09+ STORIES THAT COUNT

World Health Organization (WHO)
Regional Office for the Eastern Mediterranean
Iraq Representative Office

Reporting on 2009
It is our pleasure and honor to present to you, Iraq’s community of donors and partners, our 2009 Iraq report; “For a Healthy and Prosperous Iraq”.

Iraq has been weighed down with more than two decades of wars, military adventures, sanction, and rigidly centralized and authoritarian rule.

After the 2003 war, the Iraqi health sector experienced severe challenges, ranging from ensuring overall coordination of the health system, adjusting to changes of governments, and dealing with the destruction of rehabilitated health care facilities and the dramatic increase in the number of civilian casualties that weighed down on the resources of the emergency medical services.

For several years now, this situation made it very difficult to ensure continuity of basic health services for the Iraqi population in general. Health professionals and facilities have been targeted in attacks from armed groups, and health initiatives were constantly compromised by security concerns.

As country representative of the World Health Organization, I would like to take this opportunity to pay special tribute to the indispensable contributions provided by partners, friends and colleges who were killed or in the line of duty in Iraq in 2009.

Some of the most severely affected victims of insecurity are unfortunately the most vulnerable, and we have been witness to one of the largest displacements of people in modern history where more four million Iraqis have been forcibly displaced since 2003 according to UNHCR.

We look back at 2009 as the world celebrates the 62th anniversary of the World Health Organization and 50 years since opening our first office in Baghdad, and we appreciate that we are starting to see improvements in the overall political and security situation in Iraq.

Supported by strong decision making on the national and local level as well as international support, Iraq’s public health system has taken significant steps towards achieving the Millennium Development Goals especially 1, 4, and 7.

This report will provide you with a easy to read overview of activities and areas supported by WHO in Iraq in 2009 and how efforts to restore healthcare services and strengthen the overall healthcare system and policy framework contributes to better health for all in Iraq.

**FACTS:**

In 2007, the WHO re-established its official permanent office in Iraq, and international UN staff returned to Baghdad on full time basis.

Today, 53 WHO staff members are currently working from offices in Baghdad (within the Ministry of Health premises, and within the UNAMI complex) and in Basra, Erbil and Kirkuk.
Public Health Summary: 2009

Throughout the year, we have come face to face with amazing examples of resilience and insistence on normalized living after six tumultuous years since the second Gulf War, as well as some of the alarming health trends that need immediate attention and action.

Iraq succeeded in its fight against cholera and polio, and controlled a measles outbreak. The upgraded disease surveillance system demonstrated great effectiveness in detection, prevention and control, involving nationwide collaboration encompassing local health authorities, local communities, media agencies, and international health related organizations which succeeded in minimizing risks of major public health problems.

A new Code of Ethics for Nurses and Midwives was launched which will boost the quality and standard of nursing services, and a National Mental Health Survey exposed some serious gaps but also showed amazing coping mechanisms within the affected communities.

FACTS:

WHO started operating in Iraq in 1960 and was heavily involved in supporting the health and livelihood of Iraqis throughout the years. However, in 2003, UN agencies, including WHO, withdrew from Iraq after the Canal Hotel Bombing on 19 August 2003. Nonetheless, WHO continued organizing frequent missions for international experts to different areas inside Iraq during 2003 – 2006, including security compromised areas, ranging from the remote villages surrounding the Halabja to the Governorate of Al Anbar.

Our team works through a strong network of national health professionals all over Iraq. WHO maintains strong daily coordination with governmental health authorities, health-related NGOs, and other international and regional health organizations and donors.

The theme of the World Health Day 2010 is Urbanization and Health, and the partnership of WHO and the Iraqi Ministry of Health to create Healthy Cities and improve the quality of life of urban citizens through creating healthier, greener, and more sustainable environments is perfectly aligned with the “Go Green for Health Initiative”, and Iraq hopes to capitalize on this opportunity through the support and collaboration of donors and specialized health agencies.
Iraq’s public health Successes:

• Successfully operating the Communicable Disease Surveillance System.

• Through the direct interventions of the Ministry of Health and with the full support of WHO and UNICEF, Measles outbreaks in 2009 were contained and training of rapid response teams throughout Iraq was completed;

• Incidence of cholera was very low with only six cases reported in 2009;

• The country moved towards the elimination phase of malaria. The disease is now limited to very specific areas. No indigenous malaria cases have been reported during 2009 while only 6 cases were reported during 2008;

• For the fourth consecutive year, the country did not experience any outbreaks of human H5N1. This was made partially possible because of already developed capacities which also assisted in controlling any H1N1 outbreaks.

• The national immunization coverage for the six vaccines preventable diseases was increased from below 70% in 2007-2008 to 80% in 2009. It is expected to reach no less than 90% at the national level by the end of this year;

• WHO supported the Ministry of Health to complete and launch the first Mental Health Survey, organize health promotion school campaigns, and conduct the Rapid Assessment of Avoidable Blindness (RAAB);

• “Stop Tuberculosis March” was successfully organized and brought together about 30,000 people from all over Iraq for the first time since the war of 2003.

