

Health advocacy in times of conflict

PART 1

It is 2004. Your country – the United Kingdom – is supplying troops to help the occupation and rebuilding of Iraq. You are working for a small educational and advocacy organization based in the UK, with few resources, but a long track-record of writing reports and campaigning on the health effects of war. It wants to try and gather information on the effects of the Iraq conflict to influence public opinion within the UK.

The war launched in 2003 does not appear to have significantly helped the Iraqi population – and may have worsened their health, which was already in a terrible state due to years of dictatorship, war and international sanctions. But data is scarce and gathering fresh information could be dangerous. There is some information on health status from before the conflict, which was gathered by the Iraqi Ministry of Health and international agencies like UNICEF. Some further “situation reports” have been gathered since the latest war but, because of the security situation, the international agencies which did the work have either left or are only operating through local staff. Your own government has collected data through its Ministry of Aid and regularly sends advisors to the region.

In small groups, please try to answer the following questions:

- What kind of public health research would it be possible to undertake in these circumstances? What are the opportunities to obtain information?
- What kinds of information would produce the most powerful effect in terms of public advocacy? Are these the correct issues to concentrate on?
- How would you safeguard your organization's reputation for producing clear and authoritative information? Remember that debates in this area are highly politicised and polarized.

You have 15 minutes to complete this task.

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PART 2

You have almost finished compiling the report.

Your research has come to the following conclusions:

There is no accurate record of Iraqi deaths in the conflict. Your research has uncovered estimates of between 20,000 and 100,000 deaths. It appears that has been a rise in infectious diseases, although today the Ministry of Health has released a report saying that thanks to investment by donor governments, the infectious disease problem is being tackled. A UN agency has released a report saying that maternal mortality rates have “tripled since 1991”. The risk of violent death appears to have risen dramatically since 2003, and those deaths are occurring through a mixture of insurgent violence and aerial bombardment by the occupying forces. As a previously “middle-income” country which has fallen into deep poverty, Iraq has a bewildering disease burden which includes high rates of morbidity from chronic conditions such as diabetes and stroke.

The reliability of the sources of your information varies, with information coming from international agencies, a website devoted to keeping track of media reports of deaths, and a recent cluster-sample survey in Iraq which looked at “excess deaths” since the war began. Through interviews with aid workers passing through Amman, Jordan you have gathered further anecdotal accounts about the general situation of the Iraqi people. The picture is diverse with some regions doing better than others. The aid workers cannot be named, or their organizations identified, without them incurring serious risks.

It appears however, from their reports and the situation analyses of international agencies that are available, that the health-sustaining infrastructure has broken down in many parts of the country, due to widespread violence and looting, and sometimes bombing by occupying and insurgent forces: water and sanitation services have been particularly disrupted, as have electricity supplies.

After the initial bombing, which damaged a relatively low number of health care facilities, there was widespread looting of health facilities, and clinics and

hospitals were taken over by religious and other factional groups. The occupying forces claim to have invested \$1 billion in supporting the health care system, and workers are at last being paid again. Yet it is dangerous for them to go to work because of the security situation, and dangerous for people to visit health care facilities. Even when they get there, there are few supplies. Payments for health care are expected everywhere (including in the previously under-resourced public system), health professionals have been defecting from the private system for years and setting up in private practice, and there has been an explosion in the numbers of unregulated private dispensaries.

Education services are also badly affected, and many children are simply not going to school. A UN agency has declared that women and girls are facing increasing danger of sexual violence in this lawless situation.

Any attempts to reconstruct the country are severely hampered by the ongoing conflict. International agencies have left the country since the bombing of the UN headquarters. The government is still insecure and its legitimacy questioned in some parts of the country.

- What are the main messages of your report?
- What policy changes are you trying to put into effect?
- Who is to blame for this situation?

You have 25 minutes to complete this task

There will now be a break for refreshments

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PART 3

You have launched your report, and there is worldwide media interest. Appoint a press spokesperson for your group. That person will have to go on television and be interviewed about the report's findings.

Just as you are sitting in the television studio waiting to be interviewed, you see on a monitor the Iraqi Health Minister being interviewed live from Baghdad. He condemns your report, calling it "deeply mistaken" in its conclusions. He tells the television interviewer about how much has been invested in the health care system and re-iterates the fact that health worker's salaries have been tripled and are being paid on time for the first time in years.

Directly following the Minister's interview, the press spokesperson must now respond to questions in a live broadcast in front of 8 million people which lasts 2 minutes.