

IRAQ ANNUAL REPORT 2022



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World Health
Organization

Iraq



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Foreword

Dr Ahmed Zouiten

WHO Representative in Iraq

The year 2022 in Iraq was truly the year of recovery from the public health impact of COVID-19. The Ministry of Health and WHO worked together to capitalize on all the achievements made during the pandemic while also ensuring effective investment is made in health system strengthening to make progress towards universal health coverage, as well as heightened attention to health security to ensure Iraq is safe and has the capacity to prepare for and respond to epidemic-prone diseases, epidemics and all hazards in the health sector.

As early as January 2022, following up on the recommendations of the Universal Health Preparedness Review (UHPR) conducted earlier in Iraq, the Ministry of Health and WHO agreed to invest in health system strengthening and make 2022 the year of health digitalization as an endeavour for ensuring evidence-based decision-making in the health sector. The health digitalization work was initiated through the implementation of a series of digital solutions, including HeRAMS, DHIS2 and emCare. With this investment, Iraq becomes one of the first countries in the Region to implement DHIS2 as a platform for data collection analysis and reporting with a vision to extend the use of technology and innovation in the health sector over the coming few years.

2022 was also the year of transition in WHO's focus from the humanitarian response to development and resilience building in the health sector, starting from the primary health care sector and extending to secondary and tertiary levels. While some health facilities serving populations of humanitarian concerns are winding down, emphasis has been put on building resilient primary health care centres serving both host communities and residual groups of internally displaced persons and refugees.



“ Since I assumed my function in Iraq in February 2021, I never doubted our capacity together with the Iraqi health authorities to make progress towards universal health coverage and health for all. Today, I’m confident more than ever that if we continue on the same trajectory working together as one team, we will achieve the health-related SDGs by 2030 ”

The model of complementing health delivery systems with specialized secondary care facilities lacking in some areas has been a flagship of the transition and for building resilience in the health system, as was the case in the northern governorates in which WHO rehabilitated and equipped maternal and newborn hospitals in Erbil, supported the establishment of pediatric intensive care units in Akre and Shaikhan, and transformed an old health facility into a burn care centre in Sulaimaniyah.

Other examples of investment during the transition, to name but a few, included the equipment and management of state-of-the-art warehouses within the Ministry of Health premises in the Kurdistan Region of Iraq, with a transfer of technology and know-how modality to ensure economies of scale in the procurement warehousing and distribution of medical technologies, including medicines

and medical equipment necessary to run health services across Iraq.

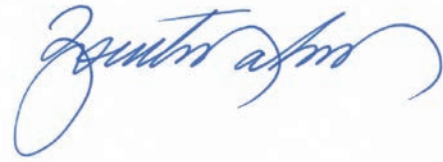
The achievements made during 2022 in supporting the health system and health security in Iraq are numerous and cannot be captured in a Foreword. However, we're proud of what has been achieved in close collaboration and partnership with the Ministry of Health, both in Kurdistan and Federal Iraq.

We believe that we are on the right path and will, without a doubt, contribute to building a health system of the future while ensuring the highest health status for everyone everywhere in Iraq.

My Foreword would not be complete unless I mentioned the great partnership that we have built over the years with the Ministry of Health and our partners as we strive to promote health, serve the vulnerable and keep Iraq and the Region safe.

My deepest gratitude goes to all of our donors and partners for their generous support and valuable contributions, which allowed WHO to progress in strengthening the health system and providing life-saving health services to vulnerable populations affected by the humanitarian crisis in Iraq.

In 2023, we must keep the focus and go forward in implementing the joint vision agreed with the Ministry of Health, which will bring us closer to achieving Sustainable Development Goals and health for all in Iraq.



Executive summary

In 2022, WHO initiated a transition phase winding down the focus on the response to humanitarian needs and building a strong emergency preparedness programme to achieve health security in Iraq.

This year was also the year of recovery from the public health impact of the COVID-19 pandemic, yet, the Ministry of Health and WHO agreed to capitalize on the gains made during the last years of response to COVID-19 and shift the focus towards building a resilient and robust health system for Iraq able to detect, confirm and respond to all hazards in the health sector while also providing quality health services at primary, secondary and tertiary levels to secure the highest health status for everyone, everywhere in Iraq.

This shift aimed to support Iraq's progress towards universal health coverage (UHC) and achieving the

Sustainable Development Goals (SDGs), in line with WHO's quest for Health for All by All.

Following a thorough assessment made in the frame of the Universal Health and Preparedness Review (UHPR), WHO and the Ministry of Health invested in implementing the recommendations made by the joint review committee.

Significant progress was made in advancing health governance, prioritizing Health-in-All-Policies, and advocating for changes to public health laws. The health information system was identified as a top priority, leading to the implementation of the district health information system 2 (DHIS2) to improve data collection, processing and reporting to inform evidence-based decision-making in the health sector. WHO continued to strengthen the health information system through the implementation of a series of information





management tools, including HerAMS and DHIS2, in collaboration with the Ministry of Health. WHO has trained hundreds of health professionals and data specialists, streamlining the process of data entry, validation, analysis, reporting and dissemination.

While the emphasis was on strengthening the health system, the health authorities faced several disease outbreaks in 2022, including Crimean-Congo haemorrhagic fever and cholera, on top of the surge in COVID-19 cases. In response, the communicable diseases surveillance programme was implemented, focusing on building human capacity, enhancing laboratory capacity, and improving infection prevention and control.

Throughout 2022, WHO also continued to support the Ministry of Health by providing essential medicines, supplies and medical equipment to primary health care (PHC) facilities in conflict-affected governorates. WHO also inaugurated new warehouses in Erbil governorate to strengthen the

health sector's capacity, including the supply chain of medical technologies.

WHO, in collaboration with the Ministry of Health, reached millions of people through various risk communication and community engagement (RCCE) activities, with multiple methods used to reach different societal groups in response to COVID-19, Crimean-Congo haemorrhagic fever and cholera outbreaks and other health concerns in the country.

Recognizing the need for strong health systems in the Region and Iraq, the WHO Country Office, in collaboration with the WHO Regional Office for the Eastern Mediterranean, developed a plan of action endorsed in the 68th Regional Committee meeting. The plan of action focused on strengthening the International Health Regulations (IHR 2005) and health system capacities, fostering national coordination and international cooperation to enhance health security in the Region and Iraq.

Health systems strengthening

COVID-19 revealed structural weaknesses in health systems worldwide and negatively impacted individuals, societies, and economies. Having been heavily impacted like other countries in the Region, Iraq is determined to take transformative action to build a stronger, more resilient health system that can better prevent, prepare for and respond to future shocks while maintaining essential health services.

Investments in health system resilience have the potential to improve health and productivity, reduce mortality and morbidity, and enable equity and public trust not just during crises but also between them.

Resilient health systems in Iraq mean integrated systems that are:

- aware of threats and risk drivers;
- agile in response to evolving needs;
- absorptive to contain shocks;

- adaptive to minimize disruptions.

Iraq health authorities, together with the WHO Country Office, agreed to partner to strengthen health systems in Iraq and develop a health development plan for 2023-2030 to achieve SDGs-related goals while focusing on a three-pronged approach:

- Designing a new generation of resilient primary health care centres that will serve as leverage to achieve universal health coverage.
- Investing in health promotion to increase people's awareness and ownership of their health matters.
- Achieving health security through adequate surveillance preparedness and response systems.

While all the initiatives listed above are on track to be implemented, priority was given to developing health information systems capable of providing information for health system development and evidence-based programming.





Health information system (HIS)

In 2022, WHO, in collaboration with the Ministry of Health in the Kurdistan region and Federal Iraq, continued to strengthen the health management information system through the implementation of the Health Resources and Services Availability Monitoring System (HeRAMS), which provided valuable information and a baseline for decision-making in dispatching resources to bridge the gaps and also give baseline for the development of district health information system (DHIS-2) as a platform for health digitalization in Iraq through both aggregate and real-time quality data collection, processing and reporting.

The WHO team, alongside the Ministry of Health, invested in the implementation of DHIS2 by developing and executing a national action plan addressing the prerequisites for governance/leadership, hardware, building human resource capacities and managing implementation modalities.

Hundreds of health professionals and data specialists from national and sub-national levels were trained in using the DHIS2 platform to streamline the process of data entry, validation, analysis, report generation, use and dissemination.

This effort aimed to reduce the burden on data management professionals and ensure efficient data use for planning and decision-making in the health sector.

The demand to enhance data collection and reporting systems at both health facility and national levels is growing among policy-makers, programme managers and development partners. Implementing DHIS2 will help reduce the unnecessary burden on those working in data management and help data be used efficiently for planning and decision-making.

Maternal and child health

In 2022, WHO continued to collaborate with the Ministry of Health in Iraq to improve maternal and child health outcomes. The key activities undertaken focused on primary health care strategies, comprehensive essential service packages, multisectoral action and strengthening health information and data systems. Various initiatives to improve maternal and child health care services took place as follows:

- The development of a mobile application for the Robson classification of cesarean sections enabled standardized monitoring and comparison of cesarean section rates in two pilot teaching maternity hospitals.
- The adaptation of an emergency care smart application for newborn and child health care ensured clinical guidelines were delivered effectively during emergencies.

- Technical support was provided to the Ministry of Health in updating antenatal care, postnatal care guidelines and standards of birth, premarital counselling guidelines, family planning training packages, and adopting the updated WHO Labour Care Guide.

- Facilitation of consultancy contracts and sharing references to support the Ministry of Health in the revision and evaluation of the current national reproductive, maternal, neonatal, child and adolescent health strategy 2016–2022 and the development of a new strategy for 2023–2030.

To address risk factors among children and adolescents, WHO supported the Ministry of Health in developing a national school health coordinator training package to strengthen school health programmes and an adolescent health education guide for teachers and caregivers to enhance health literacy and support for young people.





Strengthening health information and data systems

WHO and the Ministry of Health worked together to improve health information and data systems in maternal and child health:



Field visits to maternal and newborn health care facilities in Baghdad were conducted to test the emergency obstetric and newborn care (EmONC) assessment tool.



Capacity-building and fieldwork support were provided for the second round of the EmONC assessment.



National and subnational focal points were trained to scale up the implementation of perinatal and newborn death surveillance systems.



The Ministry of Health was supported in proposal writing and procurement of thalassaemia-related laboratory kits.



Development of maternal and perinatal death surveillance and response national guidelines and training packages.



