

العراق في مواجهة الوباء

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Iraqis fight against the pandemic

Monitoring and evaluation report of Iraq's efforts to control COVID-19 pandemic

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Introduction

The news spread of the outbreak of the novel coronavirus (Sars-Cov2), which causes the disease (COVID-19) in the People's Republic of China and East Asian countries. After its transformation into a pandemic, the board of directors of the Ufuq organization met.

A monitoring team has been formed to assess the health situation in Iraq and the extent of the health system's readiness to deal with the pandemic in the event of its arrival in Iraq, and this is what happened on February 25, 2020, where the first infection with Coronavirus was recorded in Najaf Governorate.

The team consists of experts and specialists in the field of health care and public health, specialized in dealing with health and social crises. The team issues its initial report to assist decision-makers, health care providers, civil society and stakeholders, media platforms, and stakeholders in identifying weaknesses in the preventive planning process to combat the spread of the Coronavirus in Iraq.

We appreciate the great role that all official and unofficial institutions have played in reducing the risk of a pandemic in Iraq, which the World Health Organization has praised and the early response to the prevention of the epidemic, but we believe that it is important to have a realistic assessment of vulnerabilities and their treatment, to prevent For serious consequences.

The health sector in Iraq is among the service sectors that suffered from neglect, corruption and weak resources for long periods that spanned decades, even before 2003, and the political system in Iraq was unable to reform the situation in it, even after noticeable increases in spending.

There is a huge shortage in the number of hospitals, which number 229 public sector hospitals, at the rate of one hospital per 166,000 citizens, most of these hospitals suffer from a significant shortage of medical equipment and supplies, and in the number of medical beds equipped to receive patients, where a patient may wait for urgent surgery Or an important examination for months to obtain the opportunity of treatment.

This reality does not differ from the shortfall in the number of specialized doctors and specialized medical staff, as Iraq is witnessing deplorable events of deaths caused by the lack of a specialized doctor, or a medical device in a hospital.

We must also mention the unfair distribution of resources, which puts entire cities at risk, as a result of a hospital cessation of work, which may be the only one in the city, and this is what happened recently in the city of Samawah in the province of Muthanna when there was a fire in the Hussein Teaching Hospital, the accident put the entire city At the risk of losing essential health care.

The health system in Iraq relies mainly on the low-cost services provided by the Iraqi state, but it allows the private sector to invest in health care, with controls and limits.

The private health sector also did not provide extensive health services, but remained very limited, mainly dependent on consulting clinics, pharmacies, laboratories, and some surgeries, despite the presence of approximately 171 private hospitals throughout Iraq, and its cost is very high.

Spending on the health sector in Iraq is low, compared to the shortage in this sector, even after the security improvement. Military spending is still witnessing an increase at the expense of other service sectors, including the health sector, where the rate of spending on health in Iraq is the lowest compared to neighboring countries.

Evaluation of the Health officials' efforts

Official health institutions in Iraq were not prepared for a crisis such as the Covid-19 pandemic. Especially with the demonstrations that have been going on for seven months, add to it a resigned Prime Minister who has been running the country for months, a non-prepared federal budget, a complex and very tense political situation after the assassinations of activists and violations of human rights.

However, the Iraqi government has responded within its capacity and has moved somewhat well in dealing with the pandemic.

The early response began with the announcement of the formation of a ministerial crisis cell, which later became a ministerial committee headed by the Iraqi Minister of Health and Environment, according to Prime Minister Order No. 55 of 2020 and membership of relevant ministries and agencies from security and service institutions.

In February, the biggest danger facing Iraq was how to control the spread of the pandemic in Iraq across its borders with the Islamic Republic of Iran, after it announced many casualties in it.

Decisive decisions had to be taken, including preventing travel to and from countries that had become endemic, and real and effective implementation of this prohibition. This is what did not happen, as reports and our follow-up confirmed that there is an ongoing trade exchange, and a large movement between Iran and Iraq, this led to the appearance of the first injuries on February 25 of an Iranian student in the Najaf province, which was officially announced by Najaf's health director, Dr. Radwan Al-Kindy. After medical teams examined students in religious schools and residents in the governorate, this procedure resulted in early detection of the disease.

