UNIVERSAL HEALTH AND PREPAREDNESS REVIEW (UHPR)

NATIONAL REPORT OF

THE REPUBLIC OF IRAQ

APRIL 2023

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Contents

I.   EXECUTIVE SUMMARY

The Universal Health and Preparedness Review (UHPR) process was owned and led by the Republic of Iraq from its onset. Early in December 2021, the WHO Director-General sent a letter to Iraq acknowledging the commitment of the country and confirming WHO's support for the review. A National Commission involving the Prime Minister, selected Ministers, and Governors was selected to lead the UHPR. A technical working group from the health sector was established to conduct the process under the leadership of the National Commission.

All background documents including UN reports were collected and reviewed in advance of meeting discussions. Several meetings were conducted at the national and Governorate levels in December 2021 and February 2022 to engage in discussions, collect data and develop risk profiles. Visits were made to seven governorates by Governors, Directors of Health, and other sectors. Press conferences were also conducted in different governorates.

Two Tabletop Exercises (TTX) were conducted and facilitated by the WHO team, one at the central level in Baghdad, and the other in Kurdistan Region in Erbil. Different ministries that played a major role during the response to COVID-19 in the country participated in multisectoral exercises. The TTX were conducted to assess the functionality of Iraq's health emergency preparedness and response system and its components; identify areas of strengths and weaknesses; and review some of the country's planning assumptions.

Best practices identified during the UHPR included the comprehensive Public Health law, Safety and Occupational Health law and Civil defence law; the development of the crisis management cells at Governorate by the governor with representation from different sectors; ongoing efforts to build IHR capacities; a comprehensive Health Information System; and the 2021 Iraqi Health insurance law that aims to achieve Universal Health Coverage.

Major gaps included limited understanding and practice of emergency preparedness and the Incident Management System; slow reorientation of the health care delivery model towards Primary Health Care; limited information on the quality of service delivery; a package of essential services that doesn't include secondary and tertiary services; sub-optimal procurement strategies and procedures; partial alignment of MoHE strategies to MoH HR needs; no finances are allocated for health security; and limited contingency funds .

The major challenges faced by the health system in Iraq were the volatile political, social, economic and security setting compounded by a protracted military, political, economic, humanitarian and security crisis; limited multisectoral and multistakeholder coordination at all levels; and the country's and donors' focus on humanitarian emergency response rather than on recovery and health security.

II.   CONTRY CONTEXT

1.   Country background

The Republic of Iraq is a parliamentary democracy located in the North-eastern part of the Arabian Peninsula. It has borders with six countries: Islamic Republic of Iran, Jordan, Kuwait, Saudi Arabia, Syrian Arab Republic and Türkiye. The country occupies an area of 437, 072 m2 with a varied terrain and two major rivers: the Tigris and Euphrates. According to the UNFPA estimates data, the population of Iraq in 2021 was 41,150,000; equivalent to 0.52% of the total world population. Iraq's population doubles every 25 years.

Administratively, the country is subdivided into 18 Governorates including the 3 Governorates (Erbil, Dohuk and Sulaymaniyah) in the semi-autonomous region of Kurdistan Iraq. The MoH 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.

Iraq, a signatory of the IHR (2005) and other international agreements including international agreements and conventions on chemical safety, conducted a Joint External Evaluation for the IHR (2005) in 2019 that evaluated its core capacities under the 19 technical areas. Subsequently, the country's National Action Plan for Health Security was developed and endorsed, but it is yet to be updated after the COVID-19 pandemic.

The country has articulated its strategic directions within its National Health Policy 2014–2023. These directions include provisions to strengthen core capacities required under the IHR (2005) to improve public health preparedness response to acute emerging health security threats and other natural, human-made, and technological hazards.

Almost 42% of the population is underprivileged in many aspects based on the vulnerability index (education, health, living conditions food and financial security). Thus, the majority are vulnerable to diseases and severe deprivation following crises and emergencies. Furthermore, 15% of the population suffers from severe vulnerability, i.e., deprivation in more than two dimensions. Children have a higher vulnerability rate (48.8%) elevating their risk in times of social services disruption.

