

PROGRESS REPORT

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IRAQ COUNTRY OFFICE



World Health
Organization

The World Health Organization (WHO) and Health cluster partners in Iraq continue to support the government to respond to man-made and natural disasters as well as development health programs Iraq wide. The health actors under the leadership of WHO in collaboration with the Ministry of Health (MOH) are working to ensure that all Iraqis have access to the needed health care services basic or otherwise as part of Universal Health Coverage. As such, the agency alongside other health partners are focusing on delivering both strategic development and emergency health programs in line with the needs of the population and government.

This report highlights WHO Iraq's achievements over the past eight months of 2019, and how it worked to support the Ministry of Health in its delivery of health services. The gains captured in this report symbolizes the incredible courage and resilience of

the Iraqi people as well as the humanitarian actors and the joint determination and willingness to rebuild and strengthen the country's health system and cascade primary health care down to household levels. Much was achieved despite the challenges of insecurity, funding and access.

In 2019, WHO will continue to focus on technical support, capacity building of the Ministry of Health at all levels and is working together with all health authorities and people of Iraq to reconstruct and rebuild health systems in areas previously affected by conflict. In other areas, WHO is strengthening existing health systems through technical support to development programs covering major health system components, health protection and promotion activities, as well as prevention and control of major communicable and non-communicable diseases affecting the country.

1. Communicable diseases

To strengthen its support and response to Antimicrobial Resistance (AMR), WHO supported the Ministry of Health to develop, endorse and launch the national action plan for AMR and together with MOH conducted a workshop of 50 participants from all governorates on AMR surveillance using GLASS platform. Another workshop to develop health promotion plans in light of the endorsed AMR national action plan for 35 participants was also conducted. These plans are currently being implemented.

To strengthen the neglected tropical diseases (NTDs) including vector management and control, WHO supported the MOH to develop, endorse and launch the integrated vector management and control plan in Iraq. This plan is also currently under implementation.

As part of capacity building for NTDs, together with MOH, WHO trained 35 Health workers on vector management and control as per the newly endorsed plan. Additional training was conducted targeting 34 health staff from Ninawa in light of staff turnover and post emergency status in this governorate and, 145 health workers trained on how to conduct a survey to measure utilization of insecticide treated

bed nets including the use of data collection tools. In addition, 65 general practitioners were trained on clinical management of leishmaniasis and another 67 laboratory personnel trained on the diagnostics for leishmaniasis. The MOH was also supported to develop a national plan for mass deworming targeting school-aged children against soil-transmitted leishmaniasis in which 50 health workers participated, also WHO supported the MOH to conduct a mass deworming campaign at the national level.

To sustain the status of malaria elimination in Iraq, a workshop targeting 25 malaria focal points was conducted with the aim of building their capacity to prevent, manage and control the diseases in Iraq.

A workshop on international health regulations targeting Kurdistan Regional Government staff was also held with the aim of building the capacity of the concerned health staff on International Health Regulations (2005), to discuss findings of the IHR (2005) Joint External Evaluation Mission Report and to capacitate the staff on the National Action Plan for Health Security (NAPHS) in Iraq in preparation for the implementation of the work plan, 35 health workers participated in this activity.

The evaluation of the National AIDS Control Program in Iraq by an expert was conducted with a purpose of assessing the epidemiology of HIV/AIDS in the country and to evaluate the capacity of the national AIDS program to define steps for the improvement of the program's performance and/or redefine the program's strategic direction and focus.

To strengthen its support to the tuberculosis program in Iraq, WHO supported the MOH to develop: the national multi-drug-resistant tuberculosis (MDR-TB) guidelines and trained 22 staff on the same guidelines, the national Tuberculosis-Diabetes co-management guideline for Iraq and the National Strategic Plan for Tuberculosis prevention and control in Iraq.

Within the context of the 2019 plan of the Eastern Mediterranean Regional Green Light Committee (EMR_GLC) to monitor and support Multi Drug

Resistant Tuberculosis Management, WHO EMRO team conducted a technical assistance and monitoring mission for Programmatic Drug Resistance Tuberculosis (PMDT) to the country.

