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Vaccination Week

Combating Drug
Resistance &
World Health Day

Health Sytem
Reform

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ALSO: Malaria • Road Safety • Mental Health • Stories from the Field
It is my pleasure to present the end of the year review digest. The year 2011 has witnessed unprecedented changes in the Region which has implications on Iraq. Iraq itself had gone through a series of developments which have immense implications on the health of the people of Iraq. Iraq has been witnessing years of turmoil, sanctions, wars and displacement which directly (and indirectly) have affected the health system to the detriment of the people of Iraq. Yet the resilience of the Iraqi people, their strong will, and the desire to regain its international and regional standing has inculcated a sense of urgency to stand tall and proud.

Promoting and protecting health is essential to human welfare and sustained economic and social development. The World Health Organization has been supporting, as part of its mandate, Iraq for decades providing technical support for health system strengthening, program development and implementation, health governance, capacity development and effective and equitable service delivery. Efforts have been fortified this year, with WHO Iraq providing technical support and guidance to the Government of Iraq and its Ministries of Health in modernizing the health sector for Iraq. The initiative started with a diagnostic phase based on which a prescriptive menu is suggested for reforming and modernizing the health sector. Such efforts are aimed at enhancing the capacities of the health system for achieving the health related MDGs, minimizing the burden of NCDs and providing universal coverage to the Iraqi population.

The next few pages take you through some of the work that WHO Iraq has been doing with the Member State and partners as a part of the technical advice and support it provides. The first half of 2011 focused on sustaining and strengthening the gains made in the previous biennium as well as embarking upon health sector modernization and reform initiative. Iraq is the first country in the Region to have embarked upon such an ambitious agenda and WHO has been proud to shoulder this challenging responsibility with the government of Iraq as its closest partner in health. The philosophy and principles of Primary Healthcare were reinforced and taken forward by introducing the Integrated District Health System and Family Practice in selected governorates with a clear commitment to replicate it in the whole country. Major strategic achievements were noted in maternal and child health, disability and rehabilitation, emergency medical services and health system strengthening. Iraq has also joined the world in furthering global health agenda such as Antimicrobial Drug resistance, the eradication of Malaria, maintaining the Polio free status, the application of global norms and guidelines for H1N1 and H5N1. Notable advances have also been made, through institutional capacity building and embracing advanced technologies, in enhancing efficiency of health facilities, emergency services, as well as drug and medicine regulation and introduction of new vaccines.

This progress could not have been achieved without the exemplary efforts of the Government of Iraq, and the Ministry of Health, coupled with huge support from donors’ community, partners and friends. Our efforts continue, to see even better results, and provide better care for the people of Iraq. These efforts nevertheless, are collaborative efforts, where the leadership and ownership of the government of Iraq is the prime focus.

Dr Syed Jaffer Hussain, WHO Representative in Iraq
These vaccines will protect thousands of infants against major causes of diarrhoea and pneumonia and meningitis.

The World Health Organization (WHO) made efforts in 2007 for highlighting the impact of these vaccines with an aim to reduce the mortality and morbidity rate in Iraq. As a result, a scientific data base-study was conducted by the Communicable Disease Control (CDC) and central public health lab following the World Health Organization’s (WHO) guidelines, to verify the importance of using this vaccine and the cost effectiveness behind these integrated costly vaccines in the national vaccination package.

During the past three years, the Ministry of Health in Iraq with full support of the World Health Organization has updated all the vaccine schedules, trained over 7,570 of EPI health workers on vaccine stock management; storage, method of administration and safe disposal to all children and ensured the availability of vaccines at the Primary Health Centres and managing stocks.

“Second life opportunity with the help of brave hearts,” is a way to define the great achievement that is taking place in Iraq.

The second national vaccination week was held from April 24th– 30th , during which the Ministry of Health with the full support of WHO and UNICEF expanded its vaccination services. The week was conducted with the full involvement of the Iraqi community during which the importance of immunization to save children from morbidity was highlighted.

During the National Vaccination Week, more than 1600 vaccinators provided routine immunization services through Primary Health Centres, with programs targeting unreached and unvaccinated children in low coverage areas, in addition to outreach programs and mobile activities all over the country. New vaccination packages were introduced including treatment, vaccine schedules, registration and admission. In addition, 2000 volunteers visited houses in the governorates to educate mothers and families about the new and improved vaccines and the importance of immunization.

Iraq, once dependant on UN agencies for the procurement of vaccines, cold chain equipment, hiring of vehicles and payment for incentives for NIDs, acts most effectively today by securing funds for traditional vaccines, fully supporting NIDs and investing as much as US$ 70 million for the procurement of new vaccines.

WHO and its partners are committed to promising a better tomorrow for the children of Iraq, by efforts to achieve the Millennium Development Goal 4, which aims to reduce child deaths by two thirds by year 2015.

With continued determination and hard work, and with all parties and partners working together, the future surely will look brighter through the eyes of Iraqi children.

“A second life opportunity with the help of brave hearts,”
is a way to define the great achievement that is taking place in Iraq.
HEALTH SECTOR MODERNIZATION IN IRAQ

The Iraq Public Sector Modernization (I-PSM) programme is a national exercise, technically supported by WHO in consultation/partnership with other partners.

The approach of the I-PSM programme was to conduct Functional Reviews of the health sector/system with the aim to assess the capacity of the health system by reviewing the core functions, focusing on the Central Ministry of Health, the Directorates of Health at governorate level, the district level, the service provision level and the community level. It covers clinical services as well as public health functions and also focuses on the links between the health sector and other sectors mandated to provide services with either a direct or indirect effect on health.

During the first half of the year, under technical guidance from World Health Organization, data was collected through various means including surveys, focus group discussions, Key Informant Interviews, literature review including review of documents and reports of MoH and other partners, as well as field visits. The field surveys part of the data collection process was managed by the National Study Team (NST) comprising experts from the ministry of health and academia of Iraq and overseen by Ministerial Advisory Committee.

The study tools and design for the assessment of the health system performance, were developed in a five-day meeting from 11 to 15 of January 2011 in Amman, Jordan in a workshop for the Federal Ministry of Health of Iraq and the Ministry of Health of the Kurdistan region supported by World Health Organization. In June of 2011, a team of WHO experts conducted a field trip to the Kurdish region, where public and private hospitals as well as public health care centres in Suleimaniyyeh, Erbil, and Dahouk were visited. Moreover, a meeting with members of MAC and the National Study team was also conducted with the purpose of identifying the 80 major strategic functions and the organisational structure of the various layers of the health system, identifying any changes, and listing and prioritizing key issues and corresponding strategies.

Experts from WHO also visited Baghdad and Erbil to study the public financial management.

