

# IRAQ

People in need  
2.5 million

People targeted  
1 million

Requirements  
US\$ 37.82 million

## Context

Iraq's public health system remains severely impacted by years of conflict, the loss of specialists, and the shortage of salaries for civil servants. These conditions have limited the health system's ability to maintain regular programmes and services, such as immunization and maternal and child health, and amid the rising number of COVID-19 cases. These conditions and along with the rising number of COVID-19 cases have limited the health system's ability to maintain regular programmes and services such as immunization and maternal and child health. According to the United Nations Office for the Coordination of Humanitarian Affairs' Humanitarian Needs Overview for 2022, 1.7 million people are in acute need of health assistance. Across the country, millions of internally displaced persons and secondary displaced persons continue to face humanitarian needs related to their physical and mental well-being, living standards and coping capacities. Social, ethnic and sectarian tensions persist on multiple fronts causing a very high-risk humanitarian crisis. The country needs support to ensure health coverage for its vulnerable populations and to mitigate the impact that years of conflict have had on the public health system.

In 2018, the medical centre in West Mosul was home to nine separate hospitals which were all destroyed in the liberation of the city. WHO relocated two emergency field hospitals in Athba and Haj Ali to West Mosul, which lost all but one of its hospitals during a military campaign.  
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## Response strategy

Political and economic instability in the country continues to create the need for external support to stabilize the lives of people who have been suffering from a complex emergency for the past 15 years. Together with other humanitarian actors, WHO has been working closely with the Government of Iraq and the Kurdistan Regional Government to provide a coordinated response for the provision of health services to internally displaced persons and refugees in Iraq. Along with its health partners, WHO aims to:

- Continue the delivery of quality essential health services and support the provision of uninterrupted primary health care services to internally displaced persons in camps, along with maintenance and – where required – the enhancement of basic minimum standards for quality health services.
- Increase the provision of support for mental health and psychosocial support services, physical and mental rehabilitation, and gender-based violence interventions in health programming.
- Assist in prevention, control, and rapid response activities for communicable and vaccine-preventable disease outbreaks in previously conflict-affected areas.
- Work towards the handover/integration of emergency health services in the routine health care services of the Directorates of Health.
- Provide mental health and psychosocial support services, physical rehabilitation, and management of gender-based violence survivors, targeting internally displaced persons and highly vulnerable persons.
- Strengthen national capacity in crisis-affected areas and continue to advocate for the handover of humanitarian health service delivery.
- Monitor, mitigate, and manage common communicable diseases by ensuring the continuity of an effective early warning and response mechanism and health awareness.



## Country priorities

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 primary health care services to internally displaced persons, people in secondary displacement locations, and to host communities.

- Expand the availability of comprehensive primary health care services by operationalizing primary health care 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 Early Warning Alert and Response Network reporting, use of the Early Warning Alert and Response Network, 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 internally displaced persons 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 infection prevention and control 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 gender-based violence activities.
- Conduct regular monitoring visits and document lessons learned to inform future preparedness and response activities.

Each month, a WHO-supported mobile health clinic visited Sienna village, close to the Sharia collective town in the Duhok region of northern Iraq. About 1500 Yazidi lived in the village, many in unfinished buildings. The medical staff typically saw between 100-150 patients each visit. WHO supported six mobile clinics in the region and served about 40000 people who did not live in camps. © WHO / Sebastian Meyer

## 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 internally displaced persons and vulnerable people.



Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.43	0.15	0.58
P2. Risk communication and community engagement	0.27	0.91	1.19
P3. Surveillance, case investigation, and contact tracing	0.84	0.21	1.05
P6. Infection prevention and control	0.13	0.04	0.18
P8. Operational support and logistics	3.56	3.15	6.71
P9. Essential health systems and services	10.67	11.02	21.68
P10. Vaccination	-	6.42	6.42
<b>Total</b>	<b>15.91</b>	<b>21.91</b>	<b>37.82</b>

#### For more information

**Dr Ahmed Zouiten**

WHO Representative

WHO Iraq

[zouitena@who.int](mailto:zouitena@who.int)