Ref: 35/20


23rd January, 2020

United Nations High Commissioner for Human Rights

Attachment:

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 24 hours 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 turnover 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.
5. Comprehensive MNCARH strategy (post 2015 strategy)

Q4 - Main causes of Maternal Mortality & Morbidity in Iraq:
Maternal Mortality
1. PPH (postpartum haemorrhage)
2. Thromboembolism
3. PE (Pre-eclampsia)
4. Obstructed/prolonged labor
5. Increased % of CS (caesarean Section)

Maternal Morbidity
- Anaemia
- Complications of Hysterectomy
- Several Organ Failure
- Perineal tear
- Obstetric Fistula
- Urinary Incontinence
- Placenta Accreta — Hysterectomy

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

Q6 - Measures to prevent Maternal mortalities & morbidity:
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 (adolescents)
      2. Benefits of birth at health facilities by SBA (skilled Birth Attendance)
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,IMNCH

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
4. Near Miss [studies 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:
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(individuals,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.