



2020

Assessment Report on Response to Counter Covid-19 in Iraq (February 24 - April 8)



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Right to Health

Economic, Social and Cultural Rights

Introduction:

The Iraqi High Commission for Human Rights (IHCHR) undertakes the task of monitoring and documenting human rights violations, whether at the level of civil and political rights, or economic, social and cultural rights or the right to development and sustainable development. It also undertakes the task of assessing the performance of (executive - legislative and judicial) institutions with regard to fulfill the three obligations of the State (respect, protection and performance) before the international community, specifically the United Nations Organization with all its various agencies, organs and mechanisms. The Commission works based on the tasks and duties entrusted to it under (Articles 4-5-6) of its Law No. (53) of 2008 to achieve its goals mentioned in Article (3) of the aforementioned Law¹.

Considering the humanitarian, health and economic crisis in which the whole world goes through due to novel Coronavirus causing (Covid-19) disease that has afflicted hundreds of thousands and claimed thousands of lives of people, the IHCHR, in its Board of Commissioners and personnel in Baghdad and its offices in the provinces, has followed up the actions carried out by the various state institutions to prevent and protect from the novel coronavirus, to treat the infected persons, and the extent of effectiveness of those measures of the institutions in achieving their policy. In light of the various visits paid by the Commission's teams in Baghdad and governorate (except for the Kurdistan Region) to the concerned institutions (health, security and other relevant institutions), this report was prepared.

¹) Article (3) of the IHCHR's Law states that the Commission aims to:

- a. Ensuring the protection and promotion of respect for human rights in Iraq.
- b. Protecting the rights and freedoms stipulated in the constitution and in the laws, treaties, and international conventions ratified by Iraq.
- c. Establishing and developing the values and culture of human rights

First: Novel Coronavirus:

A virus belongs to a large group of viruses that may cause disease in animals and humans alike. Some of them cause respiratory infections in humans, the severity of which ranges from common colds to more severe diseases such as the Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Covid-19 is an infectious disease caused by the novel coronavirus.

Studies carried out by the World Health Organization have proven that no vaccine or treatment can kill the novel coronavirus that causes Covid-19 disease, and the patient is given medicines to treat the accompanying symptoms as fever reducers, oxygen, etc. The spread of virus is likely to downsize by increasing temperatures (but it is not certain). Other studies have indicated that malaria medicines (hydroxychloroquine) held contribute to the recovery of some infected cases, which are used for severe and advanced cases of people with Covid-19 disease, and research and studies are continuing in order to reach a vaccine that eliminates the virus.

The World Health Organization has named the new coronavirus as (COVID-19). According to the agreed guidelines among WHO, World Organization for Animal Health and Food and Agriculture Organization, a name that does not refer to a geographical location, animals, an individual or a group of people should be found, at the same time be clear and related to the virus, and having a name matters to prevent the use of other names that can be inaccurate or stigmatizing a country or particular group. It also gives the specialists a standard format to use for any future coronavirus outbreak. Despite choosing the name "Middle East Respiratory Syndrome" as a result of its outbreak in the Middle East countries in 2012, when these rules were not observed, The new name (Covid-19) has been chosen from the name of the virus that causes "Corona" disease, the CO stands for corona, the VI for virus and the D for disease with a reference to the year in which it appeared 2019. It was revealed that the disease began to spread in December of last year in the Chinese city of Wuhan and then spread in many countries of the world, such as Iran, Italy, Korea, Japan, United States of America, Britain, and others.

The most common symptoms of Covid-19 disease are fever, tiredness, and dry cough, but some patients may experience pains, aches, nasal congestion, runny nose, sore throat, or diarrhea. These symptoms are usually mild and develop gradually. Some people become infected without showing any symptoms and without feeling ill. Most people (80-98%) recover from the disease without requiring special treatment. People who have underlying medical conditions such as high blood pressure, heart disease or diabetes and those over 60 years old have a higher risk of developing severe disease. People suffering from fever, cough and shortness of breath should seek medical care.

Second: National & International Legal Framework of the Right to Health:

The legal framework means a set of legal guarantees that affirm the right to health, whether at the international or national level. The Iraqi Constitution of 2005 guarantees a number of rights that ensure an appropriate level of health, those guarantees are considered, at the same time, obligations the State has to carry out, as in Articles (30 - 32) of the Constitution which provide for a set of obligations that fall on the State agencies to guarantee all means of prevention and treatment and the other policies such as those related to providing social and health guarantees, building infrastructure and preparing awareness and guidance programs, Article (30) states that ((The State shall guarantee to the individual and the family - especially children and women – social and health security, the basic requirements for living a free and decent life, and shall secure for them suitable income and appropriate housing. The State shall guarantee social and health security to Iraqis in cases of old age, sickness, employment disability, homelessness, orphanhood, or unemployment, shall work to protect them from ignorance, fear and poverty, and shall provide them housing and special programs of care and rehabilitation, and this shall be regulated by law)), Article (31) states that ((Every citizen has the right to health care. The State shall maintain public health and provide the means of prevention and treatment by building different types of hospitals and health institutions. Individuals and entities have the right to build hospitals, clinics, or private healthcare centers under the supervision of the State, and this shall be regulated by law)), Article (32) provides that ((The State shall care for the handicapped and those with special needs, and shall ensure their rehabilitation in order to reintegrate them into society, and this shall be regulated by law)). As for the international level, Iraq has ratified a number of basic human rights conventions and instruments that are guarantees to ensure the right to health, as in Article (12) of the International Covenant on Economic, Social and Cultural Rights (ICESR), Article (12) of the Convention on the Elimination of All Forms of Discrimination against Women, Article (24) of the Convention on the Child's Rights, Articles (24 and 5\1\H\4) of the International Convention for the Elimination of All Racial Discrimination, and Article (25) of CRPD, in addition to the Minimum Standard Rules for the Treatment of Prisoners, Rule No. (22) Medical Services.

Despite clear constitutional provisions dealing with the right to health represented in Articles (30, 31, 32), and the existence of national laws specific to this right such as the Public Health Law No. (89) of 1981, Mental Health Law No. (1) of 2005, the National Committee for Professional Health and Safety Law No. (6) of 1988, and the Physicians Protection Law No. (26) for the year 2013, the Commission has noted a decline in the health situation in Iraq and a noticeable deterioration at the level of health services, due to the lack of medical personnel working in health institutions and the absence of advanced health institutions in a manner commensurate with the population density, especially in rural areas, and governmental health institutions do not meet the

citizens' needs for medications and appropriate medical care, in addition to the few health facilities and some of them lack of necessary medical equipment and health supplies, which forces citizens to resort to the private sector, which is often not subject to conditions of quality control as well as the high treatment expenses that burden citizen, and the failure to establish a health insurance system that guarantees health care for all groups of society. Also the Commission has observed a high incidence of cancer and chronic diseases, as well as an increase in cases of AIDS, and now under all circumstances aforementioned, Iraq faces, in all its institutions, components and groups, a big challenge which is Covid - 19 disease.

