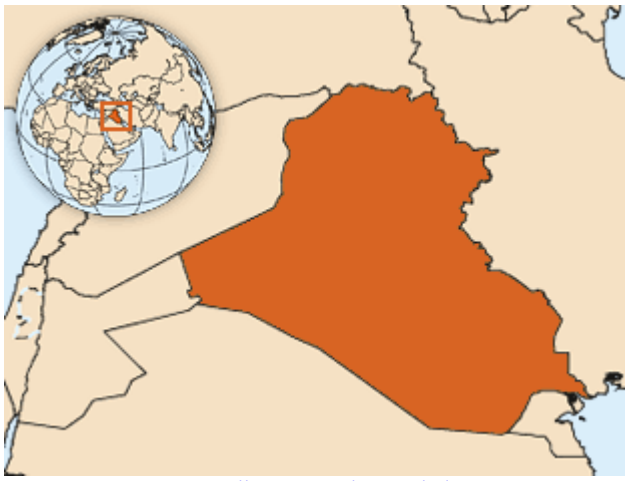
World Health Organization

Country Cooperation Strategy at a glance

Iraq



http:// www.who.int/countries/en/

WHO region	Eastern Mediterranean
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2011)	20
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	58
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	68.9 (Both sexes) 71.8 (Female) 66.2 (Male)
Population (in thousands) total (2015)	36423.4
% Population under 15 (2015)	41
% Population over 60 (2015)	5
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2007)	2.8
Literacy rate among adults aged >= 15 years (%) (2007-2012)	79
Gender Inequality Index rank (2014)	123
Human Development Index rank (2014)	121
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.54
Private expenditure on health as a percentage of total expenditure on health (2014)	39.73
General government expenditure on health as a percentage of total government expenditure (2014)	6.46
Physicians density (per 1000 population) (2010)	0.607
Nursing and midwifery personnel density (per 1000 population) ()	
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	18.4 [14.2-25.2]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	32.0 [24.5-41.8]
Maternal mortality ratio (per 100 000 live births) (2015)	50 [35 - 69]
Births attended by skilled health personnel (%) (2011)	90.9
Public health and environment	
Population using improved drinking water sources (%) (2015)	86.6 (Total) 93.8 (Urban) 70.1 (Rural)
Population using improved sanitation facilities (%) (2015)	83.8 (Rural) 85.6 (Total) 86.4 (Urban)

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

The population of Iraq has increased by 51.0% in the past 25 years, reaching 35.8 million in 2015. It is estimated that 31.0% of the population live in rural settings (2014), 14.1% is between the ages of 15 and 24 years (2015) and life expectancy at birth is 73.1 years (2014). The literacy rate (2012) is 82.2% for youth (aged 15 to 24 years), 79.0% for total adults and 72.2% for adult females.
The burden of disease (2012) attributable to communicable diseases is 19.1%, noncommunicable diseases 61.6% and injuries 19.2%. The share of out-of-pocket expenditure is 41.0% (2013) and the health workforce density (2014) is 8.0 physicians per 10 000 population and 24.0 nurses per 10 000 population.