As for challenges and threats

• Modernizing the public Health sector as part of the Iraq Public Sector Modernization (I-PSM) initiative

• Expansion of the Primary Health Care model district from 19 to all districts of Iraq

• Timely prevention and control of public health threats due to communicable diseases, including pandemic influenza, cholera and measles,

• The urgent need for comprehensive support for developing mental health related policies, strategies, and action plans;

• Improving water contamination testing;

• Building local capacities in different areas including diseases prevention and control.
A remarkable fact about Iraq is that the country still has some of the most talented and gifted health professionals in the world. They just need the space, the resources and the energy to do the work.
Looking Forward:

2009 was marked by a number of significant events. The UN Security Council approved Resolution 1883 which sent a very important message from the Government of Iraq. The resolution was a major benchmark for humanitarian actors as it extended and strengthened the UN Assistance Mission to Iraq (UNAMI) and highlighted the need for a coordinated response and adequate resources for the humanitarian response in Iraq.

2009 also saw the appointment of Mr. Ad Melkert on 7 July 2009, as the new UN Special Representative for the Secretary General (SRSG) in Iraq, and the new UN Humanitarian and Residence Coordinator, Ms. Christine McNab who also acts as Deputy SRSG,. We look forward to work closely with them in the coming years.

With 2010, WHO recognizes that Iraq faces a huge challenge to reach the goals stipulated in the Iraqi National Development Strategy (NDS) and the Millennium Development Goals (MDG).

In this process, WHO remains committed to stand by the Iraqi Ministry of Health and to assist the Iraqi population to overcome the present and future health related challenges. The dedication of WHO’s principal partner which is the Iraqi Minister of Health and the dedication of over 100 WHO staff now permanently present in the country, located across all provinces is what makes WHO’s efforts possible.

A remarkable fact about Iraq is that the country still has some of some of the most talented and gifted health professionals in the world. They just need the space, the resources and the energy to do the work.

I would like to thank WHO national and international staff, as well as the personnel of partner agencies, funds and programmes, for their commitment to continue supporting rebuilding efforts under challenging conditions to assist in rebuilding Iraq.

In 2010, Iraq is counting on your continued advocacy and support for immediate and strategic health initiatives at all levels including health policies and laws, technical and administrative capacity building, mass awareness raising, and improved health governance.

With your support, I feel confident that the Iraqi government, health authorities, and Iraqi population will spare no effort in driving public health towards the much needed recovery and prosperity.

Dr. Naeema AL –Gasseer
WHO Iraq Representative
09 STORIES THAT COUNT
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IRAQ’S HEALTH SYSTEM

Primary health care - the cornerstone of Iraq’s future health system

A successful initiation of health system reform particularly in an unstable and insecure environment like that of Iraq requires a lot of sacrifice and dedicated efforts. The centralized health care system of Iraq which was hospital and curative oriented is being substantially reformed to a decentralized system which is based on preventive aspects of health care delivery with significant emphasis on bottom up planning and involvement of communities in the health care delivery and enhanced outreach activities.

The Government of Iraq found the contributions of WHO to be valuable and significant in the development of health infrastructure at the primary level. This established an unprecedented example of support and strong partnership in a post conflict and turbulent environment.

WHO put in place the main elements for establishing 19 model Primary Public Health Centers (PHCC) districts in all governorates of Iraq which led to greater accessibility to health care services particularly preventive services.

The current 129 PHCCs in the 19 models districts are fully functional and have contributed to enhanced utilization of primary health care services and positively affected health outcomes as reflected in the improvement of various indicators.

Reduction in the infant, under-five and maternal mortality rates were confirmed through the results of the Iraq Family Health Survey (IFHS) in 2006 and 2007. Another major step in infrastructure development was the construction of 19 training halls in the 19 model districts. These training halls were fully equipped with all needed and advanced teaching materials and have served to provide continuing medical education to more than 5000 health professionals working in the catchment areas of the PHCCs.

A wide range of studies in developed, middle income and developing countries have provided
WHO put in place the main elements for establishing 19 model Public Health Centers (PHC) districts in all governorates of Iraq which led to greater accessibility to health care services particularly preventive services.
Evidence that an adequate supply of primary health care personnel who deliver comprehensive primary care services that are accessible, personalized and well co-ordinated achieve better population health than in countries where services are oriented to particular diseases provided by disease specialists.

WHO has trained more than 2000 health workers in various aspects of health care including primary health care in order to ensure an adequate supply of trained cadre of health workers at all levels from policy to grass root levels.

The capacity building needs have been addressed through various forms of learning and training opportunities including fellowships, study tours, workshops, in-service and pre-service trainings.

WHO contributed to the development of the accreditation for medical schools along with Ministry of Higher Education and Ministry of Health and also had active involvement in the development process of the accreditation guidelines for medical schools.

Moreover, WHO has actively contributed to strengthening the governance function of the Iraqi Ministry of Health (MoH) by designing a number of National level policies and strategies that set the future course of direction of the health care system. The crucial strategies which were finalized recently were for referral policy, Nursing, and Mother and Child Health. These have succeeded in highlighting the strategic direction and the priorities for the coming 4-5 years.

In Iraq, WHO maintained a focus on its core organizational mandate of promoting and advocating for evidence-based decision making.

A nationwide survey called Iraq Family Health Survey (IFHS) was supported technically and financially by WHO. The completion of this survey contributed to a diverse and comprehensive pool of evidence with regard to the current situation and future needs and priorities of the health sector.
Its design and implementation led to enhanced capacity of a range of health workers in research and data management skills including analysis, interpretation, and utilization of data.

