



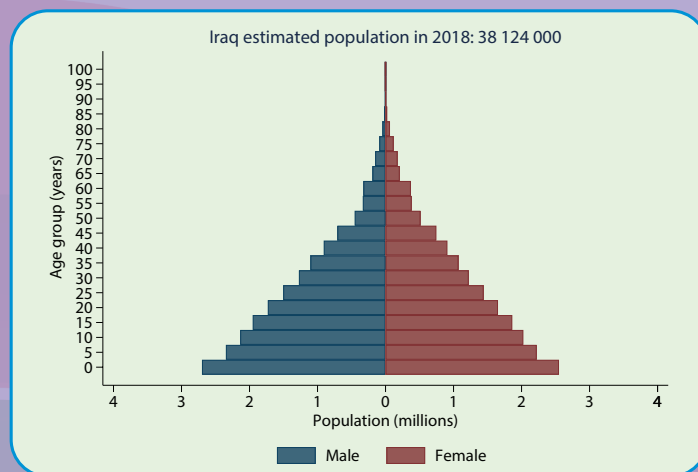
Universal health coverage

UHC service coverage index (2017)	61
Primary health care facilities per 10 000 population (2017)	0.7
Hospital beds per 10 000 population (2017)	13.2
Demand for family planning satisfied with modern methods (%) (2017)	61.8
Antenatal care visits (4+ visits) (%) (2018)	35.0
Measles immunization coverage among 1-year olds (%) (2018)	83
Tuberculosis treatment success rate and relapse TB cases notified (%) (2017)	92
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2018)	84
Out-of-pocket expenditure (OOPS) as percentage of current health expenditure (CHE) (2016)	78.5
Domestic General Government Health Expenditure (GGHE-D) as % of General Government Expenditure (GGE) (2016)	1.7

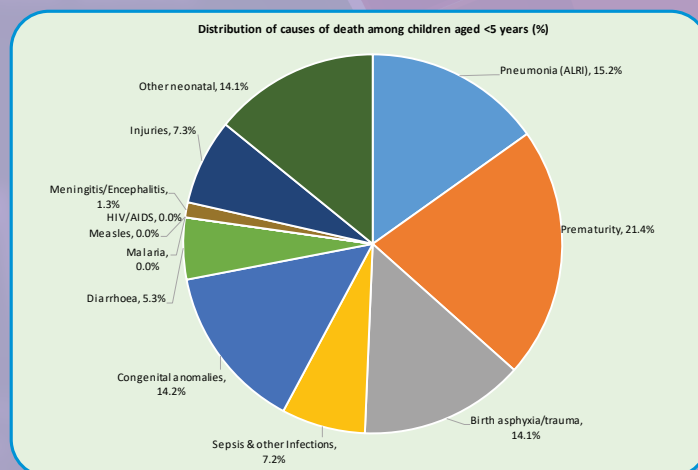
Selected determinants of health

Population living in urban areas (%) (2018)	70
Annual GDP growth (%) (2018)	0.6
Population growth rate (%) (2018)	2.5
Children aged < 5 years with pneumonia symptoms taken to a healthcare provider (%) (2011)	74.4

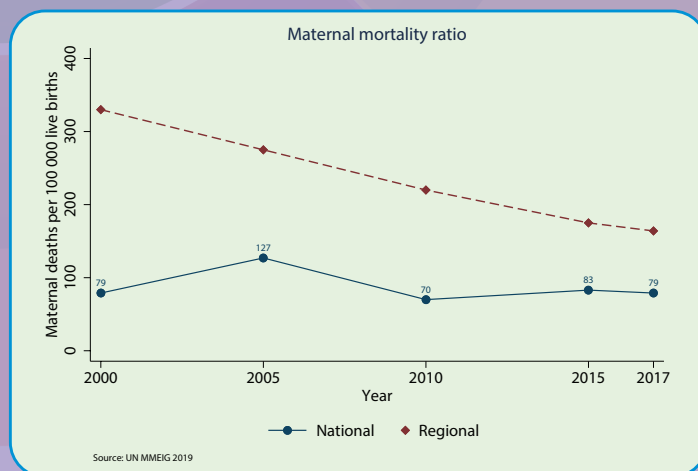
Estimated population in 2018



Distribution of causes of death among children aged <5 years (%)



Trends in estimates of maternal mortality ratio



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2014) % 17.0

Proportion of employed population below the international poverty line (ILO estimate, 2019)

Male %	0.4
Female %	0.3

2 ZERO HUNGER

Children under 5 who are (2018)

stunted	%	9.9
wasted	%	2.5
overweight	%	6.6

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2013)

Total %	...
Male %	78
Female %	...

Net primary school enrolment ratio per 100 school-age children (2014)

Total ratio	92
Male ratio	94
Female ratio	83

7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (Global Health Observatory, 2017) % >95

6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015) % 87

Access to improved sanitation facilities (World Health Statistics, 2015) % 86

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2019)

Total %	7.9
Male %	7.1
Female %	12.4

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) ($\mu\text{g}/\text{m}^3$) (WHO/CEHA, 2016)

Total	57.7
Urban	...

