintained an Excel spreadsheet with all test results, specimen details, and patient information. Although testing is not immediately affected, some consumables and reagents were running low, including virus transport medium.

Sharing of results between the Laboratories in Erbil and Sulaymaniyah needs to be improved. The use of commercial PCR kits and rapid diagnostic tests in Iraq needed to be carefully considered based on an appropriate evaluation. Finally, the case investigation forms that accompany specimens need to be considered an information resource that is better utilized for epidemiological purposes.

Risk Communication and Community Engagement (RCCE): The strategic communication focus was built around general awareness building and rumor management through messaging and material production. Rapid and intensive social media outreach; print material production (posters on health and hygiene, symptoms); translation (into Arabic and Kurdish); and wide dissemination.

Nationwide SMS messaging underway on symptoms and prevention practices. Media coverage increasing through interviews with the WR, MoH, and others. However, interventions now need

to be better planned, targeted, and synchronized through a costed national plan with clear links to epidemiological and social data. In this regard, the inputs from sub-national departments to create a national RCCE plan has been initiated at MoH, Coordination and strengthening partnerships with MoH, UN partners, and others were needed. The absence of an overall coordination architecture has implied that links between strategic risk communication pillars and other components of response were not yet systematic, and that systematic mobilization of partners has not yet taken place.

It was recommended that a shift from general awareness building to a more deep-rooted behavior change approach to engaging communities for household-level change be implemented. Messaging and media efforts should consider gender, psychosocial support (PSS) and stigma dimensions, and build trust and transparency.

There was a need to develop a costed national RCCE strategy/plan that had to be expedited with clear links to epidemiological and social data and risk analysis for targeted approaches and focused action. Mobilization and orientation of partners, stakeholders, and key influencer groups and opinion leaders at sub-national levels needed to be stepped up for a 'whole of society' approach. The role of Primary Health Care and other community-based frontline workers from other ministries should be considered to support community engagement, surveillance, and contact tracing. Strengthening the current national procurement agency, namely, Kimadia, to be able to respond as needed. They were encouraged to be engaged in the crisis committee in order to ensure the continuous availability of adequate medical supplies and PPEs and to manage/rationalize consumption.

Training: The training was provided to several national staff in concerned departments within the Ministry in order to ensure the limited spread of COVID-19. cascade this to other governorates.

Additionally, the WHO provided guidance and training for healthcare workers on standard surveillance, verification, infection prevention, and case management activities. Six hundred and fifteen healthcare workers from all governorates benefited in face-to-face training in KRG. Training materials were also provided to the MoH, who, in turn, were expected to cascade this to other governorates. WHO also supported training on infection prevention and control and case management in all the governorates. The WHO technical teams provided all the technical guidelines to the MOH and Directorates. To support the local RT-PCR laboratories in the southern region, a capacity-building workshop was conducted for eight laboratory specialists and technicians from Basra, Muthana, Missan, and ThiQar.

WHO supported volunteers distribute Information, Education and communication materials to people in the streets

07 Testing and Verification

Health workers testing patienst for COVID-19 in Basra.

In anticipation of more cases, WHO worked with the DOHs to identify three public health laboratories as testing facilities – in Baghdad, Erbil, and Sulaymaniyah. By the end of July 2020, WHO had supported the MoH and Kurdistan Regional Ministry of Health with more than 65,800 test kits to ensure prompt testing of COVID-19. Additional 14,000 test kits are expected in September 2020. This saw more people being tested for the disease. Since 24 February 2020, more than 1,200,000 COVID-19 tests (30,000 per million population) were conducted, including tests for confirmed cases to be declared as cured cases (each case needs at least two tests).

It is important to note that testing the positivity rate in Iraq is at 14%. Also, by 31 July 2020, WHO had supported the CPHL with laboratory detection materials and training as well as 78,850 extraction and reaction kits. WHO also plans to provide an additional 14,000 Extraction and reaction kits in the near future.

