

HEALTH CLUSTER BULLETIN

BULLETIN NO. 4

(April 2020)



Name of the Country: Iraq

Emergency type: Conflict

Reporting period: 01.4.2020- 30.4.2020

- WHO Iraq Country Office technical team developed the COVID-19 status interactive dashboard for the Ministry of Health and Environment in Iraq, that shows the number of cases (cumulative and currently active), type of transmission, deaths and recoveries by population type, age group, district and referral hospital. This can be accessed here : <https://bit.ly/2UIDNiR>
- Simultaneously, WHO Iraq launched the COVID-19 Dynamic Infographic Dashboard which reflects the updated situation of COVID-19 in Iraq by epidemiological characteristics: cumulative confirmed, active, cured and death cases by governorate, age-group, gender, and date of reporting. Interaction with the infographic dashboard can be done by simple movements of the computer pointer over any specific visual color or information icon. In doing so, the dashboard provides a brief description of the related figures and the whole dashboard changes accordingly to provide specific details (such as location, date, demographics, etc.) related to the chosen colored bar or map. The dashboard is updated daily with data from the previous day and can be found here : <https://bit.ly/2XFDv8u>
- In the ongoing efforts to enhance coordination between humanitarian and development actors, UNDP shared with the Health Cluster their plan to establish 20 isolation rooms and management beds in each of Anbar, Ninewa, Salah Al Din, Diyala, Najaf, Karbala, Basrah and Duhok governorates, which will include the provision of medical furniture, medical equipment and PPEs for health staff responsible for managing COVID-19 cases. In addition, as requested by the Central Public Health Laboratory in Baghdad and MoH-KRG, Real Time Polymerase Chain Reaction (rtPCR) devices are planned to be provided to Anbar, Ninewa and Erbil.
- Meanwhile, MSF is working with DoH Ninewah and the management of Al Salam Hospital in Mosul to establish 40 isolation beds for suspected COVID-19 patients. It is to be a shared management between DoH, who will look after medical management (staff & supplies), and MSF, who will take care of the logistics management (cleaning, IPC, food for patients, etc.).

Humanitarian Response Plan 2020

1.25M Targeted Population **41%** Reached Beneficiaries

23 Partners Reported **13** INGO **10** LNGO

HCO* 1: Avoid preventable morbidity/mortality among 284,505 IDPs out of camps, 324,512 IDPs in camps and 943,948 returnees through provision of essential primary healthcare services, referrals of complicated cases and secondary healthcare services at higher-level facilities.

141K Total Number of Consultations



18K No. of Cases Received Gynaecological Consultations

6K No. of Children Under 5 In Camps IDPS Children Screened For Malnutrition by MUAC or Anthropometric Measures



2K No. of MHPSS Individual Sessions Provided

2K Total No. of Patients attending Secondary /tertiary Hospitals

HCO* 2: Ensure continuation of provision of quality healthcare services to affected & vulnerable populations after handover from cluster partners to the DoH through training of 2,000 health care workers in various topics.