IPSM programme established six working groups to cover the Six Building Blocks of Health System (BBHS), during the first half of year four blocks out of the six where covered Governance, Health financing, Health workforce, Medicine and other technologies, Information for health, and Service delivery.

Governance & Leadership Functions in Iraq Health Sector:

- Ministry of health is constitutionally mandated to provide necessary health care services in partnership with the private sector and to guarantee health and social security to all citizens. (Article 30)
- There is no documented national health policy, per se, in Iraq, however there are strategies, sets of regulations and laws for health care provision and organization of health ministry. Twenty six laws in the constitution of Iraq cover different aspects of the health sector in Iraq, in addition to several byelaws covering all fields of health development and supporting the various functions of ministry of health at national and sub national levels.

Health care financing:

- National Health Accounts (NHA) were prepared in April 2011 by MoH and WHO to support the I-PSM. Total expenditure on the health sector during 2010 was Iraqi Dinar (ID) ID 8150 billion. In general, health care expenditure in Iraq is primarily spent on curative care (more than 37%). Transportation absorbs 9% of out-of-pocket health spending.

Health Workforce:

- The average health worker to population ratio is 7.5/10 000 population. It is highest in Erbil (10.5), Basra (9.9), and Kerbala (9.2) and lowest in Missan (3.5), Diyala (4.30 and Thi-Qar (4.4). There are issues in equitable distribution of the health workforce across Iraq and especially in relation to availability of female health care providers. Shortage of nurses generally in the country as well as in the hospital was considered as a major issue.

Health Information:

- The Health Information System (HIS) supports all health system functions and building blocks and is often considered as a proxy for the level of development of the health system. Data is collected through the national information system and supplemented by population based surveys, vital registration system and health research.
- Another important data source is the vital registration system, which the MoH at national and sub-national levels coordinates with the Ministry of Interior (MoI).
Strengthening Primary Health Care Project-Phase I was implemented in Iraq during the period of 2004-2008. The aim of this project was to facilitate the transition of the Iraqi health care delivery system from curative and hospital oriented, into a decentralized Primary Health Care System with a focus on community and outreach involvement.

However, due to gaps in national strategic policy framework and legislations and the centralized decision-making process, Strengthening Primary Health Care System-Phase II project was designed to contribute to upstream national policy level and at downstream health service delivery level, building on the achievements of SPHC-phase I and supporting the MoH efforts in the area of Health Sector Reform and strengthening the decentralized district Primary Health Care System in Iraq.

The implementation of this project started in January 2009 and is expected to be closed in December 2011.

A major achievement of the PHC phase II project included the finalization of the first round of National Health Accounts. The Assessments of the Health Information System in Iraq and Human Resources for Health in Iraq were also carried out under the project. Reports of these assessments provide the baseline information to the policy makers on the current situation in Iraq and will be used as a basis in order to develop and finalize the health care financing, health information system and human resources for health strategic plans.

Achievements in Primary Health Care

The vision for health sector focuses on equity, social justice and solidarity, protected by the constitution (preamble and article 16) through a primary health care based health system.
The National Health Account (NHA)

NHA is a powerful analytical tool used to assess health care financing function in health system. The analysis provides some directions for reforms and improvement in order to achieve the health system goals of equity and protection against health financial risks. The final draft of National Health Accounts (NHA) was prepared in April 2011 by MoH with technical support from WHO. The main findings of the National Accounts are:

• Total expenditure on the health sector during 2010 was Iraqi Dinar (ID) ID 8150 billion.
• The Out of Pocket Expenditure is estimated at 25%, thus showing the high level of government contribution in health care financing which reflects the constitutional commitment of the state to secure health and social security to individuals and families.
• MoH is the biggest financing agent of health sector expenditure as it accounts for 80.3% of the contribution towards health in 2010, followed by other ministries which account for less than 1%.
• The private insurance market is still nascent in Iraq, while health insurance for the general population is non-existent.
• In terms of health care expenditure by the GoI in the public sector, the biggest share of budget goes to pharmacies of MoH, which is ID 1 365 298 million or 26.6% of total health care expenditure.
• In general, health care expenditure in Iraq is primarily (more than 37%) spent on curative care.
• Transportation costs account for 9% of out-of-pocket health spending.
• The KRG receives 17% of medicine procured by MoH.

Infrastructure and Technology:

Assessment of the Health Information System in Iraq was carried out with the support of WHO under the PHC phase II project using the Health Metrics Network (HMN) framework. In the last few years, enormous investment has gone into health information systems in terms of both hardware and software, but in a fragmented manner. Due to lack of a clear vision, policy and strategy, the results of these efforts have not been so fruitful.

In October 2010, WHO convened a workshop in Amman/Jordan, inviting all the stakeholders involved in HIS from various levels of the relevant ministries to conduct stakeholder analysis and to discuss ways to strengthen HIS in Iraq. Another workshop was held from 8th-10th March 2011 for HIS assessment workshop in Baghdad.

The NHIS in Iraq was assessed adequate 62%. This score indicates weaknesses in the NHIS. WHO would provide necessary support to the MoH to develop a HIS Strategic Plan for Iraq which would reflect the recommendations of HIS assessment and review report.

Health Information System (HIS):

Article 30 of constitution states that the Ministry of Health, in Iraq, is constitutionally mandated to provide necessary health care services, in partnership with the private sector, and to guarantee health and social security to all citizens.

Provision of Health Care Services:

In 2004, the Iraqi MoH articulated its vision for primary health care as: “an accessible affordable safe and comprehensive quality health service of the highest possible standard that is financially sound and founded on scientific principles in order to meet the present and future health needs of Iraqi people regardless of their ethnicity, geographic origin, gender or religious affiliation.”

This vision calls for an integrated reform of the existing PHC system. The development of a basic health services package (BHSP) was identified by the MoH, as an appropriate initial step in that respect.

The Basic Health Service Package was adopted by the MoH in February 2011. A BHSP is defined as a minimum collection of essential health services that all the population need to have a guaranteed access to. This policy document will form the foundation of a health care system and include services that would form the core of services delivery in all primary health care services. BHSP will bring coherence and unify the priority of the health care system as well as provide an unambiguous road map to policy makers and health care providers in Iraq.

Through the BHSP health services will be provided through 4 layers of health facilities i.e. community health houses, sub Primary Health Care (PHC), main Primary Health Care, and district level hospitals all over Iraq. This model will ensure quick, effective, and responsive health care which will be accessible to Iraqi citizens in all areas.

The implementation of this package will be piloted in 4 districts in 4 governorates by adopting the Integrated District Health System- based on Family Practice Approach.