2.   Country risks

In January 2022, a risk assessment was performed to identify the country's potential hazards using the World Health Organization's (WHO) strategic tool for assessing risk (STAR) (9). Hazards were identified based on their historical and/or potential effects. During the hazard identification process, all possible natural and human-induced hazards (based on the tool classification) were discussed. Subsequently, 30 risks were

highlighted as potential hazards that could require country, regional or global intervention. The risk of each hazard was classified based on its likelihood as follows:

- Very high risk (four hazards): mass gatherings, armed conflict and forced population displacement, food insecurity resulting from climate change, and falsified products.
- High risk (nine hazards): antimicrobial resistance, cholera, Crimean-Congo haemorrhagic fever, measles, polio, novel influenza viruses (avian), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), fire incidents, water pollution and waterborne diseases, and sandstorms.
- Moderate risk (six hazards): earthquakes, droughts, floods, vector-borne diseases like dengue, and industrial accidents including chemical attacks.
- Low risk (six hazards): cutaneous leishmaniasis, air pollution, food poisoning and food-borne diseases, cold waves, heat waves, and locust invasions.
- Very low risk (five hazards): dams/bridge failures, deliberate biological attacks, mumps, chickenpox, and meningitis.

The health consequences of these 30 hazards vary from immediate increased risk of death, illness, and disability, to long term risk of increased morbidity and mortality associated with severe socioeconomic effects, and increased burden on the health system. The frequency, severity, and length of many of the identified natural disaster hazards are currently exacerbated by the onset of climate change which in turn exacerbates their impact on health.

3. Most relevant and innovative actions during the COVID-19 pandemic and other recent emergencies

On 24 February 2020, Iraq recorded its first COVID-19 case. The WHO had declared SARS-CoV-2 as a Public Health Emergency of International Concern on 30 January 2020. The COVID-19 pandemic presented unprecedented challenges to Iraq. The Iraqi Government had to quickly respond amidst significant disruptions within its health care system which was already struggling following previous armed conflicts and other economic sanctions that further disrupted economic activity and livelihoods.

Iraq instigated a total lock down, including closing all its borders, for more than 1 month. Lockdown measures included restrictions on commercial activity and civilian movement across the country at international airports and points of entry. The COVID-19 response was led by the Prime Minister through the Supreme Committee for Health and Safety; a committee which was immediately established based on the 1965 National Safety Law no. 4.

The committee has high-level representatives from the different sectors and links several ministries such as the MoH, Ministry of Agriculture, Ministry of Defence and Ministry of Internal Affairs. The committee coordinates plans and interventions with continuous collaboration and information-sharing between relevant sectors. Furthermore, emergency/crisis cells (including different stakeholders) were also established at governorate levels to coordinate pandemic response.

The MoH has developed several documents that outline policies and guidelines on public health emergency management in Iraq. There is a national disaster management framework which covers all hazards at the level of the Prime Minister's Office, and a national plan to respond to the COVID-19 pandemic. In February 2014, Iraq also developed a national health policy document that covers the 10-year period 2014–2023 and includes the six WHO health system components.

As the COVID-19 pandemic deepened economic and social stresses, and response measures restricted movement and led to social isolation, there was an exponential increase in gender-based violence. Many women were confined to their homes with their abusers whilst support services for abused women were disrupted or inaccessible.

Some targeted gender-based interventions were implemented in targeted localities during emergencies, but these were not systematically included in the preparedness and response plans. The absence of an Iraqi federal anti-domestic violence law poses a serious challenge. As a result of COVID-19, there have been calls by UN agencies and the civil society in Iraq for the enactment of an Iraqi anti-domestic violence law.

