

# COVID-19 and Iraqi Kurdistan: a regional case in the Middle East

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## Abstract

*The unfolding Covid-19 is posing worldwide health and socio-economic threats. As most of the world attention is concentrated upon a few countries, in many fragile areas, the impact of the pandemic on the health systems might be even higher, but risks staying hidden from public consideration. This is the case of Iraq where Covid-19 is a further burden on an already weakened public health system. This study draws attention to the Autonomous Region of the Iraqi Kurdistan, that before the emergency was investing in the rebuilding of its public health system after decades of tensions and conflicts. Information on governmental measures for COVID-19 containment and response, management approaches, prevention interventions, and public opinion reactions have been collected from official sources, websites and from interviews with the local staff working in the field.*

*The experience of the Iraqi Kurdistan opens new opportunities for reflection on how a war-torn region is dealing with the COVID-19 outbreak. Acquiring knowledge on the health needs of such a fragile area holds a paramount importance for providing preparedness planning and enhancing resilience of the public health system in case of future disasters. The lesson learnt might be useful for other regions living in similar contexts.*

**Keywords:** Covid-19, Disaster response, Health System, Iraq, Middle East, Pandemic.

## Introduction

As of the end of May 2020, the Coronavirus COVID-19 has infected more than 5.8 million people with more than 360 thousand deaths worldwide. Since the beginning of the pandemic, States are fighting to avoid the spread of the disease within their borders. The situation is even more complex in war-torn countries such as several Middle East regions that are struggling with the legacies of long-term conflicts which profoundly impacted their health systems.<sup>10</sup> In post-emergency recovery, a distinctive component in the rebuilding of health care systems in the Middle East has been the private sector.<sup>12</sup> Its actions are mainly confined to

treating than to preventing diseases. Such an approach is both consequence and cause of the constrained current capacity to deliver health services in the public sector particularly in the field of prevention. The same scenario occurred in Iraq<sup>1</sup> after experiencing international and communal armed conflicts.<sup>7</sup> In the 1970s, the Iraqi health system was one of the most advanced in the Middle East.<sup>8</sup>

However, its capacity and performance started to deteriorate since the 1980s as a result of continuous wars, loss of health workers, lack of planning, and economic sanctions. Most recently, the occupation of vast regions of the country by the so-called Islamic State (ISIS) further worsened the already compromised country asset resulting in vast population displacements, particularly to the Autonomous Region of Iraqi Kurdistan.<sup>6</sup> The Covid-19 outbreak placed additional demands on the already debilitated health-care organization of the region.

## The COVID-19 in Iraqi Kurdistan

When COVID-19 started to spread, local authorities in Iraq soon banned all flights coming from eight other countries with emergency outbreak. Neighboring on Iran, Iraqi Kurdistan was among the regions considered at high risk for the spread of COVID-19. The Kurdistan Regional Government and its health authorities promptly reacted by adopting several public health preventive measures and setting up a multidisciplinary emergency task force both at regional and provincial level. On February 25, before the detection of the first COVID-19 case, a health emergency was declared.

In a region where the median age of the population is 21, the first decision was to close nurseries, schools, and universities followed by a recommendation to limit large gatherings. The recommendation was later changed into a compulsory ban including religious celebrations, entertainment, business meetings, civil and sport events. Also, the Nawroz celebrations (the Kurdish New Year on March 21) were cancelled.

The first case of infection was confirmed on the 1st of March 2020. Originally, the government reduced working hours by two per day. Subsequently, all non-essential governmental and private sector activities were suspended while essential sectors (i.e. electricity, water, communications) are still guaranteed.<sup>4</sup>

Stay-at-home orders have been applied with limited exceptions for essential needs. All public transports have been suspended since March 13. A night curfew was enforced in the whole region. Traveling to Kurdistan has been restricted even for Kurdistan citizens who are working in other Iraqi provinces. Sanitary cordons prohibiting exit and entry in areas of active contagion have been implemented.

In order to reduce hospital overcrowding, an emergency hot line was reserved for suspected COVID-19 cases and for patients requiring hospital care. The hotline receives calls, so that mobile teams - consisting of a doctor and a nurse – can be dispatched to visit suspected COVID-19 cases at home. Additionally, several working teams have been set up in each district to provide home-based consultations for other diseases.

The activities of almost all the primary health care centers (PHC) have been put on hold. Some PHC have been converted into COVID-19 specialized centers for tests, counseling and management while public hospitals (H) with Intensive Care Units have been identified as COVID-19 hospitals. Currently, 10 H and 11 PHC have been recruited in the overall Region (3 H and 7 PHC in the Governorate of Erbil, 3 H and 1 PHC in Sulaimaniya, 3 H and 3 PHC in Duhok, and 1 H in Halabja).

The recent flare-up of the conflict in neighboring Syria forced more than two hundred thousand civilians to flee to Iraqi Kurdistan. Refugee camps that had been closed, were re-opened at the end of 2019.<sup>13</sup> Non-Governmental Organizations (NGOs) have set up information and health education campaigns in the refugee camps which are at higher risk of infection, particularly when overcrowded.

### Community perception and people behaviors

The prompt governmental response mitigated the infection spread within the region, limiting the causalities. However, in the second half of May, the number of active cases rose again following the easing of lockdown restrictions.<sup>3</sup> Actually, by the end of April, the strict curfew was gradually released: people were allowed to walk around the city and to restart their social activities; shops could open from 8 am to 6 pm. The easing of the lockdown significantly decreased the alarm among the people. Large number of citizens stopped following the health safety guidelines.

