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**Planning Policies and Public Health in Kurdistan Region of Iraq (KRI) and Its Policies to
Combat COVID-19 in Duhok City**

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Abstract

Purpose: The Kurdistan region of Iraq had been affected by the COVID pandemic like the rest of the part in the world and Duhok city specifically faced several problems as the city and health policy were not ready to face the crises. It had a negative impact on the sustainability of health sector specifically the economic side. This study tries to identify the problems to achieve an appropriate standard of good health among Kurdistan's general population, especially in the city of Duhok, to ensure more equitable access to health services throughout the country's social and geographic expansion, take into account poverty and to strive to get better treatment, understand the condition of the city of Duhok via COVID-19, and how the government deals with the medical system in this condition, protect and encourage the right to health care for individuals and create equality in the health care system for both genders, beliefs and positions.

Methodology: Through conducting the qualitative research approach by using two types for collecting data (Data Collection Methods) which are primary data and secondary data, primary data for collecting direct information from patients and IDPs and refugees to know their health conditions and whether they are satisfied or not for public health system, physicians as well to know their treatment to patients, and secondary data to gather information from health directorate in Duhok city, camp health administration and humanitarian health organizations to understand better the situation.

Findings: The findings of the study indicate that the pandemic struck at a time when public faith in the government was low, the economy was damaged by lower oil sales income, protests were common across the country, and violent extremist acts were on the rise. COVID-19 has worsened long-standing and sometimes deep-seated political, economic, social, and security issues. The COVID-19 pandemic has resulted in a dramatic loss of human life around the world, posing an unprecedented challenge to public health, food systems, and the workplace. The pandemic's economic and social impact is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people is currently estimated to be nearly 690 million, by the end of the year, the number could have risen to 132 million.

Unique Contribution to Theory, Practice and Policy: Food security, public health, and employment and labor issues, particularly worker health and safety, all intersect during the COVID-19 crisis. However, in Azadi hospital we cannot talk to people because of virus, the risk of contracting COVID-19 via an infected person's feces appears to be low. The COVID-19 virus may cause intestinal infection and be found in feces, according to some data.

Keywords: *Duhok City, Iraq, COVID-19, Public Health, Planning, Policy, IDPs, Refugees*

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INTRODUCTION

Health is a state of absolute physical, emotional and social well-being, not just the lack of sickness or infirmity. Public health, with a focus on security, disease prevention, and promotion of well-being, aims to improve the health of the entire society. Communities, prevention and equality are the main issues in the concept. Public health supports and preserves the health of individuals and the neighborhoods in which they live, study, work and play (Colin Binns & Wah Yun Low, 2015). Social well-being is an end state that meets basic human needs and allows people to be able to coexist comfortably in societies with advancement opportunities. It is characterized by equitable access to and provision of services for basic needs such as, water, food, housing, healthcare services (United State Institute of Peace, 2007). Physical factor influences have promotional or inhibitory effects on exchange processes, while the abiotic inventory of a group or the determinative condition changes the exchange processes (Treatise on Estuarine and Coastal Science, 2011). The emotional component has a number of characteristics that can affect performance. They can vary from elevated levels of anxiety to being terrified of a specific aspect of your performance. They can interlink and influence each other as well (2020 BBC).

Public Health and Planning

A public health plan is systematic collection of actions proposed to educate the management of public health within a local authority and the way it is handled as well, and provide a group with an avenue of contact (PHAIWA, 2016). Planning policies and decisions will help to improve the role of public health sector in supporting communities' health and well-being. By promoting informed decision-making and the provision of facilities such as, drug policy, mental health policy and fighting addiction, health financing policy, etc. (HSC, 2020).

More than half of the nations in the world have agreed to support the right of their people to health care, either through national legislation or via international human rights agreements. (AMANDA MULL, 2019). For instance, Availability, accessibility, acceptability, quality. Health insurance is a fundamental human right as well, it is a form of insurance policy that covers the cost of medical and surgical costs of an insured person. (Medical News Today, 2018).

It is evident in the new law that the KRI agrees that health care is a fundamental public right, and the government is committed to providing all KRI citizens with a minimum standard of health care (RAND Corporation, 2014). Relevant quality improvement programs are already under way at the Azadi Teaching Hospital in Duhok, for instance, on proposed laws to protect the rights of clinicians (RAND Corporation, 2014).

The COVID-19 Situation in Duhok City

In Duhok city, there is still a Covid-19 risk, therefore, social distancing should begin with individuals (Zhelwan Z wali, 2020). The Kurdistan Region has recently witnessed new increases in Covid-19 cases along its provinces, especially in Duhok city, which has experienced fewer regular infections in recent months. Once the province with the least effects, Duhok now records elevated regular infections. The governor of the province lately said that about 90% of the duty lies with the people to shield themselves as much as possible from pathogens by adopting face masks and decreasing physical interactions (Halgurd Sherwani, 2020).

Duhok's largest national hospital is Azadi Teaching Hospital. The government will dedicate 20 more critical care rooms to covid-19 patients and send more medical professionals to Duhok's Azadi Hospital to cure the disease. Despite the decreased number of health professionals, the

health department is trying to get its employees to do their utmost to offer the best care they can. (Halgurd Sherwani, 2020).

The lockdown was extended to 1st may by the ministry of Interior in KRI, but local authorities were given the power to ease the lockdown, contributing to the reopening of most industries and the elimination of most checkpoints within and outside cities (Zhelwan Z Wali, 2020). The low and regulation from (KRI), Nightclubs, bars, cafés, restaurants, teahouses, swimming pools, baths, gyms, wedding halls, religious and social halls, massage centers and casinos remain closed. However, Wakes continue to be prohibited as well. Clinics should be reopened from 2-6 pm, if they only accept 15 patients a day, only have four people at any particular time in the waiting room, and provide face masks and latex gloves for anyone there. Malls will open, but cafes and restaurants will stay closed within them, unless delivery service is offered by the latter. Face masks and latex gloves must be worn by mall-goers (Zhelwan Z Wali, 2020).

Problem Statement

According to available reports, citizens in the Iraq Republic, KRI, and Duhok city specifically face several problems, researchers are not assured of the safety of citizens. Other than listing the important ones, the number of issues is high, such as the ongoing economic crisis since 2014 due to the failure to send a budget allocated to the Kurdistan Region, which led to delay in the salaries of employees and the suspension of large projects. These are crises that have negatively affected employees and people who have a low income. Duhok city is also facing a lack of health facilities, for instance only one hospital (Azadi) for a city with more than 400,000 persons, this could be too difficult to handle a big numbers of patients of whole city. Especially in current situation, Covid-19 is hitting the city too rough, with a high number of patients each day this making it impossible to handle. Another issue is the large number of IDPs and refugees since the start of the war in Syria and Iraq, This led to the migration of many people from Syria and southern Iraq to the city of Duhok and its suburbs. In Duhok governorate, about 39% of 93,000 Syrian refugees and 68% of 625,000 displaced persons live outside camps and mostly in urban areas, often hindering access to health services. We would have several effects if they are not to be overcome, such as loss of physical and mental wellbeing and other bodily organs, even their lives.

Strategies and Laws Related to Public Health in Iraq and KRI

In Iraq constitution, Depending on 31th article, first item the right to health insurance is open to every person (Iraq Constitution, 2005). The State shall preserve public health and the security of public health and treatments provide the means of prevention and care through the construction of various types of Hospitals and centers of health. In the same article second item, tell us that Individuals and corporations are entitled to build hospitals, clinics or private healthcare centers are supervised by the Government, and this is governed by statute, Depending on this article under the name prevention is better than cure Kavin Group provides a lot of services to ensure more protection against covid-19 for residents, such as building specialist hospitals for patients within 7 days with the required medical supplies according to health standards, consisting of 50 individual rooms supplied with TV, internal telephone internet and air conditioning systems, self-sterilizing (Disinfection Tunnel) in all of its businesses (Kavin group , 2020). The government should also take care of people with special needs as they explain in 32th article, The State shall look after the handicapped and those with special needs, and shall take care of them. In order to reintegrate them into society, their rehabilitation shall be assured, and this shall be by rule, controlled (Iraq Constitution, 2005).