Leadership and governance:

Three international capacity building activities and five national training activities were conducted under this project targeting a total of 208 staff members working for both MoH-Central and MoH-KRG in addition to participants from all governorates and other ministers such as the MoF, MoWA, MoP, and syndicates of health professionals.

Infrastructure and Technology:

WHO is rehabilitating 4 PHC centers with a total cost of US$ 567,748 in four governorates (Baghdad-Al Karkh, Baghdad-Al Rasafa, Mosul and Basra). WHO is also furnishing these centers with the needed medical and non medical equipment with a total estimated cost of US$ 790,000. It is worth mentioning that Family Practice approach will be implemented in these centers.

GOALS BY 2015

- Access to health services - 2.2 public outpatient visits per capita, 8.4 public hospital admissions per 100 population (higher than average of EMR).
- Two thirds (65%) of outpatient visits occur in primary care setting - 1.3 beds per 1000 populations (less than the regional average of 2 /1000 populations).
- Private sector is providing around 20 millions outpatient visits : 0.8 visit per capita (22 %).
- The boundaries are blurred in public/private because of dual practice.
- Iraq has 5.8 health workers per 1000 populations (average EMR: 4.2 per 1000) but less than the global average (6 per 1000).
- US $210 are spent on health per capita per year (NHA 2010).
- Total spending (public and households) on health is low (5 % of GDP).
- 6 % of government budget (compared with average EMR for middle income countries).
- 75 % of financial resources come from government and 25 % from households.

Working Towards Achieving the Millennium Development Goals By 2015
Bryati Family Health Centre
A Model for Family Practice in Iraq

Bryati Family Health Center is the first center in the North implementing the Family Practice Approach located in Erbil District in which IDHS-FPA is being piloted.

The visit provided insights on the services provided as well as the challenges faced at this point of the center’s development.

The Bryati Primary Health Care Center was directed to operate as a Family Health Center in spring of 2010. After defining its catchment area according to the capacity of the center, all staff (medical and administrative) was trained and an electronic medical record system, a special paper medical record file, and a financial system were designed. The center then offered accessible, high quality and timely consultation and diagnostic services by Family Physicians.

The Center is showing excellent results and gaining the community’s trust and positive feedback as it implements this new model of Family Practice that has the characteristics of a patient-centered approach, community participation, and a focus on quality and outcomes. 20,000 Individuals are now registered members in the center, taking their appointments either by phone, by direct visit, e-mail or SMS. A computerized, intranet based, health information system (EPR), containing relevant information on each member is in place, enhancing efficiency and quality of diagnosis and follow up.

Adoption of Family Practice on policy level and its nationwide implementation in Iraq will contribute to the achievements of National Objectives as articulated in the National Development Plan (NDP) 2010-2014 as well as Millennium Development Goals (MDGs) for Iraq.

Evolving from General Practice, Family Practice is an effective form of primary care that provides continuing, comprehensive health care by delivering a range of acute, chronic and preventive medical care services to individuals of all ages to a “family”. In addition to diagnosing and treating illness, Family Physicians also provide preventive care, including routine checkups, health-risk assessments, immunization, screening tests, and support in maintaining a healthy lifestyle.

In Iraq, the Ministry of Health (MoH) has taken a solid step forward by adopting the new World Health Organization Eastern Mediterranean Region initiative involving the Implementation of Basic Health Service Package (BHSP) through improving the performance of Integrated District Health System based on Family Practice Approach (IDHS-FPA), and introducing it as a pilot in four districts in the country including Baghdad, Kirkuk, Missan and Erbil governorates.

“Universal Coverage”

Family Practice As The Means To Effective Health Care Delivery In Iraq

“The future of successful primary health care and well-being lies in Family Practice”

Dr Syed Jaffar Hussain,
WHO Representative in Iraq
Scaling Up the Response to Disability and Rehabilitation In Iraq

In Iraq - the years of war, and all the man made disasters throughout, have further increased the number of people with disability, to approximately reach two million people.

In recent decades the approach to disability has been steered away from a medical understanding towards a social one. This suggests that disability arises from the interaction between people with a health condition and their environment.

In Iraq and the rest of the world, people with disabilities are from all genders, ages, and socioeconomic status; they also differ in their response to, and way of dealing with, their disability. Nevertheless, they all face obstacles in their daily lives, with social and physical barriers including stigma and discrimination, lack of adequate health care and rehabilitation services, inaccessible transport, as well as barriers rising from the designs of buildings and of information and communication technologies. Due to these obstacles, people with disabilities have generally poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty. This also causes them to be marginalized and excluded from being active members of their community.

“Breaking the Boundaries... Enabling People with Disabilities”

Rehabilitation breaks the boundaries and promotes the participation of people with disabilities in the community

Hope of overcoming these barriers comes through supporting people with disability and the adoption of a disability-inclusive development approach. True life examples are the stories of people such Mr Hashem Ibrahim and Ms Amal Azizi.

Iraq has pledged to make recommendations for action to support the implementation of the Convention on the Rights of Persons with Disabilities. With the support of the World Health Organization, the efforts of the Government of Iraq are paving the way to adequately addressing issues related to disability, such as accessibility, rehabilitation and inclusion. Article 32 in the Iraqi constitution, which states that “the State shall care for the handicapped and those with special needs, shall ensure their rehabilitation in order to reintegrate them into society, and this shall be regulated by law”, verifies the approach adopted by Iraq and its intent, and the 123 rehabilitation centers already spread across the country are among the first steps of on-the-ground action.

On levels of policy development, capacity building and technical assistance, the World Health Organization is supporting the Government of Iraq and its Ministries of Health in strengthening and improving its disability registration system, to ensure health systems are more inclusive and responsive to the needs of people living with disabilities. The data collected through this registration system will show the magnitude of the disability burden in Iraq and will provide evidence that will be instrumental for decision makers in developing future strategies and plans aimed at improving access to services for these people in need.

The first ever WHO/World Bank Report on Disability was launched globally in June 2011, and was nationally endorsed by the Ministries of Health in Iraq during a dedicated event in presence of the WHO Representative to Iraq, people living with disabilities, activists living with disabilities and media representatives. The report provides the foremost global assessment of disability to date using the latest scientific evidence. It further encourages governments to adopt a disability strategy and plan of action, improve research and work to increase public awareness and understanding of disability, and highlights a number of approaches and recommendations that can be used to enable people with disabilities to access services, infrastructure, information and employment opportunities.

Disability stands at an intersection of public health, human rights and development. With consolidated efforts, if governments, nongovernmental organizations, professionals and people with disabilities and their families work together, these barriers can be overcome.