Due to the importance of the surveillance system in notifying public health incidents and outbreaks and with the aim of strengthening surveillance to improve health response under the context of emergency and the current recovery phase in Iraq, WHO conducted a training on electronic surveillance system for 52 surveillance focal points from Directorates of Health. The training aimed at enhancing the capacities of focal points in reporting data through the electronic surveillance software system effectively and in a timely manner.



To understand the rate of prevalence of suicide in Iraq to inform decision and interventions, WHO supported the Ministry of Health to conduct a sub-national suicide survey in selected governorates of Kirkuk, Diyala, Thiqr, Karbala, Baghdad Rusafa and Karkh. A report will be widely disseminated when completed.

To support the management of mental health illnesses in the country, the agency alongside the MOH trained 75 health workers across the country with the exception of the Kurdistan region on the treatment and management of mental health illnesses.

To promote physical activities in and outside schools as one-way of combatting non-communicable diseases (NCDs), WHO together with local health authorities organized for walk the talk campaigns. More than 400 people participated in Erbil and Kirkuk governorates. Additional 100 people participated in symposium organized by WHO and MOH to orient communities on NCD risk factors.

To combat the use of tobacco in Iraq, WHO continues to engage with the high-level leadership of the MOH to advocate for the finalization of the draft tobacco law including raising taxes on tobacco products. A survey on the use of tobacco among school going children was conducted country wide to inform decision. More than 2500 students participated in the survey conducted by 40 Surveyors. A report will be shared when ready.

To strengthen and improve the cancer data collection and registry of the MOH, WHO supported the training of seven master trainers on the new program (CAN Reg 5). The master trainers are expected to cascade the training to facilities managing cancer.

As part of the Basic Health Services Package, WHO and MOH conducted on site trainings for 190 health workers in Nienwa, Dahuk, Baghdad, Kirkuk and Erbil.



The health of women and children is the key to progress on all development goals; investing more in their health will help build peaceful and productive societies and reduce poverty. Accordingly, and as part of WHO's mandate to provide technical support to Ministry of Health in strategic planning, monitoring and evaluation, mortality surveillance and response, and service provision, a series of technical joint meetings and capacity building workshops were conducted in the past eight months, these include:

- Together with UNICEF and UNFPA, WHO supported the MOH to conduct the Midterm Review of the National Reproductive, Maternal, Neonatal, Child and Adolescents Health (RMNCAH) Strategy 2016-2020.

- In collaboration with UNICEF, supported the Ministry of Health to scale up Perinatal Death Surveillance and Response (PNDSR) in most governorates.

- Fifty health workers in Baghdad//Al-Karkh & Babil Directorates of Health (DoHs) were trained on quality provision of Essential Newborn Care (ENC) aimed

at improving the quality of care at all levels of health facilities.

- Sixty health workers from Muthana, Missan ,Thi-Qar , Najaf ,Babil, Karbalaa and Erbil DoHs trained on the Integrated Management of Child &Newborn Illnesses (IMNCI) in order to improve the management of common childhood illnesses.

- Forty-five health workers from Baghdad/Al-Karhk, Rusafa, Diala and Basra DoHs trained on the use of WHO guidelines on the provision of quality "Antenatal &Postnatal Care.

- To ensure the provision of adolescent-friendly health services at PHCCs, fifty health care providers working at PHCCs in Baghdad /Al-Karkh and Rusafa DoHs were enrolled in the WHO Orientation Program on Adolescent Health.

- WHO also procured sports equipment for 50 secondary schools to promote the practice of physical activity among adolescents in schools.



To support evidence based programming and decision making WHO and the ministry of health collaborated to strengthen national health data collection and management through standardization of National Statistical Data Collection Forms. Training of 31 participants from the MOH, MOH Kurdistan Regional Government and DOHs was done to ensure generation, availability and accessibility of timely and quality information for key health indicators. This will enable monitoring of health targets related Sustainable Development Goals. Additionally, 41 staffs from national and sub-national levels capacity were trained in electronic data collection and analysis for improving health information management system (HIMS).

Universal Health Coverage (UHC) includes appropriate access to affordable and quality-assured blood and blood products, which is included in the WHO List of Essential Medicines. To strengthen the National Blood Transfusion services, WHO and the MOH conducted blood safety assessment, trained 30 hematologists and blood bank directors and developed actions plans to address gaps and weaknesses such as frequent interruptions of supplies (consumables and reagents). This ensured the availability, accessibility and affordability of sufficient blood supplies.

