

MOH leadership to host staff and NGOs

James Haveman, the Principal Advisor for Health to Amb. Bremer, and Senior Advisor to the MOH, invites the ministry staff and NGOs for dinner by the pool at the CPA compound Thursday, June 19th at 7:30 p.m. for an enjoyable venue to informally discuss key issues.

Haveman will welcome each of you and also honor Stephen Browning, who served as the (interim) Senior Advisor to the MOH since hostilities ended and bid farewell to Dr. Robert Mott, well known to the NGO community for his efforts as ministry IMAC liaison.

Browning will continue with the rebuilding effort as Senior Advisor for the Ministry of Transportation and Communications and the Ministry of Religious Affairs and Endowments.

Mott will return to duty at Walter Reed Army Medical Center, the Army's largest healthcare facility. His departure is in the next few days.

Plan to arrive at 7:15 p.m. at the north main gate. Parking will be available across the street from the compound. Please R.S.V.P for security gate access by email andersondm@orha.centcom.mil or call cell (914)360-6323.

Ministry reps attend donor conference in New York

Friday, MOH will send Dr. Said Hakki. IRDC Director for Health and Dr. Emaddin Saod Al-Kubaisy, a representative of Iraqi Resident Doctors and surgeon at Al-Saheed Adnan hospital, to New York for a two-day conference. The conference, coordinated by CPA will facilitate NGO proposals for aid to ensure they are in synch with the priority healthcare needs of the people of Iraq.

Their role is to present and discuss the capabilities and needs of the Iraqi healthcare system.

Public health—Vaccine Day

Sunday the MOH partners with UNICEF, CPA and healthcare providers across Iraq will launch a National Vaccination Day for children.

A media campaign encourages parents to take their young children and vaccination records to any primary healthcare facility in the country on June 22nd. Vaccinations will be provided free of charge.

The first of monthly National Vaccination Day on will focus on those children who were unable to receive vaccinations during April, May and June.

The campaign goal is to vaccinate as many young children as possible, (infants through five years of age), during the hours of 8:30 a.m. to

1:30 p.m. at primary care facilities throughout the country.

The vaccines are essential to prevent measles, diphtheria, tetanus, pertussis, severe child tuberculosis, Hepatitis-B and polio.

According to Jack Thomas, senior public health advisor for USAID in Iraq, "UNICEF received seven million dollars from USAID for vaccine, syringes and cold chain for the campaign."

Diarrheal disease

It seems that the incidence of all types of diarrhea is about twice the levels expected in Iraq. However, definite evidence is hard to obtain, not only because of damage and looting to public health laboratories, but also the breakdown of surveillance systems and communications. The reasons for the increase, which certainly includes cases of cholera, are failures of water treatment plants, damaged water pipes, and blocked sewers leading to raw sewage pooling around leaky water pipes and entering the Tigris and Euphrates in large quantities. These problems, much more the result of damage after the war and neglect before it than the war itself, will take time to rectify.

In the meantime, the Iraqi MOH is working hard and well to counter the dangers, in conjunction with the Coalition Provisional Authority, International Organizations and Aid Agencies. Damaged pumping equipment has been replaced or repaired. We have been able to increase supplies of chlorine gas significantly, to avoid the risk of local shortages. As a result, we are able to recommend increasing the level of chlorination at the treatment plants to offset the saturation of added chlorine by the quantities of organic contaminants that are present in some water. We have arranged the supply of large quantities of hypochlorite tablets and safe water containers for domestic chlorination in areas where populations will still be getting unsafe water (boiling is not an option for most families as fuel is in short supply). A public information campaign is being mounted to inform people about the need for safe water, how they can access these supplies, and how to use oral rehydration salts to avoid dehydration.

The incidence of both watery diarrhea and bloody diarrhea now appears to have reached a plateau, but it is far too early to be complacent, and there will surely be more cases. The measures that have made this possible depend on the valuable work of a range of agencies of all types. The important point, however, is that the measures are taking place through the direction and management of the Iraqi MOH

and its Preventive Medicine team, and are being achieved by the efforts of the majority of Iraqi people.

Vector-borne diseases, such as malaria and leishmaniasis, will be controlled by a program of insecticide spraying, followed by resumption of the regular twice yearly spraying program.

We're working with USAID and the Ministry of Agriculture on a food fortification program (vitamin D supplementation for bread)

Our other priorities include refurbishing public health laboratories, improving TB treatment and restoring the capability for epidemiological surveillance to track the spread of disease and take rapid action as needed.

Security—MOH Protective Service initiative

The MOH graduated its first class Protective Service trainees Saturday. Graduates received certificates of training and \$20 payments and will begin duty as soon as uniforms and equipment are in hand—late this week.