Hashem Ibrahim, an Aviation Science graduate, fought during the first Gulf war, where a combat injury resulted in his losing his ability to walk. The change in Hashim’s life was traumatic, being in a wheelchair for two consecutive years had him face the challenges and barriers associated with disability. Through rehabilitation at one of the centres near his home, he was able to overcome these challenges. Today, he resumes his life as a husband, a father and active member of his community; he has handled several jobs, such as surveillance of three political operations within the National Democratic Institute (NDI), USAID Access to Justice and the International Relief Development (IRD). Furthermore, he now actively advocates for the inclusion of the disabled in the community.

A slightly different, but just as positive, story is that of Amal Azizi, who since she was born as one of four blind children in her family, and while growing up, had to deal with her disability as a fact of life. She overcame the obstacles imposed by her disability through will, determination and hard work. After a course in computer use for the visually impaired, Amal is now an employee at the Ministry of Communication, and an avid activist for the rights of disabled women and their inclusion in the active community. At home she is happily married and leads a normal happy life.

“people living with disabilities are part of the society and by addressing their health, education, employment, and other development needs we will be able to achieve national health related strategies and work towards achieving the Millennium Development Goals”

H.E. Dr Majeed Hamad Amin Jameel
Minister of Health of Iraq

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Disability stands at an intersection of public health, human rights and development. With consolidated efforts, if governments, nongovernmental organizations, professionals and people with disabilities and their families work together, these barriers can be overcome.

“The decades of consecutive wars were one of the main reason for an increase in the numbers of people living with disability in Iraq. However despite challenges we faced, we have proven to ourselves and to the society at large that we can overcome all these obstacles, resume our normal life and participate in rebuilding our country.”

Hashem Ibrahim, Activist living with disability
The progress made for Women's health in Iraq: Investing in Their Health

“Empowering Women... Investing in Their Health”
The progress made for Women’s health in Iraq

National Maternal, Child, and Reproductive Health Strategy

The issue of women’s health is a fundamental component of public health strategies and concerns. The issues and challenges related to women’s health have been gradually gaining attention all over the world.

Maternal mortality during pregnancy and post partum period have become essential indicators of the overall quality of public health systems and included in the Millennium Declaration.

Maternal mortality during pregnancy and post partum period have become essential indicators of the overall quality of public health systems and included in the Millennium Declaration.

“Iraqi women have the greatest potential to boost the health and development of their communities”.
Dr Majeed Hamad Amin, the Minister of Health

Throughout 2010 and 2011, WHO has been working relentlessly on addressing women’s and girls’ health issues and challenges in Iraq. To that effect, WHO has conducted several activities and initiatives in collaboration with the Iraqi Ministry of Health and with other specialized UN agencies.

On policy and strategy level, the Iraqi Ministry of Health in collaboration with WHO, UNFPA and UNICEF conducted a workshop on finalizing the National Maternal, Child, and Reproductive Health Strategy and a plan of action for the years 2011-2015 in Erbil from 29 May -1 June 2011. The workshop was attended by 42 participants from the Ministry of Health and the Ministry of Higher Education in Baghdad and Kurdistan Region representing Maternal and Child Health programme managers, academics, representatives from directorates of planning and technical affairs, consultants from the American University of Beirut and technical officers from WHO, UNFPA and UNICEF. The implementation of the MCH/RH strategy will guide and support the ministry of health and other related ministries to achieve Millennium Development Goals by 2015.

Additionally, WHO continues the capacity building of medical professional staff through different workshops and training sessions. In June, WHO Iraq and the Iraqi Ministry of Health conducted a five-day Training of Master Trainers (TOT) workshop on Family Planning and Reproductive Health in Amman, Jordan. The main objective of the workshop, that has been facilitated by international WHO experts, was to build the capacities of 32 health professionals from the ministries of health in Iraq, Kurdistan Regional Government (KRG) in Iraq and Ministry of Health / Jordan focusing on the TOT package that includes up-to-date information on essential elements of contraceptive technologies. The impact of the training will support the MoH master trainers in training of all health care providers, working in the provision of family planning services, on best practices using one training package, which is based on updated evidence with more active involvement of paramedical staff in training and service provision, and introducing new and modern methods in family planning services and emergency contraception. It will also invest in strengthening the role of nurses and midwives in providing family planning and reproductive health services, as well as counseling related in family planning services offered to individuals, families and community.

In parallel, the work on all levels is supported by efforts of research and data collection. Currently, WHO is contributing to the development and implementation of the Iraq Women Integrated Social and Health Survey (I-WISH). Led by UNFPA, the survey is planned to provide extensive data on women’s health and social status and provide important information for the development of women’s empowerment, health and social status and participation in public life. In a high level technical meeting organized by UNFPA in Amman from 17-18 January 2011 to discuss the technical tools WHO Iraq office advisor participated as an instructor to lead the team during the discussion made on the different sections of the I-Wish Women Questionnaire (background characteristics of women in Child bearing age 12-49 years, pregnancy and child birth, maternal morbidity, HIV/AIDS and Sexually Transmitted Diseases, family planning, menopause and infertility). The results of the survey will assist the Ministry of Health, and other line ministries, to better plan their activities, improving the quality of reproductive health services, promote advocacy on maternal and child health, and empower women through coordination with women’s organization to increase access to health care.

WHO has also continued its work and collaboration with other UN agencies to supplement the issues of Women’s health from broader aspects as well. In terms of Violence Against Women/Gender - Based Violence (VAM/GBV), WHO has been working closely with the Ministry of Health and the Ministry of Education to train teachers on psychological support and provision of first aid mental health support to students at school who are subjected to gender based violence. In a meeting, organized by UNESCO Iraq in April, which focused on the mapping of current and upcoming education and VAW/GBV programming, in addition to the identification of gaps and additional opportunities for addressing VAW/GBV through the education sector in Iraq, WHO presented its current and planned work in that area. The meeting provided insight to work on the ground from all agencies involved and was followed by a fruitful discussion on the prospects of future coordination between the participating UN agencies.

“Working towards achieving the Millennium Development Goals by 2015”

The work on the ground is the true celebration of women’s health and their rights. Nevertheless, On 8 March 2011, and under the lead of the Minister of Health in Iraq in collaboration with the Ministry of Women’s Affairs, the World Health Organization (WHO) and UNICEF, Iraq joined the world in marking the 100th anniversary of International Women’s Day under the theme “Women’s health is her right... It’s an investment for future generations”. The Iraq national Women’s Day aimed to address critical gaps, build on lessons learned and move forward toward achieving the Millennium Development by 2015. A series of activities took place in all the governorates across Iraq including seminars, distribution of health awareness materials, media outreach, round-table meetings with decision-makers, field visits and counseling sessions for women visiting the health care centres in selected governorates.
A Process of On Going Progress in Strengthening Mental Health Care in Iraq

Mental health is not about the occurrence or absence of a specific mental disorder or disability; it is defined as a state of well being in which every individual realizes her or his own potential, can cope with the normal stresses of life, work productively and fruitfully, and is able to make contribution to her or his community. It is determined by multiple social, psychological, biological and environmental factors, mental health is integral to the overall health and social conditions of individuals and societies, and problems relating to it contribute significantly to national and global burdens of diseases.

