



HEALTH SITUATION IN IRAQ

A presentation to the UN Security Council
661 Committee.

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The Contents in Brief

- **Iraq before 1990**
- **Trends in the Health Situation**
- **Observation and Implementation Activities.**

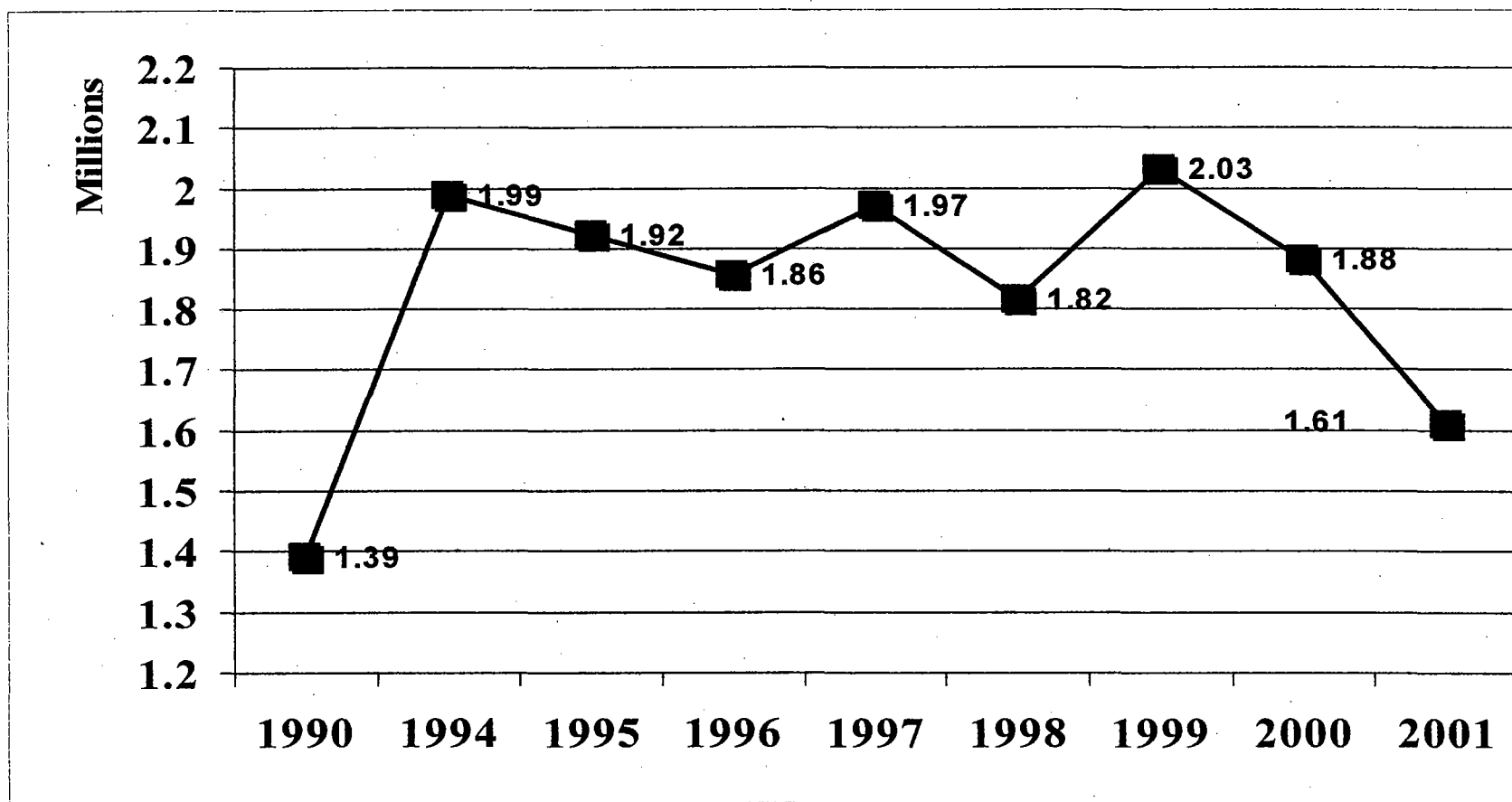
Health infrastructure ,Iraq, 1989

- » **A comprehensive health infrastructure.**
 - **Wide access to Primary health care.**
 - **Adequate referral support.**
 - **Sufficient well-trained and skilled staff.**
- » **Iraqi population enjoyed the benefits of one of the best health care systems in the Middle East .**
- » **Health indicators reflected health of Iraqi population comparable to middle income countries.**

Iraq After 1990

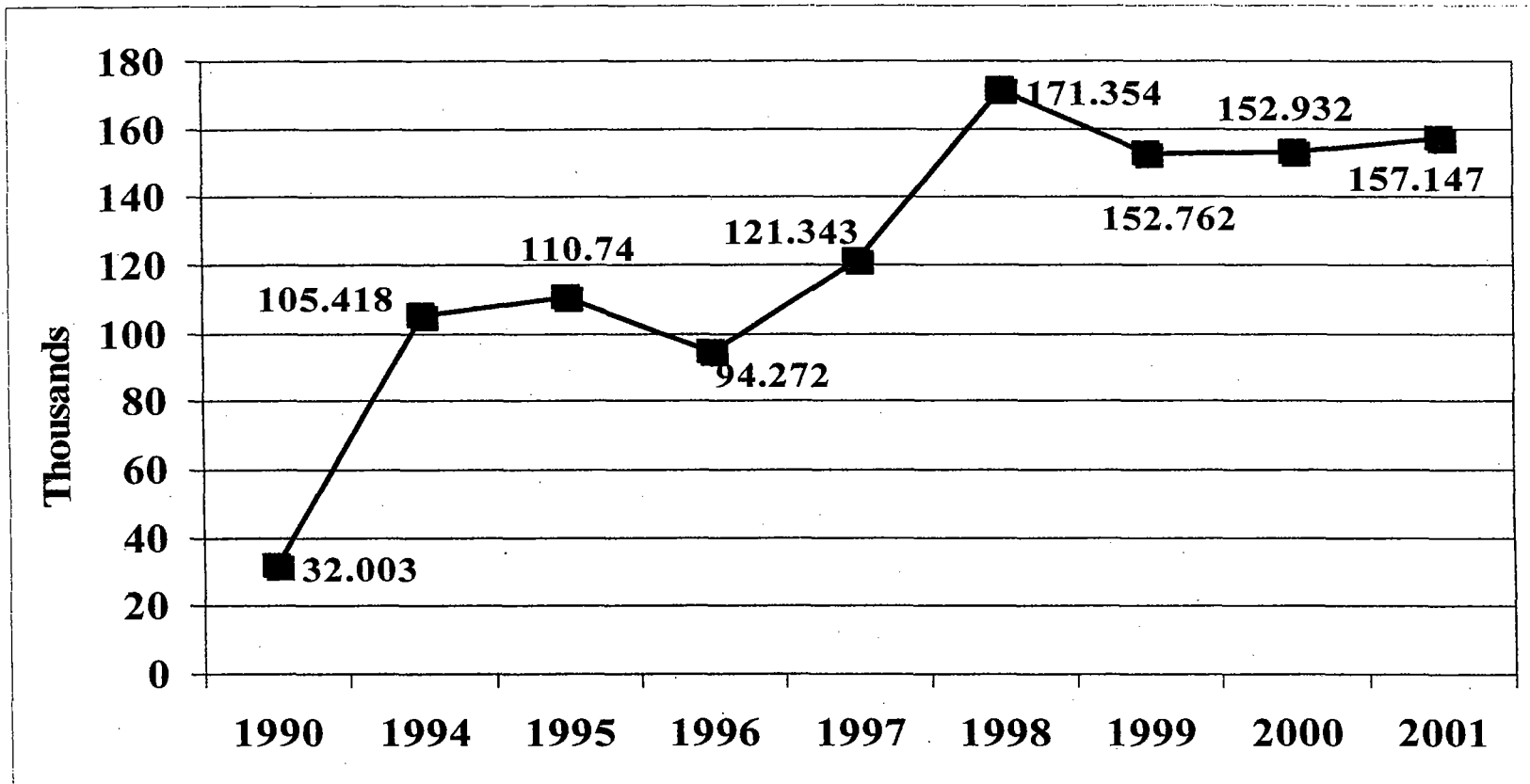
- » **Deterioration of socio-economic infrastructure.**
- » **Poor functioning of water treatment plants.**
- » **Potable water production fell by 40% (between 1990-1996)**
- » **Deterioration of environmental conditions**
- » **Deterioration of education system**
- » **Non-availability of essential drugs, medical supplies and equipment.**
- » **Deterioration of physical infrastructure.**
- » **Poor conditions of communication, transport and logistics (cold chain and ambulance services).**
- » **Poverty.**
- » **Malnutrition.**
- » **Re-emerging/high incidence of previously controlled diseases (Cholera, Polio, Tuberculosis, Malaria, etc)**