Currently, an in-depth analysis of the IFHS is ongoing which will give decision makers and key health stakeholders the more updated picture of the progress in the health indicators.

As part of efforts to strengthen the health system, WHO has strongly advocated with the Iraqi government and health partners to adopt and institutionalize the National Health Account. This tool will provide the government with evidence based policies and plans which will help in assessing the status in terms of options for health care financing.

In addition to supporting and advocating for the existing approaches of health services delivery, WHO worked on promoting the idea of devising innovative and context specific approaches and solutions for the health sector related problems.

Recently, a package of health services called the Basic Health Services Package (BHSP) for Iraq has been jointly developed by WHO and MoH. The package will ensure the delivery of health care services in a more integrated and efficient manner, and will address the priority problems of the Iraqi population in an effective and sustainable manner.

The packages places special emphasis on integrating psychosocial support with other elements of public health care and ensures its provision in a more comprehensive and cost effective manner.

Noncommunicable diseases are increasing, raising concern amongst the Iraqi government and partner agencies. With support from WHO, a surveillance system has been deployed by the Iraqi health authorities to manage and address the current situation. The system has succeeded in providing vital information to guide the process of preventing and controlling noncommunicable diseases.

Equity and equal access has always been a main consideration of WHO. By giving priority and preference to the most vulnerable and needy segments of the population, their access to health services was enhanced. An outstanding example of equal access and innovative intervention was the provision of fully equipped boats to the Marshland areas of Iraq. Moreover, 19 mobile clinics were established by WHO to guarantee the delivery of basic health services to the poor, remote and under served population of the country.

WHO assisted in establishing the concept of community-based programming in Iraq. This comprehensive approach addresses social determinants of health
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The model serves as a link between the primary healthcare system and the population, as well as a tool of participatory governance, civil engagement, and health as a bridge for peace.

The programme was adopted officially by Iraq in 2005 through the Healthy City and Healthy Village models, using health as the primary entry point in addressing the requirements of social and human development determinants of health in communities according to the local context.

CBI facilitates community participation in the decision making process as related to health service provision, while providing basic services to severely impoverished areas of Iraq and health education to the community members as well as selected “cluster representative/community volunteers” to increase health literacy and communal responsibility.

The programme addresses health outcomes through integrated approaches to health conditions prevention, detection, and management (using the healthcare system, the home, and the community) and goes beyond the health system in engaging all other sectors (housing, environment, municipality, education, religious endowments, amongst others) that have impact on the health and well-being of partnering communities through organized dialogue and local steering committees.

It provides the structures and empowers communities to assess and prioritize their socioeconomic needs, plan according to available resources, assume an active role in monitoring and supervision of health programmes implementation. CBI also focuses on rehabilitating local economic and social institutions, and place community priorities on local and national development agendas.
When the A H1N1 influenza virus hit the headlines worldwide, the exact impact and spread was very hard to predict. Parents started panicking, governments started closing schools for extended periods, media were worried, and the health authorities started preparing for the worst.

Iraq took the threat seriously, and tapped into accumulated experience in dealing with the H5N1 influenza to take preventive action against the threat of A H1N1 influenza.

Across all levels of planning, decision making, and implementation, ACTION was the keyword.

The Ministry of Health collaborated with the office of the Iraqi Deputy Prime Minister to create a high level committee responsible for thwarting the threat of A H1N1. As a result, the A H1N1 influenza preparedness and response plans were deployed, and a technical committee headed by the Ministry of Health immediately took charge and implemented an awareness, prevention, and treatment plan.

The committees regularly communicated with the World Health Organization and implemented nationwide activities; 83 workshops were conducted throughout Iraq to establish and build the capacity of rapid response teams. These professional teams investigated outbreaks, and provided immediate response.

At the central and governorate level, influenza surveillance was established, stockpiles of medicines and medical supplies were distributed throughout the country, and laboratory diagnostic capacities were upgraded.

**FACTS:**

The hand washing campaign focused on the importance of regular washing. The campaign was supported by WHO and sister agencies. Not only did the campaign succeed in combating the A H1N1 threat, it also succeeded in reducing the incidence of diarrhea - a significant cholera symptom - by 80%.

Another significant achievement for Iraq was managing the eight million-strong Shia Muslim pilgrimage to Karbala where no cases of A H1N1 were reported.
Moving Forward:

Iraq’s experience in preparing preparedness and response plans for the A H1N1 threat provides significant proof of the country’s ability to provide an effective disease surveillance and outbreak response.

WHO calls on the international community to support Iraq’s efforts to further develop, institutionalize and sustain its disease surveillance and response system. Of particular importance is the need to upgrade medical laboratories and the capacity of health professionals in prevention, case management, mass awareness raising, prevention and treatment.

Understanding the concerns of its population, Iraq was exceptionally successful in minimizing concerns and worries in the general population. Iraqi media organized intensive mass awareness campaigns and used television, radio, and the Internet to spread awareness on prevention and treatment. These campaigns reached even the most rural of communities with a clear message: Avoid physical proximity, stay away from crowded places, and vigilantly observe personal hygiene.

