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PATTERNS OF HEALTH SERVICES PROVIDED TO RURAL COMMUNITIES, CONTRIBUTING ORGANIZATION, AND PLANS FOR FUTURE DEVELOPMENT

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INTRODUCTION

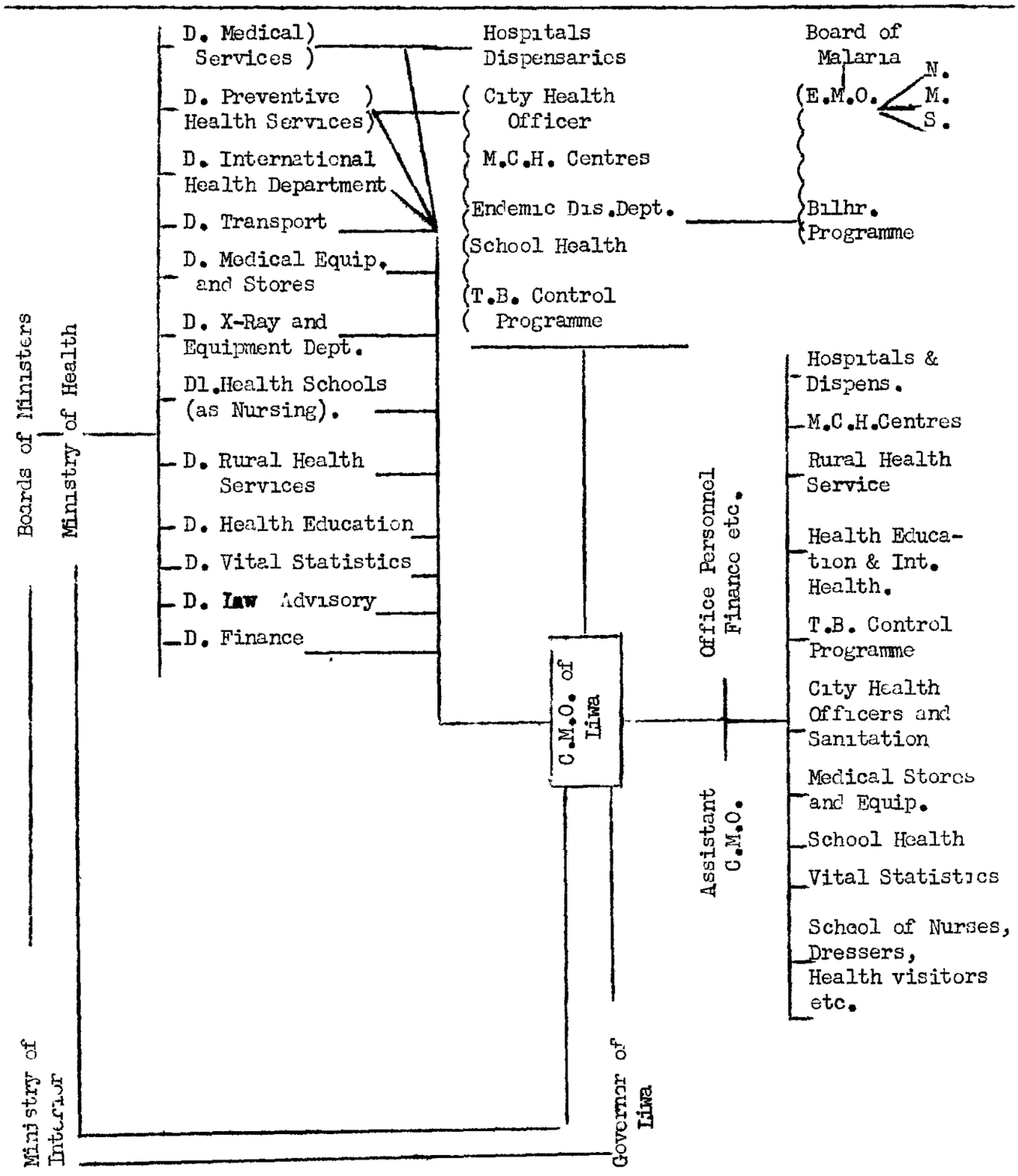
Before proceeding to submit a sketch of the pattern of Health Services provided for rural areas in Iraq, it appears to me proper to acquaint you with a few facts about the country.

Iraq, formerly and sometimes later known as Mesopotamia is a country with a long and rich spiritual and cultural heritage. Its 168,000 sq. miles, seven million people, and its two great rivers - the Tigris and the Euphrates - possess immense agricultural and mineral resources; topographically, there are the mountains in the North, and the fertile plains rolling to the middle and the South, with the desert to the West - the two rivers cross the country from the North to the South, receiving many tributaries and giving origin to many others, allowing for extensive rice paddies, and wide lakes and marshes, creating health hazards and problems, especially to rural communities.

Administratively, the country is divided into fourteen major provinces, the Liwas, which in turn are subdivided into Qadhas and Nahiyas, the number of each depending on the area and the density of population. The Governor of the Liwas is appointed by the Council of Ministers and is assisted by a representative of each Ministry. He is also assisted by a locally elected "Board of the Liwa". This Board has its own local budget and decides every year on its annual programme. The Chief Medical Officer, who represents the Ministry of Health, can play an important role in securing priorities and funds for his projects. The Health Council of the Liwa is under the Chairmanship of the Governor, and its members include the Chief Medical Officer, the Mayor, Director of Education, City Health Officer, the Doctors of the Principal Rural

Health (Stationary) Centres and the Chief Engineer of Works. This Council plans the Health Services of the Liwa in which rural problems receive particular attention.