III. HOW THE UHPR WAS CONDUCTED IN IRAQ

1. Methodology

The UHPR process was owned and led by the Republic of Iraq from its onset. The WHO Director-General sent a letter to Iraq early December 2021 acknowledging the commitment of the country and confirming WHO's support for the review. A National Commission involving the Prime Minister, selected Ministers, and Governors was constituted to lead the UHPR. A technical working group from the health sector was established to conduct the process under the leadership of the National Commission.

All background documents including UN reports were collected and reviewed in advance of the meetings. Several meetings were conducted at the national and Governorate levels in December 2021 and February 2022 to engage in discussions, collect data and develop risk profiles. Visits were made to seven governorates by Governors, Directors of Health, and other sectors. Press conferences were also conducted in different governorates.

Two TTX were conducted and facilitated by WHO team. The objectives of the TTX were to assess the functionality of the country's health emergency preparedness and response system and its components; identify areas of strengths and weaknesses; and review some of the country's planning assumptions.

During the high-level mission, meetings with the Prime Minister, Minister of Health, Minister of Foreign Affairs, Minister of Finance, Minister of Agriculture, and UN Representatives were organized. A national workshop was then officially launched to endorse the Iraq UHPR report. Moreover, a press conference was conducted to

launch the national report and share findings of UHPR including best practices, challenges, and recommendations.

2. UHPR multisectoral high-level platforms (national commission & secretariat)

The composition of the UHPR national commission and secretariat included the Prime Minister, the Prime Minister of the Kurdistan Region, the Minister of Health, the Minister of Finance, the Minister of Foreign Affairs, the Minister of Agriculture, the Minister of Health of the Kurdistan Region, and the 18 governorates.

The Iraqi government is responsible for implementation of the UHPR recommendations. The Iraqi government has officially requested for a second round of a Joint Externa Evaluation (JEE) that will be followed by a second update of its National action Plan for Health Security.

IV.   OUTCOMES OF THE UHPR

Category 1: Governance

Best Practices	• Comprehensive **Public health, Safety & Occupational Health law & civil defence law** that addresses emergencies • Iraq is a signatory of the International Health Regulations (2005) and other international agreements such as: Convention on the Elimination of All Forms of Discrimination against Women; International Covenant on Civil and Political Rights; Convention on the Rights of the Child; and International Covenant on Economic, Social and Cultural Rights • Representatives of the Supreme Committee for Health and Safety at central and governorate levels who informed the public of the situation and response measures through different media communication channels. • Development of **crisis management cells** at Governorate led by the governor with representation from different sectors at governorate • Ongoing efforts to build **IHR capacities**
Gaps and challenges	• Insufficient understanding and practice of **emergency preparedness** and the Incident Management System • Slow pace to restructure the **health care delivery** model towards PHC • The 2015 decentralization law has not been consistently implemented at different levels

	- The public was not regularly updated during the response to different emergencies - A culture of emergency preparedness does not exist among decision-makers at different levels
Priorities	- Review and update of the **national legislation** - Establish **emergency management structure with a PHEOC** - Review and align national policies and ensure **health in all policies** - Explore opportunities to build **executive leaders** for health emergencies - Establish an **Iraqi Public Health Institute** of Health and explore twining programs
References	- WHO EMRO (2019) Press Release. WHO Regional Director in Iraq to reinforce WHO support as country enters transition to development phase. Available at: (https://reliefweb.int/report/iraq/who-regional-director-iraq-reinforce-who-support-country-enters-transition-development , accessed on15 January 2022). - UNDP (2014). Iraq: Country Case Study Report. How Law and Regulation Support. Disaster Risk Reduction. Available at: (https://disasterlaw.ifrc.org/media/1854?language_content_entity=en , accessed on15 December 2021). - UNICEF (2020). Assessment of COVID19 Impact on Poverty and Vulnerability in Iraq. (Available at: https://www.unicef.org/iraq/reports/assessment-covid-19-impact-poverty-and-vulnerability-iraq , accessed on15 December 2021).