Services Provided in Duhok City for Improving the Health Status in KRI

The first places the patient normally visits are called health centers and emergency hospital units, and these health centers are spread across the governorate's towns, sub-districts and villages (General Directorate of Health, 2017). There are an estimated 127 centers, 69 of which are operated by physicians and 58 by paramedical workers. Of those 127 centers, 31 are in the district of Duhok. The main services in primary health care centers including, preventive and curative services. Preventive services such as, Endemic and communicable disease prevention and control by immunization and other programs, Growing the educational level of people in the management and prevention of preventable health problems such as sexually transmitted diseases (including AIDS), diarrheal diseases and viral hepatitis, mental health care, etc. Curative services such as, Control of common acute illnesses (patient registration and control), Provision of the major medications, etc. (Directorate General of Health/ Duhok, 2017).

There are some existing hospitals in Duhok city:

- Azadi General Hospital (488 beds)
- Emergency Hospital
- Burn and Plastic Surgery Hospital
- Pediatric Heevi Hospital (138 beds)
- Over two smaller private hospitals.

Major Specialist Centers:

- Central Laboratory.
- Early Detection of Childhood Disability Centre.
- Pediatric Surgery Center.
- Dental Poly-Clinic.
- Mental Health Centre.
- Tuberculosis Center.
- Duhok Gastroenterology and Hepatology Center.
- Heart Center.

The Plans of Improving Health System in Duhok City:

The Ministry of Planning and Health of the Federal Government and the Kurdistan Regional Government, with the help of UNFPA (United Nations Population Fund), a fast assessment of the effects of COVID-19 on reproductive health services in Iraq began on 9 September. The assessment involves 107 primary health centers and 10 secondary and tertiary hospitals in Baghdad, Basrah, Erbil, Najaf and Salahuddin, and is carried out by 27 physicians and 16 data analysts trained in data collection (UNFPA, 2020).

The objective of the assessment is to recognize gaps in the services provided that have been exacerbated by COVID-19. The findings will direct the response to improve the technological capacity of providers of sexual reproductive health services and improves the standard of services (UNFPA, 2020).

While the majority of the public are discussing the length of the quarantine period required to respond to coronavirus and how long these steps will continue, the Kurdistan Region of Iraq has been proactive in enforcing self-isolation. Kurdistan Regional of Iraq (KRI) A balanced approach has been followed between the implementation of authoritarian responses, the carrot, and stick

implementation of the necessary measures, and good health awareness, which restrict the need to implement control and coercion techniques (Biner Aziz, 2020).

KRI made an early decision to over-react to the risk, setting up an Operations Center to fight coronavirus before any reported cases. This was especially important as the imposed curfew came just before the start of the Newroz Celebrations (Kurdish New Year) and was crucial to keeping people at home and keeping them from social interaction and gathering in the usual way for this big holiday (Biner Aziz, 2020).

KRI has also helped to dampen the global rush to buy and hoard fear. Supermarkets in the KRI continue to be stocked and full of supplies, as there is a sense of trust in the government's approach of the issue. KRI may also be more likely to engage in social distance measures as they have also had a chance to see the result of lack of control (Biner Aziz, 2020).

Universities need to set up the infrastructure needed to transfer their programs to the Internet to build online or electronic campuses. Higher education leaders in the area know that they need either to do this or to pause programs for months, as health officials say that a significant number of students simply cannot return to campuses in the near future (Kawa Sherwani, 2020).

In Duhok city, the Kurdistan Region of Iraq, A local program has been set up to fight and eradicate viral hepatitis. However, hepatitis elimination plans have been discontinued due to the strain and pressure of COVID-19 on the health system (Nawfal Hussein, 2020).

The first few cases of COVID-19 were reported in Iraq in February 2020. In response, the local government in Duhok City has taken unprecedented steps to slow down the spread of infection and reduce the fatality rate. These included the closing of boarding and airports, the cancelation of public meetings and non-emergency services in hospitals, and a community-wide lockdown (Hussein, 2020).

Duhok Governorate Covid-19 Cases in an 8&9 Months

Table 1: Number of Patients during 8&9 in Duhok Governorate

Governorate	Date	N. Checks	Cases		Death		N. Cases 28 days ago	Recovered	
			Num.	Percent %	Num.	Percent %		Num.	Percent %
	2020/8/27	1688	1070	6.3%	20	1.9%	2171	355	16.4%
Duhok	2020/28-8/3-9	19153	1501	7.8%	31	2.1%	3101	524	16.9%
	2020/9/4-10	18849	1856	9.8%	27	1.5%	4199	469	11.2%
	2020/9/11-17	21401	1870	8.7%	63	3.4%	5350	922	17.2%

Source: <https://gov.krd/moh-en/> (Ministry of Health, 2020)

- This table shows the number of patients during 8&9 in Duhok governorate. During these two months, Duhok had a lot of cases and deaths compared to the previous months and after the provincial and local government decisions to lift the lockdown, breaking a travel ban between provinces and opening public places such as restaurants, cafes, barber shops, malls, and many others.

Refugees and IDPs

Refugees are who fled war, terror, strife, or oppression and crossed a foreign boundary for security in another region. In other countries they are refugees. At the end of 2017, 25.4 million refugees worldwide were registered, including men, women and children. Inter-displacement (IDPs) are persons or groups of persons compelled to flee or to leave their homes or places of habitual residence, in particular as a consequence or in order to avoid the consequences of armed conflict, situations of generalized abuse (UNHCR, 2001, 2020).

The lack of resources due to the 2014 internal displacement crisis and violence in many parts of the country, have undermined the already enlarged healthcare system and have undermined efforts towards ensuring accessibility in IDPs' and refugee camps in the Northern Kurdistan Region of Iraq, primarily in Erbil and Duhok. But recent changes in the quality and quantity of medical care including sexual abuse, psychological and mental health programs. As of July, more than 250 health care workers from various governorates were trained by WHO to handle cases in IDPs refugee camps.

At an especially moment, Covid-19 has to led drastic changes to peoples' lives in Duhok city specifically displacement persons. During the lockdown camps has been placed under lockdown as well. Camps' residents are struggling to adapt to new rules no one can go outside. Many of the workers lost their jobs and they are facing a lot of economic problems because the majority work on a daily basis (day laborers). IDPs and refugees lost many of their services such as, getting water, stop the distribution of food parcels and fuel. KRI provide many primary services such as, make awareness campaigns, distributing brochures, booklets, posters containing key information to the displacements, sanitary ware needed, and quarantine places, specialist hospitals (Rudaw, 2020).

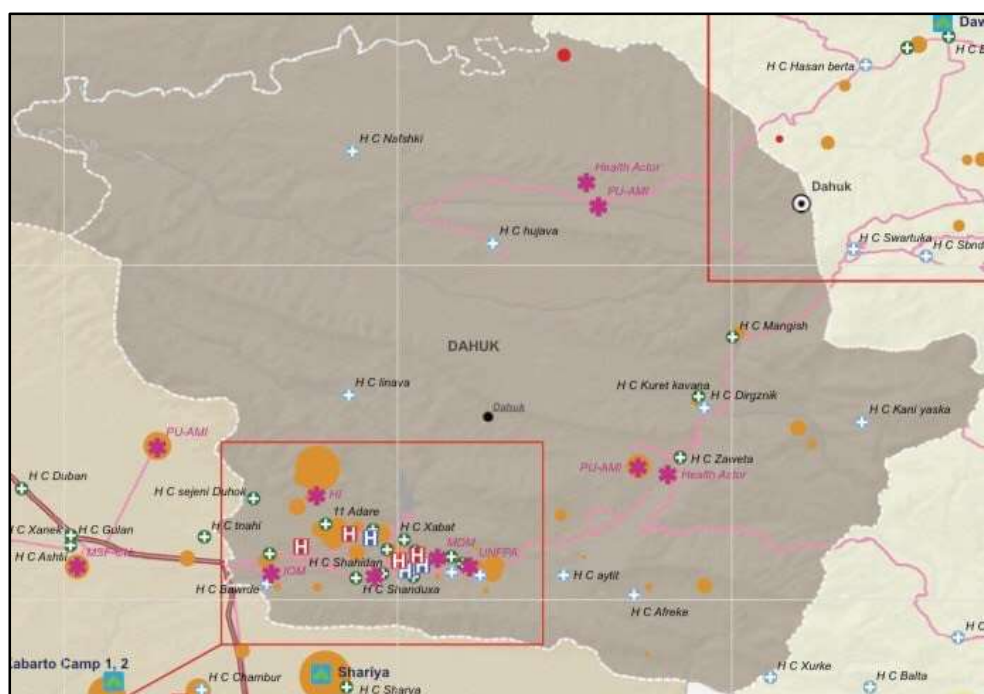




Figure 1: health Care Services in Duhok Area

Source: <https://mail.google.com/mail/u>

- This map describes the health care services in Duhok Area, including public and private hospitals, primary and branch health facilities. Refugee and IDP camps, isolated and non-isolated, are also located on this map. Density of populations and division of IDPs and refugees by individuals. You can see a large number of immigrants in Duhok city, their role in the rapid population growth of Duhok city, and their influence over many territories in the legend of this map and the map itself.

