Table 1. Demographic and reproductive health indicators, Iraq, 1999–2007

Indicator	Parameter	Year
Total population	29 682 081	2007 COSIT
Population growth rate (%)	2.9	2007 COSIT
Crude birth rate	36.4	2007 COSIT
Crude death rate	9.5	2007 COSIT
Urban to rural population, ratio	66.7:33.3	2007 COSIT
Number of women of reproductive age (15–49 years)	6 353 871	2007 MOH
Total fertility rate	5	2006
Percentage of pregnant women attended by skilled personnel (of all pregnant women)	54	MOH 2007
Number of facilities with functioning essential obstetric care per 500 000 persons	35	MOH 2006
Percentage of deliveries attended by skilled personnel (of all deliveries)	79.9	IFHS 2006/7
Percentage of deliveries undertaken in health facilities (of all deliveries)	64.1	IFHS 2006/7
Percentage of caesarean sections (of all deliveries)	20.6	MICS 3/2006
Percentage of pregnant women with anaemia (of all pregnant women)	37.5	IFHS 06/07
Percentage of newborns with low birth weight (of all newborn infants)	14.8	MICS 3/2006
Maternal mortality per 100 000 live births	84	IFHS 06/07
Perinatal mortality per 1000 live births	48	1999
Neonatal mortality per 1000 live births	23.0	MICS 3/2006
Life expectancy at birth female (years)	69.6	2006 COSIT
Life expectancy at birth male (years)	68	2006 COSIT
Contraceptive prevalence rate among married women of reproductive age (15–49), all methods (%)	49.8	MICS 3/2006
Traditional methods (all)	17.0	MICS 3/2006
Withdrawal	7.5	MICS 3/2006
Rhythm	2.1	MICS 3/2006
Lactational amenorrhoea	7.0	MICS 3/2006
Modern methods (all)	32.9	MICS 3/2006
IUD	12.2	MICS 3/2006
Condom	1.1	MICS 3/2006
Pill	14.6	MICS 3/2006
Injectables	2.0	MICS 3/2006
Implants	N/A	
Female sterilization	2.6	MICS 3/2006
Factors for not using modern methods among married women		
Fear of side-effects	N/A	
Lack of knowledge	N/A	
Cost	1.1	MICS 3/2006
Lack of access	N/A	
Traditional misconceptions	N/A	
Partner opposes	5.2	MICS3/2006
Unmet need for contraception	10.8	MICS 3/2006
Receipt of postpartum care and family planning counselling	N/A	
Incidence of sexually transmitted infection (per 100 000)	N/A	
Syphilis	0.24	MOH 2006
Gonorrhoea	2.9	MOH 2006
Chlamydia	N/A	
Trichomoniasis	32.9	MOH 2006
HIV prevalence (%)	< 0.1	MOH 2006
Number of verified HIV cases	47 cases	MOH 2006

Source:

Multiple indicator cluster survey (MICS 3), 2006
COSIT: Central Organization of Statistical and Information Technology
Iraq Family Health Survey, 2007
WHO Annual Report, 2006
Country Cooperation Strategy 2005
UNHCR Report 2007
ILCS 2004

www.emro.who.int
WHO–EM/WRH/069/E

Iraq
Reproductive health profile 2008

World Health Organization
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Health care system

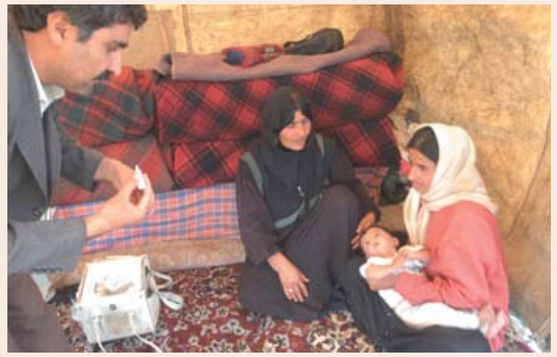
Health facilities have sustained serious damage and are in need of urgent rehabilitation. The formidable challenges facing the health sector are: security, heavy dependence on external assistance, problems of management and the delegation of authority within the Ministry of Health (MoH). Managerial problems are due to a highly centralized system, which is reminiscent of the past set-up. Total health expenditure in Iraq is among the lowest in the Region at 2.5% of gross domestic product (GDP) while private spending exceeds 50% of this. Results of the Iraq Family Health Survey (IFHS) 2007 indicate a high proportion of out-of-pocket spending on health (13% of monthly household expenses) which reaches catastrophic levels in 10% of households.

The Iraqi health system is in transition away from a hospital-oriented, capital-intensive model, accompanied by inequitable access to primary health care (PHC). Over the past 20 years it has been reported that almost one third of the 1809 PHC centres have "deteriorated" (ILCS 2004[1], quoting IRIN 2004[2]) due to lack of maintenance, lack of supplies, reduced or inadequate health workers or inadequate support services. Since 2003, 210 of the existing facilities have been restored or reconstructed. Physical infrastructure and facilities still require major repairs. New destruction additionally complicates the situation. A dramatic increase in the number of civilian casualties has overwhelmed the capabilities of emergency medical services.

