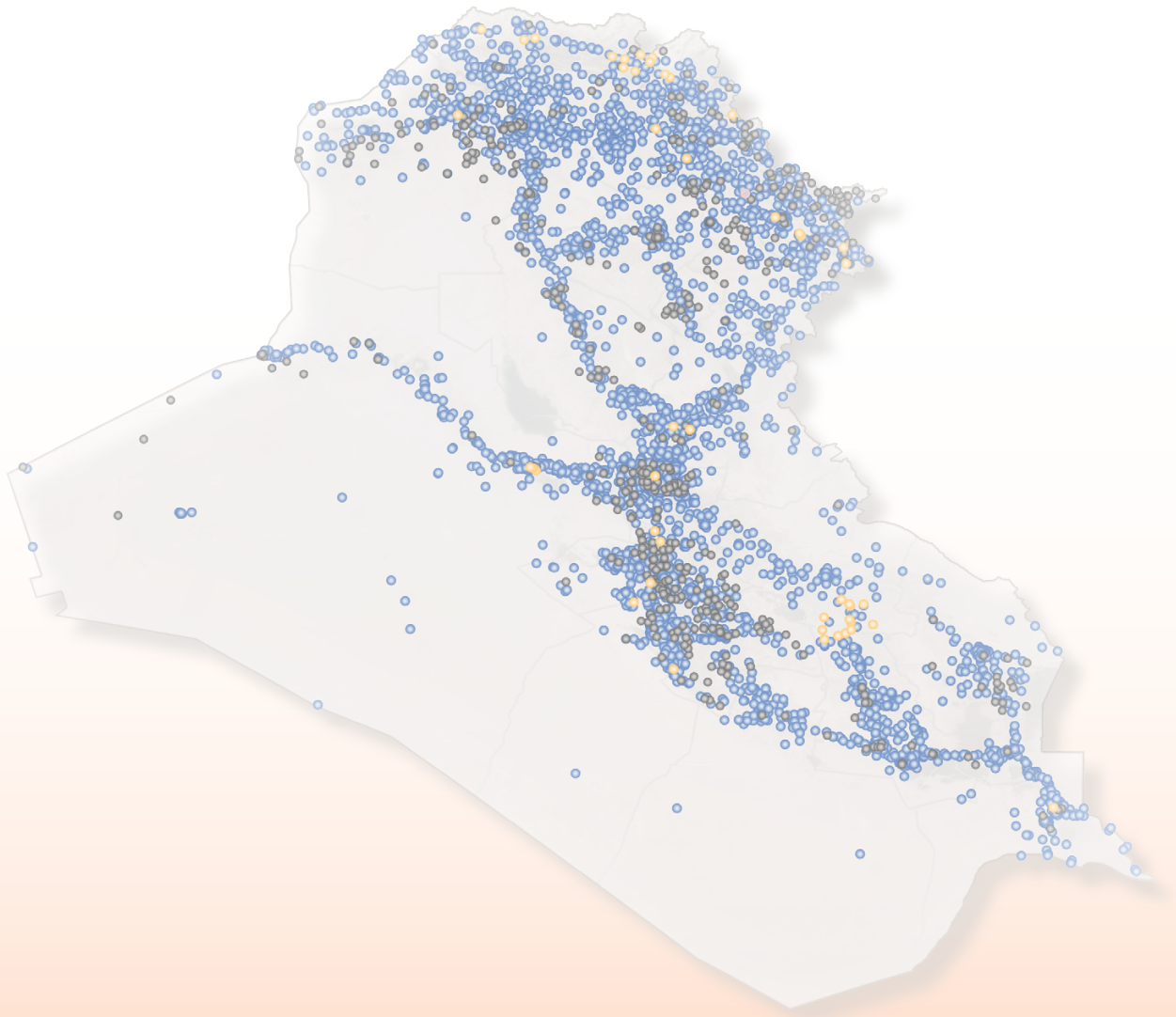




HeRAMS Iraq

Status update report

November 2024



Communicable disease services

A comprehensive mapping of availability of essential services and barriers to their provision



© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation:

“This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition.”

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. HeRAMS Iraq status update report November 2024 - Communicable diseases services: A comprehensive mapping of availability of essential services and barriers to their provision; 2024

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

HeRAMS Iraq

Status update report

November 2024

Communicable diseases services

A comprehensive mapping of availability of essential services and barriers to their provision



ACRONYMS

HeRAMS Health Resources and Services Availability Monitoring System

HSDU Health Service Delivery Unit

IEC Information, Education, and Communication

MDRTB Multi-Drug-Resistant TB

RDT Rapid Diagnostic Tests

TB tuberculosis

WHO World Health Organization

TABLE OF CONTENTS

Acronyms	IV
Disclaimer	6
Overview of HSDUs evaluated	7
Part I:	
Overview of communicable diseases services.....	10
Interpretation guide	11
Overview of service availability and barriers	12
Part II:	
In-depth analysis by health service.....	14
Interpretation guide	15
Syndromic surveillance	2
Event-based surveillance	4
Malaria at the community level	6
Malaria at the primary care level	8
Vector control	10
Support mass drug administration	12
Tuberculosis	14
MDRTB	16
IEC on local priority diseases	18
Local priority diseases	20
Management of severe and/or complicated communicable diseases	22
Isolation unit or room	24
Annexes.....	27
Annex I: Previously published reports	28
Annex II: Population estimates	29
Annex III: Service definitions	30



DISCLAIMER

Disruptions to health systems can impede provision of and access to essential health services. Communities' vulnerability to increased morbidity and mortality substantially increases when a lack of reliable information prevents sound decision-making, especially in rapidly changing environments that require continued assessment. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders at large with vital and up-to-date information on the availability of essential health resources and services, help them identify gaps and determine priorities for intervention.

HeRAMS draws on the wealth of experience and knowledge gathered by the World Health Organization (WHO) and health sector actors, including nongovernmental organizations, donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrating what is methodologically sound and feasible in highly constrained, low-resourced and rapidly changing environments such as humanitarian emergencies. Rapidly deployable and scalable to support emergency response and fragile states, HeRAMS can also be expanded to - or directly implemented as - an essential component of routine health information systems. Its modularity and scalability make it an essential component of emergency preparedness and response, health systems strengthening, universal health coverage and the humanitarian development nexus.

HeRAMS has been deployed in Iraq since July 2022 and has allowed for the assessment of 5106 health service delivery units (HSDUs). This analysis was produced based on the data collected up to 14 November 2024. It is important to note that the deployment of HeRAMS is ongoing, including data verification and validation. Hence, this analysis is not final and was produced solely for the purpose of informing operations. This report is an update to the baseline reports published in June 2023¹.

This is the fourth report of the **HeRAMS Iraq status update report November 2024** series, focusing on the availability of communicable disease services. It is a continuation of the first report on the operational status of the health system² and should always be interpreted in conjunction with results presented in the first report. Additional reports are available covering general clinical and trauma care service³, essential child health and nutrition services⁴, sexual and reproductive health services⁵, and non-communicable disease and mental health services⁶.

Caution must be taken when interpreting the results presented in this report. Differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change.

For additional information, please see <https://www.who.int/initiatives/herams> or contact herams@who.int

¹ See [Annex 1](#) for a list of previously published reports.

² HeRAMS Iraq status update report November 2024 - Operational status of the health system: A comprehensive mapping of the operational status of health service delivery unit, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-operational-status-of-the-health-system>

³ HeRAMS Iraq status update report November 2024 - General clinical and trauma care services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-general-clinical-and-trauma-care-services>

⁴ HeRAMS Iraq status update report November 2024 - Child health and nutrition services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-child-health-and-nutrition-services>

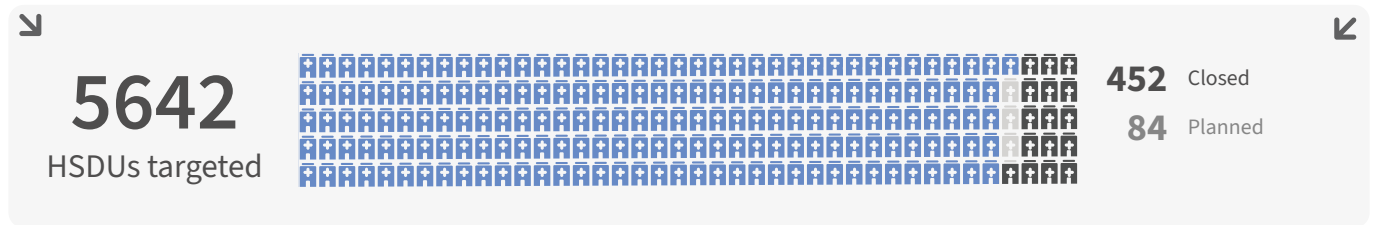
⁵ HeRAMS Iraq status update report November 2024 - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-sexual-and-reproductive-health-services>

⁶ HeRAMS Iraq status update report November 2024 - Noncommunicable diseases and mental health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-noncommunicable-diseases-and-mental-health-services>