In Iraq, years of war, conflict and embargo, not only contributed to the prevalence of mental health issues, but have also disrupted the progress of mental health care development. In most recent years, and with the support and guidance of the World Health Organization, the Government of Iraq has once again begun to direct the much-needed attention to this important health and social component.

In 2006/7, the Iraq Mental Health Survey (IMHS) was conducted and published by the Iraqi Ministries of Health and Planning in collaboration with WHO. IMHS provided evidence-based and valuable information of the prevalence of mental health diseases and the impact of violence on the Iraqi people. The survey’s findings provided data that supported great need for attention to this important health and social component.

Since 2009, fourteen new community based psychiatric facilities were established and seven facilities in areas such Erbil, Najaf and Nasiriya were rehabilitated. Most recently, two further community-based psychosocial centres have been constructed to provide mental health and psychosocial services to local people, in the Gramian & Barzan districts, who suffered the loss of their relatives in Anfal operation. One mental health unit has also been constructed to provide mental health care services to Mosul governorate.

Training activities for health care providers – general practitioner and nurses - are on-going all over Iraqi governorates to integrate the mental health services in the Primary Health Centres. Most recently, WHO was involved in the training sessions and development of guidelines, in both Arabic and Kurdish languages, for teachers, social workers, and health professionals. The efforts aim at strengthening the psychological and mental health system for the most vulnerable groups like women, young girls, children and the most affected families all over Iraq.

The MHC specialized Child & Adolescent Mental Health Centre In the Duhok governorate, represents an on the ground example of progress. Since 2001, the centre has had an influencing role in promoting the primary and tertiary mental healthcare services in the governorate; scientific research and surveys, education, teaching and public awareness services were the most helpful means used by the centre in order to advocate and promote the mental healthcare services in Duhok.

MHC-Duhok continues to provide training in mental health care to social workers and health care providers, enabling them to provide psychosocial supportive services for children, teenagers, adults and the elderly. It has also played a significant role in tackling the community-based stigma related to mental health issues through addressing the public and building awareness amongst the people of the Duhok. The centre has managed more than 21,000 clients, either for counselling or treatment, provided as psychotherapy, family therapy, environmental therapy and pharmacotherapy, depending on the specificity of the case. MHC has become a model considered the planning and establishment of new mental health care facilities in the Kurdistan Region, and has become a collaborating entity in the implementation of mental health development programs and projects in the governorate.

More than 400 health care providers including general practitioners and nurses received Mental Health and Psychiatric training at the international and national level (training of trainers), thus enabling them to provide effective mental health care at the primary health care services.

The Kurdistan Regional Government Ministry of Health, Ministry of Higher Education and the Royal College of Psychiatry signed a memorandum of agreement regarding continuous medical education for psychiatrists and psychologists in Iraq, through direct workshops, telemedicine and e-networking.
Iraq has persevered in its long battle with this disease. In the 1960s Iraq faced a very bad outbreak where the number of malaria reported cases increased from 1,533 in 1962 to 11,878 in 1965. In 1995 another outbreak peaked at 39,000 cases, especially in the three mountainous areas in the north Iraq due to challenges caused by the security situation and poor inter-sectoral coordination. More recently and notably so, there have been no indigenous reported malaria cases in the country in 2009, 2010 and 2011 to date.

Five years ago, Malaria killed nearly one million people globally each year, most of whom were children. The battle against this disease is an ongoing global one, in which Iraq has effectively participated and stands proud with its achievements today.

“Iraq is Malaria free since 2009”, an announcement made by H.E. Dr Majid Hamad Amin, the Minister of Health in Iraq and H.E. Dr Taher Hawrami the Minister of Health in Kurdistan Region – Iraq, on the occasion of World Malaria Day, on April 25th. The announcement is a statement that sums up a proud success story resulting from great efforts in Iraq, strongly supported by the World Health Organization, made possible through bold partnerships, innovative academic thinking and a strong commitment of donors.

The theme of the World Malaria Day 2011, “Achieving Progress and Impact”, highlights the success, as well as remaining challenges to maintaining and achieving progress.

In Iraq, the task at hand now, is to continue with the same momentum in maintaining the “Malaria Free” status by investing commitment, innovation and solidified efforts to sustain the progress. The Ministry of Health with the technical support of the WHO has recently completed a Malaria program field assessment and developed a five-year strategy to maintain Iraq free of the disease.

WHO reaffirms its commitment to support the Government of Iraq in achieving their health related and international goals, progressing in line with the Millennium Development Goals and global public health development. It is through intensification of efforts, raising awareness, celebrating the success and addressing the challenges ahead that we all move forward and work towards eliminating this disease as a threat and as a social and economic burden.

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Iraq Joins the World in the “Decade Of Action For Road Safety” and Continues the Enhancement of Emergency Services

Road traffic accidents are major global public health concern and a considerable challenge to the achievement of health and development goals. Nearly 3,500 people die on the world’s roads every day. Tens of millions of people are injured or disabled every year. Children, pedestrians, cyclists and the elderly are among the most vulnerable of road users.

Iraq, unfortunately, is no exception, where road traffic collisions rank as one of the leading causes of mortality and morbidity. Despite the restrictions in transport and mobility caused by the security situation, it is estimated that 75,000 lives were lost during the period 1979-2005 to road traffic collisions, and 4000 fatalities during the past ten years in the Kurdistan region among which 25% were under five years of age. The 2009 Ministry of Health Annual Report revealed that in Iraq, the injury toll from road traffic collisions is almost four times greater than that from acts of terrorism. With collisions and accidents happening in the everyday context of the people, road traffic injuries have turned the roads of Iraq into high threat areas, and the highways, where most collisions occur, to danger zones.

The Ministry of Health in collaboration with the World Health Organization and other partners continues to work on strengthening and equipping the health system in Iraq though sustaining the improvement of quality of medical services at three levels: pre-hospital care, essential hospital care and rehabilitation services, in addition to establishing strong blood transfusion services to provide adequate and safe blood to every person in need. The work includes initiation and scaling up the construction of emergency dispatch centers and a blood bank, as well as the development of guidelines and policies to emergency services, and was supported by implementation of capacity building and training activities for physicians, nurses and paramedics.

In March 2010 the UN General Assembly proclaimed the period 2011-2020 as the “Decade of Action for Road Safety”. The World Health Organization has joined the Government of Iraq and the Ministry of Health in the efforts to raise the awareness about the preventability measures to prevent road traffic injuries and endorse the Decade of Action for Road Safety.

