



Health facilities in Basrah, Iraq, destroyed during the 2003 war.

Nabarro, the senior WHO official appointed by the UN and the World Bank to help prepare the health side of Iraq's needs assessment for Madrid.

Building a health system virtually from scratch is a formidable challenge amid continued violence, tension and uncertainty and is expected to cost billions. WHO has already helped Afghanistan, East Timor and, many years ago, Cambodia, rebuild their health systems from the ashes of war. After Iraq, the next such project will be to help Sudan create a public health system, Dr Nabarro said.

But humanitarian agencies in Iraq say the dire security situation there is making their mission difficult and dangerous. After the bomb attack on UN headquarters in Baghdad on 19 August, many — including Médecins Sans Frontières (MSF), the International Committee for the Red Cross (ICRC), Oxfam, Save the Children, Merlin and the United Nations High Commissioner for Refugees — scaled back their operations, withdrew international staff and moved their headquarters to neighbouring Jordan or Kuwait.

The ICRC is still working closely with local partner, the Iraqi Red Crescent Society, visiting detainees and providing emergency support for water and sanitation as well as medicines. Médecins Sans Frontières said that, despite the security situation, it was providing primary care services, with up to 2500 consultations per week.

The US-led war in Iraq triggered a complete collapse of the country's health system. Outward signs were looted hospitals and violence against health workers, especially female staff.

But the system was "already badly run down" due to previous wars, sanctions, drastically reduced spending — some estimates suggest the Iraqi health budget was cut by 90 per cent during the 1990s — as well as an inequitable health treatment policy.

Decades of weak primary health care have resulted in high rates of maternal and child mortality, and of malnutrition. Diseases like malaria and cholera are endemic in certain parts of Iraq and there is a drastic shortage of nurses, epidemiologists and public health administrators.

One of the first projects was to vaccinate all Iraqi children of five years and younger against measles, diphtheria, tetanus, whooping cough, tuberculosis, hepatitis B, and polio by the end of the year. The National Vaccination Days project is being sponsored by WHO, UNICEF, the US Government and the Iraqi health ministry. In addition, the Ministry of Health, with support from WHO, other UN agencies and external bodies, is re-establishing disease surveillance and public health programmes as well as an improved medical supply distribution system.

The UK's Department for International Development (DFID) and the European Commission have also funded a number of projects. The Government

of Kuwait recently made a US\$ 3 million donation to a Basrah hospital.

Dr Nabarro was optimistic that the Iraqi health bid would get a positive response from donors in Madrid but he said there was no guarantee.

"I think there is a good chance that the Health Sector will get support from investors — some conventional donor assistance through the Health Ministry, some as proposed partnerships between companies outside Iraq and the health authorities within the country, and some as support for local initiatives and NGO's," he said. ■

Fiona Fleck, *Geneva*

Malnutrition leading cause of death in post-war Angola

Malnutrition replaced violence as the main killer of displaced children and adults at the end of Angola's bloody civil war, says the medical relief organization, Médecins Sans Frontières (MSF). A survey (*BMJ* 2003;327:650-5) by the organization documents the disastrous health impact of armed conflict on an isolated population that has been largely ignored by the outside world.

The survey focused on the families of former members of the rebel movement UNITA (União Nacional para a Independência Total de Angola), which was defeated after a 27-year civil war. A ceasefire was signed in April 2002. In the last four years of the war, an international embargo prevented relief organizations from reaching UNITA-held areas so that by the time of the ceasefire, some three million people were judged to be in need of immediate help.

MSF says that death rates among the displaced UNITA families during the survey period, between mid-2001 and mid-2002, were about three times as high as expected for a population in a low-income country. Some of the deaths could have been avoided if humanitarian aid had been available, the report says. It calls for more effective humanitarian responses to the needs of people caught up in wars, whatever the political and military considerations. The report also criticizes the slowness of the aid response in the first four months after the ceasefire, blaming a "general unwillingness on the part of donor agencies" to commit money to the UN's appeals for Angola at the time.