To further reduce the gap caused by shortages of test kits, WHO worked with Basrah University to produce Swab and Viral Transport Media (VTM) by financing this VTMs and 78,000 Swab distributed to 13 DOHs, procured, and supplied another 46,420 VTMs by the end of July 2020. WHO plans to procure additional 40,480 VTMs in August 2020. To broaden testing, WHO assisted the MoH and Governorates to open four new laboratories in Najaf, Basrah, Muthana, ThiQar, Missan, and Karkh and Medical City districts in Baghdad.

Testing has increased tp 30,000 tests per million population in Iraq.

08 Provision of Medical Devices and Supplies

WHO staff prepares medical supplies in readiness for shippment to the Ministry of Health to support COVID-19 response.

WHO worked with the MoH to maintain essential supplies for frontline workers responding to COVID-19 cases by supplying thousands of Personal Protective Equipment (PPEs) and hundreds of other hospital and medical supplies such as ICU Monitors, ICU Ventilators, Oxygen Concentrators, Ambulances, IV stands, and ICU beds. In Kirkuk, WHO procured and delivered 10 caravans to the Department of Health in Kirkuk to strengthen the response to the pandemic. They were distributed to referral hospitals to facilitate screening triage and laboratory investigations.

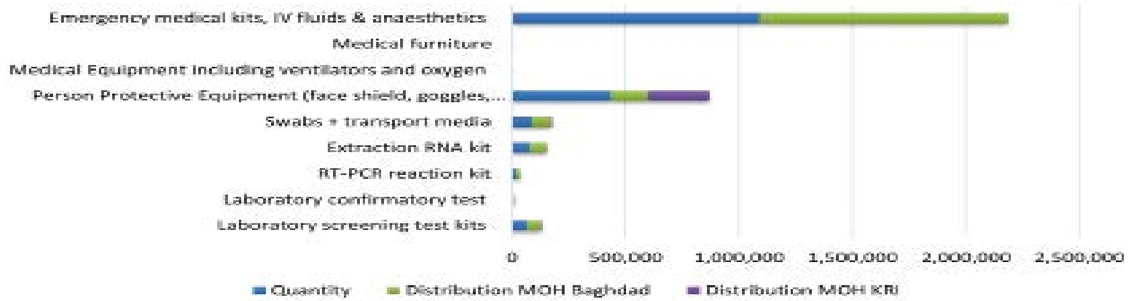
Hay Al Sinaei Hospital received one caravan, Kobani isolation unit one caravan, and Daquq Hospital had one caravan. Others are Hawija Hospital, two caravans, Al-Jumhuri Hospital, one caravan, and Azadi hospital, four caravans. WHO financially supported Basra University to manufacture two models of patient isolation chambers supplied to Basra DOH for use at the intensive care units. Also provided were ambulances to support patient transportation to treatment sites.

To ensure that health facilities were equipped to handle the COVID-19 patients, WHO facilitated the provision of offers for the purchase of Real-Time PCR for Kerbala DOH while guiding internal donations.

As a coordination partner, WHO provided specs to donors that guided them on the procurement of the much-needed devices and PPEs. The Organization supported the MoH and DOHs Iraq-wide with test kits, Extraction and reaction kits, Viral Transport Media, and Swabs. WHO also targeted more than 150,000 people were reached with information, education, and communication materials and through community sensitizations. The graph below shows supplies provided by WHO to the MoH and DOHs to support COVID-19 response.

Medical supplies and devices at WHO warehouse waiting for shippment to the Ministry of Health to support the response to COVID-19 in various governorates in Iraq, below, WHO staff loads medical supplies into a truck for shippment to various destinations.

Medical Supplies and Equipment provided to the Ministry of Health Kurdistan Regional Government by WHO



09 Case Management

Proper administration and management of COVID-19 cases in wards have a profound effect on the daily number of fatalities recorded in the country. The quality of care provided in the isolation wards are not well perceived by citizens due to many reasons. This makes many suspected cases refuse to conduct PCR tests or to admit themselves to be isolated and/or treated in public facilities. They prefer to be diagnosed in private clinics using only imaging techniques (which has low specificity to the disease) for the purpose of staying at home. A situation which resulted in non-recommended management of many moderate and severe cases at home.

