HEALTH IN IRAQ: STOCKTAKE

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HEALTH SITUATION

- 25 Million People experiencing a double burden - communicable and non-communicable disease
- Population dependent on health system
- Referral health care and public health capacity in place
- Oil for Food programme providing vital resources
- Total spend $20 per capita 1990; no more in 2000; far less than $80 - $120 in neighbouring countries
- NB CMH recommended minimum $34 per caput

THE STATE OF THE PUBLIC SECTOR

- Pre-war provision of basic utilities (water, electricity, sanitation) and critical services (health, education, police etc) was fragile
- Post-war - rapid deterioration due to (a) vacuum in authority and (b) shortage of resources to meet recurrent costs of essential services Public service breakdown - because of lack of pay for staff, cash for essential commodities, fuel etc - inevitable, soon, unless funds are available and paid
- Indicators of risk: immunisation rates down, disease surveillance non-functional, lab services collapsed, diarrhoea incidence rising, hospital attendance for chronic conditions low

CONTEXT

- WHO has had role as UN Health Sector Co-ordinator: seeking to establish role from now on, within wider UN context
- Co-ordination between Military and civilian parts of new administration, and WHO, good: many NGOs
- Ministry of Health being re-established, increased involvement of expatriate Iraqis
- Visible co-operation between Iraqi health practitioners, MOH, ORHA and WHO

STRATEGY

- 3 elements, implemented simultaneously

1 Co-ordination of the initial humanitrian response

2 Time-limited support for restarting essential health service functions (“Jump-Start”)

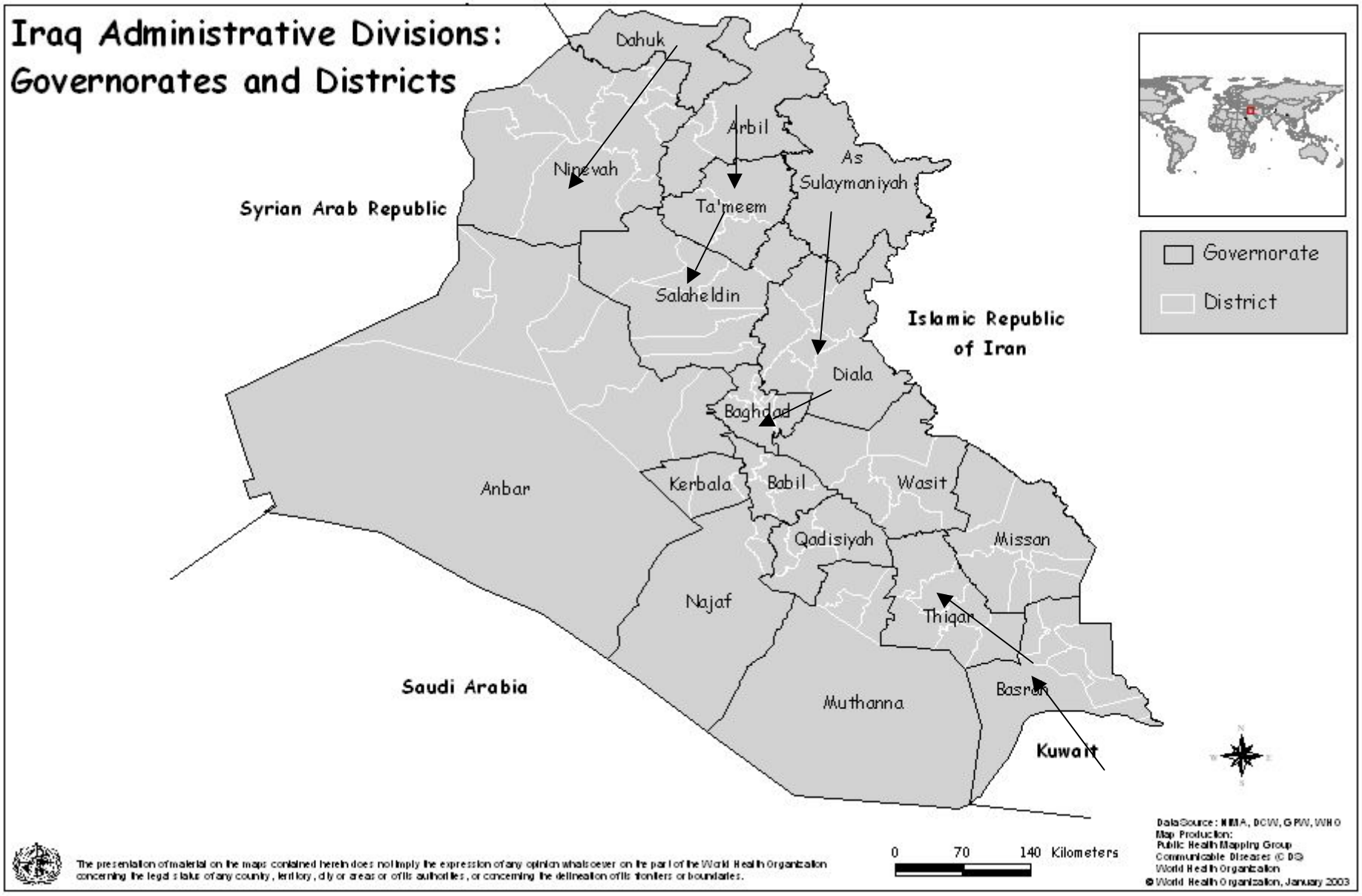
3 (a) Strengthening health sector policy and planning to guide the development of the health system;