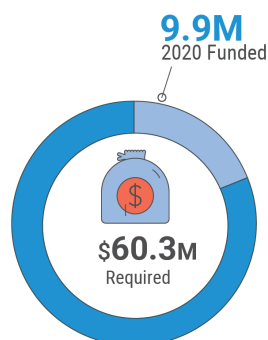


2.1K No. of Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

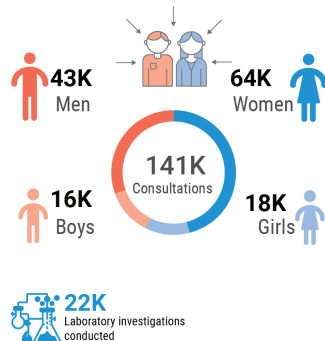
- The Health Cluster met with OCHA, REACH and DTM colleagues on 1st April to discuss how OCHA and key data/assessment partners can support the Cluster in mapping of the cases and vulnerabilities related to COVID-19, as well as development of scenarios. It was envisaged that this process would inform planning of all clusters in terms of targets/people at risk.
 - In addition, DTM was beginning to conduct a phone survey with Key Informants across the country, from 5th April to obtain some information at sub-district level regarding access to services, movement restrictions and potential impact of the crisis. The Health Cluster was requested to review the questionnaire to ensure it was technically in line with the latest knowledge on COVID-19.
- In order to map the existing and readily available capacity in terms of COVID-19 specific activities, geographical presence and timeliness/duration of response, the Health Cluster along with WASH and CCCM clusters launched the COVID-19 4Ws Capacity Mapping reporting platform in April. It was agreed that the reporting would be updated on a monthly basis and an interactive dashboard was developed, which can be accessed through : <https://bit.ly/2XGACV5>
- UNICEF Iraq conducted a Rapid Assessment to understand the COVID-19 risk perception of the community. It was launched through UNICEF Iraq Facebook and boosted through sponsorship that helped reach over 2 million views, with over 200,000 viewers clicking to read the COVID-19 messages and around 4,000 respondents answering the survey questions. Major finding suggested that:
 - Over 90% people (among the survey participants) heard about different aspects of COVID-19
 - Social media is the most popular (~50%) and Health Officials are most reliable source of information.
 - Sharqiya and Iraqi TV are the two most popular TV channels
 - People are aware of the risk of getting infected and they know what to do
- In order to collect information on the resources available/required to report on the data for the Global Humanitarian Response Plan (GHRP), the Global Health Cluster reached out to country clusters to fill out a survey focusing on ongoing or planned data collection activities, as well as some information on surveillance. Iraq Health Cluster provided this information by the 6th April deadline.
- The Health Cluster Coordinator met with the European Commission on 9th April to have a discussion on several topics under the COVID-19 response including quarantine/isolation capacity of the public health system and/or IDP camps, the level of support provided by humanitarian partners to date, etc.
- The WASH and Health clusters together developed the “Health and Hygiene Promotion Guidance Document for COVID-19”, the aim of which is to provide guidance so that interventions are adequately resourced with appropriately qualified and experienced full time staff members who can ensure that hygiene promotion efforts are carried out in a planned and systematic way. This document was translated into [English](#) and [Arabic](#).
- The EWARN Unit of WHO Iraq developed a new online form for registering and immediately notifying cases of suspected COVID-19, using the WHO global line list template. Therefore, partners were informed to report it as “Suspected COVID-19” rather than under “Unusual Communicable Diseases”, as they had been doing previously. This information is reflected on the WHO Iraq EWARN Dashboard 2020 : <http://bit.ly/34Yw6C5>
- OCHA Iraq began producing a monthly document titled “COVID-19 Impact on Humanitarian Operations” to which clusters’ inputs were requested.. The Health Cluster provided feedback by 15th April, as requested.
- In close collaboration with the Shelter/NFI Cluster, the Health Cluster developed a document titled “Scenario planning for COVID-19 response in Iraq”, which was shared with the Humanitarian Operations Cell (HOC) by WHO. This document is based on the health system capacity becoming gradually overwhelmed by an increasing number of COVID-19 cases and what humanitarian partners are to do to mount a solid, multi-sectoral response to the worst-case scenario. It also outlines four situations in IDP camps. The HOC is in the process of having it translated into Arabic and Kurdish. The document is then to be presented by WHO to the MoH in Baghdad for endorsement.

