*"The way we respond to national challenges such as disease pandemics is an opportunity
to hold up a mirror to ourselves as human beings and as societies".*

I- CONTEXT:

When Iraq recorded its first cases of COVID-19[1], the country has already been facing a combination of crises. The anti-government demonstrations that broke out, in October 2019, against the lack of basic services, and economic opportunities, as well as the suspension of all productive sectors, had a great impact on the entire economy. Moreover, the rapid spread of the COVID-19, along with the collapse of oil prices affecting Iraq's oil revenues[2], and the escalating tension between Iran and the US, on Iraqi soil, have had their toll, mainly on the political, economic, and social scenes.

One of the main challenges in the pandemic response, was the lack of resources. Out of the State's $106.5 billion budget, in 2019, the health sector has been allocated only 2.5 per cent, which represents a fraction of spending elsewhere in the Middle East. Over the past decade, data from WHO[3] shows that the government has spent per capita on healthcare, $161 per citizen, per year, compared to Jordan's $304 and Lebanon's $649. In addition, there is a shortage in the number of hospitals, lack of medical equipment and supplies, and a shortfall of specialized doctors and medical staff.

However, despite its unpreparedness and considering its limited capabilities and resources, the government's response to the pandemic was praised by WHO, on April 18th, appreciating: "The efforts of local authorities, including governors and provincial officials, to contain the virus". Indeed, the early response began with the announcement of the formation of a Ministerial Crisis Cell, which later became a Ministerial Committee headed by the Minister of Health and Environment[4], and the membership of relevant ministries and agencies.

Moreover, the COVID-19 Crisis Cell set up by the Council of Representatives, on March 22nd, recommended to include the expedited purchase of equipment, support to security forces to enforce the curfew and facilitate the return of Iraqis abroad. On the same day, President Barham Salih launched an initiative to mobilize national and grass-root level efforts to counter COVID-19.

On March 11th, WHO declared the disease a pandemic, and to slow the spread of the virus, a nationwide curfew imposed on March 17th, shut down commerce and most informal sector workers lost their source of income.

In Iraq, the UN system is committed to supporting the government to overcome these unparalleled crises, through the 2020-2024 United Nations Sustainable Development Cooperation Framework (UNSDCF) designed to support the State and Iraqi people to achieve their National Development Plan targets, aligned with the Sustainable Development Goals. This includes supporting a diversified economy, preceded by reforms to encourage private sector investment, to make the country more resilient to oil shocks and to boost employment in highly productive sectors.

II- UNDERSTANDING THE DIFFERENT FACETS OF THE PANDEMIC:

Building human capital is a prerequisite to a stable developing society while strengthening social protection, inclusion, and social cohesion. Preparedness and response actions need to be based on scientific and public health knowledge. In fact, containing the spread of the virus, through social distancing and frequent handwashing, is not easy for millions of people who are members of socially underprivileged groups, such as refugees, IDPs living in extremely dense communities with precarious/insecure housing, poor sanitation, lack of clean water, malnutrition, as well as facing the threat of both non-communicable and infectious diseases.

Movement restrictions increased domestic and sexual violence, with IDPs and refugee camps among the most vulnerable.[5] Such crises, in the past, have caused domestic violence to triple in some countries where social distancing was practiced.[6] As the number of COVID-19 cases increases,[7] and further restrictions are imposed, the Iraq Information Centre (IIC), in charge of providing information on humanitarian assistance to IDPs, returnees, asylum seekers, refugees, and vulnerable host community members, continues to

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[1] On February 25, 2020, in Najaf Governorate.

[2] On March 15th, Lawks Ghafuri, the head of the Iraqi parliament's finance committee, forecasted a potential fiscal deficit of between $40-80 billion, in 'Coronavirus and oil price crash could plunge Iraq deeper into crisis'.

[3] A REUTERS SPECIAL REPORT: The medical crisis that is aggravating Iraq's unrest, by AHMED ABOULENEIN and READE LEVINSON, March 2nd, 2020.

[4] According to Prime Minister Order No. 55 of 2020.

[5] IASC (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Food Security and Agriculture.

[6] UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises.

