

Environmental health addresses all the physical, chemical and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behaviour not related to environment, as well as behaviour related to the social and cultural environment, and genetics.

The situation in Iraq hit the most vulnerable the hardest, including a steadily increasing number of dislocated people, which had a profoundly negative impact on health. This has placed a considerable burden on both the displaced and host families in terms of basic human rights, especially access to food and water and health. Poor drinking-water quality and deficiencies in sanitation resulting from the dumping of raw sewage in rivers and bodies of water make people vulnerable to cholera, typhoid and other infectious waterborne and parasitic diseases.

Iraq is estimated to produce 31 000 tons of solid waste every day although estimated capacity to collect this waste is 4000 tons per day. This gap in capacity is enormous and results in solid waste accumulating in streets or being dumped into natural depressions and empty lots. This inability to dispose of solid waste in an appropriate manner poses grave public health risks and environmental concerns, especially through the contamination of the water table. The current operational and technical management capacity of the sector in Iraq is estimated at just about 25% of the needs.

The proportion of households using an improved water source has remained at about 80% since 1990. In rural areas, this figure is just 57%. Problems with infrastructure mean that the supply of water often suffers from interruptions and poor quality. A fifth of those using an improved water source have daily problems with supply. In addition, leaking sewage pipes and septic tanks are contaminating the public drinking-water network with wastewater; 14% of water samples tested by the Ministry of Health in the first three quarters of 2009 were contaminated with faecal matter. Lack of disaster preparedness and inefficient usage mean that quality and quantity of rural water supplies are vulnerable to drought. Iraq therefore, faces difficulties in meeting the target of 91% of households using an improved water supply, and major issues remain in addressing water quality.

Key facts

- Out of 102 diseases reported to WHO 85 are related to environmental health
- On an average nearly half of Iraqi households in the country still lack adequate access to safe and stable water supply (in some governorates it is even 60%)
- 25% of all deaths of children relate to preventable water-related diseases
- More than one-third of all Iraqi citizens do not have access to improved sanitation. this rate is up to two thirds in some governorates
- Sewage collection and treatment is largely confined to Baghdad city with only 9% of other urban populations served
- 50% of wastewater is discharged directly into natural waterways
- There is not a single sanitary landfill to date, waste continues to be littered all around
- Health facilities lack health care waste management.

Government/WHO response

- WHO, together with other partners in the Water and Sanitation Sector Outcome Team, is supporting water quality improvement through the rehabilitation and strengthening of the water quality laboratories network throughout the country, including mobile laboratories.
- WHO provides technical support to the Ministries of the Environment, Municipalities and Public Works and Mayoralty of Baghdad in enhancement of the existing water quality monitoring and surveillance programme.
- WHO provides technical support to the Ministry of the Environment in the development of a national environmental strategy for Iraq.
- WHO has provided technical support in the areas of occupational health, air pollution control and chemical safety.

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