As for the environment in Iraq, despite the legislation that ensure the protection and preservation of the environment and biological diversity, including Article (33) of the Iraqi Constitution and the issuance of the Law to Protect and Improve the Environment No. (27) of 2009, the IHCHR monitored the continuation of high ratios of environmental pollution of all kinds because of the government's lack of strict control over the work of governmental and private factories and their proximity to residential neighborhoods and rivers, as well as irresponsible manners of using energy sources and waste disposal methods, and the exacerbation of the need for safe drinking water for years, especially in south of Iraq. The Commission has also documented the continuing pollution caused by weapons, explosive devices and chemicals that have been used for years in Iraq, as well as the spread of landfills among residential neighborhoods, which requires great efforts to develop an environmental policy by all concerned institutions to stop everything that causes environmental pollution in Iraq, to address the effects of existing ones and impose sanctions (such as deprivation of liberty and fines) on those who violate the laws that protect the environment in Iraq. The Public Health Law No. (89) of 1981 in force regulates provisions related to transitional diseases in Articles (3-31-48 and 52)².

²) Article (3\ Second) - Combating and controlling transitional diseases, preventing their infiltration from outside the country into it, and vice versa, or from one place to another, and limiting its spread to Iraqi lands, waters, and airspace.

Article (31) - The Institute of Endemic Diseases and its directorates shall examine the arrivals to the country to work to ensure that they are free of transitional and endemic diseases in the country and provide them with certificates proving their safety.

Article (48) - The Minister of Health may issue instructions regarding measures to be taken to combat transitional and endemic diseases that afflict both human or human and animal together, or to limit the spread or prevention of their entry into the country according to its nature in cooperation with other competent authorities.

Article (52) – First: When a person is suspected of being a carrier of a disease or that he is in the custody of a transitional disease, including diseases subject to international health regulations, the health authority has the right to take measures to monitor, isolate or quarantine him for the purpose of examination to ensure that he is free from pathogenic microbes and treat him when it is proven that he carries these microbes or has the disease until his recovery from it.

Second - Free meals are provided to the isolated or quarantined person in a hospital or any other place designated by the health authority as a health quarantine according to the provisions of this law.

Third: Health Institutions Reality in Iraq:

The reality of health conditions in Iraq, at the level of number of health institutions and facilities in line with the population density and geographical area, indicates a deficit, irregularity and poor distribution. The Federal Board of Supreme Audit report on State policy in increasing the number of health institutions in line with the population density and geographical area for years (2003 - 2019) issued in 2020 indicates the clear deficit in hospitals, health centers and the number of beds, as well as the irregularity and misuse in the distribution of those health institutions, which affected the level of satisfaction among the governorates, which in turn suffer from poor distribution of the population, where reports indicate that approximately half of the population of Iraq is concentrated in the provinces (Baghdad - Basra - Ninewa - Sulaimaniyah and Thi-Qar) in an area of (20%) of the total area of Iraq and that the second half of the population of Iraq is distributed in (80%) of the total area of Iraq, and that the efforts made by the Iraqi government over the aforementioned years are negligible due to the significant decline in the level of services provided by health institutions to beneficiaries because of the lack of various health institutions, as well as the lack of medical staff, the lack of training received by the personnel of the Ministry of Health and Environment, the lack of medicines, in particular for chronic and cancer diseases, the lack of state control on the entry of drugs, which are not subject to standards of quality control, that reach the stores and pharmacies in Iraq, the poor performance of the General Marketing of Medicines and Medical Supplies Company (Kimadia), and that private hospitals are not subject to real control by the supervisory departments in the Ministry of Health and Environment, thus for the above mentioned reasons, the national health institutions get a clear decline in the level of services they provide, (Table No. 1,2,3). As for the policy of the Ministry of Health and Environment in providing and applying environmental requirements and conditions in health institutions (City of Medicine as a model), a questionnaire conducted by the Federal Board of Supreme Audit (mentioned in its report for the year 2019) on (100) sample of each health personnel (doctor - nurse - pharmacist) and the patients in hospitals and health centers of the Medical City Department, showed the following observations:

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First: At the level of health personnel:

1. Low hygiene and poor cleaning performance in general.
2. Lack of awareness programs for personnel working in the field of cleaning about dealing with waste.
3. A large percentage of workers confirmed a lack of professional safety equipment such as (gloves, vests, masks, protectors).

4. Lack of disinfection and cleaning materials.
5. Very few cleaning workers, it seems clear on the level of floors and rooms.
6. The vaccination of workers against diseases is not carried out periodically but rarely.
7. No periodic examination of workers to ensure their safety and determine their general health status.
8. Workers are not instructed on how to deal with a case of blood fallout or digestive secretions as a type of preliminary procedure to prevent contamination or a rapid infection.

Second: At the level of patients:

1. 93% of in-patients and out-patients are not instructed about the places of medical and other waste, as it was observed that most patients do not know how to dispose of their waste in a healthy way by throwing them in bags of specific color, but they are randomly dumped according to the nearby container due to the lack of guidance, follow-up and supervision of the situation.
2. Insufficient attention in the patients' rooms, as (some insects in the in-patient's room - unpleasant odors emanating from the bathrooms – touching the treatment tables and sheets by the cleaners during cleaning - inserting a patient with an infectious disease into the restroom which led to infecting other patients) are observed.

Fourth: Coronavirus Update in Some Countries Including Iraq until 8 April 2020:

The total number of positive cases in the world exceeded (1,400,000), including no fewer than (83,000) deaths, with more than (300,000) cases of recovery. In Iraq, the first case of Covid-19 disease appeared in an Iranian student studying in Najaf province who was on leave in his country and then returned to Iraq during the month of February. Then infected cases continued for Iraqis who came from the Islamic Republic of Iran and increased to reach until April 7 including the Kurdistan region of Iraq; (1205) confirmed cases, (69) deaths and (474) cases of recovery, knowing that the disease has passed through two phases; the first one, which reflected by infected cases of Iraqis returned from endemic countries, and then moved to another phase reflected in local cases, which are the most serious If not controlled according to strict preventive and precautionary measures, table (6,5,4).

Fifth: Summary of Coronavirus Disease Report:

The Board of Commissioners has instructed all technical departments in Baghdad and the Commission's offices in the governorates to form teams whose task is to monitor the measures taken by the government through the competent authorities to face the risk of Covid-19 disease caused by the novel coronavirus and the extent of commitment to the decisions of the Crisis Cell emanating from the Supreme Committee to Control Covid-19 disease of Diwani Order no. (55) of 2020, which was later expanded (according to Diwani Order no. 79 of 2020) to include more government institutions and to be chaired by the resigned Prime Minister after it was chaired by the Minister of Health and Environment, as we noted through follow-up the work of the first committee that it needs a broader powers and more powerful decisions in implementation.

