Health and the SDGs
2021 | Iraq

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

- Pneumonia (ALRI), 15.2%
- Prematurity, 21.4%
- Birth asphyxia/trauma, 14.1%
- Sepsis & other infections, 7.2%
- Congenital anomalies, 14.2%
- Diarrhoea, 5.3%
- Malaria, 0.0%
- Measles, 0.0%
- HIV/AIDS, 0.0%
- Meningitis/encephalitis, 1.3%
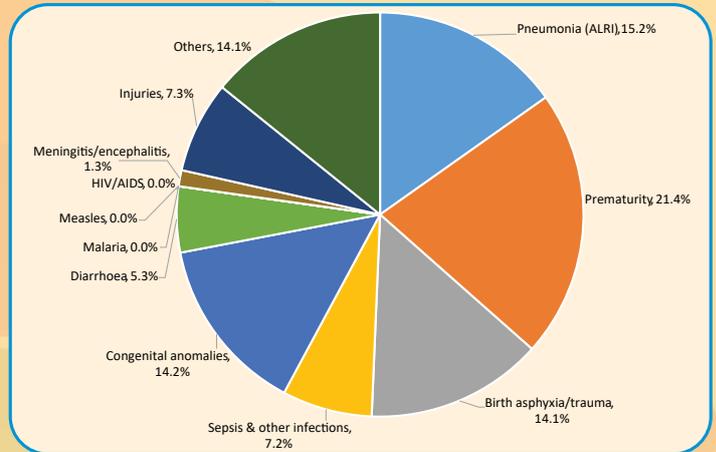- Injuries, 7.3%
- Others, 14.1%

Universal health coverage

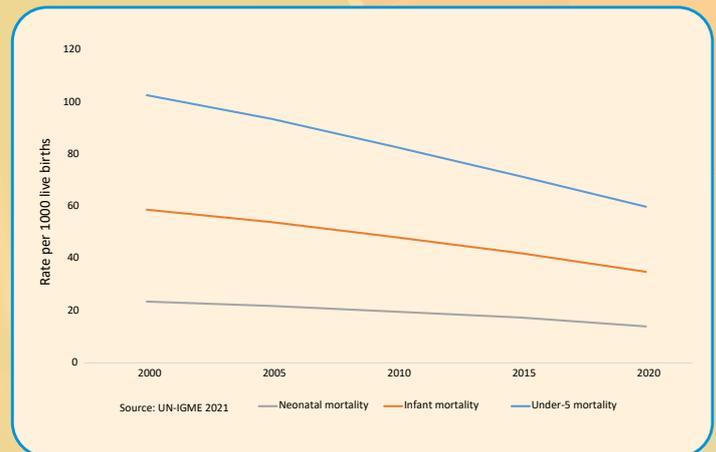|	
UHC service coverage index (2021)	59.0
Primary health care facilities per 10 000 population (2021)	6.5
Hospital beds per 10 000 population (2021)	1.3
Demand for family planning satisfied with modern methods (%) (2021)	57.7
Antenatal care visits (4+ visits) (2020)	23.0
Measles immunization coverage among 1-year olds (%) (2021)	75.0
Tuberculosis treatment coverage rate (2021)	55.0
DTP3-containing vaccine/pentavalent coverage among 1-year olds (%) (2021)	78.0
Out-of-pocket expenditure as percentage of current health expenditure (2018)	...
Domestic general government health expenditure as % of general government expenditure (2021)	7.0

Neonatal, infant and under-5 mortality rates per 1000 live births

Rate per 1000 live births

Source: UN-IGME 2021 — Neonatal mortality — Infant mortality — Under-5 mortality

Selected determinants of health

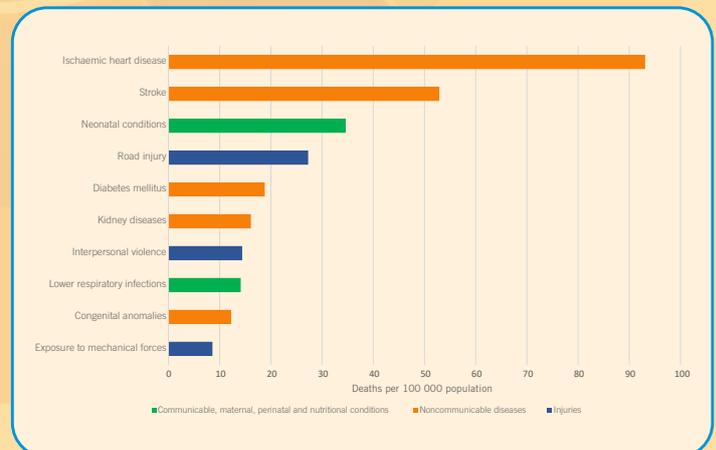|	
Population living in urban areas (%) (2020)	70.0
Annual GDP growth (%) (2021)	2.8
Population growth rate (%) (2021)	2.3
Children aged < 5 years with pneumonia symptoms taken to a health care provider (%) (2018)	44.0