The “action” in Iraq will be through the implementation process of a national plan involving various sectors, including transport, health, education, and communication while involving all sorts of institutions to prevent the growing number of road traffic injuries and save lives and promote good practices related to using helmet, seat-belts and child restraints, not speeding and being visible in traffic. The process will be guided by the global plan for the Decade of Action for Safety, which provides a framework for activities under the pillars of: building road safety management capacity; improving the safety of road infrastructure and broader transport networks; enhancing the behavior of road users; and further improving emergency and post-crash care.

Now is the time to act
Road traffic injuries are predicted to become the fifth leading cause of death by 2030, resulting in 2.4 million deaths a year. This projected ranking would be the result of an increase in road traffic deaths and reductions in deaths due to other health conditions.
Another achievement for TB this year was the signing of the Memorandum of Understanding (MOU) with KIMEDIA, establishing the fund interests in order to allow the purchase of first line Anti TB Drugs for Iraq.

Multi-drug resistant management guidelines have been fully developed with regards to laboratories and the twinning program with the San Raffaele Institute, which serves as the Supra National Referral Laboratory in Milan. This twinning partnership aims at strengthening the technical capacities of the National Reference Laboratory (NRL) in Baghdad with particular focus on internationally recommended methods for identification and drug sensitivity testing of M. Tuberculosis.

In April 2011, the NRL in Baghdad has been able to pass the Panel test for Drug Sensitivity (DST) for first line Drugs from the Supra National Laboratory in Egypt.

Outlines for Capture TB

The final monitoring and evaluation mission for Capture TB is planned to take place in November 2011. The mission is going to be one of the most important exercises for NTP as it may place the country in a different TB burden category. The ground work for Capture TB study took place in April including the mapping of Non NTP facilities and training for the district TB coordinators, as well as field form collectors. This was followed by training in each governorate under the study in order to explain study protocol and steps of implementation to ensure aptness and timeliness. It is expected that the final results of the capture recapture study will be ready by the end of 2011.

Operational Research Scope

The National Board for Operational Research for NTP has been established and two consecutive meetings took place this year with eleven members from the Ministry of Health, academia and WHO to discuss the TOR for the board. The operational research board will be the platform to bring researchers together that can support the National TB Control Program by conducting quality research in the TB priority areas.

HIV AIDS and NAP Partnership

HIV/AIDS program had a good start from the beginning of this year as enhanced capacity of the National AIDS Program, because of better HIV/AIDs programming that was achieved throughout various meetings and workshops. For instance, a workshop for National Strategic Plan development was conducted in Istanbul in February 2011, while another workshop to train national staff on HIV Surveillance was conducted in Erbil, Iraq in July 2011.

The HIV program remains on the go for prosperous achievements especially since World AIDS Day will be celebrated on 1st December focusing on human rights, stigma and discrimination in health care setting of Iraq.
Iraq fortifies its efforts in Antimicrobial Drug Resistance for a safer tomorrow.

Many of us live longer and healthier lives today, partly because of medicines known as antimicrobials that are available to treat infectious diseases. The combination of overuse, particularly for minor infections, misuse due to lack of access to appropriate treatment, and under use due to lack of financial support to complete treatment course, are key drivers of drug resistance that may lead to otherwise avoidable deaths, greater suffering and disability, and unnecessary high health-care costs.

As is the case in many countries around the world, Iraq is suffering from the consequences of Antimicrobial Drug Resistance (AMR). Recent studies have revealed that more than 70% of prescriptions contain antibiotics, which is a high percentage compared to other countries in the region. The rate was found higher at Primary Health Care centers when compared to clinics and hospitals; however, in all settings, the rate is considered higher than acceptable.

The consequences of AMR are severe, infections caused by resistant microbes fail to respond to standard treatment, resulting in prolonged illness and infections and a greater risk of death. In that effect, AMR is a direct threat to health delivery programs and to the processes of fighting and eliminating diseases and public health concerns. For example, Iraq is currently “Malaria Free”, but all the efforts invested in eliminating this disease, and maintaining that status, are vulnerable due to drug resistance. Iraq has reported 150 cases of TB drug resistance cases have been reported in 2010, out of which five patients have passed away, due to the misuse of the prescribed drugs.

WHO supports the Ministries of Health in Iraq in tackling the issue of AMR, by recommending a six-point policy package which includes: (1) developing and implementing a comprehensive, financed national plan; (2) strengthen surveillance and laboratory capacity; (3) ensuring uninterrupted access to essential medicines of assured quality; (4) regulating and promoting rational use of medicines; (5) enhancing infection prevention and control; and (6) fostering innovation and research and development for new tools.

Along with its supporting role to the government of Iraq, in collaboration with the WHO, in combating the TB epidemic in Iraq, WHO is also deeply engaged in guiding and backing up the work of the government of Iraq through capacity building of health sector staff, through national and international courses on promoting rational use of drugs in the community and participation in activities of the global program on monitoring and reporting of adverse drug reactions, managed through its collaborating entity, the Uppsala/ Sweden Monitoring Center (UMC), as well as the participation in the events of the International Conference on Drug Regulatory Authorities (ICDRAs). Capacity building initiatives have also included the Drug Regulatory Authorities and local drug manufacturing industries to help them meet and apply current Good Manufacturing Practices (cGMP) and internationally accepted standards for quality assurance. That in addition to supporting the government in its developing a framework for a national medicine policy and strategies that promote good governance for medicines (GGM).

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AWARENESS: A KEY FACTOR FOR POTENTIAL CURE.

The story of Dmoee Ali, a TB patient

After being diagnosed with Active Pulmonary Tuberculosis, 23 year old Dmoee, from Baghdad, was even more struck with the fact that she had inadvertently transmitted the sad disease to her 4 year old daughter, Abeer. Her misfortune continues with her husband and family abandoning her and her daughter out of fear of contamination, leaving them alienated and alone.

Dmoee’s struggle was a doubled, she was fighting her own sickness and trying to take care of her child, while dealing with the guilt of feeling that her lack of awareness caused her child’s pain. Hope only presented itself at a community event organized by WHO, in partnership with the Iraqi Anti Tuberculosis Association (IATA). This knowledge offered to Dmoee was invaluable, as it offering information on the nature of Tuberculosis and its implications, the measures to be taken to deal with this disease, the importance of having the right medication and the need to complete the full treatment course. Above all, Dmoee recognized the value of the BCG vaccine to protect all children from this curable and preventable disease.

Dmoee was keen to regain her health back and start working independently in order to have a sustainable income so that she would be able to support the education of her little daughter Abeer.