The IHCHR's teams visited health and security institutions, border crossings, airports, city entrances, as well as public places, government institutions, places of worship, markets, malls, and other sites, where the first stage of work without a curfew and the instructions of the relevant authorities was less stringent, but after the curfew was imposed on 15 March 2020, the Commission has developed a generic action plan adopts professionalism according to the standards of monitoring, follow-up and evaluation, taking into account the exceptional circumstances of the stage of restricting movement and preventing gatherings and the responsibility of preserving the lives of the observers, and regional monitoring has been adopted by the employee (each according to his region), as the right to health and other rights related to the current situation were evaluated on the basis of an assessment form that includes (25) items selected by a specialized team in the IHCHR to be worked on by field Commission's teams in order to assess the response of the governmental, non-governmental institutions and citizens to decisions of the Crisis Cell, formed under Diwan Order no. (55) of 2020.

Sixth: IHCHR's Indicators According to Government Performance Assessment Form on Combating Covid-19 in Iraq, under the elements of the right adopted by the International Committee on Economic, Social and Cultural Rights:

1. Readiness and preparations for medical quarantine places and providing them with the required medical supplies and emergency medical treatments:

The Commission noted the inadequacy of health infrastructure specialized for quarantine, which necessitated taking other measures to address the problem in

occupying non-specialized health centers, rooms in hospitals or other places such as caravans and hotels as in the governorates (Anbar, Najaf) and preparing them in terms of medical and treatment requirements, physicians and nurses, however, these places are still not sufficient and are not completely isolated from the rest of the hospital's departments and wards, as there are doors shared by the quarantine rooms and others, with no consideration being given to isolating women from men as in some rooms in some hospitals. The IHCHR also observed that there is a shortage of some medical and treatment supplies such as beds, protective equipment and respirators in most isolation rooms, knowing that this procedure will affect the level of service provided to sick citizens who are not infected with a virus or have access to appropriate treatment, where the Commission noticed a kind of neglect of such cases, and the lack of clear solutions for them, especially for those of chronic diseases, cancer, thalassemia and delivery cases, as these groups were affected as a result of curfews, difficulty in reaching hospitals or lack of treatment (lack of blood donors for patients with thalassemia).

2. Availability of lab examinations at the governorate and speed of conducting them for people who show symptoms of the disease:

There is an acute shortage in the availability of health institutions specialized in laboratory testing for Coronavirus (PCR) in all governorates and dependence on the central laboratory in Baghdad governorate (in addition to one place for laboratory testing in the Kurdistan Region), and (3) laboratories have been established in Baghdad governorate (Medical City, Rusafa Health Department, Karkh Health Department), as for the rest of the provinces, samples are sent to Baghdad governorate, which is a matter of concern to our Commission, due to the delay in diagnosing cases, as the result takes a time ranging between one or two days (note that the test results appear after 4 hours of taking the sample), in addition to the possibility of increasing cases in the coming period and that may affect receiving appropriate medical service. The IHCHR also noted that there is a distinction between the provinces (albeit inadvertently) to get the service, where the provinces (Najaf, Basra and Karbala) are provided with samples testing laboratory, which contributed to the speed of the announcement of results.

3. Availability of preventive requirements for the medical staff working in the quarantine centers:

The IHCHR noted that the Ministry of Health and Environment has equipped, but in a very limited manner, all hospitals and quarantine centers with preventive medical supplies for medical personnel. The Commission also observed that there is an imperative need to train medical staff in all their specializations and types and to increase their knowledge and expertise regarding how to deal with cases infected with

Covid-19 disease both at the level of providing the best services and at the level of protecting themselves from being exposed to infection. The Commission noted that the lack of adherence to the guidelines drawn by the public health organization, which make protecting the medical staff one of its top priorities, contributed to the emergence of positive cases among the medical and health personnel, knowing that the absence of submitting directives, following-up and raising awareness of the medical and health staff in addition to the patient are included in the reports of the Supreme Board of Audit.

4. Humane treatment of the health personnel with the confirmed and suspected cases at health centers:

The Commission observed that there is acceptability in humane handling and preserving the dignity of the confirmed or suspected cases on the level of individual interaction between the staff and patient, but we have noticed at the same time that health departments lack of a clear policy in the mechanism for dealing with the patient and his family, the lack of privacy, or observance of the social aspect, customs and traditions in some regions, which as a result have created different reactions from citizens and families towards some behaviors and sometimes even clan chases. Despite forming health teams to deal with suspected cases, which is the rapid response team, these teams are responsible for transporting the patient by an equipped ambulance from his place of residence to the hospital, we have noted that the patient's privacy is sometimes not observed, and the security authorities were taken with the medical teams, which increased the level of social rejection of the disease and the patient and even his relatives (Corona stigma), and the occurrence of many social and even security problems, which It needs to be reviewed by health agencies and their supporters to observe human rights standards in dealing with the patient and his family. The IHCHR also noticed that the Ministry of Health has created special teams for isolation and quarantine rooms, which are also equipped with a specialized staff tasked with dealing with the patient and drawing a sample from the suspected cases.

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5. Serious approach of the health personnel at airports and border crossings:

The IHCHR noted that the crisis cell, formed by Diwani Order No. (55) of 2020, delayed to issue a decision to close the border crossings, in addition to non-compliance by some governorates that constitute a border strip with some of the affected countries to the decisions of the crisis cell in closing the borders, especially at the beginning of the spread of the epidemic, and those governorates were not resolute by not forcing the infected cases to be in quarantine for a period of (14) days for the purpose of

ascertaining their health status, and the borders continued illegally open, which contributed to the spread of the virus. As for Anbar governorate, Anbar Health Department has allocated in all border crossings, including (Traibeel with Jordan) and (Al-Qaim with Syria), health detachments to check up arrivals and travelers to and from Iraq through using thermometer (which is not diagnostic) as well as the governorate was closed and prevented arrivals from all governorates to enter it. The Commission has also observed the presence of a medical detachment in Najaf airport that uses thermal examination devices, in addition to the continuous arrival of some Iraqis residing in Iran until 15 March 2020, which we believe has contributed to the spread of the disease in the province.

6. Health information and official daily releases on the latest developments and methods of prevention:

The Commission has observed that there is a daily official release on the epidemiological cases in all official media, where the sharing of information and data about the epidemic is one of the elements of the right to health, while we reserve on the mechanism of the Iraqi Ministry of Health and Environment and the Communications and Media Commission for dealing with some international agencies that had claimed numbers of people infected with Coronavirus are larger than officially announced, as it was meant for those concerned in the ministry to open an investigation on the subject, knowing that the report of Federal Supreme Board of Audit for the year (2019) on the policy of the Ministry of Health in developing integrated and accurate statistics on the health situation in Iraq, has confirmed that the statistical system of the Ministry has weaknesses in the process of registering diseases and death rates, poor electronic support in the process of providing accurate and reliable statistics, and a lack of statistical personnel and insufficient training for them. The IHCHR also noted that there is more need to activate the awareness side for the prevention of the virus, and a poor access to information by all social groups (children, people with special needs, people of remote areas and slum dwellers). The Commission has noted the publication of data and details regarding the patients or their relatives, which contradicts the principle of preserving the patient's privacy, which had a negative social impact and the appearance of corona stigma.