- The Health and Shelter clusters also jointly developed the “[COVID-19 Outbreak Preparedness and Response Operations in IDP Camps](#)” document, with technical inputs from WASH, CCCM, Protection and Food Security clusters and Child Protection Sub-Cluster. This document serves as a follow-up preventive measure/response plan to the Worst Case Scenario identified in the Scenarios Planning document and outlines in details what relevant partners are to do to set up quarantine and isolation areas in the IDP camps.
 - The Health Cluster, with technical support from WHO EMR office, conducted a “Rapid assessment of the health services response to GBV survivors during COVID-19 in Iraq” between 21 -27 April, the purpose of which was to assess the capacity of health facilities, health providers and humanitarian partners to ensure safe and accessible services to survivors of GBV during the COVID-19 pandemic. Some of the findings are as below:
 - Health and MHPSS service providers were interviewed
 - 40 Primary Health Care Centers (PHCCs), 6 hospitals and 2 Mobile Medical Clinics took part in this exercise.
 - 79% HFs reported a change in work modality
 - 40% of HFs reported an increase in women survivors of violence seeking assistance
 - 81% HFs have an updated referral pathways
 - 69% HFs reported having staff trained on GBV
 - In collaboration with the GBV Sub-Cluster, the Health Cluster and WHO GBV Technical Officer from EMRO developed “Key messages around GBV and COVID from a health perspective”. In addition, a “Remote counseling by health care providers (suspected or disclosed GBV case)” [flow chart](#) was developed to facilitate an easy-to-use guidance for health partners if they encountered a potential GBV case either remotely or in person. These documents were shared with the Health Cluster and GBV Sub-Cluster partners.
 - Through the facilitation of OFDA, the Health, Protection and WASH cluster coordinators met with Nadia’s Initiative, a local NGO that specializes in providing services to Yazidi survivors of ISIL crimes, on 29th April. The clusters provided a brief on their operations and coordination platforms at national and sub-national levels.
 - The Iraq Humanitarian Fund (IHF) announced the opening of the 1st Standard Allocation for 2020 in the ICCG meeting on 23rd April. The Allocation Priorities were as follows:
 - Out-of-camp and other underserved locations utilizing as much as possible local NGO capacity
 - Priority HRP activities that also support the COVID-19 response as per the ICCG mapping exercise
 - Existing IHF partners with demonstrated access and operational capacity as identified by ICCG, NCCI and OCHA
 - NGO consortium projects that address the above along with capacity building components for NNGOs
- Clusters were requested to provide their individual priorities by 30th April for the process to move forward according to the timeline approved by the Advisory Board.
- In addition to several interviews on different Iraqi TV and news channels by WHO Iraq Country Office Representative and the Emergency Team Lead focusing on COVID-19 awareness, OCHA included a standing agenda item for the Health Cluster Coordinator to provide updates on COVID-19 in the Inter-Cluster Coordination Group (ICCG) meetings in March, which continues.
 - The cumulative number of COVID-19 cases in Iraq during March 2020 were **1397** with **47** deaths.