LITERATURE REVIEW

Public Health and Planning

Public health planning is the first step in an orderly process to achieve the things needed to improve the health status of individuals and communities. However, structured it is for managing effects and demands of development or redevelopment. Planning and assessment cycle helps us to be successful in recognizing and addressing health issues. For effective disease control and prevention, efforts to understand health issues and address their solutions in an orderly manner are important. This is the foundation of health planning and the secret to it (F. Douglas & Alex F. Howard & Robert M. Shapiro, 2016).

Health Care System

Healthcare framework can be characterized as the strategy by which healthcare is financed, organized, and conveyed to a populace. It incorporates issues of get to (for whom and to which services), consumptions, and assets (healthcare specialists and offices). The objective of a healthcare framework is to improve the health of the populace within the most compelling way conceivable in light of a society's accessible assets and competing needs. By the starting of the twenty-first century get to healthcare had come to be respected by most nations and the joined together countries as an uncommon great that's vital either as a matter of or compatible to essential human rights. An examination of healthcare frameworks hence incorporates thought of the ways in which a specific framework addresses commonly held (Health Care Systems, 2020).

The Switzerland healthcare framework compares well with other OECD nations. It has widespread health-insurance scope, allowing get to a wide extend of cutting edge restorative administrations, and patients are generally fulfilled with the health care they get. In any case, investing on health

as a share of Net Residential Item (GDP) is the moment most noteworthy (after the US) within the OECD zone, whereas other OECD nations perform similarly well, or indeed superior, at lower cost (Lain McCall, 2009).

Switzerland went through 11.5% of Net Residential Item (GDP) on health in 2003, against the OECD normal of 8.8%. The taken a toll has been expanding consistently in Switzerland, rising by 2.4% of GDP between 1990 and 2004, over the OECD normal increment of 1.5%. These tall levels of health investing, compared with other OECD nations, reflect both the liberal supply and the tall costs of the administrations provided (Lain McCall, 2009).

Planning

Planning is the act of studying, evaluating, predicting and shaping change in our society, which includes identifying the goals of enterprises, setting up their achievement programs and courses of action, establishing timeframes and scheduling of action and assigning responsibilities for their execution (Aliya K, 2009).

It is an analytical process that lays down the goals of an organization and develops different courses of action through which the organization can achieve those goals. Exactly how to accomplish a particular aim is chalked out (Business Jargons, 2018).

Before the action takes place, preparation is nothing but contemplation. It allows us to take a look into the future and decide in advance how to deal with the circumstances that we will face in the future. Logical reasoning and sound decision making are involved (Business Jargons, 2018).

Public Health Planning Model

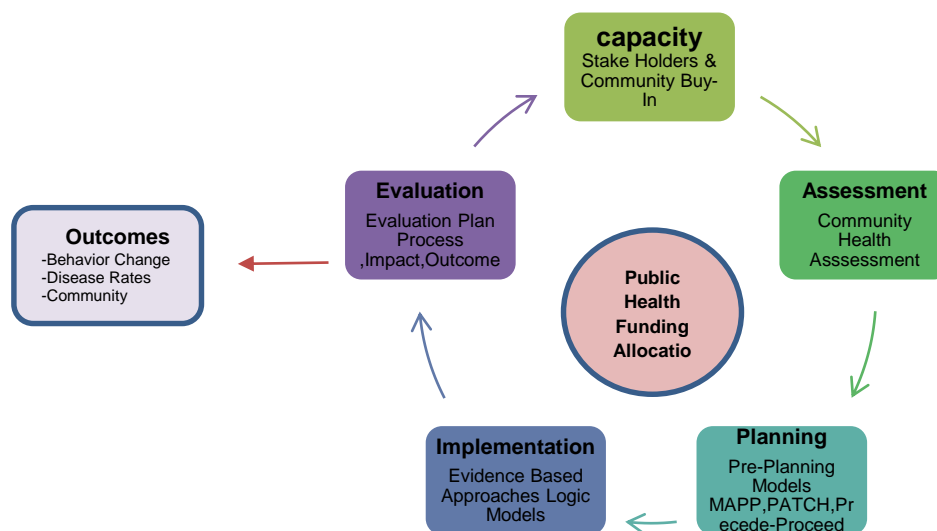


Figure 2: Traditional Public Health Planning Models Cycle

Source: *Frontiers in Public Health*

The purpose of the health care professional in this model is not to produce new solutions, but to apply prescribed solutions in various contexts. Support, like prevention, typically comes from government and public sources. The results of the program are not closely related to the allocation of funds, because awarding organizations take into account the efficacy of the program typically allocating funding to organizations on a regular basis, irrespective of program outcomes.

Accessibility to Health Care Services

Access to universal quality health care services is vital for all citizens to promote and sustain health, to prevent and manage diseases, and to achieve health equity. In addition to its progress in global health policy, monitoring health-care access and quality has become an increasingly significant priority (Avicenna J Med, 2016).

A lack or inadequate access to public health services is our cry right now. At least half the population of the world is unable to access basic health care, according to a new report from the World Bank and WHO, currently 800 million people spend out at least 10% of their household budget on health expenses for themselves. For instance, Syria has been shaken by war since 2011, which culminated in the collapse of the Syrian health system after almost six years of fighting. "11.5 million Syrians, including nearly 5 million children, do not have access to health care" UN OCHA said. 55 percent of public hospitals and 49 percent of health care community centers are estimated to be closed or only partly operating (Aula Abbora & Karl Blanchet and Fouad, 2017).

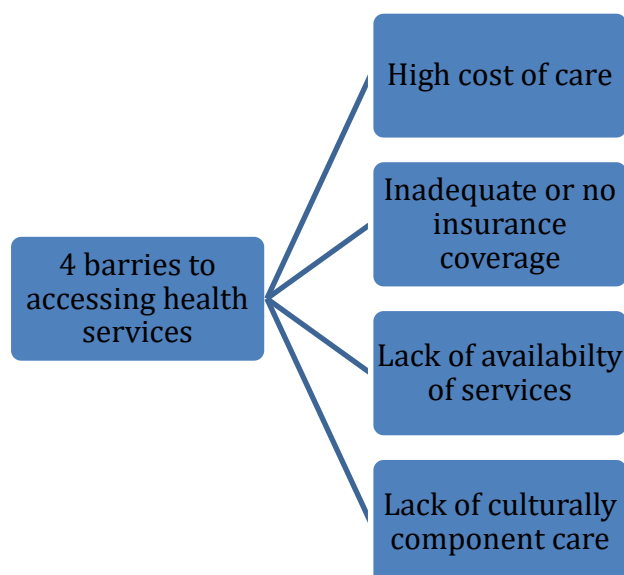


Figure 3 : Four Barries to Accessing Health Services (By author).

- This Figure explain the most common four barries to accessing health services. Through financing situation, insurance coverage, availabilty, culturally component care. Nowadays these four barries stand in the way of reaching health services to the residents. This cause a huge effect on inhabitat health and health system coverage.

Health Policy

Health care could be a fundamental human require. Over societies, people require clinical intercession to remediate their wounds and sicknesses, and communities' advantage from the advancement of fundamental wellness practices and malady avoidance (ANA, 2020). These endeavors, planned to attain shared objectives, drop beneath the heading of health policy. Health approach is best caught on as a set of overarching standards and objectives that direct how care is conveyed and gotten to. Health care arrangement can be codified at a national or state level, and after that more finely sharpened in a clinic or clinical environment. The World health Organization (WHO) defines it as the "decisions, plans, and activities that are embraced to realize particular health care objectives inside a society" (UND, 2020).

