

# Evaluation of WHO's contribution in Iraq



Photo Credit: WHO

## Evaluation brief

### Purpose

This independent evaluation assessed WHO interventions in Iraq between 2019 and 2023. Its purpose was dual, accounting for results and drawing lessons to inform future strategic directions for WHO. It was initiated by WHO Country Office (WCO) and jointly commissioned by the WHO Evaluation Office and the WHO Regional Office for the Eastern Mediterranean (EMRO). The evaluation took place at a time when Iraq is recovering from decades of socio-political upheaval, humanitarian crises and the impact of the COVID-19 pandemic. The evidence from the evaluation will help re-align WHO interventions in support of Iraq's transition to long-term development.

### Scope

The evaluation focused on interventions under key priorities during the period from 2019 to 2023, including WHO contributions to health system strengthening and health emergency interventions, the latter accounting for the majority of the total country budget (US\$ 218,224,830). While supporting the implementation of the National Health Policy was a key priority, the majority of funding was dedicated to health emergency services, particularly for internally displaced persons (IDPs), refugees, and host communities, in collaboration with the Ministry of Health in the Kurdistan region of Iraq (KRI) and responding to the COVID-19 pandemic. The evaluation also considers the role of WHO within the UN Country Team under the UN Sustainable Development Cooperation Framework (UNSDCF) 2020–2024.

### Methods

The evaluation combined a theory-based, appreciative and participatory approach. It began with reconstructing the theory of change during the inception phase, which served as the analytical framework, with a focus on gender, equity and human rights and disability inclusion principles. The methodology was predominantly qualitative, including a document review, individual and focus group discussions with 104 participants, including the government, donors, WHO staff, implementing partners and other key stakeholders in the health sector. The evaluation team conducted seven site visits in Ninawa, Dohuk and Basra. The evaluation team managed to engage with vulnerable communities receiving services from WHO-supported partners. Findings and conclusions were validated and recommendations were co-created together with WCO and the Ministry of Health to boost ownership during an online workshop with stakeholders.

### Key findings

**Relevance:** Government counterparts, health workers and communities considered WHO support as aligned and responsive to identified needs, ranging from emergency to health system strengthening. However, developing a relevant overall country support strategy would benefit from a more comprehensive health sector needs assessment. Stakeholders questioned whether WHO was working to its comparative advantage, especially concerning universal health coverage (UHC) and climate change, while adjusting focus amidst reduced humanitarian funding.

**Effectiveness:** Since 2019, WHO interventions primarily focused on health emergency direct support (health service delivery to IDPs and host communities, infrastructure support, and procurement and warehousing of medical supplies) with relatively less focus on health system strengthening (health information systems development and digitization, DHIS2, disease surveillance and policy, strategic and technical support to the Ministry of Health). Despite anecdotal evidence of achievements, the evaluation could not quantify the effectiveness of WHO contributions in strengthening Iraq's health system due to the lack of agreement on a Country Cooperation Strategy (CCS) with the Iraqi Ministry of Health and disjointed reporting of progress on WHO corporate outputs and outcomes.

**Coherence:** The coherence of WHO's interventions within the UN system, particularly during the humanitarian crisis, and its involvement in developing the UNSDCF was positively evident. Whereas the country office is effectively liaising between government counterparts and EMRO, coherence between the three levels of WHO is mixed with some of EMRO's and headquarters' information requests or technical assistance offers viewed by WCO as supply-driven instead of needs based.

**Efficiency:** Financial and human resource management appeared to be strong, but dependency on humanitarian funding remained high. Implementation was generally timely, despite reported delays caused by EMRO's and headquarters' due diligence and quality assurance systems. Weaknesses in results-based management as a management tool for the country team were noted.

**Sustainability:** While normative health system support was deemed sustainable, health services for internally displaced

populations were unlikely to be sustained without WHO continued support. The lack of a resource mobilization strategy to mitigate the end of humanitarian funding in 2024 was noted.

