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UNDERSTANDING AND MITIGATING THE COVID-19 CRISIS IN IRAQ

WASHINGTON – Working closely with epidemiologists and public health experts, the Enabling Peace in Iraq Center (EPIC) has been develop [practical recommendations](#) to give Iraq a better chance at fighting COVID-19 and preventing the pandemic from overwhelming the country's under-resourced health sector.

The pandemic's impact in Iraq is far greater than the current number of confirmed COVID-19 cases and deaths suggest. Based on our research, EPIC believes that Iraq's limited use and reliability of PCR (polymerase chain reaction) testing and the use of a case definition that requires a PCR test to confirm a case is resulting in a severe undercount of actual COVID-19 cases in Iraq. As EPIC Director Erik Gustafson explains: *"The 1,031 confirmed cases and 64 deaths as of April 6 are likely just the tip of the iceberg. There are simply too many factors conspiring against an accurate account of cases in Iraq at this time."*

Two factors make Iraq exceptionally vulnerable. First, its health sector suffers from chronic under-investment, war damage, poor management, corruption, and emigration of doctors, rendering it short of skilled health professionals, hospital beds, and reliable drugs—there are only 500 ventilators for 40 million people and 0.8 doctors/1,000 people. Second, collapsing oil revenue complicates response and recovery. The Health Ministry needs \$150 million/mo. and the curfew means day laborers can't work to feed their families, raising frustration and lowering compliance with preventative measures. Meanwhile, *"if oil prices don't recover fast, monthly deficit may skyrocket to \$9 billion, forcing Baghdad to default on internal obligations, including salaries for millions in the public sector,"* warns EPIC Program Manager Omar al-Nidawi.

Based on modeling done by the Iraqi epidemiologist Ghassan Aziz, more than 100,000 Iraqis could die from the virus if more is not done to enhance Iraq's public health response to the pandemic.

Given the state of Iraq's health sector, averting massive fatalities will be less about hospitals and more about home care. But authorities still have a lot to do.

- Provide the Health Ministry with emergency funding to procure protective gear, establish hotlines to field queries, and make use of telemedicine and mobile teams to reach patients in their homes.
- Work with the WHO to make more hospital beds, ventilators, labs, and reliable testing available.
- Step up efforts to educate the public on prevention measures and to de-stigmatize the victims.
- Enhance infection prevention control to protect health workers and prevent secondary transmissions.
- Given Iraq's limited PCR testing capacity, Iraqi health authorities and WHO should consider changing the case definition for COVID-19 to allow for clinical diagnosis (as was done in China).
- Develop and execute a nationwide surveillance and prevention plan that extends border closures and travel controls, and strategically uses lock-downs to prevent hospitals from being overwhelmed.
- Do more to offset harm to those most impacted by economic hardship, lock-downs, and higher prices.

Given the potential magnitude of the pandemic, Iraq will need help from the U.S. and international community. Developing countries with insufficient healthcare systems should not be left to face the pandemic alone. We are all in this together.

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Enabling Peace in Iraq Center (EPIC) works one-on-one with civil society leaders in Iraq to provide relief to vulnerable populations, monitor the crisis to better inform public policy, and enhance understanding of Iraq's story. EPIC was founded in 1998 by veterans of the Gulf War who believe that a human security approach can make Iraq safe and prosperous again.

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