This wide category can be broken down into discrete approaches, such as those related to mental health care and health care affordability. Health arrangement shapes the complete health care scene, counting both patients and suppliers. Medical caretakers and nurture professionals play a coordinate part in forming, actualizing and surveying the health approaches in their communities. This requires a strong set of abilities and a foundational understanding of populace health, health financing (UND, 2020).

Laws and Regulations of Public Health Planning

Public health law is a type of policy for public health that combines law, medicine, health care and public health principles. Public health legislation generally allows such public health programs of a legal nature. Therefore, public health law implementation is an important element in ensuring health at the population level, especially through governmental entities. It offers the legal basis for their work to public health practitioners and determines the scope of their practice. Public health law has grown as a specialty for both general lawyers and public health professionals in recent decades. International law, such as international health laws and public health conventions, calls for national and international legal experience in the area of public health (Gostin, 2000).

Public Health Financing

The KRI is officially entitled to obtain a proportion of the total public budget of Iraq (population-based resource allocation, set at 17%), which is primarily based on income from the selling of oil. The total public health budget is calculated by the KRG Ministry of health and the ministry of Planning. As a proportion of total public spending, KRG public spending on health has been estimated to be between 4.8-5.5 %, close to that of Iraq and regional countries.

Historically, patient costs and service charges have been minimal and have not been a major source of income for the public health care system. However, a 'semi-private' system has been claimed to have been introduced in hospitals, increasing out-of-pocket spending in public hospitals to about 80 percent. With the decreased income of the general population, the ongoing economic crisis has moved more patients to seek treatment in public facilities rather than private ones (BMC, 2017).

Table 2: Comparative Summary of Public Health Care Spending and Provisions in Six Countries

Country	% GDP spent on health	Source of funding	Complimentary public services available	Free services available to non-citizens?
France	11.7	Tax	Primary care, maternity, dental, geriatric	Yes
Germany	11.3	Tax, government funds	Primary care, secondary care, maternity, dental, geriatric, rehabilitative care.	Yes
UK	9.4	Tax, government funds, charitable funds	Primary care, secondary care, maternity, dental, geriatric, rehabilitative care, preventative care.	Yes
Singapore	4.7	Government-enforced insurance program	Primary care	No
USA	17.9	Private funds, nominal public funds	None	No
UAE	2.8	Private funds, nominal public funds	Free primary care, secondary, maternity and geriatric care to citizens only.	No

Source: www.alqasimifoundation.com (2015).

- This table indicate comparative summary of public health care spending in sex countries; involving, France, Germany, UK, Singapore, etc. Developed and developing countries have a special ways to fund and allocate a budget for health system in their countries, through taxes, government funds, private funds, etc. Also, complimentary public service, including primary care, secondary care, free primary care, etc. Either the free services available to non-citizens or not, as well.

The Role of Public Health Sector

Public health (or more particularly, prevention-oriented populace health) may be a moderately little component in any health framework compared, for case, to arrangement of individual-level healing health administrations. In any case, the center capacities of public health and the commitment of open health hone to any health framework are central to that framework working successfully. Underneath, health frameworks are certainly complex, and particular exercises ought to address and adjust to neighborhood settings. Be that as it may, we accept that in case these capacities are themselves fortified, they would in turn have the most prominent impact on fortifying the health framework as a entirety and, so, have the most prominent effect on the public's health (Bloland P. & Kevin Simone, 2012).

Strategic Objectives

According to World Health Organization in 2010, here is some strategic objectives in National Health Policy System:

1. Significantly reducing the burden of early childhood diseases and enhancing the development of maternal and child health.
2. Help reduce communicable diseases to a non-public health issue, monitor communicable diseases.
3. Enhance inter-sectoral cooperation with all related governments and non-governmental organizations, the introduction of multi-sectoral elements of national health policies by government bodies.
4. Strengthening potential for sector planning and monitoring.

5. Introduce a health-financing mechanism to shield individuals from disastrous investments and promises that the scheme is viable.

International Public Health Policies

Public health policies proceed to play critical parts in national and international health changes. Be that as it may, the impact and legacies of the public health times amid which such approaches are defined stay to a great extent underappreciated. The constrained appreciation of this relationship may prevent steady appropriation of open health approaches by nation-states, and hamper disinvestment from ineffectual or chronologically misguided policies (Niyi Awofeso, 2011).

Population Health alludes to the health of a population as measured by health status markers and as affected by social, financial and physical situations, individual health hones, person capacity and adapting abilities, human science, early childhood improvement, and health administrations. It may be characterized as “the health results of a bunch of people, counting the conveyance” of results inside the group (Niyi Awofeso, 2011).

Public health in the United States proceeds to advance to guarantee solid families and communities as well as individuals. Incredible accomplishments within the control of infectious and constant illness and wounds will have to be maintained whereas we confront modern challenges, counting giving widespread get to tall quality healthcare as well as tending to the basic behavioral hazard components and the social, physical and natural determinants of health (Jonathan E Fielding, 2011).

Advancing worldwide health security to identify and relieve flare-ups early remains a core tenet of our National Security Technique. United States Government speculations in global health security can offer assistance anticipate the spread of human and creature irresistible diseases and ensure populaces at domestic and overseas, counting those serving in our Outfitted Powers. Moreover, ventures that center on avoidance and readiness are distant more cost-effective than reacting to irresistible infection scourges. To maximize worldwide health security and readiness for irresistible infection dangers (The States Government Global Security Strategy, 2019).

The U.S. spends more on health care as a share of the economy, about twice as much as the normal OECD nation, however has the least life anticipation and most elevated suicide rates among the 11 countries. The U.S. has the most elevated incessant illness burden and a weight rate that's two times higher than the OECD normal (Roosa Tikkanen & Melinda K.Abrams, 2020).

In Extraordinary Britain and Canada, physicians' organizations and person clinics deal specifically with government organizations. In Germany, affiliations of sickness-fund doctors and person clinics arrange with ailment reserves inside a system of open rules. In France, unions of doctors deal independently with the ailment reserves as the state moves back and forward between the sidelines and the war zone (Lawrence D. Brown, 2003).

IDPs and Refugees Provided Health Services

An IDP is a person who is forced to flee from their home country but remains within the borders of their home country or nation. They are often implied as displaced, despite the fact that they do not fall into legitimate definitions of the untouchable. Internal outcasts and uprooted people (IDPs) are largely defenseless from mishandling human rights, particularly the need or refusal of physical and mental healthcare. The IDP Insurance Statute has been in place and recognized worldwide for over 50 long periods. However, commitment was still needed regarding the human rights of the

untouchables and the provision of satisfactory useful assistance, not healthcare. There are a few global traditions and agreements that build states' obligations regarding the treatment of untouchables. These include: the traditions relating to the status of stateless persons, the Geneva traditions, the statutes of the Office of the High Commissioner for the countries joining together, and the Comprehensive Affirmation of Human Rights, Article 14. These records are created around the world standards for governments and private organizations. They set rules for the return and absorption of the displaced. Traditions and conventions make it global standards. For example we have IDPs in USA is very helpful for Iraqi people how those who emigrated their countries Safe Haven works directly with the Government of Iraq and organizations around the world such as the Global Joint Commissioner for Displaced Persons to address the compassionate needs of IDPs and the return of internally displaced Iraqis and internally displaced persons. US government-funded programs support hundreds of thousands of displaced people in Iraq through exercises such as providing crisis mitigation supplies, shield building, legitimate securities, water frameworks, welfare in crises, and rebuilding society. The United States government has collectively provided more than \$ 1 billion in humanitarian aid to displace Iraqis in Iraq and neighboring countries since 2003 (Leah Persky & Zaravshon Zukhurova, 2000).

Lack of Health Facilities

The circumstance is most noticeably awful in low and middle-income nations where 10 percent of hospitalized patients can anticipate to procure a contamination amid them remain, as compared to seven percent in tall salary nations. This is often in spite of clinic procured diseases being effectively dodged through way better cleanliness, made strides disease control hones and fitting utilize of antimicrobials. At the same time, one in ten patients is hurt amid therapeutic treatment in tall salary nations (WHO, 2018).