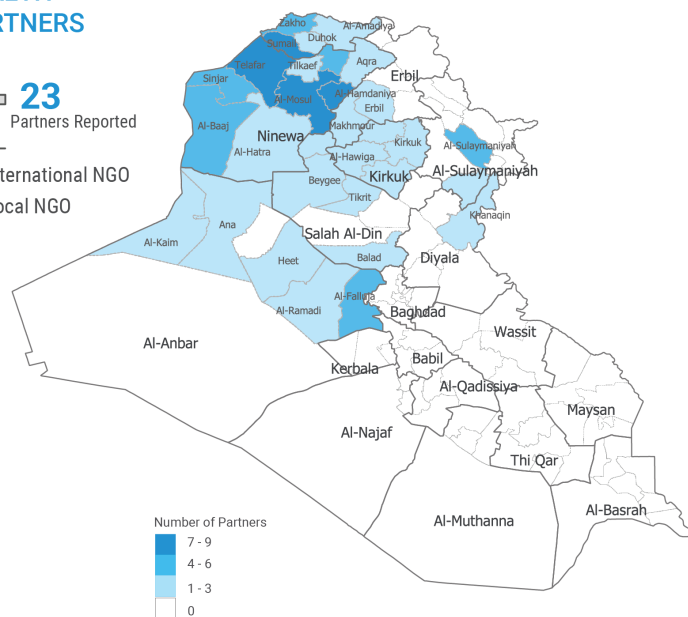
FUNDING INFORMATION



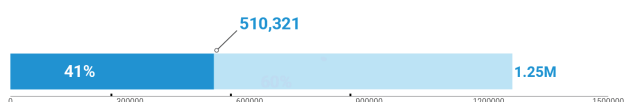
TREATMENT OF COMMON DISEASES



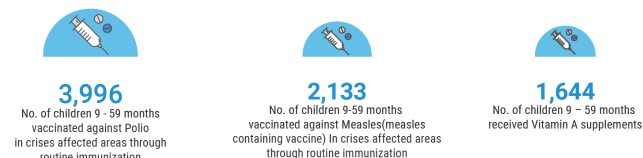
HEALTH PARTNERS



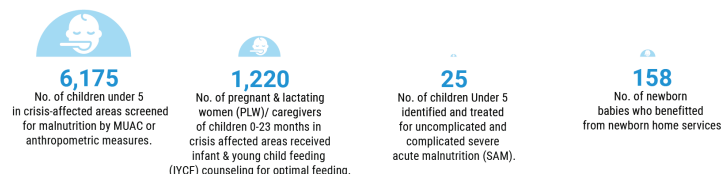
REACHED TARGET



IMMUNIZATION



NUTRITION



SUPPORT TO HEALTH FACILITIES



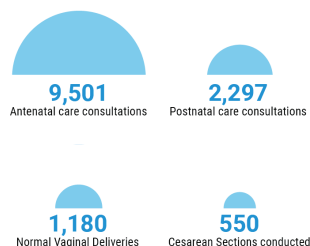
EWARN



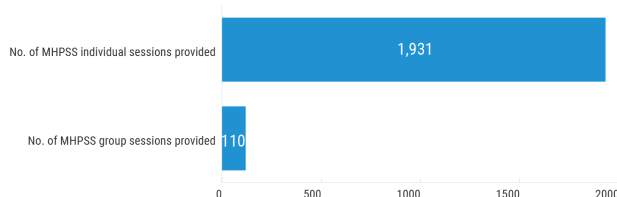
PHYSICAL REHAB OF PATIENTS



REPRODUCTIVE HEALTH



MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

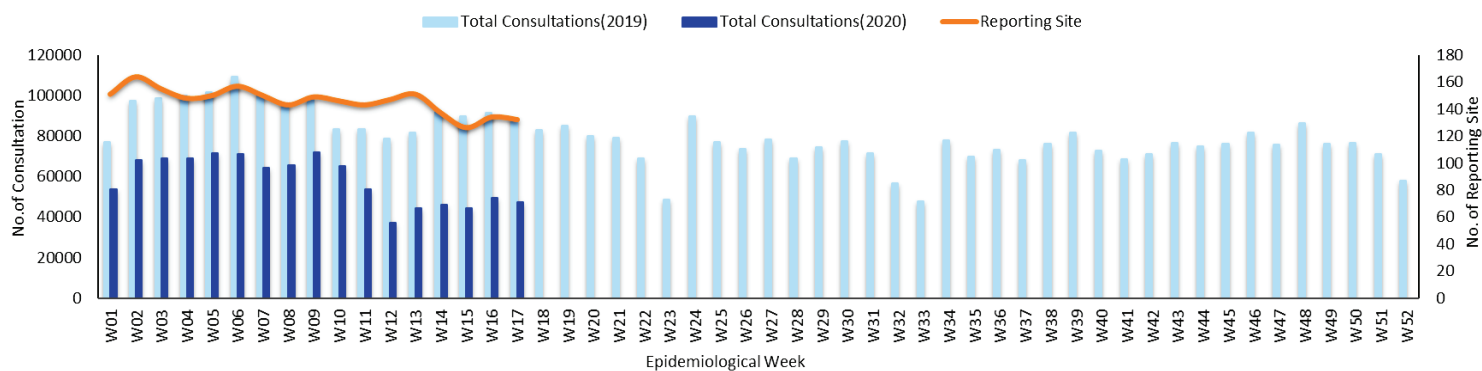


CAPACITY BUILDING



Early Warning Alert and Response Network (EWARN)