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7. Role of health supervision (government and syndicates) on pharmacies and centers selling medical supplies:

The Commission observed poor oversight aspect in most governorates, both at the governmental or union level, which led to a rise in the prices of medical supplies and their shortage in pharmacies, especially medical masks significantly at the beginning of the spread of the virus, noting the presence of campaigns and inspection tours carried out by the Physicians and Pharmacists Unions, national security members and

security services to follow up the prices of sterilization and prevention materials, however, the IHCHR noted that there is a difference in these procedures, through documenting cases of exploitation and high prices of these materials in some governorates.

8. Health care in detention centers and prisons, with regard to educating inmates, addressing the problem of overcrowding, and the availability of medical measures:

The IHCHR noted that the measures taken in detention centers and prisons need to redouble efforts, although some precautionary measures were taken in relation to the prison administration, including (the Juvenile Reform Department, the Iraqi Reform Department and the police directorates purchased heat detectors to check employees in the receptions before entering to the workplace (departments or administrations), as well as preventing entry of unauthorized affiliates to the reform departments, our monitoring teams in Karbala governorate registered in al-Tasfirat¹ prison an infected case of an associate who had sick leave, that led to infecting two cases in Karbala Police Command. The Commission also observed a sudden death case for a person convicted of terrorism cases in Nasiriyah Central Prison, knowing that he was born in 1974 and was not suffering from any diseases. The Commission noted preventing family visits and allowing inmates and detainees in jails to communicate with their families by phone calls (note that they were not implemented in all prisons), in addition to not receiving the new detainees or convicts (except for those sentenced to death), however, the Commission has documented through its previous repeated visits the problem of overcrowding in Iraqi prisons, this is an alarming indication that the virus can spread, despite the issuance of a decision by the Crisis Cell No. (55) for the year 2020 to obligate the Ministries of Justice and Interior to take special measures and prepare letters to refer the names of inmates and detainees whose sentences did not exceed a year for the purpose of their release to address the problem but that has not been put into effect despite it is a big problem and that can be an appropriate environment for the spread of the virus, which requires urgent address taking into account the mental and physical health of prisoners, knowing that the Cabinet recently submitted a proposal of a special amnesty for the arrested and convicted to the Presidency of the Republic, but it covers a very small category, compared to the overcrowding and severity of the current situation, where most of the prisons have low capacity, noting that the courts of investigation recently released (1636) arrested persons under investigation of different crimes on bail, and decided to release (472) arrested ones for lack of evidence against them, in addition to the release of (1568) persons violated the curfew instructions on bail.

The IHCHR also noticed that health institutions had fogged and sterilized prisons and detention centers, provided sterilizers and protective supplies in addition to conducted raising-awareness programs in detention centers. In some governorates, special rooms within hospitals have been allocated for inmates and detainees, as in Baghdad, for example, Baghdad Health Department (Karkh and Rusafa) designated rooms at Ibn al-Khatib Hospital and al-Furat Hospital for isolating or quarantining inmates and detainees, and that the reform departments have designated rooms for the quarantine of people during the period of examining the samples that are drawn from them pending the result, if it is negative, the person is returned to the ward or the cell, but if it is positive, he will be referred to the hospitals (al-Furat in Karkh district and Ibn al-Khatib in Rusafa district).

9. Address the problem of social, civil and political gatherings:

The IHCHR has observed that there are many violations by citizens, failure to comply with the instructions issued by the Crisis Cell formed under Diwani Order No. (55) for the year (2020) and the continuation of social and religious gatherings, let alone not taking the necessary preventive measures, especially in the popular, poor and slums areas. The Commission has documented that government measures were vulnerable, there was an absence of the rule of law at the beginning of the spread of the virus in Iraq and the difficulty of controlling these gatherings despite the implementation of a number of community-based educational activities. The IHCHR has underlined the important role of religious authorities in Iraq, as the high religious leader has issued a number of directives calling citizens to comply with the decisions of the Crisis Cell and preventing gatherings, as well as the Sunni Endowment has decided to close all mosques with alert citizens to pray at home. There was also a role of the Endowments of Christian, Yazidi and Mandaean Sabeen religions in taking some measures to reduce gatherings, sterilize places of worship, and stop prayers in churches. The Commission has also documented that despite the government's decision to impose curfews and activate the role of law enforcement forces in limiting gatherings, however, it did not consider addressing the economic and social effects on society, as the decision of imposing curfew without developing an emergency economic plan by the government to address the economic crisis of the citizen in general and the groups that are below the poverty line in particular and without taking into account that the rate of people who are under poverty line in Iraq is estimated at (22%) according to the indicators of the Ministry of Planning. The Commission noted that despite the Ministry of Electricity's recommendation to owners of private generators not to attain the power wages or reduce them, which met a good response from the owners of generators, but the Ministry itself has not called for Collection Companies to exempt citizens from paying electricity wages even in a temporary manner, as a number of appeals were received by our Commission's Offices in the governorates, including Salahddin and Diyala governorates, regarding the continuation of the

Ministry of Electricity in collecting amounts from citizens. The IHCHR also monitored citizens' dissatisfaction and breaking the curfew in some densely populated and poor areas to search for a source of livelihood because they could not tolerate poverty as in the governorates (Basra, Baghdad, such as in al-Sadr City and Shula, and Thi-Qar governorate).

10. Role of civil defense in terms of sterilization and disinfection of streets and public places:

The Commission commends the role played by the Civil Defense Directorates in sterilizing and fogging streets, public places and government institutions despite the modest capabilities they have in some governorates, especially Ninewa governorate, where the Commission observed the lack of fogging materials and machineries, as well as the failure to cover all areas on an ongoing basis.

11. Role of the Ministry of Labor and Social Affairs in monitoring workplaces where foreign workers are located:

The IHCHR has underlined that there is a weakness in the work of the Ministry of Labor and Social Affairs in carrying out its role in monitoring the locations of the presence of foreign workers and the extent of the response of employers to the application of occupational health and safety instructions, although there is a follow-up to foreign employees working in malls and markets in some governorates, but it is still below the level required. The Commission, through its previous monitoring work, noted the weak role of the ministry in this field due to the lack of an accurate database showing the volume of foreign labor in Iraq, which is reflected at the level of monitoring and follow-up.