Category 2: Systems

Best Practices	- Surveillance system for priority diseases is in place and is regularly updated - A comprehensive HIS structure that can report 76% of core regional health indicators - A coordination mechanism responsible for coordinating the work of nongovernmental organizations and international organizations for management of humanitarian efforts including emergencies, the Joint Coordination and Monitoring Centre – Joint Crisis Coordination Centre, exists at both central and governorate levels - The essential primary care package of services identified in 2008 was reviewed and updated in 2016 - Academia is engaged as needed

Gaps and challenges	• The One Health committee's scope is limited • Limited information on the **quality of service delivery** • Limited real-time information-sharing among the concerned programmes • Limited capacities for detection of and response to emergencies • The Surveillance system is paper based; hence delays in data collection and transfer from the peripheral levels to the central level
Priorities	• Review and integrate existing **multisectoral coordination** mechanisms • Establish a **one health** structure • Update existing **cross-border collaboration** agreements • Establish an independent **national regulatory authority** • Conduct **risk assessment** to inform public health measures in the context of international travel and trade
References	• WHO (2020). Monitoring health and health system performance in the Eastern Mediterranean Region. Core indicators and indicators on the health-related sustainable development goals. (https://applications.emro.who.int/docs/WHOEMHST246E-eng.pdf ,accessed on15 December 2021) • WHO (2019). Comprehensive assessment of Iraq's health information system 2019 (https://applications.emro.who.int/docs/9789290223160-eng.pdf , accessed on15 January 2022) • Iraq Ministry of Health and Environment, Annual Statistical Report 2020, 2021(https://moh.gov.iq/upload/1540.pdf , accessed 15 December 2021).

Category 3: Financing

Best Practices	• Several nongovernmental and civil society organizations support service delivery • Internal capacity to **generate health workforce** • **Iraqi health insurance** law that aims at achieving UHC was developed in 2021 • Agreements on mass gatherings with neighbouring countries exist • Health education programmes are in place
Gaps and challenges	• The **package of essential services** does not include secondary and tertiary services • Suboptimal procurement **strategies** and procedures • **MoHE strategies are partially aligned to MoH** HR needs

	• **Finances for health security are** not allocated, and **contingency funds** are limited • Community engagement is often one way, with inadequate feedback
Priorities	• Increase the government's **budget for health** • **Review health security financing** • **Refine the insurance law** • Conduct a **national health account review** • Review and update the **recruitment law**
References	• Ministry of Health (2009). A Basic Health Services Package for Iraq (https://applications.emro.who.int/dsaf/libcat/EMROPD_2009_109.pdf , accessed on15 January 2022). • USAID (2012). USAID/Primary Health Care Project in Iraq (USAID/PHCPI). Annual Report-FY2012 (. Available at: http://pdf.usaid.gov/pdf_docs/PA00J3CH.pdf, accessed on15 December 2021). • World Bank (2021). Addressing the human capital crisis. A Public Expenditure Review for Human Development Sectors in Iraq (http://hdl.handle.net/10986/35648 , accessed 15 February 2022).

V.   HIGHEST NATIONAL PRIORITIES & ACTIONS

1. Implementation of relevant international and regional commitments

International Health Regulations (2005)

Iraq, a signatory of IHR (2005), annually reports on IHR implementation through the States Party annual reporting (SPAR). Iraq has made significant efforts to comply with its obligations under the IHR. Iraq has made considerable efforts to prepare for the joint external evaluation (JEE) which was conducted in 2019. The JEE 2019 was followed by the development of the National Action Plan for Health Security (NAPHS), a plan which details the necessary priority actions to strengthen IHR core capacities. In April 2023, Iraq began preparations for the second round of the JEE.

Iraq's 2019 JEE revealed strengths and gaps in capacities across the 19 technical areas. The mission held from 12 to 17 March 2019 in Baghdad, was comprised of plenary discussion sessions and selected site visits. Evaluation results were based on interactive discussions regarding Iraq's self-assessment using the JEE tool, and a review of technical presentations and background documents availed to the JEE team.