After the announcement of the first patient with Covid-19, decisions were issued by the Ministerial Committee, which included a travel ban to and from several countries including China, South Korea and Iran, which indicated that we have noticed that it has not been implemented as our team continued not to implement the actual travel ban in several ports And travel continued to and from Iran by air, and trade exchange with China continued until March 15.

We believe that the lack of serious implementation of the decisions of the Ministerial Committee dated February 25, 2020 was the reason for the spread of the virus further, and the Iraqi government, the civil aviation authority, the border crossing authority, and relevant security authorities in the federal government and the Kurdistan Regional Government bear responsibility for this.

Also, the Ministry of Health did not have sufficient effectiveness in the expatriate quarantine due to their large number, and that the procedures for examination and follow-up at airports were dependent on measuring the temperature of people only, and that recording their data and following up their condition after entering as one of the most important links in the procedures for tracking suspects, was limited Very on a small scale.

We thank the important work done by the health teams, and even the ministry officials who have done a good job so far, but it is important to note that the ministry was and is still failing to provide adequate medical equipment for health personnel, and to reach a state of sufficiency in terms of protective equipment, even though The pandemic in Iraq did not reach to a large extent, our observational teams noted a significant shortage of infection prevention equipment throughout Iraq, which puts the health staff in a vulnerable situation.

We have noticed the lack of protective equipment in health centers, especially in hospitals that are not designated for isolation, where medical staff uses surgical masks that have not been proven to stop infection with Coronavirus, and the lack of medical masks of the type N95 recommended for use according to the instructions of the World Health Organization. The deficiency also extends to sterilizers, eye and head protection equipment and protective suits. Also, our extensive monitoring in many health institutions in Iraq indicated that instructions to withdraw protection equipment from units in the institution and hand over the health staff one mask per day, which may lead to contamination of the masks even before wearing them, and it is advised to replace this type of masks after 4 Hours of use.

It is important to address the health institution's role in fighting rumors, misinformation, and awareness of disease risks.

As the role of the Ministry of Health was very traditional in the early stages, dependent on providing information to those who would like to search for it, and there was no real effort to communicate the correct information early to the citizen through innovative means, and the awareness teams in the primary health care center, made an effort to raise awareness Early but it was not effective enough due to the lack of any tools to complete this work. As there is no funding for such an awareness effort, the health directorates provide only banners and awareness leaflets only, and the service provider relies on awareness for shoppers and market workers.

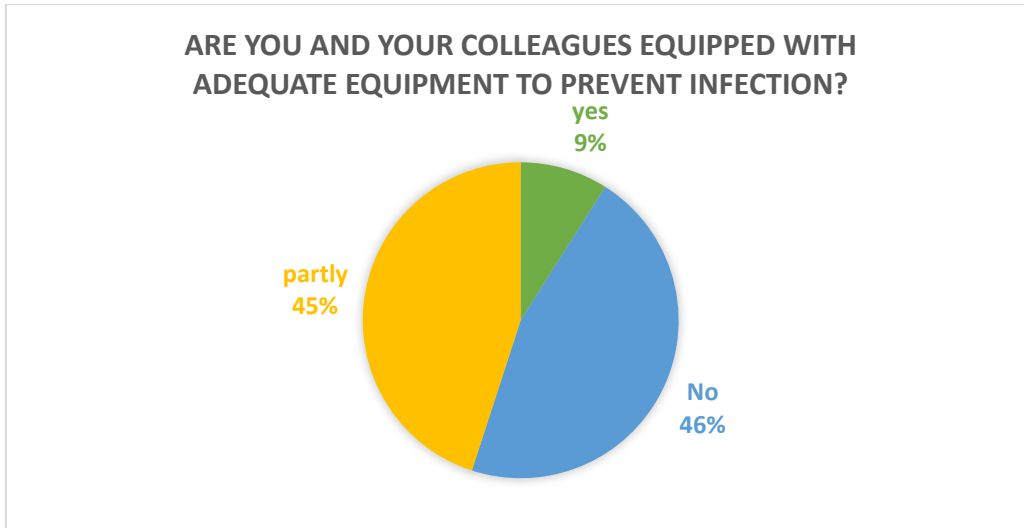
The weak role in the health awareness process that the Ministry of Health played, lack of good coordination with the rest of the state's sectors, lack of coordination and cooperation with civil society, and benefiting from its experience and communication with people, led to the spread of wrong information on ways of prevention and transmission of infection, as well as the spread of rumors about the cause of the spread of the disease Some of this propaganda reduced the severity of the situation, which weakened the response of citizens to what was directed by the official authorities.