Supplementing awareness raising efforts, hygiene kits were distributed in public schools and their usage was supported by a national hand washing campaign. Despite the substandard sanitary infrastructure in schools, hygiene practices and standards in schools were mainstreamed.

Needless to say, A H1N1 reached Iraq, and many people were infected, but the successful and quick implementation of the response plan quickly contained its effects and only a few people in Iraq died because of the disease.

For a country that continues to struggle with the effective delivery of health services, managing threats of pandemic diseases is critical. The successful handling of the A H1N1 influenza threat in Iraq shows the country’s ability to act in times of crisis, but even more importantly, reflects the strong will of Iraqis to overcome challenges and to work beyond the call of duty.

WORKING TO ACHIEVE THE MILLENNIUM DEVELOPMENT GOALS

Handling the A H1N1 threat helps achieve
In Iraq, where the sanitation network has suffered over twenty years of poor maintenance and neglect, waterborne diseases such as cholera can quickly spread into pandemic or even epidemic levels.

In such circumstances, innovative and rapid intervention programmes are required to prevent cholera outbreaks. Through hard work and targeted interventions, Iraq has not only succeeded in averting a public health emergency, but brought down the incidence of cholera in 2009 to just six reported cases. How such a large country with a dilapidated sanitation network and high levels of water contamination succeeded in preventing the spread of cholera is a story worth telling.

In the aftermath of the Gulf War in 1991, Iraq realized that it would take many years to overhaul its infrastructure and utilities. Faced with immediate and pressing health concerns, the government decided to implement preventative measures to avert a public health emergency. These efforts resulted in the national cholera preparedness plan in 2007, which was methodically implemented and periodically reviewed.

The plan included a range of programmes to raise community awareness on preventative measures, such as hand washing, especially before food preparation and eating, thorough cooking of food and consumption while hot, boiling or treatment of drinking water, and use of sanitary facilities. A nationwide media campaign succeeded in driving these messages into every Iraqi household. The government also implemented practical measures on the ground and in 2009 followed through on its commitment to provide clean drinking water to all schools. All these measures succeeded in reducing diarrhea, one of the major symptoms of cholera, by 80%.

While taking all measures necessary to relieve the immediate threat of cholera, Iraq did not lose sight of the long-term challenges. In an effort to measure the full extent of water contamination in the country, health authorities extensively collected and tested water samples throughout the country. The percentage of contaminated water samples from all Iraqi governorates during the first 41 weeks of 2009 ranged between 8-18%. Such high levels of contamination require a comprehensive solution in order to mitigate the possibility of outbreaks of waterborne diseases.

**FACTS:**

In 2007, a total number of 4691 cholera cases were reported in Iraq resulting in 24 deaths. In 2008, the number of cases fell to 925 with 11 deaths.

In 2009, 98 089 water samples were collected from various regions of Iraq and tested for contamination. Of these samples, 14% (14 043) were found to be contaminated with faecal material.

Iraq maintains a national record of diarrhea cases. In 2009, 584 204 cases of diarrhea were reported to the 19 health directorates during the first 41 weeks of 2009. However, only six cholera cases were discovered from the 330 241 stool samples tested.
In response to these findings, the government has drawn-up national plans to overhaul and upgrade the sanitation, sewage, water treatment and domestic water delivery networks. Major infrastructure projects are planned for 2010 and 2011 and have been given high priority. The successful implementation of these projects coupled with focused initiatives to improve the overall quality of disease prevention and control will ensure that the government’s successful efforts in containing cholera will start to have a permanent impact and that Iraq can start looking forward to a bright and healthy future for its children.

**Moving Forward:**

- Methods for water collection and testing should be standardized and a laboratory quality control system established in the Ministry of Health and throughout the various line ministries.
- Efforts to upgrade and overhaul the water and sanitation system in Iraq need the support and collaboration of the international community.
- Short-term initiatives such as clean water for schools and the hand washing campaign are critical and should run in tandem with major infrastructure initiatives.

*WHO calls on all partners and donors to support the Iraqi government in improving its water collection and testing programmes through the introduction of modern systems of standardization and laboratory quality control.*

*WHO also calls on all partners and donors to support short-term preventive measures as well as medium and large-scale efforts to upgrade and overhaul Iraq’s water and sanitation infrastructure.*
FACTS:

In 2007, 4691 cholera cases were reported in Iraq. Health authorities developed and implemented a cholera preparedness and response plan in 2007 and updated it using lessons learnt in 2008.

As much as half, and in some governorates up to 60% of households, have inadequate access to a safe and stable water supply.

25% of child mortality cases in Iraq are caused partially, or fully, by preventable water-related diseases.

More than one-third of all Iraqi citizens have no access to modern sanitation networks. In some Iraqi governorates, the figure rises to 66%.

Sewage collection and treatment is largely confined to Baghdad. Only 9% of urban populations in other areas of Iraq have similar access.

50% of waste water is discharged directly into natural waterways.

To date, Iraq does not have a single sanitary landfill. Littering and burning of waste continue to be common practices for waste disposal.

The government estimates that nearly half of all Iraqi households still lack adequate access to a clean and regular water supply, and 50% of wastewatere is directly discharged into natural water sources.
Tuberculosis (TB) is a major public health problem in Iraq infecting 16,000 people annually. In 2009 alone, 3000 Iraqis died from the disease. Nonetheless, incidence rates of TB have been steadily falling since the beginning of 2008.