Total Consultation & No. of Reporting Sites in Iraq By Week (01-52),2019 - 17,2020

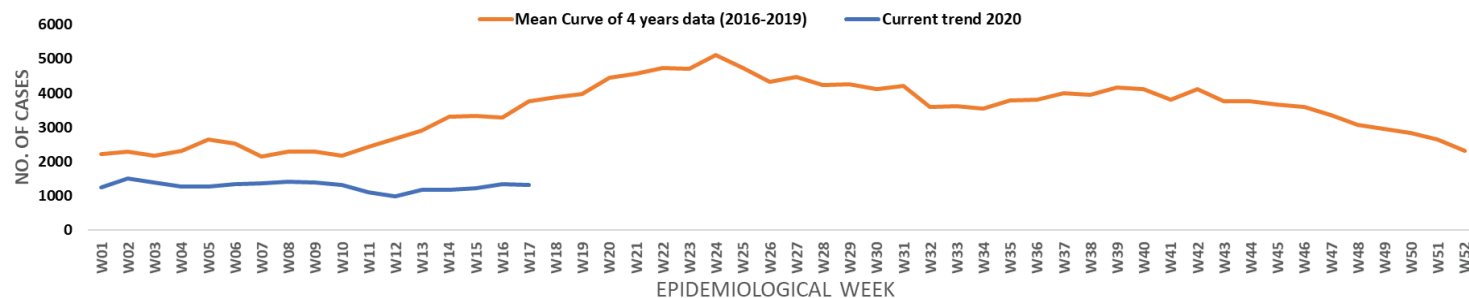


Alerts / Outbreaks - April 2020

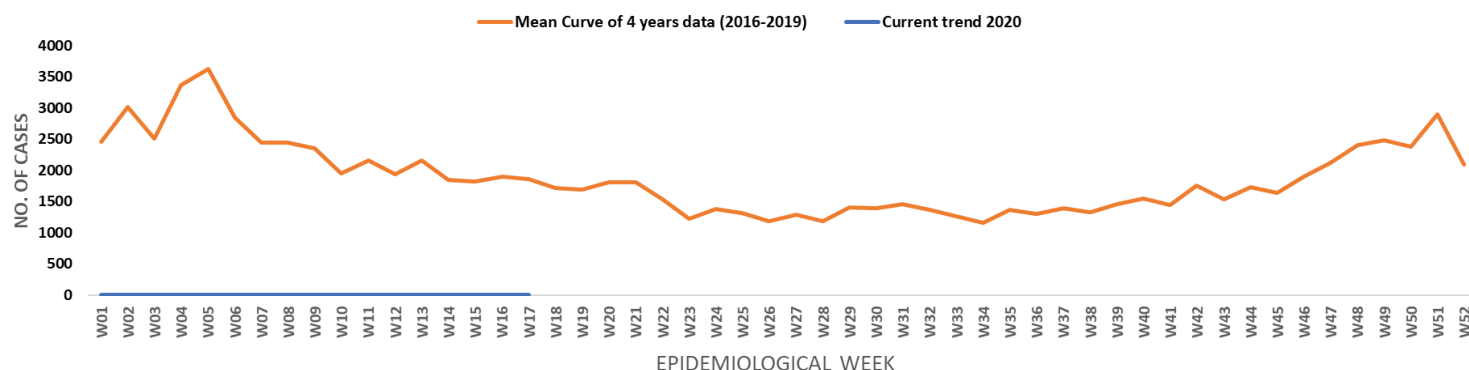
Disease	No. of alerts	No. of cases investigated	No. of clinical outbreaks	No. of cases treated	No. of lab confirmed outbreaks	No. of cases treated
Suspected Cholera	0	0	0	0	0	0
Acute Flaccid Paralysis (AFP)	0	0	0	0	0	0
Suspected Measles	1	1	1	1	0	0
Suspected Meningitis	5	5	0	0	0	0
Suspected Diphtheria	0	0	0	0	0	0
Suspected Neonatal Tetanus	0	0	0	0	0	0
Suspected Acute Haemorrhagic fever	0	0	0	0	0	0
Food poisoning	0	0	0	0	0	0
Suspected visceral leishmaniosis	0	0	0	0	0	0
Avian Influenza A	0	0	0	0	0	0
Suspected COVID-19	11	11	0	0	0	0
Suspected Anthrax	1	1	0	0	0	0
Total	18	18	0	0	0	0