ARI cases in under 5 Iraqi children



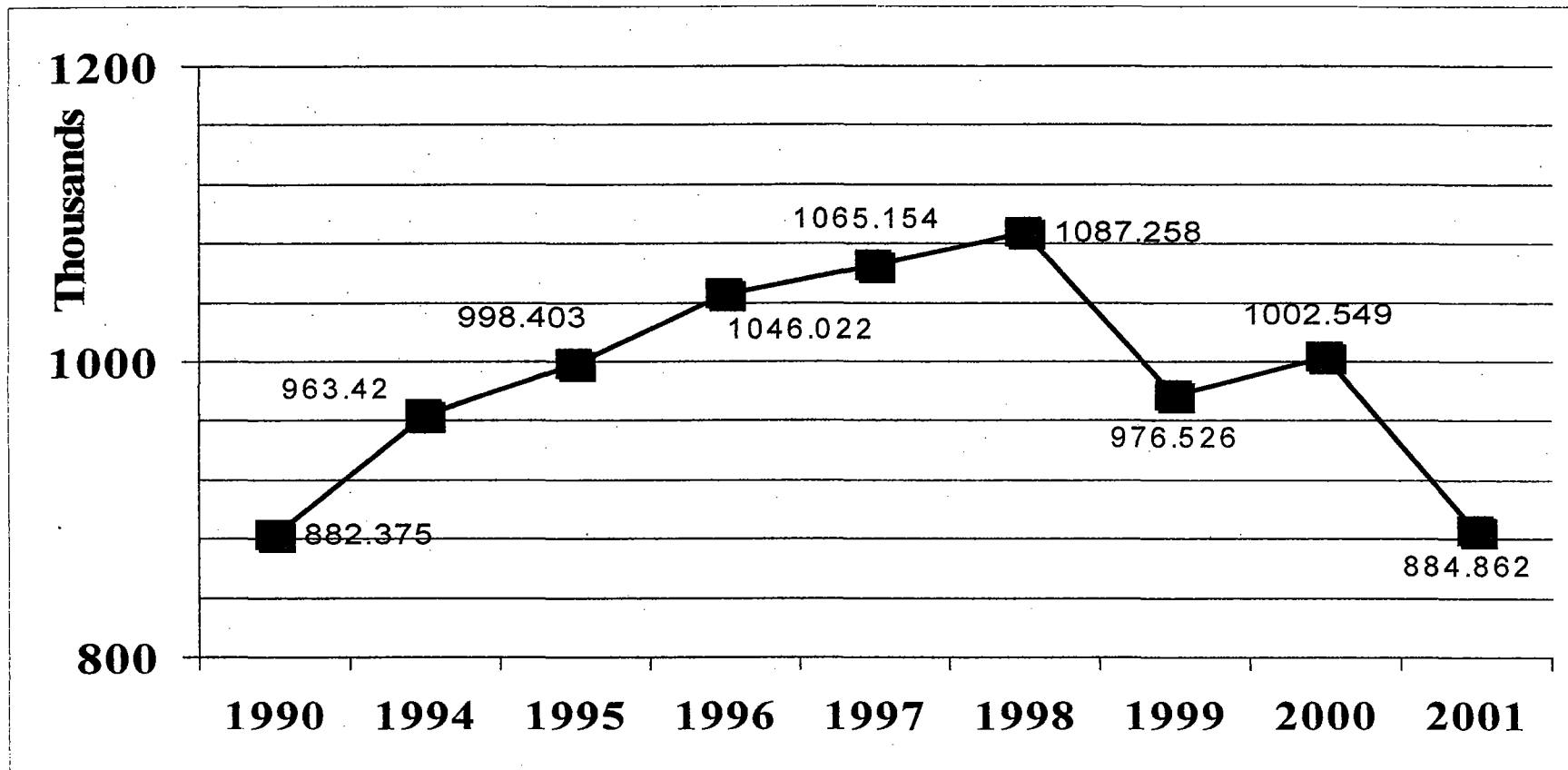
* Data Source : WHO/RA Report

Pneumonia cases in under 5 Iraqi children



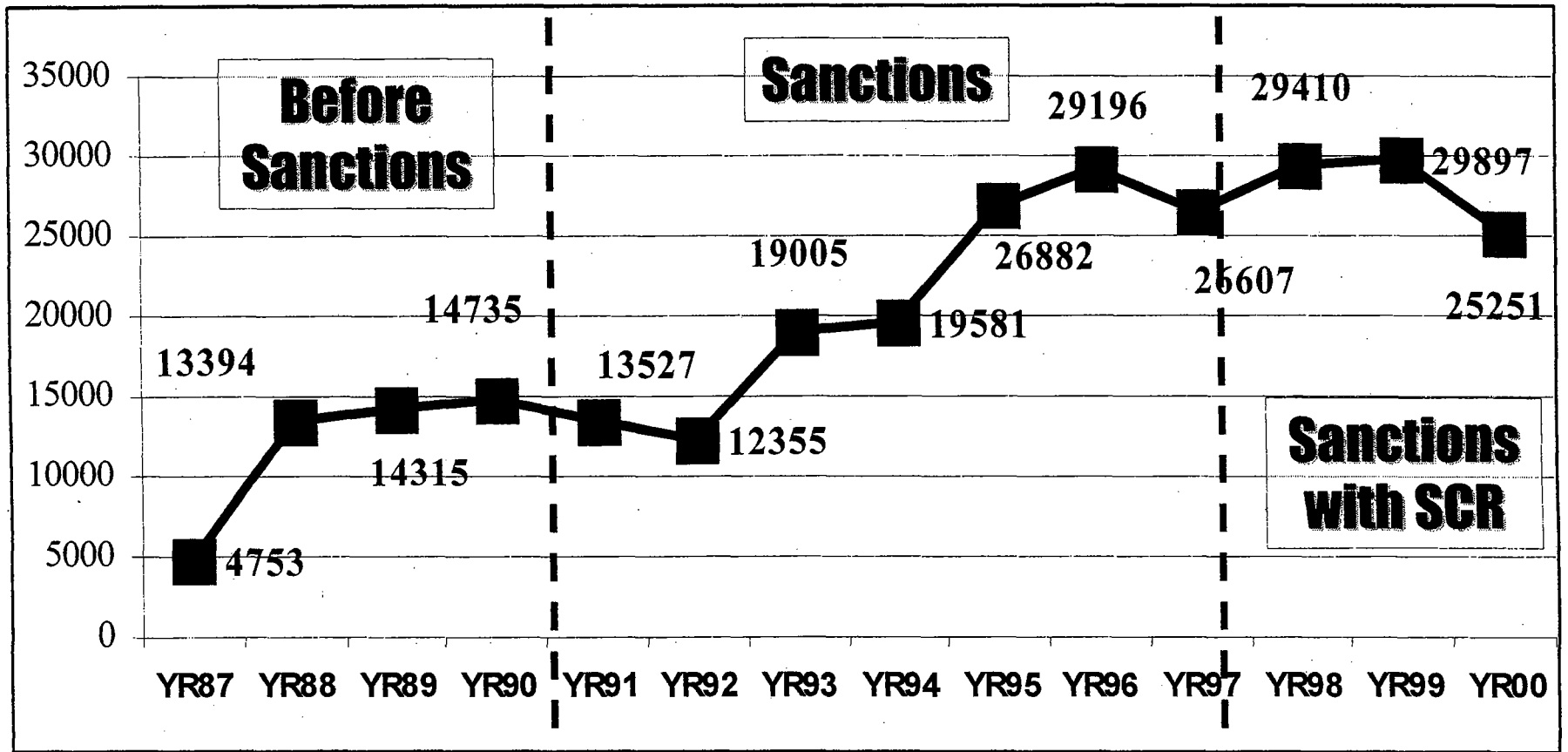
* Data Source : WHO/RA Report

Diarrhea cases in under 5 Iraqi children



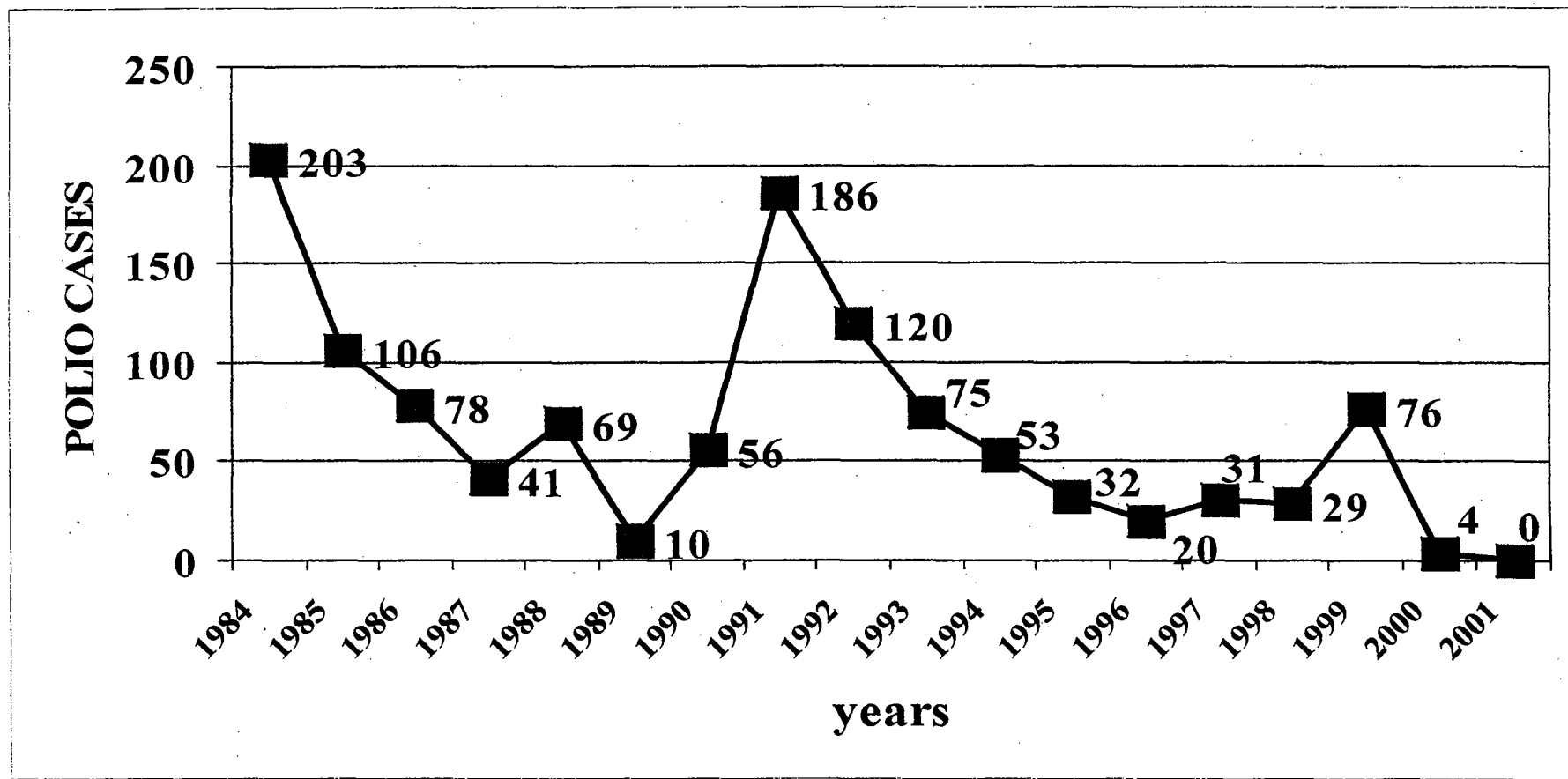
* Data Source : WHO/RA Report

Tuberculosis Cases in Iraq (1987-2000)