Due to a lack of health facilities and unequal distribution of the existing ones, a lot of people throughout the country have been deprived of health care services. Pakistan is positioned least in instruction and wellbeing among the atomic powers. The birth rate and passing rate are higher than normal as well. The government has clearly no intrigued within the welfare of its individuals, which is why they are denied of fundamental offices that the state is required to supply them. So it is time the government ought to take genuine measures to make strides health care offices in rustic zones as well as in cities (Daily Times, 2018).

Education and Training

Education is the basic prepare of learning and knowing. It isn't limited to the schools only. Education begins from the mother's lap. Guardians and family teach great conduct and make responsible citizens out of their children. Domestic is called to begin with school of the children, but the formal instruction begins from the school, where they are taught, how to act and understand what is going on around them (Arsalan Hassan , 2016).

The system of education incorporates all educate that are included in conveying formal education (open and private, for-profit and non-profit, onsite or virtual instruction) and their resources, understudies, physical framework, assets and rules. In a broader definition the framework too incorporates the teach that are specifically included in financing, overseeing (Arsalan Hassan, 2016).

Displacement and Health

According to some reports and international studies the welfare needs of a displaced population change on a large scale. The headline regarding the demands of residents uprooted from the origins

of luxury care and the suppliers of luxury care in the states or places in which they operate remains the subject of great talk and dispute. Globally, welfare workers face complex challenges in caring for homeless populations. This paper highlights a few of the fundamental well-being issues for displaced populations around the world. While "Band Aid" arrangements for current welfare issues are of value in the short term, the paper portrays the need to anticipate open long-term well-being and educational methodologies to enable uprooted societies to have full access to and interest in their modern "home" societies.. In the midst of the movement, a number of ingredients may affect well-being. Perhaps the intriguing talk about the fact that the initial era of the foreign population (generally from emerging countries to the West) may initially have a lower mortality rate than the population. This willingness to welfare is called regularly workers as the most useful people are chosen by others, or chosen by themselves for emigration 3, 4 and this tendency has been said to be only temporary. While the irresistible diseases, common in the country that started in the beginning, decompose rapidly upon entry into states, there is an inevitable period of time in the assembly of chance variants related to diseases such as ischemic heart disease, cancer, stroke, and asthma. The salmon tendency that accepts that many immigrants may "return" to "home" when they are mainly old or sick, may furthermore distort the transmission rates of transients within the nation. It's hard to test if it's really it (Samantha L. Thomas & Stuart DM Thomas, 2004).

Planned Approach to Community Health

The planned approach to community health (PATCH) is a model of community health planning developed by the Centers for Disease Control and Prevention (CDC) in collaboration with state and local health departments and community organizations in the mid-1980s. This model guide is one of a series of resources intended to help promote the PATCH process within the group through a local coordinator. Such materials include how-to" data on the method and on items to remember when adapting the process for your community. PATCH's mission is to improve communities' ability to prepare, execute, and assess robust, community-based health promotion activities aimed at resolving priority health issues. The CDC supports the use of PATCH to help meet national health targets for the year 2000. These goals are intended to minimize the incidence of modifiable risk factors for leading causes of illness, death, disability and injury that can be avoided. Even though these targets are national in nature, and reaching them depends on actions at the local level to improve wellbeing and provide preventive services (Dr. Lawrence & Marshall W. Kreuter, 2013).

Chronic Disease Services

The KRI has not institutionalized the chronic disease services program at the primary health care centers, however, the ministry of health clearly acknowledges the burden of non-communicable diseases and plans to add related services to the primary care system in a gradual way. Most primary PHCs include hypertension screening and management and diabetes screening. Diabetes management is also provided by several primary PHCs. Some, Duhok in particular, also provide the screening and treatment of mental wellbeing (MH). Approximately half of the sub-centers are located in Erbil and Suli, but fewer in Duhok, provide and/or handle hypertension screening, fewer provide diabetes Screening or management, and practically none offers screening or management of MH. Mental health for the purpose of addressing the needs of refugees and other displaced people. Programs are important during 2013 and 2014 and the numbers increased dramatically (Health sector reform in KRI, 2017).

Urbanization and Health

The process of making an area more urban and, now more than 50 percent of the population of the world lives in urban areas for the first time in history. 70 per cent of the world's population will live in towns and cities by 2050. With major shifts in our standards of living, habits, social behavior and health, the world is increasingly urbanizing. Water, climate, abuse and injury, non-communicable diseases (cardiovascular disease, cancers, diabetes and chronic respiratory diseases), unhealthy diets and physical inactivity, harmful use of alcohol as well as the threats associated with the outbreak of disease are health problems that are especially noticeable in towns (Joseph Feyertag & Stephen Gleb, 2018).

Urbanization provides opportunities for improving the health of the population in China (such as access to better health services and basic infrastructure) and significant health threats, such as air pollution, occupational and traffic hazards and risks associated with changing diets and activities. The mechanisms by which health is influenced by urbanization are complex and multifactorial. Second, chemical, biological and physical hazards are posed by the urban environment itself, which can lead to injury and disease in urban residents. Secondly, urbanization of both urban and rural populations induces shifts in job practices, socioeconomic status and social structures that can encourage diseases such as neuropsychiatric disorders, cardiovascular diseases and other non-communicable chronic diseases. Thirdly, the rapid rural-to-urban migration that follows urbanization has created unique challenges for highly mobile and frequently undocumented communities in China to deliver healthcare. Finally, through rural-to-urban migration and short-term travel for commerce and leisure, urbanization has linked previously isolated locations with implications for the spread of communicable infections across the world (Sophie Eckert, 2014).

Geographic Expansion Effect on Health

The accentuation that clinics put on cutting-edge innovation and specialty forte administrations to draw in doctors and patients has set the arrange for wellbeing care's later competitive slant: an expanded level of focus on, geographic benefit extension to "capture" well-insured patients. That numerous clinic systems some with offices in topographically undesirable areas have extended to compete for better-insured patients by building or buying offices and doctor jones in adjacent, more well-off communities. Alongside expanding administrations to modern markets, these clinic stations frequently serve to drag well-insured patients to lead offices. The increasing speed and development of such geologically competitive procedures by clinics has suggestions for fetching and get to. In spite of the fact that payers and competitors fight such methodologies will lead to higher costs, healing centers declare the developments will increment effectiveness, increment get to, and progress the quality of care given to patients.

Clinic procedures to extend geographic advertisement zones, in spite of the fact that not unused, have developed and advanced for the most part, the so-called geographic development race includes looking for well-insured patients past conventional showcase boundaries, whether in affluent rural areas or in adjacent ranges with developing, well-insured populaces. To extend, healing center frameworks include capacity or purchase and partner with existing suppliers to shore up referral bases and increment their number of inpatient affirmations. In spite of the fact that healing center geographic extension competition shows up to be an unconstrained reaction to showcase openings made as well-insured populaces move, arrangement too can impact competitive techniques. For illustration, Seattle-area hospitals' forceful development of unsupported crisis offices likely reflects, in part, the current prohibition of these offices from the state's certificate-of-need controls. Directions overseeing responsible care organizations and other

perspectives of wellbeing change will shape hospitals' competitive methodologies as well Regularly, healing centers act for justifiable protective reasons: for case, to broaden their geographic reach to incorporate generally more well-insured patients in their persistent blend. At the same time, in numerous circumstances such self-interested, competitive behavior may make abundance capacity and raise wellbeing care costs that are eventually borne by customers within the frame of expanded wellbeing protections premiums (Emily R. Carrier, 2012).

Health Care System in Egypt

Egypt's health-care framework is pluralistic combining both public and private suppliers and financiers. The biggest open health-care payers are the Health Insurance Organization (HIO) and the Curative Care Organization (CCO). HIO covers 60% of the population, and gives fundamental scope to representatives, understudies, and dowagers through their possess clinics and hospitals. CCO contracts with people and companies to supply inpatient and outpatient care that was created through the privatization of Egypt's health-care suppliers over the final two decades. In spite of the fact that the open framework gives essential widespread scope, it is tormented by incessant underfunding, moo benefit quality, and tall out-of-pocket payments (Christian A.Gericke & Kaylee Britain & Mahmood Elmahdawy and Gihan Elsis, 2018).