HEALTH POLICIES AND SYSTEMS

The current health sector strategic plan outlines national priorities that include the health workforce, national medicines and technology, scaling up the family practice programme, improving quality and safety, and reinforcing the health information system. The Ministry of Health is moving towards adopting a programme-based budget, which requires a three-year strategic plan, and plans to review and develop a robust mechanism for the licensing, regulation, accreditation and quality assurance of health care providers. National accreditation standards for primary health care centres were prepared in June 2010 with technical support from International Medical Corps. However, the accreditation system is still at the pilot stage. Health financing has witnessed continual changes over the last 50 years, shifting from the model of the welfare state to the introduction of user charges and the establishment of self-sustaining hospitals, with recent large increases in out-of-pocket payment. Per capita health spending has increased more than four-fold over the last 10 years. External support to the health sector has always been minimal, except during the period of embargo when public financial resources were strained. Contribute mechanisms in the form of social and private health insurance are being considered by some policy-makers and representatives of private sector professional associations.
Health care facilities in both the public and private sectors are not equitably distributed across governorates and between rural and urban populations. Primary health care facilities are responsible for providing services to a defined population. The catchment area of each primary health care facility differs ranging from 10 000 to 45 000 people and depends on density of population, geographical location of the health facility and number of available staff. Multiple conflicts have destroyed a large number of the health facilities affecting access of the population to health services. However, the strong network of primary health care services which allow the majority of the population to have easy access to basic health services has assisted in mitigating the risk of communicable disease outbreaks despite these difficult conditions. Continued national political support and commitment through the public sector modernization programme provides opportunities and options for reform of the health sector. The presence of active international donors and nongovernment organizations is a great resource for supporting the health sector. There is a steady progress in the numbers of skilled health workforce as a result of the increased capacity of medical and health sciences educational institutions and the growing health care budget of recent governments.
Among the challenges for the health workforce are the lack of coherent human resources management structures and capacity within the Ministry of Health and governorates to strategically plan, mobilize resources, identify priorities and devise innovative and cost-effective solutions for the health workforce. The internal and external "brain drain" of professional expertise and the need to improve the quality of health professionals' education, especially nursing and allied health workers, are other challenges. In early 2012, the Ministry of Health started to establish family practice as an overarching strategy for service provision. A basic health services package has been approved and is currently being implemented and expanded to cover more districts countrywide. The changing burden of disease, with the rising epidemic of noncommunicable diseases, and current technological advancements demand a renewed approach to health services, and accordingly medical education and health systems strategies that bring about a robust and integrated model of health care that blends prevention, early diagnosis and effective treatment and rehabilitation of cases for longer periods of time. Therefore, a new mix of skills and competencies is needed that requires policy-makers to act now to transform the current model of medical education and strengthen health research for the future.
The functions of the national regulatory authority are in place with the exception of clinical trials control. There is a list of essential medicines for primary health care in place and a multisectoral committee on rational use of drugs that focuses on combating antibiotic resistance. Challenges for access to health technologies include: the absence of a national policy on health technologies; weaknesses in the procedures for resource allocation; limited local production capacity; limited capacity to assess the clinical safety, appropriateness, efficacy and efficiency of new technologies; and the lack of an independent entity to regulate medical products, particularly in the private sector.

COOPERATION FOR HEALTH

United Nations agencies and The World Bank; bilateral donors, predominantly the European Commission (EC), United States Agency for International Development (USAID), United Kingdom Department for International Development (DFID), and the Governments of Italy, Japan and Australia; the United States Department of State and Provincial Reconstruction Teams; International and national nongovernmental organizations (most of which are coordinated by the Nongovernmental Organization Coordination Committee) including: International Committee of the Red Cross, Mercy Corps, International Medical Corps, Première urgence, Danish Refugee Council, Un ponte per, Médecins sans frontières (MSF), Mercy Hands, Handicap International, Life for Relief and Development, International Medical Group, Arche nova, MedChild, Action Against Hunger, Christian Aid Organization, Médecins du monde, Save the Children, Oxfam, Japan Emergency, International Rescue Committee, Caritas, Agency for Technical Cooperation and Development (ACTED), People in Need and Intersos-Humanitarian Aid Organization.

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Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2012–2017)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Reproductive health	• Strengthening women's and family health through scaling up the national reproductive health programme.
STRATEGIC PRIORITY 2: Health system	• Strengthening capacity in the Ministry of Health for health system governance, reforming and revitalizing health care delivery, health care quality, patient safety, health financing, public private partnership and health system research.
STRATEGIC PRIORITY 3: Human resources for health	• Establishing/upgrading a system and a comprehensive long-term plan for production and management of human resources for health.
STRATEGIC PRIORITY 4: Health information system	• Upgrading and developing a comprehensive national health information system for the health sector.
STRATEGIC PRIORITY 5: Noncommunicable diseases and conditions	• Supporting implementation of the plan of action for noncommunicable diseases and cancer.
STRATEGIC PRIORITY 6: Communicable diseases	• Maintaining the progress achieved and further strengthening the control of communicable disease and national preparedness for dealing with epidemic and pandemics.
STRATEGIC PRIORITY 7: Social determinants of health, cooperation and partnerships and communication	• Assessing, documenting and promoting an intersectoral approach and health in all policies to tackle social determinants of health and health equity.
STRATEGIC PRIORITY 8: Environmental health and food safety	• Strengthening the capacity of the Ministry of Health to fulfil its regulatory and advocacy role for healthy environment and surveillance of health impacts of environmental health hazards and conditions.
STRATEGIC PRIORITY 9: Health promotion	• Strengthening national capacity for health promotion and communication.

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