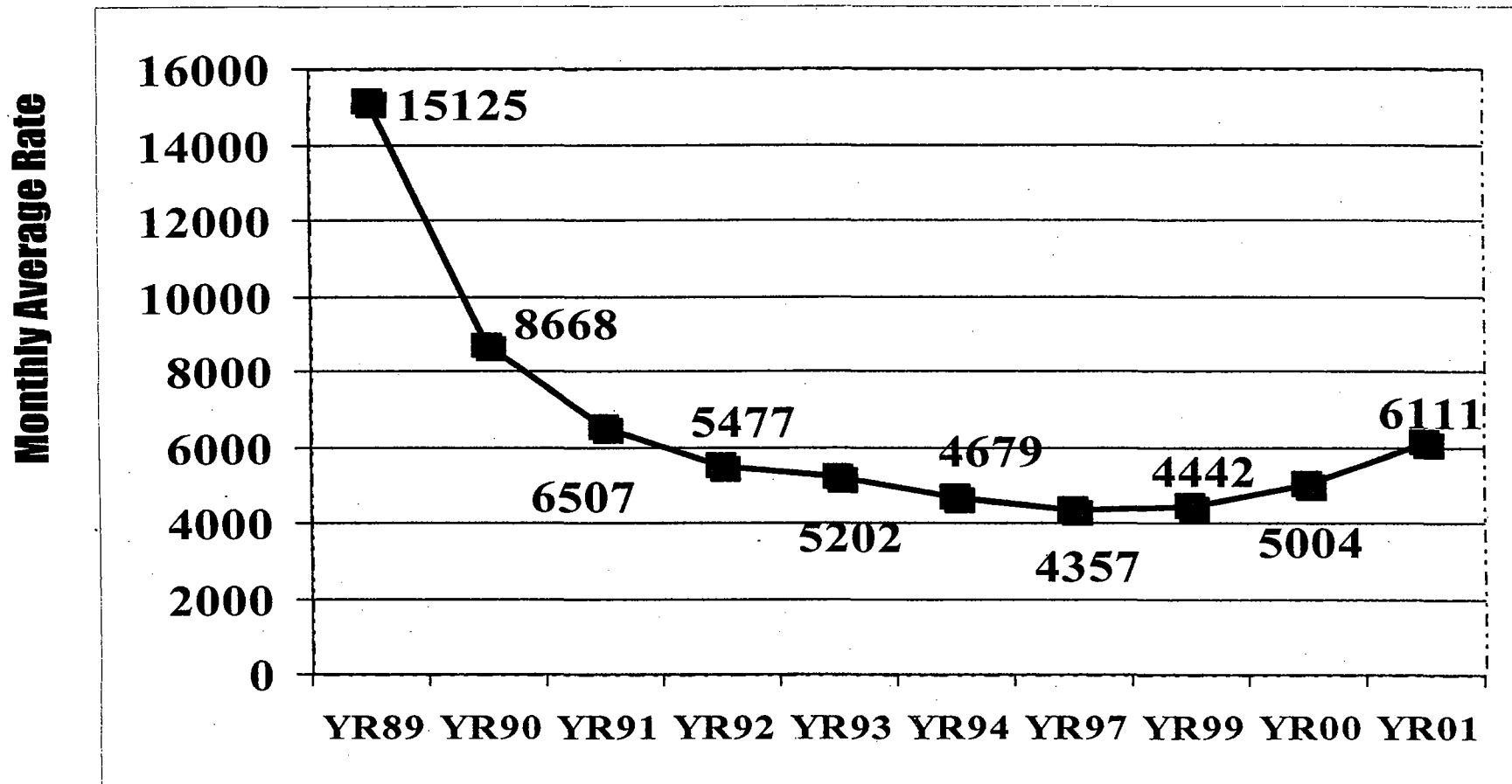
* Data Source : WHO/RA Report

Poliomyelitis Cases and Linear Trend Iraq (1984-2001)



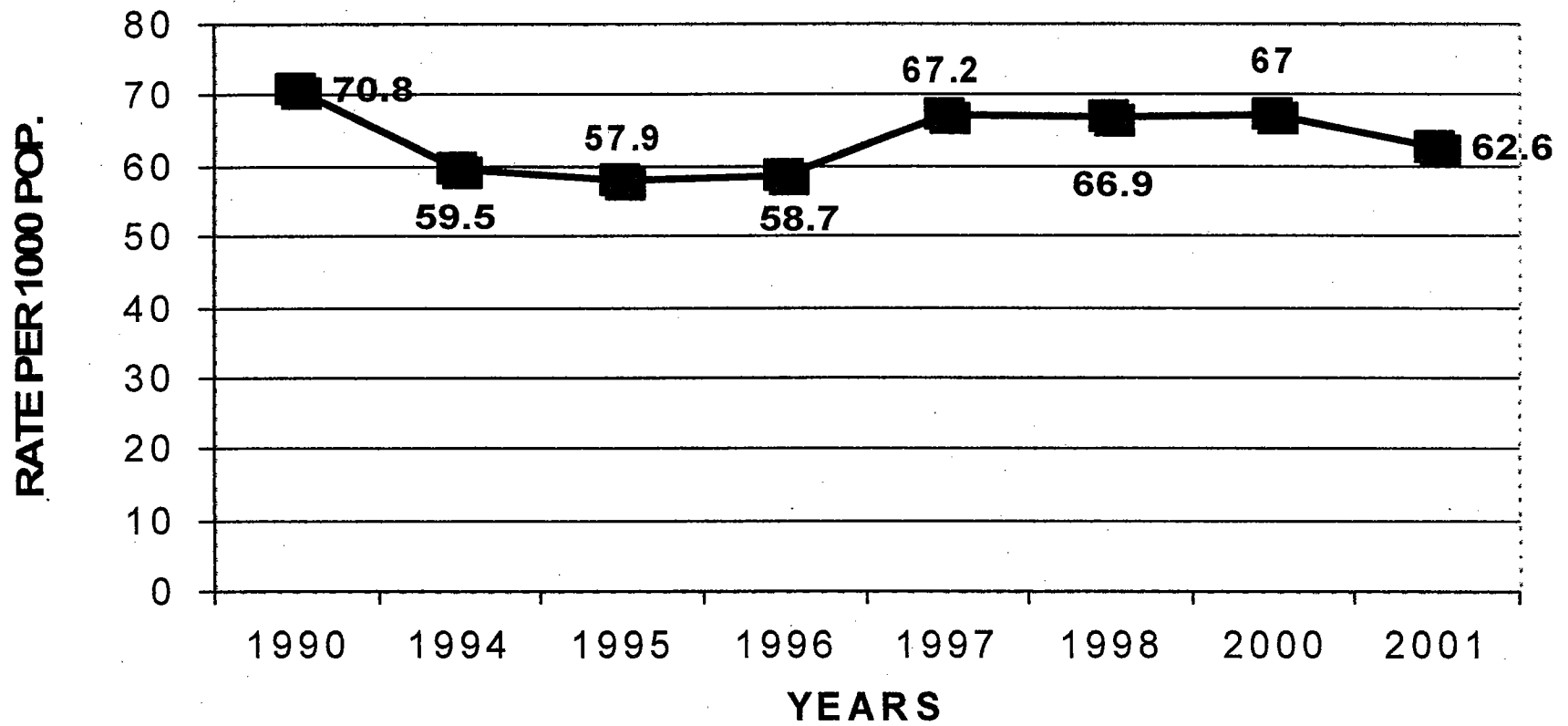
* Data Source : MOH/WHO

Major Surgical Operations (1989 – 2001)



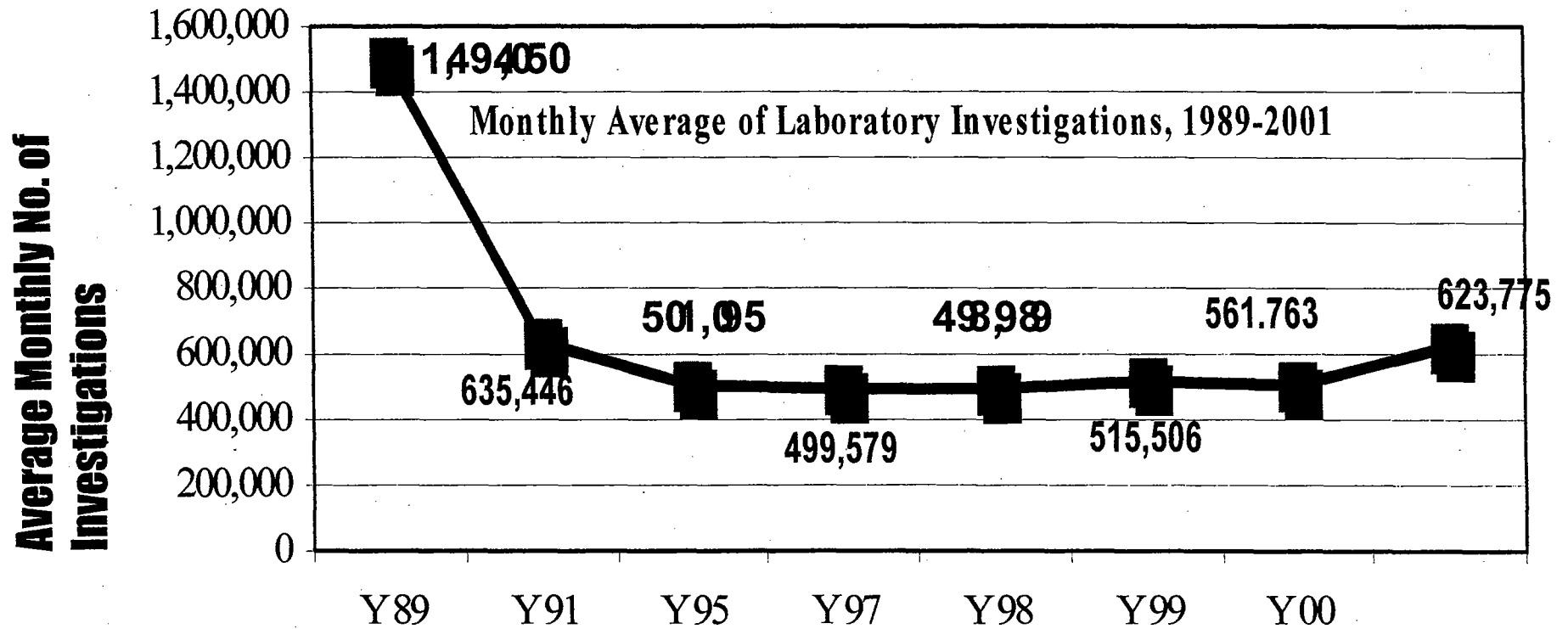
* Data Source : Ministry of Health

Hospital Admissions (1990-2001)



* Data Source : Ministry of Health

Laboratory Investigations in Iraq (1989-2001)



* Data Source : Ministry of Health

Main Observation Tasks

- **Confirm arrival and distribution to health facilities**
- **Observe items of special interest/concern to the Committee (End-use/user observation)**
- **Assess adequacy, efficiency and equity**
- **Assess impact of Programme inputs on the health status of the population**

