



# IRAQ ANNUAL REPORT 2021

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# Acronyms

<b>ACT</b>	Access to COVID-19 Tools
<b>DFATD</b>	Canada's Department of Foreign Affairs, Trade and Development
<b>ECHO</b>	The European Civil Protection and Humanitarian Aid Operations
<b>EMTs</b>	Emergency medical teams
<b>EUL</b>	Emergency use listing
<b>EWARN</b>	Early Warning Alert and Response Network
<b>GBV</b>	Gender-based violence
<b>ICU</b>	Intensive care unit
<b>IDPs</b>	Internally displaced persons
<b>IEC</b>	Information, Education and Communication
<b>IMCI</b>	Integrated management of childhood illnesses
<b>IHR</b>	International Health Regulations
<b>IPC</b>	Infection prevention and control
<b>MHPSS</b>	Mental health and psychosocial support
<b>MMCs</b>	Mobile medical clinics
<b>NCD</b>	Noncommunicable diseases
<b>NEDtP</b>	The Network of Institutions for Evidence and Data to Policy
<b>OCHA</b>	Office for Coordination of Humanitarian Affairs
<b>PHCMI</b>	Primary health care measurement and improvement
<b>PHC</b>	Primary health care
<b>POE</b>	Points of entry
<b>PPE</b>	Personal protective equipment
<b>RCCE</b>	Risk communications and community engagement
<b>RMNCAH</b>	Reproductive Maternal Neonatal, Child and Adolescent Health
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>WHO</b>	World Health Organization

# Foreword

## Dr Ahmed Zouiten

WHO Representative in Iraq

In 2021, COVID-19 continued to be a significant challenge for countries worldwide, including Iraq. However, a robust partnership between the Ministry of Health and the World Health Organization (WHO) was instrumental in preparing for and responding to the pandemic at the central level and in the Kurdistan region.

WHO and Ministry of Health collaboration focused on increasing diagnostic capacities and building the capacity of hospitals and health centres to prepare for and respond to moderate and severe cases of COVID-19 in Iraq. This involved establishing around 4000 intensive care units (ICUs) distributed in all Iraqi governorates and training thousands of doctors, nurses and paramedics on the management of COVID-19 complications.

As soon as the vaccines became available worldwide, WHO and the Ministry of Health launched mass vaccination campaigns, successfully reaching 20.8% of Iraq's total population with at least one dose. While we could not stop the transmission of the virus during the last year, we were able to minimize the impact of the pandemic on the health and well-being of Iraqis, including mortality, which remained low at 1.08%. We shared the same goal of working to protect Iraqis and save lives through accessible and sustainable quality health care services across the country.

While WHO has focused its efforts in recent decades on preparedness and responding to the humanitarian situation and displacement in the northern provinces, we decided together with the the Ministry of Health to shift our focus to building resilience in the health system.

We targeted populations affected by humanitarian concerns while working on an overall health system development strategy aimed at supporting Iraq to achieve universal health coverage and health for all.



Many investments have already been made to strengthen health systems in Iraq, starting with updates to health governance and prioritizing Health in All Policies while updating the public health laws.

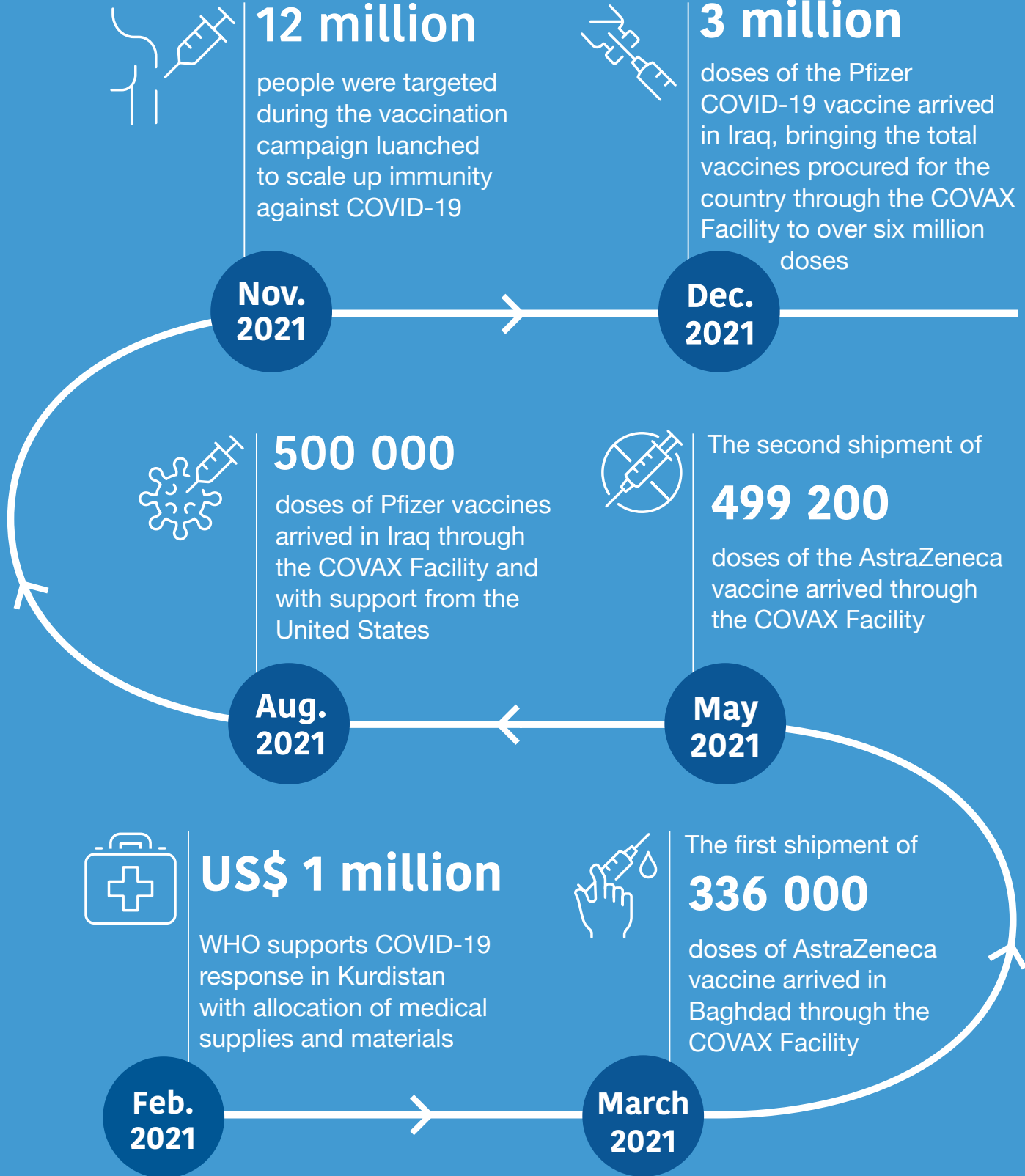
A health information system has been identified as the most pressing need, as it has the potential to yield valuable information that will drive policy-making toward better progress in the health sector.

**“ Since I assumed my function in Iraq in February 2021, I have had the opportunity to visit different hospitals and health centres and meet with health officials and workers responding to COVID-19 and other diseases. I was truly impressed by the dedication of health professionals working tirelessly behind the scenes risking their lives to save others.”**

I want to express my deepest gratitude to all of our donors and partners for their generous support and valuable contributions, which allowed WHO to invest in strengthening the health system and providing essential primary, referral and preventive health care services in Iraq.

In 2022, we must again unite our efforts and voices to support the the Ministry of Health and health providers at this critical stage of the pandemic. Let's all commit to health resolutions and not compromise anyone's safety and well-being.

# Milestones in 2021



# 2021 at a glance



10 345 750

doses of **COVID-19 vaccine** from COVAX Facility received in Iraq in 2021



8 556 881

people – 20.8% of the population – received the first dose of the **COVID-19 vaccine**



2 017 093

**consultations** for common diseases provided



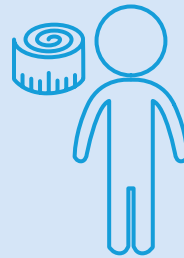
836 504

children under the age of five were vaccinated against **polio** in Iraq in 2021



810 070

children aged 9-59 months vaccinated against **measles** in crisis-affected areas



35 845

children under the age of five screened for **malnutrition** in crisis-affected areas



30 596

physical and functional **rehabilitation** sessions provided



16 559

cold and emergency cases referred to **secondary health facilities**



3261

newborn babies benefited from **newborn home services**



71 929

**mental health** and psychosocial support individual sessions provided



# COVID-19 response

Since the start of the pandemic, the WHO's Iraq country team has been closely working with the Ministry of Health, as well as various health departments and health partners to support outbreak preparedness, establish coordination mechanisms and conduct infectious-disease outbreak response activities.

In 2021, the WHO team continued to provide technical and resource support to the Iraq public health system to support emergency health interventions against COVID-19. In addition, the WHO country office and regional teams also coordinated their efforts within the key areas related to IPC, case management, capacity-building and risk communications.

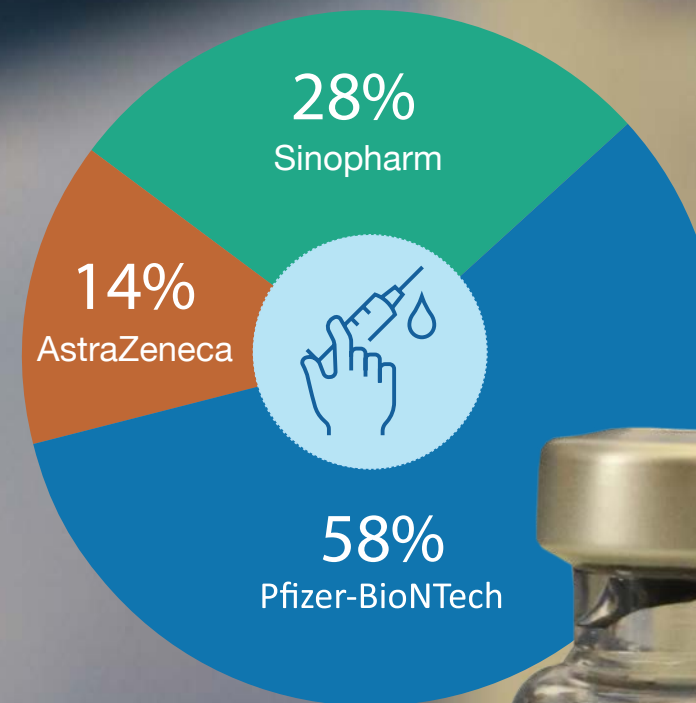
With the rollout of COVID-19 vaccinations in Iraq in March of 2021, the Government sought multi-tiered support to reach the national vaccination coverage target of 40% of the total population by the end of 2021.