The MOH is first to tackle what has been described as a "critical" security deficit in Baghdad hospitals and clinics.

Through necessity and creativity, the "brain child" of Col. Butch Anderson, chief of the public

health team, will literally open hospital emergency rooms and clinic doors, many closed to the Baghdad community after dark.

"The Iraqi people have the right to be safe in hospitals and clinics and we're giving them back control of their healthcare infrastructure," Anderson said.

"This approach of "growing your own" Protective Service, is a fantastic step to assure protective service at all healthcare facilities in Iraq," Haveman said.

His mission is to coordinate the integration of all efforts to establish a functioning health delivery system for the Iraqi people.

"It's virtually impossible to integrate and establish a functioning healthcare system when the facilities are constantly threatened by looters and thugs," he said.

Saturday, MOH will screen candidate for the next class -- 10:00 a.m. at the Convention Center. Training will begin Monday and the curriculum emphasizes non-lethal forms of response.

Graduates will fulfill the security requirements at the clinics and hospitals classes will continue until protective

services are at all healthcare facilities in Iraq.

Reconstruction of health facilities-- infrastructure update

This week we formed a Database Project Team within the MOH Engineers Division. The collected assessments from the 30th MED, Corps of Engineers, the CA community, the 4th ID, the 1st MEF, COOPI, the WHO, Prime Power and the MOH Engineering Division form the greatest accumulated assessment knowledge of health facilities in Iraq to date.

The project team's mission is to design and create a user friendly database of information and to allow for project tracking in a real time environment.

Liaison with WHO

The WHO has shared their facilities database with the MOH this week.

The WHO renewed their commitment of three weeks prior to collect, remove and dispose of Regulated Medical Waste, Medical Hazardous Waste, general waste and debris and perform interior housekeeping for all hospitals in Baghdad.

The WHO continues their phase one work at the MOH and raised issues of physical rehabilitation at Kimadia Warehouse 2 and 3 public health laboratories.

MOH engineers

The normal department structure of the MOH Engineers

has been temporarily suspended in this critical time of reconstruction. The engineers and technicians have formed two teams: the Hospital Project Team and the Clinic and Other Infrastructure Project Team. These two teams are starting with Baghdad and will expand to all the governates as the focal point of project management, tracking and consultation for all Health Facilities Projects in Iraq. This week the teams prioritized all the health facilities in Baghdad to create the first comprehensive project board for Baghdad.

Continuing education

Continuing Education for Engineers, Architects and Project Managers is essential for these professions especially as it relates to the design, planning, construction and renovation of health facilities. The Continuing Education for Health Facilities Professionals will start with weekly lectures at the MOH starting this Thursday. The lecture schedule includes: the WHO Engineering Department on Project Management Overview, the Army Prime Power Unit on Emergency Generators and UPS systems and the Seimens' Representatives of Iraq on Biomedical planning and other biomedical technical lectures (series to be determined) and the OCPA MOH Operations Division on Project Tracking

and Project Team Management.

Hospitals

Dr. Mott and Senior Advisor Haverman met with the delegations of Spain, Jordan and India who are interested in Hospital renovation and the Adopt-A-Hospital initiative--more on that next issue.

Clinics

World Medical Mission committed themselves to finance and manage the new construction of one clinic that was not finished due to the conflict and are looking into renovating the EMS central hub and training center in Baghdad. Islamic Relief is processing proposals for six clinics in Baghdad.

USAID, working with Bechtel has committed to start 4 quick fix projects in Baghdad and 150 total in the city and surrounding area. NGOs continue to show increasing interest in this high impact, low cost, community based initiative to restore primary care to Iraq.

Other Structures

The OCPA MOH Team has committed itself to working with the WHO, USAID and other organizations in order to completely renovate the central MOH building.

New Projects

International aid is addressing critical shortages of biomedical engineers, technicians and managers in this nation through a new proposal to start and education program in the biomedical program in Iraq.

MOH immediate priorities include the MOH building in central Baghdad and the repair or replacement of emergency electricity generators.

As soon as physical security is assured, refurbishment and reconstruction of healthcare facilities will begin.

Pharmaceuticals and medical supplies

MOH and NGO representatives continue development of a new pharmaceutical distribution plan.

So far, the Emergency measures have maintained a steady flow of drugs and medical supplies from the warehouses of Kimadia to hospitals and clinics throughout the country. To date 19 convoys containing 425 tons of pharmaceuticals valued at more than 1/2 billion dollars/

Pharmaceuticals and other medical supplies distributed through Kimadia will continue to be provided to hospitals free of charge. Patients who are prescribed pharmaceuticals by doctors in public hospitals or health centers will receive them at no charge.

- Coalition Forces continue to robustly patrol Iraq to eliminate crimes against people and property, rid populated areas of weapons, ammunition and explosives, and stop the black market trade.