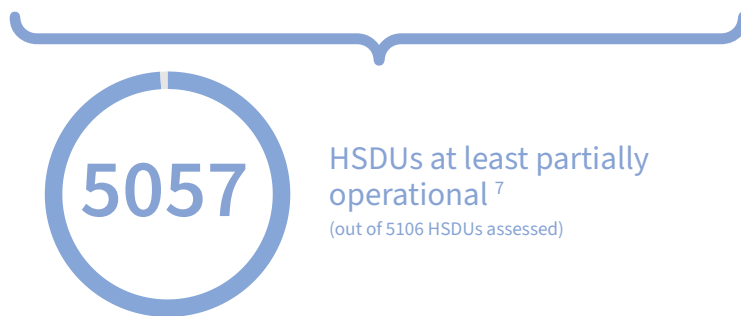
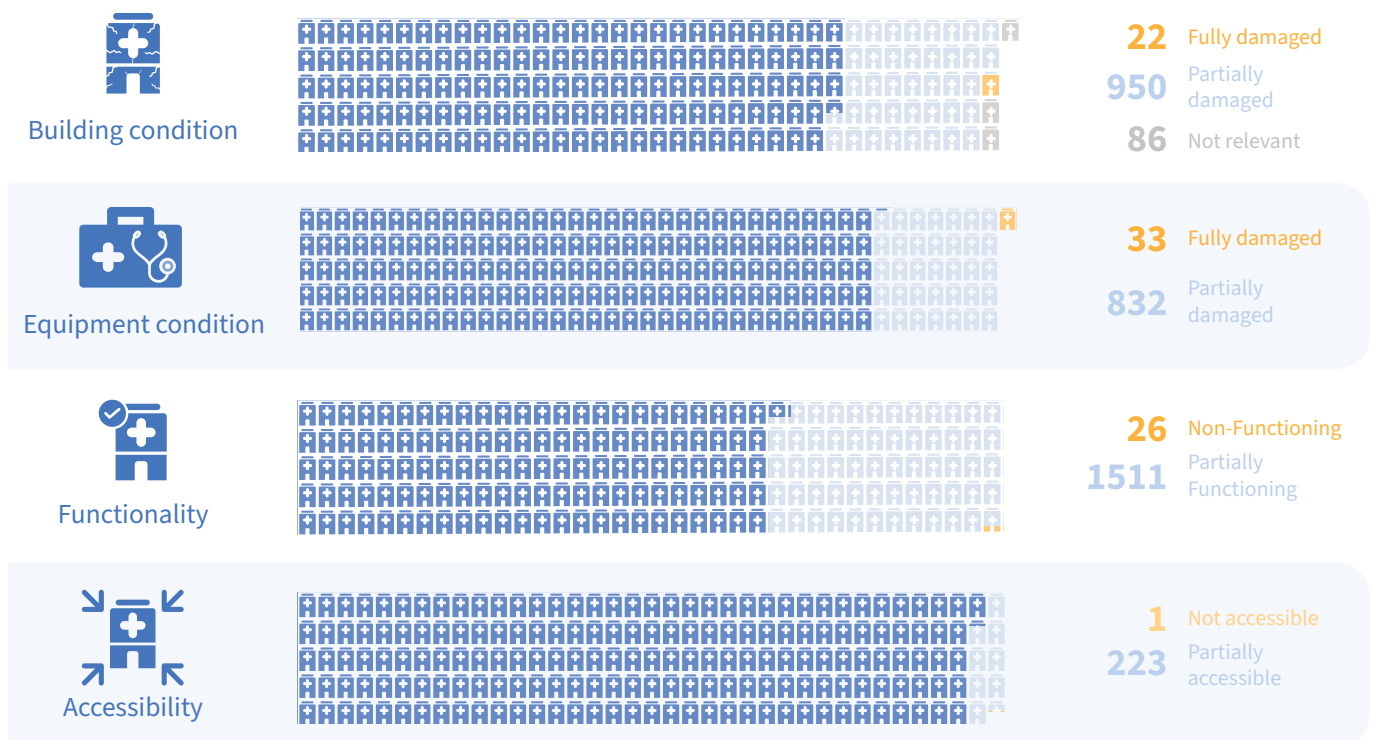


OVERVIEW OF HSDUS EVALUATED

Data collection summary



5106 HSDUs reporting



⁷ HSDUs (Health Service Delivery Units) reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of an HSDU's non-operational status.



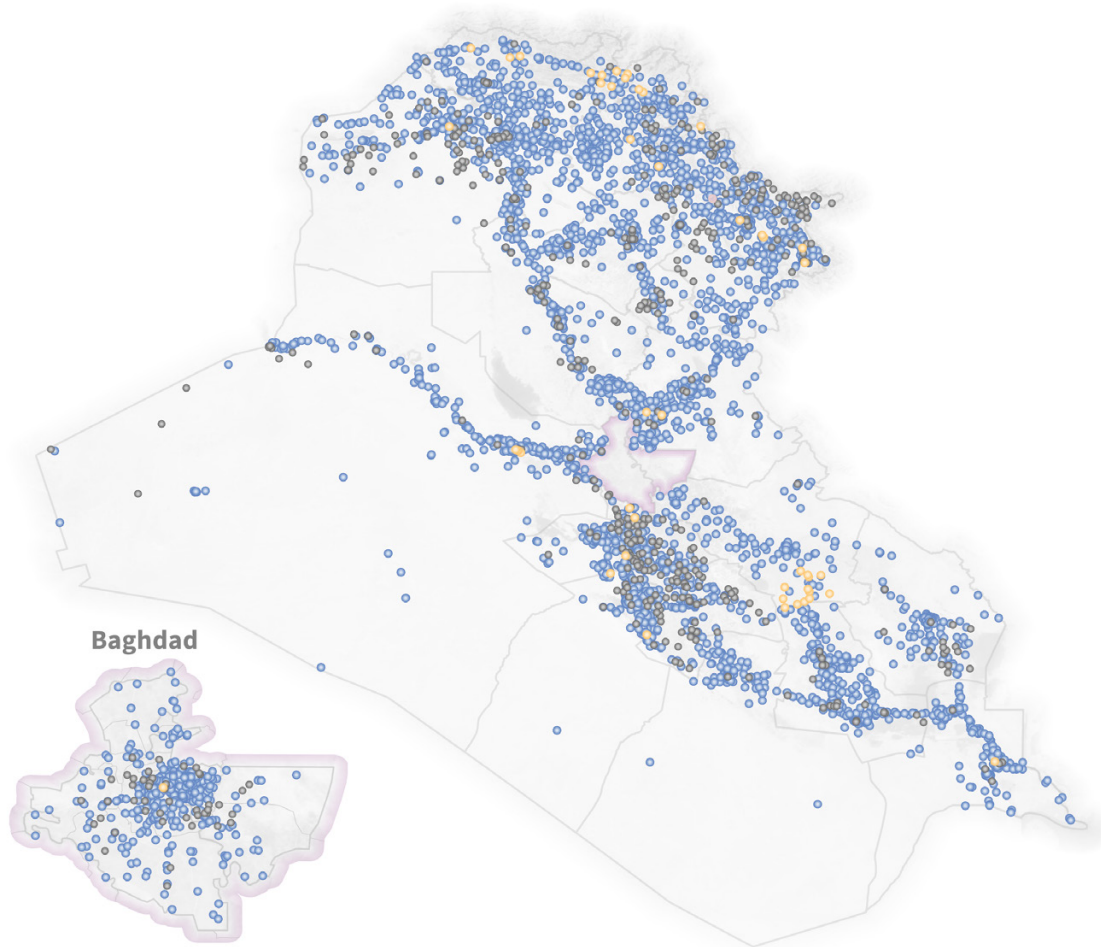
Reporting frequency and operational status by directorate of health

DIRECTORATE OF HEALTH	Ambulance			Blood bank			Public Medical Clinics			Health Center			Sub-health centre			Hospital			Mobile Clinic			Other			TOTAL HSDU				
	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O
ANBAR	25	-	-	1	-	-	26	3	2	97	-	4	110	1	5	20	-	1	3	-	5	43	-	10	325	4	27		
BABYLON	13	-	-	2	-	-	21	-	-	57	2	1	73	1	3	22	-	-	1	-	5	26	-	62	215	3	71		
BAGHDAD-KARKH	-	-	-	1	-	1	40	-	-	113	1	6	35	-	4	15	-	3	2	-	1	30	-	13	236	1	28		
BAGHDAD-RESAFA	-	-	-	2	-	-	41	-	-	122	-	3	13	-	7	42	-	-	-	-	-	40	-	9	260	-	19		
BASRAH	53	-	-	1	-	-	29	-	-	113	1	-	33	-	-	27	-	2	1	-	1	45	-	2	302	1	5		
DAHUK	3	-	-	2	-	-	29	-	3	86	2	1	78	3	3	27	-	1	-	-	-	9	-	1	234	5	9		
DIWANIYA	15	-	-	1	-	-	16	-	-	46	-	3	43	-	1	14	-	-	-	-	1	31	-	40	166	-	45		
DIYALA	15	-	-	1	-	-	11	-	-	83	2	2	52	-	1	15	-	2	7	-	-	83	-	6	267	2	11		
ERBIL	16	-	-	1	-	-	40	-	1	128	1	-	150	8	19	39	-	-	1	-	-	15	-	-	390	9	20		
KERBALA	8	-	-	1	-	-	17	-	-	40	-	2	21	-	1	10	-	-	2	-	1	43	-	3	142	-	7		
KIRKUK	11	-	1	1	-	-	25	-	-	66	-	4	64	-	11	11	-	1	3	-	-	42	-	6	223	-	23		
MISSAN	11	-	-	1	-	-	13	-	-	40	-	1	40	-	8	12	-	-	-	-	2	29	-	5	146	-	16		
MUTHANNA	1	-	-	1	-	-	9	-	-	39	-	-	44	-	-	14	-	1	3	-	-	15	-	1	126	-	2		
NAJAF	8	-	-	1	-	-	14	-	-	62	-	3	35	2	1	20	-	-	1	-	-	71	-	6	212	2	10		
NINEWA	22	-	-	1	-	-	27	-	5	130	-	9	136	-	18	23	-	1	6	-	9	102	1	34	447	1	76		
SALAH AL-DIN	3	-	3	1	-	-	16	-	-	74	-	4	66	-	17	14	-	7	6	-	-	56	-	10	236	-	41		
SULAYMANIYAH	15	-	1	6	-	-	53	-	1	143	2	4	328	4	87	61	1	4	-	-	-	33	-	6	639	7	103		
THI-QAR	17	-	-	1	-	-	29	-	-	104	-	3	84	-	-	12	-	3	6	-	-	74	-	15	327	-	21		
WASSIT	18	-	-	1	-	-	12	-	-	52	-	-	33	-	2	15	-	-	-	-	-	33	14	-	164	14	2		
TOTAL	254	-	5	27	-	1	468	3	12	1595	11	50	1438	19	188	413	1	26	42	-	25	820	15	229	5057	49	536		

