



**Universal Health and Preparedness Review**  
***The Republic of Iraq***  
**December 2021-March 2022**

**Member States information session, 14 December 2022**

# Country context



**40 million** total population



**55%** are between 16-60 years old



**21** Governorates (18 North & 3 Kurdistan)



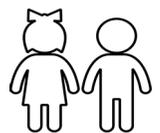
**70%** are living in urban settings



**4.1 million** in need of humanitarian assistance



**-15.7%** GDP growth rate



**40%** of population <5 years old



**14.1** Unemployment rate



**250,000** refugees and **1.2 M** IDPs



**26.7%** Population living below international poverty line

# Country Context: Sustainable Development Goals



## SDGs on Track

- **71.5** Life expectancy at birth
- **13.7/1000 births** Neonatal mortality rate in 2020 vs 17 in 2015
- **18.5/1000 births** Infant mortality rate in 2020 vs 24.8 in 2015
- **23.6/1000 births** Under 5 mortality rate in 2020 vs 30 in 2015
- **34.2/100,000 live births** Maternal mortality ratio births in 2020 vs 83 in 2015

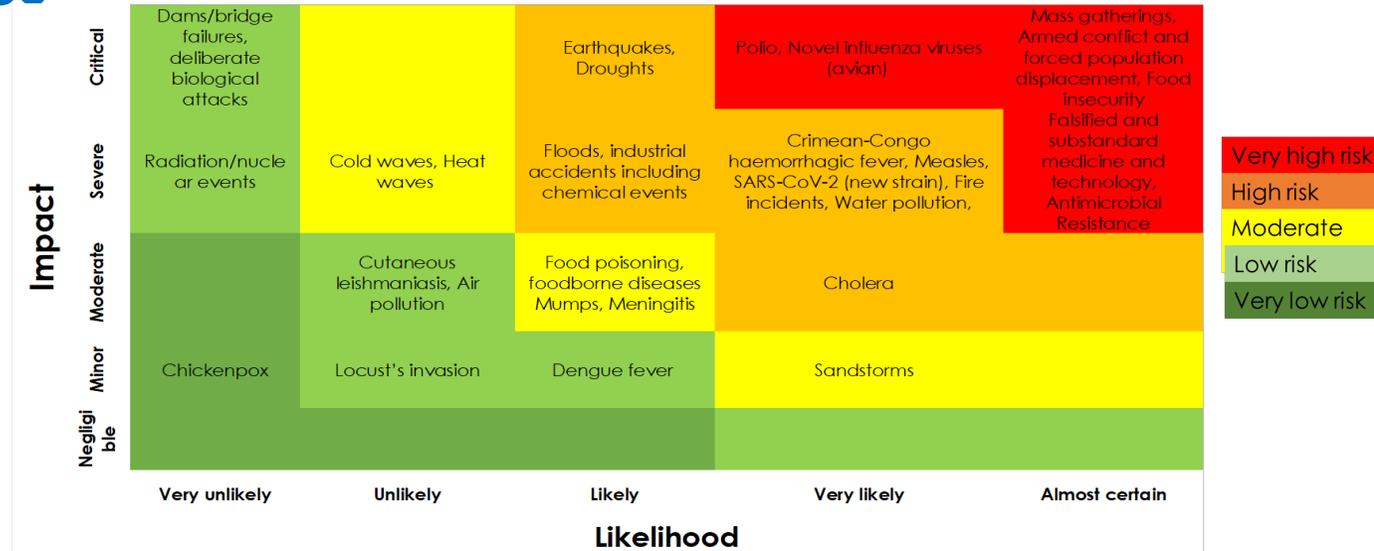
## Low progress of SDG

- **610.8/100,000** Mortality rate from NCDs in 2020 vs 611.7 in 2015
- **88/100,000** mortality of road traffic incidents in 2020 vs 61 in 2015
- **44.6/100,000** Mortality rate from Communicable diseases
- **23.5%** Probability of dying due to 4 main NCDs: in 2020, 24% in 2015
- **3/100,000** Mortality rate due to unsafe WASH

# Country capacity for IHR Capacities

- **54% Prevention capacity**
  - Fragmented multisectoral coordination structures
  - Insufficient reporting protocols & network
  - Moderate data analysis capacity
  - Integrated surveillance is planned
- **45% Preparedness capacity**
  - Limited capacity of IPC
  - Limited capacity of AMR
  - Limited diagnostic and biosafety/biosecurity capacity
  - Limited capacity of One Health
  - Moderate Port of Entry PoE routine and emergency capacity