Assistance was provided to the Ministry of Health in conducting the “Assessment of Sexual Reproductive Health and Rights Law and Regulations in Iraq.”

Expanded Programme on Immunization

In 2022, WHO, in partnership with the Ministry of Health and UNICEF, made significant progress in enhancing immunization coverage and surveillance system in Iraq, as well as revitalizing routine immunization services disrupted by COVID-19 restrictions.

WHO technical and financial support, capacity-building initiatives and laboratory advancements have contributed to strengthening immunization and surveillance systems across the country. This progress was crucial for preventing and managing potential disease outbreaks and ensuring the health of the Iraqi population.

In late 2022, WHO collaborated with the Ministry of Health and UNICEF to launch a nationwide multi-antigen vaccination campaign. This effort successfully reached over 400 000 of the most vulnerable children, administering over one million doses of various vaccines to protect

against vaccine-preventable diseases. The 10-day campaign targeted locations based on a risk assessment conducted by the Ministry of Health, with support from WHO and UNICEF.

The campaign's primary objective was to reach the hardest-to-reach children who had previously been missed by routine immunization services. Over 3000 vaccinators were trained across 124 districts within 19 health directorates to ensure the campaign's success.

Additionally, national awareness-raising campaigns emphasizing the importance of vaccines reached millions of parents and children in most Iraqi governorates. Before the campaign, intensified integrated immunization outreach services in Iraq achieved a 90% coverage rate for children under 5 receiving the third dose of diphtheria, pertussis, and tetanus (DTP) and the first dose of measles vaccines – the highest coverage in two decades.





In 2022, the Ministry of Health and WHO initiated environmental surveillance for polioviruses to strengthen the polio surveillance system in Iraq

Polio transition

In 2022, a country, regional and global team from WHO visited Iraq to advance the polio transition process and integrate polio programme capacities into overall public health functions.

The mission looked into ensuring that essential functions are maintained in Iraq as it transitions out of Global Polio Eradication Initiative (GPEI) support.

The polio transition process has been designed to build the capacity of the polio workers to support broader health priorities, including improving essential immunization, disease surveillance, and outbreak preparedness and response, both in primary health care centres and beyond.

Environmental surveillance for poliovirus

To maintain polio-free status and strengthen the nationwide polio surveillance system in Iraq, the Ministry of Health and WHO initiated in 2022 environmental surveillance for polioviruses.

This surveillance aimed at complementing acute flaccid paralysis (AFP) surveillance, ensuring early detection of polioviruses in humans or the environment. Environmental surveillance

successfully monitored enteric virus circulation and assessed the extent or duration of epidemic poliovirus circulation in specific populations. It can also detect wild polioviruses in the absence of reported AFP cases and monitor circulating vaccine-derived poliovirus (cVDPV2).

In collaboration with the Ministry of Health and National Polio Laboratory, WHO supported laboratory renovations and procured necessary supplies. Intensive training on sewage sample collection and surveillance monitoring was conducted before launching environmental surveillance.

A 10-day on-the-job training workshop for staff focused on laboratory techniques for poliovirus isolation, storage, testing, interpretation of results, data reporting, biosafety measures, and waste management was held by WHO in 2022.

Iraq is also well-known for having mass population movements during religious gatherings and receiving visitors from other countries, including polio-endemic Afghanistan and Pakistan and other cVDPV outbreak countries in the Eastern Mediterranean Region.

Communicable diseases surveillance

Iraq witnessed two outbreaks in 2022, namely Crimean-Congo haemorrhagic fever and cholera, with 380 confirmed cases of Crimean-Congo haemorrhagic fever and more than 3400 confirmed cases of cholera reported all over the country. Additionally, the COVID-19 pandemic continued in Iraq with two waves in 2022. The communicable diseases surveillance programme was implemented to support the Ministry of Health in controlling these outbreaks, ensuring the availability of diagnostic kits for early detection and confirmation of cases, and sustaining the delivery of public health services.

The programme carried out a number of activities to build human and laboratory capacity and improve infection prevention and control.

The programme to build human capacity provided training in outbreak investigation, rapid response teams, data management, analysis, and interpretation. The programme trained Ministry of

Health staff and other stakeholders on rapid response teams, data management and analysis. Additionally, it organized workshops and training sessions on outbreak investigation for Ministry staff and other stakeholders.

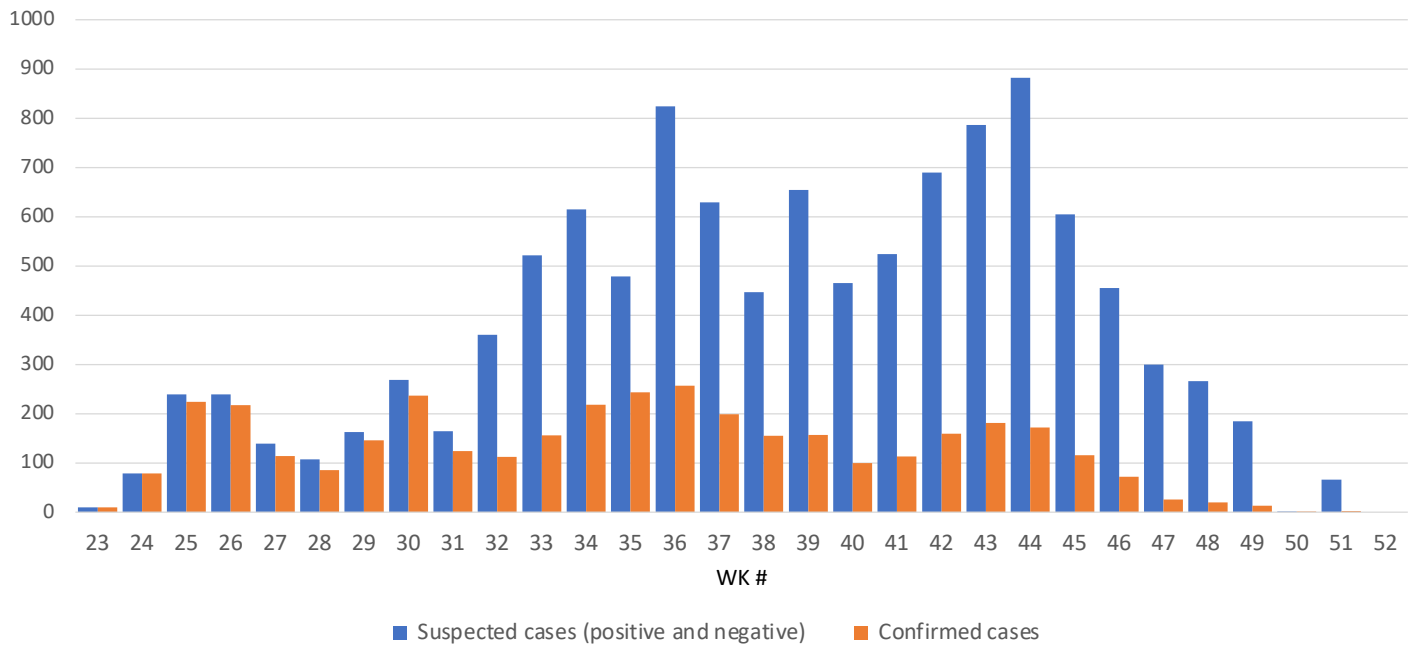
The laboratory building programme provided kits and reagents and trained personnel in the methodology of sample collection, transportation, and sample management. The programme ensured the availability of diagnostic kits for early detection and confirmation of cases by providing the Ministry with the necessary resources and training to conduct laboratory tests.

The infection prevention and control (IPC) programme provided knowledge and training in IPC principles to prevent the spread of diseases. The programme trained Ministry staff on IPC principles and ensured that the necessary equipment and supplies were available to prevent the spread of diseases.

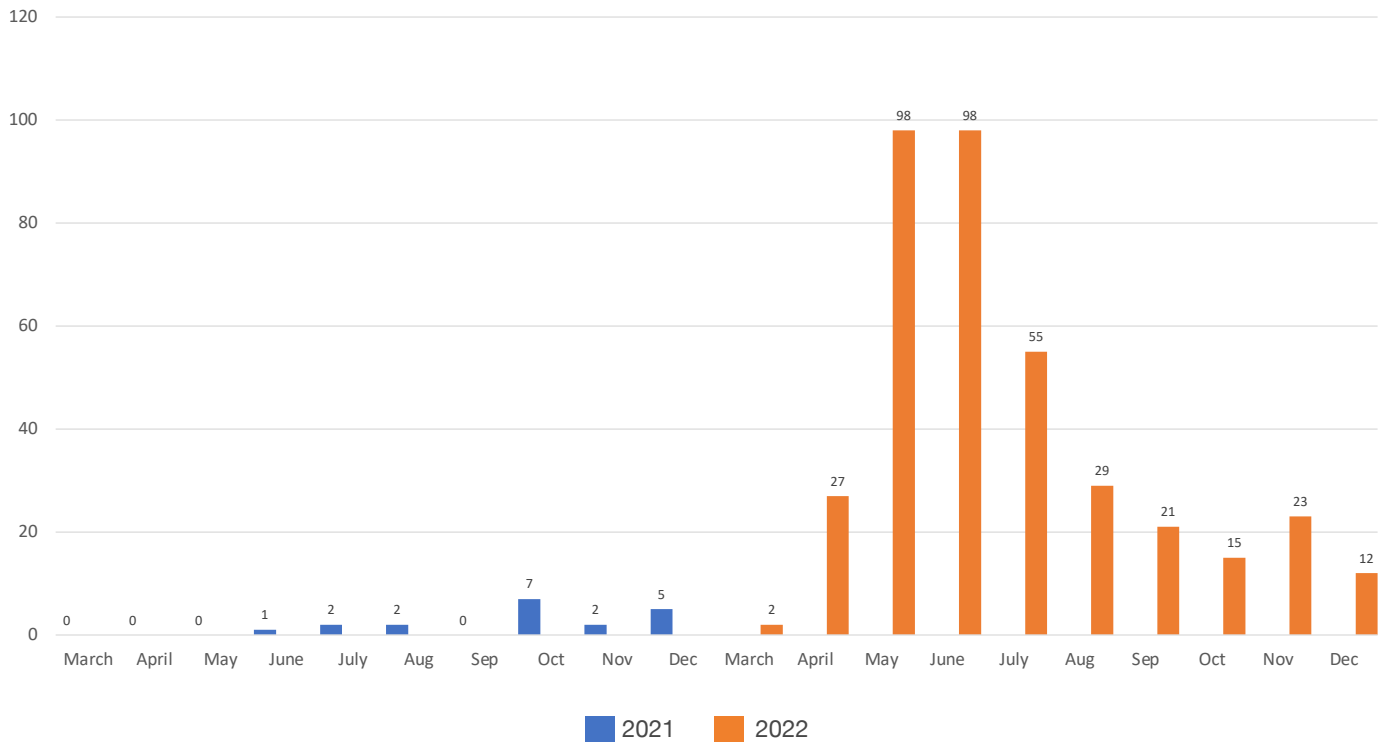


A WHO team representing the country and regional levels visits governorates most affected by the CCHF outbreak in Iraq to scale up preparedness and response activities

Number suspected (negative and positive), and confirmed cholera cases, by week, Iraq, 19 June 2022 to 1 January 2023



CCHF epi-curve by month 2021-2022



Pharmacovigilance

In 2022, WHO collaborated with the Ministry of Health to conduct workshops and assessments aimed at strengthening pharmacovigilance systems and improving patient safety. These activities focused on enhancing the skills and practices of health professionals, promoting the use of WHO-recommended tools and protocols, and implementing effective surveillance for adverse events associated with medicines and vaccines.