O = At least partially operational - N/O = Not operational - P/C = Planned / closed

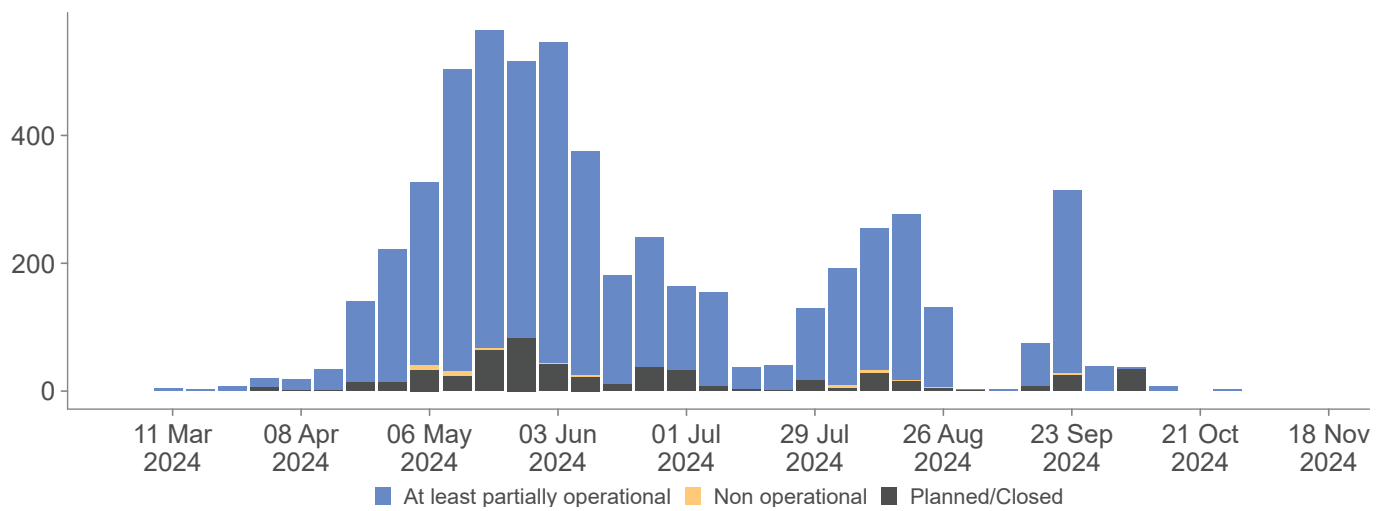


Geographic distribution of HSDUs



■ At least partially operational
 ■ Not operational
 ■ Planned / Closed

Date of last update





PART I:
Overview of
communicable diseases
services



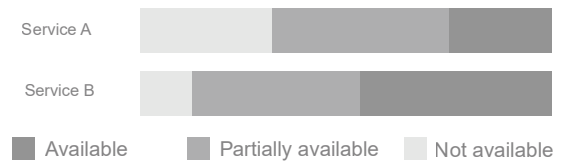
INTERPRETATION GUIDE

Service availability

The first part of this report provides an overview of availability of communicable disease services. A summary of HSDUs evaluated and their operational status is available on [page 7](#). Further details on the operational status of HSDUs can be found in the first report of the **HeRAMS Iraq status update report November 2024** series.

Overview

An **overview bar chart** general clinical and trauma care services is shown by services. The number inside the bars is the percentage of HSDUs falling in the availability category. For further information on services included and their definition, see [Annex III](#).



Service A	20	82	54	10	50
Service B	60	20	10	50	70

Barriers heat maps offer additional insights into main barriers for individual services not or only partially available. Cell opacity levels indicate the percentage of HSDUs reporting a given barrier. The integer inside the cell denotes the proportion of HSDUs reporting the barrier. Note that HSDUs not reporting a barrier (i.e., HSDUs where the service is fully available or not normally provided)

were excluded from these charts. HSDUs can report more than one barrier, meaning that the total percentage for each service can exceed 100%.

Service availability per population (heat map)

A comprehensive breakdown of the availability of individual services is depicted through **heat maps**. Each cell represents the number of HSDUs offering a specific service relative to its catchment population. It should be noted that different target populations are used for each services, depending on the number of people that are expected to use the service: specialized services have a bigger target population as one HSDU is expected to cover more people. For more details on population estimates, see [Annex II](#).

Service 1	0.9	0	0.4	2.1	0.7
Service 2	0.4	0	0.9	3.5	0.7
Service 3	0.3	0	0.7	0.3	0.2
Service 4	0.8	0	0.4	0.8	0.6
Service 5	0.5	0	0.9	1.9	0.8
	DoHA	DoHB	DoHC	DoHD	DoHE

To account for partially available services, a weighing was applied with a weight of 1 given to services reported as fully available and 0.5 for partially available services. As target populations may vary across services, an additional column has been included to the right of the graph to assist readers in comprehending the target populations associated with each service.



OVERVIEW OF SERVICE AVAILABILITY AND BARRIERS

	Availability (%)				Barriers (%)				
	Available	Partially available	Not available	Not normally provided	Lack of staff	Lack of training	Lack of medical supplies	Lack of medical equipment	Lack of financial resources
Syndromic surveillance	35	8	9	48	68	31	31	41	35
Event-based surveillance	39	9	13	39	71	34	29	40	35
Malaria at the community level	14	12	17	56	60	17	61	48	27
Malaria at the primary care level	17	13	15	55	62	18	66	43	28
Vector control	12	7	3	79	34	9	56	50	61
Support mass drug administration	23	9	7	61	59	18	64	35	44
Tuberculosis	14	8	7	71	59	24	67	38	26
MDRTB	8	6	9	77	56	22	68	39	25
IEC on local priority diseases	38	10	10	41	55	20	36	26	52
Diagnosis and management of local priority diseases	14	11	6	69	52	19	75	38	28
Management of severe and/or complicated communicable diseases	3			96	59	17	68	28	36
Isolation unit or room	4			95	37	11	29	35	51

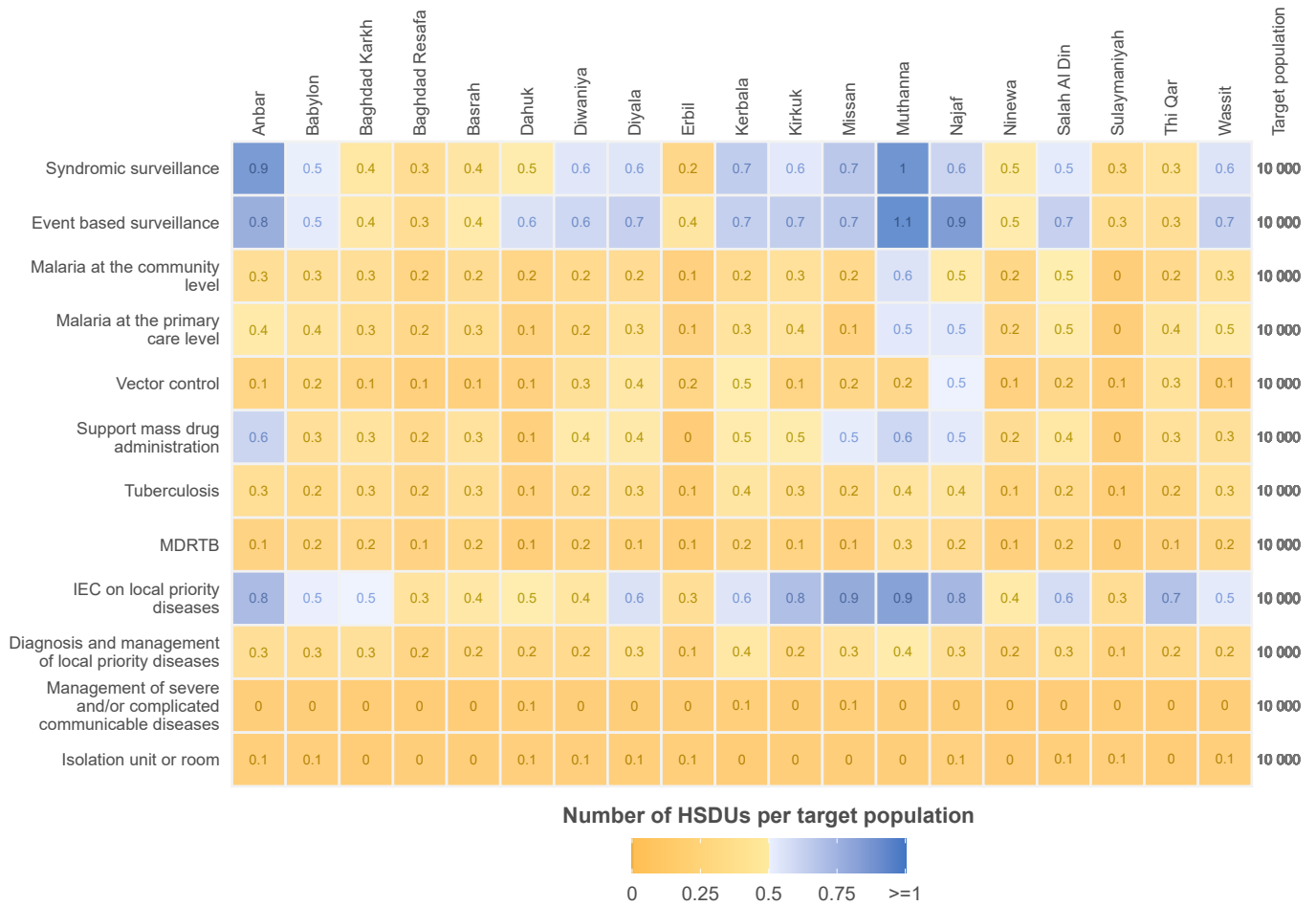
Availability: ■ Available ■ Partially available ■ Not available ■ Not normally provided

Barriers (icons from left to right): Lack of staff, Lack of training, Lack of medical supplies, Lack of medical equipment, Lack of financial resources.





