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Arab Health Officials Discuss Fighting COVID-19

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Dr. Jaafar Allawi, approved as Iraqi minister of health last October, was just re-nominated for his post in the prospective government of Prime Minister-designate Mustafa al-Kadhimi.

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Dr. Saad Jaber, the Jordanian minister of health, is a cardiovascular surgeon who has served as director of the Queen Alia Heart Institute and president of the Jordan Cardiac Society.

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Dr. Abdullah Algwizani is executive director of the Saudi Center for Disease Prevention and Control -- the kingdom's equivalent of the CDC, known by the acronym Weqaya (Prevention).

Brief Analysis

Three senior officials from Iraq, Jordan, and Saudi Arabia share a behind-the-scenes look at each country's efforts to contain the pandemic.

On April 29, Jaafar Allawi, Saad Jaber, and Abdullah Algwizani addressed a virtual Policy Forum at The Washington Institute. Dr. Allawi, approved as Iraq's health minister last October, was just re-nominated for his post in the prospective government of Prime Minister-designate Mustafa al-Kadhimi. Dr. Jaber, the health minister of Jordan, has also served as director of the Queen Alia Heart Institute and president of the Jordan Cardiac Society. Dr. Algwizani is executive director of the Saudi Center for Disease Prevention and Control, also known as Weqaya

(Prevention). The following is a rapporteur's summary of their remarks.

JAAFAR ALLAWI

The arrival of COVID-19 means Iraq is dealing with several problems concurrently. The country is very dependent on oil, and prices have dropped significantly. It is also experiencing anti-government street protests at a time when a caretaker government is still in power.

As for the pandemic, Iraq has suffered 1,927 COVID-19 cases as of April 28, 1,319 of which have been cured. In other words, the ratio of people being cured is 68 percent. Although there may be some underreporting of infections due to testing limitations and concerns about social stigma, there is no underreporting of deaths, since the government can check these numbers against burials and death certificates. Some media outlets claim the number of Iraqi cases has reached into the tens of thousands, but this is untrue. World Health Organization authorities in Baghdad monitor the government's reporting. The curve is now plateauing, though the significant number of Iraqis abroad who are looking to return home could raise issues.

Another challenge is Iraq's physical and cultural proximity to Iran, a country that experienced a high number of cases early on, especially in Qom. Several factors have made closing the 1,000-mile border between them very difficult, including the high rate of Iraqi-Iranian intermarriage, Iraq's large Shia population, and their high bilateral trade volume.

Even so, closing all of Iraq's borders, shutting schools, and implementing a curfew have helped tremendously in reducing the number of domestic cases. The government ran a high-caliber media campaign early in the crisis, notifying the public about the importance of social distancing, prevention, washing hands, and wearing gloves and masks. Compliance with these restrictions has increased gradually, though there is still room for improvement. High-ranking Sunni and Shia clergy members have stood by the Ministry of Health to prevent large gatherings at mosques and pilgrimages. Some violations have been reported, but overall visits to Imam sites and mosques have been reduced to approximately 5-10 percent.

At the beginning of the pandemic, Iraq was only able to test individuals arriving in the country and those who were symptomatic. Today it can conduct general testing in high-concentration areas. The government has received international support from China, Kuwait, London University, and the WHO, while U.S. military forces have provided equipment. This assistance helped address initial public complaints about the lack of personal protective equipment. The government began providing masks to the people for free, thereby reducing the problem of price gouging.

On the financial front, the country's Central Bank and private banks have helped significantly, bolstering hopes for the general economy. The government is now negotiating additional financial support from the United States. Moreover, large quantities of rice and vegetables are being produced, and the minister of agriculture has stated that Iraq is ready to export rice and wheat.

