

الممثلة الدائمة لجمهورية العراق لدى مكتب الامم المتحدة  
PERMANENT MISSION OF THE REPUBLIC OF IRAQ TO THE UNITED NATIONS OFFICE

جنيف  
GENEVA



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The Permanent Mission of the Republic of Iraq to the United Nations Office and other International Organizations at Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights, and with reference to its note verbal dated on 11<sup>th</sup> November, 2019, concerning the Human right council resolution 39/10 entitled "Preventable maternal mortality and morbidity and human rights in humanitarian settings" has the honour to convey herewith the response of the Iraqi government in this regard.

The Permanent Mission of the Republic of Iraq to the United Nations Office and other International Organizations at Geneva avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of its highest consideration.



23<sup>th</sup> January, 2020

**United Nations High Commissioner for Human Rights**

**Attachment:**

- Response of the Iraqi government (3 pages, English language).



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## **Q1- Steps;**

### **1- Strengthen of MMSS(Maternal Mortality Surveillance System);**

**Data collection, data analysis, Recommendations, Actions to prevent further similar MD, Ministry of Health Policy for :**

- A. Mandatory Notification of every Maternal Death (MD )within 24hours of death.
- B. Review of every MD on the next day of death by MDSR committee(Maternal death surveillance, response committee)
- C. Application of plan of action to prevent further similar maternal death.

**2-Approval of political will& commitment, cooperation &technical assistance at all levels.**

**3-Integration of a human rights-based approach to the provision of sexual, reproductive health care services.**

**4-Integration of sexual&reproductive health into national health strategies for all women ,girls, adolescents.**

**5-Ensure the availability, accessibility, & quality of health care services including mental, psychosocial, sexual, reproductive health care services free of coercion, discrimination & violence.**

**6-Guarantee universal access to sexual ,reproductive health care services ,evidence-based information & education within a human rights-based approach including;**

- Family planning, safe, effective methods of modern contraceptives.
- Quality maternal health care ,ANC, PNC, SBA(Skilled Birth Attendance), EMONC, Safe Abortion.
- Prevention & treatment of STI, Reproductive Infection, cancer.

## **Q2- Organize meetings of MDSR committee on different level;**

-National on MOH

-local on DOH

-on hospitals

## **Q3-Challenges:**

### **1-General Challenges:**

- A. security,
- B. poverty,
- C. Finance
- D. Immigration & refugees, displacement
- E. Rapid turn over of trained health care provider.

- F. Unequal distribution of health facilities & health workers
- G. Weak referral system
- H. On & Off of Basic medicines & health care supplies.

## 2- Specific Challenges

- Registration & Reporting of MD data.
- Weak inter & intranet connection between MOH, DOH, health facilities.
- Social customs & traditions

### Steps taken to address challenges:

- 1-Allocate Financial support for Reproductive health.
- 2-support electronic registration of maternal health & death data.
- 3-involvement of remote areas & rural & high risk areas by health facilities & services.
- 4-continuous health educations
- 5-Comprehensive MNCARH strategy (post 2015 strategy)

### Q4-Main causes of Maternal Mortality & Morbidity in Iraq:

Maternal Mortality	Maternal Morbidity
1-PPH (postpartum haemorrhage)	- Anaemia -Complications of Hysterectomy.
2-Thromboembolism	
3-PE(Pre eclampsia)	-several Organ Failure
4-Obstructed ,prolonged labor	-perineal tear -Obstetric Fistula -urinary Incontinance
Increased % of CS(caesarean Section)	-Placenta Accreta ---Hysterectomy

**Q5**— Adolescents, women from remote ,rural areas are more risky of maternal morbidities & mortalities

### Q6-Measures to prevent Maternal mortalities & morbidities:

#### 1-Programmes:

- A-Family Planning to prevent unwanted pregnancies & birth spacing.
- B-ANC,PNC( Tetanus vaccination, Ferofol provision to all pregnant & lactating women.
- c-Emergency Obstetric,newborn Care (EMONC)
- d-Health promotion about :
  - 1-risk of early marriage(adolscents)
  - 2-Benefits of birth at health facilities by SBA(skilled Birth Attendance)
  - 3-Danger signs associated with pregnancy,birth,postnatal for mother & newborn.

## 2-Laws:

- Medical law for termination of pregnancy & abortion
- Free leave for working mothers for one year after birth to support breast feeding.
- MOH policy for Tubal ligation done for mothers have 4CS.
- Free health services to pregnant mothers during ANC,PNC,US children,IMNCI

Q8-Ministry Of Health (MOH) implement Maternal Mortality Surveillance System (MMSS)from 2002 by these approach:

1-Facility based maternal death review	2002
2-Verbal Autopsy.	2012
3-Maternal death audit.	2012
4-Near Miss (study cases of maternal morbidities)	on process

## Other Good practice:

-- Regular collection & dissemination of Maternal death data by release of published report of Iraqi maternal Mortality every 3 years :

- 1-Report of MM 2007-2009
- 2- Report of MM 2010-2012
- 3- Report of MM 2013-2015
- 4- Report of MM 2016-2018

In addition to **Annual statistical Ministry of Health Report** every year which disseminated on MOH Website.

- Capacity building of healthcare providers about updated guidelines.
- Raise awareness of IFC(indivaules, Families,communities)about availability of quality maternal ,reproductive health care.
- Use results of MDSR as evidence-base to update guidelines(ANC,PNC,EMONC).
- Print & distribute IEC posters to all health facilities.