This progress has been mainly due to the improved security situation throughout 2008 and 2009, which has allowed the National Tuberculosis Programme (NTP) run by the Ministry of Health to revitalize TB control with the support of international and regional partners.

In 2009, the NTP provided Iraqi stakeholders with training, equipment, medications and technical assistance. The programme conducted regular supervisory trips to treatment facilities and also undertook quarterly TB review meetings at both national and governorate level. The National TB Reference Laboratory’s testing and diagnostic capacities were strengthened, and directly contributed to speedy and accurate detection.

With a strong focus on rapid and sustainable response, the NTP adopted the Directly Observed Treatment Strategy (DOTS) and succeeded in providing immediate treatment to thousands of Iraqis infected with the disease. TB sufferers and concerned citizens also participated in workshops and TB awareness programmes throughout all regions in 2009. The government’s efforts were well received by the community and private practitioners.

TB patient Wissam Raheem, 33, who had kept his ailment secret for ten years fearing societal stigma, pledged to volunteer to spread awareness on the disease.

“I will volunteer myself to remove the stigma associated with tuberculosis in my society ... I will never let TB destroy people and families ... No patient should be blamed for being ill and there is no excuse for hiding or avoiding treatment because of stigma”, he said.
Wissam, who has recently undergone DOTS treatment, is now one of numerous health ambassadors working to raise awareness and help Iraqi people understand TB and encourage those with the disease to seek treatment.

The growing commitment of Iraqis to combat TB was evident in March 2009 when people from all generations came together in the One Million March. More than 100 000 Iraqis participated in the event, sending a clear signal to the international community that the Iraqi people are determined to enjoy a safe and healthy life and are becoming increasingly confident in the health services the country is striving to provide.
**Moving Forward:**

Although Iraq's commitment to control, reduce, and eventually eliminate TB is strong, the case detection rate is still less than 50% and the increase rate is not fast enough to meet global targets and MDGs.

For Iraq to succeed in achieving these targets, the following actions are essential:

- The introduction of community DOTS for all people in insecure and difficult to reach areas;
- An increase in cross-border collaboration on TB referrals;
- The expansion of DOTS services introduced in 20 prisons in Baghdad to prisons in all of 18 governorates.
- The extension of the DOTS expansion plan and quality of services provided.

**WHO calls on the international community to continue supporting the NTP and DOTS expansion plan. These programmes should also be expanded to cover severely affected areas, rural areas and prisons.**
Combating poliomyelitis, the devastating disease that leaves a child paralyzed, is conducted through the vaccination of children with orally administered polio drops at different intervals throughout infancy.

In Iraq, immunization efforts started in the 1980s with assistance from the World Health Organization (WHO) and UNICEF. The immunization programme has been successfully implemented and the Iraqi government has provided the necessary resources for coverage surveys, vaccination and the cold chain storage of vaccines for optimal effect.

Over the past 10 years, the Ministry of Health has effectively worked together with WHO and UNICEF to establish a poliomyelitis surveillance system to eradicate the disease and sustain a polio-free status after eradication. To ensure the success of the surveillance system, hundreds of Iraqi health workers received training on detection, vaccination, and reporting. The Iraqi media also conducted awareness campaigns to support these efforts with the government full participation.

Meanwhile, on the ground health workers braved a challenging security environment to heroically administer vaccinations to vulnerable children in all regions of Iraq. The insistence of these health workers in administering the vaccination to Iraqi children in-situ took them well beyond the call of duty and exposed them to huge security risks.

One such hero is Dr. Salwa, designated by the Ministry of Higher Education as WHO’s focal point in the Diala governorate. Disguised as a civilian, Dr. Salwa...
In combating polio, Iraq has many reasons to feel proud. Its health workers have continuously shown a willingness to risk their lives to ensure the health of future generations while the Iraqi people have united behind a common cause.

The media has also demonstrated a great sense of responsibility towards public health issues and the government and local health authorities have remained committed in their support.

In 2009, six countries in the Arab region experienced a polio pandemic. However, Iraq was not on this list and despite significant challenges succeeded in maintaining its polio-free status for the 10th consecutive year.

**FACT:**

Six countries in the Arab region suffered from a poliomyelitis pandemic in 2009, many of which were suffering from conflict and post-conflict fall out. Iraq’s effective surveillance system and local commitment ensured that it was spared a pandemic.
MEASLES

Iraq succeeded in controlling outbreak in 2009, and to prepare action for 2010.

FACTS:

Vaccination is a basic child’s right.

Globally, vaccination is considered the most successful and cost effective public health intervention. As a result of vaccination efforts, dramatic worldwide reductions in illness and deaths from diphtheria, tetanus, whooping cough and measles have been achieved, and small pox has been universally eradicated.

In the case of Iraq, during 2008 and the first nine months of 2009, a total of 38,324 measles cases were reported. In 2009, an average of 719 measles cases were reported weekly compared to 150 cases per week during the same period in 2008. This huge surge from previous years could have been avoided had a nationwide campaign been implemented instead of fragmented Supplementary Immunization Activities (SIA).

Lack of funding for conducting such a campaign was the main reason for conducting limited SIAs.