Observation Tasks -continued

- **Items of high value.**
- **Items of high utility.**
- **Monitor availability of essential items (basic drugs and supplies).**
- **Whether goods are used for intended purposes.**

Health Sectoral Working Group

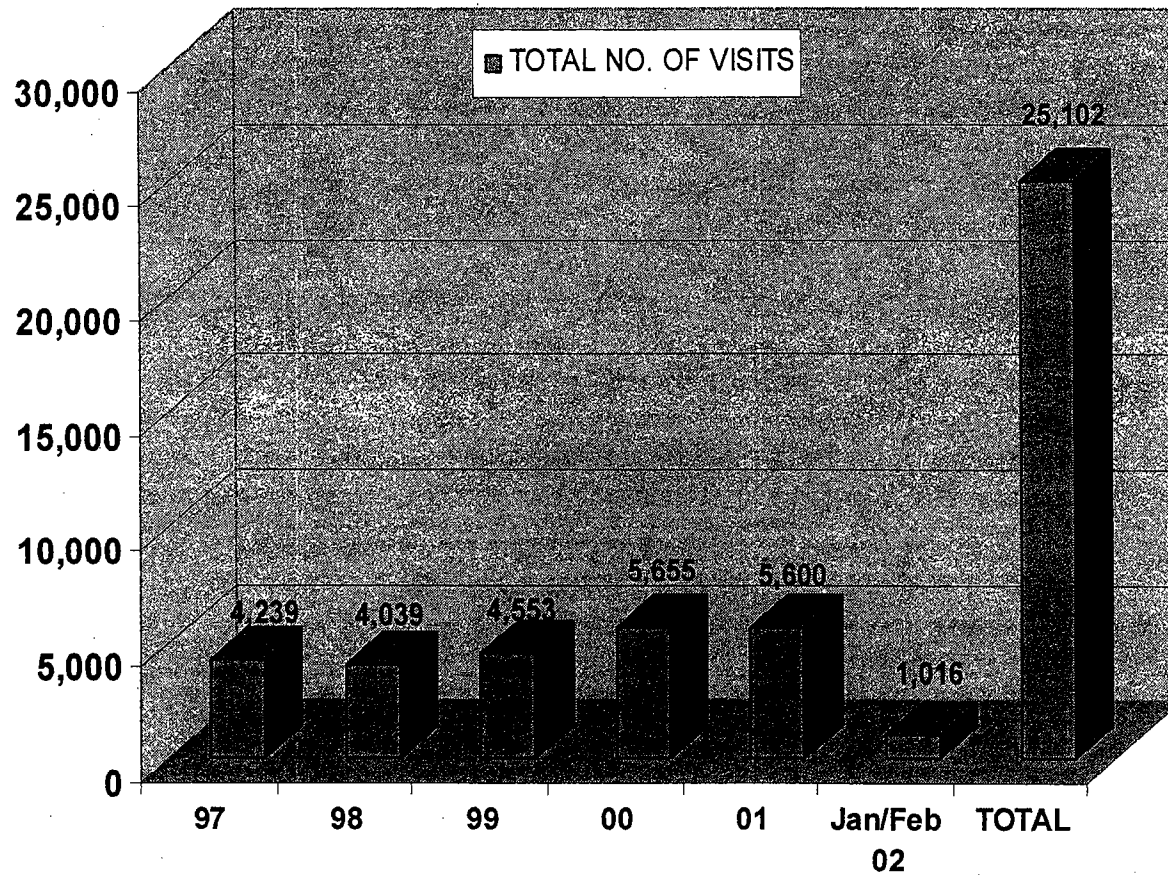
(HESWG)

>>Priority to end use and end user observation

>>A total of 1,982 end use and end user observations completed since June 2001

>>End use and end user observations have improved inter- disciplinary /inter sectoral collaboration

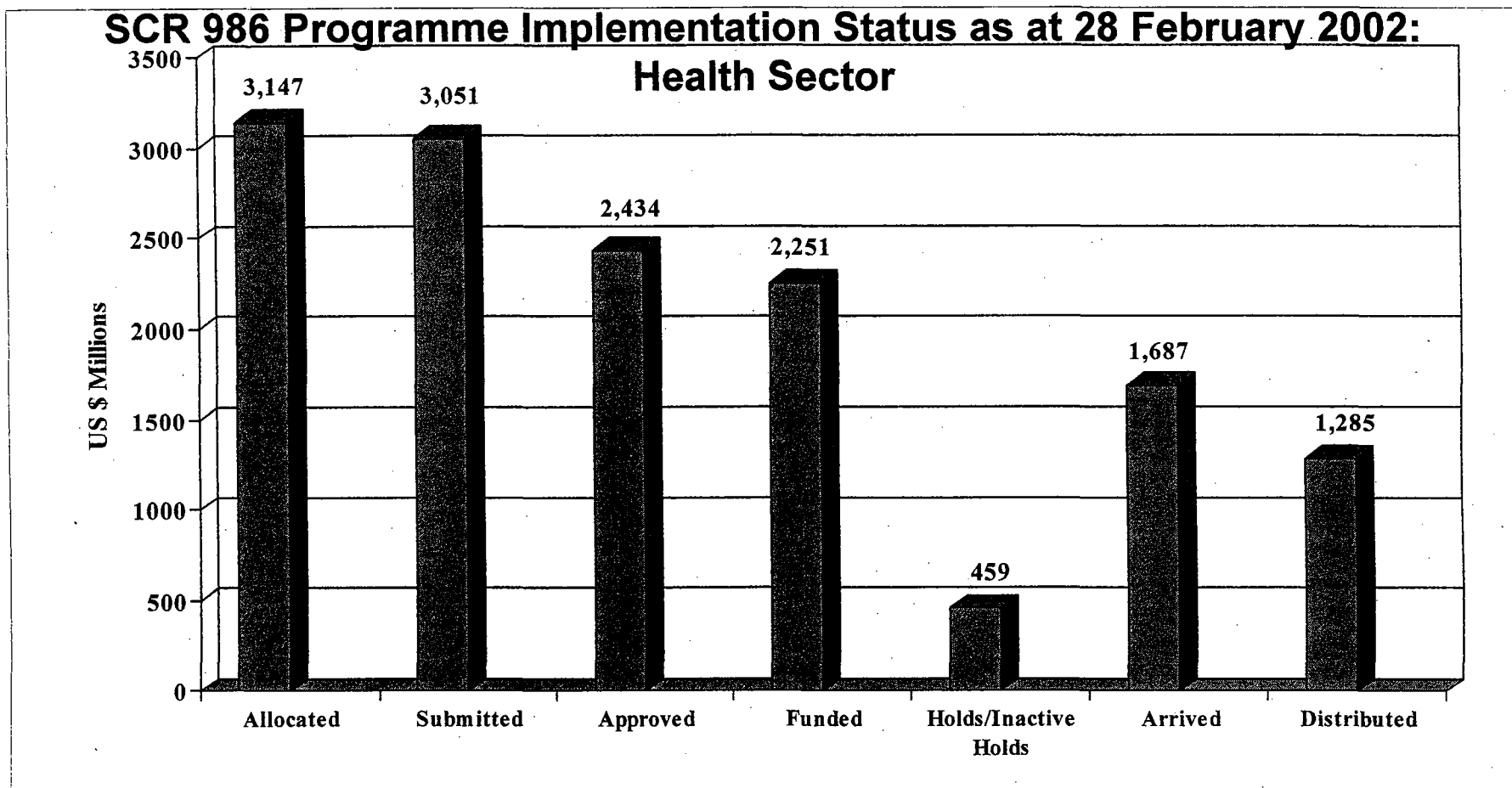
Tracking Observation Activities (Countrywide)



Capacity of sector observation

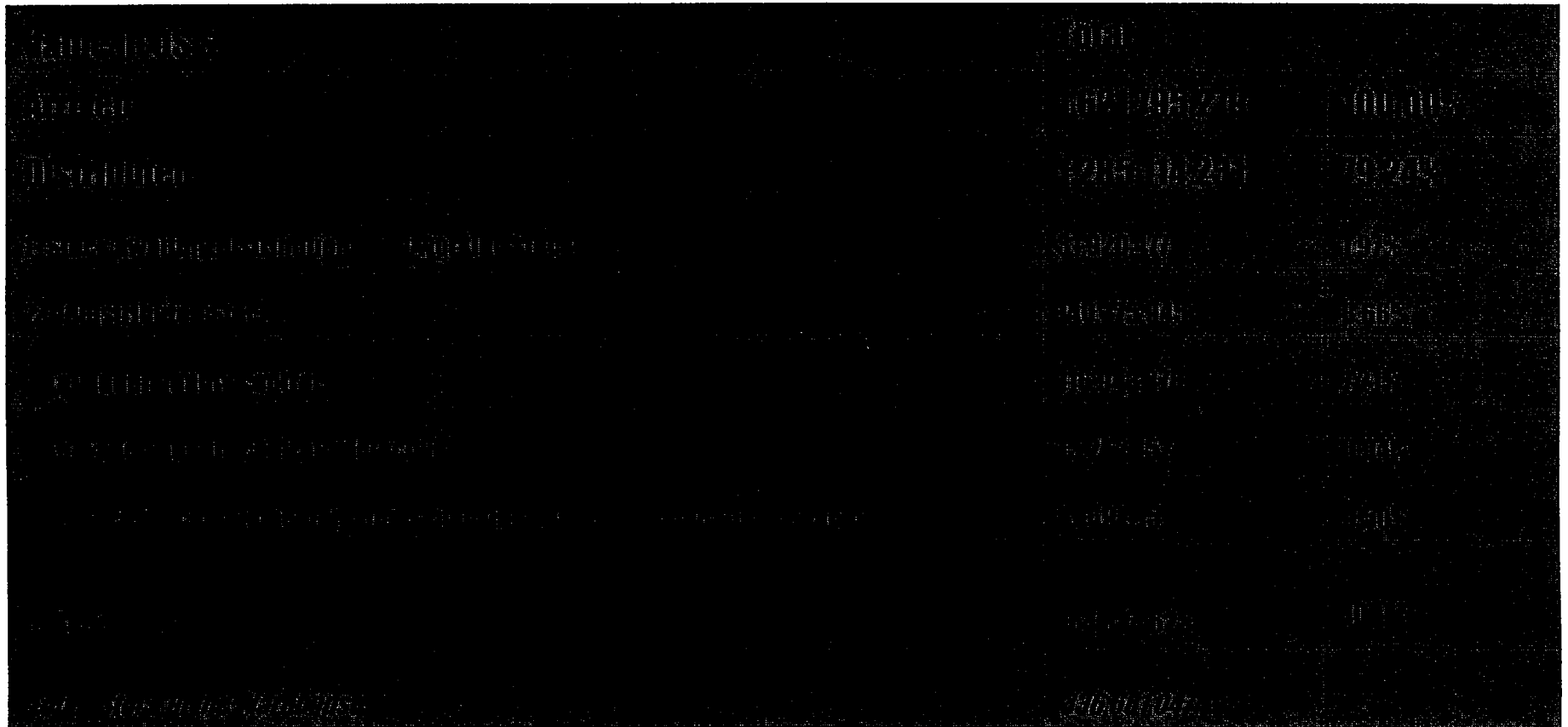
- » A total of 24 competent and qualified observers-12 from WHO and 12 from UNOHCI-representing Pharmacy, Biomedical Engineering, Public Health, Medicine, Management, Electrical Engineering, Bio-Chemistry and Nursing disciplines.
- » Qualifications of observers are :
 - » Ph.D. (6 observers)
 - » Post-Graduate Studies (11 observers)
 - » Bachelor of Science (7 observers)
- » A total of over 25,000 observation visits for tracking have been completed. (as of Feb. 2002).