3 (b) Support for rehabilitation and reconstruction of health infrastructure

STRATEGY element 1

- Co-ordination of the initial humanitrian response
  - There is still POTENTIAL for a humanitarian crisis
  - We must ensure that any response is needs-based
  - Eg problem of field hospitals
  - Three bases - Amman, Kuwait, Larnaca, also link to Turkey

- STRATEGY element 2: Immediate restart of most essential health service functions -
  - Clarity on priority needs to jump-start the health system so that it is up and responding to the needs of vulnerable people
  - Analysis of population need and system capacity based on collated assessments by ORHA/DART, ICRC, UN (esp WHO) and NGOs
  - Priority (a) urgent running costs for staff and essentials - fuel, food and cleaning - in key Medical Care institutions, (b) capacity for maintaining Public Health : governorate by governorate
  - Seeking agreement from new administration to do this nation-wide
  - Managing resources coming in within context of humanitarian response


Iraq Administrative Divisions:
Governorates and Districts
Dahuk
Arbil
Ninevah
As Sulaymaniyah
Ta'meem
Salaheldin
Diala
Baghdad
Anbar
Kerbala
Babil
Wasit
Qadisiyah
Missan
Najaf
Thiqar
Basrah
Muthanna
Syrian Arab Republic
Islamic Republic of Iran
Saudi Arabia
Kuwait
Governorate
District
0 70 140 Kilometers
DataSource: NIMA, DCW, GPW, WHO
Map Production:
Public Health Mapping Group
Communicable Diseases (CD)
World Health Organization
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- STRATEGY element 3: (a) Strengthening health sector policy and planning to guide the development of the health system; (b) support for rehabilitation and reconstruction of infrastructure
  - Secure a clear working relationship between new authorities and UN system on ways in which WHO can support health system development (is it valuable to distinguish institutional development from reconstruction of human and other reconstruction
  - Secure engagement of senior Iraqi health professionals and other stakeholders at governorate as well as national level
  - Acknowledge that evolving health sector is likely to consist of a combination of private sector activity and stewardship by the new government (NG) as it becomes established
  - Ensure that people skilled in policy analysis, strategic planning, health financing, human resources and public health work withnew government
  - Health coverage plan for the country to rationalise the roles of different stakeholders

PRIORITIES:

- Milestones developed for WHO contributions to priority actions within the different strategic categories
  - Assessments of population health status and health institution functioning,
  - Overall framework for health policy development
  - Minimal inputs to enable the re-starting of key health care institutions (“jump start”)
  - Establishing essential public health capacity (detection of health risks, outbreak identification, surveillance, response)
  - Systems for essential supplies and logistics, managing donations and offers in kind
  - Co-ordination of health sector actors - international organisations, NGOs and others
  - Handling communications and media
- Documentation being prepared:
  - Long term (90 day) Framework (drafted), Long term plan (drafted), short term proposal (“Jump Start”) - being drafted now

RESPONSES

- New roles for WHO defined, in conjunction with Member States, concerned groups within Iraq, different UN system programmes:
  - emphasis on optimal WHO contribution to restarting the health sector, and support to new administration as it decides how to reform and reconstruct the health system
- Appropriate staff skills identified for key functions necessary for restarting the health system, as well as for supporting reform and reconstruction, identified
- Experts to cover WHO contribution to these key functions needed in Baghdad and 4 other sub-officesin Iraq, and in Kuwait, Amman, Larnaca and other co-ordination offices, in EMRO (and EURO) and Geneva.

CHALLENGES -

- WHO to continue to work on behalf of the health of Iraqis, and their health sector
- In doing this work WHO would need to undertake governance-type functions in order to ensure that essential services are kept going. These include:
  - making decisions about
    - the institutions to be selected for specific actions and the
    - the allocation of some human resources and commodities currently in country,
    - the protection of these resources - from looting, abuse etc
  - accounting for ways in which some of these resoiurces are used, in the light of funds made available
  - ensuring appropriate compensation for key personnel - eg through offering daily allowances

KEY TASKS - NOW (1)

- **Urgent field operations**
  - –Health assessments monitoring and info management
  - –Analysis of health needs and priorities; Inventory of facilities; GIS and digital atlas; documentation
  - –Jump-starting the health system
  - –Focus on strategic priorities in response to assessments, including urgent medicine re-supply
  - –Disease surveillance and outbreak response - incl lab network
- **Support systems for field operations**
  - –Skilled personnel in new authorities, in Baghdad and sub-offices
- **Co-ordination of assistance - NGOs & national authorities**
- **Convene and co-ordinate dialogue on health system reconstruction**
  - –Continue working on a framework document and workplan
  - –Establish and sustain an in-country process for stakeholders to debate and develop policy

KEY TASKS - NOW (2)

- **IT and communications**
  - Viable IT systems in and around Iraq
  - Media management
  - Situation reports in and around WHO
- **Supply management and logistics**
  - WHO supply corridors, NGOs, donation offers, oil for food
- **Internal WHO Processes**
  - Policy level decision making
  - Operational co-ordination - country, sub-region, region
- **Mobilising resources for health sector; and for WHO**
  - Documentation
    - 90 day framework,
    - 90 day work plan,
    - proposal for jump-starting essential health system functions
  - Liaison with potential donors to the health sector