



International Conference on Addressing the Humanitarian Needs of Refugees and Internally Displaced Persons inside Iraq and in Neighbouring Countries

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Mr Chairman, Excellencies and Colleagues,

WHO would like to thank UNHCR for organizing this high level meeting on Iraq. The continuing widespread insecurity, the escalating violence in certain parts of Iraq, and the large number of casualties are impeding access to health care for a large sector of the Iraqi population. The health system is frequently overwhelmed by the number of seriously injured, many of whom require specialized hospital care. The escalating violence is inflicting death and injuries all over central and south Iraq.

UNAMI estimates that there were 36,000 wounded in 2006, although the figure may be higher. This translates into 100 casualties/day. The main categories of injuries are gunshot and shrapnel wounds and burns. Each wave of seriously injured patients further depletes the already limited medical stocks that are available for other surgical interventions. As stated by one senior Ministry of Health Official, "a substantial proportion of the critically injured die at emergency units, partly because of lack of essential supplies and equipment". Management of dead bodies is seriously hampered by capacity problems in hospital morgues and at the Forensic Medicine Department in Baghdad. The Government has requested support from WHO. The health system in Iraq has suffered gradual deterioration over some 15 years and is severely ill equipped to deal with the enormous daily demands now placed upon it. Indeed, it is doubtful whether any health system would be able to cope in such circumstances.

Nevertheless, despite the enormous challenges faced by the health system, no major disease outbreaks have been reported since 2003, thanks to a surveillance system that is still functioning and the continued implementation of basic public health interventions. Efficient and timely response to the three H5N1 avian influenza cases confirmed in 2006 demonstrated the commitment of Iraqi authorities to address emerging health problems, both at central and governorate levels, despite the shortage of experienced health personnel. At the same time, the progress achieved in controlling several communicable diseases, including leishmaniasis, cholera and malaria, has been largely preserved. Today, Iraq is polio free for the 6th consecutive year due to the special efforts of the Ministry of Health, supported by the UN Health Cluster. However, routine immunization coverage is currently low, and the potential for outbreaks of childhood vaccine-preventable diseases is rising. Iraq is moving towards malaria elimination, but sustained interventions need to be supported.

There is now a serious need to strengthen public health functions, particularly since diarrhoea and acute respiratory infections today account for about two-thirds of deaths among children under 5, which is compounded by rising levels of malnutrition. In addition to the risks posed by communicable diseases, it is important to state that the largest burden of disease is that of chronic noncommunicable diseases. Conditions such as high blood pressure, cardiovascular disease, diabetes and cancers account for the majority of non-violent deaths. These are diseases that require early diagnosis and lifelong and life-saving treatment. We must therefore ensure that appropriate services and medicines are available and accessible, both inside Iraq and for displaced populations.

The current further deterioration of the situation in Iraq is a very serious threat to the public health gains obtained since 2003 and can be expected to have both mid term and long term consequences on the health of Iraqis. It is also vital to remember that communicable diseases recognize no borders and their threat will also extend to neighbouring countries. Reinforcing system capability at the different levels is therefore essential to prevent further deterioration.

The security situation in several districts seriously limits the movement of people and thus access to health care in Baghdad. In other areas, the sudden influx of internally displaced people creates a heavy burden on the existing primary health care centres, which are already overwhelmed by reduced human resources and unreliable supplies. The consequences of both situations include decreased immunization coverage that I have already referred to, with the attendant risk of outbreaks of preventable diseases.

While the available information is sufficient to indicate an evolving humanitarian crisis, more thorough assessments, conducted in close coordination with the national authorities in Iraq and neighbouring countries, are urgently needed to precisely identify the health needs of the affected population, and to plan and implement appropriate health interventions.

WHO is strongly committed to working closely with UNHCR, other members of the Health Cluster and the UN humanitarian coordinator to assist the health system in Iraq in coping with the high burden of mass casualties, in supporting emergency medical services, and in preventing and containing disease outbreaks and other health problems.

Outside Iraq, WHO's strategy is to provide, with sister agencies, technical assistance to strengthen health systems in neighbouring countries in order to meet the health needs of displaced Iraqis.

WHO welcomes the Strategic Framework Exercise and will collaborate closely in transforming it into a comprehensive action plan to address the humanitarian needs of Iraqis and in establishing an effective regional coordination mechanism. WHO also welcomes a more active involvement of NGOs and their presence in Iraq through the Strategic Framework. Our past experience in leading Health Cluster efforts tells us that we can make substantial progress through joint assessment, joint planning and joint implementation of humanitarian health action, combining the work of the UN and non UN entities in a common platform for action.