Number of HSDUs providing services per target population⁸



⁸ To account for partially available services, a weighing was applied with a weight of 1 given to services reported as fully available and 0.5 for partially available services. As target populations may vary across services, an additional column has been included to the right of the graph to assist readers in comprehending the target populations associated with each service. See [Annex II](#) for population estimates per directorate of health.



PART II:
In-depth analysis by
health service

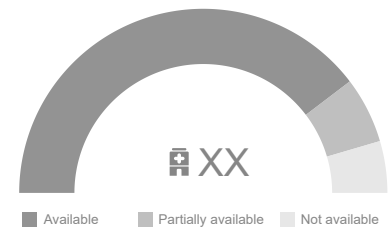




INTERPRETATION GUIDE

Service status

Arc charts provide an overview of the overall availability of a health service. The total number of HSDUs included in the analysis of a service is shown inside the arc chart. It should be noted that analysis of individual services was limited to operational HSDUs (see [page 7](#) for details).



For further insights, donut charts break down indicator availability by HSDU type. To improve readability, labels indicating the availability level for each category are provided either beside or below the chart. Additionally, to highlight the percentage of HSDUs where an indicator is available up to standard, the number may also be prominently placed inside the chart. Information on the total number of HSDUs included is clearly indicated above or below the respective donut.

Column charts offer a breakdown of service availability by directorate of health (DoH). Two numbers are represented in the bars: the number of HSDU and, under, the percentage of HSDU falling into the specified availability category. The length of each bar is determined by the total number of HSDUs in the directorate of health. A footnote indicates when these charts exclude HSDUs where a service was not normally provided or the HSDU did not report on it. The total number of HSDUs included in each directorate of health is indicated under the directorate of health name.



	DoH A HSDU = XXX		HSDU
Ambulance	67%	33%	3
Blood bank	50%	50%	2
Public Medical Clinics	86%	14%	21
Health Center	83%	15%2%	59

Column charts by HSDU type display the availability of services by DoH and HSDU type. Each bar represents the percentage of HSDU falling into each category for the specified HSDU type and DoH. The grey bar on the right shows the number of HSDU falling into the category. By default these charts exclude HSDUs where a service was not normally provided or the HSDU did not report on it.

Maps use pie charts to depict the availability of an indicator at the sector level. The size of each circle represents the total number of HSDUs in the sector, while each slice reflects a specific availability level.



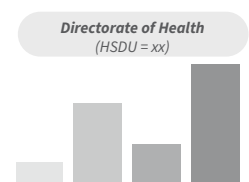
Barriers

To gain a more comprehensive understanding of the challenges faced by HSDUs, whenever a service was not or only partially available, main barriers impeding availability were recorded.



Each **donut chart** indicates the percentage of HSDUs having reported a specific barrier. The total number of HSDUs reporting at least one barrier is shown below the chart header.

Bar charts further break down barriers by directorate of health. Each bar represents a specific barrier, with the percentage value indicating the proportion of HSDUs reporting that particular barrier. Additionally, the number of HSDUs reporting at least one barrier is displayed below the directorate of health's name.

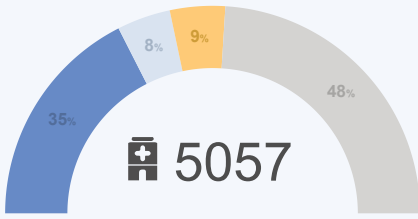


Important: The denominator for barrier charts excludes HSDUs where the service is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each service. Thus, the sum of all barriers may exceed 100%.

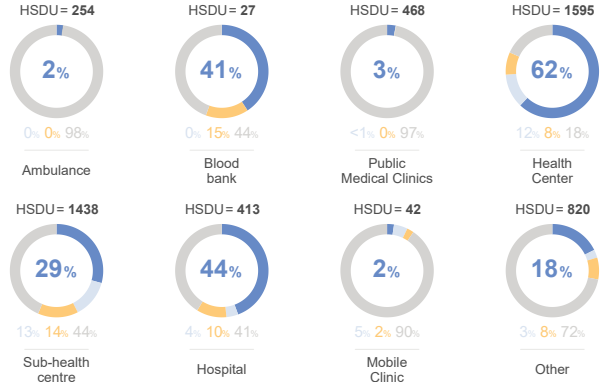


SYNDROMIC SURVEILLANCE

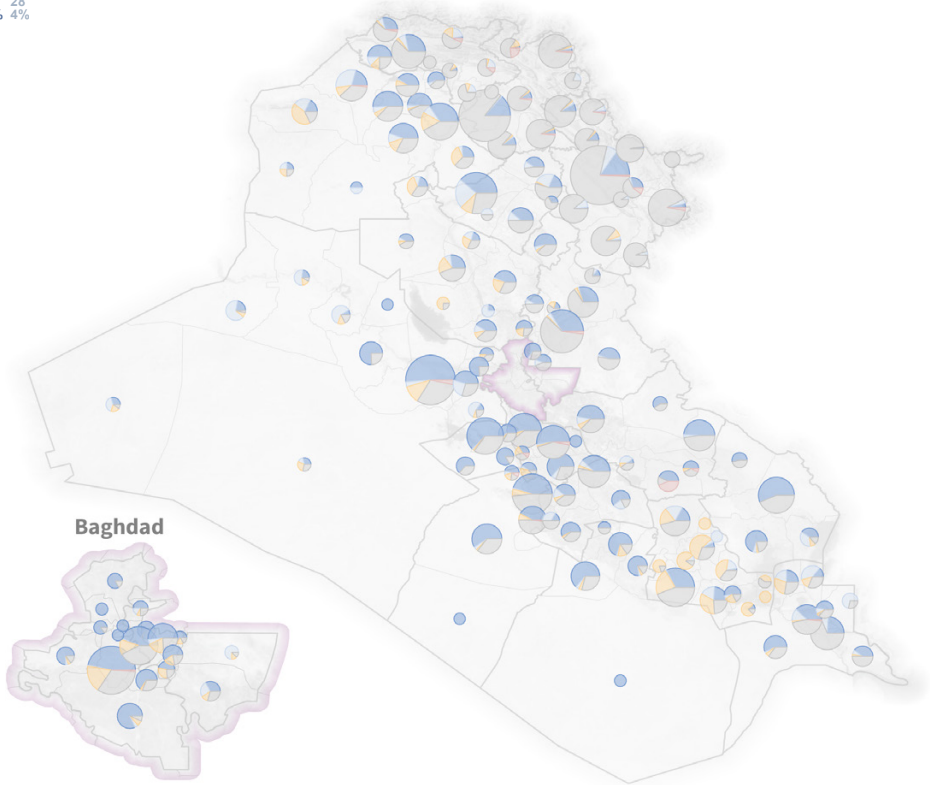
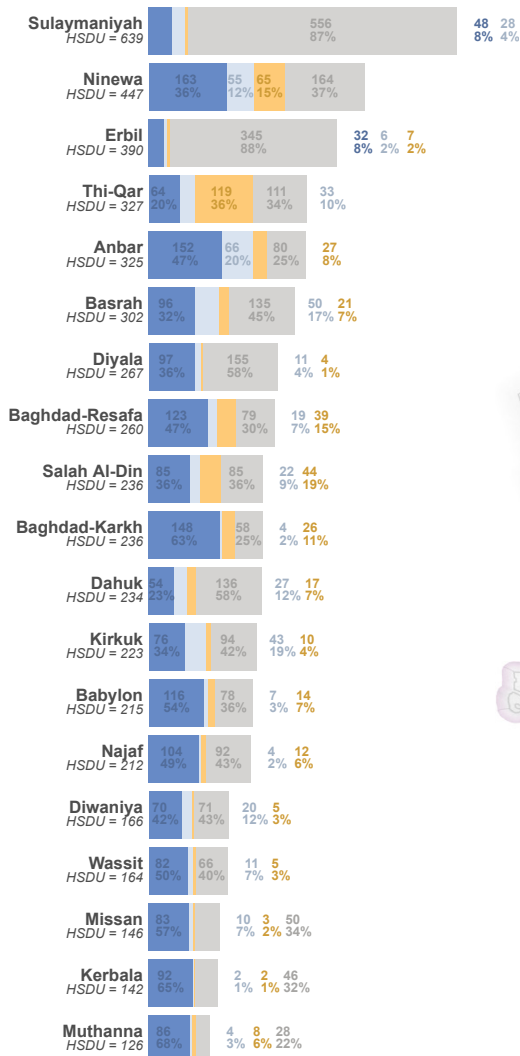
Service availability⁹



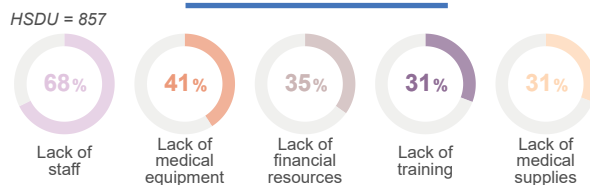
Service availability by HSDU type



Service availability by directorate of health

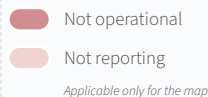
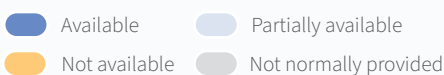


