**Health status**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Total</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth in years</td>
<td>73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult mortality rate (probability of dying)</td>
<td>207</td>
<td></td>
<td></td>
</tr>
<tr>
<td>between 15 and 60 years</td>
<td>116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>per 1000 population</td>
<td>160</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Communicable diseases**

- Tuberculosis notification rate per 100 000: 28
- Incidence rate of malaria per 1000 population: ...
- Estimated number of people living with HIV: ...

**Behavioural risk factors**

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>2008 estimated prevalence (%)</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2008 estimated prevalence (%)</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current daily tobacco smoking</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical inactivity</td>
<td>62.8 [60.6-64.9]</td>
<td>54 [52.0-55.9]</td>
</tr>
</tbody>
</table>

**Metabolic risk factors**

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>2008 estimated prevalence (%)</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised blood pressure</td>
<td>30.1 [17.6-44.0]</td>
<td>28.7 [16.6-41.7]</td>
<td>29.4 [20.4-38.9]</td>
<td></td>
</tr>
<tr>
<td>Raised blood glucose</td>
<td>12.7 [7.5-19.3]</td>
<td>12.5 [7.3-19.0]</td>
<td>12.6 [8.8-17.1]</td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td>62.2 [55.1-68.3]</td>
<td>68.2 [60.9-74.8]</td>
<td>65.2 [60.1-69.8]</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>22.3 [17.2-27.1]</td>
<td>36.2 [29.0-43.6]</td>
<td>29.4 [24.9-33.7]</td>
<td></td>
</tr>
<tr>
<td>Raised cholesterol</td>
<td>43.7 [30.2-57.8]</td>
<td>44.1 [26.9-60.9]</td>
<td>44.0 [33.0-55.3]</td>
<td></td>
</tr>
</tbody>
</table>

**Expenditure and mortality trends**

**Health system: information**

- Existence of a national health strategy/strategic plan and time frame: Yes (2010-2014)
- Annual publication/dissemination of ministry of performance report: No
- High level multisectoral advisory council for health available: No

**Health system: service provision**

- Infrastructure:
  - Primary health care facilities per 10 000 population: 0.7
  - Hospital beds per 10 000 population: 13
- Service delivery:
  - Access to local health services (%): 86
  - Contraceptive prevalence (%): 53
  - Antenatal care visits (4 + visits) (%): ...
  - Measles immunization coverage among 1-year-olds (%): 83
  - Smeard-positive tuberculosis treatment success (%) 89
  - Number of tobacco (m)POWER measures implemented at the highest level of achievement: ...

**Health system: finance**

- National health accounts conducted (number of rounds; last reference year(s)): (1 ; 2008)
- General government expenditure on health as % of GDP (2011): 6.7
- Out-of-pocket expenditure as % of total health expenditure (2011): 19.3
- General government expenditure on health as % of total government expenditure (2011): 10.2

**Health system: technology**

- Existence of a functional national regulatory authority (NRA): Yes (medicines and medical devices): 0.5 / 0.8

Communicable diseases are estimated to account for 28% of all deaths among children aged <5 years.
### Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

#### Strengths

- National Health Strategic Plan 2012–2017 is approved and currently being implemented
- National health policy for the next 10 years is currently developed and in its final endorsement steps
- First national strategy for nursing and midwifery developed and endorsed
- Existing network of primary health care facilities (one primary health care centre/10 000–45 000 citizens) and hospitals
- Endorsement of essential basic health service package and Iraqi list of essential drugs within the primary health care centres
- Existence of functional centres that are accredited on an international basis, such as the Influenza Centre and National Pharmacovigilance Centre in Baghdad, supported by a network of focal points in most governorates
- Continuous annual increments in the budget allocated to the Ministry of Health from central governmental
- Availability of medical, nursing and paramedical colleges network distributed throughout all governorates of Iraq

#### Weaknesses

- Centralized decision making processes with limited or no governorate autonomy
- High level of reliance on almost 95% imported medical products
- Health information systems need enhancement with heavy reliance on population-based surveys to assess the health situation and monitor trends
- Inequitable distribution of primary health care facilities with large differences both between and within governorates
- The health facility infrastructure is relatively old
- Quality of care at public sector facilities does not meet the required standards
- Relying on classical budgeting (based on item budgeting) for the Ministry of Health
- The salaries and incentives are not correlated with employee performance

#### Opportunities

- The Iraq Public Sector Modernization Programme provides options to reform the Iraqi health sector
- Article 31 of the Iraqi constitution mandates the state to protect health and social security
- Total health expenditure per capita has increased fourfold over the past 10 years
- Private health sector is growing in terms of capital investments and provides opportunities for partnership
- High commitment to make the primary health care system based on the family practice model
- Government support and commitment for decentralization

#### Challenges

- Lack of political stability and security undermines a strategic approach towards universal health coverage
- High population growth rate, increasing by 3.5% annually and Total Fertility Rate is 4.3
- Lack of capacity for forecasting and projection of the required workforce in order to meet shortages
- Internal and external brain drainage of professional expertise
- Need to improve quality of health professionals’ education, especially nursing and allied health workers
- Adverse effect of social determinants: high rate of unemployment in young men and child labour
- High number of internally displaced persons (350 000 internally displaced people in Kurdistan)
- The governmental leadership is in need of capacity and skills development and the need for developing an effective job description in addition to insufficient integration and coordination with other development partners

#### Priorities

- Developing national health policy that provides a vision and roadmap for reforming the health sector over the next decade is in its final steps
- Develop a national strategic plan for health workforce including strengthening nursing education
- Finalize and adopt the National Medicines and Health Technology Policy
- Implement a new round of national health accounts using the new relevant approach
- Strengthen the health economics unit within the Ministry of Health
- Scale up family practice programmes in all governorates including implementation of the essential package
- Improve quality and safety of care in hospitals/primary health care centres through clinical governance and/or accreditation programmes
- Develop a system for health professionals’ regulation to protect the public from unsafe medical practice
- Define the administrative and functional structure of “Kimadia” and strengthen national regulatory authorities to ensure quality, safety and efficacy that covers all technologies including medicines, vaccines, devices and diagnostics
- Reinforcing health information systems, including civil registration, risk factor and morbidity monitoring and health systems performance
- Strengthening and supervising strategic planning for noncommunicable diseases according to United Nation interventions

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