Following years of conflict and sanctions, Iraq’s immunization coverage of measles and other child diseases has declined. The severe deterioration in security during 2006-2007 led to the decline of infant vaccination coverage for all disease, especially measles. In 2005, the immunization coverage rate was above 80%. During 2006-2007 the coverage rate dropped below 70%.

While the improved security situation in 2008 provided opportunity to increase immunization coverage it also meant that children had more freedom to socialize and mix with other children. As a result, the measles outbreak during 2008 and the first half of 2009 infected more than 38,000 infants and claimed the lives of nearly 200. This outbreak demonstrated clearly the gaps in routine immunization, particularly weaknesses in the monitoring and reporting of routine coverage.

To address these concerns, the Ministry of Health initiated a series of vaccination and mop up campaigns with financial and technical support from WHO and UNICEF. On 24 May 2009, the three northern governorates (Erbil, Duhouk and Sulaimaniya) and the Najaf Directorate of Health conducted a 10-day house-to-house campaign to prevent the spread of the measles outbreak to the Kurdistan Region. By day 10 of the campaign, 93% of the targeted children aged 9-59 months were vaccinated by the monovalent measles vaccine.

All children (aged one to five years) in the Anbar and Salah al-Deen governorates and in selected districts and sub-districts of Ninewah and Kirkuk also benefited from mop up campaigns, which succeeded in controlling the outbreak in those areas.
However, by week 13 other outbreaks began in areas that had not benefited from vaccination and mop up campaigns. Baghdad, Babil, Diala, and Kerbela were all affected by the measles outbreaks. The 2009 outbreak was the most severe. While there has been a down trend in 2010, if immediate action is not taken to support a nationwide vaccination and mop up campaign, a third wave in 2010 might well turn measles outbreaks into an epidemic.

**Moving Forward:**

Iraq has understood that there is a need to invest in appropriate surveillance and monitoring of measles acts as a powerful prevention tool. This has also helped identify and vaccinate children that were not previously reached during national vaccination campaigns. Moreover, vaccination teams and supervisors have now been notified about coverage gaps and have started to focus on vaccinating children residing in high risk areas.

Mop up campaigns have been particularly successful in controlling measles outbreaks in low security areas where less than 70% of infants were vaccinated during 2006 and 2007.

**FACTS:**

The Iraqi Red Crescent Society and local medical and nursing schools were contracted to monitor the vaccination campaign in the northern governorates, and Central Emergency Response Fund (CERF) supported the campaign financially.

Throughout Iraq, provinces where containment immunization campaigns were implemented by the Ministry of Health reported low incidence of measles. Only 1093 cases were reported, providing direct evidence to support the success of the campaign in these areas.

**WORKING TO ACHIEVE THE MILLENNIUM DEVELOPMENT GOALS**

Fighting Measles helps achieve

- Child Health 4
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- Global Partnerships 8
Iraq's hot, dry and arid climate has always posed unique environmental challenges, including extreme temperature variations, seasonal water shortages and dust storms, all of which are expected to become more severe as a result of global climate change.

However, this situation is considered as man-made rather than being natural disasters. It has had a profound effect on Iraq's environment over the past three decades. On an environmental level, the three large-scale military conflicts of 1980-81, 1991 and 2003 have left the country littered with unexploded landmines and ordnance, resulting in numerous fatalities and posing a continuous threat to human life.

The destruction of military and industrial infrastructure has also resulted in the release of heavy metals and other hazardous materials into the air, soil and groundwater, while heavy bombing and movement of troops and military hardware across the country have further damaged the country's already fragile ecosystem.

Due to the poor state of Iraq's infrastructure, access to basic utilities such as a safe water supply and sanitation services has been severely restricted, threatening the health of millions of Iraqis. The lack of an adequate waste disposal infrastructure has itself led to the accumulation of hazardous materials such as medical waste, and thus increasing further the risk of epidemics.

In order to address these challenges, Iraq has been collaborating with the World Health Organization (WHO) and other specialized agencies on implementing appropriate environmental initiatives and interventions for managing and reducing environmental public health risks.
implementing appropriate environmental initiatives and interventions for managing and reducing environmental public health risks. Concrete steps have been taken on adopting WHO guidelines on drinking-water quality, health care waste management and food safety.

In 2009, The Iraqi Ministry of Environment developed the National Environment Strategy. It aims at raising awareness on environmental issues and challenges and proposes, among other initiatives, a set of practical approaches to achieve sustainable socio-economic development that has limited negative impact on the environment. Model areas for community-based initiatives have been designated throughout Iraq, an innovative programme that is closely aligned with the National Environmental Strategy. The programme seeks to introduce clean and sustainable environmental approach as a part and parcel of essential health practices within local communities, especially in urban areas.

FACTS:

Around 60% of Iraq’s 118 largest industrial establishments do not have any treatment facilities for wastewater.

One million metric tonnes of untreated wastewater with organic pollutants, chemical pollutants and heavy metals is discharged daily into Iraq’s water courses without any type of treatment, resulting in water and soil contamination.

During the first 36 weeks of 2009, the faecal bacteria contamination rate varied from 8% to 18%, exceeding both Iraqi Drinking Water Standards and WHO Guidelines for Drinking Water.