- Coalition Forces continue to conduct joint security patrols with Iraqi police in their efforts to increase the professionalism of the police force and prepare them for their role in a self-governed Iraq.

IMAC Facilities Sub-Committee

The new IMAC subcommittee for health facilities and the MOH approval procedure was briefed at the IAC.

International aid

Establishment of a simple and swift mechanism to consider proposals for international aid, to ensure that they meet the priority healthcare needs of the people of Iraq without either overlap or gaps. Where necessary, donors will be invited to modify proposals to meet the need more effectively.

A limited role for medical evacuation of patients to healthcare outside Iraq, where there is an urgent need and the treatment required is not available inside Iraq.

Payment of salaries for healthcare workers

April payments for healthcare workers in Baghdad (including

Kamadia employees) will be completed by week's end. May and June salaries payments will begin next week and will be paid in U.S. dollars.

Other financial issues

Budgets covering non-salary expenditures for June have been allocated to hospitals. These funds will be available today.

The "no charge" to patients for drugs and a standard consultation charge within the public healthcare system of 250 dinars will continue until further notice. Other charges subject to review.

The debate about the best way of funding a healthcare system to provide basic healthcare needs to all at affordable prices continues. The emphasis on public health and primary healthcare will promote excellence and quality in healthcare provision.

Military medicine

Iraqi former military doctors will work alongside civilian doctors under the control of the MOH until resolution on the re-establishment of the Iraqi military.

Pilot program for Hospital-based Medical Information Centers in Iraq

This rapid-start, two-stage project will provide Iraq's

health care community with access to information about the latest developments in human medicine. The Medical Information Centers will offer comprehensive medical e-libraries on CD-ROMS which contain educational, statistical and reference information drawn from universities, government sources, pharmaceutical companies and non-governmental organizations. The core database has been tested in Central Europe and Africa under grants from the National Institutes of Health; regional enhancements will be appended to the core database to meet the specific needs of the medical community in Iraq. CDs will quick-start the medical education process, and in time the Centers will add Internet access when the appropriate infrastructure is locally available. The first stage of this project will provide a modest test in three Baghdad-area hospitals (two of them teaching hospitals). This start-up phase is funded by the U.S. Global Technology Corps, a program of the U.S. Department of State. The second stage is expected to expand the number of Centers; the extent of this roll-out will depend on funding levels currently under consideration by U.S. Government agencies.

Rationale: During the past several decades, professionals staffing the Iraqi health care system and medical students at all levels of study have been denied unfettered access to information about health care

developments widely available in open societies. Internet connections don't currently exist and libraries are either hopelessly out of date or they have been sacked during recent unrests. This project will meet the medical community's information needs with speed and substance. In addition to the infusion of information that will result in a rapid improvement of health care in Iraq, this project will demonstrate the generosity and good will of Americans and offer a tangible display of our abiding concern for the Iraqi people.

Women's health issues

Andrew Natsios, Administrator of the U.S. Agency for International Development, announced Tuesday a grant to the Iraqi Nursing Association (INA) for the purchase of new uniforms, shoes, bed linens and other equipment for the Yarmouk Hospital. The grant, developed by a U.S. Army Civil Affairs team and the INA, is the first to be made under USAID's Iraq Health Systems Strengthening Project (IHSSP) as part of a larger effort to help upgrade Iraqi nursing services.

The grant to the INA was made by Abt Associates, the USAID contractor implementing the \$43 million IHSSP project, as part of the small grants component of its contract to help restore Iraqi health institutions to their pre-conflict status. Other components of the contract are allocated to procurement of

medical supplies and equipment; training for Iraqi health professionals, isolated from international technical advances for decades, and initiatives with private sector health providers to provide balance to the national system of health care delivery.

In Iraq, doctors outnumber nurses. The preferred ratio is usually four nurses to each doctor to promote maximum effectiveness of the health system.

Due to the steep cuts in budget allocations by the former regime, the entire health sector has suffered from lack of equipment, supplies, operation and maintenance funding since the 1980's. The former regime's healthcare spending in 2002 was only 10% of what it was 10 years ago. Much of the equipment is old and Iraqi health professionals have had little technological contact with new developments on the international health arena.

USAID has made grants of \$20 million to UNICEF and \$10 million to the World Health Organization to help with the reconstruction of the Iraqi health system.

Events calendar:

June 22nd Iraqi National Vaccine Day

Iraq Ministry of Health Weekly Update

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MOH-OCPA Health Team Current Policies and Initiatives, Vol. 2, Wednesday, June 18, 2003

June 23rd- 24th
International Donor
Conference in New, York.
(Iraqi Reps from each
ministry will attend).

Please e-mail your questions or
comments to:
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