



Introduction:

Cholera is re-emerging as a public health threat in the Eastern Mediterranean Region following a significant increase in the reporting cases and deaths in recent years. These new trends are alarming and require urgent attention. Cholera is considered endemic in eight out of 22 countries in the region, with some reporting major outbreaks recently. The magnitude of the burden of cholera is difficult to estimate due to relatively weak surveillance systems, underreporting, and denial in order to avoid economic consequences.

Cholera is endemic in Iraq, with periodic outbreaks recorded since 1966. Outbreaks typically follow seasonal increase in water contamination starting from July, with an increase in acute diarrhoea (AD) and reach the peak in September. Prolonged exposure to poor water quality, inadequate sanitation facilities and services, and insufficient awareness of good health and hygiene practices all contribute to placing vulnerable populations, among them children and women, at increased risk of disease, including Acute Watery Diarrhoea (AWD) and potential outbreaks of cholera, which is endemic in Iraq with the last major outbreak in 2015.

Iraq is one of the countries that significantly affected by the ongoing drought, in 2018 an acute concern has been the increasing water scarcity in Iraq since water levels in both of the main water sources, namely the Tigris and the Euphrates rivers, have been decreasing at an unprecedented rate. This is caused by changes in the country's climatic and meteorological conditions, with increases in average temperatures compounded by lower average rainfall throughout the year, and water damming actions by neighbouring countries.

Poor water quality surveillance and monitoring is clearly a bottleneck all over the country. Recycling of infected waste water in the environment is another major issue.

Within the vulnerable and fragile group (IDPs in camps and non-camps), poor hygiene practices, poor sanitation, lack of water and diminishing waste collection services are key challenges. These combined factors pose significant public and environmental health risks to the spread of water borne and communicable diseases as well as a rise in vector transmitted diseases.

Preparedness and Response Plan for 2018-2019

UNICEF, WHO and MoH developed a comprehensive Iraq Health and WASH Cluster Acute Diarrheal Disease (including Cholera) Preparedness and Response Plan for 2018-2019. The plan also includes information on generic response activities, roles and responsibilities in the event of an outbreak, and determines the needs and required resources to address them.