MoH is currently adopting the latest clinical protocols for the management of COVID-19 patients in hospitals, and WHO is continuously updating the Ministry with the latest clinical management guidelines. The private sector should be involved in the management of COVID-19 cases according to certain agreed-upon conditions between the MoH and Private Hospitals with necessaryresources to treat affordable cases.

Hospitals should be supported with necessary resources to maintain a nominal rate.

10 WHO Dynamic Infographic Dashboard

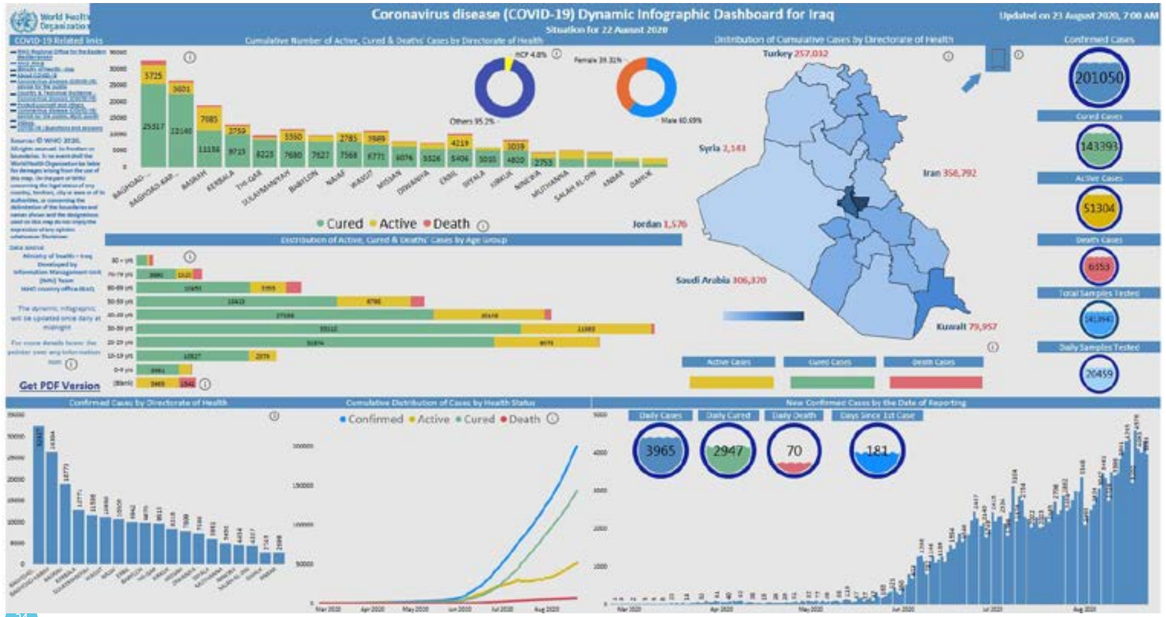
The Information Management Team in the WHO Iraq office developed a daily-updated Dynamic Infographic Dashboard, which reflects the updated situation of COVID-19 in Iraq by its epidemiological characteristics with regards to the status of cumulative confirmed, active, cured and death cases by governorates, age-groups, gender, and date of reporting. It entails 17 pages of detailed epidemiological data on:

- Reproduction or growth rate (R0) for the country, each Directorate of Health (DoH), and each Governorate.
- Testing positivity rates for Iraq and Kurdistan Region, including details on the sampling rates per million populations since 1 May 2020.
- Daily number of Infections among Healthcare Workers (by age, gender, and occupation) in each governorate and DoH.
- Weekly Incidence Rate for Iraq and in each DoH, as well as Doubling Rates in days.
- Mapping and Geographical Display of epidemiological data for infected, cured, and deceased cases for each governorate and each DoH.
- Epidemiological characteristics of deceased persons in terms of comorbidities, age, gender, and source of infection.
- Daily Incidence rates per 100,000 population for each governorate.
- EPI curve and daily distribution of confirmed and deceased cases by date of reporting.
- Daily and Cumulative distribution of confirmed, cured, active, and deceased cases for the whole of Iraq in graphical forms and tabulated format.
- Distribution of confirmed cases by governorates

- A Dynamic Summary Page entailing the infectious status in each governorate in Iraq and its distribution by DoH, age, and gender.
- Information about the number of cases in camp for vulnerable populations.