WHO also supported the MOH to review its current medical supply procurement practices and ways of improving availability of Essential pharmaceuticals and other health technology products in Iraq. As a result, an action plan has been developed to address gaps identified in the current Medical Supply Procurement practices and the implementation has commenced. A follow up evaluation will be conducted to assess progress made so far. And also support the Iraqi MOH and other stakeholders to assess the MOH capacity to conduct Iraq's first private market Survey for substandard and falsified medicines, and build capacity of the NMRA (National Medical Regulatory Authority) on designing the survey protocol.

Thirty health workers including the national core team, officials from MOH Kurdistan Region and local governorates focal points were trained on the development of Iraq's National Health Account (NHA) 2018, to raise awareness of health accounts. Awareness was also created on the required data needed in capacity building at different levels, review of available data, ensure hands-on work to finalize the mapping phase of the HA study for 2018 and, develop the cross table FSxHF (year 2017) for Global Health Expenditure Database (GHED). The National health accounts (NHA) constitutes the systematic, comprehensive and consistent monitoring of resource flows in a country's health system. It is designed to facilitate successful implementation of health system goals by its stewards.

To improve the Quality of Health Care Services through Accreditation, WHO supported the MOH to assess four PHCs and two hospitals for quality of care and patient safety. As a result, recommendations for the improvement of the current Iraqi MOH standards for hospitals and/or primary healthcare centers and a high-level road map for the way forward has been finalized to guide implementation.

To ensure Iraq's health information system respond to national demands for reliable and timely health information, a comprehensive health information system (HIS) assessment was conducted aimed at monitoring the country's health development agenda and enhancing its reporting capacity on the 100 core health indicators (plus health-related Sustainable Development Goals) and the 75 regional core health indicators. This enabled the identification of weaknesses and strengths of the country monitoring, evaluation, and health information systems, and to identify priority actions based. In line with the recommendations, WHO is supporting the MOH to setup the District Health Information System 2 (DHIS2) server/software, and train 15 national core team members to customize Iraq's data collection.



During this reporting period, WHO supported the MOH to conduct the second batch of sub national Measles, Mumps, and rubella (MMR) vaccination campaigns in March targeting 2.682.701 children aged between 09-59 months in nine provinces reaching 90% of the target. This exercise is a continuum of the first batch conducted in 2018 that covered 10 Provinces. This resulted in the 90% coverage was obtained as a result of vaccination of target children.

To address the EPI bottleneck analysis, WHO and UNICEF in collaboration with the MOH conducted a workshop targeting 70 participants from 30 Low Performing Districts to analyze the situation, constraints and to identify ways and means of fixing the shortcomings in order to improve and strengthen routine immunization. A follow up workshop was conducted in July to review the progress and accelerate the implementation of the activities. As a result, an Action plan was developed which indicates actions to be taken in the short, mid and long term to strengthen routine immunization.

Several desk and field studies, workshops and Effective Vaccine Management Assessments (EVMA) were conducted to assess the current status of Vaccine and Cold Chain Management in Iraq and to develop a continuous Improvement Plan as part of the Organization's support to strengthen EPI in Iraq in collaboration with UNICEF.

In this reporting period, WHO supported the MOH to develop Health Workers Guidelines on EPI. The guidelines are now available to enhance their knowledge and skills for service delivery.

WHO also supported the National Measles Laboratory with Laboratory reagents to ensure it continues conducting measles and rubella tests to confirm or discard the suspected cases.

Two workshops on Epi info (an information software) were conducted covering 44 provincial Data Managers in charge of Measles and the national measles surveillance guidelines were updated to reflect the changes and new requirements. The draft guideline is available for printing and dissemination, while the those trained were equipped with the software and knowledge to record, analyze, utilize and report measles surveillance data.

WHO facilitated an expert mission to Iraq to work with the Ministry, UNICEF and WHO to develop the Iraq National EPI Policy and Strategy and a workshop of key stakeholders including EPI Managers from 11 provinces was conducted to obtain field inputs. This resulted in the draft National EPI Policy document which will later lead to the development of a comprehensive 5 year Multi Year Plan (cMYP) for EPI in Iraq.