The JEE assessing 19 technical areas is grouped in to four areas:

Group and technical area	Collective Score	Highest Score	Lowest Score
Prevent (national legislation, policy, and financing; IHR coordination, communication, and advocacy; antimicrobial resistance; zoonotic diseases; food safety; biosafety and biosecurity; and immunization)	40%	Immunization and biosafety & biosecurity (50%)	National legislation, policy, and financing (26%)
Detect (national laboratory system; surveillance; reporting; and human resources)	52%	National laboratory system (60%)	Reporting (40%)
Respond (emergency preparedness; emergency response operations; linking public health and security authorities; medical countermeasures and personnel deployment; and risk communication)	44%	Emergency preparedness (67%)	Risk communication (36%)
IHR related hazards (points of entry; chemical events; and radiation emergencies)	47%	Points of entry (60%) and radiation emergencies (60%)	Chemical events (40%)

Iraq's National Action Plan for Health Security was developed during a workshop in Baghdad conducted on the 18–20 March 2019. Under each of the 19 JEE technical areas, a multisectoral group devised specific activities and formulated the necessary steps to achieve IHR standards. The overall implementation cost was also estimated based on the National Action Plan for Health Security so that the country could effectively plan for the next 5 years.

Regional commitments

Several annual mass gathering events in Iraq have prompted the country to enhance its public health capacities and measures, especially during the COVID-19 pandemic, to safely accommodate the influx of people coming from within and outside Iraq. The Iraqi Government has signed agreements with neighbouring countries, including the Islamic Republic of Iran and Kuwait, to control the arrival of pilgrims in and out of the country.

Currently, there are continuing bilateral discussions with neighbouring countries with the support of WHO at different organizational levels and other international organizations. These discussions aim to facilitate the international response to different emergencies faced by the country, including COVID-19 and the country's ongoing war against terrorism.

Sustainable Development Goals

Iraq is working to end all forms of malnutrition. In 2018, 9.9% of children aged less than 5 years were stunted, 2.5% were wasted and 6.6% were overweight. However, the rate of stunting and severe underweight among the lowest wealth quintiles is twice that of higher quintiles.

Data from the WHO Global Health Observatory indicates that 60% and 43% of the Iraqi population have access to safe drinking water and basic sanitation, respectively.

In 2020, Iraq's life expectancy at birth was 71.5 years; a rate lower than the global average of 73 years. The same year, the neonatal mortality rate was 13.7 deaths per 1000 births; a decrease when compared to 2015 (17.0 per 1000 births). Thus, Iraq is on track to achieve the SDG target of reducing neonatal mortality to at least 12 deaths per 1000 births by 2030.

Other commitments related to health emergency preparedness

Iraq is also signatory of other international agreements such as: Convention on the Elimination of All Forms of Discrimination against Women; International Covenant on Civil and Political Rights; Convention on the Rights of the Child; and the International Covenant on Economic, Social and Cultural Rights. Iraq has ratified most of the international agreements and conventions on chemical safety including; Stockholm Convention on Persistent Organic Pollutants (2005); Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction (2004); Rotterdam Convention on Certain Hazardous Chemicals in International Trade (2002); Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal (2001); and Minamata Convention on Mercury (2017). Furthermore, Iraq has also adopted the International Convention on Assistance in the case of a Nuclear Accident or Radiological Emergency.

2. National priorities and actions on the path to health security and sustainable development

National priorities for health security

Following the UHPR pilot mission in Iraq, the country's priorities include:
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- Developing a five- year Roadmap defining the country's priorities

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- Reviewing health emergencies management structure
- Developing a One Health structure including, a one heath multisectoral advocacy, one health committee and one health plan for Iraq
- Strengthening the health information system
- Continuing discussions to utilize expertise and establish an Iraqi national institute of health
- Creating a space for two-way community engagement
- Updating the National Action Plan for Health Security
- Producing an investment case for WHO/World Bank FIF

Iraq is currently developing the Pandemic Fund Proposal to obtain needed funds to implement different activities in their National action Plan for Health Security and UHPR recommendations.