Main barriers impeding service delivery

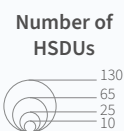


⁹ Regular reporting sentinel site for syndromic surveillance of local relevant diseases/conditions

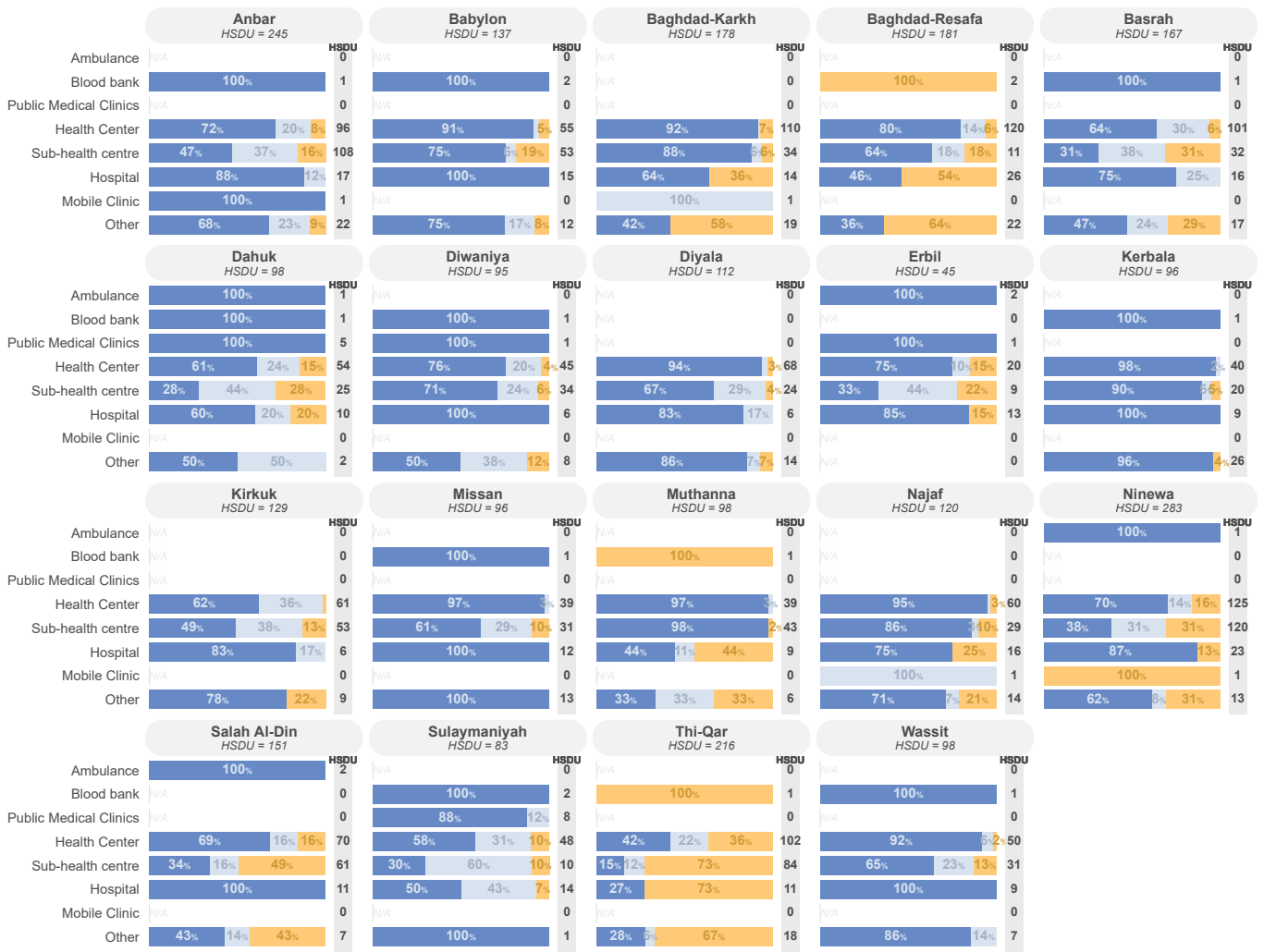
Availability status



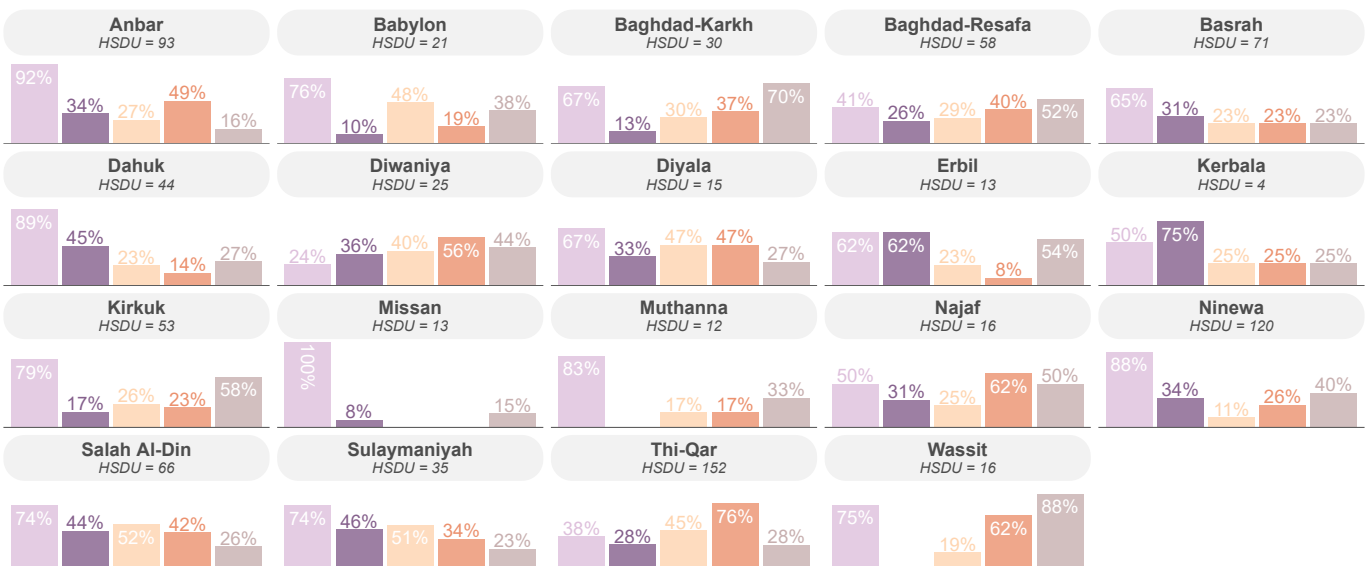
Maps



Service availability by HSDU type and by directorate of health*



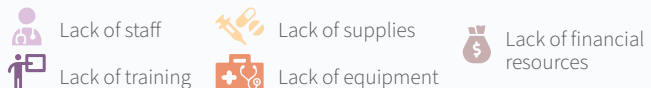
Main barriers impeding service delivery by directorate of health



Availability status



Barriers for partial availability or non-availability.

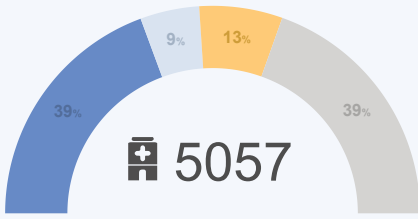


* HSDUs that do not normally provide the service are excluded from this chart.