In 2021, WHO repurposed its team to guide and support the Government's preparedness and response to the COVID-19 pandemic, including launching the vaccination services alongside the national health authorities, in collaboration with key partners like UNICEF, the World Bank and other health actors.

In November 2021, WHO and the Ministry of Health launched a national COVID-19 mass vaccination campaign covering all of Iraq, including the Kurdistan region, to target over 12 million people with children aged 12 years and above. The campaign lasted until the end of December 2021, aiming to reach a 40% vaccination coverage rate.



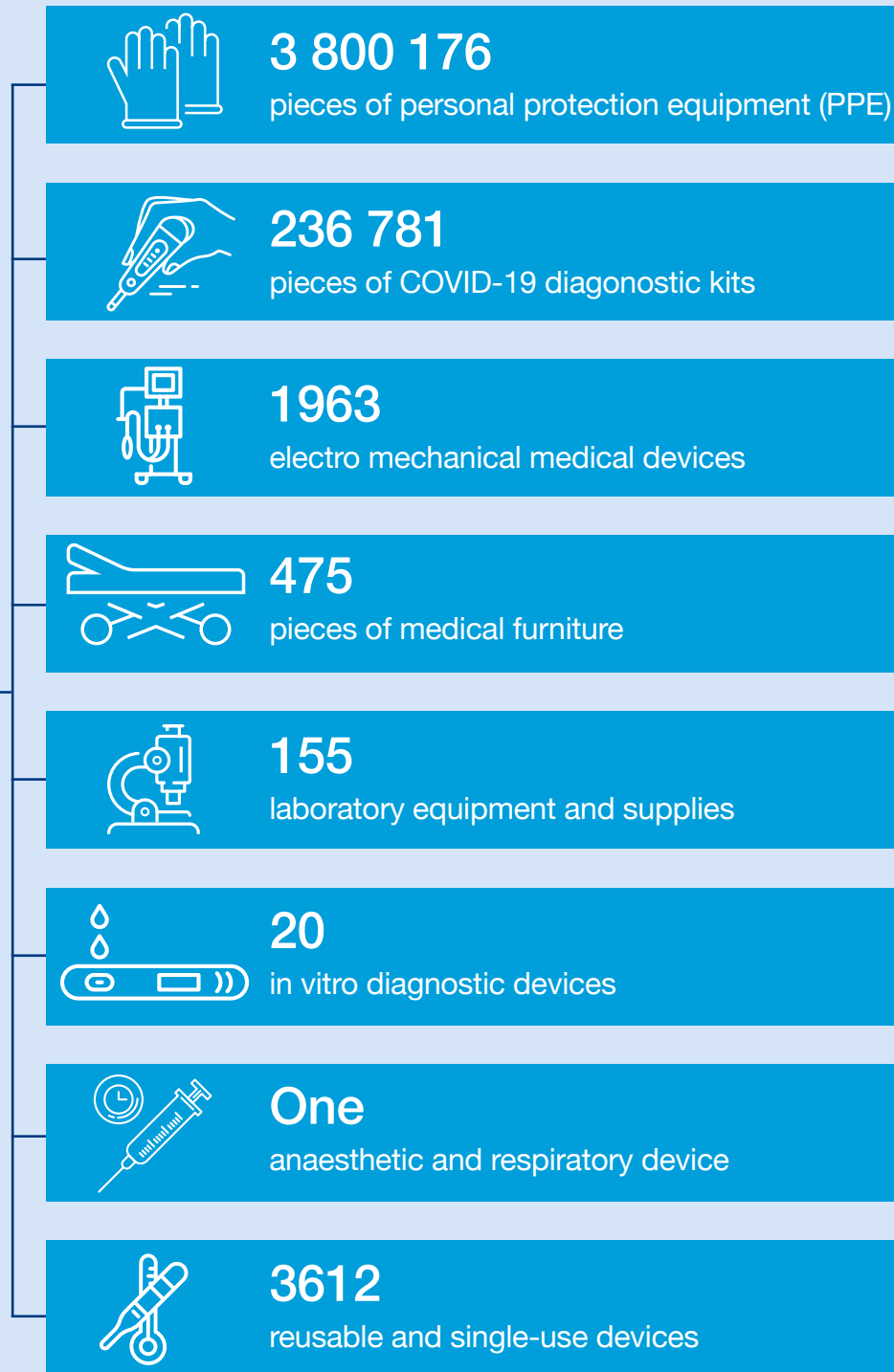
## Administered doses by vaccine type



By the end of 2021, more than 8.5 million people—20.8% of the population—were vaccinated, including members of vulnerable groups and people living in hard-to-reach areas. Moreover, vaccine uptake increased in 2021 through the mass vaccination campaign launched by WHO and the Ministry of Health in all Iraqi governorates. Engaging communities in the COVID-19 vaccination rollout process has yielded strong progress toward achieving the country's vaccination targets.

In response to COVID-19, more than four million pieces of medical devices and medical furniture were delivered in 2021 to support 50 health facilities across Iraq with a total cost of US\$ 4 300 982.

**4 037 023**  
pieces of medical devices and medical furniture delivered in 2021



## Strategic preparedness

The overall goal of WHO's strategic preparedness and response plan is to stop the transmission of COVID-19 within Iraq and halt the spread to other countries. In 2021, WHO provided the necessary technical and logistical support to promote public awareness and enhance trust in the vaccines among the targeted populations, including internally displaced persons (IDPs), refugees and host communities.

WHO developed the strategic preparedness and response plan in collaboration with the Ministry of Health, outlining public health measures to minimize the impact and control the spread of the virus. The plan supported the Ministry of Health and directorates of health in preparing for and responding to COVID-19.

Further, WHO mobilized rapid response teams to respond to the surge in cases and provided technical guidelines, tools and supplies for