The dashboard can be displayed on mobiles as well as personal computers and can be accessed using the link: https://bit.ly/WHOCOVID-19IRAQ.

Given the current escalation in cases in Iraq, the detailed data included in the dashboard will certainly lead to better decisions. Also, it can open the door for researchers to investigate the reasons behind the proliferation of the disease in the country and the best ways to contain them.



11 WHO support to other essential health services

A) Support to Vulnerable Groups

In collaboration with other stakeholders, and with the MOH, WHO disseminated prevention messages and educated communities on hygiene and infection control measures in war-affected cities and internally displaced persons (IDPs) and Refugee camps. Because of WHO's support, a case of COVID-19 was detected in an IDP returning camp. The case was isolated and treated at the host community hospital. The evidence reflects the excellent screening practices at camp entry point conducted by UN agencies with the support of MOH/KRG. Contact tracing was also done, and several positive cases were also detected from refugees coming from Syria.

To ensure continuity of essential services, WHO continued supporting Immunization; Maternal and child health services; Hospital and Primary Health Care, and campaigns to overcome public fear.

B) Health systems Strengthening

WHO supported the MOH with the development of Iraq's first Master Indicators List (MIL) of primary health care services that provides a snapshot of primary health care performance based on existing, regional and globally comparable data. A national consultant was recruited to identify the potential role of the private health sector in response to COVID-19 and to help ensure the effective engagement of the private health sector in COVID-19 during this period.

C) Mental Health and Gender-Based Violence

During the ongoing COVID-19 response, the WHO continued to providing mental health support. Areas supported include. Mental Health and Psychosocial Support (MHPSS) and Gender-Based Violence (GBV). Activities included remote counseling, direct services, capacity building activities, awareness-raising, and stigma. More than 200 frontline health care providers were trained on; Inter-agency Standing Committee (IASC) Interim

Guidance Note on MHPSS aspects of COVID-19, prevention of social stigma associated with COVID-19, stress management, response to GBV problems, and remote Psychological First Aid (PFA). Besides, training material for the Ministry of Interior and Ministry of Defense was prepared for the frontline staff dealing with people affected by COVID-19. The materials included the MHPSS aspects during COVID 19, stress management, stigma, GBV, and PFA.

As Gender-Based Violence increased with COVID-19 globally, WHO, in cooperation with the health cluster, prepared a rapid assessment of health services' responses to GBV survivors during COVID-19 in Iraq. The result showed a 40% increase in the prevalence of GBV during the COVID 19 crisis. Also, WHO prepared a quick guide in two scenarios (Remote and Face-to-Face services) for healthcare providers who deliver health services to women subjected to domestic violence. Additionally, in cooperation with the Iraqi GBV Sub Cluster, the referral pathway was updated. WHO finalized the adaptation of the Clinical Handbook for GBV to the Iraqi context.

Fifty previously trained doctors from Ninawa, Erbil, and Duhok governorates received online supervision sessions on mental health GAP (mhGA) Intervention Guide. To ensure mental health services continue during the ongoing pandemic, WHO provided essential psychotropic medicines to MOH- Kurdistan Region and several WHO-supported NGOs working in Ninawa, Erbil, and Dahuk. As a Co-chair of the National Mental Health and Psychosocial Support Technical Working Group, WHO supported the convening of regular online meetings and coordinated with other clusters. As a result, online 4Ws was updated in line with the COVID-19 response.