[7] Till April 27th, Iraq recorded 1,820 confirmed COVID-19 cases, 87 fatalities and 1,263 recoveries. However, the numbers are rising every day.

receive calls from members of these groups, eighty per cent of which were from IDPs seeking humanitarian aid.[8]

A. COVID-19 increases vulnerabilities in Iraq

Following the conflict with the Islamic State,[9] Iraq became a fragile State with 4.1 million vulnerable people still in acute need of humanitarian assistance. In addition, lockdown policies affected marginalized communities, due to the loss of livelihood and lack of access to food, shelter, and other necessities. Not only elderly people, struggling with greater health and isolation risks, are vulnerable, but also people from socio-economic groups that are pressurized to cope financially, mentally, and physically, including people with disabilities.[10]

According to data, 28% of families lack any access to income, while 45% are dependent on casual labor.[11] Strategies to address the pandemic should avoid further marginalization and stigmatization of affected communities, such as movement restrictions that were reported to be impeding humanitarian assistance in relation to COVID-19 response in Iraq.[12] Therefore, a rights-based and gender equality response prioritizing the needs of the most vulnerable is essential, to avoid deepening health inequalities and inequities.

As per international human rights instruments ratified by Iraq, the use of emergency powers and tools of surveillance technology to track the spread of the virus must be non-intrusive, limited in time and purpose, and abide by the strictest protections. Moreover, misinformation and miscommunication are affecting Iraqis with less access to information channels, who are more likely to ignore government health warnings. Household internet coverage is developing as a necessity, and should become universal for all Iraqis, especially for youth, women, and marginalized groups.

B. COVID-19 impacting education in Iraq:

The field of education and higher education might be the most affected by the pandemic, as the educational process has stopped completely throughout the country. Offering a laptop to all students could not only be a great public health decision/policy but will support narrowing the gender-based education gaps, in view of the difference in the numbers of girls compared to boys.[13] Thus, distance education and e-Learning will not only address this challenge, but might become the norm in Iraq, evening the ground between the girls and boys, women, and men. With the support of the international community, investing in a modern technology education system, including trainings for teachers tailored to the required new methods, would be a sound strategy.

III- SUGGESTED ACTIONS FOR MAIN ACTORS[14]:

Building a stable and prosperous Iraq requires an effective and accountable government committed to the rule of law, good governance, and the investment in efficient institutions. Iraqi's health care and social protection systems need to be strengthened, in the short term, along with investing in a diversified, inclusive, and equitable economy, in the longer term.

The contribution of women to ongoing reform efforts[15] is not only a vital driver for their empowerment and the advancement of their rights, but also a necessity for a more balanced decision-making power, laying the foundation for a resilient and cohesive Iraqi society. Having always been the backbone of recovery during the last decades in Iraq, the pandemic response should strategically prioritize the inclusion, representation, and protection of women, as well as guaranteeing their social, political, and economic rights. This would enhance building a more just society, in the interests of not only women and girls but also men and boys.[16]

Apart from increased healthcare costs and lost productivity, the economic damage is likely to be felt mainly because of the restrictions on people's movement to work and travel. Moreover, "High private health spending also inhibits progress towards other Sustainable Development Goals including eliminating poverty, reducing inequality, and achieving gender equality."

Investing in curbing mismanagement, while mobilizing greater resources for reconstruction by stimulating the private sector, will contribute to greater economic growth. Indeed: "The COVID-19 pandemic has revealed the critical role of business in public life and the central role that the state must play in preserving public health and managing shocks to the economic system. State responses must promote responsible business conduct and address inequality through the protection of human rights".[17] These measures will improve the wellbeing of Iraqi citizens regarding employment, livelihood, as well as access to health and social protection services.