The private division comprises private health centers, specialists, and drug stores, seen with higher quality than open administrations. Most private services are paid for out-of-pocket; private health insurance is insignificant. Total health expenditure (THE) in Egypt is poor relative to other lower-middle-income countries, with just 4.75 percent of GDP spent on health. Out-of-pocket expenses account for more than 60 percent of the total. With over 25 percent of THE, pharmaceuticals spending is relatively high, mainly in the form of out-of-pocket costs. The lack of contact between public and private providers is another problem (Christian A.Gericke & Kaylee Britain & Mahmood Elmahdawy and Gihan Elsis, 2018).

Public Health Laws in the UK

There are extensive public health regulations in the United Kingdom to discourage people from becoming sick. Although disease is not completely preventable, there are laws in place that can prevent it from spreading. From vaccine services to disease prevention, the Public Health Act encompasses a number of problems that affect society as a whole (MEDICAL LAW, 2020).

Police, public health and immigration officers will be able to arrest people accused of possessing Covid-19, and will also be able to request £1,000 in fines for the refusal of emergency testing by the UK Government. The guidelines detailed in the Coronavirus Act requires public health authorities to require anyone suspected to be infected to undergo screening and testing within 14 days. They will be asked to include biological samples and to report their travel history. In addition to the police, they would also have the ability to compel potentially infected individuals to be segregated, to limit their travels and activities and to make contact with others. Immigration and police officers may now be empowered to send individuals for screening and examination and to keep them for a period of time until a public health officer can be contacted (Rajeev Syal, 2020).

The UK Government first released its Coronavirus Action Plan on 3 March 2020 setting out staggered response measures in line with clinical and scientific advice. After then, the Parliament has fast-tracked a variety of legislative steps to allow the Government to take unprecedented measures to curb COVID-19, including national 'lock-downs,' beginning on 24 March 2020. Health protection Regulations 2020 which imposed a much wider closing of premises for non-essential commercial enterprises and restrictions on gatherings and individual movements. These

Regulations, which entered into force on 26 March 2020, will be valid for a period of six months and will contain clauses on compliance that grant the police powers to fine anyone in violation (Akin Akinbode, 2020).

The Impact of Economic Factors on Health System in USA

The 2019 coronavirus (COVID-19) pandemic triggered both a public health epidemic and an economic crisis in the United States. As of 15 September 2020 and over 6.5 million cases reported of COVID-19 and much more than 195,000 deaths have occurred in the United States. The economic downturn is unparalleled in its size, the pandemic has triggered an impact to demand, an impact to supply, and a monetary shock all at once (BROOKINGS, 2020).

Although private voluntary distances and lockdowns that came into force in March 2020 began working to separate and monitor infections, they caused a severe economic downturn. The demand shock triggered by quarantine, unemployment and company closures has hit consumer services. Quarantine and social distancing limited the size of the business to generate goods and services (BROOKINGS, 2020).



Figure 4: The Percent Change in Employment Relative to Business Cycle Peaks

Source: U.S Economic Analysis

Figure indicates the percentage shift in jobs compared to the peaks in the economic cycle. COVID-19-related job losses wiped out 113 straight months of employment growth, with total non-farm employment dropping by 20.5 million workers in April. The COVID-19 pandemic and subsequent economic breakdown caused a gap for all workers, but the effect was greater for women, non-white workers, low-wage workers and those with less training. In December 2019, women held more non-farm employment jobs than men for the first time during the period of employment growth, and by May 2020 that relationship had been changed, partially reflecting job losses in the leisure and hospitality market, where women accounted for 53% of staff (Stevenson, 2020).

Six months after the COVID-19 crisis, will highlight the effect that COVID-19 has had on enterprises, the labor force and households. End by examining how policies have helped businesses and families since March 2020. Taken together all these facts define a significant and

ongoing combined economic and public health crisis in the history of the United States (BROOKINGS, 2020).

Education and Training in KSA

Training and advancement refer to the getting or exchanging information, aptitudes and capacities (KSA) handle required to carry out a particular movement or capacities; so, the benefits of training and improvement both for organization and person are vital in nature and consequently much more extensive. To meet the current and future challenges of organizations', preparing and advancement accept a wide extend of learning activities, extending from training of the person for their display errands and additionally, information sharing to make strides the organization skyline and clients benefit. Which center on their career improvement and enhancement, hence growing person, bunch and organizational viability (Niazi, 2011).

The terms training, education, improvement and learning may frequently be utilized traded, but they can have exceptionally diverse, in case covering, implications totally different settings. In terms of human asset advancement, it is regularly vital to characterize and portray these in an offered to clarify the related exercises and wanted results inside an association (Moussa Masadeh, 2012).

COVID-19 Situation in Some Countries

Iran's day by day count of coronavirus passing's hit a record tall of 434 on Sunday, the health Service reported, and the head of a beat therapeutic body said the real toll was at slightest three times higher than the official number. The passing's, declared by health Service representative Siam Sadat Lair on state TV, take the official toll to 35,298 within the Center East's worst-hit nation. She said the number of affirmed coronavirus cases expanded by 7,719 to 620,491. The head of Iran's Restorative Board, Mohammad raze Zafar ghandi, questioned the exactness of the official toll and cautioned that Iran had come to a "disastrous mortality rate", the Understudies News Office ISNA detailed on Sunday. The official passing toll is as it were based on the number of enlisted patients," Zafar ghandi told ISNA (Reuters, 2020).

The threat of COVID-19 in Jordan is long. The CDC recommends that travelers avoid non-essential global travel to Jordan. Some essential travel situations may include travel for compassionate aid, restorative reasons, or family crises. More experienced adults, individuals of any age with some basic restorative conditions, and others at increased risk of developing a serious illness should consider delaying all trips, after essential travel, to Jordan. If you are eliminated in Jordan and need curative care, assets may be restricted. Pre-arrange and learn more about getting health care abroad. If you become debilitated by COVID-19 (or have a positive COVID-19 test result, already in the absence of side effects) while abroad, you will be restricted or not allowed to return to the joining countries together until you have fully recovered from your illness. If a person with COVID-19 is detected while you are abroad, you will be isolated or you will not be allowed to return to the countries joining together until 14 days after your final presentation (Center of Disease Control and Prevention, 2020).

Hospitals in India have been plagued by an unprecedented surge in coronavirus cases. The number of patients admitted had fallen, but they had started to rise again after the beginning of September. A similar condition occurs in the states of Uttar Pradesh and Bihar. We fear that, in situations, the spike will strain the entire public health system. COVID-19 has made it very clear how essential it is to have a sound public health system. Now than ever, we need to focus on our health care system (DW, 2020).

Experts fear that the number of deaths in India is likely to rise in the coming weeks, as the country relaxes lockdown restrictions in all but high-risk areas. The Indian government has closed gyms, most offices, and markets. Bars will serve alcohol again, and small domestic and international evacuation flights are provided daily along with train services. Just theaters, schools and colleges remain closed (DW, 2020).

Presidential palace (known as a Saray in Turkish). First, it declined to accept the steps, only to eventually co-opt them. Specifically, with regard to the fundraising initiatives launched on March 30 by Imamoglu and Yavas, the Palace barred these campaigns, only to later that day implement its own fundraising initiative. Despite the calls of the mayors for containment measures, the response of the central government was delayed, with Saray taking piecemeal action. For instance, on March 22, the government implemented partial curfews for those aged over 65 and on April 3 for those under 20. The government only implemented a countrywide lockout that lasted only 48 hours on April 10 after repeated calls from opposition mayors. However, this decision did have some unintended effects. 2 hours before the curfew, the lockdown order was released, and without specific instructions as to whether people could go out under the curfew to buy basic supplies. Therefore, thousands of individuals crowded shops and bakeries to buy food, coming into close contact with each other, undermining the very purpose of the lockdown itself. Right now, they have 391, 793 cases, 10,803 deaths, and 336,221 recovered (World meter, 2020).