One of the key activities was the monitoring and evaluation missions conducted in Baghdad governorate, where the performance of pharmacovigilance units at health directorates was assessed according to WHO indicators, resulting in some recommendations for improving pharmacovigilance processes and quality assurance.

Workshops were also held to train health professionals on using the WHONET software for antimicrobial resistance surveillance to equip them with the necessary skills to manage and analyze microbiology laboratories and data related to drug resistance, thereby enhancing the ability to control antibiotic use and track the spread of resistant organisms.

WHO also conducted causality assessments for cases of allergy related to medicines and vaccines with the aim of strengthening the capacity of pharmacists in identifying different types of relationships between allergic reactions and causes, especially in the context of the COVID-19 pandemic. The workshop also emphasized the importance of the pharmacovigilance system in Iraq and its updates during this challenging period.

Another workshop was conducted to promote good laboratory practices in the newly established quality control laboratory in Basra. The participants, including microbiologists and pharmacists, were trained on the principles of good laboratory practice, ensuring the safety and accuracy of testing chemicals and improving the quality of data generated in the laboratory.

Furthermore, efforts were made to enhance the surveillance of adverse events following immunization through active surveillance approaches. This included the development of a sentinel protocol for tracking important adverse events, such as vaccine-related thrombosis and other serious reactions.



WHO conducts a workshop on implementation of the health care-associated infections surveillance system in Baghdad

Gender-based violence

WHO, in coordination with the Ministry of Health, launched and started implementing the gender-based violence strategy 2022–2023 for the Ministry of Health in Iraq.

This strategy aims to provide a strategic vision and operational directions to better implement and coordinate sustainable interventions related to the health system response to gender-based violence to reduce its prevalence and its short- and long-term health consequences.

This plan provides three sets of strategic objectives:

1. Integrate comprehensive and well-coordinated gender-based violence health services into health facilities at the three levels of service provision (primary, secondary and tertiary).
2. Increase community awareness for the prevention of gender-based violence and fight against stigmatization.
3. Strengthen the integration of gender-based violence into the humanitarian and emergency health response by enhancing advocacy, planning, implementation, referrals, coordination and monitoring and evaluation of interventions.

In line with the national strategy to combat violence against women and girls for 2018–2030, WHO launched in 2022 a gender-based violence strategic plan for the Ministry of Health in Iraq to ensure that all survivors received an immediate and comprehensive response from health care service providers that meet survivors' needs from the first point of contact.

The main objectives of the referral guidelines are to:

- ensure that survivors of gender-based violence receive a minimum standard of health care and a proper and coordinated response from health care service providers at the right time in all governorates and districts of Iraq;
- ensure comprehensive support and health care services are provided for survivors, including free medical care, psychosocial support as well as protective care and legal services;
- ensure that the existing policies and standard operating procedures are followed, and the standards of professional practices are prescribed and followed, taking into consideration the best interest of survivors with regards to confidentiality, information-sharing and recording of sensitive information and avoiding any conflicts of interest.



Environmental health

During the year, WHO's WASH programme made significant progress in addressing environmental, climate change, and health challenges. During the cholera outbreak in Iraq, WHO prioritized strengthening emergency responses and management of environmental health programmes, focusing on health education and promotion, situation monitoring, and technical support.

WHO facilitated different technical training for the Ministry of Health's water laboratory staff to enhance their capacity in water quality testing and outbreak control. Through five workshops, WHO trained 96 participants from the water quality laboratory and water services providers across 17 governorates, covering crucial areas such as biology and chemical testing, chlorination treatment, and sampling.

WHO also supported the Ministry of Health in procuring essential laboratory reagents and supplies, enabling the directorate of the environment in Duhok to sustain water quality monitoring. This effort aimed to serve IDPs and refugees in camps, as well as the host community, fortifying their ability to tackle a potential cholera outbreak.

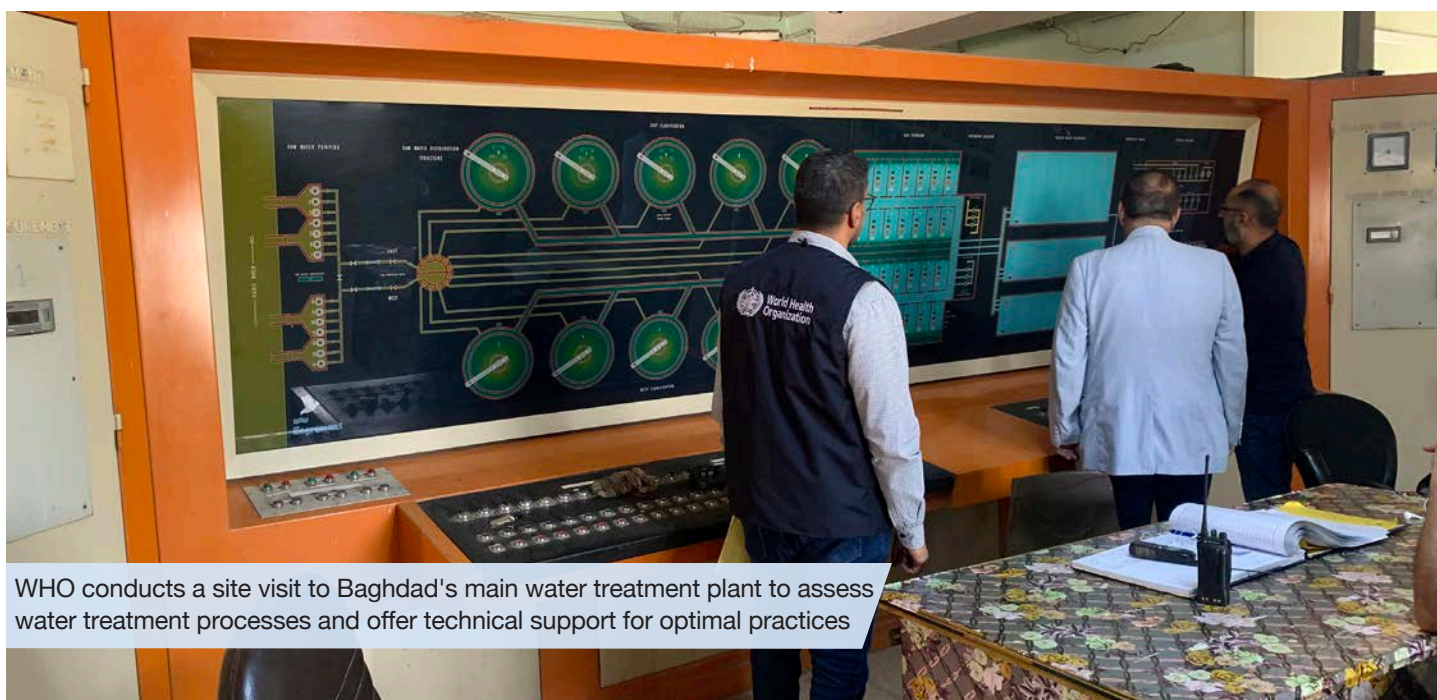
In collaboration with the Ministry of Health and

other ministries, WHO conducted technical training sessions on chemical safety management and risk assessment. These sessions enhanced the health sector's engagement in the Strategic Approach to International Chemicals Management, arming the technical staff of Ministry of Higher Education with skills to confront environmental health challenges.

To estimate the health impacts of air pollution in Iraq, WHO organized technical training sessions about air pollution assessment through the WHO application AirQ+ v.2.1.1., equipping participants from various ministries and institutions with the necessary knowledge.

Along with the Ministry of Health and other relevant ministries, WHO completed the Global Assessment and Analyses Survey (GLAAS) 2022 report. The survey sheds light on various WASH systems elements, such as governance, monitoring, finance, and human resources, and their contributions to the Sustainable Development Goals (SDG) agenda.

WHO partnered with UNICEF and the Ministry of Health to conduct a comprehensive WASH-IPC needs assessment for all health care facilities in Iraq to identify gaps and recommend solutions to address potential hazards caused by subpar WASH and IPC services.



WHO conducts a site visit to Baghdad's main water treatment plant to assess water treatment processes and offer technical support for optimal practices



WHO inspects the water quality during a cholera outbreak in Sulaimaniyah governorate. This local drinking water source, managed by the private sector and monitored by the government, undergoes WHO's swift investigation to ensure public health safety.

Universal Health and Preparedness Review

The WHO Country Teams, in collaboration with the regional office and with support from the headquarters, collaborated to assist Iraq in conducting a comprehensive assessment known as the Universal Health and Preparedness Review (UHPR). Remarkably, Iraq became the second country worldwide to undertake such an assessment.

The objective of this review was to identify and address gaps in the health system, as well as enhance health security measures. Through the UHPR, recommendations were formulated to strengthen the overall health system and rectify any shortcomings. The focus remained on ensuring that Iraq is not only prepared but also capable of responding effectively to any potential hazards within the health sector, maintaining its safety and readiness for the future.

In March 2022, a high-level delegation, led by the WHO Regional Director for the Eastern Mediterranean Dr Ahmed Al-Mandhari visited Baghdad and Erbil to finalize Iraq's UHPR process.