In this reporting period, several advocacy meetings were held to establish regular coordination among all key partners these includes monthly partners coordination meetings held to review, discuss and agree on future activities. Key EPI partners participated in these meetings.

The first round of Polio National Immunization Days was conducted in April covering all provinces in Iraq targeting 5,875,186 children aged 0-5 years and achieving 95% coverage.

To support the National Polio Laboratory, WHO procured and delivered Laboratory reagents to enable the National Polio Laboratory to conduct testing of stool samples from Acute Flaccid Paralysis (AFP) Cases notified from all over the country, procured laboratory equipment and reagents to initiate Environmental testing and is supporting the renovation and upgrade of the National Polio laboratory to enable the testing of sewerage samples collected from the environment.

In addition, the Organization supported the training of the national polio laboratory technicians on Environmental sample testing and facilitated the accreditation of the National Polio laboratory by the Regional Experts in the Eastern Mediterranean Region. As such, the National Polio laboratory has been upgraded both in technically and in infrastructure to conduct Environmental tests to detect any possible circulation of Wild Polio or Vaccine Derived Virus in addition to already testing stool samples to confirm or discard the AFP cases for Poliomyelitis.

A series of consultative meetings were held during this period to update the National AFP Surveillance Guidelines. This resulted in the drafting of an up to date AFP surveillance guidelines, which will be disseminated to all provinces.

During this reporting period, WHO worked with the MOH to conduct a mid-year AFP surveillance review workshop for all Provincial AFP Surveillance Officers and some provincial Public Health Directors from high-risk provinces, in total 55 people participated. It was recommended that follow up actions to strengthen the AFP surveillance network and activities in Iraq should be done.

A second round of Polio sub-national immunization days (SNIDs) is being planned for 29 September-03

October 2019. Microplanning workshops were conducted for provincial EPI and Cold Chain Managers to introduce a bottom up approach instead of top down. Micro plans for the provincial and national levels have been finalized.

To introduce Community Based AFP Surveillance in three districts in high-risk areas, WHO participated in the training and follow up of reviews, this resulted in the establishment of Community Based AFP Surveillance in these districts.

Geocoding of AFP cases was included in the notification, case investigation and recording/reporting by WHO. These GPS coordinates of all hot and clustered AFP cases are now available to enable the spot the exact location of cases.



More than 4 million people have returned home, however another 1.6 million remain displaced in camps, informal settlements and host communities. To support the needs of both returnees and displaced persons, during this reporting period, the following activities were conducted

WHO procured and distributed essential line medicines sufficient for a population of more than 465,000 and emergency health kits enough for a population of 773,700 for three months these included non-communicable disease kits for an estimated population of 170 000 for three months and trauma (A&B) sufficient for 2800 surgical interventions. These were distributed to eight Directorates of Health serving internally displaced persons, host communities, returnees, and refugees.

WHO and its implementing partners recorded more than 3, 193, 141 consultations in WHO supported primary healthcare centers and mobile medical clinics since the beginning of January in governorates hosting internally displaced persons (IDPs) including 306, 933 children less than 5 years . The governorates include Anbar, Dahuk, Diyala, Erbil, Kirkuk, Ninewa, Salahadin, and Sulymania.

In response to the health needs of people affected by flash floods in Basra, Wassit, Maysan and other surrounding villages, medical supplies were provided including lifesaving medicines, 30 medical kits, and other supplies enough to treat more than 100 000 people for one month. In addition, lifesaving materials, such as inflatable boats, rescue jackets of different sizes and interagency emergency health kits (IEHKs) were provided to Maysan and Wassit respectively.

In Hawiija General Hospital in Kirkuk governorate, WHO supported the rehabilitation and inauguration of a 25-bed capacity pediatric and outpatients department. Also rehabilitated was a doctors call or sleep room. To ensure service provision at the opening of the facility, WHO delivered a wide range of medical technologies such as emergency room and operating theatre equipment and 30 tons of medicines for different treatments. Two hundred thousand people residing in the district, including displaced persons and returnees from other areas of Kirkuk will benefit from this support.