Programme Implementation



Source: Oil for Food database / WHO Databases

Stock Report as of February 28, 2002



* Accepted standard should cover 3 months (25%)

Achievements of the Programme

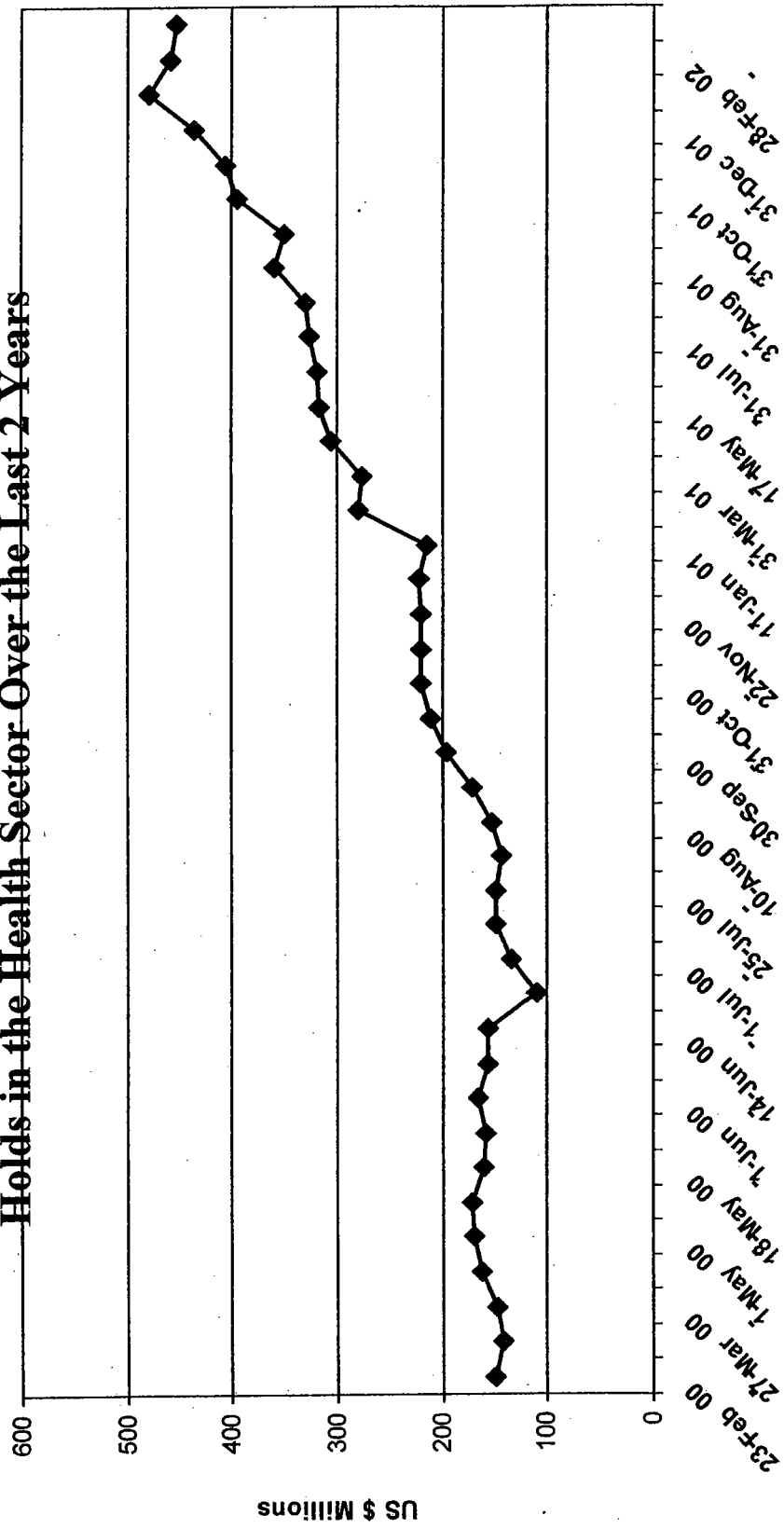
- **Availability of basic medicines and medical supplies, with a wide range .**
- **Some laboratory reagents are available though many critical ones are on hold.**
- **Improvement of production capacity of the Samara Drugs Industry.**

Achievements of the Programme

- **Increased efficiency in drug handling and distribution**
- **The range and quality of medical diagnostics improved and expanded.**
- **Declining trends in the incidence of common communicable diseases and stabilization of some others.**

ITEMS ON HOLD

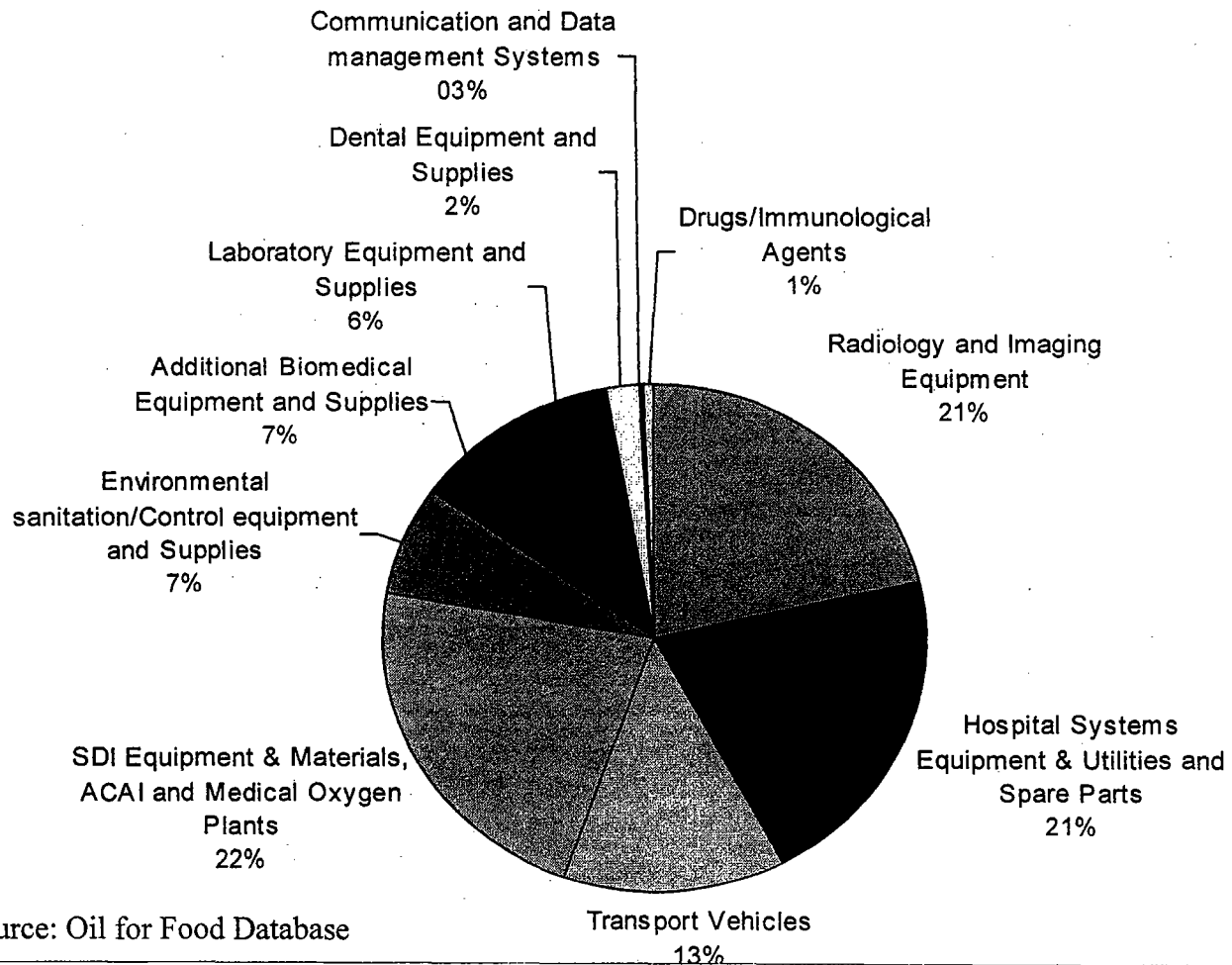
Holds in the Health Sector Over the Last 2 Years



* Since October 2001, includes Inactive Holds

Source: Oil for Food Database

**Summary of Hold Categories in the Health Sector
as at 11 March 2002
(Percentage based on total value of US\$ 446.3 million)**



Source: Oil for Food Database

On Hold Items (As of 11 March 2002)