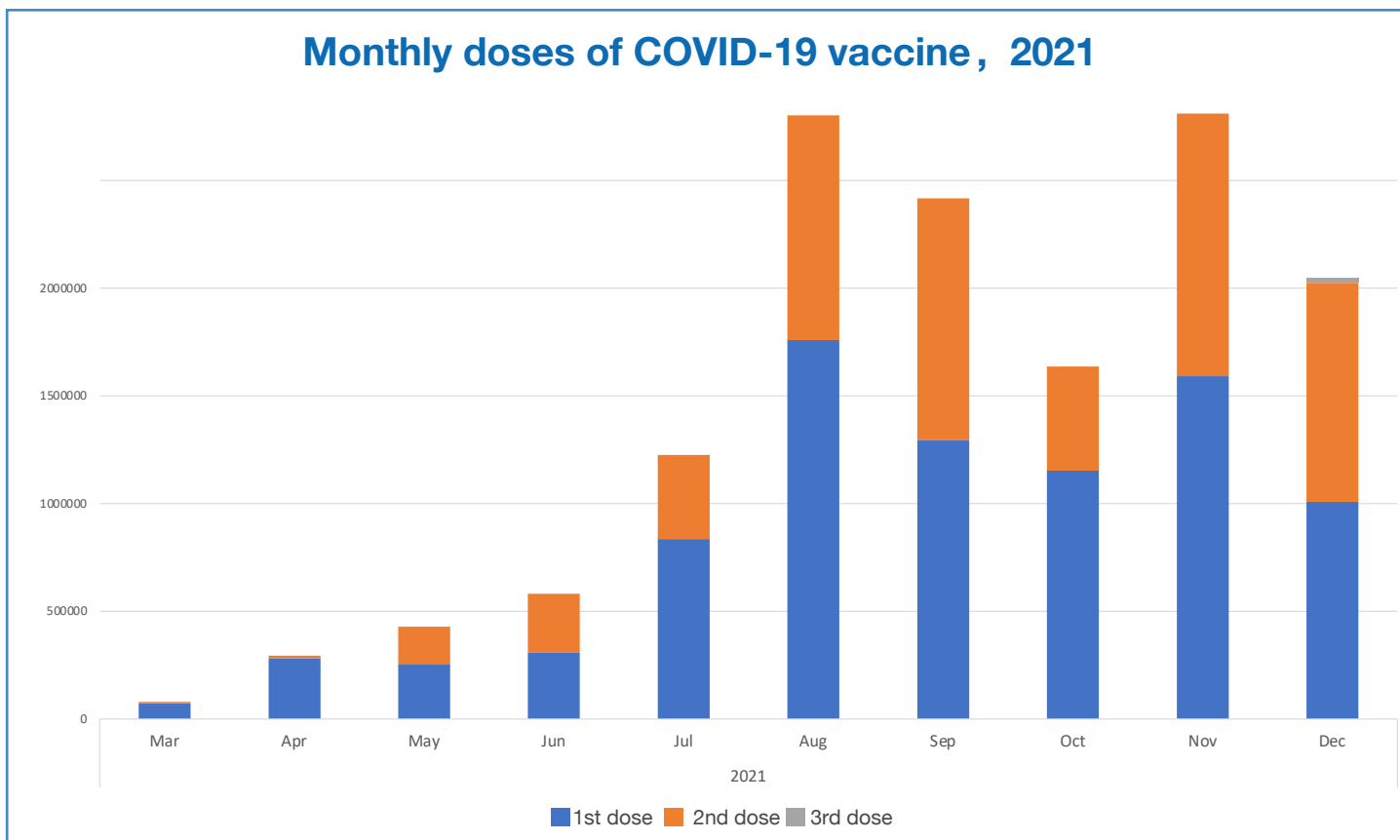
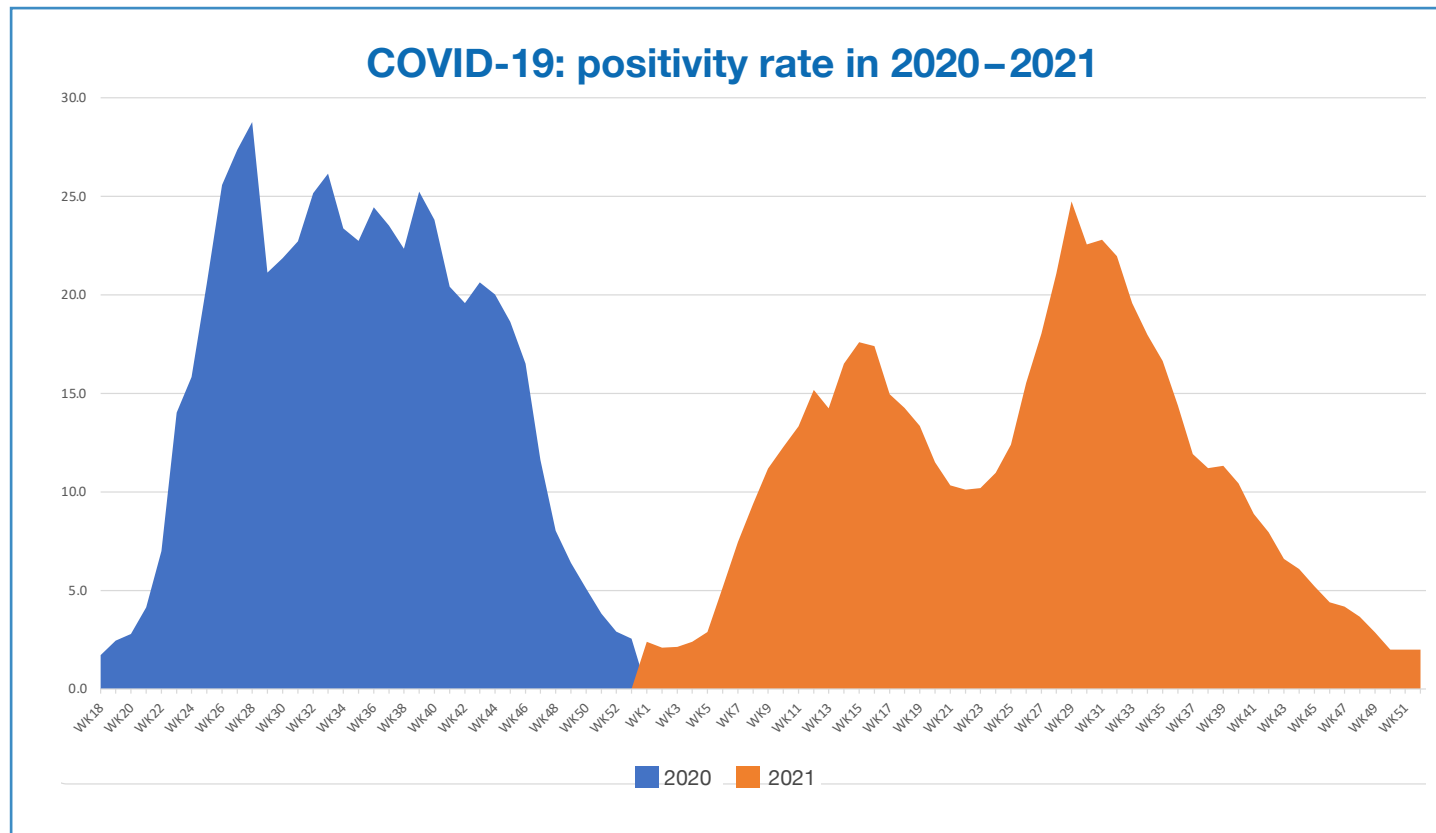
surveillance and laboratory verification. It also provided training and developed educational materials for implementing risk communication and community awareness campaigns targeting schools, marketplaces, mosques and other public places. WHO also supported the establishment of vaccination teams at 102 sites across Iraq to reduce the burden on routine vaccination teams.

To further enhance COVID-19 preparedness and response in Iraq, WHO provided support to improve communicable disease surveillance and enhance health care workers' capacity in laboratory investigations and infection prevention control (IPC), including points of entry, case management, risk communication and community engagement activities. This enabled Iraq to provide daily event-based reporting on COVID-19 indicators and scale up its laboratory capacities to perform approximately 50 000 tests daily.

With WHO support, Iraq started working on the District Health Information Software (DHIS2) to improve the collection, processing, analysis and use of health information, which will contribute to achieving better health outcomes in Iraq.



More than four million pieces of medical devices and medical furniture were delivered in 2021



## Active surveillance

In 2021, WHO continued to support surveillance efforts through contact tracing and community surveillance initiatives, with the aim of isolating, testing and treating every case and tracing every contact. These initiatives led to improved COVID-19 detection, verification and response.

WHO supported the Ministry of Health and directorates of health to strengthen surveillance in all areas, including selected hospitals, points of entry and IDP camps, providing standard case definitions, electronic reporting formats, updated guidelines, protocols and training.

### EWARN system

WHO supported the prevention and control of communicable disease outbreaks in high-risk locations by detecting common communicable disease outbreaks and responding in a timely manner. In 2021, WHO received Early Warning, Alert and Response Network (EWARN) updates from an average of 130 reporting sites (including mobile medical clinics (MMCs), primary health care (PHC) centres, camps and hospitals).

A total of 791 alerts were reported, of which 227 were confirmed. Most of the alerts were due to suspected COVID-19 cases. All the alerts (100%) were investigated and referred to the appropriate quarantine, isolation and treatment facilities within 48 hours. However, only a few of them were confirmed with laboratory findings, and others were quarantined or isolated based on the history of contact or clinical symptoms.

### Safety surveillance for COVID-19 vaccines

WHO launched the Safety Surveillance Manual for COVID-19 vaccines, which supports countries in establishing safety signal detection for emergency use listing (EUL) vaccines.

By engaging all relevant stakeholders, WHO supported the Ministry of Health in establishing this system and forming a committee to plan the required strategies, allocate the required financial resources, recruit the necessary expertise and provide the guidance and tools.

This involved conducting training and workshops, targeting 235 focal points based on the Ministry of Health's plan to deploy vaccines in 67 teaching hospitals and 573 PHC centres across Iraq.





# Provision of medical devices and supplies

Throughout 2021, WHO worked with the Ministry of Health to deliver essential medicines and supplies. To ensure that health facilities were equipped to handle COVID-19 patients, WHO facilitated the provision of 4 207 770 medical devices and medical furniture items costing US\$ 5.3 million to support 87 health facilities across Iraq.

Various types of medical equipment were also procured and distributed to support PHC facilities in conflict-affected governorates. This included electromechanical medical devices, reusable devices, laboratory equipment and supplies, medical furniture and assistive products. The distributed supplies are expected


to improve the standard of comprehensive PHC and referral services for IDPs, refugees, returnees and hosting communities.

WHO also worked collaboratively with all partners on the timely procurement and delivery of COVID-19 vaccines. More doses of WHO-approved vaccines arrived over the course of the year, including over six million doses procured for Iraq through the WHO-supported COVAX Facility.


In addition to the medical devices and supplies, WHO also distributed approximately 350 tons of pharmaceuticals, WHO kits and supplies in 2021, with a total cost of US\$ 2 049 145.




WHO distributed approximately 350 tons of pharmaceuticals, WHO kits and supplies in 2021