Due to increased levels of water contamination over the last 19 years, the incidence of typhoid fever has been rising at alarming levels, from 346 cases in 1990 to 58247 cases in 2008.
Moving Forward:

Iraq continues to struggle with a set of key environmental challenges, including water contamination, solid waste treatment and disposal, indoor air pollution, liquid waste management, occupational hazards, inadequate policies and a lack of public awareness.

The government understands that public health strategies cannot be successful if they are not implemented at all levels of society, including homes, offices, schools, factories and public institutions. Sound and sustainable strategies also need to be in place so that environmental health risks are fully assessed and mitigated. When possible, best environmental practices should be adhered to, including the full utilization of renewable energy resources.

WHO, therefore, calls on all partners and donors to support the National Environment Strategy and to direct resources and expertise towards upgrading drinking-water quality, utilizing health care waste management approaches and applying food safety standards.
Published on 7 March 2009, the survey was conducted by the Iraqi Ministries of Health and Planning and compiled by a team of Iraqi experts working in an extremely challenging security environment. The survey revealed alarming data on the unique and challenging situation faced by Iraq, including the variation in the prevalence of mental health disorders among different population groups.

For example, resistance to the mental effects of stress and violence was higher among adult citizens in rural locations who suffered fewer mental health problems than their counterparts in urban areas. The survey also revealed that women suffered from higher levels of anxiety and behavioral disorders than men. The latter, however, recorded higher rates of substance abuse. Significant variations were also found among people coming from different regions and educational background.

The survey further found that while effective and inexpensive treatments for mental and psychological disorders are available in Iraq, the vast majority of people suffering from stress related ailments and mental illnesses had not undergone any form of treatment or therapy. According to Iraq’s Minister of Health, Dr. Saleh Al-Hassnawi, this factor is mainly due to the societal stigma associated with mental illness in Iraq.

“There is considerable stigma attached to having a mental illness. We must implement large-scale community education programmes to decrease this stigma and encourage people to come forward and seek the treatment they need.”

**FACTS:**
The IMHS was financially supported by UNDG Iraq Trust Fund, the European Commission and the Government of Japan. WHO provided technical expertise for the Iraqi teams working on the survey.

Iraqi researchers studied a random sample of 4332 adults aged 18 years and above representing the household population in all governorates.

The prevalence of post-traumatic stress disorder was 3.6%, lower than expected given the ongoing conflict.
MENTAL HEALTH

"need," said the minister, adding that the findings of the survey make improving mental health care a key priority within the primary health care system.

Iraq has been busy translating the minister’s commitment into action. In 2009 health authorities established 14 new community-based psychiatric facilities. Seven other facilities in areas such as Erbil, Najaf and Nassiriya have also been renovated. Throughout Iraq, general practitioners and nurses have received mental health and psychiatric training, enabling them to provide primary care for patients suffering from psychosomatic ailments in all governorates of Iraq.

Recognizing the importance of collaboration, the government of Iraq has also encouraged partnerships between key stakeholders. National and local health authorities collaborated with NGOs, human development partners and the United Nations on mental health initiatives that focused on identifying relevant issues and taking immediate and strategic steps to provide the much needed care to victims of stress, trauma and other psychosomatic disorders.

FACTS:

Women had a higher prevalence of anxiety and behavioral disorders than men, while men had higher rates of substance abuse.

Each year, over 1.6 million people worldwide lose their lives to violence. For every person who dies as a result of violence many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems.

WORKING TO ACHIEVE THE MILLENNIUM DEVELOPMENT GOALS

Working on issues of mental health help achieve
Moving Forward:

Iraq faces the challenge of being able to improve the quality of the current level of mental health care services through reaching out to patients and victims of trauma and stress.

The most vulnerable groups are women, children, widows, orphans, the elderly and disabled, and people who have suffered severe distress through the loss of loved ones, their homes and livelihoods.

UN agencies in the Health and Nutrition Sector led by the World Health Organization have been working hand in hand in the spirit of the Millennium Development Goals in order to reduce the effects of ill-health through:

• supporting Iraqi government in creating a comprehensive mental health policy, based on IMHS findings at the national, regional and governorate levels.

• developing a large-scale strategy that encompasses both the individual and the community.

• integrating mental health services into primary health care.

• developing a comprehensive plan of action that involves collaboration between the various ministries and national and international agencies.

WHO calls on all partners and donors to invest resources and expertise towards achieving those four critical activities that aim to build appropriate physical and operational infrastructure that would be capable of supporting the mental and psychiatric health of the most vulnerable groups.
Iraqi mothers and children

Periods of conflict in Iraq and disruption in the provision of basic health services have had a negative impact on the entire Iraqi population in general. However, women and infants in particular have been disproportionately affected.

The maternal mortality ratio (MMR) in Iraq is 83 per 100,000 live births. This alarming figure is almost triple the rate in 1990 and is one of the highest in the region. The reduction of incidence of women dying during or shortly after pregnancy has been flagged by the Ministry of Health as a key health care priority and Iraq is now giving precedence to achieving the fifth Millennium Development Goal (MDG): to reduce the maternal mortality by three quarters between 1990 and 2015.