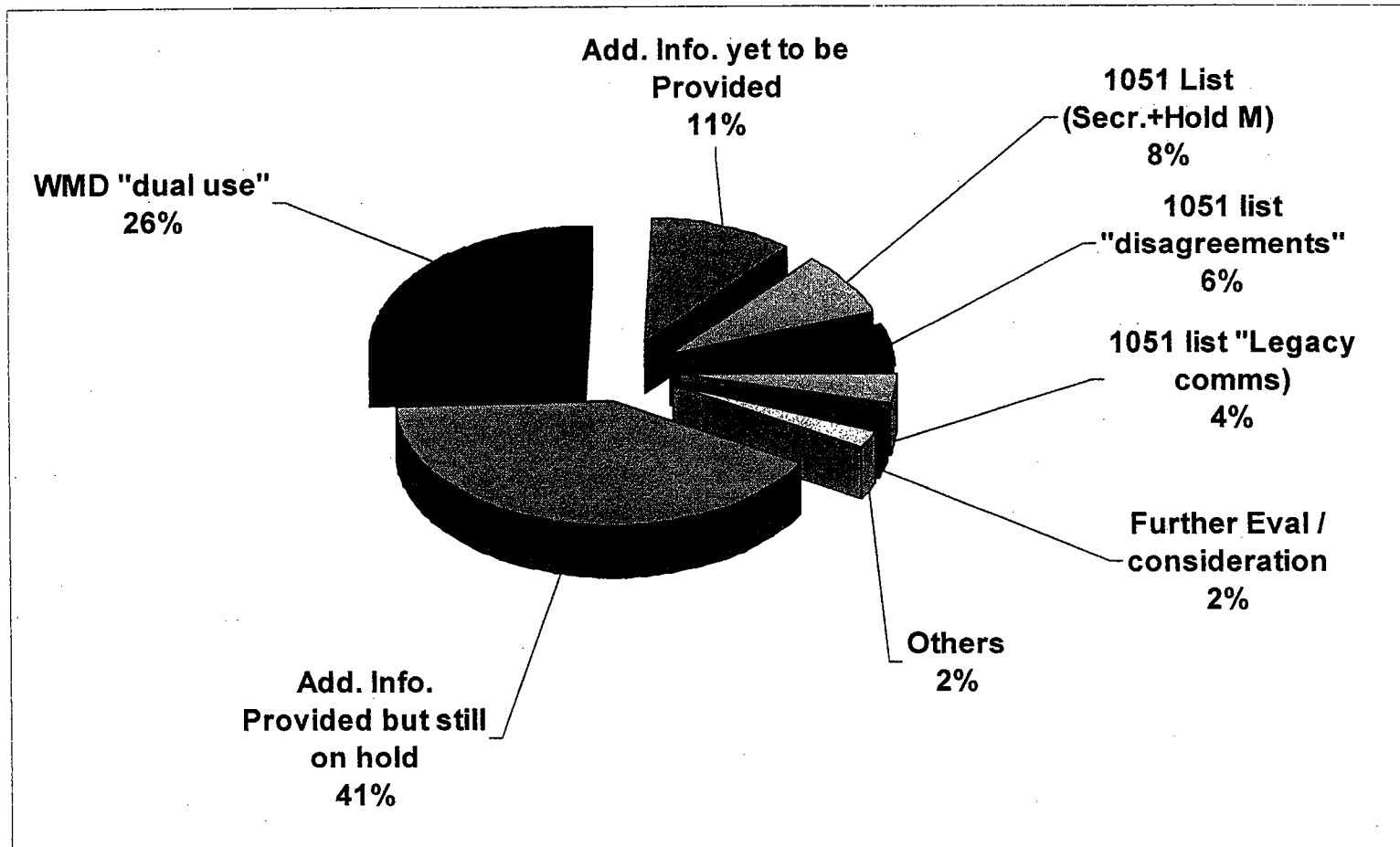
59% Account

- **Value : US\$. 446.3 Million**
- **No. of Contracts : 208**

Examples:

- **Drugs including 13 pre-anesthetic medications.**
- **Laboratory equipment (e.g. Spectrophotometers);
Laboratory reagents and Diagnostics Kits.**
- **Blood bank refrigerators.**
- **Raw materials, machinery and spare parts for
local drug production.**

Statistics on reasons for Hold (As at 04 March 2002)



Impact of Holds

- a) Intermittent disruption of essential medical services (Preventive/Curative).**
- b) Reduced local drug production capacity and consequently decrease public health access to medicines.**
- c) Reduced performance in Health Care delivery services.**
- d) Reduced ability of public health investigations (e.g. Epidemic Cholera, Typhoid, and other infections)**
- e) Render the safety and performance of surgical operations unpredictable and questionable.**
- f) Put chronic patients in severe trouble.**

WHO's Program in the Three Northern Governorates

- **WHO is responsible for implementation of the Programme.**
- **Beginning with a supply-driven operation in 1997, WHO has moved towards sustainable health rehabilitation and capacity building since 1999.**
- **Four major components are:**
 - **Health Repairs (Medicines, Equipment and Building Repair)**
 - **Public Health Programs**
 - **Medical and Nursing Education**
 - **Water Quality Monitoring and Laboratories**

Programme Planning

- **Developed 2-year (2002-2003) program framework with detailed activity plan.**
- **A list of 23 discrete programs is ready for implementation. Notable ones are Health System Development, Human Resource Development, Disease Eradication and Elimination, Integrated Management of Childhood Illness, and others.**

Main Achievements

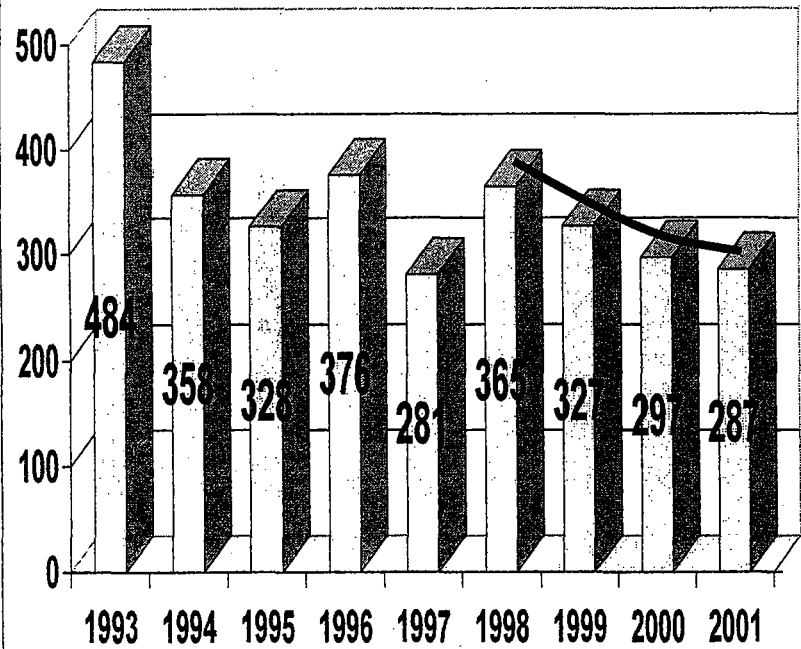
- **Established health information system and completed health facility profiles.**
- **Completed 124 rehabilitation projects (hospitals, nursing schools, workshops, warehouses, laboratories and provision).**
- **10 new water quality control laboratories.**
- **Drug supply system re-established in terms of management, storage and distribution.**
- **90% increase in access to essential drugs and 80% to medical supplies.**
- **Significant improvement in medical diagnostic and therapeutic service.**
- **Completed 55 training courses on various medical equipment.**

Main Achievements

- **Disease Surveillance and Control has achieved zero cholera since 2000, no reported polio cases as well.**
- **Successful anti-malaria spraying operations reduced malaria incidence to 1991 level.**

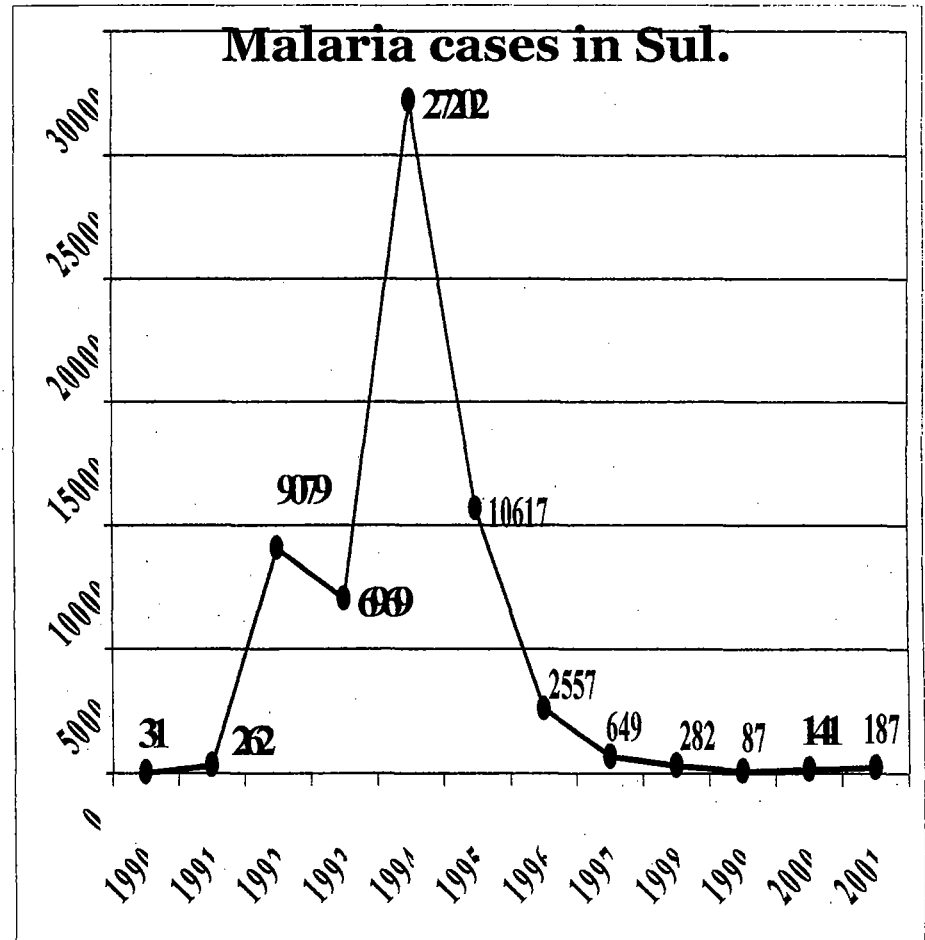
Main Achievements

Pul. TB cases in Sul.



