

Iraq

Health Sector Needs Assessment

Access to essential health services remains difficult for conflict-affected communities in Iraq. Recent data¹ indicate that 24 out of 114 districts in eight governorates² are considered highly vulnerable, with diphtheria, pertussis, tetanus (DPT1) immunization coverage below 80% (first dose). Children and pregnant women are among the most affected, leading to increased risks of morbidity as well as child and maternal mortality. Under-five mortality rates (46/1000)³ and maternal mortality rates (84/100 000)⁴ are high for the region. Eight governorates⁵ reported institutional deliveries below the national average of 62.4%.⁶ Diarrhoea and acute respiratory infections, further compounded by malnutrition, account for about two thirds of deaths among the under-five population. In the second half of August 2007, cholera outbreaks were reported due to the poor quality of drinking water, poor sanitation and dilapidated infrastructure. As of 17 September 2008, 21 districts across seven governorates had reported a total of 162 lab-confirmed cholera cases, with a fatality rate of 16%. This raises public health concerns regarding case management protocols. The low immunization coverage in the last four years (measles coverage dropped to less than 50% in 26 governorates)⁷ has resulted in an increased cumulative number of susceptible cases that led to an ongoing measles outbreak in early 2009 with so far more than 6000 cases.

Although the number of returnees is slowly increasing, the Iraqi health care delivery system is struggling to cope with the extra burden generated by thousands of IDPs. To encourage greater numbers of IDPs to return to their homes, conditions for reconciliation and return must be in place and access to income/employment, health services, food and shelter must improve. In the meantime, the living conditions of displaced, returnees, and other conflict-affected populations continue to deteriorate, especially for vulnerable groups such as women and children.

Although national average indicators for wasting and underweight are relatively low, they remain unacceptably high in eight out of 18 governorates. This is compounded by high rates of low birth weight (14% as per 2006 Multiple Indicator Cluster Survey [MICS] 3), with inadequate infant and young child feeding practices (the exclusive breastfeeding rate for <six months is 25%) and possible micronutrient deficiencies.



Around four million Iraqis suffer from hypertension and one million from diabetes. However, shortages and rationing at primary health care centres prevent treatment of these and other chronic diseases. Despite recent improvements, there is a reported shortage of at least ten out of 32 standard drugs for chronic illnesses. This problem is more severe in the conflict-affected areas because of distribution difficulties. Moreover, an estimated four% of the population suffers from severe mental disorders and another 20% from common mental health problems⁸ as a result of the security situation.

Health Sector Priorities for 2009

- Strengthen the Ministry of Health (central and local level) capacity in humanitarian coordination and health emergency management and response;
- Support the generation of decentralized health information to enable early detection of and response to communicable disease outbreaks;
- Support the delivery of life-sustaining essential services such as maternal, child, reproductive health, emergency obstetric care, community management of malnutrition and psychosocial support, including psychosocial first aid and services, to individuals and groups at risk;
- Provide essential health and nutrition supplies, focusing on vulnerable groups.

WHO Proposed Projects in the CAP 2009

Project titles	Requested funds *	Implementing partners
Life saving public health intervention package to most vulnerable crisis affected population in Iraq IRQ 09/H/23537/122	6 500 000	MoH/DoH, LNGOs, INGOs, NGOs
Improving access to safe water for schools and most vulnerable communities in Kerbala, Basra, Babil and Baghdad governorates IRQ 09/WS/20248/122	1 920 000	UN-HABITAT, WHO, MMPW, MoH, MoEnv, MoE, DoEs/DoHs Babil, Basrah, Baghdad, Kerbela
Curtailing spread of cholera among most vulnerable rural population in Babil governorate IRQ 09/WS/20236/122	792 000	MoMPW, MoH, MoEnv, NGOs

* Amounts given in US dollars.

Total funds requested: US\$ 9 212 000

Notes: 1) MoH-WHO supported routine surveillance data Jan-Jun 2008. 2) Baghdad, Ninawa, Diyala, Anbar, Wassit, Salah Al-Din, Dahuk and Sulaymaniyah. 3) *State of the World's Children Report*, UNICEF 2008. 4) Iraq Family Health Survey, 2007. 5) Baghdad, Basrah, Ninawa, Anbar, Babel, Kerbala, Muthana, Najaf. 6) MoH Statistics 2007. 7) Ref. March 2008 WHO/UNICEF joint reporting. 8) AIMS Report: WHO 2006.