



COVID-19

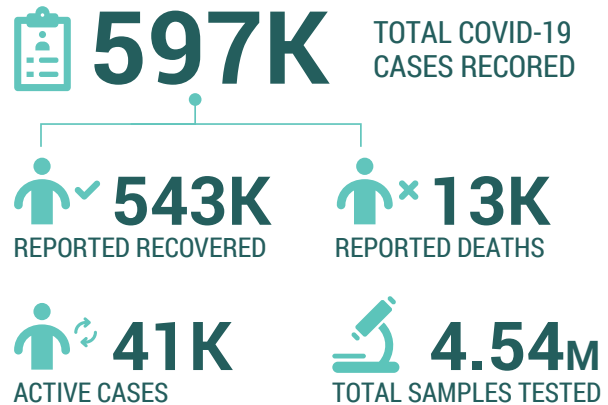
SUMMARY OF ANNUAL REPORT

IRAQ | 2020

INTRODUCTION

On 24 February 2020, Iraq recorded its first COVID-19 case in the country. This follows the World Health Organization (WHO) declaration of the novel coronavirus (SARS-CoV-2) as an outbreak of a Public Health Emergency of International Concern (PHEIC) on 30 January 2020.

To respond to this pandemic WHO worked with the Ministry of Health and Environment (MOH&E) and partners to contain the epidemic by establishing a coordination mechanism and infectious diseases outbreak response activities and ensured that the response follows WHO recommended strategy based on four pillars: Testing, Isolating, Early case management, and contact tracing. WHO's key areas of support to Iraq in 2020 include:



1. Country Preparedness and Response

In line with the International Health Regulations (IHR 2005), WHO encouraged the Ministry to adopt a “whole of government/ society” approach in responding to COVID-19 pandemic. It promoted the development of a comprehensive national strategy to reduce the number of infections, save more lives and minimize the impact of COVID-19 on the country.

In collaboration with the MOH, WHO developed a strategic preparedness and response plan that outlined public health measures to minimize the impact and control the spread of the virus. The plan supported the Ministry and directorates of health

in preparing for, and responding to COVID-19, while striving to slow down its transmission within Iraq, and halt its spread to other countries.

WHO mobilized rapid response teams to respond to the surge in cases and provided technical guidelines, tools, and supplies for surveillance and laboratory verification. It also provided training and developed educational materials for implementing Risk Communication and Community Awareness campaigns targeting schools, marketplaces, mosques, and other public places.

2. Coordination and Collaboration

To ensure robust coordination of efforts in the response, WHO worked with the Ministry of Health at the central level and in the Kurdistan region (MOH-KRI) to provide technical support and coordinate efforts through incident management teams. WHO briefed all relevant parties, including United Nations Agencies, Non-Governmental Organizations, government authorities, diplomatic missions, academic professors, and community and religious leaders, on the status of COVID-19 in the country. At the same time, the staff at local levels coordinated efforts with directorates of health in infection prevention and control measures, case management training, disease surveillance, and risk communications.

As the Health Cluster lead, WHO played a significant role in leading COVID-19 response efforts in the country. From the onset of the outbreak, WHO was a member of the Humanitarian Operations Cell (HOC), a forum including the Humanitarian Coordinator, United Nations Assistance Mission for Iraq (UNAMI), NGO Coordination Centre in Iraq (NCCI), heads of United Nations agencies and non-governmental organizations, and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Besides, WHO was

also part of Committee 55 during the early stages of the pandemic, providing technical advice on the appropriate measures the Government of Iraq took to minimize the infection's spread.

WHO activated and scaled up emergency response mechanisms, as well as pandemic preparedness plans. These included inter-agency plans such as the Strategic Preparedness and Response Plan (SPRP) and inter-cluster documents, such as the COVID-19 Addendum to HRP 2020, guidance on establishment and operation of Quarantine/Isolation areas in camps, the Allocation Strategy for the 1st Reserve Allocation of the Iraq Humanitarian Fund that focused on COVID-19 response, etc.