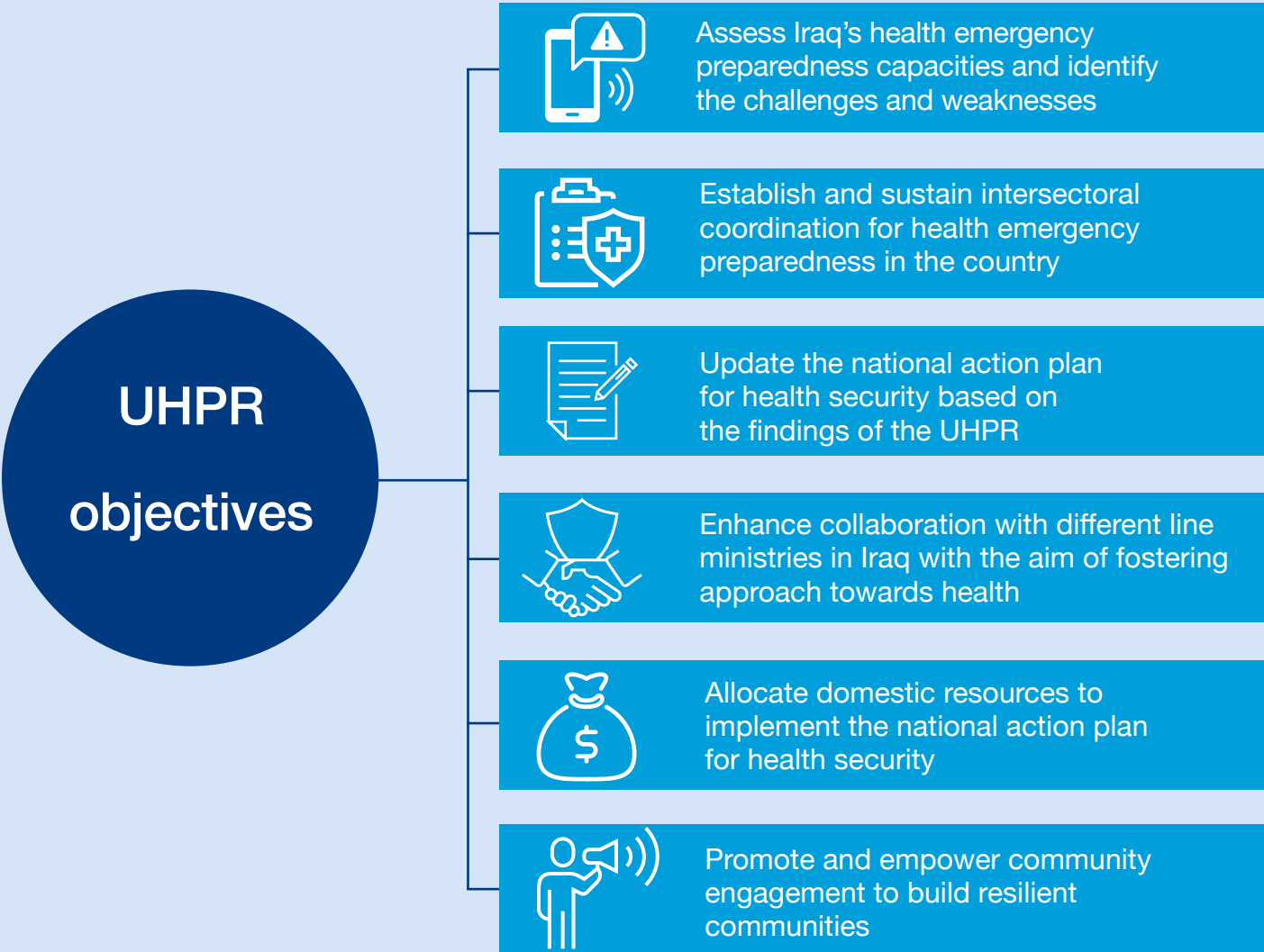
These efforts intend to bring together essential stakeholders in a spirit of solidarity and trust to foster more effective national coordination and international cooperation to strengthen health security in the country.

Iraq conducted the review between December 2021 and March 2022 as the second country globally and the pilot country in the Eastern Mediterranean Region. The review targeted the national health emergency preparedness capacities using the health system approach. Iraq developed a comprehensive report endorsed by the Prime Minister in March 2022, containing high-priority recommendations that complement the joint external evaluation recommendations.

Furthermore, to end the pandemic and prevent future health emergencies, the WHO Regional Office for the Eastern Mediterranean developed a plan of action that was endorsed in the 68th Regional Committee meeting. The plan of action also involves activities around IHR and health system capacities.



The UHPR is a governmental review mechanism led by the WHO Member States. Through this initiative, countries agreed to undergo a regular and transparent peer-to-peer review of their national preparedness capacities and the performance of their health system in response to the different hazards and risks affecting public health.



Next Steps for the UHPR in Iraq

Develop a 5–10 year national health roadmap defining the country's priorities	Review structure for managing health emergencies	strengthen the Health information system	Develop One Health advocacy, committee and work plan
Establish the Iraqi National Institute of Health	Create space for the two-way community engagement	Update the National Action Plan for Health Security	Production of the investment case for WHO/ World Bank

Health security

In 2022, health security emerged as a key focus of WHO's collaboration with the Government of Iraq and the Ministry of Health to create a robust health care infrastructure capable of swiftly identifying, containing, and mitigating the spread of infectious diseases.

As a necessary step to prepare for future emergencies and disasters, WHO worked closely with the Ministry of Health to achieve health security in Iraq by building resilient national health care systems while continuing and sustaining routine health services during times of crisis.

In an effort to bolster health security, WHO, in collaboration with the Ministry of Health, conducted in 2022 a series of training workshops to enhance the knowledge and skill sets of doctors and nurses working in emergency care systems.

The workshops aimed to prepare health care professionals to effectively manage and respond to a variety of health risks, including epidemic-prone diseases and other potential hazards within the health sector, to safeguard Iraq against future epidemics and public health crises.





Provision of health services for populations of humanitarian concerns

Throughout the year, WHO continued to provide primary care services in locations where there is no functioning health system to reduce avoidable morbidity and mortality among refugees and internally displaced people (IDPs), focusing particularly on the northern territories of Kurdistan. Furthermore, WHO launched a new initiative aimed at fostering resilience in the health care systems, focusing on both host communities and populations that are of significant concern.

Recognizing the decrease in populations requiring immediate assistance in and around the camps, a consensus was reached between the local government and the United Nations to reduce or potentially halt major coordination efforts with the aim of promoting their voluntary return to

their home regions while also safeguarding their ongoing support and welfare.

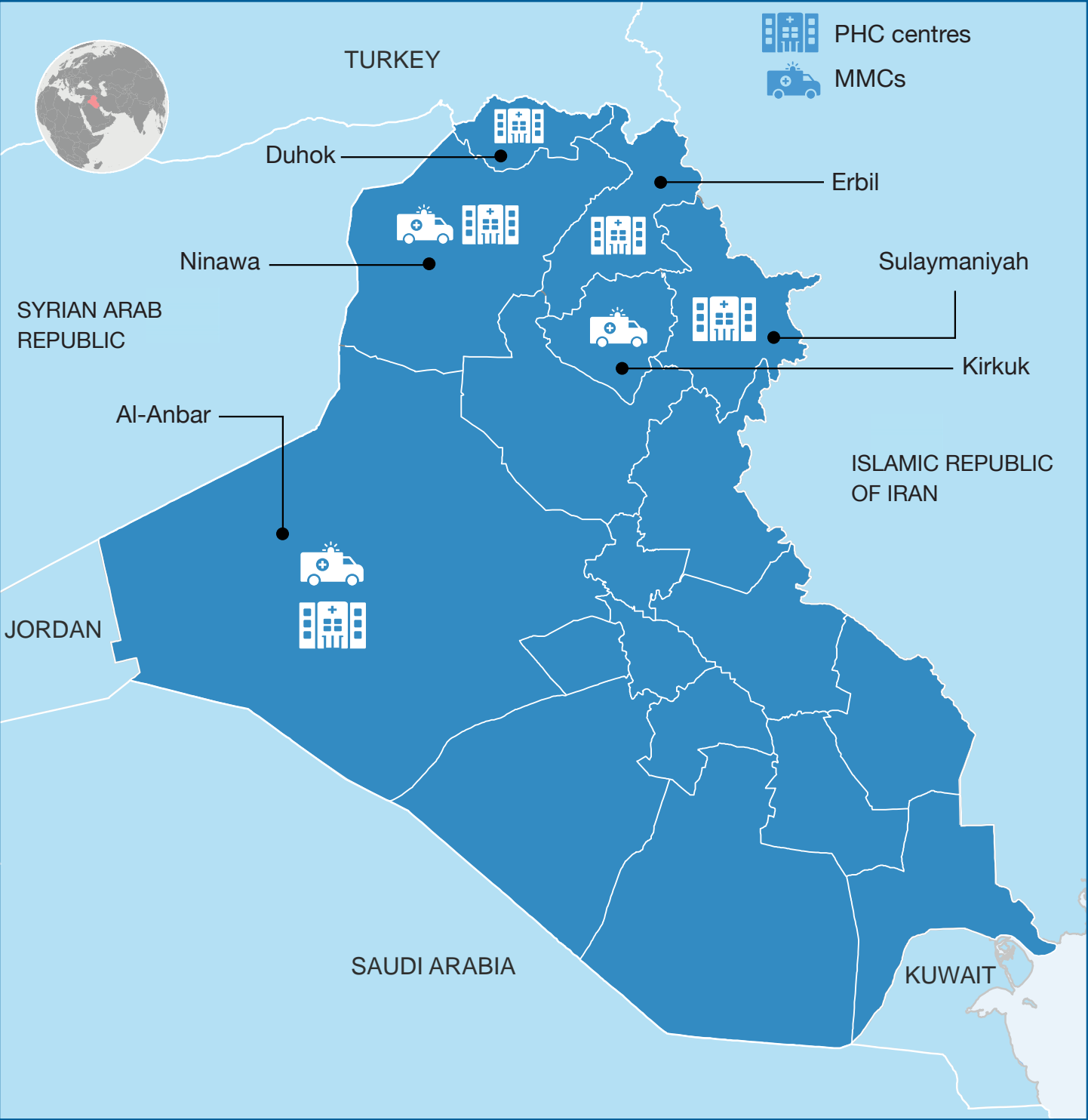
In 2022, WHO's support extended to 21 primary health care centres located across five governorates, namely Duhok, Erbil, Sulaymaniyah, Anbar, and Ninawa. Additionally, WHO supported the operation of nine mobile medical clinics in Kirkuk, Anbar, and Ninawa governorates, ensuring accessible health care for those in need.

