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Comments on the Article "The Effects Of Sanctions: Statistical Pitfalls and Responsibility" by Amatzia Baram.
Source: Middle East Journal, Volume 54, No. 2, Spring 2000

1. Please find our comments, attached herewith as an annex, in response to the fax from your office, dated 28 November 2000, on the above subject. We would be most appreciative of any other additional articles, reviews, books, etc., regarding public health and/or about any of the other sectors.

2. Information of this type is not readily available to sector specialists, and can only serve to broaden their outlook, as well as provide criteria for impact assessment of sanctions.

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ANNEX

1. In general, the focus of the article is on the validity of the current information about health that GOI provides to international organizations as well as official and non-official visitors. Areas highlighted are:

   - allegations of inflated figures of mortality;
   - insufficient information regarding areas of greatest suffering; and
   - accurate information for effective humanitarian aid.

   After four years of the humanitarian programme, officially reported data by the Ministry of Health (MOH) as regards mortality in under-5-year olds and over 50-year olds has increased. Laboratory examinations, as well as surgical operations, are reported to have only increased marginally. Obviously the expected situation as a result of, among other things, increased food rations and greater availability of medicines and hospital supplies/equipment should be reflecting a stabilization/reduction of the trends of reported mortality.

2. The more details that the MOH can provide, regarding the distribution of mortality and morbidity, by sex, age groups and geographical distribution, among the 15 governorates, the more validity could be given to the officially reported information. The conclusion is that support has to be given to the surveillance of death (mortality) and disease (morbidity). This refers to the continuing scrutiny of all aspects of occurrence and spread of causes of death and disease that are pertinent to effective control. Included are the systematic collection and evaluation of :

   (a) morbidity and mortality reports;
   (b) special reports of field investigations and of individual cases;
   (c) isolation and identification of infectious agents by laboratories;
   (d) data concerning the availability, use and untoward effects of vaccines and toxoids, immune globulins, insecticides, and other substances used;
   (e) information regarding immunity levels in segments of the population; and
   (f) other relevant epidemiologic data.

   Monitoring refers to:

   i. performance and analysis of routine measurements, aimed at detecting changes in the environment or health status of populations. Monitoring also implies intervention in light of the observed measurements;

   ii. ongoing measurement of performance of a health service or a health professional, or of the extent to which patients comply with or adhere to advice from health professionals; and

   iii. in management, the continuous oversight of implementation of an activity that seeks to ensure that input deliveries, work schedules, targeted outputs and other required actions are proceeding according to plan.

3. "The Official Mortality Statistics and Their Pitfalls" Section:

   <u>Regarding population</u>

A review of the population figures of Iraq, as reported from Distribution Plans (DPs) I – VIII, covering the period 1996 – 2000 can be summarized as follows:

Year	Total Population in Iraq	Adults	Children Under 1 year	Total Increase in Population	% Annual Increase **
1996	21,799,744	21,245,218	554,526	-	-
1997	22,503,740	22,306,617	197,123	703,996	3.22
1998	23,704,450	23,017,843	686,607	1,200,710	5.33
1999	24,220,505	23,522,226	698,279	516,055	2.17
1999*	23,963,475	23,374,653	588,822	259,025	1.09
2000 +	24,739,300	24,041,022	698,279	518,795	2.14
2000 ++	25,048,279	24,350,000	698,279	308,979	1.25

Notes:
* The average population for the period June-November 1999, as per the food rationing plan and according to the WFP.
** Between each previous year.
+ DP VII
++ DPVIII

Other demographic considerations include:

- estimates that between 1 – 2 million Iraqis live outside of Iraq in the rest of the world; and
- of the above, between 450,000- 470,000 Iraqis are estimated to be living in Iran.

Regarding Reported Mortality

Reported total number of deaths in under-5-years of age, due to selected causes in iraq, 1989 – 1999

Year	Reported annual number of deaths u5y	Monthly Average	Daily Average
1989	7,110	592	19
1990	8,903	742	24
1991	27,473	2,289	75
1992	46,933	3,911	128
1993	49,762	4,146	136
1994	52,905	4,408	144
1995	55,823	4,651	152
1996	56,997	4,749	156
1997	58,845	4,903	161
1998	71,279	5,939	195
1999	80,044	6,670	219
TOTAL 89 – 99	516,074	3,910	129

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Note:

Selected Causes are respiratory infection, diarrhea, gastroenteritis and malnutrition.

From 1991, excluding 3 northern governorates.