Additionally, WHO/Health Cluster regularly provided strategic and technical guidance and updates to the Humanitarian Country Team members and the Inter-Cluster Coordination Group (ICCG). Several other technical guidance documents and critical messages were developed to coordinate with other clusters.



3. Active surveillance and contact tracing

WHO supported the Ministry of Health and directorates of health to strengthen surveillance in all areas, including selected hospitals, points of entry (POEs), and IDP camps, by providing standard case definitions, reporting formats, line list formats, and electronic reporting formats, updated guidelines, protocols and training.

WHO provided guidelines on quarantine and laboratory verification and supplies to confirm suspected cases for isolation and treatment. WHO also supported surveillance efforts through contact tracing and community surveillance initiatives, which sought to isolate, test, treat every case, and trace every contact. These initiatives improved detection, verification, and response to the COVID-19 epidemic until community transmission rates increased substantially following the Eid Al Fitr celebrations in May.

The Ministry's surveillance system enabled the public health department and WHO to create dynamic dashboards to predict the epidemiological trend of COVID-19 to inform decision-making on mitigation and response efforts.

WHO created a unique reporting link through the Early Warning Alert and Response Network (EWARN) system to report suspected cases of COVID-19 in humanitarian response areas. The reporting enabled timely detection, verification, and control of cases in IDP and refugee camps and returnee locations. A total of 650 EWARN alerts were detected in 2020; of these, 630 were suspected COVID-19, and 25 laboratories confirmed as COVID-19 outbreaks.

More than 100 suspected COVID-19 cases were reported, 100 were suspected COVID-19, and 25 laboratories confirmed as COVID-19 outbreaks.

4. Risk Communications and Community Engagement



WHO and the Ministry reached more than **150,000 people** by disseminating more than one million various Information, education and communication materials, and bulk messaging



Seventy five Media interviews were conducted countrywide to raise public awareness. WHO's social media channels widely broadcasted and amplified more than 900 tweets on key preventive messages.



Twenty-five WHO press releases outlining WHO support were shared with the media and UNAMI mailing list and posted on the WHO



A media crisis cell comprising WHO, CMC, and **30 media outlets** was formed to educate society on COVID-19 and prevent transmission, to ensure coordinated messaging for all partners involved in the response and counter misinformation. Traditional and social media channels, including WhatsApp, Viber, Facebook, Twitter, and Instagram, were used to reach communities.



More than 10 million people in various densely populated and COVID-19-affected districts in Baghdad, Missan, Basra, Karbala, Najaf, Erbil, Sulymania, Dahuk, Erbil, and Mosul with **health promotion and awareness messages to limit transmission of COVID-19.**



Seventeen educational videos were produced and broadcasted in **30 Iraqi satellite channels countrywide** to ensure effective communications on risks and prevention of COVID-19 infection, published and distributed hundreds of thousands of information, education, and communications materials in Arabic and English and Kurdish to different communities in the country. These areas included, among other Ministries of Health, Hospitals, and Airports.



More than two thousand five hundred (2500) volunteers in different locations used booths, mobile screens, and mobile clinics to display educational videos and play audio messages on various 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



5. Mass Gatherings

WHO worked with the Ministry to limit/prevent the holding of religious mass gatherings. Key events included Al-Kadhmiya in Baghdad (21 March 2020), which limited 10% of previous years. An event planned for 8 April 2020 in mid- Shaaban was canceled following meetings between the WHO Representative and renowned religious scholars in Najaf and Kerbala.

Friday prayers were canceled following meetings between the Minister of Health and religious scholars. During Ramadan, mosques were closed, and public gatherings stopped. In the Kurdistan region, public gatherings were banned except for Friday prayers (with additional precautions), Ramadan and all gatherings were banned until 31 July 2020.

6. Technical Guidance and Training

WHO Expert Mission, 9-12 March 2020: WHO led an inter-agency team review mission from 9 to 12 March 2020 to rapidly assess core elements of the Government's response, provide technical guidance as needed, and support the scaling up of operational readiness and response COVID-19 pandemic. The team also assessed national capacity on COVID-19 disease detection, verification, and case management in the following areas and gave recommendations.