These facilities have contributed substantially to providing medical consultations, treatment of communicable and chronic diseases, reproductive health services, mental health support, laboratory tests, health education, and medical referrals for cases requiring more specialized or surgical interventions.



In 2022, WHO's support extended to 21 primary health care centres located across five governorates

In 2022, WHO continued to support PHC services in camps for the displaced people and refugees by managing dozens of primary health care centres in cooperation with directorates of health in the targeted governorates and local implementing partners.



Emergency care system

Throughout 2022, WHO, in collaboration with the Ministry of Health, continued to implement well-developed emergency care systems to ensure timely recognition of urgent conditions, resuscitation and referral for severely ill patients, and the delivery of definitive care for a range of acute illness and injury in both children and adults.

Emergency care system assessment

In April 2022, the WHO Country Office, in collaboration with the WHO Regional Office for the Eastern Mediterranean and Ministry of Health, conducted two emergency care system assessment workshops in Baghdad and Erbil.

The objective was to assess the national and regional emergency care system, identify gaps and set priorities for system development in the five domains of:

- system organization, governance, financing;
- emergency care data and quality improvement;

- scene care, transport, transfer, referral;
- facility-based care; and
- emergency preparedness.

Key stakeholders discussed and identified 38 action points based on consensus-based results, which were presented according to the five main domains of the assessments.

Emergency care toolkit

Following the strategic planning for the emergency care system in April 2022, the need for supporting clinical processes in emergency units, particularly triage, was highlighted as a top priority requiring urgent support for improving the emergency care system.

The WHO Country Office, in collaboration with the WHO Regional Office and Ministry of Health, conducted a series of workshops and meetings with stakeholders in the Federal and Kurdistan region Ministry of Health to discuss the implementation of the emergency care toolkit



40 doctors and physicians from East and West emergency hospitals in Erbil receive training on using WHO's emergency care toolkit



package to enable and support the delivery of quality emergency care in emergency units.

The emergency care toolkit includes the WHO basic emergency care course, interagency integrated triage tool, emergency care checklists, resuscitation area designation, and standardized clinical charts. Two emergency units were selected to implement the toolkit package as a pilot project.

Basic emergency care course

The basic emergency care course, developed by WHO and the International Crescent of the Red Cross, in collaboration with the International Federation for Emergency Medicine, is a training course for frontline health care providers who manage acute illness and injury with limited resources.

The course teaches a systematic approach to the initial assessment and management of time-sensitive conditions where early intervention saves lives. The WHO Country Office, in collaboration with the WHO Regional Office and Ministry of Health, conducted four up-to-date training workshops and one training of trainers training session for staff at Federal level and in the Kurdistan region working in emergency units to develop master trainers capable of cascading the training among health care providers serving in emergency care.

These workshops aimed to improve outcomes of emergency conditions and decrease mortality and morbidity by providing the knowledge and skills to practice a systematic approach to the initial assessment and management of time-sensitive conditions where early intervention saves lives.

Provision of medicines, medical supplies and equipment

In 2022, WHO worked with the Ministry of Health to provide medical technologies, including essential medicines, supplies, and medical equipment, to ensure that the health facilities are equipped to address health needs of the population and have the capacity to detect, confirm, prepare for and respond to epidemics and emergencies.

In 2022 alone, WHO delivered 161 shipments with 305 tons of pharmaceuticals to support priority PHC facilities, especially in the governorates hosting populations of humanitarian concerns. Various types of medical equipment were also procured and distributed to support health facilities in eight governorates. This included PPE, laboratory equipment, assistive products, and medical furniture. To invest in complementing the health service provision for the needy populations, including IDPs and refugees, WHO supported selected hospitals through rehabilitation and equipment of vital departments like the intensive

care units in Akre and Shaikhan hospitals, the Maternity Hospital in Erbil, the Paediatric Hospital in Duhok, the Mental Health Hospital in Basra and others.

In September 2022, WHO inaugurated new warehouses in the Erbil governorate, signalling a pivotal shift in its approach. Rather than merely providing services, the organization has embarked on a strategy to enhance the health sector's capacity and fortify health systems. This endeavor includes investments in the management of medicines, medical supplies, and the supply chain for medical technologies.

The investment in medical technologies, procurement, warehousing, distribution and management in Erbil served as a pilot project that the organization intends to extend to all governorates to ensure adequate management of medical technologies at national and governorate levels.