12. Extent of citizens' cooperation with medical personnel in medical centers and border crossings:

The IHCHR has noticed that there is a disparity in the levels of cooperation between citizens and medical personnel in health quarantine centers by region, health awareness and the mechanism for dealing with the patient and his family, as there is no one policy adopted in all health institutions by the medical and health teams assigned to deal with the patient, with lack of regard to the social and clan aspect of some regions, such as the involvement of the male health staff in dealing with women, the lack of isolation among the quarantine rooms of men and women, and the poor basic services provided in quarantine places, in addition to the lack of health awareness, and the failure to preserve the privacy of the patient or his relatives. The Commission observed that there were cases of refusal of the quarantine or escapes of

some citizens and families, especially girls and women, and the IHCHR also noted that sometimes health institutions were not provided citizens with the correct information, especially patients coming from the countries in which the epidemic appeared, knowing that it has mentioned earlier the absence or lack of citizen's confidence in health institutions and the decline in the health situation in Iraq.

13. Role of the Media and Communications Authority regarding community awareness (communication networks):

Local satellite channels have contributed to spreading community awareness and working to raise awareness about the virus and how to prevent it through the publication of health information, as for the communications companies, they have also contributed to spreading community awareness by sending voice and SMS messages through mobile phones to all customers, while the IHCHR has noted the poor Internet service all over Iraq, due to the weak infrastructure in the communications networks of the Ministry of Communications and the lack of maintenance of Internet network towers due to curfew. The Commission has also observed that the means of communicating the information were not be followed equally to all groups of society, as it was not taken into consideration to deliver health information to persons with hearing disabilities, which is a discrimination in the accessibility to the information. The Commission's teams have noticed that there is a tremendous amount of information but the large part of it is incorrect (Especially in social media). Despite the instructions issued by the Ministry of Health, the Media and Communications Authority, and various media outlets with great efforts by doctors for awareness and guidance, but the government efforts have still not reached the required level to deliver the message to every Iraqi citizen without discrimination. The Commission noted the imposition of the penalty for closing an office of an international agency just to transfer an information that there are large numbers of infected cases not announced by the Ministry of Health, according to doctors' speeches (as it claimed), without an investigation by the competent authorities in the matter.

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14. Coordination among State institutions, ICRC, Red Crescent, NGOs, Unions and associations regarding community awareness (awareness and support for institutions):

The IHCHR has observed that there is a disparity in the level of coordination between government institutions and civil society organizations in the implementation of awareness programs, with a contribution by civil society and the Red Crescent Society

in implementing voluntary awareness and fogging campaigns. As well as the Commission noted poor government support and coordination, at the beginning of the epidemic spread, to civil society, which had an impact on the level of implementation of its programs and reliance on donations, knowing that the NGO Department launched a humanitarian campaign to relief the poor and needy families on 22 March 2020, and (390) relief organizations throughout Iraq responded through the implementation of (878) campaigns, as the assistances had been distributed in (17) provinces included (50) districts and (850) sub-district and areas. The IHCHR has also implemented a number of awareness-raising and fogging campaigns in partnership with a number of local organizations, such as (Iraq Health Entrance Organization and Iraq Amsa Organization), and the International Federation of Medical Students offered a hotline project, which was referred by the Commission to the Ministry of Health. As well as the Commission sponsored a cell of organizations under the title "Your health is more important", which included a group of organizations working in the health and medical aspect aimed at implementing joint programs in the awareness side and providing health and medical advice, in addition to activities of other organizations that were established in partnership with the IHCHR's offices or through their own activities in the governorates as shown in Table No. (7).

15. Role of the Ministry of Education in its procedures to compensate students for curricula electronically and to cancel or reduce the fees for private schools:

After the Ministry of Education announced the suspension of school attendance, which came in order to preserve the safety and life of our students and prevent the outbreak of the novel Coronavirus, as a precautionary measure decided by the Crisis Cell Committee by Diwani Order No. (55) for the year 2020, the IHCHR has noted that no alternative measures were taken to compensate students for the school curricula, as this is considered a denial of the right to Education at all the study stages, the weak work of most education directorates in the governorates in taking measures to compensate for the school curricula, with a kind of efforts in a number of governorates by resorting to establish the electronic educational platform to explain the scientific subjects to them remotely, however, the Commission is afraid to find a gap in the scientific level among students, especially the governorates that were cut off from education, due to the demonstrations that the country has witnessed since October 2019 in Baghdad and the southern governorates. The IHCHR has also noted the poor Internet service throughout Iraq, which in addition to being a violation of the right to access information, it will negatively affect the follow-up of educational programs via social media as alternatives in compensating students for school curricula. As well as it was shown that the government did not take any concrete measures to reduce the fees of private schools in conjunction with the deteriorating economic situation as a result of curfew.

16. Role of the Ministry of High Education and Scientific Research in its procedures to compensate students for curricula electronically and to cancel or reduce the fees for private colleges:

The Ministry of Higher Education also responded to the decision of the Crisis Cell to stop universities and institutes attendance. The Commission observed that there is a disparity in taking the necessary measures to compensate students for the curricula, where some universities adopted education through social media, but the State did not take any decision to reduce or cancel fees for private colleges or fees of students on private expense in government education, especially graduate studies and parallel education.

17. Extent of applying human rights standards in health quarantine and isolation places and providing basic health and medical services:

The Commission has underlined the weak availability of the basic elements of human rights standards in quarantine and isolation places. Despite the acceptability of the availability of basic services in most institutions, a shortage of preventive and curative medical supplies and necessary equipment (especially respirators) was documented, in addition to a lack of specialized and supportive personnel. Also, the Commission has noticed that there is discrimination in the supply of quarantine places in some governorates due to the poor supply of quarantine sites.

The IHCHR commends the provision of basic needs for living, respect for human dignity and good handling by medical and nursing cadres and no restriction of freedoms within the framework of health protection in the quarantine and isolation places, as the patients are allowed to communicate outside via electronic means of contact, with some negative cases in certain governorates.

18. Actions taken in IDPs' camps to counteract the disease:

The IHCHR has observed that there is a disparity in the provision of health services and procedures to counter the virus in displacement camps. In Anbar province, Anbar Health Department, in cooperation with Dari Organization responsible for providing health care services in displacement camps, with the support of the Directorate of Civil Defense, conducted a fogging and sterilizing campaign at displacement camps. In Karbala province, there have been continuous visits by Karbala Health Department to examine the citizens inside the camp, not to mention sterilization, fogging, and the distribution of food aid by local organizations. In Diyala province, in addition to medical and relief services, there were awareness and education programs to prevent the virus. In Ninewa province, health services were not provided in an integrated manner due to the failure to complete sterilization of all the camps, in addition to the

absence of precautionary measures to examine those who entered the camp by health personnel from international organizations. As well as the IDPs' camp in Salahddin province, in which the citizens of the camp were not equipped with sterile materials and educational and relief programs. As for the IDPs' camps in Baghdad, the Commission noted the vulnerable role of the Ministry of Migration and Displaced in implementing health awareness, sterilization and fogging programs and relying on the role of civil society organizations mainly, especially that there is a delay in the distribution of food aid and the need to follow up their health conditions because most of them are elderly and children, and this is a discrimination in the access to medical, health and relief services, especially since displacement camps are the most vulnerable areas to diseases due to inadequate health conditions at these camps not to mention the economic conditions that require additional efforts.

