

“Under severe duress”: health care in Iraq

The health system in Iraq has been decimated by war; health facilities have been destroyed and not rebuilt, and doctors have fled the continuing violence in the country. Paul C Webster reports.

For more on the **Report of the Iraq Inquiry** see <http://www.iraqinquiry.org.uk/the-report/>

For the **2004 Ministry of Health report** see http://www.who.int/hac/crises/iraq/background/Iraq_Health_in_Iraq_second_edition.pdf

For the **2016 UNICEF report on Iraqi children** see http://reliefweb.int/sites/reliefweb.int/files/resources/Iraq_Report_web.pdf

More than 13 years after the US-led occupation of Iraq in March, 2003, observers there say its health-care system is now in a far worse condition than in the description given by Clare Short, the then-UK Development Secretary, 7 weeks before the occupation. “Hospitals, clinics, sanitation facilities, and water treatment plants suffer from a terrible lack of maintenance”, Short explained to the UK House of Commons at that time. “The result is that the Iraqi people’s lives are perilously fragile.”

Short’s warning, which is quoted in the Report of the Iraq Inquiry published on July 6 by the government-ordered inquiry chaired by Sir John Chilcot, seems to have made little impression on military planners before and during the occupation, and the ensuing, still-ongoing, war. According to the report, which describes the disastrous failure of the US and UK reconstruction efforts in Iraq, the British Government failed to adequately consider the “likely and actual effects of its military actions”, including “not only direct civilian

casualties, but also the indirect costs on civilians arising from worsening social, economic, and health conditions”.

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To quantify those civilian costs, the report cites a 2013 analysis by a team of American, Canadian, and Iraqi researchers who estimated there were 461 000 excess deaths from 2003 to 2011, mostly due to direct violence, but about a third of which, the report explains, “resulted from indirect causes, such as the failures of health, sanitation, transportation, communication and other systems”.

A December, 2004, report published by the Iraqi Ministry of Health (MoH) pinpointed many health system failures almost 2 years after the occupation. About 60% of Iraq’s 1717 primary health-care centres were in “dire need of rehabilitation or expansion”, it reported. About 80% of primary

health-care centres had no functional electrical generator, and 90% did not have running water. Severe shortages of medicines and basic supplies were frequent, it acknowledged. 90% of the country’s 197 hospitals required “urgent and extensive rehabilitation”, the MoH explained. “The quality of care has progressively deteriorated.”

After describing “critical shortages of midwives and other health professionals”, the MoH described a “highly centralised” system where “management and financial skills are lacking”, health-information technology is in short supply, and “corruption is widespread and presents a major problem”.

Health situation worsening

12 years after the MoH acknowledged these problems, WHO and UNICEF officials in Iraq now say the country’s health-care system has deteriorated even further due to severe budgetary shortfalls created by low oil prices, and the displacement of millions of civilians due to conflict between government troops and insurgents. In June, 2015, WHO reported 14 major hospitals and 170 other health-care facilities have been rendered non-functional or destroyed and 45% of health professionals have been displaced. “This has created considerable gaps in the provision of health care, including specialist services such as trauma and obstetric care”, WHO reported. “The conflict has also severely disrupted the national system for the procurement and distribution of medical supplies.”

Two Iraqi clinician-scientists who spoke to *The Lancet* anonymously for fear of violent reprisal also describe massive civilian suffering, and severe shortages and deep corruption within Iraq’s health-care system.



Safin Hamed/Stringer

Al-Tun Kopri health centre near the city of Erbil, Iraqi Kurdistan

"The intensification of conflict since 2014 has had a catastrophic impact on children", says UNICEF Iraq Representative Peter Hawkins, who estimates that immunisation rates for children in some districts are only 50%. "Some hospitals and primary health-care services reported a 50% increase in caseloads, while health professionals often run for their lives, leaving services understaffed." The UN has verified over 50 attacks on medical facilities and personnel since 2014, Hawkins added.