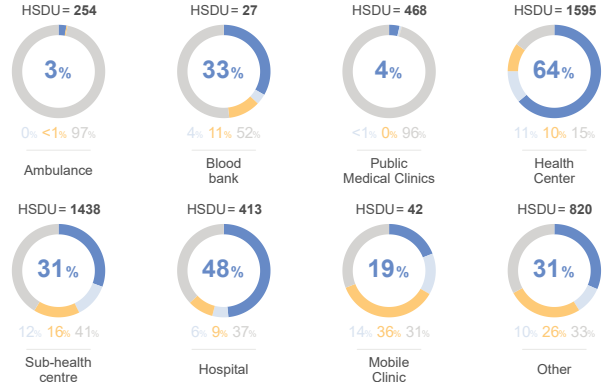


EVENT-BASED SURVEILLANCE

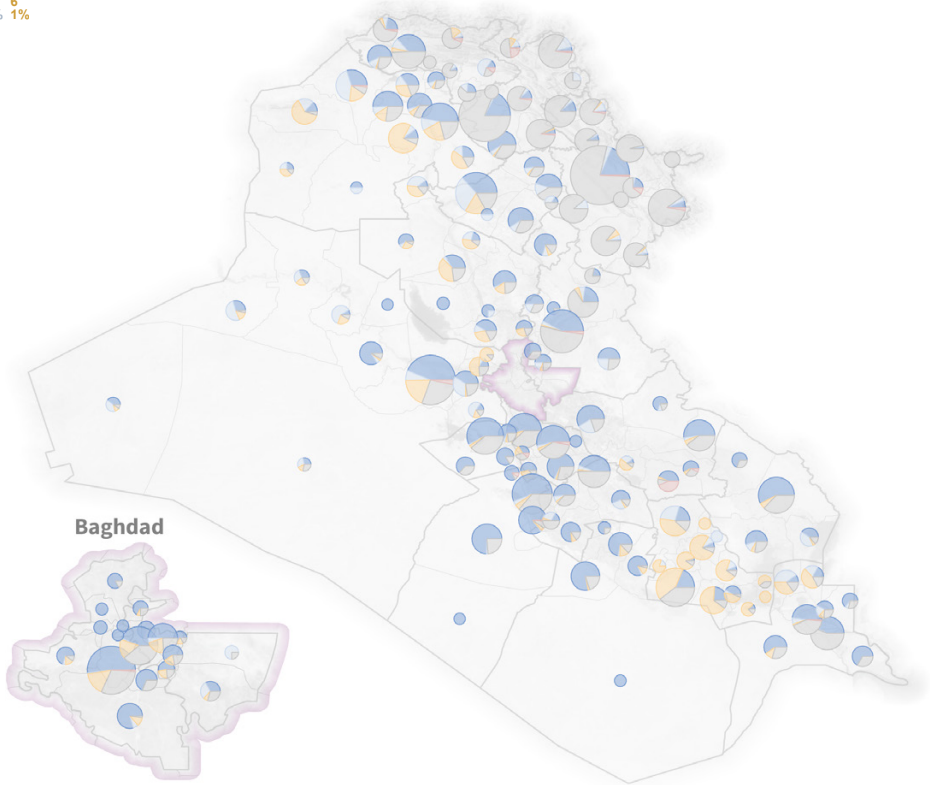
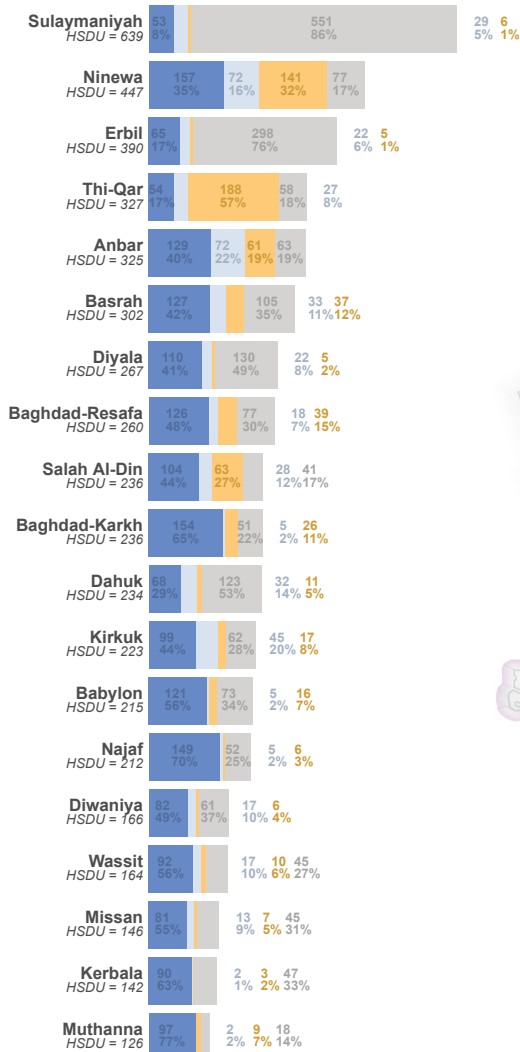
Service availability¹⁰



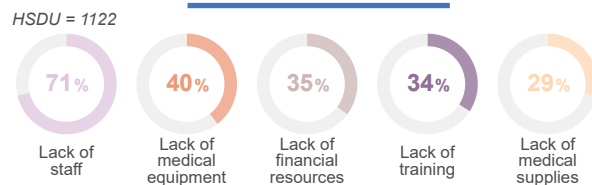
Service availability by HSDU type



Service availability by directorate of health

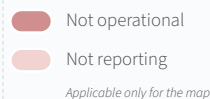
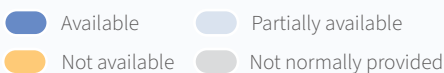


Main barriers impeding service delivery

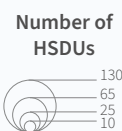


¹⁰ Immediate reporting of unexpected or unusual health events through an event-based surveillance system

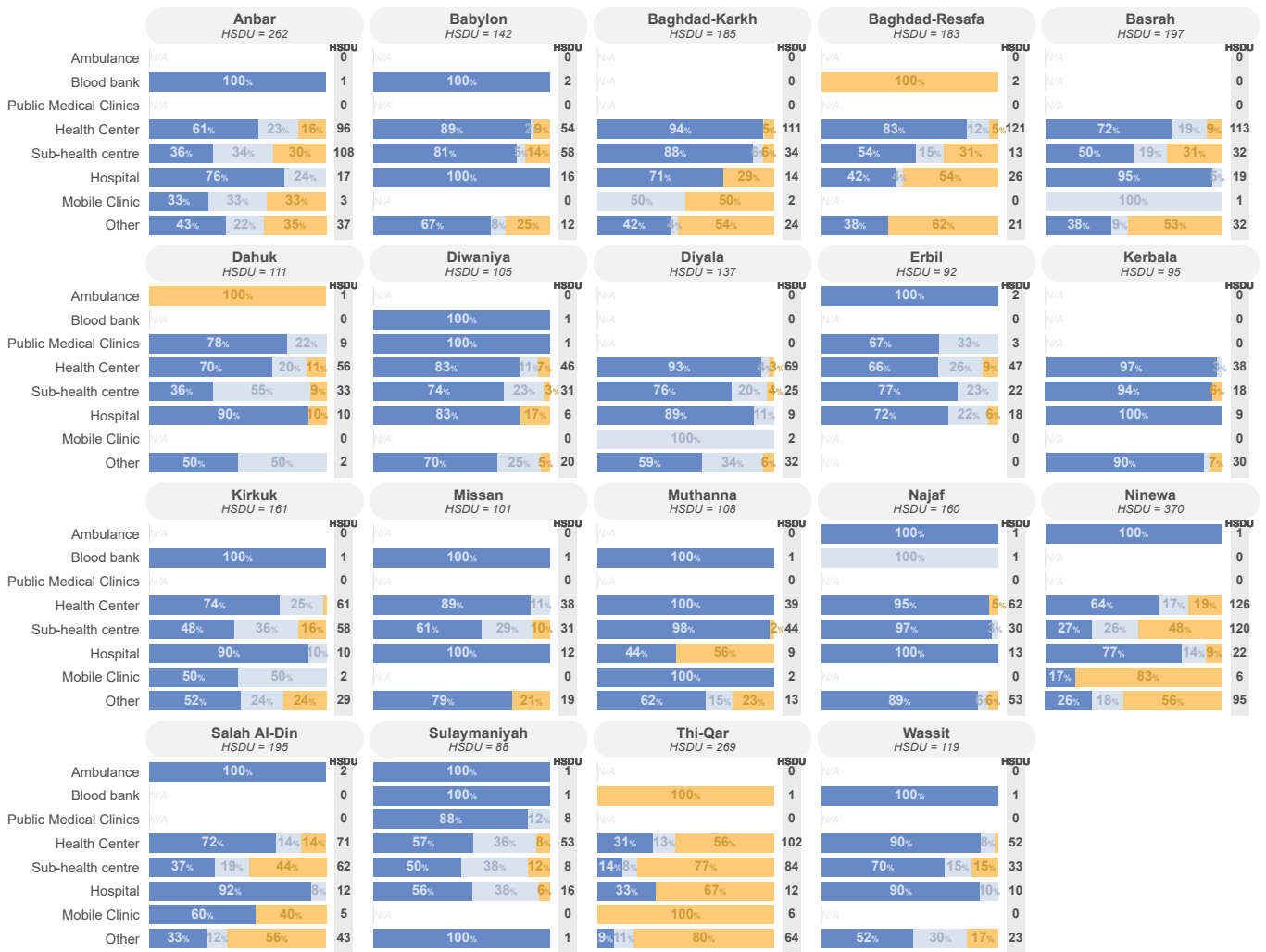
Availability status



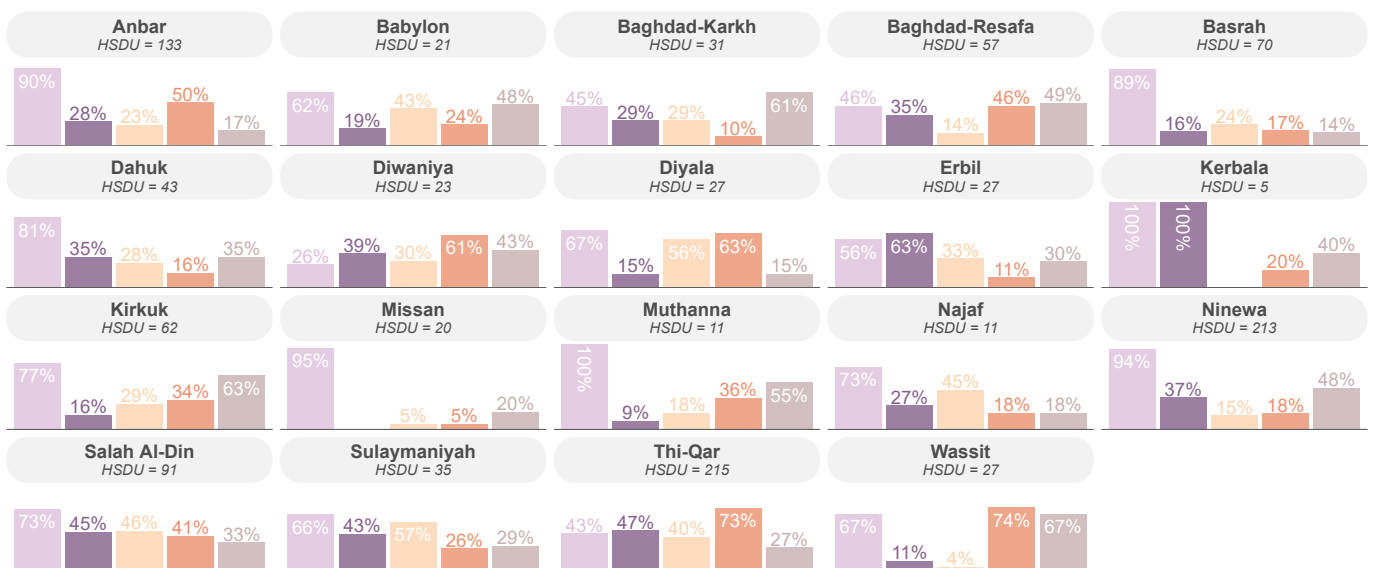
Maps



Service availability by HSDU type and by directorate of health*








Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

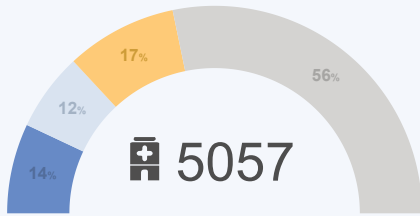
-  Lack of staff
-  Lack of training
-  Lack of supplies
-  Lack of equipment
-  Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