The levels and distribution of available human resources for health (HRH) are inadequate to respond to the changing population health needs and emergency situation. In 2006, 94 815 health workers were registered, at a HRH density of 3.5 per 1000 population. This is less than the Eastern Mediterranean average of 4.2 per 1000 population. By 2005, out of the 34 000 physicians registered with the Iraqi Medical Association in the 1990s, only 18 126 had remained—half of them in Baghdad, Basra and Ninawa. The health information system has improved since 2004, mainly in the area of public health data collection. The high turnover of MoH staff at all levels has a negative impact on policy formulation, planning and implementation capacity of the Ministry.

[1] ILCS 2004 - Iraq Living Condition Survey, 2004 by UNDP and COSIT

[2] IRIN 2004 – UNOCHA news letter 2004



At health centres, most doctors work for three hours (9.00–12.00) during which time they can see between 30 and 100 patients, resulting in a consultation time of 2–5 minutes per patient. The gross shortage of consultation time reflects the level of responsiveness of the health care system. In general, access to primary care is inadequate, the level of perceived quality of care is low and the state of physical infrastructure and facilities require major repairs and re-equipping.

The following factors also require detailed attention to address the health of the Iraqi people and the health delivery system:

- Due to insecurity, mothers have become reluctant to go to health facilities for preventive essential health services (immunization, maternal and child health care, antenatal care) and tend to go only when their child is critically ill. In 2006, routine DPT3 immunization coverage dropped from 84% in 2003 to 78% in 2006 after the initial gains in 2004 and 2005.
- Attacks on health workers by insurgents and criminal gangs are negatively impacting the delivery of services in some areas, and on the morale and commitment of health workers to provide services.
- Although the number of HIV registered cases in Iraq remains low (prevalence <1%), risk factors which may lead to spread of the disease i.e. insecurity, disruption of social structure, increase in sexual violence - are on the rise.
- Inadequate system of accreditation and licensing constitutes a major constraint.
- There is irrational drug use and lack of systematic quality control for health care delivery.
- Lack of general or family practice services and a non functioning referral system.
- Poor patient record keeping in health centres and hospital outpatients along with poorly maintained health facilities.
- The existing guidelines or standards for the management of common conditions are usually not adequately disseminated nor followed.
- The private sector is not regulated and the public-private partnership is not organized.
- Private hospitals are being licensed and monitored by the MoH. Private clinics and pharmacies are supposed to be licensed and monitored by medical syndicates, but these controls are not properly enforced.

Iraq is also facing a range of immediate and severe environmental problems, including hazardous waste contamination, as well as poor infrastructure of the water sector. This is not a task for the health services alone. It involves the pursuit of a concerted effort across government and the mobilization of local communities.

Reproductive health

Despite the difficult situation in Iraq, the main priorities at the MoH are the implementation of the maternal child health and reproductive health strategies. Key indicators demonstrate progresses made and challenges ahead in maternal and child health and reproductive health:

- 35.7% of pregnant women have anaemia (IFHS 2006)
- Antenatal visits of pregnant women attended by trained personnel is 54%
- Deliveries attended by trained personnel reached 79.9%
- 64.1% of deliveries occurred in health facilities
- 20.6% of all deliveries were caesarean sections
- Contraception prevalence among married women of reproductive age (15–49 years) is 49.8%.

While the role of the private sector is expanding in the area of service provision, the regulatory role of the MoH in monitoring the private sector is still weak. Although 89% of deliveries are attended by skilled birth attendants, there are alarmingly increasing rates of caesarean sections, especially in the growing private sector, 57% in 2004 (MoH).

During the last five years Iraq has witnessed improvements in maternal and child health indicators. Child under-5 mortality decreased from 131 deaths per 1000 live births in 1999 (child and maternal mortality survey, 1999) to 41 per 1000 in 2006 (IFHS 2006). In the same time period maternal mortality decreased from 293 deaths per 100 000 live births to 84 per 100 000. Still children and pregnant women are among the most affected by the lack of access to primary health services and nutritional support, leading to increased risk of morbidity, as well as child and maternal mortality. The main causes of maternal mortality are: haemorrhage, acute pulmonary embolism, hypertensive disorders during pregnancy, sepsis and prolonged obstructed labour. Diarrhoea and acute respiratory infections still account for about two-thirds of under-5 deaths, which are further compounded by increased malnutrition levels. Maternal, child and reproductive health services provided at the primary health care centres include:

- achieving at least five antenatal care visits during pregnancy;
- visiting the primary health care centre for postnatal care at least once during the six weeks after delivery;
- conducting growth-monitoring of children under five: routine visits are used to monitor growth;
- controlling appropriately acute respiratory infections and diarrhoeal diseases;
- counselling mothers on successful breastfeeding and proper feeding recommendations;
- providing immunization for mothers and children;
- providing curative services for mothers and children.

International donor-funded reproductive health programmes

The main funding is received through UNDG ITF[3] which is supporting the maternal and child health/ reproductive health programmes.

[3] UNDG ITF - The United Nations Development Group Iraq Trust Fund