Source: Vital Health and Statistical Department, MOH (August 1997, August 1999 and March 2000).

Reported total number of deaths in over-50-years of age due to selected causes in iraq, 1989 – 1999

Year	Reported Annual Number of Deaths o5y	Monthly Average	Daily Average
1989	20,224	1,685	55
1990	23,561	1,963	65
1991	58,469	4,872	160
1992	76,530	6,378	210
1993	78,261	6,522	214
1994	80,776	6,731	221
1995	82,961	6,913	227
1996	83,284	6,940	228
1997	85,944	7,162	235
1998	88,764	7,397	243
1999	97,439	8,120	267
TOTAL 89 – 99	776,183	5,880	193

Note:

Selected Causes are cardiac diseases, hypertension, diabetes mellitus, renal diseases, liver diseases and malignant neoplasms.

From 1991 excludes 3 northern governorates.

Source: 1989 – 1998 from Vital Health and Statistical Department, MOH (August 1997, August 1999 and March 2000).

Therefore,

- According to the MOH, WHO and UNICEF from 1989 – 1999, approximately 516,074 under-five-year olds have been reported as dying in Iraq. The main causes of death are reported to be from respiratory infections, diarrhea, gastroenteritis and malnutrition; and

- According to the MOH, WHO and UNICEF from 1989 – 1999, 776,183 over-fifty-year olds have been reported as dying in Iraq. The main causes of death are reported to be from cardiac diseases, hypertension, diabetes mellitus, renal diseases, liver diseases and malignant neoplasms.

According to the above official MOH data, over the 11 year period, in the two age groups mentioned above, a grand total of 1,292,257 persons died due to the 11 specific causes mentioned above. At the least, these 11 causes have to be considered in the planning process for the health sector as priorities.

Regarding Reported Child Malnutrition in Center/South Iraq:

According to UNICEF survey data (1996 – 1999) on malnutrition prevalence in under-5-year olds for the Centre/South of Iraq, the percentage of general malnutrition has gone slightly down from 23.4 to 21.3, whereas there have been substantial reductions in the percentage with stunting from 32.0 to 20.4, and the percentage with wasting from 11.0 to 9.3. (See the following table).

Malnutrition Prevalence in Under 5 year olds from UNICEF Surveys in Centre/South of Iraq, 1996 – 1999.

Date of UNICEF Survey	% of General Malnutrition (low weight for age)	% with Stunting (low height for age, reflecting chronic malnutrition)	% with Wasting (low weight for height, reflecting acute malnutrition)
AUGUST 1996 *	23.4	32.0	11.0
APRIL 1997 **	24.7	27.5	8.9
MARCH 1998 ***	22.8	26.7	9.1
APRIL 1999 ****	21.3	20.4	9.3

* Multiple Indicator Cluster Survey (Household).
** Survey of Under Fives for Polio Immunization Days PHCs.
*** Survey of Under Fives with Polio Immunization Days at the same PHCs.
**** PHCs Based Survey.

4. On page 205, the quantity of arrivals of foodstuffs and medicines quoted at a value of over 10 billion dollars is incorrect.

5. On page 215, the requirement of 2,500 Kcal daily set by WHO mentioned is for basic survival.

6. On page 218, the available updated information is that, as at 30 November 2000, the WHO reports that since the inception of SCR 986:

   * US$ 1,035,575,838 of Phases I–VII medicines, medical supplies and equipment had arrived in Iraq;

   * US$ 831,702,837 had been distributed (80.31 %); and

* US$ 203,873,001 represents the storage of medical stocks in Government warehouses (19.69 %). The breakdown of stocks in storage with regard to all arrivals was: 12.09 % buffer stock; 3.69 % items in quality control; 1.62 % failed quality control/defective; 1.59 % awaiting distribution (working stock); and 0.7 % lacking complementary items/lacking spares or installation capacity.

7. On page 218, there are figures mentioned as the ratio of the value of medicines compared to medical equipment. A recent MDOU review revealed that as at 31 August 2000, from the approved medical contracts, approximately 53.9% represented medical equipment, spare parts and supplies, while the remaining 46.1%, including drugs, covered a wide range of therapeutic categories.

8. Regarding the last paragraph of page 223, consideration could be given to proposing to the GOI the creation of the "Humanitarian Survey Authority" composed of, among others, the Central Statistical Organization, the MOH and the Nutrition Research Institute, for provision of information to combat/control malnutrition.

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