To serve the needs of people returning home but with limited access to health care services, WHO is working with national and local health authorities to ensure access for those in hard to reach areas. In line with this support, WHO supported the government of Iraq to increase access to health care for thousands of people who have returned home by establishing primary health care facilities in Telefar district serving both Zummar and Rabeaa sub-districts, Sinoni, Ba'aj town, Shandokha village near Al Kasak junction and Al Wahda sector inside Talafar City. The facilities offer emergency and maternity health services, laboratory, pharmacy, referral services, and health promotion activities. Currently, WHO remains the main agency supporting health services in areas of return; after all the primary health care centers were destroyed during the crisis that ended more than one two years ago.

WHO is supporting medical waste management in Ninewa, Kirkuk and Salahadin governorates. In this

reporting period, 22,219 kilograms of medical waste was collected from 45 health facilities in Ninewa in addition to other health facilities in Kirkuk and Salahadin. Most medical waste collected in Ninewa alone during this period were yellow plastic bags and safety boxes.

To ensure that drinking water in Kirkuk, Salahadin, Sulymania, Ninewa, Erbil and Anbar meets the required standard, WHO is supporting quality monitoring of drinking water supplies. A total of 1,963 water samples were collected and tested from Erbil, Kirkuk, Salahadin and Ninewa including in IDP camps, PHC catchment areas, and water treatment stations. These were checked for chlorine levels and tested for bacterial contamination

To strengthen referral services in conflict affected governorates, WHO procured and donated 20 fully equipped ambulances.



Due to the long-term crisis in Iraq, the need for mental health services has significantly increased, especially for those who have been exposed to or witnessed acts of violence, or those who have been forcibly displaced. Those with pre-existing mental disorders often need more help than before.

In Iraq, there is a gap between the mental health needs of people and the provision of mental health services and psychosocial interventions. The majority of people affected by emergencies in Iraq do not have access to effective mental health care and psychosocial support, where even the pre-war mental health system was not community-based. There is an acute shortage in mental health professionals.

To address these challenges, WHO has taken on to support the MOH mental health and psychosocial activities aimed at providing culturally appropriate, evidence and community based mental health and psychosocial services to the most vulnerable population groups with special focus on geographical areas and different groups most affected psychologically by the conflict, i.e. Nineveh, Dohuk, Anbar, Sala Al-Din and Kirkuk.

During this period, WHO:

- Trained 200 health professionals on Mental Health GAP (mhGAP) intervention guide to bridge the gap in human resources. The health professionals are being supported with field based technical follow-ups to provide quality mental health and psychosocial support service (MHPSS) services to people affected by priority mental health conditions such as depression, psychoses, stress related conditions, epilepsy and others.

- In addition, 23 health professionals from Basra

governorate were trained on WHO Problem Management plus (PM+) manual aimed at building a client's ability to manage their own emotional distress and, when possible, to reduce their own practical problems. Currently, more than 115 health facilities in 11 governorates (Duhok, Erbil, Kirkuk, Anbar, Baghdad, Salah Addin, Sulymania, Missan, Thekar, Basrah and Nineveh) are providing integrated mental health and psychosocial support services. The trained health professionals reached more than 5000 people with mental health conditions.

- Twenty-three health care providers participated in a workshop aimed at strengthening the health sector response to gender-based violence (GBV) and a TOT aimed at building capacities of health care providers and other health related professionals to deliver training on the health system response to GBV. Those trained are from DoHs, local and international NGOs from Dohuk, Erbil, Kirkuk, Nineveh, Salahdin, and Sulymaniya. In addition, 278 health care providers and primary health care centre (PHCCs) managers working in 86 health facilities in Sulymania, Dohuk, Erbil and Ninewa were trained on how to respond to GBV and deal with GBV survivors, in line with a survivor-centered and human-right based approach. More than 450 women were reached through this support.

WHO procured and distributed psychotropic medicines used for the treatment of mental disorders, reduce disability and prevent relapse.

WHO is currently supporting the establishment of three new psychiatric units at DoHs' general hospitals in the most affected conflict areas of Sinjar, Tal Affar and west Mosul in cooperation with NGOs to provide MHPSS services especially women and children.



