The UN in Iraq
after August 19th 2003

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Iraq Administrative Divisions:
Governorates and Districts
Health in Iraq - History

- 1970s: Good health services
- 1980s: Under-investment in health, resources diverted
- 1990s: UN applies Economic and Political Sanctions. Health indicators deteriorate.
- 1995 - 96: Start of UN Oil for food programme
- 1998: Serious budget shortfall for health: Hospital-based care, increased dependence on user charges
- 2000 Onwards: Very high maternal and child mortality
  - Limited capacity for public health functions
  - Lack of systematic planning - and training - of critical health personnel
- 2003 Post War - health system fails, transformation starts
Health issues: 2002 - 03

- 2002 - 03: UN system-wide contingency planning for *conflict, major population displacement and provision of basic needs*

- March - April 03: War followed by widespread, systematic destruction of government capacity and infrastructure

- April - June 03: Emergency response, with UN efforts to bring infrastructure back to pre-war functioning

- June 03: MOH, with Coalition support, gets going in Baghdad and Governorates
UN support for health immediately post war

• UN active in governorates with technical health capacity in Basrah, Arbil, Kirkuk/Mosul as well as in Baghdad.

• Challenges of insecurity and communications.

• Working with Ministries; focus on jump-starting the system
  - public health functions (disease surveillance and response),
  - essential primary health care and hospital functions
  - urgently required medicines

• Effective communicable disease work in Basra
UN in Iraq post invasion

• UN resolution 1483 recognises US and UK as the "Occupying Authority" in May 2003
• UN Mission – led by Special Representative of the Secretary General – established, with a mix of Humanitarian, Political and Developmental functions
• UN rapidly increases international staff presence, with agencies refocusing their programmes and seeking new funds
• Both Occupying Powers and new Iraqi institutions uncertain how best to work with UN – and vice versa
• UN and World Bank initiate 13 sector Situation Assessment in preparation for Madrid “donor meeting” in October
• Plans are made to phase out the Oil for Food programme – criticised from all sides
The Health Sector

- Health Sector: Initiation of priority setting process by MOH and CPA
- Benchmarking for the national health plan: Priority Setting Workshop 17 – 19 August 2003
Priority Setting Workshop 17-19 Aug 2003

A policy discussion on the prioritization of health care issues and desired outcomes: preparation for the Donors Conference in October 2003

(Facilitator: David Nabarro)
The Workshop Participants: 14.00  August 19
Health Priorities Agreed ...

- Emphasis on halving maternal and child mortality
- All Iraqis to have access to
  - Minimum standard of priority services
  - Accessible, affordable, good quality and equitable public and personal health care
- Stewardship capacity of Ministry of Health to be built
- Health worker training and accreditation to be upgraded
  - Emphasis on nursing, financing and health administration
- Supply pipeline to be sustained
Priorities for Health Action in Iraq from August 2003 onwards

- Encourage joint programming by MOH, Coalition Authority, NGOs, World Bank and UN, to
  - Support the MOH Health Planning steering committee and working groups
  - Invest in (a) national public health priorities and (b) urgent actions in 18 Governorates
  - Improve functioning of MOH
  - Ensure relevant training and continuing education for health professionals (especially nursing)
  - Ensure essential medical supplies, equipment etc reach end-users
UN HQ Baghdad - Canal Hotel

August 19th 16.00

Meeting with UN Humanitarian Coordinator and Head of Oil for Food Programme

Feed-back on Workshop

Meeting with Nadia Younes
19th August: Bomb UN HQ, Baghdad

- 23 Killed
- 116 wounded
- WHO staff killed and wounded
- Examination of options for UN staff security
- Review of Political presence
- Review of Humanitarian response
Plan of Canal Hotel

- Main Entrance
- Our Meeting
- SRSG Office
- Centre of Blast
- First Aid point
The main bomb damage - and rescue efforts by UN and US personnel at 30'.
Dr Frere with WHO representative Dr Ghulam Popal, then in hospital
DN in hospital - thankfully with minimal injury
September 2003: Remaining Challenges

Reaction to assessed threat for the UN leads to major withdrawal of international staff, and restrictions on local staff...yet priorities remain.

1. MOH back-up - capacity building, planning, work groups

2. Implementation of Emergency Health Rehabilitation (plan for disbursing $25m)

3. Oil for Food Programme -
   - Hand-over of projects in North
   - Rapid training programmes
   - Management of supplies

4. Support for committed WHO Iraq in-country team, Public Health Intelligence and response,

5. Health Sector Needs Assessment and follow-up

6. Logistics and management: process
Prospects September 2003

• How long will the current UN security response inhibit effective working? 4 to 6 weeks

• How do we plan and manage the uncertainty? 2 week plans and milestones

• What will determine our ability to return?

• How many people need to be in Amman? For what purposes? International Staff? National Staff? Working methods?

• Distribution of WHO Iraq staff to Cairo and Kuwait?
Follow-up

- Insecurity persists, and threatens National and International UN staff
- Authorities openly critical of UN international staff pull-out, though repeated dialogue indicates that UN cannot return without a clear mandate
- Staff security becomes a very high priority in Iraq and elsewhere: three reviews, staff disciplined, security arrangements revised
- Integrated UN programming takes over with cluster teams and common services: may also be applied elsewhere
- National staff assume increasing importance, with imaginative working methods and powerful support from external teams
- Iraqi Ministries and people implement wide-ranging changes in all sectors – but want UN support
Analysis

• In conflict settings there is often no clear separation between military and humanitarian operations.

• The UN becomes closely identified with one side or the other – or with intervening forces.

• Baghdad August 2003 heralded the surfacing of a new and unprecedented degree of anti-UN hostility.

• The UN recognises that the security context in which it operates is changed – for ever.

• This dangerous new environment raises several key questions for the international community.
Pressing Questions

• How can the UN and NGO humanitarian and development agencies avoid being closely identified with the military forces of intervening and occupying forces?

• How can the UN better balance the necessity of engaging in life-saving operations in war zones with the risk such actions pose to its staff?

• Is there a need, now, to give greater emphasis to international humanitarian and human rights standards even if this involves an attempt to restrain states from acting in their national interests?
No simple answers …

• The solutions are not be clear-cut or easy to obtain, but the questions need to be addressed by governments - and by the UN itself.

• The UN is the only body that has the authority to help obtain resolution of chronic sources of instability and human suffering.

• In the epoch of the “war on terror” this task is now more, not less essential if there is to be international and regional security and equitable development.

• The UN's Member States could do much more to help the United Nations realise this potential.
Last Word

• Many of us have grown more determined and stronger after the blast.

• We sense that more and more UN Member States recognise the importance of a strong, determined and empowered United Nations to better safeguard all of our futures.

• Some remain uncertain: what can we do – individually, and together – to help them recognise the importance of our contribution?