Disease trend during Jan-Dec 2019 compared to 2020

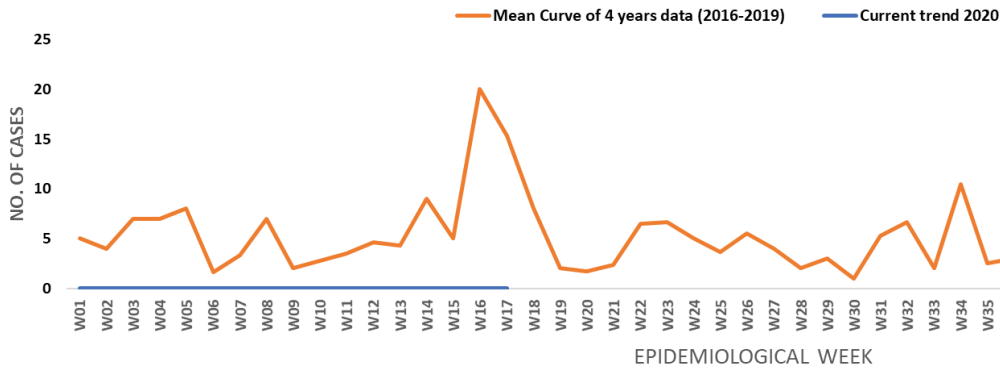
Trend of Acute Diarrhea cases in recent weeks