Hawkins describes the health system as "under severe duress". The "compact" between the MoH and the public "is breaking down", he said. "The medical competencies are there, but the budget is just not there."

Almost a quarter of children in Iraq are stunted, largely due to under-nutrition, poor maternal health, and disease, UNICEF reports. In 2016, more than a quarter of childbirths in Iraq will not be attended by a health-care professional. The provision of emergency obstetric and newborn services has been badly affected in conflict-affected areas, UNICEF adds. Neonatal deaths account for 56% of deaths of children younger than 5 years of age, and slightly more than half of these occur within the first 24 hours of life.

Hawkins places special emphasis on the health effects of Iraq's battered water supply system. Outside of cities, UNICEF reports, one in four children rely on rivers and creeks for water. Although 94% of households have access to municipal water services, only 53% trust their tap water, said UNICEF.

Displaced population

So far, more than 3.4 million people across Iraq have been forced from their homes, notes Altaf Musani, WHO Representative and Head of Mission for Iraq. In May and June of this year alone, a further 85 000 people fled Fallujah, an hour's drive from Baghdad, amid a battle to recapture large parts of the city from ISIS insurgents. The UN now warns that upcoming military

offensives, including an assault on the northern city of Mosul, could displace at least 2.3 million more people. A recent food security survey of internally displaced people established that 22% of households are not able to meet their basic needs. Almost three-quarters of displaced people cited a shortage of food.

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A clinician-scientist displaced from Fallujah and currently working in a hospital nearby, who spoke with *The Lancet* on the basis of anonymity, offered a similarly bleak description of Iraqi health care. Nearly 80% of her patients, she explained, "complain of diarrhoea and starvation because most of the patients are those living in camps and displaced from Fallujah and the surrounding area, where aggressive military operations to fight ISIS are going on". Even the most basic drugs such as antibiotics are frequently unavailable, she added.

Shortage of doctors

"In the absence of system and law and the presence of chaos, the lives of doctors are always threatened and there is no law or constitution that supports them or cares for their safety", she explained. "Hundreds of doctors have been killed since 2003, yet no one knows who killed them or why."

WHO's Musani describes a "four-fold crisis" for the Iraqi health-care system driven by the extensive violence, the massive numbers of displaced persons, a state of political near-paralysis, and the oil-price driven cuts to government budgets. Many health facilities face the prospect of closure due to financial constraints, he warned. "Is reform necessary? Absolutely."

Humanitarian organisations requested US\$891 million to assist the most vulnerable 7.3 million Iraqis

in 2016, notes Musani. At the end of June, 2016, only a little more than 35% of the appeal has been funded—with the UK providing just 1.5% of contributions.

In Baghdad, a senior clinician-scientist who spoke to *The Lancet* on the basis of anonymity, said health-care surveillance started to deteriorate after the 2003 occupation and war due to the "outmigration of professionals who fled because of assassinations, kidnapping, blackmailing, and threatening".

Corruption in the health sector

The MoH, he explained, is now directed by people from different parties "each of whom has a main objective, which is the benefit to his party that put him in his position and will protect him against any complaint". Corruption, he added, "has become almost legitimated in the MoH, and probably other ministries, as the persons in charge are untouchable members in some parties and supported by the militias. They collected millions of dollars that were allocated on paper to improve the health system. No sincere professional can show his head because he or she is pretty sure that he will lose it."

Both clinician-scientists in Iraq who spoke to *The Lancet* anonymously noted that out-of-pocket payments for drugs and health care have become commonplace within the public health system. Goran Zangana, an Iraqi physician and health policy researcher at the University of Edinburgh School of Social and Political Science, UK, explained that the Government of Iraq introduced a basic health services package with a user fee component at the urging of American and British administrators within the Coalition Provisional Authority following the 2003 occupation. "Part of this policy was cut-and-pasted from health policies in Afghanistan", Zangana argues, "as part of a systematic attempt to reduce public sector service provision in Iraq, which at one time had the best public health system in the Middle East. These policies have proven ill-advised."

Paul C Webster