More than 161 shipments of pharmaceuticals were delivered in 2022



40

health facilities supported



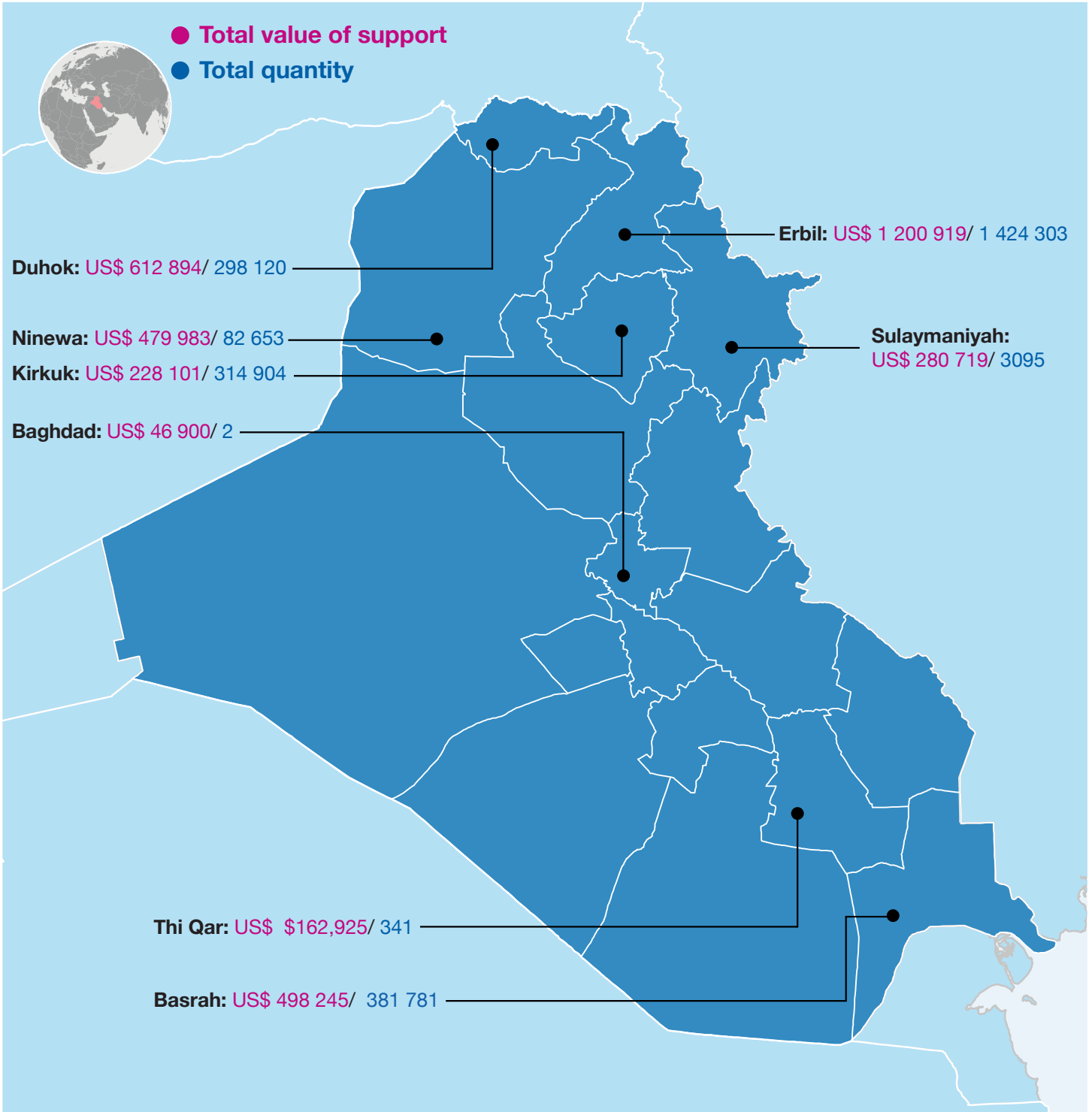
2.5 million

pieces of medical devices, furniture and equipment provided



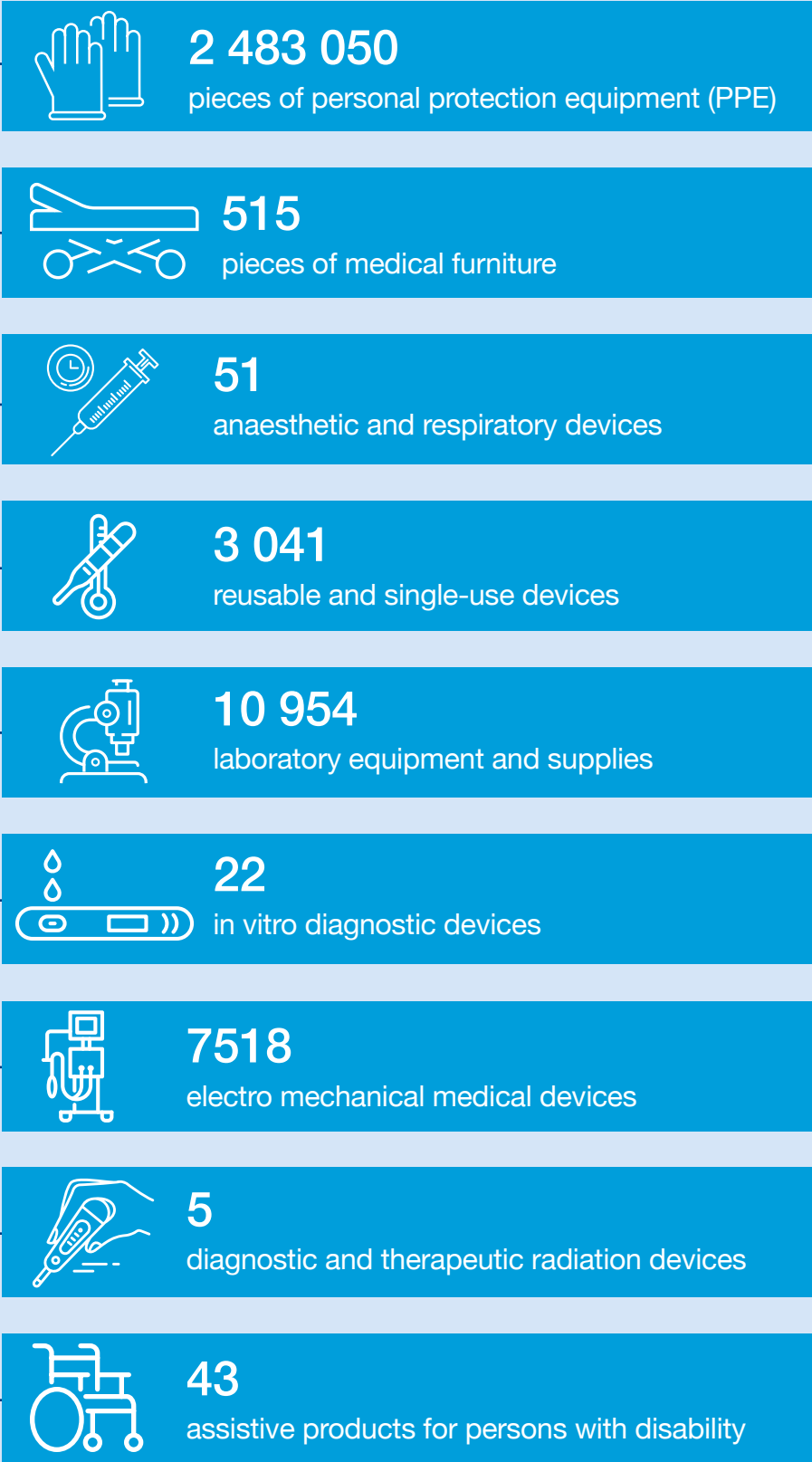
US\$ 3.5M

allocated to support health facilities in eight governorates



More than 2.5 million pieces of medical equipment, devices and furniture were delivered in 2022 to support health facilities in eight governorates with a total cost of US\$ 3 510 689.

2 505 199
pieces of medical
equipment, devices
and furniture
delivered in 2022





STILL
X20-13

eppendorf

Medical equipment
Public Health Lab
Erbil

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293kg

Health Cluster

In accordance with the Humanitarian Country Team's decision to phase out the Inter-Agency Standing Committee (IASC) mandated coordination architecture, the Health Cluster focused on preparing for cluster deactivation by the end of December 2022.

Efforts were made to strengthen the capacity of the Ministry of Health to coordinate and support the health sector while sustaining services for those in need of humanitarian assistance.

Emphasis was placed on the six building blocks of national health system strengthening: 1) service delivery; 2) health workforce; 3) health information system; 4) access to essential medicines; 5) health financing; and 6) leadership/governance.

The Health Cluster also coordinated with the Durable Solutions Technical Working Group, introducing health partners to the group's activities. Additionally, the Cluster supported the Global Health Cluster's initiative on facilitating COVID-19 pandemic lessons learned exercises to improve future preparedness.

Transition activities

The Health Cluster focused on several transition activities, including:

- regularly discussing the transition plan in monthly cluster coordination meetings at national and subnational levels;
- inviting the the Durable Solutions Technical Working Group (DSTWG) to cluster coordination meetings and facilitating introductions between health partners and the Technical Working Group;
- revamping the Health Cluster Strategic Advisory Group into a Transition Advisory Group for strategic and technical support during the transition phase;
- mapping humanitarian health services in camps for internally displaced persons and informal settlements for Ministry of Health planning;
- identifying public health facilities near camps and out-of-camp displacement locations.
- participating in and providing technical input during the revision of national gender-based violence referral guidance for Iraq's health system;
- contributing to the development of the humanitarian transition strategy as a replacement for the humanitarian response plan in 2023.



The Health Cluster mapped humanitarian health services in camps for IDPs and informal settlements for Ministry of Health planning.

Implementing Iraq's humanitarian response plan 2022

The Cluster supported the implementation of the 2022 humanitarian response plan through various activities, including:



Conducting monthly national and subnational Health Cluster coordination meetings with wide participation.



Training health partners on the humanitarian response plan 2022 reporting platform's activity planning module.



Monitoring the health humanitarian response through the Iraq Health Cluster dashboard.



Monitoring humanitarian funding and encouraging partners to report funding using the financial tracking service.



Mapping COVID-19 supplies and services provided by partners in a dashboard.



Supporting Iraq's Information Centre in addressing cases referred to health partners or the Cluster.



Assisting the Iraq Humanitarian Fund in monitoring health projects and providing technical support for project modifications.



Conducting prevention of sexual exploitation and abuse refresher training for health partners.

Health Cluster's studies on COVID-19

The Iraq Health Cluster has proactively volunteered to partake in several studies spearheaded by the Global Health Cluster. This collaboration was part of a broader effort to analyze the impact and management of COVID-19 in various countries, with a particular focus on vaccination strategies in humanitarian contexts.

Two pivotal studies were undertaken, one centred on COVID-19 vaccination in humanitarian settings and the other exploring multisectoral collaboration in the face of COVID-19. For the purpose of these studies, the Iraq Health Cluster designated key informants who were instrumental in launching the studies in both Federal Iraq and the Kurdistan region of Iraq.

Risk communications and community engagement

In 2022, risk communication and community engagement (RCCE) campaigns became a cornerstone of WHO's work, seeking to enhance community participation in preparedness and response to various health issues, including emergencies and outbreaks.

In 2022, Iraq faced three different outbreaks. The first was a Crimean-Congo haemorrhagic fever outbreak that continued from the late 2021 outbreak. During 2022, there were 380 confirmed cases of Crimean-Congo haemorrhagic fever, with a case–fatality rate of approximately 20%. The second outbreak was cholera, with over 3400 confirmed cases reported nationwide. In addition, the COVID-19 pandemic continued throughout 2022, with two waves of infections reported.

In Iraq, WHO and the Ministry of Health reached millions of people through various outreach

activities and multiple methods used to reach different societal groups in response to COVID-19, Crimean-Congo haemorrhagic fever and cholera outbreaks, and other health concerns in the country.

Over the past year, dozens of high-quality videos, motion graphics, animations, cartoons, radio drama and infographics were produced in Arabic and Kurdish to disseminate awareness messages on different outbreaks hitting Iraq. Celebrities and community influencers were also engaged to help amplify these messages on different platforms.

Enhancing partnerships to reach wider communities

To achieve the objective of the RCCE programme many partnerships has been built with National and international entities, like but not limited to the Ministry of Health, Ministry of Education, Ministry of





Higher Education, Ministry of Environment, Ministry of Agriculture, Prime Minister office, Baghdad, Basra and Erbil universities, Iraqi Red Crescent Society, UNICEF, UNDP and FAO.

The RCCE campaigns have helped build trust among Iraqi communities and strengthened their sense of responsibility and accountability for addressing health risks.

“RCCE hasn't only helped in building trust among communities across Iraq, but also in increasing their sense of ownership and accountability to take action to address health hazards”

Dr Ahmed Zouiten
WHO Representative in Iraq

Overall, health promotion encompasses a comprehensive and multidimensional approach that combines various methods and engages diverse sectors to achieve better health outcomes, prevent diseases, and promote well-being at individual, community, and population levels.



Building capacity

During outbreaks, it is vital to enhance communication skills, community engagement, infodemic management, rumor tracking and strengthen response capabilities.



Community engagement

Community participation in diseases control can help increase awareness for early diagnosis, cases confirmation, and proper management to reduce mortalities.



Produce IEC materials

Creating animations, videos cartoons, and other health messages to raise awareness about communicable and noncommunicable diseases.

During the Crimean-Congo haemorrhagic fever outbreak, WHO worked with the Ministry of Health, the Ministry of Agriculture and other partners to unify means of cooperation, coordination and response to the outbreak by reaching the most affected areas in the southern governorates and delivering educational messages to local communities on a larger scale. WHO also reached vulnerable groups, such as butchers, households and cattle breeders.

Response teams from WHO, the Ministry of Health, the Ministry of Agriculture, and Iraqi Red Crescent Society (IRCS) visited affected areas in the southern governorates to engage with and improve understanding of various groups and stakeholders. Those most likely to be affected were those working with livestock and pilgrims of Arbaeen, the world's largest annual pilgrimage, was taking place in the southern governorates of Iraq which were most affected by Crimean-Congo haemorrhagic fever.



Interviews with farmers and livestock traders and focus group discussions with women were conducted to tailor messages to those at highest risk. Dozens of high-quality videos, motion graphics, animations, cartoons, infographics, and radio dramas were created by RCCE and communication teams in the WHO Country Office, with content tailored to different audiences in different languages (e.g., Arabic and Kurdish).

WHO, the Ministry of Health and the IRCS collaborated to disseminate information about preventive measures, with WHO training 252 volunteers who conducted around 18 500 individual and small group sessions in 572 high-risk areas in 11 governorates. These efforts, despite the challenging weather conditions, reached a total of 139 000 people at high risk, in often remote areas,

to help prevent the spread of disease. 40 000 hours were dedicated to lowering the health risks of mass gathering events. To maximize impact, messages were also spread through social media platforms such as Facebook, Twitter, Instagram and YouTube.

People in positions of social and cultural authority as well as celebrities and community influencers were involved to increase awareness. To ensure the messages were effective in reaching and motivating people, training workshops were held by WHO, extending to around 4 500 faith and tribal leaders and more than 9000 frontline responders, including health workers, health educators and community volunteers. These training workshops contributed to building the capacity of these groups to effectively convey health messages on preventive measures against different diseases.



Governorate health system support

Basra governorate

In 2022, WHO expanded its presence in Iraq by inaugurating a new office in Basra governorate. This milestone marked a significant step towards scaling up support and achieving more coordinated health interventions in the southern governorates of Iraq.

The newly opened office in Basra does not only serve as a hub for WHO's operations but also plays a critical role in driving progress towards robust and inclusive health systems in Basra and the surrounding southern governorates.