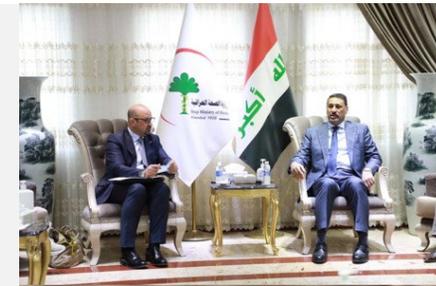
## Risk Matrix for Iraq, 2022



- **47% Response capacity**
  - Lack of integrated structure for health emergency management
  - Moderate capacity for sending and receiving medical countermeasures
  - limited capacity in managing chemical events at facility level
  - Limited workforce capacity
  - Growing RCCE capacity

## Piloting the UHPR in the Republic of Iraq: process (1)

- Official **UHPR request** from Iraq to WHO
- Letter from **WHO Director-General** acknowledging the commitment of Iraq
- **Owned and led by the Republic of Iraq**
  - **National Commission** involving the Prime Minister, selected Ministers, and Governors to lead the review at the policy and strategic levels
  - **technical working group** from all sectors and led by the health sector to technically lead the review
    - Collated and reviewed **background documents**
    - **Several meetings** at the national and Governorate levels
    - Meetings with **academia and main civil society organizations**
    - **Field visits** to seven governorates- Governors, Directors of Health and other sectors
    - Two multisectoral **Table-top Exercises in** Baghdad and Erbil



## Piloting the UHPR in the Republic of Iraq: Nat Review process (2)

**High-level WHO delegation** under the leadership of WHO EMRO and HQ

Meetings with the **Prime Minister, Minister of Health, Minister of Foreign Affairs, Minister of Finance, Minister of Agriculture, and UN Representatives**

Participated in a national workshop to officially launch the **Iraq UHPR report**

**Press conference** to share findings of UHPR

Launching **national report with best practices, challenges, and recommendations**



## Key highlights from the UHPR pilot in Iraq

Bringing all sectors for consensus building on strengths, gaps and priorities for the way forward



- **Public health, Safety & Occupational Health law & civil defence law** are comprehensive and addresses emergencies
- Development of the **crisis management cells** at Governorate level led by the governor with representation of the different sectors at governorate
- Ongoing efforts to build **IHR capacities**
- A structure of a comprehensive **HIS** exists, allowed to report around 76% of core regional health indicators
- Internal capacity to **generate health workforce**
- **Iraqi health insurance** law was developed in 2021 aims at achieving UHC

- Insufficient understanding and practice of **emergency preparedness** and Incident Management System
- Slow pace to reform the **health care delivery** model towards PHC
- Limited information on the **quality-of-service delivery**
- **Package of essential services** doesn't include secondary and tertiary services
- **Procurement strategies** and procedures are not optimum
- **Limited alignment between the MoHE and MoH** to address HR needs
- **Financing health security** is not assessed nor allocated, and **contingency funds** are limited

# Recommendations from the UHPR pilot in Iraq



## Governance & Leadership

- Review/update **national legislation**
- Establish **emergency management structure with PHEOC**
- Review and align national policies and ensure **health in all policies**
- Explore opportunities to build **executive leaders** for health emergencies
- Establish **Iraqi Public Health Institute of Health** and explore twinning programs
- Create a space for **communities** in governance structure
- Consider **gender** in the planning and implementation of public health programs
- Update **health education program** including school health

## Agile System

- Review and integrate existing **multisectoral coordination** mechanisms
- Establish **one health** structure
- Update existing **cross-border collaboration** agreements
- Establish an independent **national regulatory authority**
- Conduct **risk assessment** to inform public health measures in the context of international travel and trade
- Review and update the **NAPHS**
- Develop model of care towards PHC
- Prioritize and implement the recommendations of the various **health system reviews**

## Resources

- Increase Government's **budget for health**
- **Financial review** for health security financing
- **Refine the insurance law**
- Conduct a **national health account review**
- Review and update the **recruitment law**
- Develop national health workforce **strategy**
- Identify mechanisms for the **workforce capacity building**
- Explore opportunities and incentives to generate **family physicians and public health specialists**

## Next Steps for the UHPR in the Republic of Iraq



Develop a **5-10 years National Health Roadmap** defining the priorities of the country

Review structure for **managing health emergencies**

strengthen the **Health information system**

Develop multisectoral **One Health** advocacy, committee and Work-Plan

Establish the **Iraqi national institute of health** (ongoing)

Create space for the **two-way community engagement**

Update the **National Action Plan for Health Security**

Production of the **Investment case** for WHO/World Bank FIF