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2012-2016) 86.3

*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2018)	67.5	72.2	69.8
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2017 estimate)	—	—	79
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	17
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	19
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	30
Tobacco use among persons 15+ years (%) (2018)
Overweight (18+ years) (%) (2016)	64.6
Obesity (18+ years) (%) (2016)	30.4
Raised blood pressure among persons 18+ years (%) (2014)	25.2
Raised blood glucose among persons 18+ years (%) (2015)	17.4
Raised cholesterol among persons 18+ years (%) (year)
Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, (%) 2016	21.3
Cancer incidence per 100 000 (2018)	105.5

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review

Completed in 2019: https://sustainabledevelopment.un.org/content/documents/23789Iraq_VNR_2019_final_EN_HS.pdf

National Focal Point for 2030 Agenda

Dr. Nouri Sabah Al Dolaimi, Minister of Planning and Head of National SDG Committee

National Focal Point in Ministry of Health for health-related SDGs

Dr. Faris Allami, Director General, Public Health, Ministry of Health and Environment

1. What efforts have been made to agree on national targets for SDG3+?

The Ministry of Health, with support from WHO and key partners, has agreed that to overcome the enormous challenges in the health system and achieve SDG3+ targets under the following six strategic directions:

- Strengthening the key components of the health system by focusing on reforming healthcare financing, increasing access to medicines and technologies, improving health information system, developing capacities of health workforce, ensuring provision of essential health care services at primary health care, and strengthening health governance.
- Establishing transparent and accountable administration for Ministry of Health institutions, controlling corruption, and addressing the negative effects of decentralization policies and delegation of authorities.
- Expanding and reforming hospital services
- Developing a comprehensive plan for the reconstruction of health infrastructure, giving priority to the liberated and terror-affected provinces.
- Regulating the pharmaceutical sector and strengthening the regulatory functions of medicines, including; drug selection, registration, monitoring, post-marketing follow-up, and updating of drug supply, storage and distribution policies and systems:
- Addressing gaps in preventive services and key health challenges.

2. How is Iraq incorporating SDG 3 targets in health policy, strategy, and planning?

Iraq is committed to achieve SDG 3 and universal health coverage (UHC). Specifically, the country is targeting to achieve SDG 3 much earlier than 2030 by focusing on two major initiatives:

- Agreeing on essential packages of preventive, curative and rehabilitative services to be continuously available and of high quality to all citizens. The basic package should be finalized before the end of 2019.
- Development of the health insurance system. A draft law has already been prepared by the Parliament. The Ministry of Health intends to submit at the same time another proposal based primarily on the imposition of taxes on the salaries of state employees, retirees and the private sector.

At the same time, Iraq believes that reform of the health system cannot be completed without encouraging private sector investment in solidarity and integration from the public sector.

3. Are there any major partnerships in Iraq for advancing the 2030 Agenda?

Inter-ministerial collaboration is a key facet of Iraq's efforts to achieve the 2030 Agenda. A higher committee, headed by the Ministry of Planning, is supported by 9 working groups to tackle all SDGs and its associated programmatic and inter-sectoral work. All other ministries are also part of this committee. The UN Country Team has established an SDG focal point, led by UNDP. Other development partners (e.g. EU, USAID) and civil society also supporting national efforts to achieve the SDGs. Recently, the UNCT developed working groups to align all individual targets into 4 major strategic objectives, which are also aligned with government national plans and priorities.

4. Are there any major partnerships in Iraq for advancing the health-related SDGs?

The Ministry of Health is collaborating with other ministries to achieve the health-related SDGs. UN organizations and agencies like WHO, UNICEF, UNFPA, UN Women and UNDP are supporting the MoH according to their mandates and expertise. Major partnerships have emphasized inter-sectoral collaboration and community participation, placing primary health care concepts at the centre.

5. Has Iraq reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

Limited government investment in health is a major challenge to achieving SDG targets and poses a financial burden on citizens. Efforts are made by the Ministry of Health to raise health sector funding through four main directions:

- Increasing public investment in the health sector by reconsidering the priorities adopted by the government in the field of national development and the government budget. Government and House of Representatives are reviewing priorities and associated budgets for 2019 and 2020 to ensure that they align with relevant targets to be achieved at the national level.
- Finding additional sources of funding for the health sector.
- Studying innovative sources of health funding through donations and increasing taxes on harmful products such as tobacco, alcohol and other unhealthy foods. The Ministry of Health has started preparing an integrated action plan to raise taxes on tobacco in cooperation with WHO, World Bank and the Ministry of Finance.
- Buy more health for money, which means that the scarce resources available to the health sector must be used rationally and cost-effectively.

This new approach in managing the 2019 onwards budgets will help Iraq progress towards achieving UHC. The Ministry of Health aims at establishing a special unit in the Ministry dealing with Health Economics, Health Technology Assessment (HTA), as well as training of public health professionals in the proper management and operation of budgets to achieve "value for money".