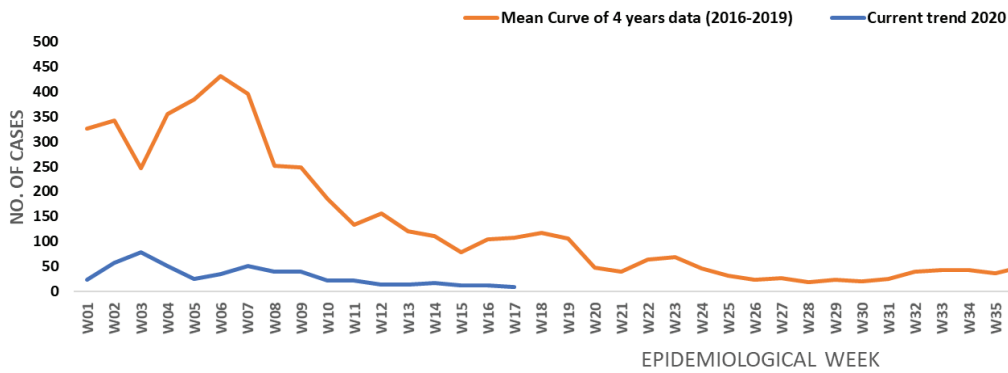
Trend of LRTI cases in recent weeks



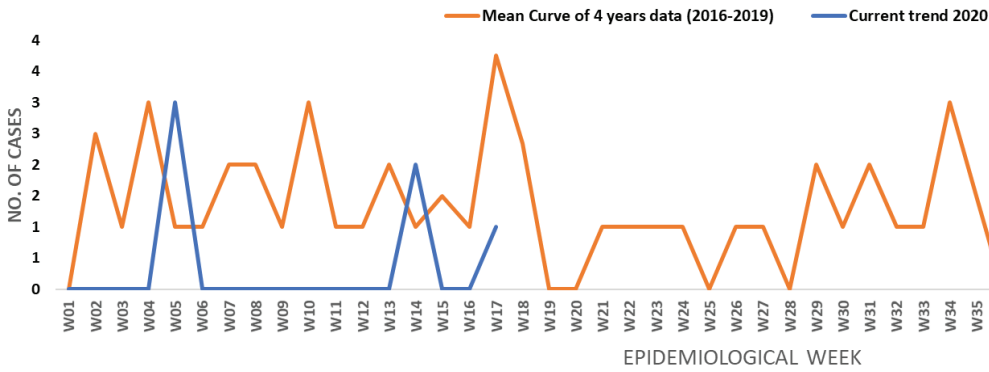
Trend of Suspected Measles cases in recent weeks



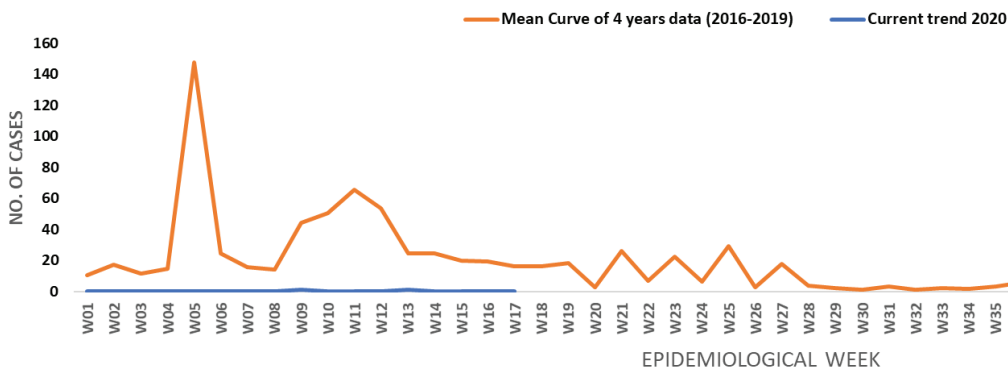
Trend of Suspected Leishmaniasis cases in recent weeks



Trend of Suspected Meningitis cases in recent weeks



Trend of Suspected Pertussis cases in recent weeks



Health Cluster

1. The Health Cluster estimated that a budget of USD 1.47 million would need to be re-purposed under the HRP 2020 for continuation of priority activities by the partners, with support to COVID-19 related activities as well.
2. The draft ToRs for the Iraq Health Cluster COVID-19 Taskforce have been developed and endorsed by the Health Cluster SAG members. The Cluster is to arrange a kick-off meeting in early May to finalize any remaining issues related to the Taskforce in order to launch it officially.

MHPSS

- Partners requested to share all available media materials related to COVID-19
 - Partners to update their activities on the online MHPSS 4W form to be in line with COVID-19 crisis
 - Partners willing to translate any COVID-related materials into Kurdish to inform MHPSS TWG Lead to avoid any duplication
 - Medair is finishing its Psychosocial Support activities this month and will be exiting the country in the next few months.
- Partners who would like to take over some of the sites to contact Medair to arrange a proper handover

Reproductive Health

- MoH Baghdad to endorse the national guidelines on managing pregnancy with COVID-19 infection, subsequent to which, the document will be shared with RH Working Group partners.
 - UNFPA to support in translation of the document
- Tel Abta PHCC in Ninewah, which has a Delivery Room, is in need for RH interventions. Interested partners to contact the RH Working Group Lead
- There is a need to review the ToRs of the Working Group to conform to the new requirements of the current situation
- It is planned to update the mapping of RH services provided by partners in collaboration with the Health Cluster
- Most of participants agreed to have the RH Working Group meeting every fortnight

Links for cluster dashboards and infographics on www.humanitarianresponse.info

1. Health Cluster meeting minutes: <http://bit.ly/2Kc3IFq>
2. Health Cluster infographics: <http://bit.ly/2l9SZZp>

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