Accordingly, Iraq has identified the following factors as major contributors to MMR: limited access to quality maternal health care, particularly in underserved and remote governorates, inadequate knowledge of maternal health and safe delivery, and the scarcity of qualified female health care providers. Other contributing factors include poverty, poor nutrition and lack of security.

To address these challenges, the government has launched an initiative that focuses on extending maternal and infant health care, especially essential obstetric care, to all regions. Central to this initiative is the development of the Community Midwifery Education Programme to build the capacity of midwives to deliver effective maternal health care to preserve the lives and health of pregnant women. The 18-month skills-based training programme has been successful in...
other post-conflict states and has contributed to a reduction in maternal morbidity and mortality rates in other countries.

On the policy and strategy level, in December 2009, the Ministry of Health conducted a four-day workshop in Baghdad with the participation of over 100 experts from all governorates and ministries to update the National Maternal, Child and Reproductive Health Strategy for 2010-2015. Parallel to these efforts, and to address the issue of early childhood health care, the Ministry of Health also collaborated with the World Health Organization in 2009 to implement the Integrated Management of Childhood Illness (IMCI) strategy in eight governorates, 18 districts, and 59 health facilities. A total of 356 Iraqi doctors and nurses received training on child health approaches and the skills required for the successful implementation of the IMCI.

Furthermore, a rapid assessment of newborn care services at maternity hospitals was conducted. The assessment involved all governmental hospitals that provide both prenatal and newborn care services. Base-line data on newborn care services in Iraq was obtained and concrete recommendations for improving newborn care services were developed. The survey highlighted the importance of building the capacity of medical and nursing staff working in delivery rooms and newborn units to provide quality care to delivering mothers and children.

**FACTS:**

WHO recommends one midwife or other skilled birth attendant for every 175 women during pregnancy, childbirth and the postnatal period.

IMCI is an integrated approach to child health that focuses on the well-being of children.

The strategy aims to reduce disability, illness and mortality and to promote improved growth and development among children under five years of age. IMCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities.
Moving Forward:

Building the capacity of community midwives will contribute to the establishment of a strong health infrastructure and will pave the way for reducing MMR through a nationwide provision of maternal health care services by skilled birth attendants at all levels of the health care system.

The implementation of IMCI in all regions of Iraq will ensure that the closely aligned health requirements of mothers and children are met, and that maternal and infant mortality rates are reduced. It will also support Iraq’s commitment to meet and exceed the targets of MDGs 4 and 5 which are to reduce child mortality and improve maternal health respectively.

*WHO calls upon all partners and donors to support nationwide efforts to build the capacity of community midwives and Iraq’s drive to implement the IMCI in all areas and communities.*
Caring for the sick and injured is one of the most demanding professions in the world. In a country such as Iraq, which continues to suffer from the aftermath of conflict, health professionals fled the country in waves during the years of conflict leaving those doctors, nurses and midwives who remained with a greater burden of patient care.

As security situation has gradually improved, Iraqi doctors have gradually begun to return to their homeland. Nonetheless, a large number of nurses and midwives will continue to be needed for years to come to form an essential pillar in Iraq’s mission of providing the best possible health care to all its citizens. Their role in delivering essential health services will continue to grow as the country moves towards peace and stability.

As part of its contribution to upgrading the quality of public health services in Iraq, the Iraqi Nursing Association has launched the Code of Ethics of the Nursing and Midwifery profession in Iraq. The code is an obligatory constitution committing all those practicing the nursing profession to abide by the international standards of care while using local cultural and religious values and practices as a basis for the provision of this care.

The code of ethics also outlines the main principles of the nursing profession. Moreover, it defines key terms related to the profession, and proposes steps to solve ethical dilemmas, in addition to explaining the rights of patients in accordance with their religious beliefs. A declaration on the rights of the patients and nurses according to the constitution is highlighted in the document.
The code of ethics also outlines seven main pillars for excellence in nursing and midwifery:

- Preserving the dignity of each and every patient before, during, and after treatment;
- Establishing credibility and trust with patients at all times;
- Ensuring the informed consent of patients for any and all procedures related to the patient’s ailment;
- Systematically engaging in team work to ensure that patients receive specialized care from all medical practitioners related to their ailment;
- Vigilantly protecting the confidentiality and privacy of patients at all times;
- Acquiring the required professional knowledge and competency to deliver the highest level of health care services to patients; and
- Exerting the utmost effort to reduce all risks to the health and well being of patients.

The Iraqi Ministry of Health will disseminate the code of ethics to all academic and health institutions in Iraq in 2010. The ministry will also work towards establishing the proper legal and technical framework for the right implementation of the code.
Moving Forward:

The Code of Ethics of the Nursing and Midwifery profession in Iraq is an initial step towards upgrading the quality of health care services to meet the best international standards and practices. The commitment of the Iraqi government, nurses, and midwives to practically apply the cornerstones of the code of ethics is strong.

In practical terms, Iraq aims to meet international standards of nursing and midwifery practices that would qualify its 30,000 nurses and midwives to attain accreditation from leading certification organizations. WHO calls on the international community to support Iraqi health authorities in this regard, especially in training, monitoring and evaluation, and accreditation efforts. Support is also required for building the capacity of nurses and midwives to fulfill the standard of competency required for the adequate and professional implementation and national mainstreaming of the code of ethics in daily nursing and midwifery duties throughout Iraq.
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