

## **What is this study about?**

The World Health Organization (WHO) and the Ministry of Health in Iraq are collaborating on a study to better understand the prevalence and factors associated with congenital birth defects (CBD) in the country.

## **Who is conducting the study and who is the owner of the study findings?**

The ownership of the study lies with the Federal Ministry of Health, Iraq. The approval processes, the agreement on methodology and sample size and the geographical distribution of the study sample lies solely under the authority of the Ministry of Health. The World Health Organization, being the technical advisor to the government of Iraq, is providing technical assistance on study design, methodology, data collection, data analysis and report writing.

## **What mechanism is in place between the Ministry of Health and WHO for conducting the study?**

Answer: A steering committee has been established by the Ministry of Health where WHO serves as the secretariat of the steering committee. All decisions are discussed and approved by the steering committee. The steering committee is chaired by the deputy minister of health MOH. In addition to Ministry of Health and WHO, the membership includes members from Ministry of Planning, the PM secretariat and Ministry of Health and Ministry of Planning Kurdistan Regional Government (KRG).

## **Where is the funding for the study coming from?**

study is co-financed by the Ministry of Health Iraq and World Health Organization.

## **When did the study begin and when the results will be out?**

Discussion and preparation for the study started in mid-2011. Since the design of the study and agreeing on the scientific methodology required inputs from the best experts in the world, it took almost 10 months to develop the methodology, subject it to pilot-testing and make amendments after the pilot testing. The study was started in May/June 2012.

The step of data collection was completed earlier this year and the analysis of that preliminary data is now underway. This included the work to validate the data collected and correct any coding errors. In a study this large that process can take several months to complete.

On 25 June, a meeting was held with high level authorities of the Iraqi Ministry of Health to review initial analysis of the data. It was established that this large data set has a great deal of potentially valuable information and that additional analyses not originally conceived of should be done.

Finally, in addition to further analyses, it was determined the work should also undergo the scientific standard of peer review. A team of independent scientists is now being recruited to review the planned analyses. Preparation for that meeting is underway now.

A summary report of that meeting and key findings from the analysis will be released by the Government of Iraq soon after these steps are completed. Further detailed analysis may be carried out after that initial release, depending on the findings of the results and interests of the wider scientific community.

### **What is the overall sample of the study (both geographical and numbers) and what was the criteria to select this sample?**

The study is conducted in 8+1 governorates of Iraq out of the total 18 governorates. The reason for saying 8+1 is that Baghdad has been divided in two governorates because of the size of the population. The governorates where the study is conducted are Baghdad (Karkh and Rafafa), Diyala, Anbar (including the district of Fallujah), Sulaminaiyah, Babel, Basrah, Mosul and Thi-Qar. Two districts are selected from each governorate (one as high risk and the other as control. The criteria for declaring a district as high risk is based on the existing MOH statistics showing high number of CBD cases. A total of 10, 800 households from 18 districts of the 8+1 governorates have been selected as a sample size making it uniformly 600 households per district. All ever-married women aged 15-49 year who were resident in the selected household at the time of the survey were eligible for interview. A full pregnancy history was collected, which include information on pregnancy outcomes and whether the birth (alive or dead) had a congenital birth anomalies, are included as respondents.

### **What aspect of the congenital birth defect is looked into and why?**

The study is looking at the prevalence of congenital birth defects in the selected 8+1 governorates among children. The reason for looking at the congenital birth defects is the desire of the MOH Iraq to gather more evidence about congenital birth defects in the country in the wake of some increase noticed in the MOH Health Information Reports and few individual studies conducted in Iraq pointing towards an increase in the prevalence. The independent

studies were confined to smaller geographical areas (mostly few districts) reviewing only the hospital records; that is why the Ministry of Health decided to conduct a household survey on a wider sample size.

**Is the study looking at the link between prevalence of child birth defects and use of depleted uranium?**

No, the study is looking at the prevalence of congenital birth defects in the selected governorates.

**What if the prevalence is high, will that be evidence that depleted uranium has been used in some or all the governorates?**

Since the issue of associating CBD with exposure to depleted uranium has not been included the scope of this particular study, establishing a link between the CBD prevalence and exposure to depleted uranium would require further research by competent agencies/institutions.

**Will the study contribute to the debate in the recent studies conducted independently and/or the news reports appearing in international media?**

The mandate of the study is to map and to assess scientifically the prevalence of congenital birth defects using the most viable methodology for a larger sample size and geographical area. At this point no effort to neither substantiate nor negate the findings of other studies can be employed because the study is not aiming to establishing cause-effect associations between CBD prevalence and environmental risk factors

**Who will launch the study results?**

The study results will be launched by the Ministry of Health Iraq.

**What type of congenital birth anomalies are we looking at?**

All types of congenital birth anomalies are looked into according to International Classification of Diseases (ICD)-10. Around 29 codes are included in the data collection process which covers the spectrum of all congenital anomalies

**Who can be contacted in the Ministry of Health and World Health Organization if there are more questions to answer?**

The names of the focal points from the Ministry of Health are:

1. Dr Mohamed Jaber, Advisor to DG Public Health Ministry of Iraq, Deputy Chair of the steering committee; Phone: 009647901446432
2. Dr Ziad Tariq, spokesperson and head of media, MOH Iraq; Phone: 009647901497261

The name of the focal point from World Health Organization:

1. Dr Syed Jaffar Hussain, WHO Representative Iraq  
Email: hussains@who.int  
Phone: Iraq-009647901944039  
Jordan: 00962797204183
2. Dr Mohamed Ali, Regional Advisor EST/World Health Organization, Regional Office for Eastern Mediterranean, Cairo Egypt  
Email: alim@emro.who.int;  
Phone: 0020222765363
3. Mr Jukka Sailas, External Relations and Media Coordinator, WHO Regional Office for Eastern Mediterranean, Cairo Egypt  
Email: sailasj@who.int
4. Mr Tarik Jasarevic,  
Media Relations,  
World Health Organization,  
HQ Geneva  
Email: jasarevict@who.int  
Phone+41 22 791 5099  
Mobile: +41 793 676 214

## **Will there be any follow up action after the results are launched?**

If the results show a high prevalence, WHO will advocate for additional studies to find out the reasons and invite other agencies/institutions for further research.

## **Survey questionnaires**

[Child questionnaire](#)

[Household questionnaire](#)

[Women's questionnaire](#)

Saturday 17th of May 2025 03:21:39 PM