The Ministry of Health is also late in providing PCR devices for investigating the novel coronavirus, as these tests are not available in Iraqi governorates, they are only available in very limited laboratories in Baghdad, despite the Ministry of Health announcing that provinces are equipped with PCR devices, but so far the devices have not reached most of the Provinces.

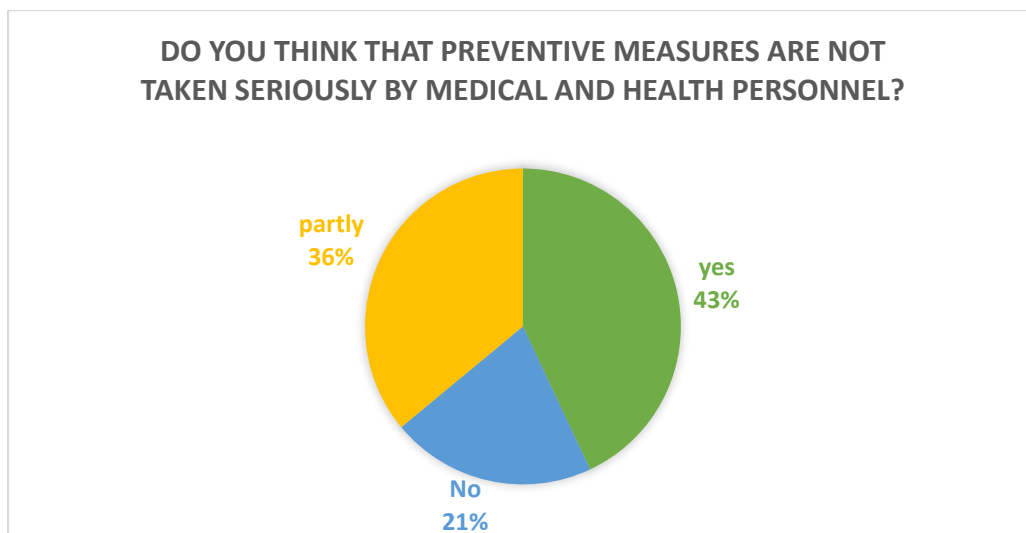
One of the important notes that must be noted is that the process of transferring suspects with COVID-19 and the burial of corpses was indiscipline, as these procedures were photographed as these photos reached people, which caused harm to patients and families of those who died, also pushing many who have symptoms COVID-19 did not go to health institutions, fearing defamation and boycotting them.

In a questionnaire conducted by our organization for workers in the health sector, we asked them about various matters related to the status of the health personnel, its preparedness and working conditions.

The most important findings of the questionnaire are that about 91% of health personnel are not equipped with effective prevention equipment as mentioned above.