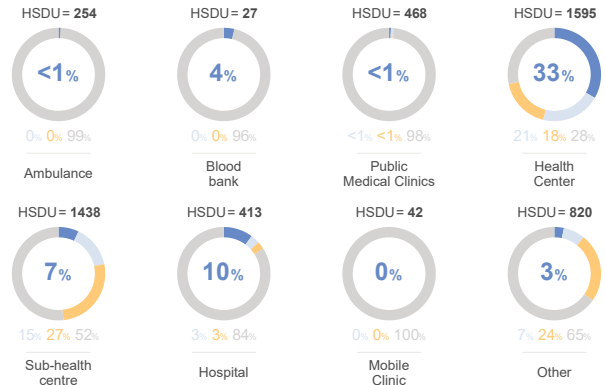


MALARIA AT THE COMMUNITY LEVEL

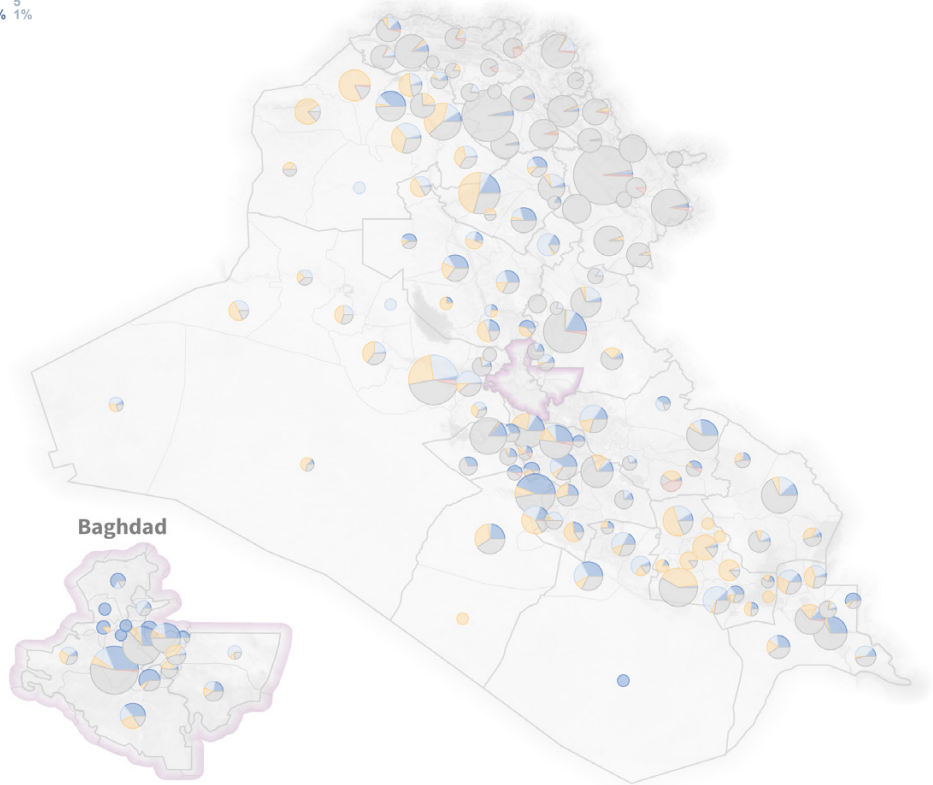
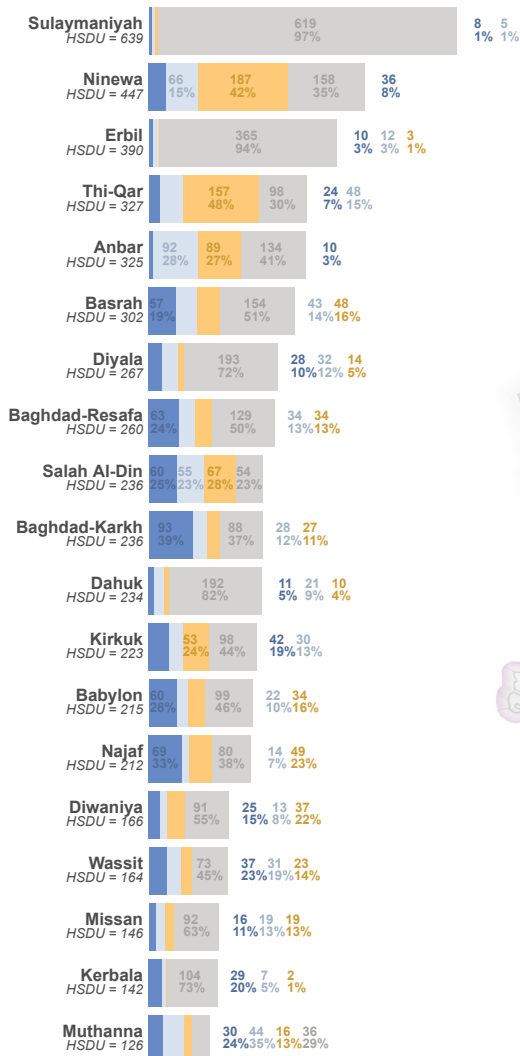
Service availability¹¹



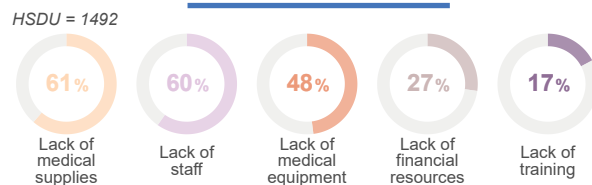
Service availability by HSDU type



Service availability by directorate of health

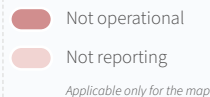
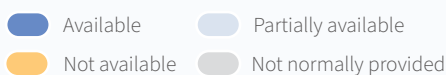


Main barriers impeding service delivery

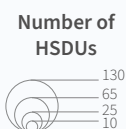


¹¹ Diagnosis of malaria suspected cases with rapid diagnostic tests (RDT) and treatment of positive cases, or detection and referral of suspected cases, and follow-up, at community level