The Pandemic Fund Proposal will be a first step to develop the National Investment Plan (NIP) for the country. NIP will help the countries to apply for any future fund available for the health security in the country.

Domestic actions for health security capacity strengthening

Iraq's 2019 average JEE score was 47% compared to a regional average of 60%. The country's capacity for prevention of health emergencies was scored at 54% and the capacities to detect and respond to health emergencies were even lower; they had scores of 45% and 47%, respectively.

The country is progressing to achieve the SDG target on universal health coverage (UHC), in 2015, the UHC index for covering essential services was estimated at 63%. The index reduced to 60% in 2017 and slightly increased to 61% in 2020. In comparison, the median UHC index in countries of the Eastern Mediterranean Region. increased from 53 in 2015 to 57 in 2017.

In 2020, the population with household spending >10% and >25% of their total household budget on health was 3.29% and 0.43%, respectively. In the Middle East and North Africa, the population with household spending >10% and >25% of their total household budget on health was 15% and 3%, respectively. The same year, In the upper-middle-income countries, the population with household spending >10% and >25% of their total household budget on health was 17% and 5%, respectively.

Long-term national plans for health security and sustainable development

Iraq developed a five-year National Action Plan for Health Security (NAPHS) in 2019 based on 19 technical areas of the Joint External Evaluation.

Iraq faces challenges in gender equality and needs to overcome some deeply-rooted barriers to fulfil its commitment to the SDGs and to the global Convention on

the Elimination of All Forms of Discrimination Against Women. Women have limited access to employment and social and political life, despite the existence of a national legal framework. Iraq has developed a Second National Action Plan (2021–2024) for the implementation and follow-up of Security Council Resolution 1325 on women, peace, and security. The plan focuses on increasing the number of women working in humanitarian relief programmes and reconstruction and developing women's capabilities and to manage negotiations and for peacebuilding. This plan has six pillars: participation; protection and prevention; promotion; social and economic empowerment; legislation and law enforcement; resources mobilization and monitoring and evaluation, and each includes several activities and events to be carried out by different ministries with the support of the United Nations (UN).

VI.   ANNEXES+

Annex 1: Composition of the UHPR national commission and secretariat

- **H.E. Mustafa Al- Kdhimi,** Prime Minister
- **H.E. Masrour Barzani,** Prime Minister, Kurdistan Region
- **H.E. Dr Hani Mousa Badr Al-Iqabi**, A/ Minister of Health
- **H.E. Ali Allawi,** Minister of Finance
- **H.E. Fuad Hussein,** Minister of Foreign Affair
- **H.E. Eng. Mohammad Karim Al-Khafaji**, Minister of Agriculture
- **H.E. Dr Saman Barzanji**, Minister of Health, Kurdistan Region
- **Governors of all 18 governorates**

Annex 2: Organigram of the country governing bodies

MOH
Organogram.docx

Annex 3: References and main documents provided by the country

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Annex 4: Abbreviations and acronyms

AAR	After Action review
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus disease 2019
CRVS	Civil registration and vital statistics
DHIS2	District Health Information Software 2
GDP	Gross domestic product
HIS	Health information system
IHR	International Health Regulations
IAR	Intra-action review
JEE	Joint External Evaluation
NAPHS	National action plan for health security
NCDs	Noncommunicable diseases
PCR	Polymerase chain reaction
PHC	Primary health care
RCCE	Risk communication & community engagement
SDGs	Sustainable Development Goals
SimEx	Simulation exercise
SOPs	Standard operating procedures
SPAR	State Party Self-Assessment Annual Report
STAR	Strategic Tool for Assessing Risks
TTX	Tabletop exercise
UHC	Universal health coverage
UHPR	Universal Health and Preparedness Review
USAID	United States Agency for International Development
WASH	Water, sanitation and hygiene
WHO	World Health Organization