19. Measures taken in delivery rooms to prevent disease and protect mother and child:

The health rights of the priority groups for care, including women and children, are of most importance, as the Commission has observed that although health institutions in some governorates have taken preventive measures in maternity and preterm rooms through sterilization and disinfection. It has been noted that Karbala Health Department has conducted Coronavirus tests before entering the maternity room, and making sure that no contact occurred between her and another infected people in the governorate, with the same conditions by Thi-Qar Health Department through taking preventive measures to facilitate hospital admission and reducing the number of people accompanying patients, note that the Commission had observed earlier, the weak health system for maternity rooms and the old infrastructures, as well as the lack of hospitals specialized for women in some governorates, which calls for continued efforts to monitor maternity and preterm rooms and pediatric hospitals.

20. Extent to which human rights standards are applied in the burial process and the adoption of the WHO protocol for the burial of transitional diseases deaths:

The IHCHR has noticed that, despite the existence of the protocol for the burial of deaths from epidemics approved by the World Health Organization, and the existence of instructions at the health departments to abide by the Public Health Law No. (89) for the year 1981 in the process of burial of deaths due to epidemics, the letter of Ministry of Health addressing the official authorities in the governorates for allocating sufficient areas of land for this purpose in cooperation with the security authorities, but there are weaknesses in the progress of procedures and delayed burial of the dead, especially at the beginning of the spread of the epidemic and in particular in the capital Baghdad because of the lack of allocation of lands and the lack of acceptance

of the people of the areas near the allocated lands fearing of the spread of the disease from the dead bodies due to the spread of wrong information about the dead bodies and the fear of burying them, and leaking videos on the burial of the bodies in a humiliating manner. The Commission released a statement in which it demanded the competent authorities to speed up the burial of the dead, and observe the social and religious aspects as much as possible, knowing that the protocol adopted by the Ministry of Health is for the dead of patients with (Ebola) because there is no updated special protocol for (Covid-19 disease), as well as the standards adopted by the World Health Organization call for respect for religious and social rituals as much as possible and are consistent with the Commission's demand.

21. Availability of diagnostic, quarantine and isolation hospitals compared to the population of the governorate:

The IHCHR has monitored that the measures taken by the Ministry of Health and Environment in preparing the quarantine and isolation places are inappropriate in terms of capacity, as they are wards inside hospitals because there is no specialized quarantine hospitals, in addition to the unfair distribution of quarantine wards in some governorates that are not commensurate with the population density of the provinces, knowing that most of the governorates, as mentioned previously, suffer from the lack of health institutions, especially in the governorates that were affected by terrorism, where even poor infrastructure was destroyed. The Commission also noted that some governorates have taken quarantine sites away from the city because of the refusal of the citizens and their fear of the place of quarantine inside the city.

22. Strategic distribution of the quarantine and treatment places throughout the governorate in a manner that enables access for all:

The Commission has observed that there is no distribution of quarantine centers in terms of accessibility to all, as wards have been relied on inside hospitals or health care centers, and has also noted that there is discrimination in accessibility in some governorates where one center has been allocated in some governorates, often in the governorate center, as all those suspected of being infected with the virus from all the governorates, districts, and sub-districts are transferred to these centers, and in the light of curfews, patients, whether infected with coronavirus or other diseases, will have difficulty accessing, where appropriate alternatives must be found for them and close to their residence.

23. Quality of services provided in hospitals and the provision of necessary supplies for prevention and treatment, especially for critical cases (lung recovery rooms):

The IHCHR has previously noticed the low level in the quality of the medical services provided, the poor provision of medicines and the obsolescence or shortage of some devices. Because the severity of the infection will increase with those with coronavirus of age group (60) years and above, or those who suffer from respiratory or heart diseases, tumors or because of the use of immunosuppressive drugs, they will have an urgent need for lung recovery devices and respirators, while health institutions in most of the provinces of Iraq suffer from a shortage in respiratory devices, knowing that the number of respirators in Iraq was not exceeding (480) ones when the crisis began, according to officials in the Ministry of Health, even though half of them was out of service due to malfunction, which would contribute significantly to the loss of life and this is a violation of human rights in the event that the State does not commit to take swift and appropriate action to limit the deaths that will face these immune vulnerable groups, especially since there are increasing numbers of infected cases throughout the country, with assurances from officials at the ministry that there are contracts to raise the number of respirators to (1700) devices soon, the matter which the Commission does not consider easy due to the existence of a global crisis and a great demand for artificial respirators.

24. Equality and non-discrimination in the services provided to citizens and for a region and another:

The IHCHR has monitored, through its work, that there is discrimination in providing health services among governorates, but it does not amount to the targeted systematic discrimination. It has observed that some districts and towns in some governorates are deprived from health services or loss of their quality due to the lack of preventive supplies or the necessary health measures in hospitals of those districts. The Commission received some appeals from representatives of fragile communities and minorities over the deterioration of their economic and humanitarian situation, such as the Roma in the capital Baghdad and those with dark skin in Basra governorate, as well as the presence of hundreds of Iraqi Yazidi workers stranded in Baghdad and Diyala because of the curfew and their inability to go to their areas of residence in Ninewa or Kurdistan region, in addition to that, the presence of hundreds of Iraqis also stranded outside Iraq due to the suspension of flights, where the Commission has called on the Committee of Diwani Order (79) for the year 2020 to the necessity of facilitating the return of everyone, both stranded at home or abroad, with the need to take all preventive measures by the competent authorities instructions.

25. Sharing patient information with him or his family and involving him in treatment:

The IHCHR commends the humanitarian work carried out by the health staff in quarantine or isolation places, but it did not notice the existence of a real sharing of information and methods of treatment and finding a real interaction between society and medical institutions as a system and basis for the response of the patient and his relatives to treatment, where the Commission noted that this cooperation has been lost in some regions, due to the stigma of Corona disease, that is concentrated in some clan or poor areas, this has also risen by some mistakes of government institutions through the involvement of security institutions in dealing with the patient, which led to the refusal of the quarantine idea or run from it, especially for women and girls, as they were sometimes prevented from going to quarantine places with the exclusion of tribal and social norms, which we believe are because of poor health awareness and the absence of a clear mechanism and policy at the Ministry of Health to involve the community and its representatives to play their effective role in supporting patients' response to treatment without objection or rejection.