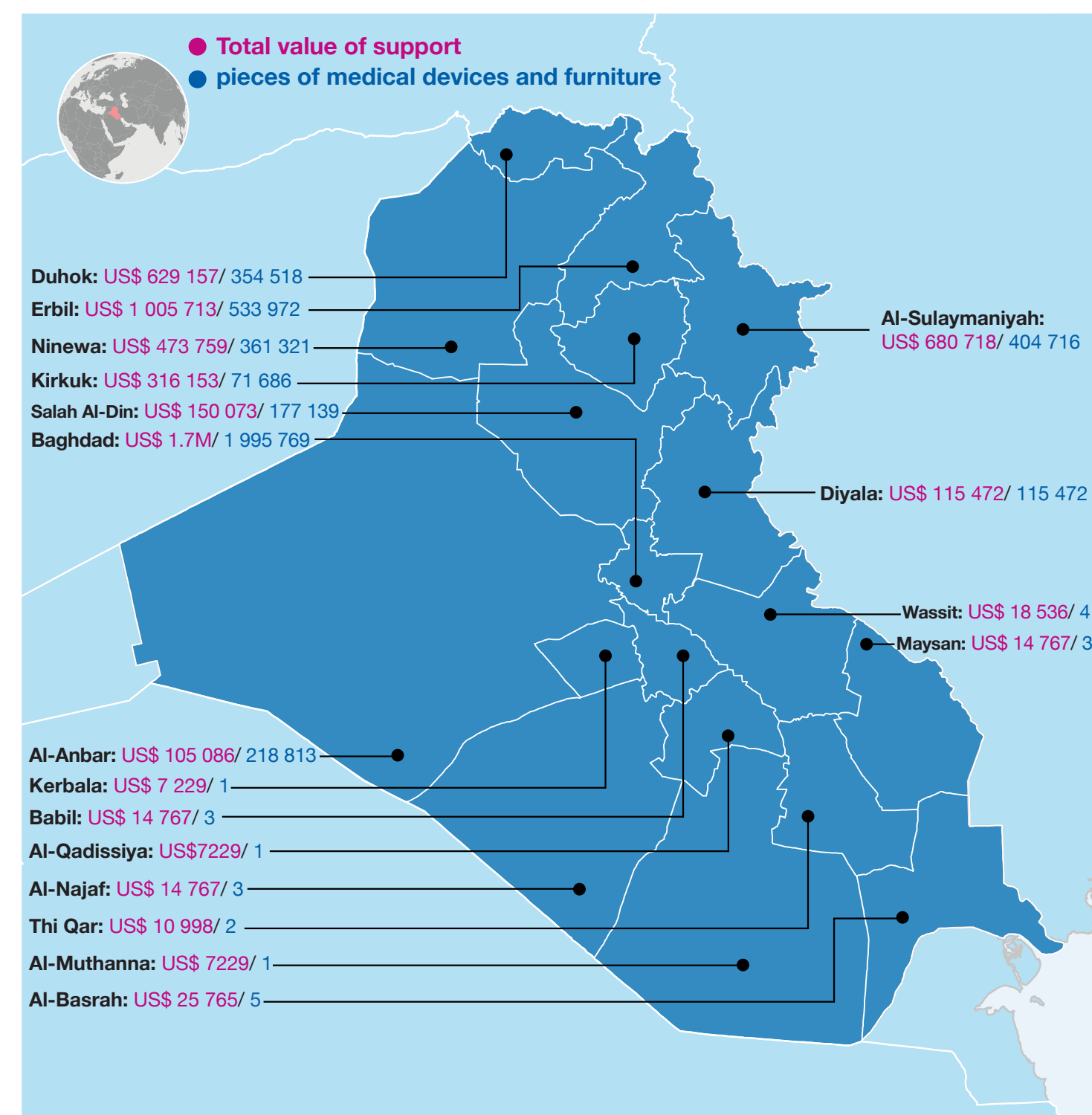
**87**  
health facilities supported



**4.2 million**  
pieces of medical devices and medical furniture provided



**5.3 million**  
dollars allocated to support 87 health facilities



# Health Cluster

As the health sector lead, WHO collaborated with the central Ministry of Health and the Ministry of Health of the Kurdistan region to provide technical support and coordinate efforts through incident management support teams.

The Iraq Health Cluster COVID-19 Task Force was operational during most of 2021 to help coordinate partners' responses to COVID-19. The forum also enabled two-way communication between the Ministry of Health in Iraq and partners/stakeholders to ensure that people in need received timely and quality services. The Task Force held monthly meetings, with participation by the federal and Kurdistan region ministries of health and relevant partner agencies, including United Nations agencies, local and international NGOs.

To ensure that the mapping of all COVID-19 activities, including supporting the establishment of COVID-19 hospitals, procuring and distributing of medicines, supplies and personal protective equipment (PPE), would be easily

accessible on one platform, the Task Force upgraded the monthly static infographics, which were developed in 2020, into an interactive online dashboard in 2021. In addition, the Task Force developed a COVID-19 health facilities assessment template, which was disseminated to partners and is being used by them, as well as the Health Cluster team to monitor the quality and IPC standards of the services.

## Coordination activities

The Health Cluster team has a presence at the national level and in seven governorates sub-nationally, including Anbar, Duhok, Erbil, Kirkuk, Ninawah, Salah Al-Din and Sulaymaniyah

A national cluster co-coordinator was also hosted by the Doctors of the World organization – a human rights organization for most of the year – but with the position was discontinued at the end of December 2021 due to a lack of funding.

In 2021, three active working groups were reporting to the Health Cluster: mental health and psychosocial services (MHPSS) led by WHO, nutrition led by UNICEF and reproductive health led by the United Nations Population Fund (UNFPA). While the MHPSS and Nutrition

in 2021, Health Cluster in Iraq comprised of:

28 members



working groups held regular monthly meetings, the reproductive health working group could not do so due to downsizing staff in UNFPA.

At the national level, the Health Cluster also participated in Inter-Cluster Coordination Group meetings on a fortnightly basis, while this occurs monthly at the sub-national level.

In addition, the Cluster supported the Iraq Humanitarian Fund (IHF) in monitoring the progress of partner implementation through online and, when feasible, face-to-face monitoring missions while conducting independent monitoring of COVID-19 services and measures implemented by partners in their supported facilities.

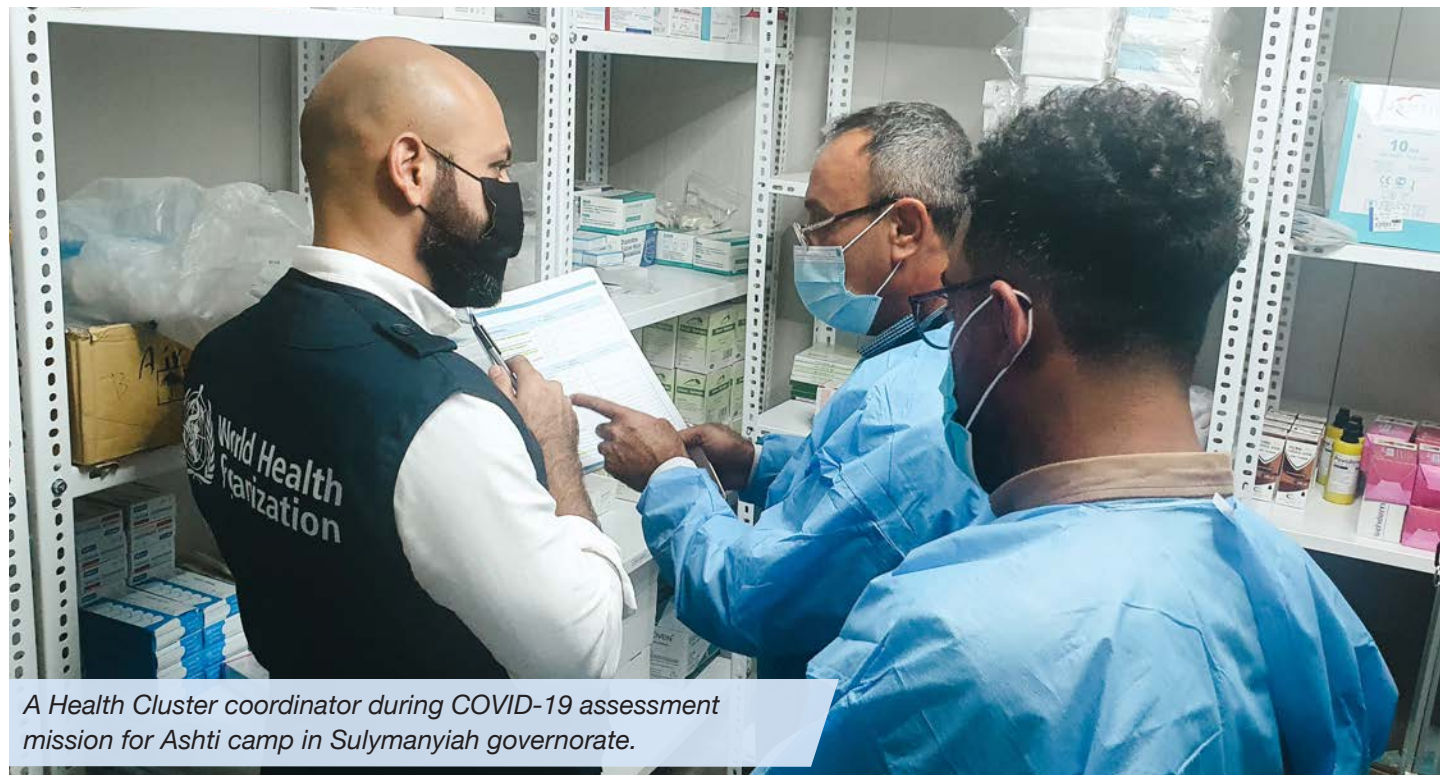
In November 2021, the Health Cluster team provided the partners with training on reporting to the Response Monitoring Module (RMM) and Activity Plan Module for the humanitarian response plan 2022. This was done to train newcomers and make any final adjustments to the activities and indicators of the HRP 2022, based on partner feedback.

During 2021, the Health Cluster consisted of 48 members, including 13 international nongovernmental organization, 12 national nongovernmental organization, four United Nations agencies, two national authorities, 13 donors and four observers.

Based on reports to the Financial Tracking Service, the Iraq Health Cluster received US\$

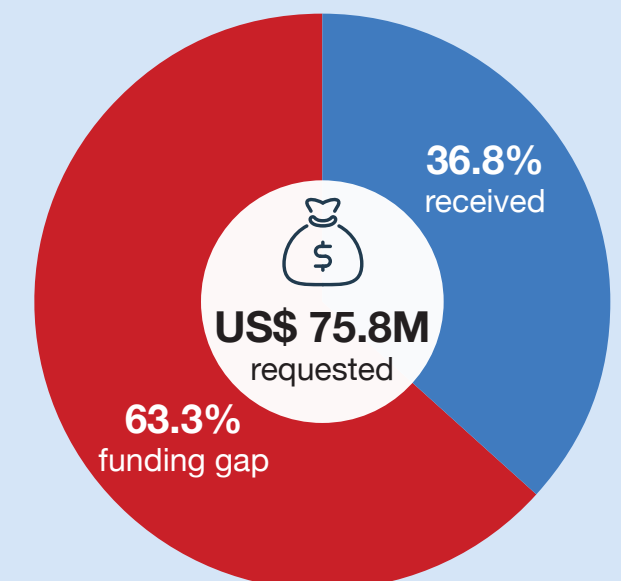
27.9 million of a requested US\$ 75.8 million (i.e. 36.8%); however, this is not accurately depicted, as several partners do not report to the FTS through their headquarters.

Despite several setbacks, including movement restrictions and curfews due to COVID-19, security and access constraints on the intra- and inter-governorate movement of staff and supplies and humanitarian funding shortages compelling partners to phase out of many locations, nearly 710 000 IDPs in and out of camps and returnees were reached with a package of essential primary health care services by the end of 2021.



A Health Cluster coordinator during COVID-19 assessment mission for Ashti camp in Sulaymaniyah governorate.

## Iraq Health Cluster funding status in 2021



# Health systems

The priorities for health system development in Iraq are based on the framework for action on advancing universal health coverage (UHC).

The WHO Iraq health systems' overall objective in 2021 was to plan, prioritize and channel all possible WHO technical and financial support to strengthen the health system and develop and implement evidence-based health policies that could effectively contribute to universal health coverage, GPW13 and SDGs in Iraq.