Most of us live longer and healthier lives today, partly because of powerful and effective medicines and vaccines. These medicines have helped Dmoee and her 4 year old daughter, Abeer, as well as many others in sustaining their health and lifestyle which have put them on the path to healing and recovery.

The community mobilization events conducted by IATA contribute always to clarifying misconceptions and raising the awareness about Tuberculosis in communities in Iraq. The programme aims at eliminating the discrimination faced by Tuberculosis patients as well as educating the public about the curability of Tuberculosis when treated correctly with the right medicines. It is crucial to educate Tuberculosis patients on the correct treatment course as antimicrobial drug resistance could develop when the full course is not completed or the treatment is not taken properly and rationally. For these reasons, IATA, in collaboration with the National Tuberculosis Program, Ministry of Health, WHO and other partners regularly holds such community events in order to emphasize on the importance of reaching out to those who are in need and educating them on proper treatment procedures.

TB & DRUG RESISTANCE

Anti-tuberculosis drug resistance is a major public health problem in Iraq that threatens the success of Directly Observed Treatment Short-course (DOTS).

WHO is supporting the Government of Iraq to implement a treatment approach for detection and cure of TB. How does drug-susceptible TB become drug-resistant TB?

Drug resistance arises due to the improper use of antibiotics in chemotherapy of drug-susceptible TB patients. This improper use is a result of a number of actions, including administration of improper treatment regimens by health care workers and failure to ensure that patients complete the whole course of treatment. Essentially, drug-resistance arises in areas with poor TB control programmes.

What is multidrug-resistant tuberculosis (MDR-TB)?

MDR-TB is a specific form of drug-resistant TB due to a bulkier resistant to at least isoniazid and rifampicin, the two most powerful anti-TB drugs.

The emergence of resistance to anti-TB drugs, particularly of multi-drug resistant TB (MDR-TB), is a major public health problem in Iraqi. With reference to the Global TB Control WHO Report 2009, the percentage of Multi-Drug Resistance TB (MDR-TB) among new cases in Iraq is 3%, and among re treatment cases it is 38%. The estimated number of MDR among all cases is 968, and 219 among SS+ cases.

SALEMA ... LIVING WITH HIV/AIDS... AFFIRMING RIGHTS ... ADVOCATING FOR HEALTHIER IRAQ

Salema is a HIV/AIDS positive patient who has faced and experienced firsthand the challenges of living in an invidious environment. She has become familiar with the imposition of the effects of Social Sigma and stereotyping in her everyday life. Labeled, isolated, and in essence abandoned by her society, Salema felt that she, and those with her condition, we undervalued due to social prejudice.

Nevertheless thing changed in 2008 when Salema was elected and included into the Global Fund to Fight HIV/AIDS Country Coordination Mechanism (CCM) committee which consists of representative from the Government of Iraq, UN bodies and Civil society, responsible for identifying needs, design programmes and oversee the implementation of programmes in Iraq.

Today, Salema is a big advocate for the rights of people living with HIV (PLHIV), she plays an active role for the Global Fund – CCM and WHO activities and targets. She is dynamically engaged in the decision making process of the (CCM), implementation process of activities as well as the Iraq national strategic plan of action which has lend a hand in improving the provided services for HIV/AIDS patients.

“Being a part of the CCM committee presented a major opportunity to act on prevailing stigma and discrimination against PLHIV and the lack of services to the PLHIV in Iraq”, Salema expressed. Increasing the community awareness as well as reducing the common stigma attached to HIV/AIDS positive members of the community is part of a very crucial step in improving the lives of those affected by HIV/AIDS. Through the programme, Salema works increasing public awareness towards the difficulties of living with the disease, as well as towards its modes of transmission and the social pressures present when dealing with AIDS.

Iraq is considered to have a low prevalence of HIV/AIDS with a communicable number of 585 HIV positive patients registered from 1986 to 2010. 288 Of which were Iraqis. Last year 21 new cases were reported, about 77% of which, were patients infected through contaminated blood products, with recent case report indicating the mode of transmission shifting to the sexual route.

Iraq suffers from low level of knowledge on HIV transmission and prevention and high level of stigma and discrimination against PLHIV, therefore to sustain the challenge of not having more cases of HIV/AIDS in Iraq and reduce the stigma associated with this disease, more efforts are required now to raise the community awareness on the ways of HIV/AIDS transmission, modes of impediment as well as protection of the disease and services provided.

HIV/AIDS & DRUG RESISTANCE

The ability of HIV to mutate and reproduce itself in the presence of antiretroviral drugs is called HIV drug resistance.

The consequences of drug resistance include treatment failure, increased direct and indirect health costs associated with the need to start more costly second-line treatment for patients, the spread of resistant strains of HIV and the need to develop new anti-HIV drugs.

“I was exhausted from the sensation of being labelled, set-apart, discarded and in essence abandoned in my society” Salema

Little is known about the HIV situation in Iraq owing to INSUFFICIENT studies among most at risk population groups.

The limited information available on HIV/AIDS indicates:
- Limited knowledge on ways of transmission and mode of prevention.
- High level of stigma towards and discrimination against people living with HIV/AIDS.
### Selected Indicators for Iraq, 2008

