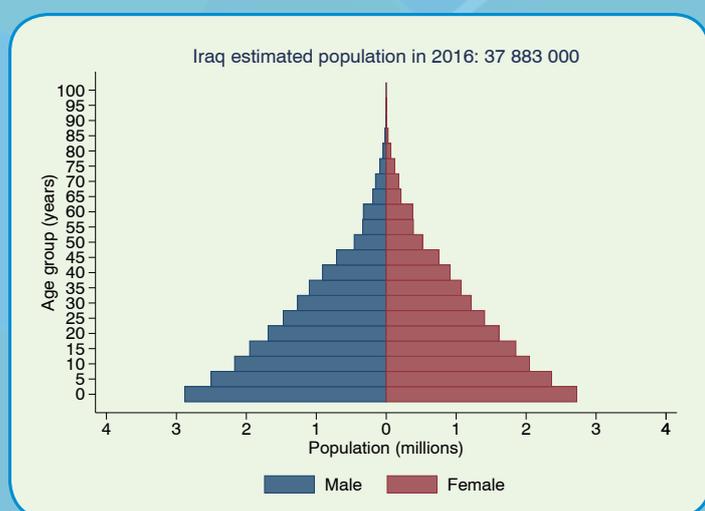




Universal health coverage

Primary health care facilities per 10 000 population (2013)	0.7
Hospital beds per 10 000 population (2016)	13.0
Modern contraceptive prevalence rate (2015)	38
Antenatal care visits (4+ visits)	49.6
Measles immunization coverage among 1-year olds (%) (2016)	80
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	91
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	73
General government expenditure on health as % of GDP (2014)	3.3
General government expenditure on health as % of total government expenditure (2014)	6.5

Estimated population in 2016



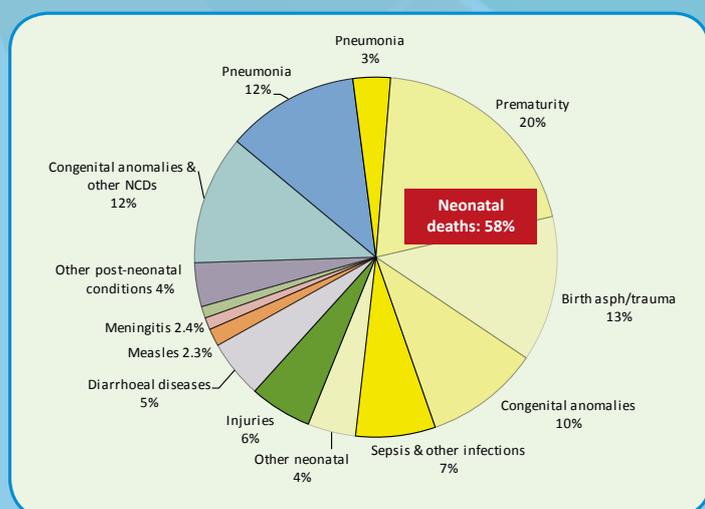
Selected determinants of health

Population living in urban areas (%) (2016)	70
Annual GDP growth (%) (2016)	11.0
Number of refugees ^a (2016)	261 882
Number of internally displaced persons ^b (2016)	3 604 285

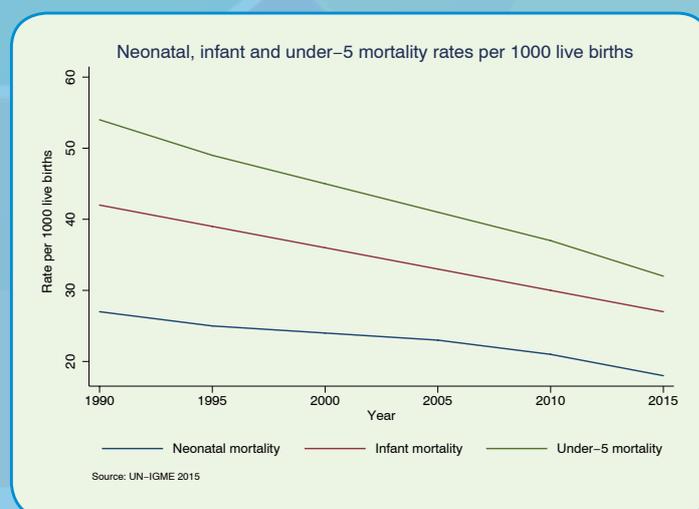
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



Neonatal, infant and under-5 mortality rates per 1000 live births



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2014) % 17.0

Proportion of employed population below the international poverty line (ILO estimate, 2016)

Male %	3.3
Female %	3.3

2 ZERO HUNGER

Children under 5 who are (2014)

stunted (2012)	%	22.6
wasted	%	7.4
overweight (2012)	%	11.8

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2013)

Total %	...
Male %	78
Female %	...