Seventh: Percentage of Government Performance Assessment on Combating Covid-19 in Iraq (except for the Kurdistan region):

1. Readiness and preparations for medical quarantine places and providing them with the required medical supplies and emergency medical treatments:

Poor	Acceptable	Average	Good
0%	7%	78%	15%

2. Availability of lab examinations at the governorate and speed of conducting them for people who show symptoms of the disease:

Poor	Acceptable	Average	Good
43%	21%	15%	21%

3. Availability of preventive requirements for the medical staff working in the quarantine centers:

Poor	Acceptable	Average	Good
7%	22%	35%	36%

4. Humane treatment of the health personnel with the confirmed and suspected cases at health centers:

Poor	Acceptable	Average	Good
7%	0%	21%	72%

5. Serious approach of the health personnel at airports and border crossings:

Poor	Acceptable	Average	Good	Missing values
7%	36%	22%	7%	28%

6. Health information and official daily releases on the latest developments and methods of prevention:

Poor	Acceptable	Average	Good
7%	22%	42%	29%

7. Role of health supervision (government and syndicates) on pharmacies and centers selling medical supplies:

Poor	Acceptable	Average	Good
43%	7%	22%	28%

8. Health care in detention centers and prisons, with regard to educating inmates, addressing the problem of overcrowding, and the availability of medical measures:

Poor	Acceptable	Average	Good
7%	50%	43%	0%

9. Address the problem of social, civil and political gatherings:

Poor	Acceptable	Average	Good
22%	22%	43%	13%

10. Role of civil defense in terms of sterilization and disinfection of streets and public places:

Poor	Acceptable	Average	Good
0%	14%	36%	50%

11. Role of the Ministry of Labor and Social Affairs in monitoring workplaces where foreign workers are located:

Poor	Acceptable	Average	Good	Missing values
57%	22%	7%	7%	7%

12. Extent of citizens' cooperation with medical personnel in medical centers and border crossings:

Poor	Acceptable	Average	Good
22%	36%	14%	28%

13. Role of the Media and Communications Authority regarding community awareness (communication networks):

Poor	Acceptable	Average	Good
0%	22%	42%	36%

14. Coordination among State institutions, ICRC, Red Crescent, NGOs, Unions and associations regarding community awareness (awareness and support for institutions):

Poor	Acceptable	Average	Good
36%	21%	36%	7%

15. Role of the Ministry of Education in its procedures to compensate students for curricula electronically and to cancel or reduce the fees for private schools:

Poor	Acceptable	Average	Good
43%	14%	36%	7%

16. Role of the Ministry of High Education and Scientific Research in its procedures to compensate students for curricula electronically and to cancel or reduce the fees for private colleges:

Poor	Acceptable	Average	Good
50%	22%	28%	0%

17. Extent of applying human rights standards in health quarantine and isolation places and providing basic health and medical services:

Poor	Acceptable	Average	Good
7%	43%	36%	14%

18. Actions taken in IDPs' camps to counteract the disease:

Poor	Acceptable	Average	Good	Missing values
7%	28%	28%	14%	23%

19. Measures taken in delivery rooms to prevent disease and protect mother and child:

Poor	Acceptable	Average	Good
7%	36%	28%	29%

20. Extent to which human rights standards are applied in the burial process and the adoption of the WHO protocol for the burial of transitional diseases deaths:

Poor	Acceptable	Average	Good	Missing values
22%	14%	14%	22%	28%

21. Availability of diagnostic, quarantine and isolation hospitals compared to the population of the governorate:

Poor	Acceptable	Average	Good
50%	14%	22%	14%

22. Strategic distribution of the quarantine and treatment places throughout the governorate in a manner that enables access for all:

Poor	Acceptable	Average	Good
14%	50%	14%	22%

23. Quality of services provided in hospitals and the provision of necessary supplies for prevention and treatment, especially for critical cases (lung recovery rooms):

Poor	Acceptable	Average	Good
22%	43%	28%	7%

24. Equality and non-discrimination in the services provided to citizens and for a region and another:

Poor	Acceptable	Average	Good
0%	22%	28%	50%

25. Sharing patient information with him or his family and involving him in treatment:

Poor	Acceptable	Average	Good	Missing values
0%	22%	43%	28%	7%

Eighth: Recommendations

According to the indicators of response assessment to counter Covid-19 addressed in the report and to identify weaknesses that required real address by the executive bodies to ensure that citizens enjoy the health, treatment and preventive services and related rights stipulated in national and international legislation ratified by Iraq and to ensure a decent life for the Iraqi citizen, the IHCHR recommends the following:

- ✚ The necessity of providing specialized health institutions for treating those infected with Covid 19 virus and equipping them with all preventive and curative medical supplies and modern devices, especially pulmonary respirators and preparing specialized medical staff and training them to use these devices and deal with infected and suspected persons according to human rights standards and preserving the human dignity of the citizen within a central policy of the Ministry of Health, taking into account the controls of the World Health Organization (WHO) and the nature of Iraqi society, and follow-up the health and medical cadres in the extent of their commitment to the Ministry of Health policy to deal with the crisis and also with the safety and prevention instructions.
- ✚ The necessity of taking into account the outskirts of the cities as well as creating a equality in the right to health among the groups of society, with the allocation of health institutions at the level of infrastructure , cadres and supplies for patients other than corona (especially emergency).
- ✚ Providing all governorates in Iraq with laboratory examination equipments (Coronavirus) to expedite the inspection procedures inside the province to isolate or get the person out from quarantine at full speed and thus reduce pressure on citizens and hospitals , provide all the necessary supplies for that and conduct a comprehensive survey of all regions of Iraq while giving priority to the popular and poor areas and categories that are most affected by the disease, such as the elderly and those with chronic diseases.
- ✚ The Ministry of Health should give more attention to delivery wards in terms of examination and the existence of preventive measures and requirements to protect the mother and child and ensure that they are not infected with Coronavirus.
- ✚ The importance of giving border crossings special attention and intensive monitoring by providing effective examination devices while activating the role of law enforcement agencies in controlling borders with neighboring countries in anticipation of illegal entry of people who may be infected with virus.
- ✚ The Ministry of Health shall direct t its departments to cooperate with IHCHR offices and provide them with all the necessary statistics according to the legal

mandate of the Commission in its Law No. 53 of 2008. It is also necessary for the Ministry to direct its departments and cadres not to publish the privacy and details of patients, uphold its privacy, and take the advantage for research purposes and prepare plans only.