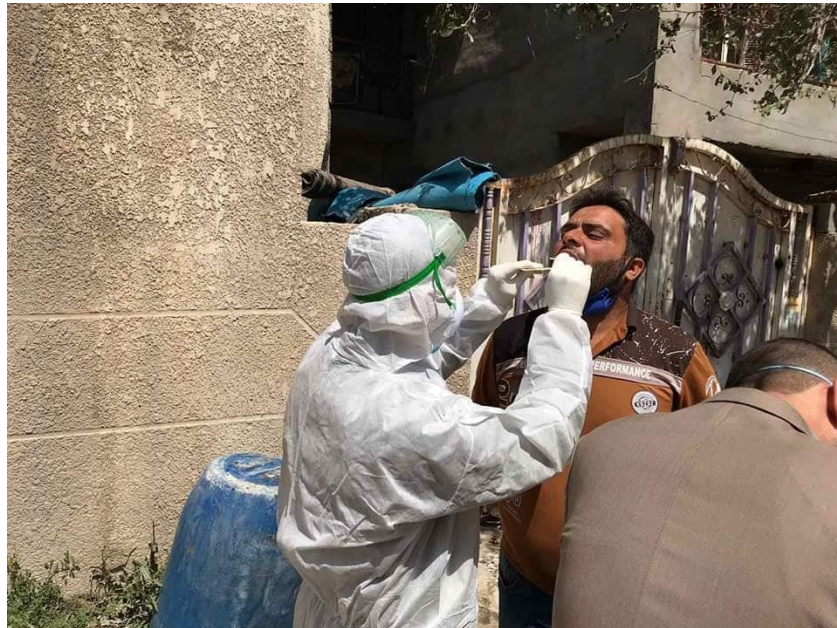


Among the important things that must be mentioned also, with the lack of infection prevention equipment, there is a clear lack of interest in the preventive measures by health personnel, where our observers witnessed that the process of removing the masks and the rest of the protective equipment, and disposing of them is not done properly, so we believe that the Ministry of Health To make a greater effort in training health personnel on the methods of transmission, and the importance of infection prevention. For more accuracy in the results, we asked the participants in the questionnaire whether the health personnel were committed to the prevention measures and the results were as follows:



From March 30 and the days that followed until the beginning of April, the Ministry of Health conducted field checks to take samples from areas that recorded many cases with COVID-19. The regions are Al-Amin, Za` faraniyah,

Sadr City, New Baghdad, Al-Nasr, and others. We also asked some of the participants from the health team about this process, they said that some citizens did not appear willing to conduct medical examinations and did not explain the reasons and only said that they are fine.



Several testimonies told us that there were escaping by suspects, in Baghdad, Najaf, Dhi Qar and many other areas in Iraq, who refused quarantine pending examination. After our question, it was found that follow-up or tracking procedures for these cases are almost impossible, as they are not registered in a database that provides this type of information.

A hospital in Rusafa was forced to use armed non-governmental groups instead of the police to impose compulsory quarantine on the suspects, which created another problem represented by the crowding of these elements and their interference in the work of medical personnel.

Many areas also witnessed campaigns to refuse to open quarantines for those in contact with confirmed cases in public buildings, until they were verified by laboratory examination, despite the assurances of the people concerned that the quarantine of contacts in a nearby building would not transmit the infection.

Also, several cases of assault on health personnel inside and outside health institutions were recorded.

Especially the teams that go to transfer suspected cases, after informing one of their relatives. Some have also reported false cases of COVID-19 to one of his acquaintances or relatives with the intention of harming or joking, which caused confusion and slow response in the medical staff.

As of the day of writing this report, the number of coronavirus infections in Iraq has reached 1203, and the number of deaths has reached 69 people so far, which makes the death rate of 5.7% of those infected, although it is a variable but still high, with a general average in the region between 2 - 3.3%.

We believe that the main reason for the high death rate of COVID-19 is that the patients are notified somewhat late, as many cases arrive and are in a severe health condition. Also, a large percentage of Iraqis suffer from heart diseases that may be undiagnosed and chronic diseases such as blood pressure and diabetes., Which increases the severity of the pandemic.

Therefore, we believe that the efforts of the Ministry of Health in the early detection of COVID-19 are still without ambition, awareness-raising efforts in the need to urge people to report immediately in the event of symptoms of the disease they have also not enough, and that the number of checks conducted by Iraq is very few so far, as it was announced The Ministry of Health conducted 28,414 COVID-19 examinations as of April 8, 2020.

Infection to population	population	Infections count	Governorate
0.003	8,126,755	257	Baghdad
0.017	1,471,592	256	Najaf
		156	Erbil
0.005	2,908,491	152	Basra
		138	Sulaymaniyah
0.005	1,218,732	72	Karbala
0.002	2,095,172	42	Dhi Qar
0.004	814,371	34	Muthanna
0.001	1,597,876	23	Kirkuk
0.0009	1,637,226	16	Diyala
		15	Dohuk
0.0008	1,378,723	12	Wasit
0.0005	2,065,042	11	Babylon
0.0005	1,291,048	7	Diyala
0.0001	3,729,998	5	Nineveh
0.0003	1,112,673	4	Maysan
0.0001	1,771,656	2	Anbar
0.0001	1,595,235	1	Salahuddin
0.003	38,124,182	1203	Total

In the above table, which relied on the population statistics of the Central Bureau of Statistics, and the number of those infected with COVID-19 from the statistics announced by the Ministry of Health on April 8, 2020, the situation in Najaf Governorate is disturbing, as the governorate witnessed the registration of many cases of infection making it the second governorate in terms of the number of people diagnosed With bovid-19, and the higher percentage of patients compared to the population, which requires urgent and intensified intervention in early detection efforts for infections. It is also

necessary to increase social separation procedures. It is also important to provide quarantine buildings, to provide a trained laboratory team and special devices to increase the conduct of examinations, Provide an equipment Prevention of medical staff urgently.