Net primary school enrolment ratio per 100 school-age children (2014)

Total ratio (2013)	92
Male ratio	94
Female ratio	83

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015) % 79.3

6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015) % 87

Access to improved sanitation facilities (World Health Statistics, 2015) % 86

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2015)

Total %	...
Male %	...
Female %	...

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)

Total	49.7
Urban	51.3

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011–2015) 83.6

*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	66.2	71.8	68.9
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	50
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	18
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	27
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	32
Tobacco use among persons 15+ years (%)	...	...	...
Overweight (18+ years) (%) (2014)	...	...	57.9
Obesity (18+ years) (%) (2014)	...	...	23.8
Raised blood pressure among persons 18+ years (%) (2014)	...	...	21.8
Raised blood glucose among persons 18+ years (%) (2014)	...	...	16.8
Raised cholesterol among persons 18+ years (%) (2015)	39.5	39.8	39.6
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	22
Cancer incidence per 100 000 (2012)	...	...	135.3

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review

N/A

National Focal Point for 2030 Agenda

Mr Sami Mati Polos, Deputy Minister, Ministry of Planning

National Focal Point in Ministry of Health for health-related SDGs

Dr Mohammed Jaber, Ministry of Health

1. How is Iraq incorporating the 2030 Agenda into its development policy and planning?

As the current National Development Plan (NDP 2013-2017) is ending this year, the Ministry of Planning (MoP) is taking the lead in the process of drafting the National Development Plan 2018-2022, which will be aligned with the SDGs. Nine inter-ministerial working groups have been formed and the Ministry of Health (MoH) is participating in three of those. Once the NDP 2018-2022 is finalized, all plans of actions will be revised accordingly, taking into consideration the country's main priorities, issues and concerns, as well as current risk assessments and emergency situations.

The National Development Plan 2013-2017 is available here: <http://www.mop.gov.iq/mop/index.jsp?sid=1&id=642&pid=553&lng=en>

2. How is Iraq incorporating SDG 3 targets in health policy, strategy, and planning?

In light of the efforts to produce a new National Development Plan, the MoH also plans to revise its National Health Policy 2014-2023. A National Focal point has been identified, and a high level workshop was planned for September 2017, with the main objective of preparing a national plan of action in line with the SDGs. In addition, a joint assessment is planned to review the status of MDGs through its targets and indicators. Based on the progress previously made, future targets and indicators will be drafted under SDG 3. Joint assessments will also examine other SDGs and determine which of those have linkages with SDG 3, and how those can be achieved through collaborative work.

The National Health Policy 2014-2023 is available here (in Arabic): http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/iraq/1399954338_national_health_policy_final1.pdf

3. Are there any major partnerships in Iraq for advancing the 2030 Agenda?

Inter-ministerial collaboration is a key facets of Iraq's efforts to achieve the 2030 Agenda. A higher committee is present in the MoP, which has formed 9 working groups to tackle all SDGs and its associated programmatic, inter-sectoral work. All other ministries are part of this committee and working together. In addition, the UN Country Team has established an SDG focal point, with UNDP taking overall lead in SDG related work. There are donors and other development partners (like EU, USAID etc) who are supporting the government of Iraq to achieve the SDGs, as well as civil society and national NGOs contributing to the process.

4. Are there any major partnerships in Iraq for advancing the health-related SDGs?

The MoH is working together with other ministries to achieve the health-related SDGs. UN organizations and agencies like WHO, UNICEF, UNFPA, UN Women and UNDP are supporting the MoH according to their mandates and expertise. Major partnerships have been present in all strategic and executive work-plans, emphasising inter-sectoral collaboration and community participation, placing primary health care concepts at the centre.

5. Has Iraq reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

The current national health policy is aimed at achieving Universal Health Coverage through strengthening primary health care, family health evidence-based practices and the introduction of quality management approaches.