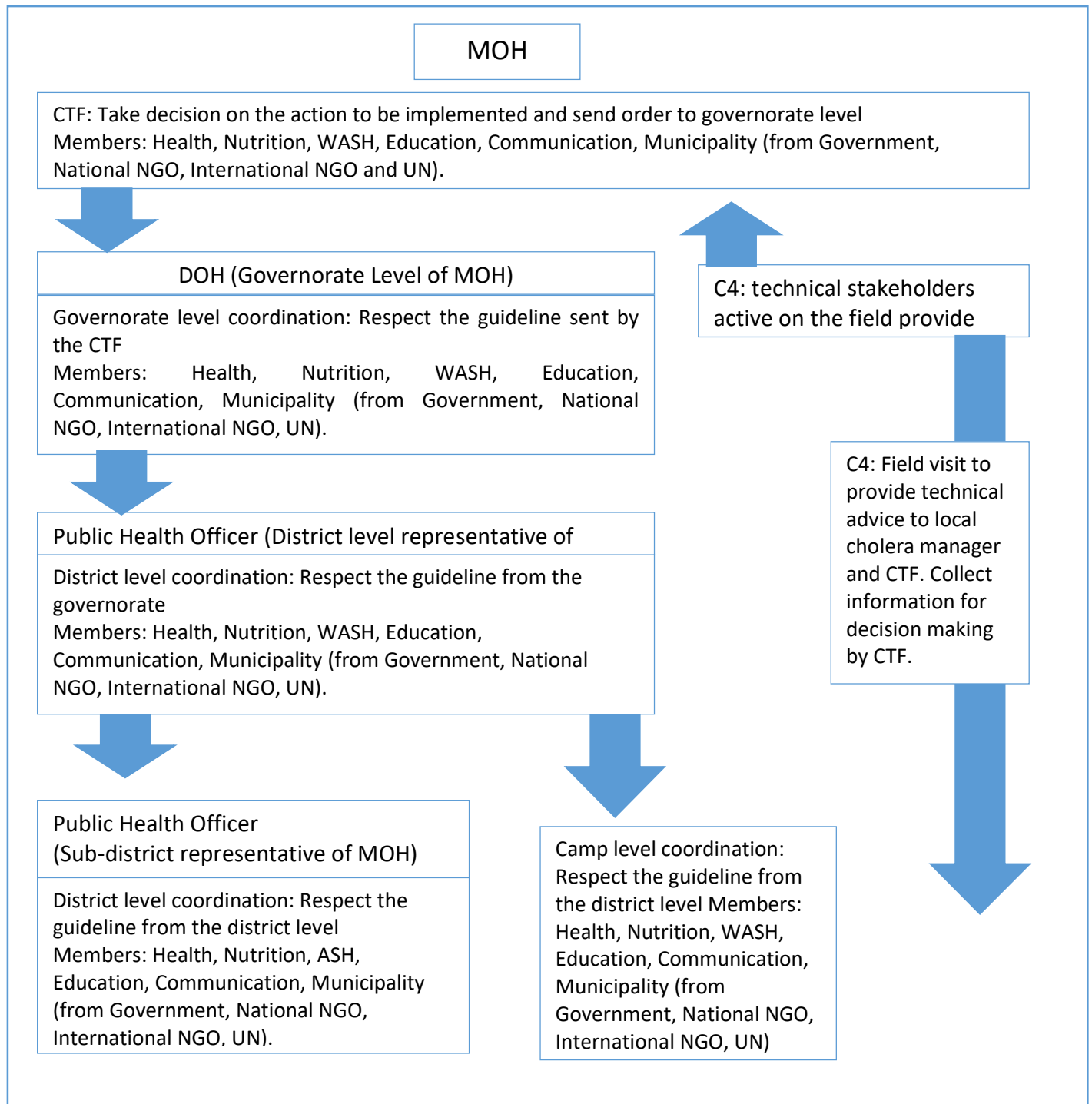
Overall objective of the CTF

To ensure a proactive and coordinated approach to cholera response across sectors and stakeholders and improve the effectiveness, efficiency and timeliness of response based on coherent and strategic coordination and preparation



CTF Coordination Framework:

The cholera taskforce (CTF) chaired by the Ministry of Health is a multisector coordination body at national level. CTF send orders local level through the Directorate of Health. The Cholera Command and Coordination Centre (C4) is a technical advisory body who assist the CTF as well as the governorate and local level coordination. There will be another high governorate political and technical (CTF) committees at governorate levels prior to the summer season. The figure below explains this command chain.





The CTF and the coordination bodies at Governorate and District level focus their efforts on preparedness activities during the periods before the epidemic. During the epidemic they focus on response. Below is provisional proposed actions plan for the CTF. Later the CTF and the local coordination bodies will meet to validate a term of reference that will lead their actions at national, governorate, and district level.

Regarding the monitoring and evaluation of the cholera management, the service in charge of M&E of the health centers can be in charge. A skilled person from the existing staff will be designated to take care of the collect and management of the data in district, governorate, and at federal level.

Responsibilities of CTF members

- Support the ongoing coordination among partners and other stakeholders, conduct regular meetings at national and sub national levels with concerned ministries, governorates and UN Agencies and enhance complementarity amongst CTF members and avoid duplication in emergency response activities;
- Maintain functionality of Health and WASH Clusters/sectors leaderships, identify partners and coordinate for Cholera preparedness and response at central and governorates and ensure functionality of existing CTF at national and governorates and establish new as required
- Activate Cholera Control and Command Center (C4) and ensure that all concerned parties participate in all meetings and all relevant actors initiate respective preparedness activities as referred to in the Cholera Preparedness Plan.
- Strengthen information sharing and agree on systematic, transparent, practical and accountable mechanism for information exchange among concerned entities.
- Collaborate with Clusters/ sectors leads to identify needs of beneficiaries, agree on priorities and develop strategic direction, complete a vulnerability matrix at district level and support and participate in effective and coherent assessments and analyses involving all relevant partners, including the identification of gaps and bottlenecks, as well as the implementation of sectoral responses.
- Follow up on capacity building of humanitarian partners, based on the mapping and understanding of available capacity on preparedness and response planning in all emergency-prone areas, including participatory, community-based related assessments, analysis, planning, monitoring and response;
- Agree on minimum standards and indicators during emergencies and ensure that responses are in line with existing policies, technical and humanitarian standards, including SPHERE (Humanitarian Charter and Minimum Standards in Humanitarian Response), and relevant Government human rights legal obligations.
- Ensure adequate AWD (cholera-related) sectorial operational plans in line with DRR (Disaster Risk Reduction) and develop adequate monitoring mechanisms to review outcomes of sectors interventions and

TOR of Cholera Taskforce (CTF)



progress against implementation plans; including an analytical interpretation of available information to benchmark progress over time (monitoring indicators: quantity, quality, coverage, continuity and cost; with target population data disaggregated by sex, age, etc.).

- Enhance social mobilization and increased engagement of communities, and awareness raising to improve/ensure good emergency preparedness;
- Attend and actively participate in the monthly meeting that is led and chaired by the Ministry of Health on last Thursday of each month, noting that this meeting frequency may increase in an event of an outbreak.

CTF Activities timelines

Activities	By whom	When
Before an emergency		
Coordination meetings	All CTF members	Monthly
Functional leaderships	WASH & Health Clusters/ sectors	Jan 2019
Cholera Control and Command Center (C4)	MoH & Health cluster /sector	Feb 2019
Information sharing mechanism	All CTF members	Biweekly
Vulnerability matrix at district level	MoH, UNICEF and WHO	Feb 2019
Capacity building programs	All CTF members	April 2019
Minimum Standards	WASH & Health Clusters/ sectors	Feb 2019
Sectorial operational plans	Each sector	March 2019
Social mobilization	All CTF members	2019

Duration: starting from 1st of Jan 2019

Budget: Cost sharing partners & government

Members and Partners of CTF

- **National partners:**
MoH, MoCHPM, MoB, WHO, UNICEF, WASH & Health clusters/ sectors partners, donors, other government and private sector participation are welcomed.
- **Sub-national:**
Governorates emergency cells, DoHs, DOWs, DOSs, WHO, UNICEF, WASH & Health clusters/ sectors partners, donors, other government and private sector participation are welcomed.

Prepared By

Reviewed By

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