As for the fact that Iraq and Jordan are experiencing far fewer cases and deaths than the superior U.S. and European health systems, one possible explanation is that there are multiple types of the virus. A colleague at Imperial College has noted there may be three types (A, B, and C)—one of them attenuated, one with medium effects, and one with a high risk of fatality. Some Chinese scientists reported in a reputable journal that two different types exist, calling them L and S. One of these types is aggressive and affected 70 percent of people in China, and the other is less serious and causes minor symptoms. The disparity could also be based on weather, the number of people vaccinated for other respiratory illnesses, or the fact that strenuous lockdown procedures were implemented earlier in Iraq than in Europe and the United States. It is impossible to pinpoint one specific cause at the moment. In any event, Iraq is coping at present, but if cases increase dramatically, the results could be catastrophic.

SAAD JABER

The situation in Jordan is under control. Most of the recently reported cases are truck drivers coming from abroad, all of whom are tested as they enter the country. Trade has not stopped, though the borders are closed to regular travel. The government is beginning to open up the commercial sector, which has been locked down for the past forty days. Jordan also did a good job with the media campaign it launched in late January, which built trust with the people and facilitated compliance with lockdown measures. The next task is to quarantine students coming home from abroad; the plan is to double-test them, once at the airport and again after fourteen days of quarantine.

The difference in case volume between various countries is likely multifactorial, but the contagion's virulence is unlikely to differ from place to place. When the government genetically sequenced the viruses with help from a center in San Diego, it found that most of the ones entering Jordan came from the United States, Belgium, Australia, Britain, and Italy. None came from China.

Notably, Jordan has a large refugee population spread over eight camps, the largest of which houses 80,000 people. The government has enforced the same standards there as in the rest of the country, including lockdowns, surveillance, and awareness campaigns. It has also restricted movement in and out of the camps. Thanks to these stringent measures, there are no recorded cases in any of the camps. Jordan is now in the process of building mobile hospitals, all while coordinating its approach to the camps with the WHO and the UN High Commissioner for Refugees.

Underreporting is not an issue. Jordan has fewer cases than the West due to stringent shutdown procedures. The government has emphasized transparency and honesty throughout the crisis; the problem is too large to hide from the people. The country will soon have the ability to test 10,000 people per day, comparable to the United States.

Meanwhile, Jordan is working with the international system and trading essential goods. This includes producing hydroxychloroquine and, within the next week, exporting masks and coveralls. The Central Bank is easing the economic burden by providing interest-free loans that help businesses keep employees on the payroll. Similarly, the government's massive donation campaign has been able to support more than 150,000 families.

Indeed, the pandemic has highlighted the interconnectivity of public health and the economy. The post-COVID world will be entirely different, and people will come away with an appreciation for the importance of social contact, freedom, and unity.

ABDULLAH ALGWIZANI

Saudi Arabia's past experience in dealing with Middle East respiratory syndrome (MERS) has been invaluable in the fight against COVID-19. King Salman issued a decree allowing everyone in the country, including undocumented residents, free treatment for the disease. In addition, the country has suspended the Umrah pilgrimage, restricted international travel, closed schools and mosques, and banned travel between Saudi cities. The kingdom's first case was identified in a small city in the Eastern Province. Since then, contact tracing and quarantines have helped keep the number of cases down to around 20,000 at last count, with 150 deaths.

The kingdom has pledged $500 million to combating COVID-19 globally, which will hopefully speed up the process of finding a vaccine. The newly created Saudi Center for Disease Prevention and Control is small, but the government is committed to scaling up its testing and working with the international community. It is now approaching the capacity to test 22,000 people per day and up to 9 million per year. It has also dedicated twenty-five hospitals to meet anticipated demand. In addition, the kingdom has vaccinated 4.5 million people for the flu—an important measure as winter approaches and COVID-19 overlaps with seasonal respiratory illnesses.

There are so many unknowns about the virus, such as why it differs from country to country. Yet it has already

taught us many lessons: that a significant amount of work can be done remotely; that health issues affect the economic and social sectors alike; and that greater pandemic preparedness is sorely needed given the risk of future diseases. A "One Health" approach is necessary, including multi-sectoral and intergovernmental cooperation in identifying new diseases.

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