In practice, WHO continued to strengthen the health system response to COVID-19 while maintaining essential health services for local communities. In 2021, the Access to COVID-19 Tools (ACT) accelerator project was implemented in three selected districts in Iraq (Hawija of Kirkuk, Al-Sheekhan of Ninawa and Abu Al Khasib of the Al-Basra governorate).

## Building capacities

In 2021, WHO Iraq provided capacity-building for 490 health workers and health experts in terms of a chemical safety road map, guidelines on hypertension and diabetes, primary health

care measurement and improvement, WASH capacity building, the System for Health Accounts 2011 (SHA 2011) and the Health Accounts Production Tool (HAPT) to strengthen the health financing dimension of universal health coverage, calculation of excess mortality during the pandemic and integration of NCD services into primary health care services.

## PHC measurement and improvement

To support Iraq in fulfilling its commitments to the Astana Declaration and moving into action, WHO provided technical support and assistance to implement the regional PHC Measurement and Improvement Initiative (PHCMI).

The initiative aimed at building national capacity for assessment-based PHC improvement, including the established family practice approach.

In collaboration with the Ministry of Health, WHO conducted a capacity-building workshop for selected focal points on the implementation of the PHCMI project in Iraq. The workshop provided in-depth training on the implementation of the progression model of the PHCMI initiative focal points who participated in data collection to complete the PHC assessment phase in Iraq.

To improve health system support in Iraq, the health systems team pursued the following major undertakings in 2021:



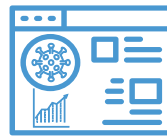
imPACT reviews to assess Iraq's cancer control capacities and needs and identify priority interventions to effectively respond to its cancer burden.



Completing the progression model assessment phase of the primary health care measurement and improvement (PHCMI).



Supporting Iraq's participation in the Network of Institutions for Evidence and Data to Policy (NEDtP) in the Eastern Mediterranean Region.



Supporting the development of the COVID-19 dashboard and providing online training and 25 tablets to focal points all over Iraq with continuous internet since March 2020.



Capacity building and supporting the participation of the Ministry of Health, media, and local NGOs in tobacco tactics.



Supporting the integration of noncommunicable diseases (NCD) services into primary health care services.



Building capabilities related to calculating excess mortality during the pandemic.



Supporting the implementation of the WHO ACT-Accelerator Health Systems Connector project in Ninawa, Kirkuk and Basra.



Supporting the implementation of the WHO HEARTS guidelines and building national guidelines for the treatment of hypertension and diabetes.



Supporting the development and implementation of a national project to strengthen the country's early childhood cancer prevention programme.



# Expanded Programme on Immunization

In 2021, WHO continued to support the national Expanded Programme on Immunization (EPI) by enhancing vaccination coverage rate and building the capacity of EPI staff at national and subnational levels.

Despite the disruptive impact of the COVID-19 pandemic on public health services, including routine and non-routine immunization services, WHO managed to maintain the provision of immunization services to achieve the Immunization Agenda 2030 (IA 2030) targets.

The Ministry of Health, in partnership with WHO and UNICEF, revitalized routine immunization services. In 2021, the targeted indicators showed a decline in the coverage rate due to the COVID-19 pandemic implications.

Iraq has successfully closed the last polio outbreak and remained polio-free since 2014. However, Iraq remains vulnerable and at risk of wild poliovirus importation. Iraq is also well-known for having mass population movements during religious gatherings and receiving visitors from other countries, including polio-endemic Afghanistan and Pakistan and other countries in the Region experiencing circulating vaccine-derived poliovirus outbreaks.

In addition, the ongoing COVID-19 pandemic has overstretched the capacity of health systems and affected the delivery of essential health services. Iraq is no exception to these setbacks. As a result, routine immunization has been disrupted, and vaccination coverage declined in 2020.



More than 8 million children under the age of five were vaccinated against polio in Iraq in 2021

## The role of EPI in COVID-19 vaccination

In 2021, the EPI in Iraq was actively engaged with the COVID-19 vaccination process. WHO, along with the Ministry of Health, worked on maintaining and improving vaccine cold chain capacity to ensure the availability of the vaccines and enable the country's readiness for additional vaccine allocations. In this regard, WHO worked on:

- providing training for vaccinators, IT specialists and cold chain supervisors;
- developing Vaccine Readiness Assessment Tool (VIRAT /VRAFv3) supported by WHO, UNICEF and the World Bank;
- supplying the COVID-19 vaccination outlets with logistical and technological items required for reporting (registration, reporting and updating);
- providing technical guidelines for the EPI and the National Immunization Technical Advisory Group (NITAG);

- supporting capacity-building activities and the mass vaccination campaign;
- vaccinating high-risk groups, including health care workers, IDPs, refugees and older people;
- procuring 75 ultra cold chain freezers for COVID-19 vaccines;
- introducing the national deployment and vaccination plan to ensure an effective roll-out of COVID-19 vaccines;
- engaging the Ministry of Health in the COVAX Facility and capacity building of vaccinators;
- establishing a digital platform and dashboard to provide a detailed analysis of COVID-19 vaccination status;
- adopting and utilizing a supportive supervision checklist of COVID-19 vaccines based on the WHO global guidelines and checklists.



In 2021, WHO worked with the COVAX Facility and partners to secure COVID-19 vaccine doses for the Iraqi people

# Primary health care centres

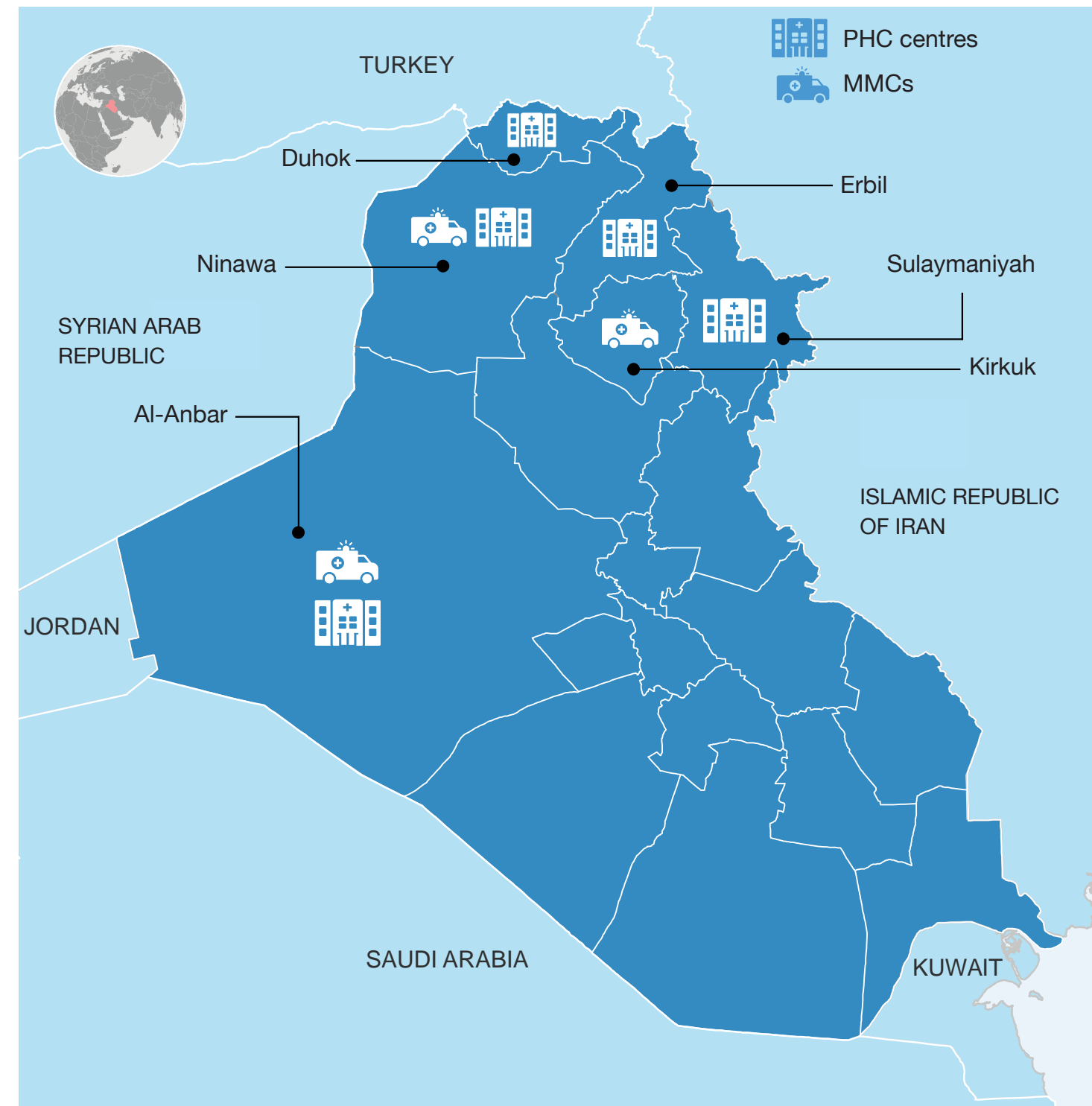
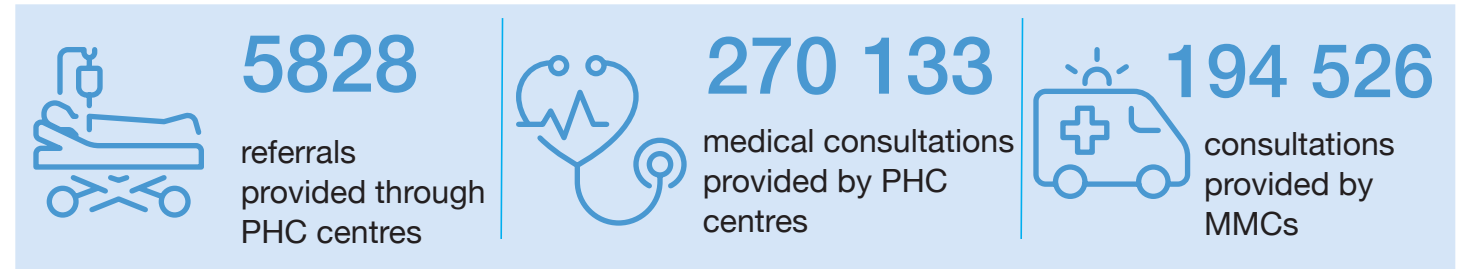
In 2021, WHO supported primary health care centres in different governorates, including Al-Anbar governorate (Bezebiz, Amriate Al-Fallujah IDP camp, Hay Al-Bakir, Hay Al-Bakir Delivery Room and Al-Rumana emergency unit); Duhok governorate (Shariya, Mam Rash, Kabarto 1, Kabarto 2, Dawoodia, Rwanga, and Bersivy 1); Ninawa governorate (Sinjar Mountain, Al-Sinoni, Al-Qawsiyat, Tal Marak Emergency Unit, Tal Marak delivery room); Erbil governorate (Hassan Sham U2 camp); and Sulaymaniyah governorate (Ashiti IDP camp).