Iraq is endemic for epidemic-prone diseases (cholera, Measles), Vector-borne diseases (Leishmaniasis), and zoonotic diseases (CCHF and Rabies) for which preparedness and response plans are developed annually. In this reporting period, cholera preparedness plan was updated by WHO, UNICEF and other partners in collaboration with the MOH with a detailed training plan, pre-positioning of medical supplies, and awareness creation in high-risk locations conducted.

In addition, WHO supported the MOH to conduct cholera preparedness training for 93 Public Health Officers from central, northern and southern governorates. The training enabled the public health staff to detect, verify, and respond to the priority diseases including cholera.

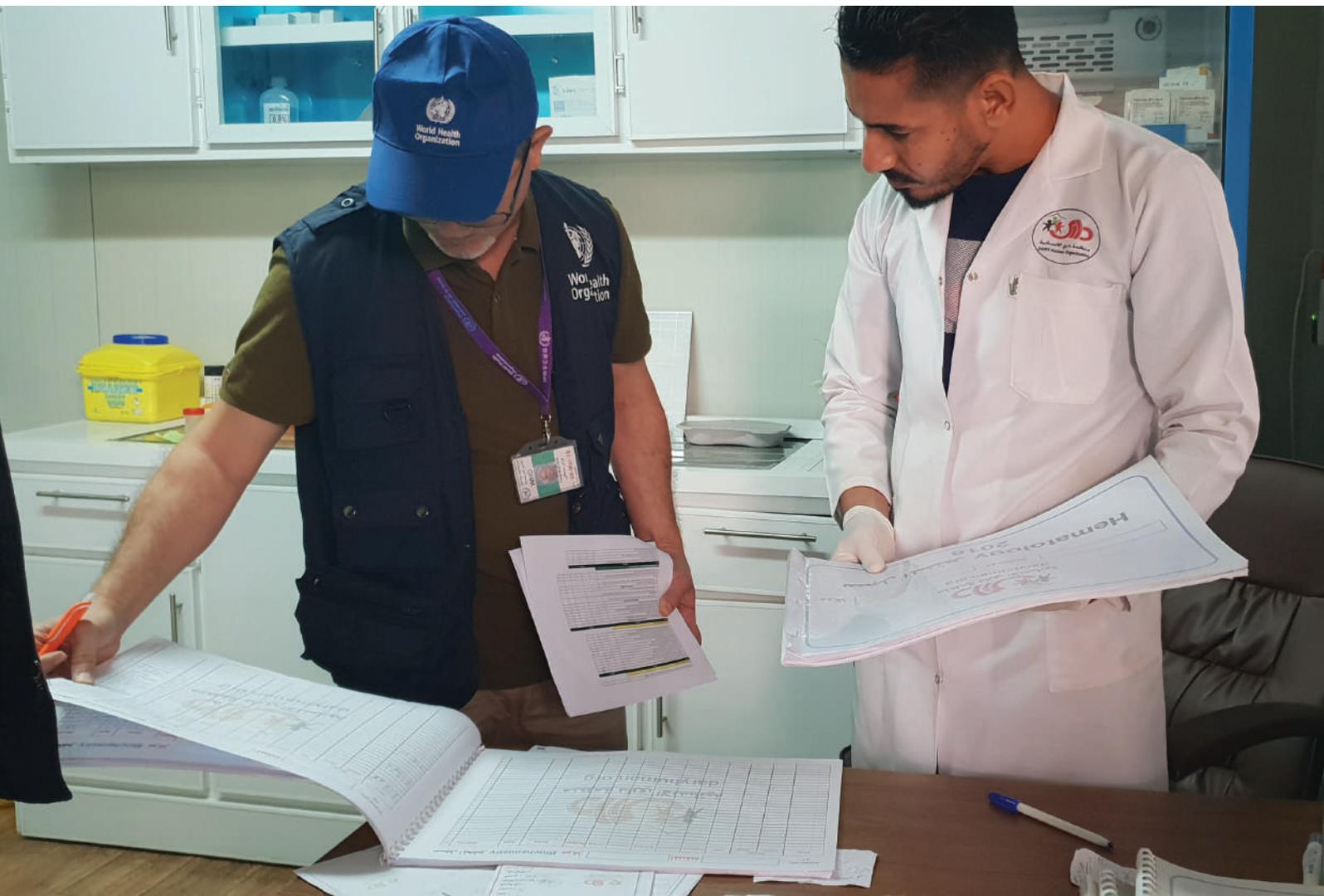
Further, WHO supported the MOH to train 34 national surveillance focal points from northern governorates on improved national electronic surveillance procedures.