- ✚ Activating the supervisory aspect in the Inspection Department of the Ministry of Health and Environment and the Pharmacists Syndicate over the stores of medicines and pharmacies to reduce the monopoly of medical supplies and selling at high prices
- ✚ The ministerial committees formed in Baghdad and governorates should pay attention to spreading health awareness in accordance with the guidelines of WHO, taking into consideration awareness of people with special needs and the possibility of disseminating these guidelines to remote areas to cover all segments of society and in coordination with the Media and Communications Authority, with the importance of focusing on combating the phenomenon of (corona stigma) which is rampant in society and has social, cultural, economic and even security dimensions, and the need to focus and give priority to the popular and poor areas.
- ✚ Continuing efforts in evaluating and disinfecting detention centers in the Ministries of Justice, Interior and other agencies as well as following up the health conditions of inmates in those centers according to the rule no. (22) of the Standard Minimum Rules for the Treatment of Prisoners in providing health services with the importance of emphasizing the safety of working cadres and inmates as well as the necessity of solving the problem of overcrowding in prisons and speeding up the implementation of the pardon and conditional release, while continuing to provide alternatives for prisoners to communicate with their families, and excluding IHCHR 's teams from crisis cell's decision on preventing visits to fulfill its legal duty set out in its law no. 53 of 2008.
- ✚ The Local governments in all governorates should monitor the health conditions of beneficiaries in the state's homes, especially the homes of the elderly, as they are more exposed to a virus, in addition to the orphanages and those with special needs.
- ✚ The importance of benefiting from medical and health cadres from retired and recent graduates or students of recent years from universities of Medical Sciences , Nursing Colleges, Science and Education after preparing simple courses for them to be basic or supportive medical cadres and dealing with them on the basis of contracting or daily wages.
- ✚ The necessity of supporting the Civil Defense Directorate and equipping it with the requirements and mechanisms as well as making use of military vehicles and military aviation for the purpose of disinfecting constantly .

- ✦ The Ministries of Education and Higher Education and Scientific Research should take clear measures to address the deprivation of education at all stages and providing available alternatives that access to all governorates without discrimination, with the importance of obligating private colleges and schools to reduce or cancel study fees, including private schools or universities, parallel education, public universities in evening education in addition to students on private expenses.
- ✦ The necessity of preparing a quick and urgent plan by the government to face curfew and its effects, provide food supplies and decent living for the Iraqi citizen, pay compensation for those who are below the poverty line level, especially in poor and densely populated areas, informal settlements, displaced persons' camps as well as beneficiaries of social aid, workers in daily wages, and minority communities especially Roma and those with brown skin and the need to monitor the market situation continuously by the competent authorities to prevent the increase in prices and the availability of foodstuffs .
- ✦ The Ministry of Labor and Social Affairs should secure the amounts of social benefits who are covered by the Social Protection Law No. 11 of 2014 and for all governorates with the importance of spending two-month salary in order to benefit from the amounts during the current crisis, and find a solution to the obstacles facing beneficiaries during the withdrawal of benefits with the need to prevent rallies during receipt. The Ministry should follow up the foreign workers, prepare a comprehensive database for them and ensure providing them with humanitarian and health conditions.
- ✦ The Ministry of Trade should secure the provision of ration card items promptly and quickly, and distribute them to citizen, facilitate the procedures of food agents during curfew, facilitate the task of transporting materials, and also give priority to poor areas and people with low incomes.
- ✦ The Ministry of Displacement and Migration must give priority to the displaced complexes in distributing foodstuffs and sterilizers, conducting sterilization, coordinating with mobile health teams in monitoring the health conditions and providing important treatments, especially for the elderly and children.
- ✦ The Ministry of Electricity should instruct all its offices to stop collecting taxes from citizens, especially that the owners of private generators have reduced the ampere price in response to the current circumstances.
- ✦ Activating the role of national NGOs and providing them with an opportunity to take their role in implementing community awareness programs and participating in relief campaigns where it is necessary to create interaction between governmental institutions and society through civil society and provide the necessary facilities for them to implement awareness and relief programs.

- ✚ State institutions should deal with an open mind and carefully with the media and media institutions, and consider them as a source to search for the truth and not to take quick reactions away from the freedom of expression, opinion, transparency, and partnership in medical or health information or the truth in general. The Ministry of Foreign Affairs and in cooperation with the Ministries of Health and Transport should schedule the returning of all Iraqis stuck in the countries of the world with taking all necessary measures to ensure that they are not infected or to avoid transmitting the infection to Iraq, and facilitating the return of Iraqis who have a second nationality to return to their second countries, knowing that most European countries receive their citizens.
- ✚ Develop a unified mechanism to solve the issue of burying the dead of coronavirus, which took a negative turn and caused social and psychological problems among the family of the victim and society, by adopting international standards with due regard to the religious and social aspects and the involvement of community activities in the burial, including clergy, clan elders and organizations in order to eliminate the Social stigma.
- ✚ Preparing a national plan to support the national industry to produce health and medical supplies and the necessary equipment to overcome the global crisis and the great demand in global markets for supplies and equipment.

Table (1)

Population of Iraq compared to the standard and actual number of hospitals

Governorate	No. of population	standard number of hospitals	Actual Number of hospitals
Baghdad	8216755	163	49
Basra	2908491	58	14
Ninawa	3729998	74	16
Anbar	1771656	35	12
Babil	2065042	41	18
Thi Qar	2095172	42	9
Salahalddin	1595235	32	11
Najif	1471592	29	14

Table (2)

No. of Health Institutions (Standard, Actual and Deficit)

Institution	Actual	Standard	Deficit
Specialized centers and hospitals	281	762	481
Primary health centers	2765	3812	1047
No. of families	45300	114372	69072

Table (3)

No. of Health Institutions according to the Ministry of Health Criterion:

No. of Institutions	Criterion
One hospital for every 50,000 people	one
One health center for every 10,000 people	One
A bed for every 1000 people	Three

Table (4)

Weekly Development of Mortality in Iraq over Covid-19 (24 Feb. 2020 to 7 Apr. 2020)

Week	No. of Deaths
Week 1	0
Week 2	2
Week 3	8
Week 4	11
Week 5	33
Week 6	65

Table (5)

Weekly Development of Infections in Iraq over Covid-19 (24 Feb. 2020 to 7 Apr. 2020)

Week	No. of Infection
Week 1	7
Week 2	56
Week 3	133
Week 4	266
Week 5	630
Week 6	1122

Table (6)

Official Statistics on Coronavirus Cases until April 8, 2020, According To the IHCHR Offices' Monitoring Works

No .	Governorate	positive cases	negative cases changed) (Suspected cases (changed)	Recoveries	Deaths	Designated hospital for suspected cases	quarantine centers
1	Baghdad	257		131	103	23	12 wards in 12 hospitals	2
2	Diwaniya	7	386	26	5	1	4	0
3	Najif	254			99	5	1	1
4	Maysan	4			2	2	1	1
5	Muthanna	34	274	308	10	1	4	1
6	Wasit	12			9	2	8	1
7	Thi Qar	42			2	2	8	1
8	Babil	11	149		2	5	14	1
9	Basra	152			57	15	1	1

10	Karbala	75	576		32	6	All hospitals receive suspected cases (ward for quarantine)	2
11	Anbar	2	145	154	1	0	1	1
12	Diyala	18	254		5	3	6 wards in 6 hospitals	1
13	Kirkuk	22	98	106	10	1	2	1
14	Ninawa	5	222		5	0	8	1
15	Salahalddin	0	135		-	-	ward in all public hospitals	1
16	Kurdistan	310	13508	-	132	3		
	Total	1205	changed	changed	474	69	51 hospitals and 22 wards	15

Note: Some hospitals set up a ward in a hospital to receive suspected cases, and the designated wards are often in hospitals located in the districts in the governorates