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEMOGRAPHIC INDICATORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Population Size</td>
<td>31,895,637</td>
<td>COSIT 2008</td>
</tr>
<tr>
<td>Population growth rate</td>
<td>3%</td>
<td>COSIT 2008</td>
</tr>
<tr>
<td>Crude Birth Rate/1,000 population (2008)</td>
<td>36</td>
<td>MoH 2008</td>
</tr>
<tr>
<td>Crude Death Rate/1,000 population (2008)</td>
<td>5</td>
<td>MoH 2008</td>
</tr>
<tr>
<td>Total Fertility rate (2008)</td>
<td>5</td>
<td>MoH 2008</td>
</tr>
<tr>
<td>Average household size</td>
<td>6.4</td>
<td>IFHS- 2006/7</td>
</tr>
<tr>
<td><strong>HEALTH INDICATORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Mortality Rate/1,000 live births</td>
<td>35</td>
<td>MICS-3 2006</td>
</tr>
<tr>
<td>Under Five Mortality Rate/1,000 live births</td>
<td>41</td>
<td>MICS-3 2006</td>
</tr>
<tr>
<td>Maternal Mortality Ratio/100,000 live births</td>
<td>84</td>
<td>IFHS- 2006/7</td>
</tr>
<tr>
<td>% Pregnancies at Risk</td>
<td>23</td>
<td>MoH 2008</td>
</tr>
<tr>
<td>Life expectancy at birth (total)</td>
<td>60.6 yr</td>
<td>MoH 2008</td>
</tr>
<tr>
<td><strong>HEALTH SERVICE INDICATORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians/10,000 population</td>
<td>6.1</td>
<td>MoH 2008</td>
</tr>
<tr>
<td>Dentists/10,000 population</td>
<td>1.4</td>
<td>MoH 2008</td>
</tr>
<tr>
<td>Pharmacists/10,000 population</td>
<td>1.5</td>
<td>MoH 2008</td>
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<tr>
<td>Nursing, midwifery and health service providers/10,000 population</td>
<td>11.4</td>
<td>MoH 2008</td>
</tr>
<tr>
<td>Primary Health Care Centers/10,000 pop</td>
<td>0.6</td>
<td>MoH 2008</td>
</tr>
<tr>
<td>Government Hospital Beds/10,000 pop</td>
<td>11.3</td>
<td>MoH 2008</td>
</tr>
<tr>
<td>% &lt;5 years fully immunized</td>
<td>38.5</td>
<td>MICS-3 2006</td>
</tr>
<tr>
<td>% of districts with &gt; 80% DPT3</td>
<td>78%</td>
<td>MoH 2011 first8 months</td>
</tr>
<tr>
<td>National DPT1-DPT3 drop out rate</td>
<td>9.8/</td>
<td>MoH 2010</td>
</tr>
<tr>
<td>Antenatal care</td>
<td>84%</td>
<td>MICS-3 2006</td>
</tr>
<tr>
<td>Delivery attended by skilled person</td>
<td>80%</td>
<td>IFHS 2006/7</td>
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<tr>
<td>Delivery in Health Facility</td>
<td>65%</td>
<td>IFHS 2006/7</td>
</tr>
<tr>
<td><strong>SOCIO-ECONOMIC INDICTORS 2008</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total expenditure on health as % of GDP (2005)</td>
<td>4.1</td>
<td>EMRO 2008</td>
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<tr>
<td>General government expenditure on health as % of total government expenditure (2007)</td>
<td>3.4</td>
<td>EMRO 2008</td>
</tr>
<tr>
<td>Per Capita GDP (US$)</td>
<td>1457</td>
<td>EMRO 2008</td>
</tr>
<tr>
<td>Net secondary enrollment of adolescents 15-17 years</td>
<td>21.2%</td>
<td>IHSES 2007</td>
</tr>
<tr>
<td>Adult literacy rate</td>
<td>65%</td>
<td>MICS-3 2006</td>
</tr>
<tr>
<td>Households that have neither safe nor stable drinking water</td>
<td>19%</td>
<td>IHSES 2007</td>
</tr>
</tbody>
</table>

*Source: Iraq- Ministry of Health Annual Report for 2008, Baghdad 2009*
Dr Hussain Gezairy, Regional Director, WHO EMRO, Dr Hasan Al-Jassim, Iraqi Parliament Member and Dr Ghasib Ali Director General of Planning/Ministry of Health in Iraq during the Health system strengthening application to Global Fund Round 1 meeting conducted on 19 October 2011 (WR-Iraq) gives his opening speech at the Congress on Health Care Reform, Kurdistan Region - Iraq, 2-4 February 2011. (WHO, 2011)

Conducting a survey in support of Women’s Day. (MoH, 2011)

WHO technical officers, Iraq Office (WHO, 2011)

Vaccination campaigns, WHO officer in charge in Basra team up with MoH vaccination team. (MoH, 2011)

Visit to water quality control lab in Erbil, May 2011

Scaling up the Health Sector Response to Disability and Rehabilitation Needs (6-8 March 2011)

in pictures
The World Health Organization (WHO) was established in 1948 as a specialized agency of the United Nations that is the directing and coordinating authority for health. WHO is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. In the 21st century, health is a shared responsibility, involving equitable access to essential care and collective defence against transnational threats.

WHO Presence

More than 8000 people from more than 150 countries work for the Organization in 147 country offices, six regional offices and at the headquarters in Geneva, Switzerland. WHO has been on the ground in Iraq since 1960. WHO has a network of 105 staff based in Iraq (Baghdad, Erbil, Basra), Amman and Kuwait. In addition, there are dedicated WHO offices embedded within the Ministries of Health in both Baghdad and Kurdistan Region as well as a network of WHO-Ministry of Health focal points in each of the governorates. Intensive efforts are now under way to strengthen the presence of permanent international staff based inside Iraq.

WHO through its various programmes is currently working on revitalizing, strengthening and sustaining the Iraqi health system based on primary health care. WHO in Iraq is working with the Government and other partners to help achieve the Millennium Development Goals for Iraq, though improving access to quality health services, helping to shape health policies and provide technical support in a multitude of programmes and areas like maternal, reproductive and child health, expanded programme on immunizations, adolescent and school health, nutrition, prevention and control of communicable (HIV/AIDS, tuberculosis and malaria) and noncommunicable diseases including mental health and disability, strengthening the implementation of the International Health Regulations (2005), essential health technologies through management and safe use of biomedical equipment, environmental health, specialized emergency medical services.

The United Nations (UN) Millennium Development Goals (MDGs) are eight goals that all UN Member States have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration, signed in September 2000 commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this Declaration, and all have specific targets and indicators.

The Eight Millennium Development Goals are:

1. End Poverty and Hunger
2. Universal Education
3. Gender Equality and Empowerment
4. Child Health
5. Maternal Health
6. Combat HIV/AIDS
7. Environmental Sustainability
8. Global Partnership

The MDGs are inter-dependent; all the MDG influence health, and health influences all the MDGs. For example, better health enables children to learn and adults to earn. Gender equality is essential to the achievement of better health. Reducing poverty, hunger and environmental degradation positively influences, but also depends on, better health.
Dates of Annual Events

World Cancer Day
4 February 2011

International Day of Zero Tolerance to Female Genital Mutilation
6 February 2011

World Water Day
22 March 2011

World TB Day
24 March 2011

World Health Day
7 April 2011

World Malaria Day
25 April 2011

World No Tobacco Day
31 May 2011

World Blood Donor Day
14 June 2011

World Hepatitis Day
28 July 2011

World Breastfeeding Week
1–7 August 2011

World Humanitarian Day
19 August 2011

World Suicide Prevention Day
10 September 2011

World Rabies Day
28 September 2011

World Heart Day
29 September 2011

World Mental Health Day
10 October 2011

World Sight Day
13 October 2011

World Diabetes Day
14 November 2011

World Chronic Obstructive Pulmonary Disease Day
16 November 2011

World Day of Remembrance for Road Traffic Victims
20 November 2011

International Day for the Elimination of Violence Against Women
25 November 2011

World AIDS Day
1 December 2011

International Day of Persons with Disabilities
3 December 2011

Human Rights Day
10 December 2011