

**HEALTH SITUATION IN IRAQ
BRUSSELS, 26 FEBRUARY 2001**



“Health Situation in Iraq”

presented by

**Dr W. Kreisel
Executive Director
WHO Office of the European Union**

At the hearing
“Iraq and the International Community” of the
Committee on Foreign Affairs, Human Rights, Common Security and Defence Policy

Brussels, 26 February 2001

**HEALTH SITUATION IN IRAQ
BRUSSELS, 26 FEBRUARY 2001**

Health Situation one decade ago

Before 1990 Iraq, with a GNP per capita of USD 2,800, belonged to the group of middle-income countries. The large investments in infrastructures and in human resources development carried out during the sixties and seventies had led to the development of an efficient health system that was considered one of the best in the Middle-East Region.

Malnutrition was virtually not seen, as households had easy and affordable access to a balanced dietary intake. Health care services were guaranteed by an extensive network of well-equipped, well-supplied and well-staffed health facilities. The access of patients to higher levels of care was easy and effortless, supported as it was by a distributed network of secondary and tertiary hospitals/institutions. Ambulances and emergency services were well developed and benefitted from a properly maintained network of roads and telecommunications.

Water and sanitation services benefitted from large investments in water and sewage treatment plants during earlier decades, assuring nearly universal access to abundant safe drinking water and to a relatively clean environment. Electricity had been made available even to remote villages.

Health conditions were comparable to those of the middle or high-middle income countries.

The following table reports available health indicators prior to the Gulf War. As of 1989, these were as follows:

Health Status Indicators:

Birth Rate	43	Per 1000 population
Crude Death Rate	8	Per 1000 population
Infant Mortality Rate	52	Per 1000 live births
Under 5 Mortality Rate	94	Per 1000 live births
Maternal Mortality Rate	160	Per 100 000 live births
Low Birth Weight newborns	5%	(below 2.5 kg)
Life Expectancy	66 years	

Health Service Performance Indicators

% Population with Health Care	85%
% Population with Safe Water	93%
% Pregnant Women with Maternity Care	90%
% Pregnant Women with Trained Birth Attendants during Delivery	86%

Indicators above point to a situation where resources for health were possibly adequate and equitably distributed.

HEALTH SITUATION IN IRAQ BRUSSELS, 26 FEBRUARY 2001

Current Humanitarian and Health Situation

The Special Representative of the United Nations Secretary General drew international attention to the humanitarian situation in Iraq in his report of July 1991. This report spelt out the grave and deteriorating humanitarian situation in Iraq resulting from a set of interrelated factors: severely damaged essential civilian infrastructure, food shortage, poor environmental sanitation, non-functioning social and economic sectors.

Five years later the conditions had worsened to such an extent that the UN Security Council passed in May 1996 Resolution 986 to launch the "Oil-for-Food" Programme, thus allowing import of food and medicines into the country, paid out of the sale of limited amounts of Iraqi oil. The Memorandum of Understanding concluded between the United Nations and Iraq stipulated the modalities of this humanitarian assistance programme. The World Health Organization, as the United Nations specialized agency for health matters, executes some components of the health sector, co-ordinating with other UN Agencies health and health-related issues.

The severity of Iraq's humanitarian situation stems from the massive and swift degradation of the country's civilian infrastructure, aggravated by over 10 years of economic and trade isolation. Overall health conditions of the population remain poor -- well below the 1990 levels; environmental health hazards continue unrelieved. Food availability and consumption fall short of requirements impacting the nutritional status of large part of the population. Chronic malnutrition is widespread, especially among the growing children.

After 1991 the declining food production resulted in a sharp drop in the country's ability to meet the population's basic nutritional requirements. Unlike the situation in the northern Governorates, food supplies continue to be inadequate in the centre and south of Iraq. Against a target of 2,463 kilocalories and 63.6 gms of protein per person per day, the nutritional value of the distributed food-basket do not exceed, on average, 1,993 kilocalories and 43 grams of protein. Prior to the start of the "Oil-for-Food" Programme the government of Iraq distributed 1,300 kilocalories per day.¹

The government food ration shows both quantitative and qualitative deficit in calories and micronutrients. The 1997 survey carried out by FAO revealed, amongst other things, a prevalence of acute, sub-acute and chronic malnutrition in children, with no significant decline compared to FAO 1995 findings. In their "Assessment of Food & Nutrition Situation in Iraq" of May-June 2000, the FAO/WFP/WHO confirmed that about 800,000 children under 5 are chronically malnourished. The report also indicated a high prevalence of anaemia in school children, and stated that numerous cases of rickets (Vitamin D deficiency) still occur. The report also confirmed that diarrhoea was an important contributing factor to the malnutrition cycle in Iraq. Wasting (low weight for height) in children under 5 was reported to be over 10% in Baghdad, Kerbala and Diyala governorates.

¹ UNDP: Iraq country Report 1999-2000

HEALTH SITUATION IN IRAQ BRUSSELS, 26 FEBRUARY 2001

Some 30,232 cases of kwashiorkor and 264,468 cases of marasmus were registered in Iraq in 1998. Almost two million children were registered in 1998 as suffering from other protein, calorie & vitamin-related malnutrition. What is also alarming is the possibility that many of these children will fail to catch up with their potential intellectual growth and development in adult life.

UNICEF confirms that infant mortality and under-5 mortality rates are high. They have risen from 47 (IMR) and from 56 (Under 5 MR) in the period 1984-1989, to 108 (IMR) to 131 respectively (Under 5 MR) for the period 1994-1999.²

Diseases that were virtually under control are re-emerging. Malaria, and waterborne diseases such as typhoid have not only reappeared but are now threatening large areas of the country which were not affected before.³ Other bacterial diseases, such as tuberculosis, are also on the increase. There has been a sharp upward trend in vaccine preventable diseases, which are now being brought under control by an intensive campaign of immunization jointly conducted by WHO and UNICEF. Ill health associated with pregnancy and deaths associated with childbirth have increased. Those deaths provide additional evidence of the poor nutritional status of pregnant women and highlight inadequate health care delivery. The number of infants with low birth-weight and women with severe anemia have also increased.

Many essential public health services such as blood transfusion and water quality control services cannot function due to lack of laboratory reagents and kits. Emergency and ambulance services for the referral of patients cannot carry out their functions, due to lack of or inadequate provisions of equipment and supplies.

Most of the health facilities are in poor physical state, lacking water and often without power supply, making them unsafe and unsuitable for good patient care.

Significant quantities of medicine and medical supplies and equipment have reached the country under SCR (Security Council Resolution) 986. Their utilization remains, however, not optimal. The installation and transportation to locations where they are needed has been and is still often prevented by logistic or financial constraints.

The functionality of water and sanitation plants is adversely affected by the lack of spare parts and of maintenance. Those utilities also require repair and rehabilitation, as unsafe drinking water, unhygienic environment and poor sewage systems continue to endanger the health of large sections of the Iraqi population.

² Source: Child and Maternal Mortality Survey, UNICEF 1999

³ WHO Press Release/16 of 27 February 1997

**HEALTH SITUATION IN IRAQ
BRUSSELS, 26 FEBRUARY 2001**

List of References :

1. Aga Khan, S. Report to the Secretary-General on Humanitarian Needs in Iraq United Nations, 1991
2. FAO/WFP/WHO Assessment of Food and Nutrition Situation, Iraq May 2000
3. Child and Maternal Survey, UNICEF Ministry of Health/1999
4. UNDP: Iraq Country Office 1999-June 2000
5. WHO Press Release /16 27 February 1997