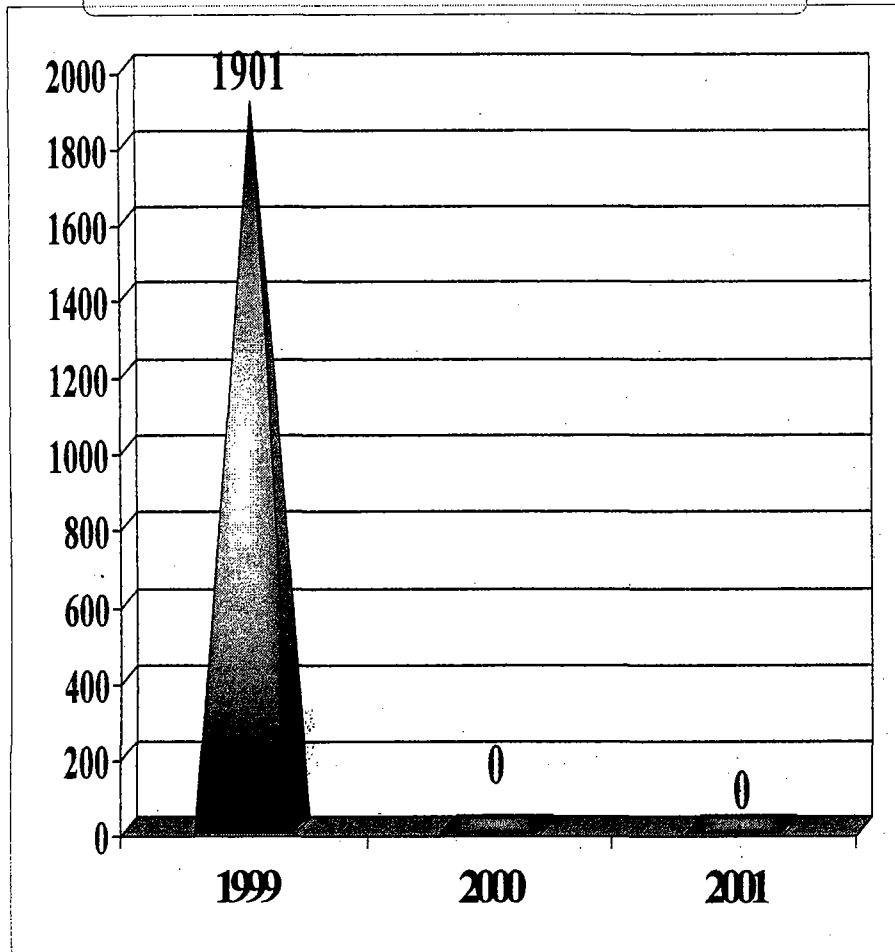
Source: TB center/ DOH/ Suleimanyah

Malaria cases in Sul.

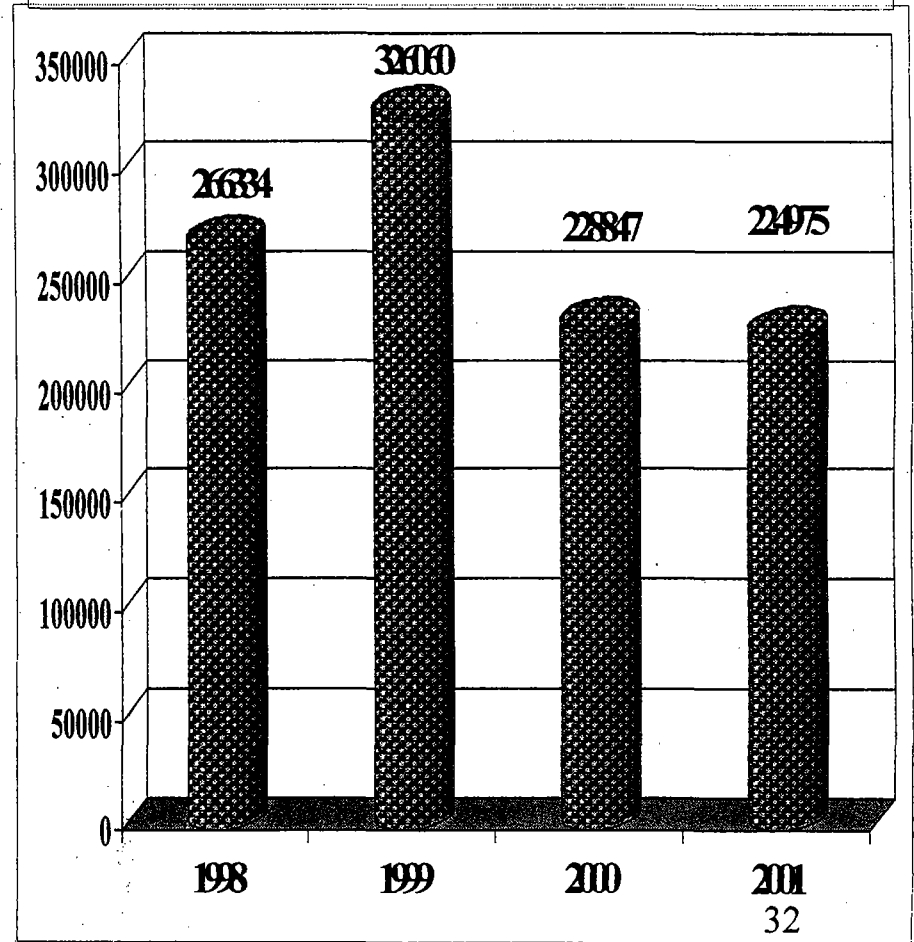


Main Achievements

Trend of Cholera in Sul.



Incidence of Diarrheal Disease in Sul.

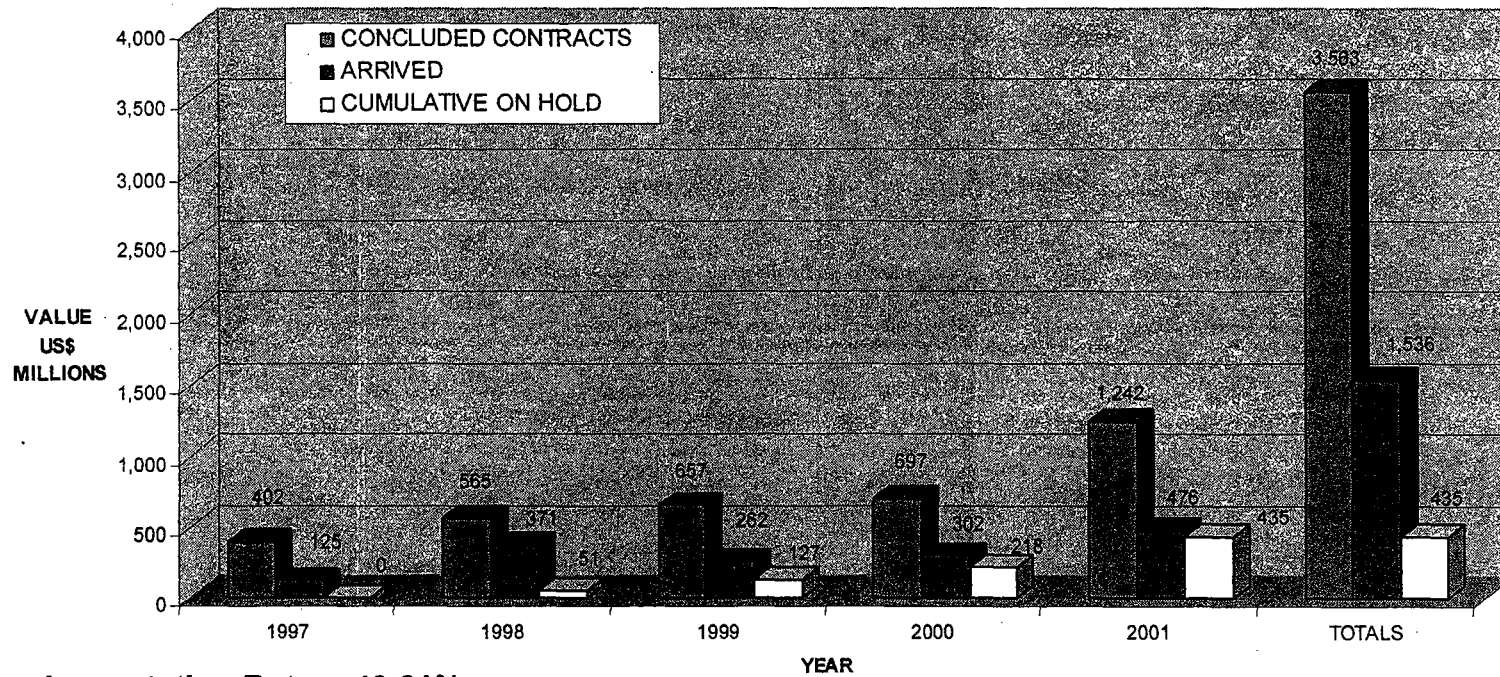


Constraints

- **Nature of the humanitarian programme.**
- **Complex procurement process.**
- **Holds.**
- **Lack of cash component for south/centre.**
- **Erratic and incomplete arrivals.**
- **Lack of commercial protection for the Government of Iraq.**

Constraints

IMPLEMENTATION RATE : CONCLUDED CONTRACTS vs ARRIVALS 1997-2001



Implementation Rate = 43.21%

Conclusions

- ›› Some improvements in health status. Amelioration of water, sanitation and nutrition would make a significant impact on public health.**
- ›› Improving the health situation requires a needs based approach instead of the current supply driven operation .**
- ›› Population health needs a multi-sectoral approach.**

Recommendations

- **We strongly urge the 661 Committee to consider the release of holds, particularly those recently highlighted by the ED/OIP, as an effective observation mechanism is in place.**

Recommendations

- **We strongly urge the 661 Committee to consider the release of holds, particularly those recently highlighted by the FD/OIP as on-off.**

Thank you for your attention

DENTAL

3,046,298

PHASE	COMM	NO OF ITEM	VALUE
VIII	802156	317	3,046,298

Comments: These are essential dental supplies and equipment for orthodontic dental care. Non availability of these will reduce the quantity and quality of care significantly. Children population will be especially affected; a recent survey of school children revealed high prevalence of dental ill health. nearly eight out of ten children showed unhealthy gums and teeth.

LABORATORY REAGENTS

3,740,662

PHASE	COMM	NO OF ITEM	VALUE
VI	600919	16	67,119
VI	600968	3	71,730
VI	600979	31	34,272
VI	601276	29	152,703
VI	601467	44	46,853
VI	601468	34	10,976
VII	701119	5	18,180
VII	701135	15	62,101
VII	702044	1	58,000
VII	702628	0	17,820
VIII	801476	57	181,467
VIII	801477	60	114,566
VIII	802553	37	96,526
VIII	802618	16	164,487
VIII	802631	9	23,356
VIII	802632	43	44,418
VIII	802662	9	21,803
IX	901602	9	297,900
IX	901916	7	2,031,000
X	1000975	41	15,265
X	1001407	6	136,502
X	1001409	1	73,618

MEDICAL SUPPLIES/GLASS WARE

325,196

PHASE	COMM	NO OF ITEM	VALUE
III	3218	6	145,563
VII	700348	2	88,961
VII	701187	1	39,861
VIII	802651	1	50,811

Comments: These are consumable laboratory items, including essential reagents. The number of laboratory tests carried out in health facilities has already declined to half of it's original. Withholding these items will further reduce the performance and compromise the quality of clinical care, it will also prevent important public health investigations such as for epidemic cholera, typhoid and other infections. cholera and typhoid have registered sharp increase drought in the north this year aggravated the health conditions and the lack of laboratory confirmation will be a setback to early control. it could also put many lives in jeopardy. it is worth mentioning that the stocks of almost all of these items are nil. it should also be noted that, these items had arrived to the country before and there are no obvious reasons for putting them on hold.

