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

21 Governorates (18 North & 3 Kurdistan)

4.1 million in need of humanitarian assistance

40% of population <5 years old

250,000 refugees and 1.2 M IDPs

55% are between 16-60 years old

70% are living in urban settings

-15.7% GDP growth rate

14.1% Unemployment rate

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

- **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

Bringing all sectors for consensus building on strengths, gaps and priorities for the way forward
# 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 **NAPHS**
- Develop **model of care towards PHC**
- Prioritize and implement the recommendations of the various **health system reviews**
- 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