World Health Organization

Country Cooperation Strategy *at a glance*

Iraq

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Total population (2005)[1]	**28 000 000**
% population under 15 (2005)[1]	**43.3**
Population distribution: % rural (2005)[1]	**33**
Life expectancy at birth (2005) years[1]	**58.5**
Under 5 mortality rate per 1000 live births (2003)[1]	**130**
Maternal mortality ratio per 100 000 live births (2003)[1]	**294**
Total expenditure on health as % of GDP (2003)[1]	**51.8**
General government expenditure on health as % of general government expenditure (2003)[1]	**4.2**
Human Development Index Rank, out of 177 countries (2004)[2]	**127**
Adult male (15+) literacy rate (%) (2000)[1]	**68**
Adult female (15+) literacy rate (%) (2000)[1]	**43**

References:

[1] *The Work of WHO in the Eastern Mediterranean Region – Annual Report of the Regional Director*, Cairo, EMRO, 2006

[2] *Human Development Report,* New York, UNDP, 2006.

Modern-day Iraq became an independent kingdom in 1932 and a "republic" was proclaimed in 1958. Iraq started the war with the Islamic Republic of Iran in 1980 and invaded Kuwait later, prompting the Gulf War of 1991. The regime of Saddam Hussein was ousted by a US-led coalition in 2003. Nearly two decades of wars have had a devastating effect on the country s' economy. The GDP dropped from US$ 3510 in 1989 to US$ 450 in 1995. Iraq has one of the largest oil reserves in the Middle East. If the current insurgency and conflict end, the macroeconomic outlook is positive.

HEALTH & DEVELOPMENT

Health system is centralized and hospital-based and need major reform.

Some communicable diseases have reemerged. Diarrhoeal diseases, acute respiratory infections, measles, mumps, typhoid fever and Leishmaniasis have substantially increased since 1990. Other diseases including malaria, cholera and diphtheria have been declining. Infectious diseases due to disruption of health services pose a potential threat.

Maternal and child health - 45% of births occur outside health institutions. Maternal and child health services represent a major function of primary health care (PHC) but half of referral institutions lack resources and staff therefore, maternal mortality is extremely high. Diarrhoeal and upper respiratory infections are high among children

Noncommunicable diseases are on the rise. Cardiovascular diseases are the leading cause of death, with major risk factors being smoking, hypertension and diabetes. Obesity is a rising concern. Rheumatic heart diseases have increased in recent years. Incidence of childhood cancers are tenfold that in industrialized countries, leukemia being the most common. Chemotherapeutic drug supplies are inadequate.

Social determinants of health such as environmental conditions have deteriorated, the damage to safe water and sewage networks has created a very serious source of water-borne disease. Air pollution, inadequate solid wastes management and waste management and chemical safety are serious health hazards. Malnutrition and poverty due to conflict are major health concerns.

Economic challenges - The years of wars have crippled Iraqi economy, however, potentially Iraq is one of the richest countries in the Middle East.

OPPORTUNITIES	CHALLENGES
• The existence of sufficient and highly qualified national health professionals • Current availability of external assistance • Strong desire and appreciation to comprehensively reform the sector	• Security situation and emergency conditions and critical urgency for rehabilitation of health facilities, including obstetric care. • Responding to shortages in pharmaceuticals and other basic supplies • Developing a package of essential health care that would be available to the entire population through the PHC network and balanced human resources development • Establishing a fair system of health financing • Establishing an effective health information system • Addressing critical needs on social determinants of health such as environment health, nutrition, poverty, etc. • Responding to the double burden of disease

PARTNERS

Immediately after the 2003 war, the Coalition Provisional Authority (CPA) had the dominant role in health, with USAID also having an active part. At present a large number of international, bilateral, multilateral organizations and nongovernmental organizations (NGOs) are assisting the health sector in Iraq, such as the Ministry of Health, other associated ministries, UN Health Cluster – WHO, UNICEF, UNFPA, WFP, UNDP, IOM, UNIFEM, UNIDO and UNEP- the World Bank, USAID, DFID, the Japanese Government and other key donors including international and national NGOs, most of which are coordinated by the NGO Coordination Committee.

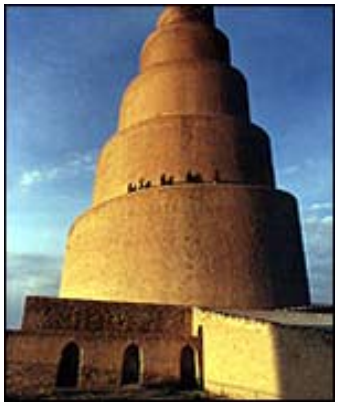
The partners are helping the Ministry of Health and the country in the development of its health system, rehabilitation of hospitals and health care facilities, emergency services, immunization and diseases control, prevention and monitoring of HIV/AIDS, mental health, maternal and obstetric care, training of health personnel, purchasing and distribution network of medicines and medical supplies, drinking water quality testing and monitoring, food safety.

OPPORTUNITIES	CHALLENGES
• There is a harmonious and successful collaboration between the UN Health Cluster members and major donors • The UN Health Cluster in Iraq enjoys the strong participation of all members with synergy in purpose and moderated by WHO as task manager. • There is a common understanding among all partners for the dire need for health sector reform and speedy rehabilitation of health services.	• The security condition and inability for external partners to operate free in Iraq is a major constraint for better collaboration. • Due to the current situation, even though much has been accomplished, but a large portion of support by external partners is channeled to acute conditions and improvisation for day-to-day requirements. The health development per se still is not in a full swing. • The Ministry of Health and Ministry of Planning have not yet developed the capability for full coordination of external support and many activities are driven by the UN system and major donors.

WHO STRATEGIC AGENDA (2005-2009)

The urgent and overriding needs of the health sector are so high that WHO-Government collaboration has to address a wide range of priorities and pressing problems. This implies responding to dire needs prompted by the insurgency and current situation and then supporting the government in all health areas.

- **Support for urgent needs** that are caused by the current emergency and insurgency condition
- **Strengthening the health system** to develop and deliver a package of essential health care to the entire population through the PHC network and improve health sector governance, development of human resources for health, health financing, health information, research and medicines and medical technologies.
- **Communicable disease control** to combat remerging diseases, tuberculosis, malaria and water borne diseases
- **Improving the health of women and children** to reduce rather high maternal and children mortality
- **Noncommunicable diseases monitoring and prevention** for control of cardiovascular diseases, prevention of smoking, and provision of mental health
- **Addressing social determinants for health** to monitor and promote and advocate for urgent improvement of water supply, waste management and other environmental health measures, promote poverty reduction, and assist in nutrition monitoring and gender perspective in health
- **Emergency preparedness and response** to develop integrated emergency preparedness with all other partners in government, UN system, and donors.
- **Improve partnerships, resource mobilization and coordination** through closer collaboration with all partners in health and improve government capacity to assume its coordinating role.



ADDITIONAL INFORMATION

Country Office web site **http://www.emro.who.int/iraq/**
WHO country page **http://www.who.int/countries/irq/en/**
WHO's Department for Health Action in Crises (HAC) country page **http://www.who.int/hac/crises/irq/en/**
EMRO country profile page **http://www.emro.who.int/emrinfo/index.asp?Ctry=irq**

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