In 2021, WHO managed to provide 270 133 consultations and 5828 referrals through PHC centres. WHO also supported mental health and psychological support (MHPSS) services, including 10 521 MHPSS consultations.

## mobile medical clinics

In addition, WHO operationalized mobile medical clinics (MMCs) in various locations not supported by partners by covering the operational costs of these clinics. This enabled the provision of primary health services in places where PHC centres have been destroyed or are not functioning. A total of 20 mobile clinics were operational, benefiting IDPs, returnees and hosting communities in Anbar and Ninawa governorates. The support provided by the MMCs included psychological counselling, psychiatric screening and physical disability screening and referral to health facilities. In 2021, WHO provided 194 526 consultations using through MMCs.

WHO supported health facilities providing PHC and related services in different IDP camps with essential medicines and supplies. The medicines and medical supplies were delivered to partners based on their request. The supported partners in 2021 included DARY, HEEVI, DAMA and VIYAN and INTERSOS.



In 2021, WHO managed to provide 270 133 consultations and 5828 referrals through PHC centres

# Mental health and psychosocial support

Millions of Iraqis have been affected by the unstable conditions in their country in recent decades. Conflict and violence in the area have taken their toll on the Iraqi people on many social and economic levels, including both their physical and mental health.

In 2021, WHO continued its efforts and collaboration with stakeholders to decentralize mental health services, integrate mental health into PHC, and ensure that international quality standards and human rights are met.

In collaboration with the Ministry of Health and other relevant governmental and non-governmental stakeholders, WHO Iraq prepared the first draft of the National Mental Health Strategy of Iraq. The draft strategy included an overall vision, mission, values and guiding

principles, goals, and action areas. It also includes output indicators and a budget.

## Mental health and psychosocial support (MHPSS)

WHO Iraq is positioned as the leading agency and chair of the National MHPSS Technical Working Group is open to governmental bodies, United Nations agencies, and local and international nongovernmental organization.

The Technical Working Group tasks include:

- facilitating effective, coordinated, and focused inter-agency response to MHPSS needs at the national and governorate levels,
- ensuring stakeholders' and partners' adherence to international guidelines and

principles, including Inter-Agency Standing Committee (IASC) standards,

- coordinating MHPSS assessments, research, and information-sharing,
- enhancing referral pathways, and
- improving collaboration between NGOs and Directorates of Health working on MHPSS services.

## MHPSS and returnees from Syria

In early 2021, the Government of Iraq informed the UN of its intention to repatriate some 500 families, with the Jad'ah 1 camp in Ninewa serving as a transition point prior to their eventual return to their area of origin or integration elsewhere in Iraq. On 25 May, 94 Iraqi households arrived from the Al-Hol camp in northeast Syria to the Jad'ah 1 Camp; WHO provided continuous leadership, guidance, and technical support in MHPSS. Effective collaborations were established with other agencies, stakeholders, and entities, including the International Organization for Migration (IOM) and the WHO collaborating centre at Douglas Institute, McGill University.

## WHO-UNDP partnership on MHPSS

WHO and the United Nations Development Programme (UNDP) have explored synergies and established partnerships in MHPSS in close collaboration with the Iraqi Ministry of Health and the National Security Council. The overall objective of these partnerships is to strengthen the MHPSS response for IDPs and returnees, and ultimately ensure the safe and dignified return and reintegration of Iraqis displaced by the conflict with the Islamic State of Iraq and the Levant (ISIL).

On 14–16 November 2021, WHO and Ministry of Health delivered a training session to

participants from the Office of the National Security Advisor (ONSA). The workshop focused mainly on the context of mental health in Iraq, understanding psychological first aid, mental health in the face of crises, understanding adversity and stress, and effective communication skills.

## MHPSS Minimum Service Package

Iraq was identified as one of the five countries to pilot the MHPSS Minimum Service Package (MHPSS MSP) initiative, which WHO and UNICEF jointly lead. WHO has provided the necessary coordination for developing the initial survey at the country level.

## WHO quality rights

The WHO Quality Rights Initiative was piloted for the first time in Iraq in 2021. WHO Iraq led the pilot phase in collaboration with the Ministry of Health.

On 23 February 2021, WHO Iraq conducted training on the WHO quality rights for eight officials from the Ministry of Health in Baghdad. This training focused on selected standards and criteria in the WHO Quality Rights Toolkit.

The initiative was piloted in two health facilities in Baghdad: Ibn Rushd Hospital and Al-Yarmouk Hospital. A report was made available with concrete recommendations to improve the quality of care and human rights.

## Capacity building and integration of mental health in PHC

Continuous support and training are provided by WHO Iraq in several governorates for the integration of mental health in PHC through the implementation of the WHO Mental Health Gap Action Programme (mhGAP). Psychotropic medications have also been made available at the PHC level.



# Gender-based violence

Iraq already had a high level of domestic violence; the humanitarian crisis has compounded pre-existing gender inequalities and increased the violence perpetrated against women and girls. This has resulted in a dramatic increase in the exposure of women and girls to GBV, particularly conflict-related sexual violence. The new COVID-19 crises also placed an additional, massive burden on the whole health system in Iraq, and increased the reported cases of GBV in health facilities there.

WHO is working on integrating GBV services into health and mental health programmes and community activities in Iraq to ensure the availability of culturally appropriate evidence- and community-based GBV services, psychosocial services, referral, and other GBV health services in all PHC units in the country.

The goal is to maintain the availability of sustainable, accessible, and non-stigmatizing services to all survivors of GBV all over the country.

## Adaptation of GBV guidance in the Iraqi context

In partnership with the Ministry of Health, WHO adapted the WHO Clinical Handbook for Health Care Workers for women subjected to domestic and sexual violence in Iraq. This handbook will serve as a stepping stone for transforming the health sector to provide a comprehensive response to survivors of GBV. The adaptation process involved consultation with stakeholders—health care providers, social workers, and civil society organizations—legal reviewing of the Iraqi context and making the handbook available in Arabic and Kurdish.



The COVID-19 pandemic has had a significant negative effect on Iraqi families. Since early 2020, rates of GBV in families, including physical violence and unplanned and unwanted pregnancies, have increased. Many families are suffering from the pandemic's mental effects, as well as its economic complications, and many girls have stopped their studies. Reaching out to GBV services was not easy even at the beginning of the crisis, and it is still not the biggest priority for health facilities.

Around 38% of the women who participated in the focus group discussions were vaccinated against COVID-19. They referred to getting permission from the head of the family to receive the vaccine as the main challenge preventing them being vaccinated, as well as misunderstandings about the relationship of vaccines to fertility, pregnancy and lactation, concerns about going outside of their homes, and the distant locations of vaccination units.

In cooperation with some national and international partners, including Dary and Cordaid, WHO conducted five focus group discussions to assess the availability of services and the capacity of health care providers and services to address women's needs, including survivors of violence.

In total, 75 women between 18 and 60 years old participated in these discussions. In general, these focus groups highlighted the following:



Focus group discussion conducted in cooperation with DARY organisation in AAF camp, Anbar governorate.



# Maternal and child health

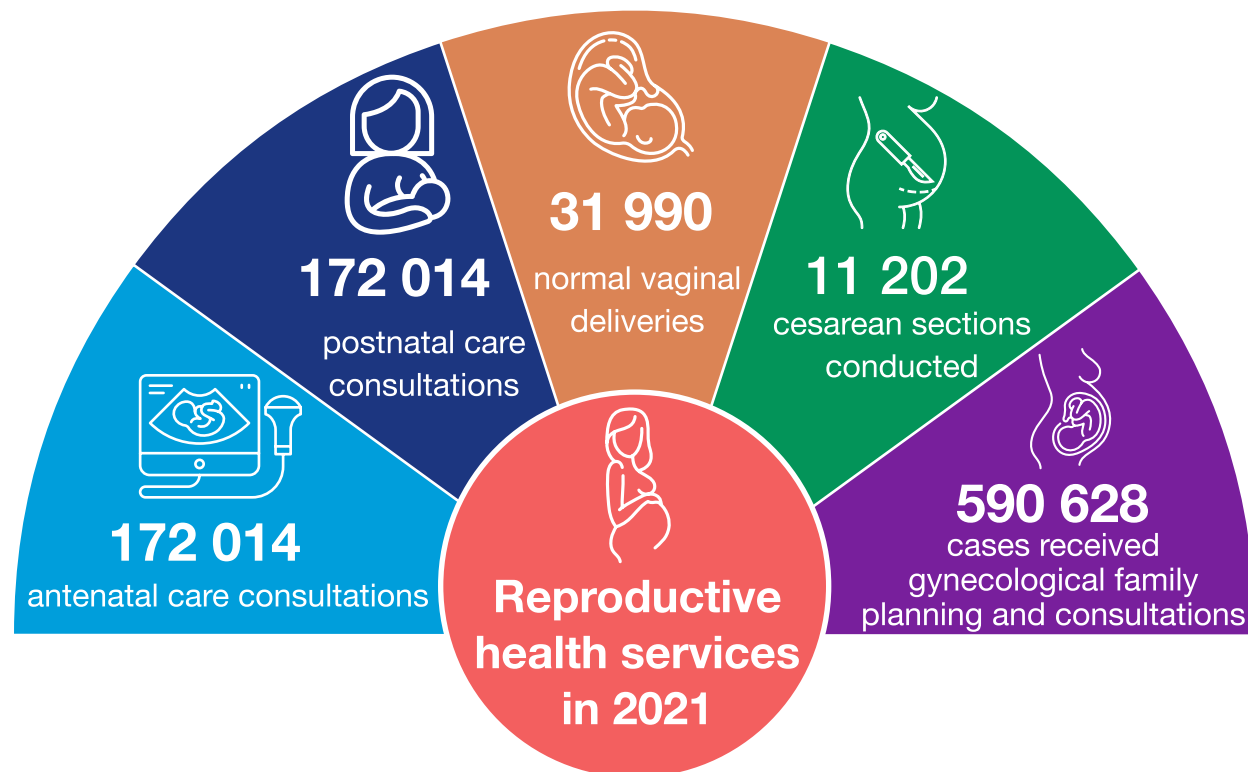
In 2021, WHO supported the Iraqi Ministry of Health in the provision of quality reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services by building the capacity of health care providers and having a pool of trainers familiar with the updated WHO guidelines for family planning, provision of adolescent-friendly health services, Integrated Management of Childhood Illnesses (IMCI), infant and young child feeding counselling, management of severe acute malnutrition of children under five years of age, and growth monitoring of these children.

