There is a steady improvement in crude death rate (4.2%), especially since the end of economic and political sanctions, and the subsequent improvement in health care financing through government sources. The infant mortality rate in urban areas is 31 deaths per 1000 live births, compared to 36 deaths per 1000 live births in rural areas. Despite efforts made to increase access to modern family planning services for women in reproductive age, fertility remains high (4.3%).

High population growth represents a challenge to health and economic and social development for Iraq. The health indicators are showing improvement. Life expectancy has improved from 61.5 to 70. The country is facing double burden of disease. More than 50% of the disease burden is due to NCDs and Injuries. Communicable diseases (TB, measles, enteric fever, hepatitis, etc.) still pose a major challenge. TB is a priority disease for Iraq. Polio has reemerged in Iraq, with one case confirmed and three being investigated. No indigenous malaria cases have been reported in Iraq since 2009.

The Iraqi health sector faces considerable and complex challenges. These challenges primarily relate to improving access to quality health services by transforming the hospital oriented system to a primary health care model, overcoming recurring shortages of essential medicines, dealing with budget deficits, rehabilitation of infrastructure, training and deployment of human resources.

In 2013 a number of policy documents have been finalized in Iraq. These include the National Health Policy (2014-2023), the National Development Plan (2014 – 2017) and the UNDAF. The Ministry of Health is working on developing a three year health strategy linked with a program-based budget. The latest round of National Health Accounts is underway in Iraq. Iraq is one of the human resources for health (HRH) crisis countries with severe shortages of health workers. The lack of capacity for forecasting and projecting the required workforce, quality of health professionals’ education specially nursing and allied health, regulation of health professionals and the management of the health workforce pose significant problems.

The Ministry of Health is the main provider of health care, both curative and preventive. Major initiatives for reform in Iraq being implemented by WHO include the Iraq Public Sector Modernization program and the EU funded Strengthening Health System project. Private health sector is growing in terms of capital investments, number of health care facilities and health workforce, is becoming an important player in the delivery of health care services.

A number of international, bilateral, multilateral organizations and NGOs are providing services and support to the government in the health sector in Iraq. The key partnerships that WHO in Iraq has are:

- Other UN agencies in various multilateral partnerships funded by the UNDAF Trust Fund;
- The government of Iraq is contributing to some projects through cost sharing arrangements.
- The World Bank, predominantly funded by the World Bank Iraq Trust Fund;
- Bilateral donors, predominantly the EC.
- GFATM (Global Fund) support for Stop TB, with UNDP, ministry of health and NGOs.

For the UN, the Health and Nutrition Priority Working Group formed under the coordination mechanism for UNDAF is co-chaired by WHO. Active partners in the H&N Priority Working Group include WHO, UNICEF, UNFPA, WFP, UNDP, IOM, UNIDO, UNEP, UNIFEM, OCHA, the ICRC, and NGO’s including Premiere Urgence (PU), Doctors Without Borders (MSF), International Medical Corps (IMC) and others. The new UNDAF has been finalized recently.

There is decreasing donor interest and donor support for development activities in Iraq. Increased cost sharing with the Government of Iraq will be necessary in order to maintain current programmes.
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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| STRATEGIC PRIORITY 1: Reproductive health   | • Improving woman and family health as an important part of the PHC package and ensuring necessary capacity building, required infrastructure and resources  
• Producing skilled personnel, and ensuring access to quality basic and emergency obstetric and newborn cares to reduce the high risk of deliveries outside health facilities |                                                                                                                                                                                                                                                                                                                 |
| STRATEGIC PRIORITY 2: Health systems        | • Developing a National Health Strategy; identifying specific short and medium-term investment programmes and reform agenda  
• Decentralizing health system and assist in the implementation and expansion of Basic Health Service Package (BHSP) based on family practice model  
• Supporting the modernization of the health system by reviewing and upgrading norms, standards, protocols and ensuring the establishment of health care quality assurance, improving accreditation system and increasing patient satisfaction for care they receive |                                                                                                                                                                                                                                                                                                                 |
| STRATEGIC PRIORITY 3: Human resources for health | • Developing a long term systems and plan for production and management of human resource based on National health Policy/Strategy and comprehensive review  
• Developing plans and strategies for strengthening the capacity and the curriculum of health and medical professional health workers, universities, schools and teaching institutions |                                                                                                                                                                                                                                                                                                                 |
| STRATEGIC PRIORITY 4: Health information systems | • Develop mechanism and procedure to train staff for developing health information as basis for planning and policy development  
• Developing Health Management Information System (HMIS) to include the above health information system, modular sub-information systems such as HRH, Medicines, social determinants of health, etc. for generation information for decision making, policy setting and reporting |                                                                                                                                                                                                                                                                                                                 |
| STRATEGIC PRIORITY 5: Noncommunicable disease and conditions | • Strengthening the capacity of the health system at all levels to be able to implement the Plan of Action for Noncommunicable Diseases and Cancer that has been developed based on the WHO Global and Regional Plan  
• Developing a multisectoral approach for healthy lifestyles such as tobacco control, promoting of healthy diet and physical activities |                                                                                                                                                                                                                                                                                                                 |
| STRATEGIC PRIORITY 6: Communicable diseases | • Accelerating the implementation of the Stop TB Strategy through: “DOTS Expansion and Enhancement, strengthening capacity of the national TB programme and other partners, and improving surveillance and supporting operational and epidemiological research  
• Strengthening communicable diseases surveillance and response system at all level in line with International Health Regulation 2005  
• Maintain Iraq free of malaria |                                                                                                                                                                                                                                                                                                                 |
| STRATEGIC PRIORITY 7: Social determinants of health, cooperation and partnerships, and communication | • Improving partnership mechanism and linkages between MOH with health related sectors and building the capacity of MOH to have a stronger health advocacy role and presence for influencing policies and actions of other sectors (environment, nutrition, human rights, gender, etc.)  
• Promoting gender disaggregated data in support of human right |                                                                                                                                                                                                                                                                                                                 |
| STRATEGIC PRIORITY 8: Environment and food safety | • Strengthen the capacity of MoH to undertake evidence-based strong advocacy and promotion for improvement of environmental health services and conditions |                                                                                                                                                                                                                                                                                                                 |