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[8] Iraq Information Centre. 2020. COVID-19 Dashboard. Available at: https://cutt.ly/6t2v6Tg.
[9] Iraq Humanitarian Response Plan 2020.
[10] As per UN Women's first Disability Inclusion Policy.
[11] These figures are based on analysis done by the Cash Consortium for Iraq, of over 25,000 household-level Vulnerability Assessments spanning Anbar, Diyala, Kirkuk, Ninewa & Salah al-Din, collected (Sept 2019 & March 2020).
[12] OCHA. 2020. Iraq: COVID-19. Situation Report No. 10. 9 April 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/09042020_COVID19_SitRep_No10.pdf
[13] According to the Beijing +25 report, 70 per cent of girls at the age of the intermediate level of education go to school, compared to 97 per cent for

boys. At university level, the percentage for girls drops to 20.2 per cent, which can be attributed to the traditional impediments that disallow many girls to travel, or leave their homes, to seek education.
[14] By Government, we mean both the Federal and the Kurdistan Region of Iraq Government.
[15] UN Policy Brief: The Impact of COVID-19 on Women, 9 April 2020.
[16] "Across the globe, women earn less, save less, hold less secure jobs, are more likely to be employed in the informal sector. They have less access to social protections and are most single-parent households. Their capacity to absorb economic shocks is therefore less than of men".
[17] Gabrielle Holly & Elin Wrzoncki

A- The Iraqi government prioritizing saving lives now and getting prepared for future epidemics:

Quality healthcare being a basic human right, not a privilege, requires a rapid response to the COVID-19 pandemic to save lives, provide healthcare to all, while reducing inequalities and inequities. A multi-pronged action on several fronts, is key for the national response:

1. **Health Sector:**

- Enhanced public health awareness, protective hygiene, preparation of health systems for patients who might need to be isolated or in need of intensive care facilities, and stronger infection prevention and control in health facilities.
- Increased health capacity for testing, tracing, quarantine, and treatment, combined with restricted movement and contact, while ensuring that access to testing or treatment is not denied due to discrimination, on the grounds of gender, age, religion, ethnicity, race, class...etc.
- Strengthened health facilities' prevention and control, with special attention paid to nursing home facilities; with intensified crucial case finding to stop onward transmission, including postponement or cancellation of any large-scale public gatherings.

2. **Violence against Women:**

- Collect sex-disaggregated data on the incidence of domestic violence against women and girls. Data should be collected on the needs and capacity of services to respond to the increased demand from women and girls in the context of the pandemic.
- Integrate a gender impact assessment on women and girls, including economic and social impact, with solutions on how to address it effectively. Recently, UNSG António Guterres called for measures to address a "horrifying global surge in domestic violence" directed towards women and girls linked to lockdowns. Due to the increase in Gender Based Violence (GBV) cases, on April 16th various UN agencies urged Iraq's parliament to enact the Anti-domestic Violence Law.
- Encourage and facilitate the report of abuse, and access to justice, including providing shelters, for GBV survivors. Due to the impact of food insecurity, special awareness should be given to the risks of expanded use of child labor and early marriage.

3. **Social Protection Measures:**

- Assess the support structure for vulnerable groups to care for those at the highest risk of infection. Perform risk assessments to identify the main gaps, along with rapidly implementing the necessary measures to reduce both COVID-19 transmission and economic, public, and social impacts, on the short and longer term.
- Prioritize the economic support for women-headed

households impacted by COVID-19 that exacerbated their situation, including increasing their vulnerabilities to exploitation.
- Mainstream gender into social protection plans and emergency economic schemes while considering unpaid care undertaken by women including the specific constraints faced by women working in the informal sector. Cash-transfer programs, adequate access to credit, loans, and grants, among other measures, should be made available to women.
- Urgently enact the Social Security Law, considering the COVID-19 new context, as per Article 30 of the Iraqi Constitution.

4. **Closed Institutions:**

- As per President Barham Salih recommendations, ensure to continue reducing populations in prisons and migrants in detention centers, through appropriate supervised or early release of low-risk category.
- Ensure that homeless people and those living in inadequate housing, such as refugees and IDPs, are not negatively impacted by virus confinement measures. This effort should include patients in mental health institutions who could face higher risk of infection, due to their specific vulnerability.