The Foreign Ministry spokesperson also mentioned that the number of cases with COVID-19, outside Iraq, reached 195 cases. The United States is topped by 40 patients, Norway 37 patients, Sweden 23, Belgium 11, Jordan 12, Canada 16, Italy 7, Britain and Austria 5, Lebanon 2, Netherlands 5, Saudi Arabia 3, United Arab Emirates 2, Denmark 10, France 6, Finland has one patient. And deaths of Iraqis abroad amounted to 13 cases, Britain came in the first place 6 deaths, although the number of persons diagnosed with COVID-19 in Britain, according to the Foreign Office statement is only 5 cases.

Also, the number of persons diagnosed with COVID-19 from the Iraqis in the Islamic Republic of Iran has not been mentioned, raises doubts about the validity of the Ministry of Foreign Affairs report, so we call on them to further investigate the accuracy and follow up the case of the Iraqi patient abroad to ensure their safety.

Security performance evaluation

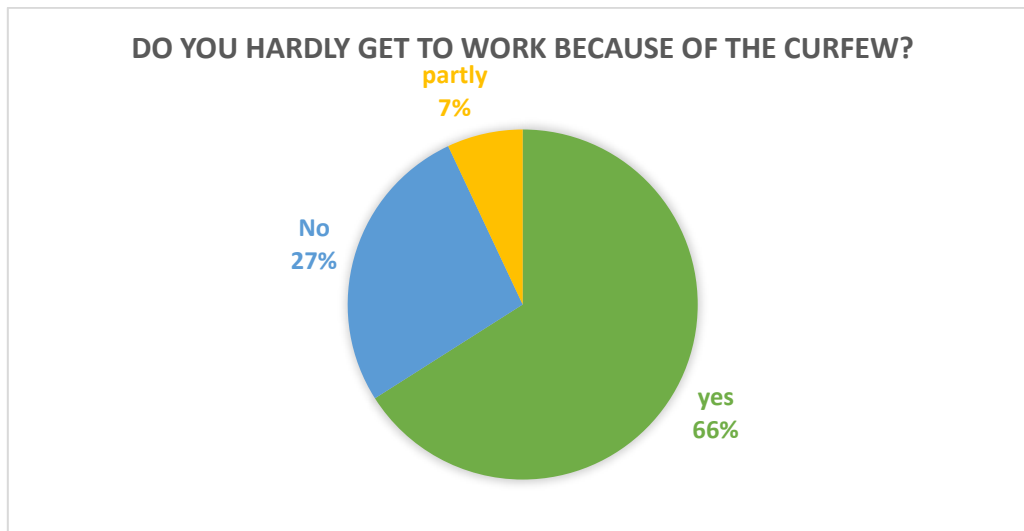
A curfew was announced on Sunday night, March 15th, to take effect on Tuesday, March 17th. This created a state of panic that led people to go out shopping in great numbers tonight. This was a mistake because the announcement was not clear that it excludes trucks for transporting goods and vegetables, pharmacies, and bakeries. The curfew was extended again until April 11, and it was again extended to April 19.

We observed through the curfew operation that the security forces were not sufficiently prepared. This was clear from the fact that the security leaders did not equip the police and security forces with masks to protect them from infection, not to increase their awareness of the ways of transmission to keep themselves first and others. It was also clear that the roads were closed with great randomness, so that on April 3, all the entrances to Sadr City were closed and one outlet was left, which is the subway from the entrance to the Talbiyah area north of Sadr City, which created a traffic jam that delayed the process of transporting goods to and from the city. Sadr City has the largest foodstuff market in Iraq, Jamila Market, and has caused confusion and obstruction to the work of the medical staff and other institutions licensed to operate during the curfew.