Below is a diagram of the Government organization and the relation of the different Health Departments to each other.



Rural Health Services

I. Stationary Health Centre:

a) Principal Centres.

b) Small Centres.

II. Mobile Rural Health Units:

a) 3 Mobile Car Units.

b) 3 Mobile Motor boats.

c) Mobile X-Ray Units.

d) Mobile Dentistry Unit.

e) Mobile Health Education & Information Unit.

III. Schools

IV. Public Health Campaigns against

Malaria, Bilharzia, TB, Trachoma, etc..

RURAL HEALTH SERVICES

The village population in Iraq comprises about 60% of the total - many of them are near to the large towns and cities and are linked to them by roads. The peasantry often seek the better medical facilities available in the latter places. However, the rural health services are assuming an expanding role, and to obtain a better view of its functions let us take Basrah Liwa as an example.

Basrah Liwa ranks fourth in population and second in importance in Iraq. It has a population of 502,884 with a rural one of 267,675 - there are 325 villages.

The Rural Medical facilities are composed of stationary and mobile units - all health measures, therapeutic, prophylactic, and public health, are supervised usually by the medical officer at the Stationary Centres. There are 46 Stationary Centres in Basrah liwa, 25 of them catering to rural communities. There are in addition, mobile units, either attached to the principal stationary rural centres or to the office of the Chief Medical Officer or the Director of Preventive Medicine.

The principal Stationary Health Centres are usually located in the main town and cater to the population included in the Administrative Unit. It has a small hospital with a large out-patient attendance - Its cadre includes a doctor, a dentist, a pharmacist, 2 nurses, 2 dressers, one vaccinator, one health official "sanitation etc." and two servants. To it are often attached the Mobile Health Units and the Ambulance Service. Operative procedures and more serious medical problems are usually transferred to the City Hospitals for attention. The small stationary medical centres, of which there are several in an administrative unit, is composed of an out-patient clinic, staffed by a health official and a servant. The health official has received three years training, after intermediate school, in medical problems and functions as doctor, pharmacist, sanitary inspector, vaccinator etc.

In the remotest parts, the village school teacher assumes some responsibility for the medical local welfare. He has usually been given one month of intensive training in a city hospital and is provided with medicines for local common ailments.

It is, however, the doctor in the principal stationary health centre who assumes a large measure of the supervision for the medical welfare of his administrative units. Besides the therapeutic attention to the population, he also looks after the vaccination and innoculation campaigns, periodic town fumigation, school hygiene inspection, the daily school meal (provided by UNICEF), the anti-malaria units, the health week programme, the different campaign teams sent to work in his locality and the mobile Rural Health Units.

In Basrah Liwa there are three car mobile units, three motor boat mobile units, one Mass X-Ray Mobile unit, one mobile dentistry unit, and one Health and Information and Education Unit. These reach the remotest regions of the country and take with them the services that the peasants need but are unable to seek at a stationary health centre.

FUTURE PLANS

Iraq is in the process of a major revolution: We have been able to accomplish much in the field of health but we are still in need of more doctors, nurses, technicians, hospitals and dispensaries - the new five years Economic Plan envisages doubling the rural health centres. In Basrah Liwa twenty more stationary Health Centres will be added. Plans are underway for a third new medical school to be located in Basrah, schools of nursing, training programmes, hospitals, dispensaries, and new mobile units. Health improvements are going hand in hand with improvements in education and in the general standard of living.

RECOMMENDATIONS

1. Educational and Information Campaigns by radio, the press, and mobile units to instruct and solicit the aid of the rural population.

2. WHO advisers are enrolled in WHO, Programmes - to add impetus, experience and support to the rural health programme.

3. It is my opinion that mobile health units will continue to play a prominent role in rural health for a long period to come - more varied and more frequent visits of these units to rural areas should be encouraged.

RURAL HEALTH UNITS AND VIGILANCE ON MALARIA SITUATION DURING THE MAINTENANCE PHASE

For the execution of a Malaria Eradication programme, Governments are urged to organize a special Malaria Service as a temporary extension of the regular Health Services; this is urged on account of the specialized technical knowledge necessary in the application of insecticides, practising of the dynamic epidemiological procedures for assessing interruption of transmission, and especially on account of the whole-time requirement of services for the sake of one disease only.

It is apparent that the large number of personnel recruited by any Government for a Malaria Service involves a heavy expenditure and needs to be discontinued when malaria transmission has been consolidated. Thereafter, vigilance against reappearance of transmission will have to be maintained long after completion of the consolidation phase in the country, as neighbouring countries may not have made equal progress. Besides, the present increase of international travel involves the problem of importation of infection from distant areas. So, vigilance in any country has to be maintained till malaria is eradicated from a sizeable part of the world.

Attention is now being paid to the most suitable Health Services, which can give sensitive information about any renewal of transmission in any focus. No doubt the network of treatment centres which is being expanded in every country will play a role in this respect, but the most efficient network of intelligence system will be through Health Centres, which will continuously watch a fixed strength of rural population in respect of all health needs through regular home visiting. Such Health Centres are still in the early planning stage in this country and care of 1.5 million inhabitants in the consolidation phase in part of the country from 1958 will continue as responsibility of the National Malaria Service indefinitely.