HEALTH CARE SITUATION AND THE HUMAN COATS OF WAR IN IRAQ

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Prior to the Gulf War, Iraq's public health system was one of the most advanced in the Middle East region. Malnutrition rates were low, primary health care was easily accessible, and tertiary (hospital-based) care was becoming increasingly sophisticated. Infant mortality was 47 per 1000 live births per year and the mortality rate of children less than five years old was 56 per 1000 live births per year.

Before the Gulf War, Iraq had an extensive national health care network that was well-integrated with the medical care system focused on curative services. Primary health care services were available to 97% of the urban population and 71% of the rural population. Primary Health Care (PHC) or Maternal and Child clinics are the principal mode of access to basic health care for the vast majority of Iraqi citizens. There are far fewer functioning PHC clinics now than there were before.

The combination of infrastructural damage (electrical, water and sanitation) during the Gulf War and the impact of sanctions have seriously affected Iraq's public health capacity. Approximately one-third (300 out of 929) of all primary health care centres are in urgent need of rehabilitation.

Immediately after the Gulf War, a three-fold rise in the under-five mortality rate among Iraqi children was documented. In 1999, the Iraqi Ministry of Health, UNICEF and WHO conducted a new study which determined that under-five mortality of children had increased from 56 deaths per thousand for the period 1984-1989 to 131 deaths per thousand for the period 1994-1999. For the same period, infant mortality increased from 47 deaths per 1000 live births to 108 deaths per 1000 live births.

Since the Gulf War and the imposition of economic sanctions, Iraq has had an increasing inability to prevent disease. This problem has been compounded by a parallel decline in the availability of curative services. Interruptions in the delivery of essential medicines and medical supplies make it difficult to guarantee effective treatment for patients with chronic illnesses. The progressive deterioration of clinics and hospital buildings, as well as medical equipment, makes it difficult for health personnel to practice their profession. Finally, the disruption of contact with the outside world, and the resulting inability of health personnel to stay abreast of new developments in public health and medicine, contributes to the difficulty health professionals have in providing optimal care for their patients.

Beyond the health system itself, reduced availability of food and a grossly unbalanced household food basket have led to a marked increase in childhood malnutrition and undoubtedly, although less well documented quantitatively by surveys, the diminished nutritional status of older children, adolescents, and pregnant women. All of these factors have contributed to a decline in the health status of the population. Primary care clinics and hospitals are better stocked in both medicines and supplies than they had been during the 1990s. Despite these recent improvements in health and nutrition indicators, the quality of life in Iraq has seriously declined since the pre-sanctions era.

The current situation in Iraq is characterized by:

- near-total dependence on assistance from the international community for subsistence and survival;
- a centrally-distributed ration of food that barely meets minimum international standards;
- a water and sanitation system that is severely compromised and highly vulnerable;
- as of late, slowly-improving health and nutrition indicators;
- a health system that increasingly meets only the primary health care needs of the population, with a declining ability to care for chronic and non-communicable diseases;
- a cash-poor economy, due largely to the lack of implementation of a cash component to the OFFP in South and Central Iraq;
- severely limited communications with the outside world;
- increasingly limited educational and job opportunities;
- an absence of activities directed at economic and social development;
- a pervasive sense of uncertainty and despair regarding the future.

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