METHODOLOGY

This research is going to use qualitative research approach. Qualitative Research is used to uncover trends in thought and opinions, and dive deeper into the problem. Qualitative data collection methods vary using unstructured or semi-structured techniques. Individual interviews with stake holders of health directorates and hospitals in Duhok city, physicians, patients, refugees and IDPs and participation/observation which are going to be used to collect data about Duhok city.

Data Type

This study is going to use two types for collecting data (Data Collection Methods) which are primary data and secondary data, primary data for collecting direct information from patients and IDPs and refugees to know their health conditions and whether they are satisfied or not for public health system, physicians as well to know their treatment to patients, and secondary data to gather information from health directorate in Duhok city, camp health administration and humanitarian health organizations to understand better the situation.

Participant and Sampling

This research will take the both kind of sampling probability and non-probability, to get the source as good as we can. For the probability the random sampling will be used. because this research will choose many hospitals and medical centers to sample it, also will interview with many persons and physicians, in this case the research will have a better idea about the health system and health policies in KRI, and also will have more and good references and information about the COVID-19 in KRI. Like know the health care in camps and how is they are taking health care, also to get know about medical centers how good they are and how doctors helpful with people.

For non-probability the snowball sampling will be using, because like each evidence will show the other like all are connected with each other. So when make an interview with Health Directorate he will show the interviewer another person to have interview with or how a good information about the health policies or some physicians have. In this case and use the snowball sampling, researcher had made there interview with important physicians in health section, also they will

have a good information about all concept in each health sector. Moreover they had get it from good source like health director and from best physicians that researcher had advised to meet them. so here they had information and physicians opinions about the health section and health policies in KRI.

Table 3: Data Collection Method and Frequency

Data source	Data collection method	Number	Age	Gender	Occupation
Health manager	Interviews	5	-	-	Manager
Patient	Interviews	4	-	2 Males 2 Females	-
Doctors	Interviews	4	-	-	-
IDPs and refugees	Interviews	4	-	-	-

RESULTS AND DISCUSSION

After visiting the Health Directorate of Duhok City, Azadi Teaching Hospital, and Domiz 1 camp to conduct interviews and collect data with with health managers, stakeholders, physicians, patients, IDPs and refugees. It had been observed the situation in Azadi Teaching Hospital and Kavin Hospital as well to understand the situation better.

Public Health Policies

Since policies are only documents and not laws, these policies can lead to new laws. Concerning public health policies, Kurdistan's Perlman has been concerned with public health from 1992 to the present, developing a number of rules and regulations for public health in accordance with specific conferences held around the world, and then sending those rules and regulations to Perlman to be implemented; as a result, the laws and regulations concerned the ministry of health and a number of other ministries, such as the law of public health number (89) in 1981 and the law number (15) in 2007 which the law for ministry of health. Depending on these laws, the Health Directorate of Duhok City is implementing several policies to ensure the health at population level.

Followed Public Health Policies by General Directorate of Health in Duhok City (GDHDC)

The General Directorate of Health in Duhok City has established the following public health policies to serve the Duhok city residents in the way people face necessary health needs. First and foremost, providing active health services of high quality and equity to all Duhok city residents, such as mental health, dental care, laboratories, and diagnostic care, along with other services.

Owning the financial possibilities to construct more general and specialized health centers, for example, increasing family health centers as the best option to reduce the over crowdedness of patients in big hospitals.

Providing necessary medical devices, workforce, and laboratories to facilitate treatment operations. Next, the presence of doctors is the essential pillar for any hospital or health center. Moreover, supporting physicians, especially new graduates to read in higher education and get postgraduate degrees for more specialization. In addition, reliance on the electronic system to simplify treatment operation and use time properly during work hours. In the system, every patient will have his/her code to make appointments to visit physicians, medical prescription, and transfer tests. As a result, every treatment step will be done electronically.

Dependable Public Health Policies (PHP) during Covid-19 Era

At the beginning Covid-19 was a pandemic and emergency situation around the world, KRI and health directorate of Duhok city was among them. The Kurdistan Regional Government has established three committees at three different levels; ministries, governorates, and health directorates. The role of health directorate in Duhok city was to participant on decisions by government and supervised them as well in the areas within its boundaries. Since the Covid-19's first appearance, the health directorate has added residents' strengthening immune systems to the list of policies to overcome ambulatory diseases. As a result, to some extend dependable policies placed Duhok city at the top of the list of less recorded cases cities until 3rd of August, 2020. However, after this date everything changed, due to government decisions to open boundaries, public spaces, and so on. And the provided primary health care services are illustrated in Figure 5.

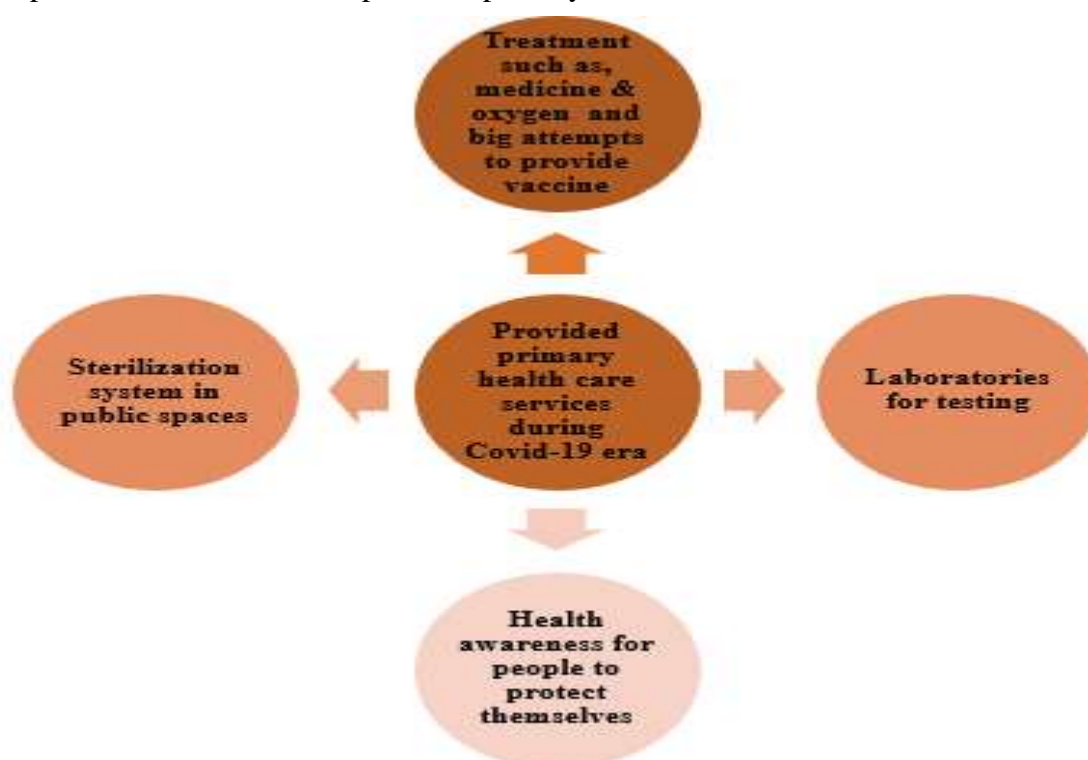


Figure 5: Provided Health Care Services during Covid-19 Era

Interaction between Stakeholders

Collaboration and coordination exist, and laws and decisions have been made, according to three laws that refer to legislating interaction between stakeholders, legislation number (89) in 1981, legislation number (15) in 2007, and Ministry of Interior law number (6) in 2009. As a result, from Covid-19's first appearance, every stakeholder has been on standby to make decisions and support people in combating Covid-19. The initial stage was to establish an operation room at the level of the responsible directorates, where specialist departments collaborated and coordinated. All of the decisions were taken in the Duhok governorate building, where all of the responsible decision makers met. In coordinating with the Interior Ministry many laws were enacted by the responsible directorates to ban crowding, maintain social distances, and enforce partial and complete curfews, etc. And whomever broke them had to pay a fine, which varied depending on the transgression.