Top 10 causes of death for both sexes and all ages (2019)

- Ischaemic heart disease
- Stroke
- Neonatal conditions
- Road injury
- Diabetes mellitus
- Kidney diseases
- Interpersonal violence
- Lower respiratory infections
- Congenital anomalies
- Exposure to mechanical forces

Deaths per 100 000 population

■ Communicable, maternal, perinatal and nutritional conditions ■ Noncommunicable diseases ■ Injuries

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

SUSTAINABLE DEVELOPMENT GOALS

Selected health-related SDG indicators

1 NO POVERTY

Population below the international poverty line (%)		...
Proportion of employed population below the international poverty line 15+ (%) (ILO modelled estimate, 2019)	Male	0.4
		0.2

2 ZERO HUNGER

Children under 5 (%) who are: (Year)

stunted	...
wasted	...
overweight	...

4 QUALITY EDUCATION

Literacy rate (15–24 years) (Year) (%)	Total	...
	Male	...
	Female	...
Net primary school enrolment ratio per 100 school-age children (Year)	Total ratio	...
	Male ratio	...
	Female ratio	...

7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (%) (WHO Global Health Observatory, 2020)	99.0

6 CLEAN WATER AND SANITATION

Proportion of population using safely managed drinking water services (%) (World Health Statistics, 2020)	60.0
Proportion of population using safely managed sanitation services (%) (World Health Statistics, 2020)	43.0

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (%) (ILO estimate, 2019)	Total	16.2
	Male	14.3
	Female	28.3

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) ($\mu g/m^3$) (WHO Global Health Observatory, 2019)	Total	39.3
	Urban	43.0

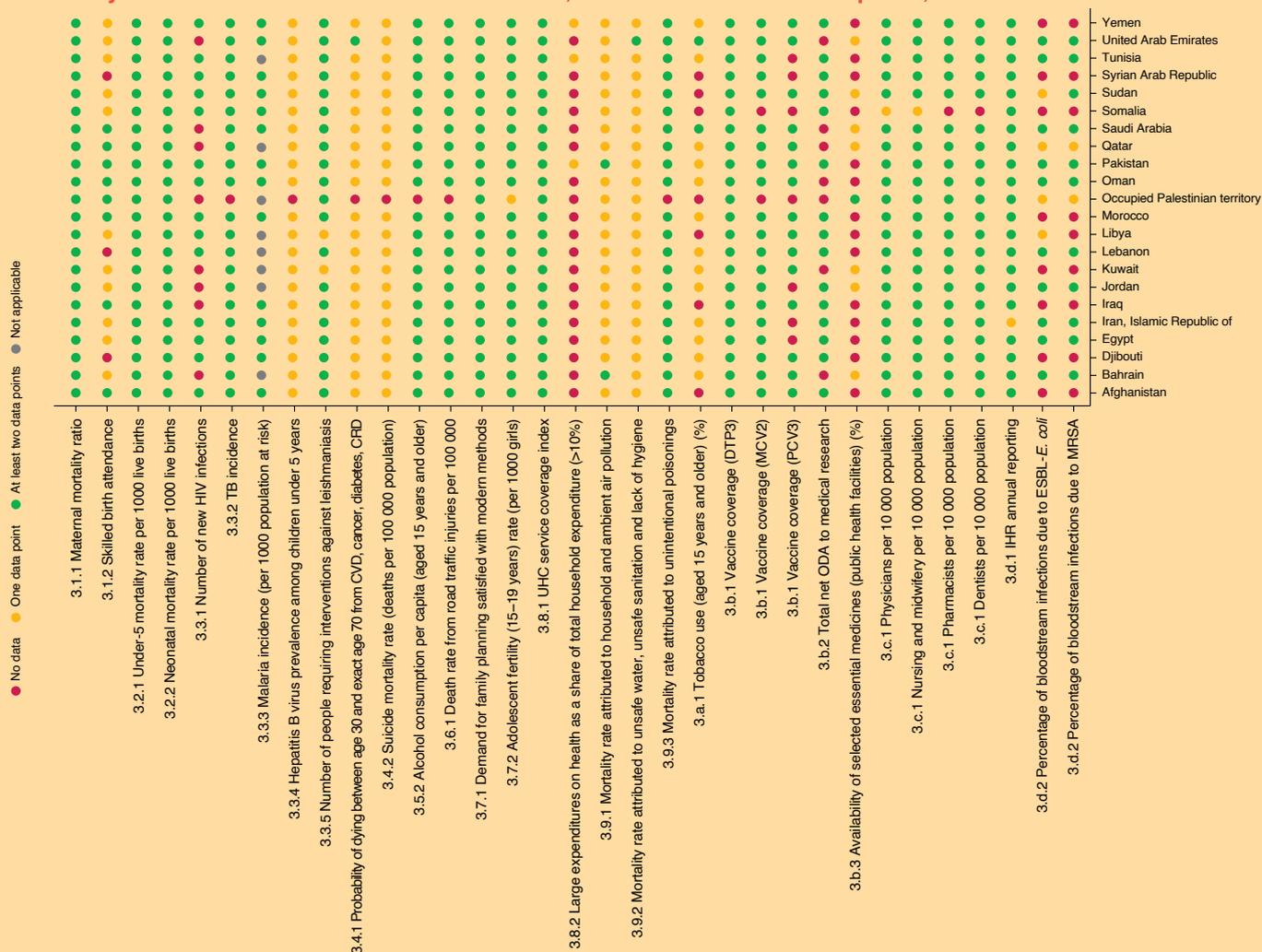## 16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimates of rate of homicides (per 100 000 population) (WHO Global Health Observatory, 2019)	14.4