"These findings show that once the conflict is over and the cameras are switched off, the suffering continues," said Francesco Checchi, an epidemiologist and co-author of the report. He added that Angola's situation is unlikely to be unique given the large number of other countries currently in the midst of armed conflicts or their aftermath.

During August 2002, MSF interviewed a representative sample of more than 6500 householders in 11 demobilization camps for former UNITA families in four provinces, which together accommodated more than 149 000 people. For each death reported, householders were asked to select the most likely cause from a list: fever or malaria, diarrhoea, cough, measles, malnutrition, violence or war, or other causes.

Up to December 2001, violence or war was the leading cause of death, accounting for 34% of the reported deaths in the sample. But in 2002 malnutrition took the place of war, accounting for 34% of the deaths reported during that year. The proportion of deaths attributable to malnutrition rose steadily from 15% in the summer of 2001 to 39% in the spring of 2002. In the sample population as a whole, there were 1.5 deaths per 10 000 people per day, three times as high as in neighbouring Zambia. In children under the age of 5, the death rate was four times higher than normal for the age group: 4.5 deaths per 10 000 each day.

In young children especially, malnutrition often proves lethal when combined with a number of other diseases such as diarrhoea, malaria and measles, according to a WHO report by the Nutrition for Health and Development Department (*Nutrition for Health and Development: A global agenda for combating malnutrition, 2000*). It is relatively rare for people to die of simple hunger but in Angola Checchi said that, in addition to deaths from infectious diseases, householders consistently reported deaths from hunger in adults and children. "I have rarely seen people in such a state of destitution," he said.

However, recent data from the UN Standing Committee on Nutrition (*Report on the Nutrition Situation of Refugees and Displaced Populations, 42, August 2003*) suggest that since the end of the survey (August 2002) food security has been improving in Angola.

The MSF report concludes that, for this displaced population, "minimum standards in emergency response were not met ... military and political considerations must not come in the way of effective and timely humanitarian access to populations rendered isolated by such conflicts."

In response to the paper's authors' suggestion that there had been unacceptable delays in getting aid to the UNITA families, an official from the World Food Programme in Luanda said "we were aware of the need and we

responded as quickly as possible. But getting access to some of these areas is a huge problem. In many cases there are no roads, no bridges, and the areas are heavily mined. We mobilized all our resources to respond." ■

Phyllida Brown, *Exeter, England*

Nations fail to agree on extent of human cloning ban

A UN treaty to ban human cloning faces an uncertain future after nations failed in October to reach a consensus on the ban's terms. Delegates agreed that the treaty should prohibit the creation of cloned embryos to produce babies. But they deadlocked on whether the prohibition should extend to so-called "therapeutic" or "research" cloning.

An "Interacademy Panel," made up of 63 national academies, signed a statement supporting a worldwide ban on human cloning. "What we said in the Interacademy Panel statement is that there should be a universal ban on reproductive cloning, but the question of whether therapeutic cloning research should go on ought to be left to individual nations," said Richard Gardner, Chairman of the United Kingdom's Royal Society working group on cloning and stem cells.

While China, Japan, South Africa and most of the European nations present agreed with the Interacademy Panel's view, more than 40 other nations did not, and instead endorsed Costa Rica's proposal for a ban on human cloning for any purpose. "A ban that permits embryonic clones to be created and forbids them to be implanted in utero legally requires the destruction of nascent human life, a morally abhorrent prospect," according to a US position statement.

US officials cite recent reports of stem cells derived from adult cells as evidence that stem cell research can proceed without the use of embryos. "It is clear that there may be other routes to developing new treatment therapies, including using adult stem cells that do not pose the same threat to human dignity as cloning of human embryos," US delegate, Ann Corkery, told the panel.

However, the Interacademy Panel statement disputes the notion that adult stem cells can substitute for embryonic ones, and Gardner says that cloned embryos might actually yield the biggest



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A group of children look at Batista, a 2-year-old boy suffering from severe malnutrition at the "New Hope" refugee camp in Nabuangongo, Angola, some 20 kilometres (12 miles) north-east of Luanda. The study found that, of those surveyed, the death rate was four times higher than normal for children under the age of 5: 4.5 deaths per 10 000 each day.