D) Non-Communicable Diseases

People with existing Non-Communicable Diseases (NCDs) are more vulnerable to COVID-19 and likely to degenerate faster if tested positive for the disease. These conditions include Hypertension, persons at risk for heart attack and or stroke, Chronic Respiratory Diseases (Ex. COPD), Diabetes, and Cancers. Iraq recorded high percentages of death among persons with NCDs and their risk factors because of COVID-19. In collaboration with the Regional Office and the Global NCD alliances, the country office provided technical support to the Iraqi MoH Program managers, University and Academia staff from different higher learning institutions, and the Ministry of Youth. Other entities that the Organization provided technical support to were civil society organizations, specifically the Diabetes, Hypertension societies, and Lung and health societies, as well as the Iraqi higher committee to combat tobacco. Protocols were also updated, and recommendations on how to deal with risk factors and NCD preventive measures were provided.

E) Maternal and child health

The WHO country office, in coordination with the MOH and Regional Office, conducted a rapid assessment to ascertain the status of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) service delivery in Iraq during the Covid-19 pandemic. WHO, in collaboration with UNICEF and UNFPA are supporting the MOH to develop the national response plan to maintain Essential Reproductive, Maternal, Newborn, Child, and Adolescent Health services during COVID-19 pandemic. WHO is leading this initiative whose primary interventions are finalized. The teams are currently focusing on detailed activities.

A mother waits for vaccination of her newborn baby at a health facility in Baghdad. WHO and partners support health authorities in Iraq to strengthen maternal health services

The MoH, in collaboration with WHO, UNICEF, and UNFPA Regional Offices, developed and adopted a list of Reproductive, Maternal, Newborn, Child and Adolescent Health core indicators to monitor the impact of COVID-19 on RMNCAH services. These indicators are monitored through the Statistic Department of the MoH at the national and sub-national levels. Plans are underway to conduct a health facility survey so that the three agencies ensure that these indicators are monitored at the health facility level.

In collaboration with the Regional Office, WHO recruited a national consultant to conduct a situation assessment of essential medicines required to implement national Sexual Reproductive Health Rights guidelines. Joint activities regarding the finalization of adolescent health orientation program training package, development of reproductive health and emergency obstetric and newborn care (EmONC), online assessment tool, adaptation of Global School-based Students Health Survey(GSHS) and Global School Health Policies and Practices Survey (G-SHPPS) in collaboration with CDC are ongoing.

12 Gaps and Challenges

Responding to a pandemic comes with enormous challenges and gaps. Like many agencies responding, WHO also faced some challenges among these:

- Governance including border controls, monitoring and evaluation, fast-track procurement, and ease of bureaucratic procedures, complicated logistics, relationship with Kurdistan regional Government on COVID-19 issues.
- Transmission and infection prevention control, particularly with patient flow, secure Covid-19 quarantine and isolation areas, and inadequate quantities of personal protective equipment.
- Weak health services, looking at the role of the primary health care centers, private sector, supplies and equipment, workforce, hospital performance, and maintenance of essential services.
- Lack of proper PH measures (number of Laboratories, specialists, adequate laboratory supplies, surveillance and forecasting, and PH Indicators for Monitoring Reliable Information, and Research capacities)
- Weak Public Acceptance of prevention measures like the refusal of MoH Directives /Advice, stigma, refusal to conduct tests, low compliance with self-isolation/self-shielding or treatment protocols, refusal of stringent economic measure, careless attitude to self and families health, low hand hygiene and the wearing of masks, non-avoidance of gatherings.
- Lack of economic support for families, especially the low-Income ones, absence of financial support for private businesses, and incentives for collapsing businesses.

13 The Way Forward

COVID-19 has changed the way WHO is currently supporting the MoH considering the limited presence of staff at both the WHO and MOH offices; however, despite these challenges, WHO continues to work with the MoH and partner in to respond to COVID-19 and beyond.