For years, WHO has been actively responding to the health needs of the population in Basra and the southern governorates. With the establishment of the new office, the organization aims to enhance coordination among all stakeholders involved in providing well-managed health interventions.

The inauguration of the office came at a critical time as the southern governorates faced an array of health threats, including the emergence of diseases

such as Crimean-Congo haemorrhagic fever.

In 2022, WHO worked on bolstering emergency and laboratory services, improving referral systems, and facilitating life-saving operations. WHO also strengthened essential health care services in Abu Al-Khasib General Hospital and inaugurated the mental health wards at Basra Teaching Hospital to provide comprehensive psychiatry case clinical management services and reduce the need for referrals to distant centres in Baghdad.

“
Expanding WHO's presence in Basra represents a significant step towards achieving health security in the southern governorates of Iraq”

Dr Ahmed Zouiten
WHO Representative in Iraq



WHO expanded its presence in Iraq by inaugurating a new office in Basra governorate

Sulaymaniyah governorate

In 2022, a series of essential health care initiatives were implemented to address various public health challenges. The total cost of these activities amounted to US\$ 1 088 174. These included:

- **Cholera outbreak response:** To combat a cholera outbreak, WHO provided 20 000 packets of oral rehydration solution, IV, 12 500 doxycycline and 48 000 ringer lactate, in addition to supporting four training sessions focused on ensuring safe drinking-water across four categories.
- **COVID-19 vaccination mega centre:** From March to June 2022, WHO supported a COVID-19 vaccination mega centre, where 13 498 individuals (9170 males and 4328 females) were vaccinated. The total cost of this endeavour was US\$ 44 782.
- **Capacity-building:** WHO invested US\$ 71 420 in capacity-building initiatives, covering various areas such as tobacco control, EWARN, gender-based violence, mental health gap action programme,

pandemic influenza preparedness, leprosy, and infection prevention and control.

- **Medical equipment:** WHO allocated US\$ 139 336 towards the procurement of essential medical equipment, including endoscopy devices.
- **Medicine provision:** WHO provided critical medicines to the Department of Health and various camps, at a total cost of US\$ 142 500.
- **PHC services for IDPs:** WHO collaborated with Heevie Organization to ensure the provision of PHC to IDPs in Ashti camp for an entire year. This project incurred a cost of US\$ 299 950.
- **Paediatrics burn unit and outpatient department:** WHO invested US\$ 377 894 in the equipping, rehabilitation and renovation of the paediatrics burn unit and outpatient department of the Sulaymaniyah Burn and Reconstructive Surgery Hospital as part of the second phase of the project.



WHO supported the Kurdistan's Ministry of Health to step up its response to the sudden cholera outbreak in the Region

Governorate health system support

Erbil governorate

Over the past year, WHO worked to improve health care services and infrastructure in the Erbil governorate. In Hassan Sham U2 Camp, which hosts internally displaced persons (IDPs), WHO provided essential health care services, resulting in 15 730 medical consultations. These services have been crucial in addressing the health needs of vulnerable populations.

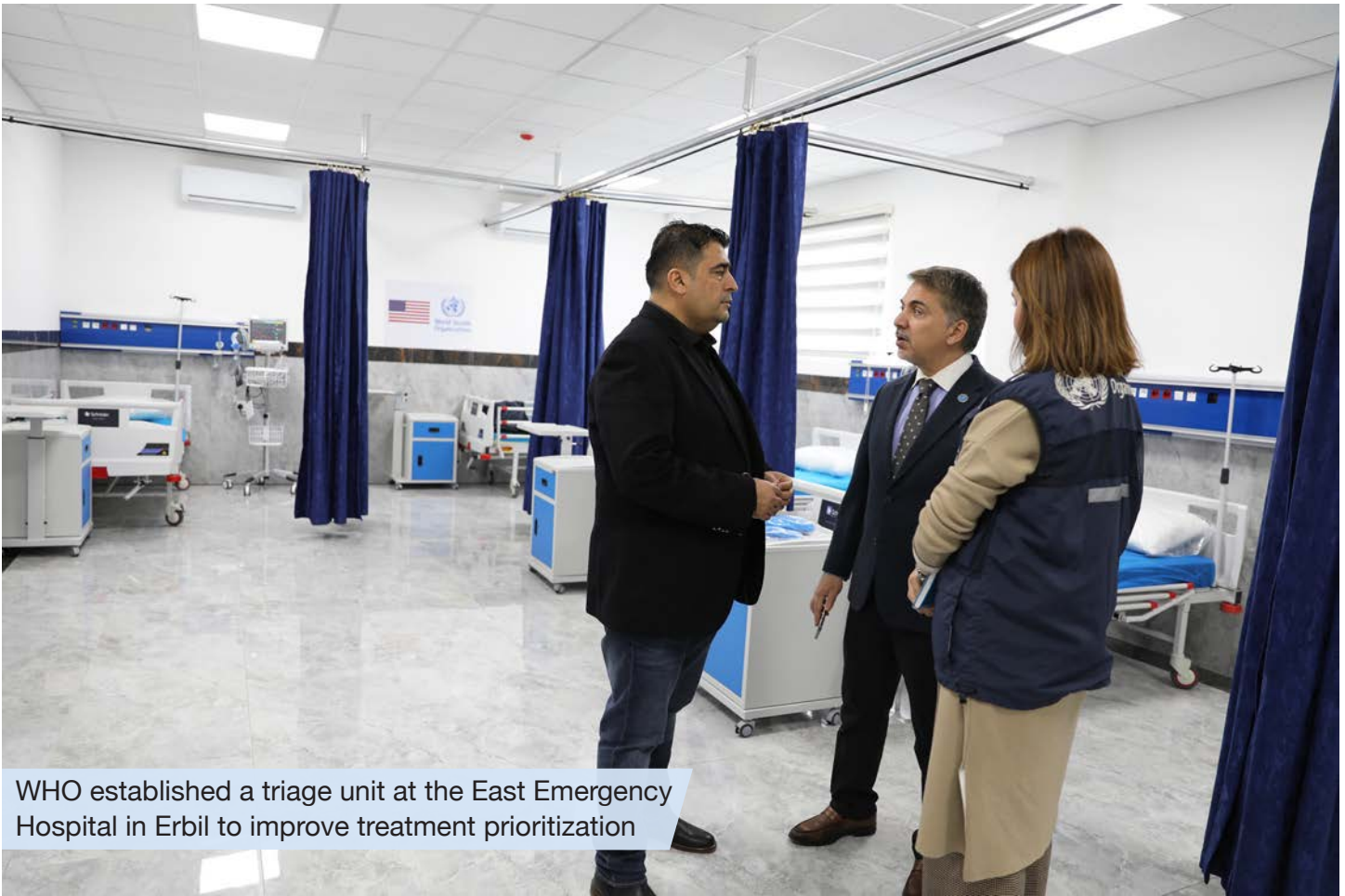
WHO has also supported the Kalak and Debaga camps in offering mental health and psychosocial support (MHPSS) services through our partnership with Heevie Organization. Over the course of the year, WHO facilitated 43 150 consultations,

providing much needed psychological care to those affected by conflict and displacement.

In addition to these services, WHO supplied Basirma, Darashkran, Kawrgosk, and Qushtapa camps with medical equipment, medical supplies, and medicine. These provisions have bolstered health care capacity in the Region, allowing medical professionals to deliver better care to their patients.

To enhance the quality of emergency care in Iraq, WHO developed a cadre of basic emergency care master trainers. The programme, initially piloted in Erbil, aims to roll out the training across the country. Forty nurses and doctors





WHO established a triage unit at the East Emergency Hospital in Erbil to improve treatment prioritization

from Erbil were trained in basic emergency care and the WHO Emergency Toolkit, with seven participants identified as provisional trainers for the programme.

To ensure that newborns receive the best possible care and increase their chances of survival, WHO invested in expanding, renovating and equipping the neonatal intensive care unit at the maternity hospital. The total cost for the construction component amounted to US\$ 303 713. Moreover, WHO bolstered the unit by supplying medical equipment valued at over US\$ 171 359, which has further increased the capacity of the unit.

Significant improvements to the hospital's operation theatre were also made by carrying out refurbishments and renovations. These enhancements have greatly contributed to the overall quality of care provided at the facility.

WHO also established a triage unit at the East

Emergency Hospital, with the construction component costing US\$ 115 554. This unit has significantly improved patient assessment and treatment prioritization, ensuring that those in critical condition receive the necessary care as quickly as possible. The support provided for the triage unit at the hospital includes:

- creating a reception area with space for three medical doctors to screen incoming patients;
- establishing two separate inpatient rooms, one for male and one for female patients, to accommodate critical medical cases;
- developing a trauma hall with a six-bed capacity to cater for patients with severe injuries;
- adding a mortuary and statistics area for improved case management and documentation;
- providing medical equipment worth US\$ 130 900 to support the triage unit's operations.

Duhok governorate

Throughout 2022, WHO implemented several projects and services in Duhok governorate to improve health care services for the communities, including IDPs and refugees.

WHO continued to provide medicines, medical supplies and equipment to different health care facilities such as Akre pediatric hospital, Duhok central laboratory, Shaikhan hospital, and PHC centres, with a budget of US\$ 1 255 000. Approximately 900 000 beneficiaries were estimated to have benefited from these supplies, improving their access to essential health care services.

WHO also continued to support primary health care services in 11 IDP camps located in Duhok and Ninawa governorates, with an allocated budget of US\$ 3 097 300. Throughout the year, a total of 380 385 consultations were provided. Additionally, 155 380 laboratory investigations were conducted, and 17 280 mental health consultations and psychosocial sessions were provided. 12 331 emergency and elective cases were referred to secondary and tertiary health facilities in Duhok

governorate, ensuring comprehensive care for patients in need.

WHO also supported the management of the medical rehabilitation centre in Sumel district, with a budget of US\$ 52 000. This centre provided essential rehabilitation services to the population, with a recorded total of 3329 consultations between January and March 2022.

To increase vaccination coverage and combat the spread of COVID-19, WHO, in collaboration with Duhok's Directorate of Health, actively supported the COVID-19 mass vaccination campaign in the governorate. From March to June 2022, a total of 12 942 COVID-19 vaccine doses were administered, representing a 12.61% increase in overall vaccination coverage in Duhok governorate.

WHO also prioritized staff capacity building through various training workshops to enhance the knowledge and skills of health care professionals across different areas of expertise, including tobacco control, cholera preparedness and response, COVID-19 infection prevention and control measures, outbreak response in refugee and IDP camps, gender-based violence strategy, and data collection for health care assessment.