As a matter of fact, the seriousness of the circumstances and consequently, the set of actions aimed at mitigating the spread have not always been backed by people. Lack of public awareness and consciousness fed some irresponsible behaviors such as unnecessary movement and mass gatherings. Some people have been doubting the existence of the virus, while some others have requested traditional healers to make mixtures to protect them from the disease. Particularly among the less affluent people, there was an

understandable widespread sentiment that the region had suffered much severer hardships than the present outbreak e.g. the Halabja Massacre, one of the deadliest chemical attacks in history conducted by Saddam Hussein's forces.<sup>9</sup>

Additionally, large population strata expressed concern about the economic consequences of the epidemics particularly in a time in which crude oil prices are exceptionally low (oil is the backbone of the Iraqi economy). Some people lost their job and others had to suspend their activities. Households that have lost their daily income are being supported mainly by private people or charity organizations. The sentiment that it would be better to die from Covid-19 than from hunger started to rise.

Authorities have tried to counteract such feelings by promoting extensive information campaigns on the social media and by meeting the population. The population was urged to sew and wear home-made face masks. University students have been recruited for awareness campaigns, and medical students have created supportive groups (*"Ask your doctor"*) on social media for answering questions. Politicians and religious leaders are motivating people to follow the general measures and rules to contain the outbreak.

Daily updated data about COVID-19 cases is disseminated through the official website of the Kurdistan Regional Government.<sup>5</sup> Many local TV channels are continuously informing about COVID-19, its symptoms, the ways of transmission, and particularly preventive measures. With the aim to further contain the spread, the Minister of Higher Education and Scientific Research announced in May the closedown of the academic year.

### Conclusion and Lesson learnt

Effective recovery cannot be just a response to a specific adversity. Readiness, that is plans to be prepared for, and to respond to a wide range of hazards and threats, is essential to save lives and to facilitate early response and timely recovery operations in case of future emergencies.<sup>11</sup> Therefore, even a crisis can open new opportunities for reflection, so that some lessons can be drawn from the difficulties and critical issues which emerged during the Iraqi Kurdistan response to the Covid-19 pandemic:

- 1) Coordination between national and regional governments coupled with a regular exchange of information and cooperation with neighbor countries is necessary to cope with emergency situations;
- 2) Transparency in the communication is a key aspect to achieve sustainable results: the population has to be exhaustively informed on the reasons of public health decisions and on data related to the pandemic;
- 3) Long-term underinvestment in the public health sector impairs countries' ability to implement preventive actions and to cope with sudden increased needs in health care;

- 4) The economical and health consequences of long-lasting lockdown policies need careful consideration and should be included within wider public health policies;
- 5) Investing in the implementation of epidemiological surveillance as a routine public health practice - at which the Iraqi Kurdistan is already working on as a priority for the region,<sup>2</sup> coupled with the development of a culture of using data for decision-making, is paramount to managing complex health situations while preparing for future crises.

## References

1. Anthony C.R. et al, Health Sector Reform in the Kurdistan Region-Iraq: Primary Care Management Information System, Physician Dual Practice Finance Reform, and Quality of Care Training, *Rand Health Q.*, **8(2)** (2018)
2. Emberti Gialloreti L. et al, Supporting Iraqi Kurdistan health authorities in post-conflict recovery: The development of a health monitoring system, *Front Public Health*, **8(7)**, doi:10.3389/fpubh.2020.00007 (2020)
3. Khrush N., Iraq and Kurdistan both announce record daily COVID-19 infections, Kurdistan 24 net, Retrieved from: <https://www.kurdistan24.net/en/news/ab7ae426-2dd4-4c42-bb1e-a5fc3c52b3e9/> (2020)
4. Kurdistan Regional Government, A Statement from Prime Minister Masrour Barzani, Retrieved from: <https://gov.krd/english/government/the-prime-minister/activities/posts/2020/march/a-statement-from-prime-minister-masrour-barzani/> (2020)
5. Kurdistan Regional Government, Coronavirus (Covid-19) Dashboard, Retrieved from: <https://gov.krd/coronavirus-en/dashboard/> (2020)
6. Lafta R., Cetorelli V. and Burnham G., Living in Mosul during the time of ISIS and the military liberation: results from a 40-cluster household survey, *Confl. Health*, **12(31)**, doi:10.1186/s13031-018-0167-8 (2018)
7. Levy B.S. and Sidel V.W., Adverse health consequences of the Iraq War, *Lancet*, **381(9870)**, 949–958 (2013)
8. Middle East Health Magazine, Iraq report, On the road to recovery, Retrieved from: <http://www.middleeasthealthmag.com/cgi-bin/index.cgi?http://www.middleeasthealthmag.com/jan2012/feature1.htm> (2012)
9. Mohamed-Ali H., Late lesions due to poison gas in survivors of the Iraqi poison warfare against the Kurdish people, *Wien Med Wochenschr*, **142(1)**, 8-15 (1992)
10. Mokdad A.H. et al, Health in times of uncertainty in the eastern Mediterranean region, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013, *Lancet Global Health*, **4(10)**, E704-E713 (2016)
11. Moramarco et al, The multidimensional impact of CBRNe events on health care in the Middle East: the role of epidemiological surveillance in the long-term recovery of public health systems, *Defence S and T Technical Bulletin*, **13(1)**, 160-173 (2020)
12. OECD, Making Reforms Succeed: Moving Forward with the MENA Investment Policy Agenda, Private Sector Development in the Middle East and North Africa, OECD Publishing, Paris (2008)
13. UNHCR, Iraq Refugees Population Heatmap, Retrieved from: <https://data2.unhcr.org/en/documents/download/75369> (2020).

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