To lessen the negative impact of these decisions while maximizing their benefits to the public, WHO is recommending a new roadmap to respond to the pandemic to be able to slow down the current proliferation of the virus in the country, and to confront the expected next waves of infections. The following additional high-level measures are recommended by WHO for the country to be able to prepare and respond to the pandemic in the coming period:

- Wearing Masks: Several research papers on COVID-19 has shown that wearing masks while keeping social distancing and adopting a practice of frequent handwashing can significantly reduce the rate of transmission by 30-40%. The Government should not only expand mass communications and information efforts to shift social norms in this respect but also may wish to contemplate sanction on not wearing face masks in public places with immediate effect. UNICEF and WHO stands ready to assist the Government in expanding mass communications and information efforts to shift social norms in this respect.
- Mass gatherings: When looking at various super transmission events and gatherings throughout the year usually attended by millions from inside and outside Iraq, it is advised that the Government imposes a continued ban on any social or religious mass gathering of any kind (such as weddings, funeral ceremonies, mass prayers, pilgrimage, group visits, etc.). A communication strategy developed for that purpose at an early stage may avoid the Government having to impose fines or other sanctions.
- Border Control: According to the latest governmental decisions, trade with all neighboring countries as well as international air travel will resume for easing the economic and social pressure currently being imposed on the country. Nevertheless, if this decision is not coupled with strict closure of official and unofficial road entry points in front of travelers from neighboring countries and strict precautions at the airport, they will have a profound negative impact on the number of infections in border governorates. WHO will support the Government in this connection of short notice and improve the effective management of "points of entry"
- Laboratory Tests and Active Surveillance: Iraq should increase, by any possible means, its testing capacities as well as its standard public health measures including contact tracing, isolation, and management of COVID-19 cases and quarantine of contacts. Accordingly, the MoH should provide more PCR machines, inaugurate new labs, and supply an adequate number of COVID-19 test kits and other related supplies to enhance the daily testing capacity of the country. During this time, the WHO will continue to strengthen the Laboratory capacity and test COVID-19 cases by procuring and distributing test swabs and Viral Transport Media (VTM). Plans have already been made to procure thousands of these commodities from different sources soon.
- Infection Prevention and Control (IPC): It is advised that a rapid assessment of COVID-19 isolation and management facilities be done by an investigation team comprising members from the Ministries of Health and Higher Education, UN agencies (such as WHO, UNICEF), and others. They should be focusing on immediate measures that can be taken in each facility (such as continuous availability of adequate Personal Protective Equipment (PPE), training of staff on standardized IPC guidance and procedures, triage and early recognition of cases, source control and patient vs staff flow, and environmental cleaning).
- Risk Communication and Public Awareness: Public awareness should be supported through the initiation of massive campaigns targeting high risk and affected areas in all governorates. The campaigns should mobilize communities to towards behavioral change. A new national communications strategy is needed to deliver critical messages, provide answers to key questions, debunk myths, guide on COVID-19 preventive practices, reduce stigma, and advise on any other COVID-related issues to all citizens living in these areas. UNICEF and WHO are on standby to facilitate this process.
- Surveillance and data management: Surveillance information is critical in identifying cases for investigation, estimating the magnitude of the disease, evaluating national response and prevention measures, monitoring changes in infectious agents, facilitating research, and measuring the impacts of changes in health care practices. It needs to be hugely strengthened and digitized in Iraq for better management and response of the pandemic. WHO stands ready to provide technical support to health authorities in this critical area of work
- Isolation and Management of Cases: The Ministry should adopt (and adapt if necessary) the recently released WHO guidelines on proper isolation and clinical management of COVID-19 cases (including hospitalized vs home care) and ensure the compliance of all healthcare providers to them. The private sector should also be involved in the management of COVID-19 cases according to certain agreed-upon conditions between the MoH and Private Hospitals.

Finally, WHO will continue working with the MOH to ensure children continue receiving vaccination services, supporting maternal and child health programs, and strengthening the health system in the country to ensure that all suspected and confirmed cases of COVID-19, as well as persons with all health conditions, receive treatment.

World Health Organization

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