MEDICAL EQUIPMENT

212,789,131

PHASE	COMM	NO OF ITEM	VALUE
III	3365	60	1,511,115
III	3469	1	9,600
IV	4803	29	276,733
IV	4980	16	94,157
VI	600855	24	1,601,019
VI	601270	27	10,262,046
VI	601533	41	271,542
VI	601776	320	811,546
VII	701240	30	954,665
VI	601275	21	1,281,171
VII	701254	14	108,049
VII	701485	44	12,082,070
VII	701840	99	4,183,834
VII	702289	115	4,863,520
VII	702292	0	1,468,210
VII	702314	218	4,038,249
VII	702594	60	1,782,349
VIII	801620	66	522,350
VIII	802104	33	485,766
VIII	802145	42	3,093,932
VIII	802199	69	1,241,694
VIII	802269	60	1,524,972
VIII	802316	75	42,058
VIII	802322	22	2,851,077
VIII	802370	70	6,431,034
VIII	802394	31	595,711
VIII	802398	368	4,278,990
VIII	802417	123	871,265
VIII	802452	133	2,113,917
VIII	802453	64	247,504
VIII	802461	48	473,193
VIII	802488	133	4,798,265
VIII	802491	15	32,437
VIII	802521	0	1,843,447
VIII	802528	23	40,892
VIII	802530	245	58,333,796
VIII	802564	268	2,940,485
VIII	802698	31	1,129,809
VIII	802699	43	120,737
VIII	802734	193	2,192,150
VIII	802775	96	4,021,796
VIII	802787	329	1,185,264
VIII	802789	52	607,109
VIII	802812	166	7,399,532
IX	900764	46	314,441
IX	900768	7	3,712,839
IX	901179	35	1,331,349
IX	901184	18	681,370
IX	901282	14	108,291
IX	901352	13	41,277
IX	901360	5	5,716
IX	901703	13	715,169
IX	901704	68	5,535,698
IX	901705	12	1,521,930
IX	901774	23	4,657,864
IX	901956	255	5,198,506
VII	702162	33	754,134
X	1000732	15	4,409,154
X	1000816	145	6,434,809

PHASE	COMM	NO OF ITEM	VALUE
X	1000874	5	171,674
X	1000875	1	12,004
X	1000909	20	416,260
X	1000970	19	143,950
X	1001038	108	1,348,096
X	1001066	133	1,493,878
X	1001067	128	439,829
X	1001070	13	95,280
X	1001158	59	603,807
X	1001324	1	104,828
X	1001408	84	939,660
X	1001410	86	1,526,779
X	1001415	150	2,698,994
X	1001748	33	151,951
X	1001376	261	12,200,537

Comments: These are equipment for clinical laboratory and environmental protection. Laboratory equipment would help proper diagnosis and rational use of other health services. As a result of shortage of these equipment, improper diagnosis becoming more common. environmental protection equipment would help in monitoring the degree of pollution which is definitely affecting the health of whole population.

MEDICAL SUPPLIES / RADIOLOGY (X-RAY) 19,940,590

PHASE	COMM	NO OF ITEM	VALUE
VI	601089	10	236,907
VI	601744	82	6,300,000
VI	601778	100	4,554,883
VII	701509	17	595,339
VIII	801318	43	8,253,461

Comments: These X-ray machines, accessories and supplies are essential, advanced and sophisticated diagnostic equipment. The availability of those equipment will potentially improve the quality of diagnosis and surgical performance specially in major and delicate operations. lack of these equipment will render the safety and performance of surgical operation as well as proper diagnosis unpredictable and questionable.

VEHICLES

19,376,876

PHASE	COMM	NO OF ITEM	VALUE
VII	701799	119	6,971,771
VII	701800	63	1,524,314
VII	701841	61	4,037,028
VII	701977	118	6,843,763

Comments: This application includes the ordering of vehicles for the transport of medicines within the governorates. The need for these vehicles is evident since they will facilitate the transport and distribution of medicines. Lack of vehicles will curtail the efficiency and timeliness of drugs and supplies in general. The cold store cars are of prime importance for vaccine transportation, as all vaccines should be transported in frozen or cold atmosphere as this is a major part in the cold chain system maintenance. The small cool vehicles are also needed to facilitate the delivery of vaccines to out reach the remote areas in rural and nomads settlements, beside the large cold cars that needed for inter-governmental distribution. These cars are also used for the transportation of HPB and THM under the TNP which is targeting about one million under 5 years children affected with malnutrition in different stages (mild-server) in all the governorates in the S/C from the central warehouses to the sub-warehouses in the governorates.

RAW MATERIAL / SAMARA

3,722,141

PHASE	COMM	NO OF ITEM	VALUE
IX	901044	1	85,690
IX	901513	9	1,066,957
IX	901827	23	949,947
X	1000957	1	98,182
X	1001171	6	194,497
X	1001333	4	818,985
X	1001338	26	507,883

MEDICAL EQUIPMENT / SAMARA

27,191,853

PHASE	COMM	NO OF ITEM	VALUE
IV	4873	66	1,820,349
V	501288	35	351,353
VI	601182	58	550,900
VI	601434	3	897,300
VI	601672	56	851,360
VI	601673	14	132,557
VI	600631	367	2,448,246
VII	702399	126	1,053,796
VII	702430	12	106,484
VII	702436	44	2,359,754
VII	702488	16	1,428,071
VII	702632	8	590,079
VII	702635	8	742,340
VII	702650	0	2,220,832
VII	702678	0	390,286
VII	702743	12	973,786
VII	701110	15	1,486,000
VII	702267	11	123,648
VII	702463	7	176,551
VIII	801420	37	175,081
VIII	801516	42	2,544,403
VI	601140	40	185,550
VIII	801813	33	393,464
VIII	802050	0	545,188
IX	900898	55	584,404
IX	901538	32	63,253
IX	901712	16	192,645
IX	901886	35	131,800
IX	901927	84	171,700
IX	901944	118	3,500,673

Comments: These are raw materials and equipment, for government on pharmaceutical plants. As of now, it covers 20% of nationwide need, while before sanction it covered 35%. This plant is meant to produce a number key basic drugs which are of common use at all levels of health care system. Unavailability of these items will reduce the local production capacity and consequently decrease public access to medicines. In addition, some raw materials have already arrived to the country and could not be utilized due to unavailability of other complementary items.

HOSPITAL - SPARE PARTS

55,164,090

PHASE	COMM.	NO OF ITEM	VALUE
VII	701835	286	15,100,334
VII	702306	20	90,630
VII	702490	112	3,307,685
VIII	801654	39	16,335,463
VIII	801749	164	14,956,688
VIII	801899	75	1,007,747
VIII	802052	164	328,008
VIII	802237	13	398,842
VIII	802750	24	3,638,693

Comments: This group includes specialized cardiological medical equipment. The availability of these equipment would save lives of patients that suffer cardiac problems at a time when these patients can not afford to travel abroad for such services. The requested materials are for the few functioning specialized cardiac centers which are overloaded due to limited resources. Absence of these specialized equipment for cardiac medicine will render proper investigation and treatment including surgery difficult. It will also reduce the performance and productivity of the few functioning tertiary cardiac units.

INSECTICIDES MATERIALS AND EQUIPMENT

11,891,782

PHASE	COMM.	NO OF ITEM	VALUE
VI	601042	33	2,494,100
VII	700128	5	2,687,500
VII	701126	0	2,583,447
VII	701221	5	1,476,903
VIII	801695	1	425,082
VIII	802264	1	149,624
IX	901285	2	2,075,126

Comments: This application includes an insecticide for mosquito control. Mosquitoes are considered as the main vector for malaria transmission. The availability of this item as mosquito control measure is essential for preventing the spread of malaria, since malaria is endemic in many areas in Iraq. In addition, the use of proper insecticide particularly in proper time will dramatically reduce the number of malaria affected cases. Lack of this item will lead to uncontrolled widespread of malaria.

MUSCULOSKELETAL DISORDERS

112,633

PHASE	COMM.	NO OF ITEM	VALUE
IX	901637	6	112,633

DRUGS FOR ENDOCRINE AND METABOLIC DISORD

143,408

PHASE	COMM.	NO OF ITEM	VALUE
IX	901113	9	143,408

MEDICAL SUPPLIES / MISCELLANEOUS

133,254

PHASE	COMM.	NO OF ITEM	VALUE
VII	701511	15	133,254

Comments: These applications are medicines and supplies used in the management of variety of specialized disorders as blood, endocrine, metabolic, musculoskeletal and orthopedic disorders as well as essential surgical supplies. Lack of these items will put some categories of chronic patients in serious troubles, in addition, the safety of surgical operations will be in great doubt and unpredictable.

HOSPITAL EQUIPMENT / SPARE PARTS

907,290

PHASE	COMM.	NO OF ITEM	VALUE
VI	600318	30	838,846
VIII	801438	12	68,444

Comments: This group of applications includes spare parts for hospital service equipment. These items are needed for the routine maintenance and continuation of functioning equipment. The availability of those spare parts make hospitals work with full capacity and the level of health service offered being distinguishable. lack of those spare parts make hospitals work with reduced capacity particularly in case of failure or breakdown of any of the functioning equipments. since there is no manufacturing activity on biomedical equipment locally, almost all the equipment are imported. the country has to be therefore, totally dependent upon import of spare parts and components from abroad. the non availability of spare parts may made the maintenance task nearly impossible.

MEDICAL SUPPLIES / SURGURY

17,805,601

PHASE	COMM.	NO OF ITEM	VALUE
VII	700822	285	3,673,354
VII	701117	30	276,733
VII	701118	13	558,250
VII	701123	7	506,150
VII	701143	22	1,293,330
VII	701150	5	19,884
VII	701753	178	11,477,900

Comments: These applications include medical equipment that are used in wide range of medical specialties like general surgery, medical diagnosis, orthopedic surgeries and endoscopic surgeries in addition to some general service and supportive equipment. Lack of these items will render the level of health care services offered in the above mentioned specialties out-dated and so far below the normal standards and consequently the performance of diagnostic, surgical and general services will be severely affected and remain at its minimal.