The EWARN managed by WHO in collaboration with the MoH has been reformed to fit for the transitional

phase in order to integrate with the national surveillance system in future. This initiative includes changes in the dashboard design, weekly bulletin, and alert threshold levels. As part of the initiative, 180 surveillance focal points from partner agencies and DoHs were trained on modified reporting, analyzing and verifying procedures.

To strengthen the verification process, at the laboratory services in the Central Public Health Laboratory (CPHL), WHO procured and distributed essential supplies, software and facilitated the transportation of samples to the reference laboratories outside of Iraq.

The EWARN also advocated for the inclusion of Iraq in the global pandemic influenza preparedness program and developed a project plan for 2020 to 2022. This would enable securing fund, developing human resource and equip the CPHL and Centre for Disease Control (CDC) department of the MoH to conduct the pandemic influenza surveillance in the long run.



WHO is very instrumental in supporting the Ministry of Health and partners in quality information and data management to improve programs, outcomes and support to the communities.

In this reporting period, under the consultative technical meeting for developing Monitoring and Evaluation (M&E)/ Health Management Information Systems (HMIS/HGIS), WHO conducted Health Geographical Information Systems projects (HGIS) for MOH focal the use of PowerBI software covering three components, 1) data collection on the health sector including health Institutions, human resources & Medical devices using KOBO toolbox to prepare the data collection software 2) commenced data collection process and 3) launched the online dashboard for the completed datasets.

Currently WHO is working with health authorities to upgrade and develop new features of the e-CAP

system to support the implementation of rapid assessment surveys and early warning alert and response network systems in order to improve on the health information system functionality. Data managers will use the system in communicable disease surveillance, Injury surveillance and health assessment.

A total of 80 technical officers, the media and influencers were trained in risk communications and community engagements during emergencies in Basra aimed at enhancing skills and working relations between different sectors, the media and influencers during emergency responses. A similar training will be conducted in Missan, Sulaymaniyah, Anbar and Baghdad. These governorates were selected given their vulnerability to disease outbreaks and other emergencies.



WHO and the MOH continues to lead the health cluster in Iraq, with International Medical Corps as the co-Lead.

During the reporting period, under the leadership of WHO the second phase of the Quality of Care survey in IDP camps was conducted and results published in February 2019. The survey was conducted by Iraqi Red Crescent Society (IRCS) in order to avoid bias since the organization does not support primary health care services in any IDP camp. The survey shows that 47% of the primary health care services in camps have improved the quality of their services, 34% have shown no change while 19% (#9) have declined.

In March 2019, the health cluster rolled out the cluster coordination performance monitoring (CCPM) survey for 2018. The aim of monitoring the coordination performance at the national and sub-national level was to ensure that the cluster is efficient and effective in its coordination role, fulfilling the core cluster functions, meeting the needs of health partners and supporting the delivery of health services to affected people. The overall score was greater than 72% indicating the performance status as “good”.

In April 2019, the health cluster developed and costed the Iraqi Returns from Syria Operational Plan document for the provision of comprehensive primary health care, referral services and medicines/emergency kits for the 31,000 Iraqi returnees from Syria. The health cluster requirements for the plan is USD 1.4 million.

WHO has commissioned Johns Hopkins University to conduct a research on gender based violence (GBV) in emergencies in Iraq with the following objectives; examine facilitators, barriers, and bottle necks to access and provision of quality care for GBV survivors in humanitarian settings, adapt “GBV Service Readiness Assessment/Quality Assurance Tools” for health facilities in humanitarian settings and assess the quality of health services for GBV survivors using the newly adapted tools in two distinct humanitarian contexts of the Democratic Republic of Congo and Iraq. This research will target health facilities in the KRI region.

In conclusion, WHO continues to coordinate and work closely with the MOH and other partners to strengthen the health systems in the country and serve vulnerable populations in need of urgent medical care.





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