This random closure affected many areas, specifically in the east of the canal in the areas of Al-Amin, Al-Shaab, Al-Mashtal, Al-Kamalia, and others. Most of the roads were sealed with hard-to-move concrete blocks, which is dangerous in the event of situations requiring the entry of ambulances, firefighters, or crimes requiring police intervention. We have noticed the police's focus on moving cars only, not dealing with human movement, and this is strange. It makes sense to focus on all types of movements, whether people are traveling in vehicles or on foot.

It is important to note that the security forces did not deal with many aspects of breaking the curfew as required, as there was a break in the curfew in many governorates during religious ceremonies, the establishment of group prayers, and the celebration of national occasions, demonstrations, and marches, and that there was a break of the curfew in a manner Large inside residential areas, surrounding markets, parks, and sports stadiums, in cafes, vegetable and restaurant markets, but from time to time there is a run-off and lockdown of these stores by the local police. Therefore, we believe that there must be continuous mobile patrols inside residential areas to prevent these gatherings.

We also noted that there is a restriction on the movement of medical personnel at some checkpoints, so we contacted the security leaders, who confirmed that their instructions provided for facilitating the movement of medical personnel, but when we asked the medical staff about the issue in a questionnaire conducted by our organization, the results were as follows:



It is also unfortunate that public calls to break the curfew occurred, due to these calls, violent confrontations with the police forces in the city of Nasiriyah in the province of Dhi Qar, as well as in other areas.

The Baghdad Operations Command also announced on April 9 that the number of 17,394 people arrested after the curfew had been broken, and 1074 vehicles were seized.

This raises fears of possible violations, due to the arrests without trial, as the courts are closed due to the curfew, which could increase the period of detention. The detention process, by so many, may increase the chances of a COVID 19 infection spread.

Education and Higher Education Assessment

Perhaps the field of education and higher education is the sector most affected by health due to the Coronavirus pandemic, as the educational process has stopped completely throughout the country of Iraq, and none of the students, teachers or professors imagined that distance education and e-learning would become a substitute for the traditional education process in Iraq.

Unfortunately, officials also did not, despite the long school and university strike period, think that they would invest early in an electronic education system, that their plans include training a teaching cadre capable of dealing with this technology. This is due to the old and unscientific mentality in which most institutions of the Iraqi state are formed.

Iraq as institutions and individuals is still far from modern methods of adopting advanced curricula, whether at the level of education or higher education. To make matters worse, the partial closure of many educational and university institutions in central and southern Iraq coincided with the popular protests (October 2019).

Although the academic year has practically ended in Iraq. In our organization's last questionnaire on the parents' desire to send their children to schools in the event of a pandemic of COVID-19, more than 71% refused to send their children, compared to 18% who did not specify his opinion yet, and 11% decided to send their children if the government announced the country's recovery From this epidemic. However, in all cases, the school year has not officially ended yet, as the ministries of education and higher education have not issued any final decisions so far regarding this season, and left the field for rumors, hearsay, and unofficial opinions, which caused another confusion for citizens.

The Ministries of Education and Higher Education have adopted emergency alternatives for official working hours, such as broadcasting teaching material through educational television or communicating with the Eduba program for some private schools for primary or secondary education, as well as the

Classroom program for government and private universities, although electronic education is a good platform even it has faced many challenges, most notably: Students' laziness in using these platforms, the lack of knowledge of parents using the Internet, or the lack of financial capabilities to provide devices and connect to the Internet for their children, lack of knowledge among some teachers and professors, as well as students using technology Of education. The general psychological situation, which considers education an element that is not essential in the time of the epidemic. The resort of public and private schools to the technique of "distance education" through educational sites on the Internet and social media applications, as a necessary step taken by the ministries of education and higher education to continue the educational process is considered a relatively acceptable thing Because it provides communication between the teaching staff and students, but it did not secure any effective educational process.

Social and human rights assessment

Concurrent with the Coronavirus pandemic crisis, several factors negatively affected social reality and human rights in Iraq, as the Iraqi government made radical decisions to tackle the Corona crisis, which is to ban all social activities, cancel all human gatherings, and obligate citizens to stay at home. Despite the positiveness of this measure in terms of reducing health damage, it has harmed earning and people with limited income, as Iraq has not yet approved the Social Security Law despite the commitment of the Iraqi state to do so through Article 30 of the Iraqi constitution.