- Leadership and governance
- Points of entry
- Mass gatherings
- Surveillance and data management
- Contact detection and tracing
- Infection prevention and control (IPC):
- Case management:
- Laboratories
- Risk communication
- Logistics and supplies

Training

- Six hundred and fifteen (615) health care workers from all governorates benefited from face-to-face training in the Kurdistan region. Additionally, WHO provided guidance and training for health care workers on standard surveillance, verification, infection prevention, and case management activities. Training materials were supplied to the Ministry for cascading this to other governorates.
- Eight laboratory specialists and technicians from Basra, Muthana, Missan, and ThiQar were trained.
- The training was provided to several national staff in relevant departments within the Ministry of Health and Environment. WHO delivered orientation sessions on the prevention of COVID-19 to Baghdad, Basra, Sulaymaniyah, Erbil, and Al Najaf airport authorities.
- WHO also supported training on infection prevention and control and case management in all governorates. WHO technical teams provided technical guidelines to the Ministry and directorates of health.

7. Testing and Verification

In anticipation of an increasing number of cases, WHO worked with the Directorates of Health to identify three public health laboratories as testing facilities – in Baghdad, Erbil, and Sulaymaniyah.

More than 65 800 test kits were provided to the Ministry of Health and Kurdistan regional Ministry of Health to ensure prompt testing of COVID-19 by the end of December. This resulted in more 120 000 people being tested for COVID-19.

Eighty Thousand PCR test kits, 93 000 laboratory enzymes, 78 850 extraction and reaction kits, and 120 000 swabs and media were provided to the MOH at the national and Kurdistan Regional level.

Eighty-five thousand, four hundred and fifteen viral transport media (VTM) and 77 999 swabs produced in collaboration with the University of Basra were distributed to 13 Directorates of Health.

8. Provision of Medical Devices and Supplies

WHO worked with the Ministry to maintain essential supplies for frontline workers responding to COVID-19 cases by supplying thousands of Personal Protective Equipment including:

Three hundred and sixty-eight thousand surgical masks, 45 400

respirator mask N95, more than 1.2 million gloves, 40 000 gowns, 32 000 protective goggles, and 101 200 face shields.

Hundreds of other hospital and medical supplies, such as fifty-three Intensive care unit (ICU) patient monitors, three ICU



ventilators, 362 oxygen concentrators, two electrocardiograph, one defibrillator and two suction machines, ambulances, IV stands, and ICU beds were also procured and delivered to different health facilities across the country.

Ten caravans were procured by WHO and delivered to the Department of Health in Kirkuk to strengthen the response to the pandemic and facilitate screening triage and laboratory investigations. Referral hospitals that benefited include; Hay Al Sinaei Hospital received one caravan, Kobani isolation unit got one

caravan, Daquq Hospital also received one caravan. Others were 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 Directorate of Health for intensive care units. Ambulances were also provided to help patient transportation to treatment sites.

WHO provided 105 intensive care unit hospital beds, hospital beddings, bedside cabinets, and 28 intravenous mobile stands.

9. Case Management

- As an innovative project for Basra University WHO financed two models of patient isolation chambers in Basra
- WHO supported the renovation of Ban Hospital in Dahuk and renovation of one of the Intensive Care Unit in the pediatric hospital

Needs & Requirements

- A steady supply of COVID19 vaccines through the COVAX facility and bilateral agreements to ensure adequate immunity among the eligible population as soon as possible.
- Risk Communications and Community Engagement campaigns to increase vaccine uptake

- Additional funding to support the ongoing vaccination campaign both through RCCE as well as through adequate evaluation and timely field monitoring
- General awareness material highlighting the importance of the COVID 19 vaccination program and addressing the issue of vaccine hesitancy.
- Funding to ensure continuity of regular health programs and health systems development

THE RESPONSE TO THE COVID-19 PANDEMIC IN IRAQ IS MADE POSSIBLE WITH THE GENEROUS CONTRIBUTIONS FROM WHO IRAQ'S LONG-TERM PARTNERS



EUROPEAN UNION
CIVIL PROTECTION
AND HUMANITARIAN AID



FRANCE

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