## Priorities in 2022

WHO plans to continue working with the Ministry of Health to enhance RMNCAH interventions across Iraq. The plan includes:

- engaging in policy dialogue and advocacy with policy-makers and relevant stakeholders to prioritise RMNCAH at the country level;

- providing technical support for developing policies, strategies, and action plans;
- building the capacities of health professionals using the WHO updated recommendations for services (family planning; antenatal, postnatal, and emergency obstetric and newborn care; essential newborn care; ICMI; and adolescent and school health);
- enhancing the quality of care using the WHO tools for assessment and improvement;
- strengthening systems for surveillance of and responding to maternal and perinatal deaths;
- providing technical support to maintain services during and beyond the COVID-19 pandemic; and
- supporting the Ministry of Health in developing training materials and updating curricula.



# Referral hospitals

In 2021, WHO continued the gains made in previous years by strengthening three referral hospitals to improve 24/7 lifesaving emergency referrals and curative health services in Erbil (East Emergency Hospital), Duhok (Akre Paediatric and Maternity Hospital), and Sulaymaniyah (Burn and Reconstructive Hospital).

In Erbil, WHO has continued to support the East Emergency Hospital and enhance the hospital's capacity through renovating and rehabilitating other departments.

As for Duhok, Akre Paediatric and Maternity Hospital is being renovated, with a particular focus on the paediatric and neonatology departments. This includes renovation of the paediatric department with 20 beds, as well as the setting up of a paediatric triage system and an intensive care unit (ICU) equipped with medical gas outlets in line with international standards, the necessary supplies of essential medical equipment, medical furniture and consumables.

The Plastic Burn and Paediatric Unit of the Burn and Reconstructive Hospital in Sulaymaniyah was also renovated and equipped. This has improved the capacity of the hospital to provide surgical interventions for a variety of surgical cases while maintaining the highest standards.



WHO Representative in Iraq Dr Ahmed Zouiten visits Sulaymaniyah Burn, Plastic and Reconstructive Surgery Hospital



# Risk communications and community engagement

In response to COVID-19, WHO and the Ministry of Health reached more than 8 000 000 people to disseminate various risk communication materials and bulk messaging. Multiple approaches were used to reach different community groups. Social media channels, including Instagram, Facebook, Twitter, YouTube and Instagram, were used to reach communities. More than 12 videos with celebrities and community influencers were produced to disseminate COVID-19 health and vaccine awareness messages. The videos were broadcast on multiple WHO and Ministry of Health social media channels and received more than 4,000,000 views. All of the videos were promoted through Facebook and Instagram.

The SMS mechanism was used to send COVID-19 and vaccine health facts to millions of individuals, focussing on refugees, IDPs and

those who did not receive Ministry of Health vaccine appointment messages. The messages were sent to nine governorates (Maysan, Ninawa, Erbil, Duhok, Sulaymaniyah, Muthana, Babil, Wasit and Dewaniya) with the highest hesitancy and lowest vaccination rates.

Twenty visual health promotional materials were produced to communicate health messages about COVID-19 and vaccines. The messages were tailored based on hesitancy surveys conducted in Iraq to better understand the reasons for hesitancy among Iraqis. The visual materials were distributed in Arabic, Kurdish and English.

## Engaging with the influencers

The hesitancy survey, which was conducted in 2021, showed that faith/tribal leaders and educators were the most influential members of their communities. As such, major risk

communications and community engagement (RCCE) workshops were conducted with 130 faith/tribal leaders and educators from 12 governorates to communicate the importance of the vaccinations and adherence to prevention measures. Vaccination teams were also sent to mosques to give the vaccine to worshippers offering Friday prayers.

## Two-way communication strategy

The implementation of RCCE promoted a two-way communication strategy between

the population at high risk of COVID-19 and the responding agencies, including the government, local and international nongovernmental organizations, United Nations and other actors working to contain the outbreak of the diseases by proactively asking, listening to and understanding individuals' knowledge and perception gaps and tailoring the communication messaging accordingly. WHO Iraq worked actively with community leaders and partners to stimulate the COVID-19 response in the country.



WHO trained and engaged with around 300 faith leaders from different religious affiliations in 2021



- 
**300**  
 faith leaders from different religious affiliations reached
- 
**75**  
 health care workers trained on RCCE
- 
**50**  
 media people trained on spreading health messages
- 
**13 000**  
 mosques used to spread health messages

# Governorate health system support

## Kirkuk and Erbil governorates

WHO is co-chairing health cluster responses in Kirkuk and Erbil governorates jointly with the respective directorates of health by coordinating, monitoring, and following up on the activities of 20 health partners, and facilitating the sharing of information among them.

WHO took the lead in ensuring that all health activities performed by these humanitarian partners in 2021 were in line with the HRP strategies and WHO Iraq's COVID-19 strategic preparedness and response plan.

As a health sector leader for the Regional Refugee and Resilience Plan (3RP) jointly with the United Nations Office of the High Commission for Refugees (UNHCR), WHO drafted and planned the 2021 Health sector response plan for the 3RP to help humanitarian and development partners to respond to the health needs of 256 000 refugees in Iraq. The response focused on: improving access to public health care services for refugees and host communities; strengthening health institutions, including the service delivery

capacity, coordination, transparency, and accountability of health partners; and strengthening reproductive health services in camps and impacted areas.

WHO and the UNHCR identified 11 prioritized health activities to be used as benchmarks for finalizing reporting indicators of partners' activities on the 3RP 2021 Activityinfo platform.

WHO supported four refugee camps in Erbil with essential medicines, medical supplies and equipment worth US\$ 99 918.

In line with the COVID-19 camp preparedness and response plan, and in collaboration with humanitarian health partners, specifically, Barzani Charity Foundation, WHO set up two isolation units to receive and manage COVID-19 patients from three of the IDP camps

in Erbil: one in the Khabat district (20-bed capacity) to receive cases from the Khazir, Hassan Sham U2, and Hassan Sham U3 camps, and another (50-bed capacity) for the Hassan Sham U3 camp.

WHO, along with the UNHCR, United Nations Children's Fund (UNICEF), and the Barzani Charity Foundation, facilitated and monitored the vaccination of IDPs and refugees in six IDP camps and four refugee camps in Erbil governorate. Out of 35 262 targeted individuals, 15 385 COVID-19 vaccine doses were administered in 2021.

WHO launched the COVID-19 Community Prevention and Vaccination Awareness Campaign in Erbil and Kirkuk by printing and distributing 32 000 IEC materials and training 117 health workers, media personnel, and community and religious leaders.

WHO provided capacity-building for 364 health workers in COVID-19 vaccination management and deployment to ensure the safe vaccination of individuals in Kirkuk and Erbil.

Also, WHO supplied Erbil with PPE and COVID-19 laboratory kits and supplies worth USD 502 105, and supplied Kirkuk with the same items worth USD 86 466.

In terms of emergency response and support, WHO ensured that 4500 IDPs in Hassan Sham U2 camp had access to quality essential health services through its implementing partner Heevie. More than 25 000 consultations and cases were managed in 2021.

WHO supported the running of four MMCs in the area of returnees in Kirkuk to provide primary health services through DAMA NGO, enabling providing 84 052 consultations.

WHO helped prevent infectious diseases and reduce their spread in Hawija, which hosts 350 000 returnees, by ensuring proper management of medical waste in 38 health care facilities, collecting and safely disposing of 10 586 kg of medical waste.



WHO delivers a medical shipment to the Directorate of Health in Erbil governorate to respond to health needs of the population

# Sulaymaniyah governorate

Sulaymaniyah was one of the governorates hardest-hit by the COVID-19 pandemic since the initial stages of the global outbreak of the disease. The governorate continued reporting high figures in terms of community transmission and positivity rates throughout 2021 and was positioned in the red epi zone.

In response, WHO identified Sulaymaniyah governorate for an intensive 4-day COVID-19 prevention, vaccination and RCCE activities. This targeted multiple key players in community awareness and prevention, including health workers, vaccinators, clerics, tribal figures, nongovernmental organizations, community activists and media outlet managers.

## Mass vaccination campaign

As part of the national COVID-19 mass vaccination campaign across Iraq in November–December 2021, Sulaimaniyah conducted a campaign via six mega centres, administering 59 290 vaccine doses in the governorate, including 6526 doses administered in the IDP camps.

Sulaimaniyah was the first governorate in Iraq, administering 59 280 COVID-19 vaccine doses out of the total 430 000 doses administered in Iraq during the campaign.

The vaccines administered in Sulaimaniyah during the MVC constituted 37% of the total administered in the governorate in all health facilities during the campaign. The logistics cost of WHO was lowest in Sulaimaniyah, with an average of 2419 Iraqi dollars per administered dose compared to the other governorates.

## PHC in Ashti Camp

WHO and the Heevie Organization continued in 2021 to run a health facility in Ashti IDP camp in Sulaymaniyah governorate, which hosts about 8795 IDPs.