Challenges to sustainability included the effects of the COVID-19 pandemic, insecurity and funding limitations for infrastructure projects' maintenance costs.

## Key conclusions

**Overall WHO performance in Iraq:** In the absence of a WHO CCS that contains a needs assessment, priority strategies and a results framework, it is hard to assess the effectiveness of WHO interventions since 2019. Despite WHO's achievements, evidence on strengthening health systems and ensuring sustainability, especially of emergency interventions, is mixed. The coherence within the UN system is satisfactory, but internal coherence within WHO remains inconsistent, leading to delays and complex monitoring and evaluation processes. The primary challenge lies in adjusting WHO support to align with Iraq's evolving health sector needs from emergency to systemic support.

### Vision development for health system and emergency

**support:** WHO in Iraq demonstrates partial success in addressing the health needs of the population but lacks a systematic analysis of health priorities. Although governmental needs are somewhat met, there is a lack of consensus on health system priorities with the Ministry of Health. Operational work in Erbil and health system efforts in Baghdad lack synergy, with emergency-focused interventions posing sustainability challenges compared to upstream policy and technical support.

**Responsible disengagement from emergency work:** As the humanitarian crisis is winding down, transitioning out of emergency work does not necessarily imply a distinct shift, as health systems strengthening inherently involves bolstering emergency preparedness and response mechanisms. The transition needs to find a balance between fast but responsible disengagement towards the most affected populations.

**Enabling environment for progress monitoring:** In line with the conclusions of the recent RBM evaluation<sup>(1)</sup>, the lack of an enabling environment for meaningfully monitoring and reporting towards results affect the ability of the Country Office to demonstrate such progress. Reporting is labour-intensive and time-consuming, consisting of many products for various audiences, yet at the aggregate level, it fails to communicate progress towards milestones.

Overall, 2024 presents a strategic window for the WHO Country Office to define a long-term strategy, especially with upcoming organizational and governmental developments, including the appointment of a new WHO Country Representative, the formulation of a National Health Policy, the new UNSDCF and the new WHO General Programme of Work.

<sup>1</sup> WHO Evaluation Office. Independent Evaluation of WHO's Results Based Management System. Jan 2023, [https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-\(rbm\)-framework-\(2023\)](https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-(rbm)-framework-(2023))



Photo Credit: WHO

## RECOMMENDATIONS

**The evaluation suggests the following recommendations to support the work of WHO, its partners and the Ministry of Health.**

### Recommendations to develop a strategic vision for Iraq

1. WHO Country Office with the support of the regional office should conduct a situational analysis to develop a CCS aligned with the national health strategy and the UNSDCF. (High urgency)
2. WHO Country Office should undertake an assessment of national health sector support needs aligned with and informing the national strategic planning process. (High urgency)

### Recommendations to improve measuring results

3. WHO Country Office should develop a CCS that contains a theory of change and results framework with specific indicators and targets, which will provide the basis for annual reporting. (High urgency)

### Recommendations for responsible disengagement from health emergency work

4. The WHO Country Office should advocate with counterparts to strengthen public health care services and expand these to reach and address the needs of marginalized people, including IDPs, refugees and other persons of concern, particularly those in hard-to-reach areas such as camps. (High urgency)
5. The WHO Country Office should establish coordination mechanisms at strategic level to make sure that high-level advocacy and engagement take place on core and emerging issues that have been transitioned from WHO to national counterparts, so as to ensure that these counterparts fulfil the transitioned responsibilities in a suitable and non-discriminatory manner. (High urgency)

For further information, please contact:  
[evaluation@who.int](mailto:evaluation@who.int)

WHO/DGO/EVL/2025.40 - © WHO 2025 Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license

In line with the WHO Evaluation Policy 2018 (EB143(9)), this publication contains an independent evaluation report by the WHO Evaluation Office. It does not reflect the views or policies of WHO.