B. Civil society suggested actions:

1. **Community response and services:**

- Women's organizations are often at the front line of the community response, through supporting those most affected by the crisis, while ensuring that shelters remain open for domestic violence survivors, and channeling sound public health education messages to women and families.
- Ensure access to additional financial aid for people with disabilities and their families, while guaranteeing that they are protected from neglect, isolation, and risk of abuse.
- Special services should be made available to prevent and respond to GBV cases, such as special hotlines providing psychological and legal aid, and referral for shelters. Monitor GBV cases and disseminate accurate, scientifically sound, and evidence-based information, while conducting Violence Against Women (VAW) awareness-raising campaigns, through social media and others.[18]

2. **Social cohesion at the local level**

- Civil Society, Community and Faith-Based Organizations are playing a vital role at the local

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[18] "As the COVID-19 pandemic deepens economic and social stress coupled with restricted movement and social isolation measures, gender-based violence is increasing exponentially. Many women are being forced to 'lockdown' at home with their abusers while services to support survivors are being disrupted or made inaccessible".

and community level, in assisting most vulnerable populations. These essential actors, able to maintain social cohesion amongst individuals and families during social distancing, can provide economic and livelihood opportunities and serve as the main communication conduits about health, protection, and social mandates.

- Perform public services, including delivering food and medical services to at-risk and low-income individuals and families, and ensuring that there are enough handwashing facilities in highly dense communities such as slums, refugees and IDPs' camps and informal settlements.
- Offer virtual services, such as legal and psycho-social counselling sessions and issue regular communications via phone, SMS, online, and social media, to foster community resiliency and reduce the feelings of isolation and anxiety, including through community centers.

C. International Community suggested actions:

1. Gender expertise:

- Commission gender analysis and sex-disaggregated data to inform national policies, including those related to COVID-19' response programs and policies.[19] Invest in long term gender research and assessment about the impact of pandemics, especially on women and girls, while facilitating/ensuring their voices to be heard/ included.
- Advise on measures with low transaction costs, including providing income for women and girls as well as men and boys, disproportionally affected by COVID-19 quarantine and lockdown policies.
- Advise the government on the most effective ways to put cash in women's hands, including through expanding cash transfer programs, leveraging mobile banking to ensure women can access, own, and control the use of funds.

2. Healthcare system strengthening:

- Support health care system strengthening from a gender perspective to respond to the pandemic as well as avoid interruption of other health services. This includes policy advice, as well as procurement of health equipment and supplies, including personal protective equipment for health workers.
- Ensure that sexual and reproductive health and rights of women and girls continue to be implemented during the COVID-19 crisis.
- Support the dissemination of hygiene and dignity Kits for vulnerable and marginalized women.

3. Addressing violence against women:

- Advocate with the government to include procedures to protect women from violence as a standard measure of their immediate response to the COVID-19 pandemic, and in the longer term of their recovery packages, while using existing programmes to prevent and respond to violence against women in a coordinated manner.
- As per the recent UN Joint statement, that asserts that: "Violence against women and girls is a crime and should not go unpunished",[20] advocate for the enactment of the Iraqi Anti-domestic Violence Law. A similar statement was issued by the Iraqi Women Network, a coalition of more than 80 local NGOs from various governorates.

4. Community needs:

- Support policy measures to alleviate the care burden and better redistribute it between women and men, and between families and public services, as per the WHO recommendations on mental and psychological health during the COVID-19 outbreak.[21]
- Advocate for adequate and affordable water, sanitation, and hygiene services as well as electricity supply to rural and remote areas, to support women's productive unpaid care and domestic work, while ensuring that public expenditure is allocated for more funding to social and health care infrastructure.

CONCLUSION:

The social and economic shocks of the COVID-19 provide the greatest trigger moment in Iraq's history, to overcome this pandemic and get prepared for potential future ones.

Focusing on building more equal, inclusive, and sustainable economy and a more resilient society, as well as implement transparent, responsive, and inclusive structural reforms, is vital.

To avoid longer-term consequences related to the expansion of poverty and further probable destabilization of Iraq, a coordinated response will be required between all sectors and at all levels.

A sustainable and gender responsive COVID-19 response in Iraq, will only be possible through government multisectoral action, coupled with international community support and civil society community reach./.

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[19] "Violence Against Women and Girls Data Collection during COVID-19", by UN Women and WHO, 17th April 2020. This note complements UN Women's brief and WHO's paper on COVID-19 and violence against women and girls.

[20] UN Women, UNFPA, UNICEF & OHCHR Joint statement, April 16th, 2020.

[21] http://www.emro.who.int/mnh/publications/mental-healthsupport-during-covid-19.html#children-covid