Consequently, this group found itself without income, relying on social solidarity, which is something that Iraqis are distinguished by. People took the initiative to provide food, health and material aid to the most vulnerable families. These human activities were supported by many activists, civil society organizations and especially some religious authorities that had an important role in preventing religious gatherings such as prayer and religious rituals. In contrast, other religious figures called for the challenge of the Coronavirus pandemic.

The economic situation posed a great challenge to many individuals inside the territory of the Republic, as the Iraqi government's actions were not good in this regard, as it lacked immediate solutions to this problem. Our organization also monitored a clear violation by the Ministry of Labor and Social Affairs by stopping some of the social protection salaries of beneficiaries And asking them to go to the departments of the ministry to lift this suspension (knowing that the departments of the ministry are closed and the curfew is still in place!).

Our organization has monitored many humanitarian cases, with many affected by the sudden curfew. There were many families and people suspended from one city to another, who were unable to return to their homes due to this ban. Our organization followed with some activists the issue of the stranded Yezidi religion in Baghdad and Diyala, where they numbered 321 people, as the High Commissioner for Human Rights in Iraq undertook the process of facilitating their mission and transferring them to their areas of residence in Nineveh Governorate in cooperation with the Ministry of Health and Environment.

Our organization appreciates all volunteer efforts, in sterilization and fumigation, and the manufacture of sterilization materials and infection prevention tools, but we would like to alert that doing these actions without the presence of specialists may expose these individuals to infection and that the use of sterilization tools must be by strict controls and instructions, where we have noted the use of Chlorine is sprayed through cars in residential areas, and this may lead to poisoning and suffocation cases. Also, spraying these materials on plants is not necessary and harms them.

It is important to note that the process of manufacturing masks must be in a sterile and safe environment and according to special specifications, otherwise it may expose the wearer to infection.

Also, the role of the World Health Organization was great during this phase, as cooperation between them and the Ministry of Health was significant, according to the statements of both parties. However, it is worth noting that this coordination was not clear between the World Health Organization and the relevant non-profit organizations in Iraq.

Also, the role of the United Nations and international organizations concerning coordination and partnership with civil society organizations in Iraq, which are active in the health field, was not significant and was largely confined to working with official agencies.

Recommendations

- Official bodies should consider increasing spending on the health sector in Iraq, especially as it is the only option for most Iraqis to obtain health care.
- Developing the capabilities of the medical staff, by following modern methods and involving civil society organizations specialized in the training process.
- Providing effective protection equipment for health personnel and providing the necessary equipment to work on rehabilitating patients.

- Increasing the number of examinations for COVID-19 and providing the necessary equipment in all governorates.
- Announcing the number of examinations that have been carried out continuously within the Ministry of Health daily data, to make it easier for those interested to estimate the accuracy of the results.
- Commitment to human rights standards in applying security measures and considering the psychological pressure suffered by citizens as a result of curfews and fears of health and economic consequences as a result of this pandemic.

We call on citizens to take responsibility and fully cooperate with health, security and service agencies, as all measures aim to reduce damage and confront this pandemic.

- Providing free or low-cost internet for students to facilitate distance learning, adopting the most frequently taught programs for learning, and to take advantage of the experiences of (civil society organizations and activists in the field of modern methods of education to train as many parents, students and teaching staff as possible).
- The Ministries of Education and Higher Education take a decisive decision regarding the end of the school year or its continuation taking into consideration the general situation of the country and the use of all specializations for their consultation with this decision.
- Official institutions should use the expertise and services of specialized technology companies in the field of education and its applications, and take advantage of their offers to students, such as the office software package provided by Microsoft for school and university students.
- Promote positive values that coincided with the Coronavirus pandemic crisis and teach them as values that are included in the upcoming school curricula (such as hygiene, social solidarity, and human and national values as a reference for the Iraqi identity).
- We also recommend increasing coordination between the relevant United Nations organizations and international non-profit organizations working in the health sector to increase readiness and develop the expertise of local non-profit organizations.
 - We urge international organizations to invest in developing the health sector in Iraq, bearing in mind that we all live in an interdependent world, and what happens in any part of the world may affect everyone.
- We recommend transferring the amounts of social benefits that the oil companies are obliged to pay into a special fund to face the crisis, to be managed by the competent health authorities.