Throughout 2021, WHO provided many health facilities with medicines and medical supplies, including equipment for COVID-19 hospitals, PPE, and laboratory equipment, with a cost of US\$ 238 150.



WHO and the Heevie Organization continued in 2021 to run a health facility in Ashti IDP camp in Sulaymaniyah, which hosts about 8795 IDPs

# Ninawa governorate

In Ninawa, a mass vaccination campaign was also conducted during November and December 2021. Ten vaccination sites outside public health facilities were identified by the directorate of health of Ninawa. Each site had two vaccination teams and one support team. Each vaccination team included six staff, while the support team had nine. The vaccination teams targeted people over age 12 years, successfully vaccinating 31 563 persons with different doses of the vaccine.

## Essential PHC services

In Ninawa, WHO supported four PHC centres: one in a camp, one in an unofficial settlement, and two in returnee areas. In 2021, these PHC centres provided PHC, maternal and child health services, vaccination, nutrition, and referral services, and were equipped with at least one ambulance at each site. WHO also supported the operation of 12 mobile medical clinics working in different locations to serve returnees and host communities in hard-to-reach areas.

WHO supported the delivery of secondary health services in three locations in Ninawa. More than 722 156 consultations were delivered through these health facilities in 2021. Of these consultations, implementing partners delivered 96 778 consultations for reproductive health, 8510 for MHPSS, and 17 008 for physical rehabilitation.

WHO also supported medical waste management services in Ninawa during 2021. This included operating three units that collected waste from 101 public health facilities. The total amount of waste collected during 2021 was 46 367 kg.

In Ninawa, during 2021, WHO supported five training workshops to build the capacities of 63 staff in the DoH of Ninawa in critical care, MHPSS, IPC, supply chains, management of burns, and International Classification of Diseases (ICD 10) and death certification.



In 2021, WHO continued to support four PHC centres in Ninawa: one in a camp, one in an unofficial settlement, and two in returnee areas

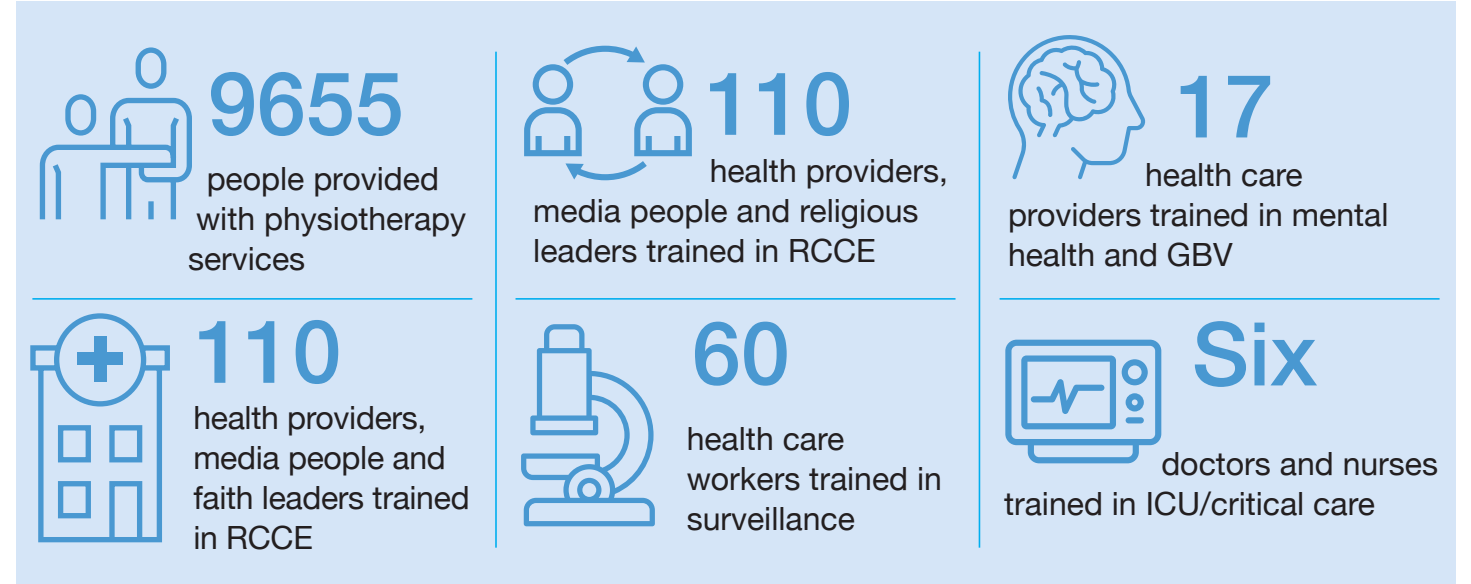
# Duhok governorate

WHO continued supporting PHC services in IDP camps by running 10 PHC centres in 10 IDP camps with implementing partners Heevie and DAMA national nongovernmental organizations.

In 2021, these centres provided 33 738 reproductive health consultations and 8729 MHPSS consultations. Also, 97 146 laboratory tests were performed, while 6595 patients were referred to receive medical and surgical interventions or radiological and laboratory investigations.

WHO also ran and managed the Physical Rehabilitation Centre in Sumel district of Duhok province, which provided 9655 people with physiotherapy services in 2021.

The WHO team supported Duhok Directorate of Health in conducting a COVID-19 MVC in Duhok and Zakho districts. A total of 29 976 COVID-19 vaccine doses were administered to an equal number of individuals, increasing the COVID-19 coverage in the Duhok governorate by 12.8%.



WHO team during a visit to WHO-supported Heevie Teaching Hospital in Duhok Governorate

# WHO priorities in 2022

In 2022, WHO Iraq will continue to provide quality essential health care services to people in need of humanitarian assistance (internally displaced persons, people in secondary displacement locations, and highly vulnerable host communities) to reduce avoidable morbidity and mortality.

## Provide uninterrupted PHC services to IDPs, people in secondary displacement locations, and to host communities.

- Expand the availability of comprehensive PHC services by operationalizing PHC centres and mobile medical clinics, and selected referral health facilities.
- Support five governorates with standard medical waste treatment activities.

- Continue to fill gaps in medicines, medical supplies, kits, and medical equipment to ensure the provision of essential health services in the target governorates.

## Detect and respond in a timely manner to common communicable disease outbreaks.

- Provide refresher training to 200 staff on EWARN reporting, use of EWARN, and outbreak preparedness and response to the common communicable diseases in Iraq, including vaccine-preventable and waterborne diseases, such as cholera.
- Support three governorates with water quality monitoring by addressing resource gaps.

## Strengthen quality of care and the health information management system.

- Target eight conflict-affected governorates for a health resource availability mapping study to enable the timely identification of needs and gaps, support evidence-based decision-making and coordination, aid efficient planning and implementation, and offer detailed response monitoring advocacy and resource mobilization.

## Improve the COVID-19 pandemic response by supporting the health authorities' plans and capacities to stop the transmission of COVID-19 among IDPs and vulnerable people.

- Support case management and ensure continuity of essential health services.
- Support public health laboratories with capacity building activities for specimen

collection, management, transportation, and confirmation of COVID-19.

- Provide training in IPC practices and strategies to selected health professionals from all governorates.
- Conduct awareness-raising activities to inform local communities about how to protect their health and that of others.
- Support the mental health and well-being of communities affected by the pandemic, including support for GBV activities.
- Conduct regular monitoring visits and document lessons learned to inform future preparedness and response activities.



## COVID-19 response

WHO's COVID-19 response priorities aim to stop the transmission of COVID-19 in Iraq and halt its spread to other countries. Specific strategic objectives are to:

- limit human-to-human transmission, including reducing secondary infections among close contacts and health care workers; preventing transmission amplification events; and preventing further spread from Iraq;
- detect, verify, isolate, and care for patients early, including providing optimized care for infected patients;
- communicate critical risk and event information to all communities and to counter misinformation.

The response supports various interventions to strengthen the health authorities' plans and capacities to stop the transmission of COVID-19 among IDPs and vulnerable people.



# Financial overview

In 2021, WHO Iraq received a total contribution of US\$ 31.1 million from its donors, of which US\$ 12.2 million was used for the COVID-19 response. The remaining funds were mainly used to sustain the provision of humanitarian health services to the most vulnerable. Contributions were received from donors such as USAID's Bureau

for Humanitarian Assistance, Germany, United States Agency for International Development (USAID), the United States Bureau of Population, Refugees, and Migration, the European Civil Protection and Humanitarian Aid Operations (ECHO), and Canada's Department of Foreign Affairs, Trade and Development.

Funding source name	Amount US\$
USAID's Bureau for Humanitarian Assistance	10 500 000
Germany	7 210 683
United States Agency for International Development (USAID)	6 707 325
US Bureau of Population, Refugees, and Migration	3 000 000
European Civil Protection and Humanitarian Aid Operations (ECHO)	2 860 249
Department of Foreign Affairs, Trade and Development, Canada	849 653
<b>Total contribution received in 2021</b>	<b>31 127 910</b>

WHO would like to extend its sincerest thanks to all donors and partners for their generous, valued support to the WHO country office in Iraq since the start of COVID-19 pandemic.



# Moving forward

As Iraq moves away from the headlines, donor priorities are changing, and support from humanitarian actors is decreasing. Many traditional donors are losing interest and shifting their focus to stabilization and early recovery efforts. Thus, humanitarian funding for Iraq is becoming more challenging to secure and will likely decrease in the coming years.

In 2022, this led WHO to work on a strategic prioritisation of its interventions, as the lack of funding is forcing us to scale down some of our operations. While reaching out to potential development donors, WHO will continue to engage with and advocate its traditional donors. While development

and reconstruction are necessary for Iraq's future, immediate needs must still be met.

The Iraqi Government has cooperated with humanitarian partners in supporting service delivery, and WHO has particularly effective coordination with the Ministry of Health and directorates of health.

As the country is gradually transitioning from an emergency response to a longer-term development strategy, the WHO's focus in the next few years will be on strengthening the health system's resilience and preparedness to meet the global WHO goal of giving everyone, everywhere, an equal chance to live a healthy life.





World Health  
Organization  

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Iraq