WHO supports primary health care services in 11 IDP camps located in Duhok and Ninawa governorates

In Akre city, WHO played a vital role in establishing the Pediatric Department at Akre Pediatric and Maternity Hospital. With a budget of US\$ 376 000, this project achieved remarkable outcomes. From September to December 2022, the hospital recorded 1788 visits to the emergency room, admitted 1012 patients to pediatric wards, provided specialized care to 78 patients in the Pediatric Intensive Care Unit, and attended to the needs of 211 infants in the Neonatal Intensive Care Unit.

The establishment of the department was made possible through partnership with the US Department of State's Bureau of Population, Refugees, and Migration (PRM) and in technical collaboration with AISPO.



900 000

beneficiaries benefited from medicines, medical supplies and equipment



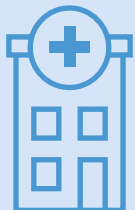
380 385

consultations were provided in primary health care centres serving IDPs



17 280

mental health and psychosocial support sessions were provided



12 331

cases were referred to secondary and tertiary health facilities



155 380

laboratory investigations were conducted



12 942

COVID-19 vaccine doses were administered

Ninawa governorate

Throughout the year 2022, WHO achieved significant milestones in Ninawa governorate and implemented various health care initiatives.

WHO continued to deliver PHC services in and outside camps through partnerships with various NGOs. This included the operation of two PHC centres within a camp and an informal settlement, as well as one PHC centre in a remote returnee area. Additionally, twelve medical mobile clinics were established to cater to far-flung areas. These facilities provided over 278 700 consultations, conducted 36 900 laboratory investigations, and administered vaccinations to approximately 5200 children under five years old.

Secondary health services, such as emergency care, mental health and psychosocial support (MHPSS) were delivered in two locations within Ninawa. These facilities provided around 16 600 medical and surgical emergency services, 1750 physical rehabilitation sessions, 2400 MHPSS consultations, 9100 maternal and child health consultations and 1400 referrals.

In May and June, two comprehensive training workshops on IPC were organized for health care

professionals working in public health facilities across Ninawa governorate to build the capacity of IPC focal points in both PHC centres and hospitals.

To strengthen the capacity of public health workers in Ninawa governorate in preventing and controlling communicable diseases, a four-day training workshop focused on controlling the Crimean-Congo haemorrhagic fever outbreak was organized in September. Thirty health care professionals, including physicians and nurses from 11 districts, actively participated in this workshop.

In an effort to address environmental and health concerns related to infections, WHO partnered with a local NGO to establish two medical waste management units in Ninawa. One unit was established in Mosul to cater to health facilities within the city and surrounding districts, while the other unit was located in Talafar district, serving remote districts including Sinjar and Ba'aj. Within the six months of operation, the project successfully served 68 hospitals and PHC centres and collected 17 450 kg of medical waste.

The provision of medicines and medical supplies to the Directorate of Health of Ninawa and other partners greatly contributed to the enhancement of health care services. Throughout 2022, the total value of shipments amounted to US\$ 430 000.



US\$ 430 000



worth of medicines, medical supplies and equipment provided



278 700

consultations were provided in primary health care centres serving IDPs



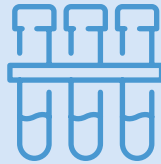
2400

mental health and psychosocial support consultations provided



1400

cases were referred to secondary and tertiary health facilities



36 900

laboratory investigations conducted



16 600

medical and surgical emergency services conducted

WHO, in cooperation with the directorates of health in Ninawa and Duhok governorates, inaugurated on 15 August 2022 a cardiac care unit in Shaikhan Hospital in Ninawa governorate.

The unit, established within the premises of the 100-bed hospital in Shaikhan, was fully rehabilitated and equipped with the latest medical technologies and equipment required for intensive care units.

The new centre will provide thousands of internally displaced persons and local communities with access to cardiovascular consultations and follow-up, as well as referral to other specialized health facilities to help reduce preventable morbidity and mortality related to cardiovascular diseases.

Shaikhan Hospital is the only general hospital in the district, serving a population of 140 000 with no cardiac care unit services, leading to the referral of 100–150 patients with cardiac conditions to distant hospitals in Mosul and Duhok per month. The unit is operated by qualified physicians trained on cardiac case management.



WHO priorities in 2023

Despite the decision to deactivate the Humanitarian Response Plan (HRP) for 2023, needs remain in the area of health in Iraq. WHO therefore adapted its strategy to focus on the most vulnerable populations by sustaining essential PHC services in camps where health structures are already present.

As part of this strategy, WHO is prioritizing informal settlements and any camps where the current partners may not be able to continue to support health services, where this is supported by the population size and where there is no option for IDPs to access health services in the public health facilities. WHO will focus on ensuring that the lifesaving and life-sustaining health needs of IDPs both within and outside camps are met, particularly in underserved areas.

WHO will also support the Government in providing

primary care services in locations where there is no functioning health system or its components. Reducing avoidable morbidity and mortality will remain a focus. To tackle this, WHO will offer treatment for common diseases and will ensure referrals of complicated cases, with a focus on mental health and psychosocial support services, as well as the physical rehabilitation of amputees and those who have sustained disabilities or have been wounded during armed conflict. WHO intends to achieve this through operationalizing PHC centres, mobile medical clinics, and offering referral services in selected IDP and secondary displacement locations.

Another key area of support will be to strengthen early detection and response to disease outbreaks and strengthen the health information system.



Key activities

- Continue to support the provision of PHC services to IDPs in camps, and continue to maintain and, where required, enhance basic minimum standards of quality of health care services
- Procure and distribute medicines, medical supplies and medical equipment
- Support the integration of mental health and psychosocial support services, and support gender-based violence interventions in health programming
- Work towards the handover/integration of emergency health services with routine health care services of the directorates of health
- Monitor, mitigate and manage common communicable diseases by ensuring the continuity of an effective early warning and response mechanism
- Support prevention, control and rapid response activities related to communicable and vaccine-preventable disease outbreaks in previously conflict-affected areas
- Conduct water quality monitoring and vector-control activities in IDP camps, informal settlements and highly vulnerable hosting communities
- Conduct RCCE activities to keep the public informed about how to protect their health and that of others
- Conduct health resource availability mapping in selected governorates

Strategic objectives

Strategic objective 1

Ensure uninterrupted provision of essential primary health care services

- WHO will ensure the provision of uninterrupted essential PHC services, including mental health and psychological support and physical rehabilitation services, for vulnerable people in IDP camps, out of camps and secondary displacement locations, as well as host communities, including through providing essential medicines, medical supplies and services
- 400 000 vulnerable people will benefit from improved and expanded availability of comprehensive PHC services
- Gaps in medicines, medical supplies and medical equipment will be filled, to ensure the provision of essential health care services in the target governorates
- Integrate gender-based violence, mental health and psychosocial support services in health programming

Strategic objective 2

Strengthen outbreak preparedness and response

- WHO will develop outbreak preparedness and response strategies, plans and capacities for outbreaks in Iraq
- Case management will be supported and continuity in essential health care services will be ensured
- 300 staff from the Ministry of Health and directorates of health will receive refresher training on the Early Warning Response Network (EWARN) reporting, efficient use of the EWARN system, and outbreak preparedness and response to the common communicable diseases
- Selected public health laboratories will be supported with essential equipment and supplies
- Selected health professionals from all governorates will receive training in IPC

Financial overview

There has been a significant decline in donor contributions to Iraq over the past few years in the wake of a global shift to new emergencies. The WHO Country Office plans to meet its funding needs through demonstrating previous successful collaborations and partnerships with diverse partners and devising effective donor engagement and stewardship strategies. Currently, WHO is engaged in discussions for a potential continuation of partnership, as well as engagement with the World Bank, USAID Bureau for Humanitarian

Assistance, European Civil Protection and Humanitarian Aid Operations, United States Agency for International Development, U.S. Department of State's Bureau for Population, Refugees and Migration, Japanese International Cooperation Agency, Germany, Qatar and Saudi Arabia. WHO will continue to strengthen its partnership with donors showcasing why investing in the health sector is vital to the realization of the Sustainable Development Goals and national health targets.

Donor	Activity	Amount (US\$)
USAID Bureau for Humanitarian Assistance (BHA)	Strengthening essential primary, referral and preventive health care services in conflict-affected governorates of Iraq	12 900 000
U.S. Department of State's Bureau for Population, Refugees and Migration (PRM)	Improve humanitarian health response for Syrian refugees in Iraq	4 000 000
EU Civil Protection & Humanitarian Aid	Strengthen essential primary, referral and preventive health care services in conflict-affected governorates of Iraq and support emergency health interventions to respond to COVID-19 in Iraq	1 500 000
United States Agency for International Development (USAID)	Support WHO's outbreak readiness and response operations to control the transmission of COVID-19 in Iraq	1 465 232
United States Department of State (USDOS)	COVID-19 response activities	1 000 000
Department of Foreign Affairs, Trade and Development (DFATD), Canada	COVID-19 response activities	677 000
Germany	COVID-19 response activities	850 000
Japanese International Cooperation Agency (JICA)	Iraq comprehensive infection prevention control enhancement project	654 891
Ministry for Europe and Foreign Affairs (MEAE), France	COVID-19 response activities	800 000
Ministry of Finance, Saudi Arabia	COVID-19 response activities	566 667
United States Agency for International Development (USAID)	Iraq – COVID-19 vaccine roll-out - co-design with USAID/Mission	244 768
Grand total		22 760 000



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Financial Requirements in 2023

In 2023, various key pillars have been identified to address the priorities and funding requirements necessary for effective response and management.

In total, these funding requirements amount to US\$ 46 477 000, highlighting the comprehensive approach needed to address the challenges and needs of 2023.

#	Pillar	Funding requirements in 2023 (US\$)
P1	Country-Level coordination, planning, and monitoring	1 271 000
P2	Risk communication and community engagement (RCCE)	1 921 000
P3	Surveillance, rapid response teams and case investigation	7 643 000
P5	National laboratories (diagnostics and testing)	2 675 000
P6	Infection prevention and control	1 541 000
P7	Case management and therapeutics	3 711 000
P8	Operational support and logistics	9 190 000
P9	Maintaining essential health services and systems	17 455 000
P10	Vaccination	1 070 000
Grand total		46 477 000





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