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2019)	69.9	75.0	72.4
Healthy life expectancy (HALE) at birth (years) (2019)	61.6	63.7	62.7
Healthy life expectancy (HALE) at 60 (years) (2019)	13.3	15.0	14.2
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2020 estimate)	—	—	76.0
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate)	…	…	14.0
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate)	22.7	18.6	20.7
Under-5 mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate)	26.8	22.1	24.5
Tobacco use among persons 15+ years (%) (2019)	40.6	2.5	21.6
Overweight (18+ years) (%) (year)	…	…	…
Obesity (18+ years) (%) (year)	…	…	…
Raised blood pressure among persons 18+ years (%) (year)	…	…	…
Raised blood glucose among persons 18+ years (%) (year)	…	…	…
Raised cholesterol among persons 18+ years (%) (year)	…	…	…
Mortality between exact ages 30 and 70 from cardiovascular disease, cancer, diabetes or chronic respiratory disease (%) (2019)	27.5	20.0	23.5
Cancer incidence per 100 000 (2020)	127.0	145.0	135.0

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

Availability of data for each SDG 3 indicator: no data, one and at least two data points, 2014–2019

Source: Progress on the health-related Sustainable Development Goals and targets in the Eastern Mediterranean Region, 2020. Cairo: WHO Regional Office for the Eastern Mediterranean; 2022.

Health and the SDGs at a glance in
Iraq

3 GOOD HEALTH AND WELL-BEING

Voluntary National Review

Completed in 2021: https://hlpf.un.org/countries/iraq/voluntary-national-review-2021

National Focal Point for 2030 Agenda

Dr Mahar Hammad Johan,
Deputy Minister of Planning, Head of the national 2030 Agenda for Sustainable Development

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

The Ministry of Health coordinates with the relevant partners on the health-related SDGs through the Public Health Directorate.

1. Summarize efforts at the national level in setting targets for health-related SDGs.

Iraq has set development priorities in the five-year National Development Plan (2018–2022), including for the health-related SDGs. The priority SDGs are in line with Iraq's sustainable development programme.

While it aims for implementation of all 17 SDGs, different Goals come to the fore at different points in time.

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

Iraq has developed a national implementation plan for rapid response and recovery from the complex effects of the COVID-19 pandemic. The plan will be implemented over two years and in line with the basic United Nations (UN) principles recommended for recovery: health first, protecting people, the economic response, macroeconomics and societal cohesion. The plan aims for financial recovery to achieve long-term sustainable development through response policies that accelerate recovery, build human resilience and manage the crisis as it continues, as well as for evaluating its impact and achieving maximum levels of preparedness for worst-case scenarios.

3. Are there any major partnerships for advancing the health-related SDGs?

There is a UN-led partnership with the Government for advancing the health-related SDGs and the country programme is aligned with the UN Sustainable Development Cooperation Framework 2020–2024 and the SDG-aligned national strategic priorities of the National Development Plan, Iraq Vision 2030, Kurdistan Vision 2020 and Kurdistan Regional Government economic reform roadmap.

4. Describe a success story or an opportunity for strengthening the health system for COVID-19 that supports efforts towards achieving one or more of the SDG health-related targets.

Despite a national COVID-19 vaccination coverage target of 40% of total population by end of 2021, by 1 November 2021, the percentage of people vaccinated with one dose was 14.6% and with two doses was 8.6%. Data also showed a decline in routine vaccination coverage linked to concerns over attending and the closures of some health care facilities and the focus on COVID-19 vaccination. With a contribution from Germany, WHO provided technical and logistical support to increase vaccination demand and utilization among all target populations, including internally displaced people, refugees and host communities, as rapidly as possible through promoting public awareness, confidence and trust in the vaccines and vaccination process. To reverse the decline in routine vaccination rates, up to 200 vaccination teams were created across Iraq to reduce the burden on the routine vaccination teams, combined with a series of risk communication and community engagement campaigns in selected governorates.