Private Sector Contribution

Kurdistan Regional Government (KRG) and Ministry of Health have granted permission to establish private hospitals under certain conditions and the requirements derive from ministry of health. However, the Ministry of Health will submit those processes to Perlman in the future to establish and enforce some private sector legislation. In result, the private sector plays a major role in helping the government to protect people from the diseases. . In Duhok city, the Kavin group established a hospital near Azadi Teaching Hospital. People do Covid-19 tests there without referral. After the government decisions to remove quarantine and open borders, most of the cases were recorded in Kavin Hospital.

Available Services and Access Equality

Except for emergency services, the majority of medical facilities are available in public hospitals and health centers but not at all times. As a result, everything deemed non-essential for emergency service is usually restricted to specific periods based on the availability of the medical staff delivering the service. The available services at public hospitals and clinics are mentioned below:

1. Consultations clinics: where patient can seek for medical care and advice from doctors of various specialties like internist, surgeon, pediatrician and etc.
2. Laboratories: which provide a wide range of lab tests to aid the physician in disease diagnosis and patients follow up.
3. Imaging departments: including X-Ray, MRI, CT scan, mammogram and etc.
4. Pharmacies: to provide patients with the prescribed drugs by the doctor and also their medication for chronic disease like hypertension and diabetes.

Regarding equal access, all residents are equal in receiving public services because the main goal of government institutions is to ensure equality at population level. However, inequality exists at governorate level. Being a countryside resident is different from being an urban area resident. People from Duhok city are equal and have more access to public hospitals, specialized hospitals, and more medications are available.

The Situation in Domiz 1 Camp

Domiz 1 camp health centers, which include Jian and women's health centers, provide the available health care services in Duhok city health centers. Three sorts of services are provided to Syrian refugees at Domiz 1 camp, as well as to the camp's surrounding people on a limited scale. Primary health care services such as vaccines, secondary health care services such as health care and control, and tertiary health care services such as gynecological disease treatment. The main available health care services in refugee camp are illustrated in Figure 6.

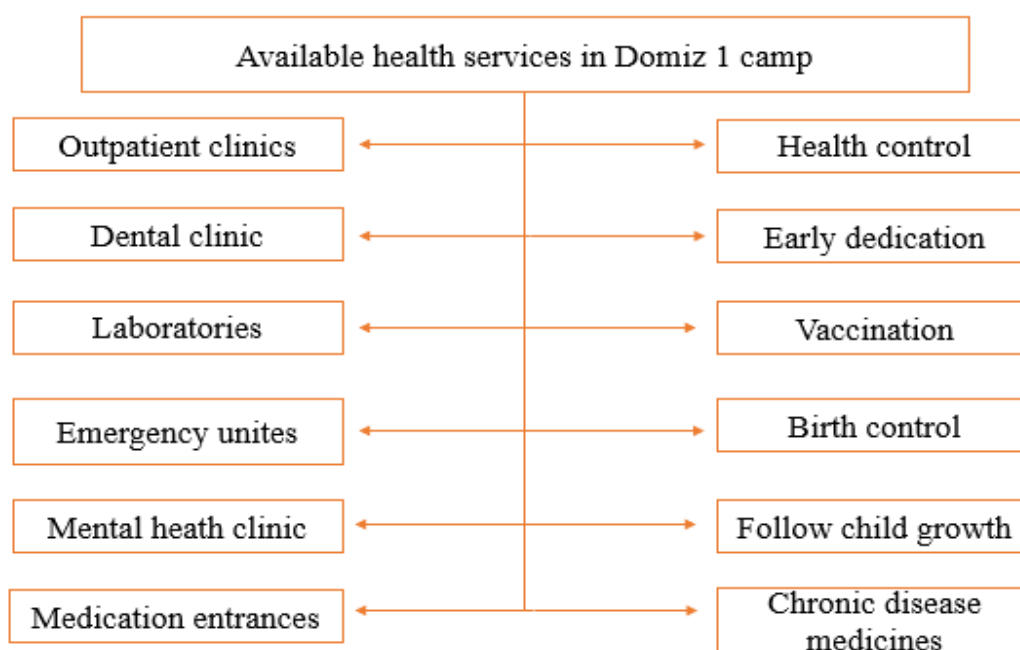


Figure 6: Provided Health Services in Domiz 1 Camp

Despite the presence of many health care services, there is a lack of health facilities and specialized health centers, which is less compared to the number in health centers and clinics in Duhok city. As a result, ongoing assistance from organizations such as GIZ and Doctors without Borders is required, as well as contributions from the KRG and the Iraqi government. For that reason, many organizations' work duration is five years, according to the work plan

Furthermore, the Domiz 1 Administration coordinates and collaborates with the administration as well as organizations that provide health care, such as the World Health Organization (WHO), the United Nations Fund for Population Activities (UNFPA), and the General Directorate of Health in Duhok City (GDHDC). UNICEF and UNFPA expect to be able to fund health-care facilities, as well as pay health-care workers on a monthly basis.

For the Covid-19 pandemic, all the following policies by the General Directorate of Health in Duhok City are being implemented in the camp as well. For patients and suspected cases, there was a special follow-up to obstruct the spreading of the disease inside the camp. For some, it was successful for the reason that few cases were recorded. In receiving the vaccine, the camp administration agrees with both the KRG and the Iraqi government.

Facing Difficulties and the Reason Behind

After conducting interviews with specialized people and patients, observing the situation in some hospitals in Duhok city as well. Many problems appear that people are facing and suffering from them. The main problems are as follows:

1. The first problem is the lack of given medications. Providing medication is the biggest problem people face, because when the hospital gives medicine to patients, the empty places must be filled up rapidly. Safe life medicines and chronic disease medicines are the types of unavailable medicines that have the greatest impact on patients. Because of their precarious situation, needed patients cannot wait for long periods of time for safe life medicines. For chronic disease medicines, many residents, especially elderly people, must take their chronic disease medications to maintain the balance of the body inside and they don't lead to other illnesses that may make their survival so difficult.
2. Another major problem is having one major hospital for the whole of Duhok city, which is the Azadi Teaching Hospital. The population of Duhok city is growing by the day, and the main hospital is Azadi. This situation results in an overabundance of patients inside the hospital, limiting physicians' time with patients and raising the possibility that the diagnosis will be incorrect. Moreover, having too many daily visitors to one hospital might exhaust health care providers, leading to unwilled mistakes.
3. Lack of health workers in hospitals and health centers. Work in the public health sector is not desirable for health workers, for the reason that their effort is not considered within the paid financial dues and the monthly salaries are delayed. As a result, health workers tend to work in the private sector.
4. The patients are facing a lack of health facilities in lab tests, imaging studies, and the latest formulated medications. Complex surgeries due to lack of experience and resources as well, such as heart, liver, and bone marrow transplantations. In addition, not having advanced treatment such as stem cells and radiotherapy treatment. Furthermore, there is a lack of up to date treatment options due to lack of infrastructure and experience.
5. Timely access and bad quality of health facilities at hospitals and health centers are issues that must be Given that medications, imaging departments, and laboratories are all available all the time. When a specific type of pill is required, it may not be available, or an imaging device may be out of commission due to a lack of funds.

There are several reasons that drive to the problems mentioned above. The essential issues are centered around economic crises and population growth. The economic crisis impedes the delivery of treatment to Duhok city residents. The lack of available services persists, and there are obstacles to implementing projects and programs that would provide more options. Furthermore, with ongoing economic crises, the population of Duhok is growing at an alarming rate, with no regard for the consequences in these circumstances. The government's refusal to allow the private sector to operate is a problem that contributes to a lack of health-care facilities. Leads to the utilization of health-care providers from both sectors

Conclusion

The pandemic struck at a time when public faith in the government was low, the economy was damaged by lower oil sales income, protests were common across the country, and violent extremist acts were on the rise. COVID-19 has worsened long-standing and sometimes deep-seated political, economic, social, and security issues.

The COVID-19 pandemic has resulted in a dramatic loss of human life around the world, posing an unprecedented challenge to public health, food systems, and the workplace. The pandemic's economic and social impact is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people is currently estimated to be nearly

690 million, By the end of the year, the number could have risen to 132 million. Food security, public health, and employment and labor issues, particularly worker health and safety, all intersect during the COVID-19 crisis. However, in Azadi hospital we cannot talk to people because of virus, the risk of contracting COVID-19 via an infected person's feces appears to be low. The COVID-19 virus may cause intestinal infection and be found in feces, according to some data.

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