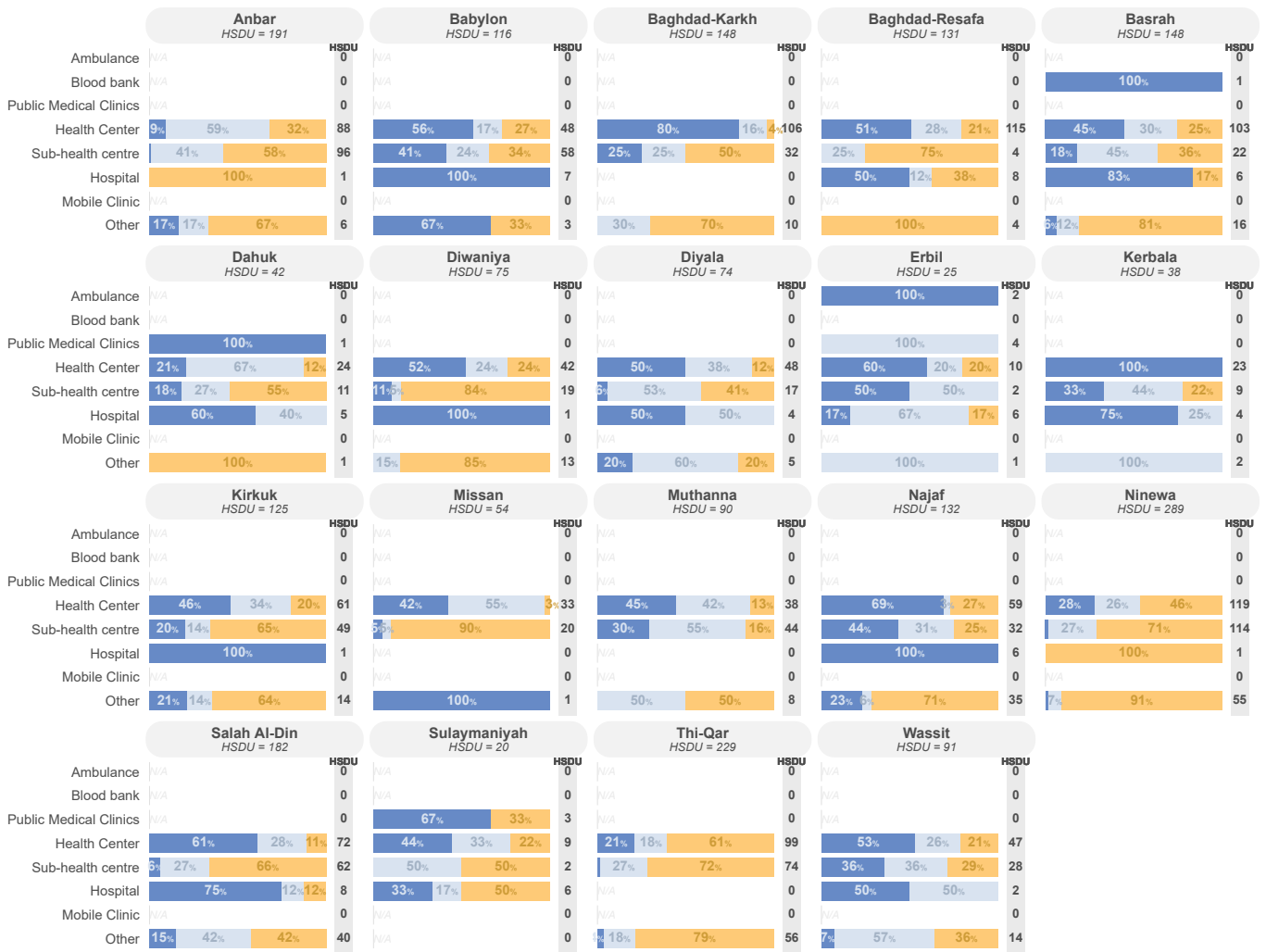
Availability status



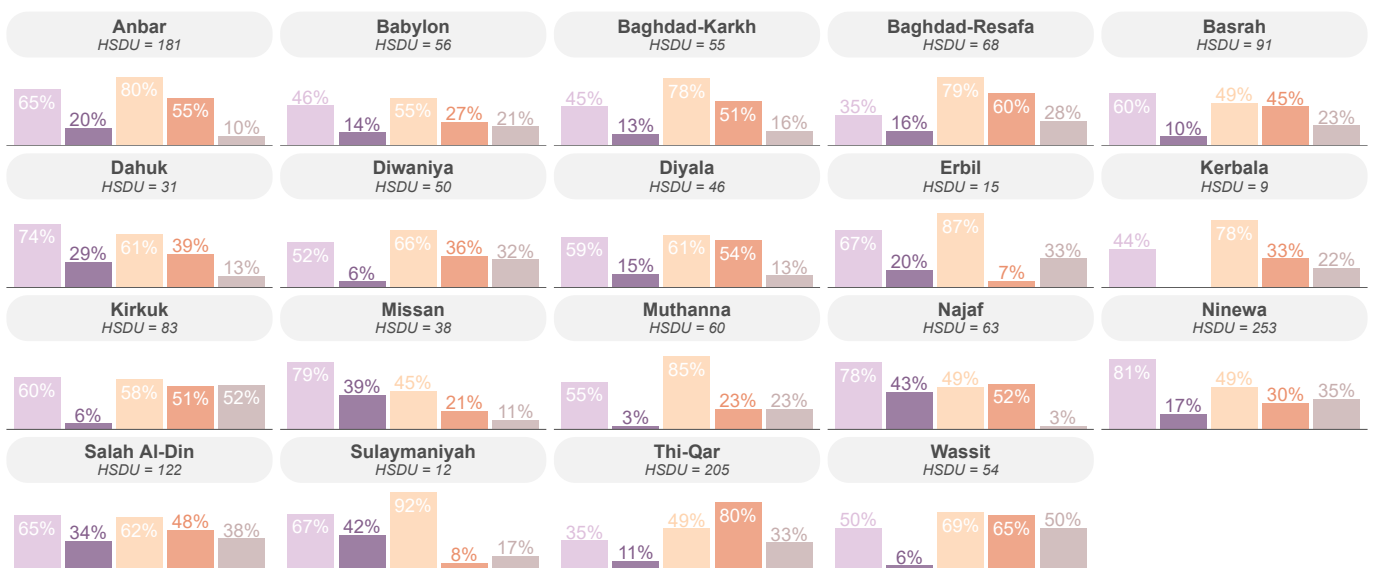
Maps



Service availability by HSDU type and by directorate of health*








Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

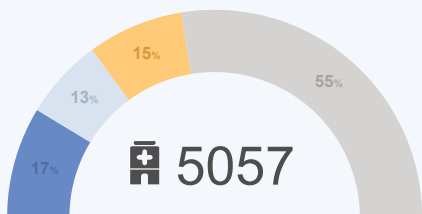
-  Lack of staff
-  Lack of training
-  Lack of supplies
-  Lack of equipment
-  Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

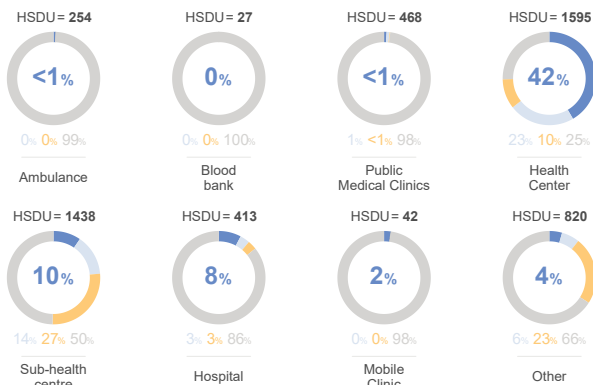


MALARIA AT THE PRIMARY CARE LEVEL

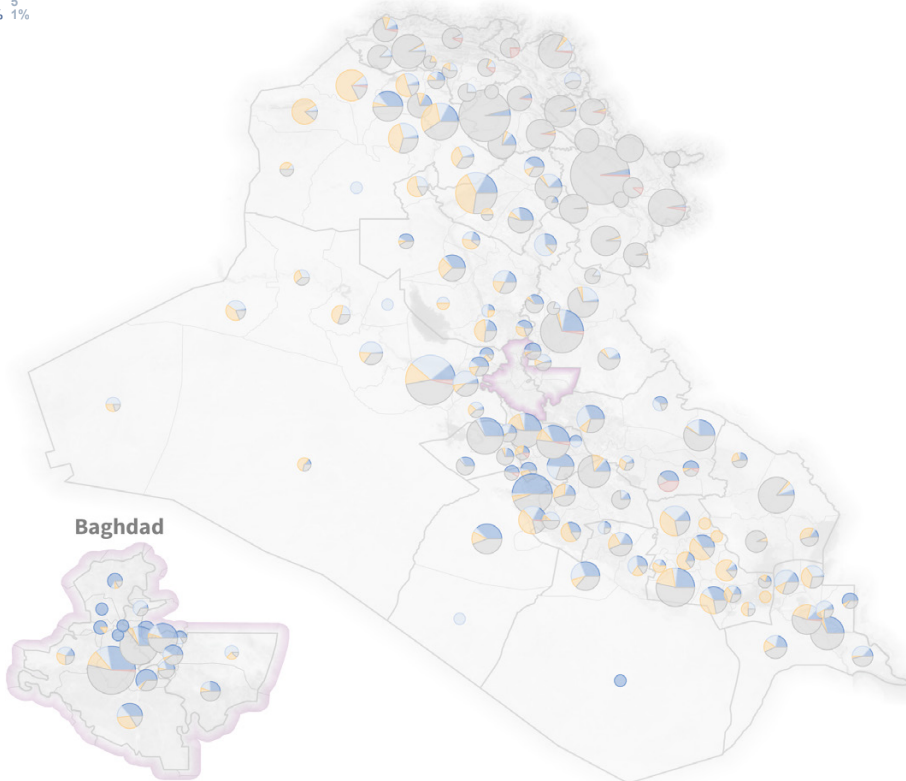
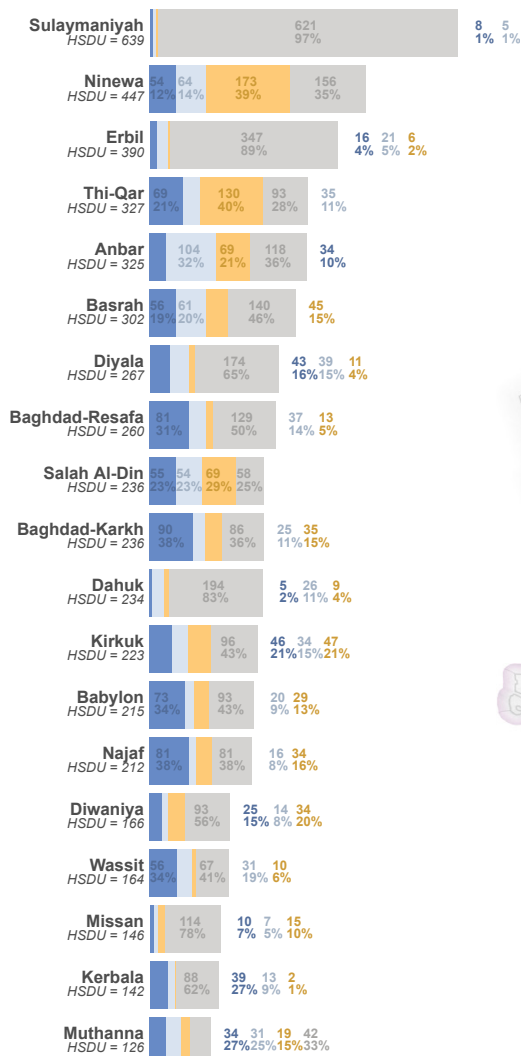
Service availability¹²



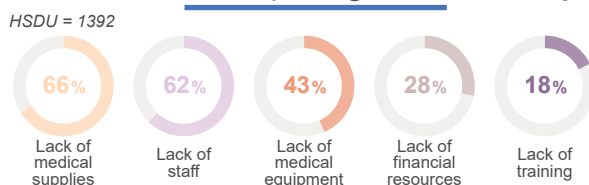
Service availability by HSDU type



Service availability by directorate of health

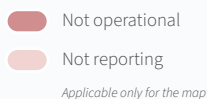


Main barriers impeding service delivery

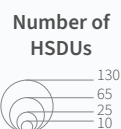


¹² Diagnosis of suspected malaria cases with RDT and treatment of positive cases, or detection and referral of suspected cases, and follow-up, at the primary care level

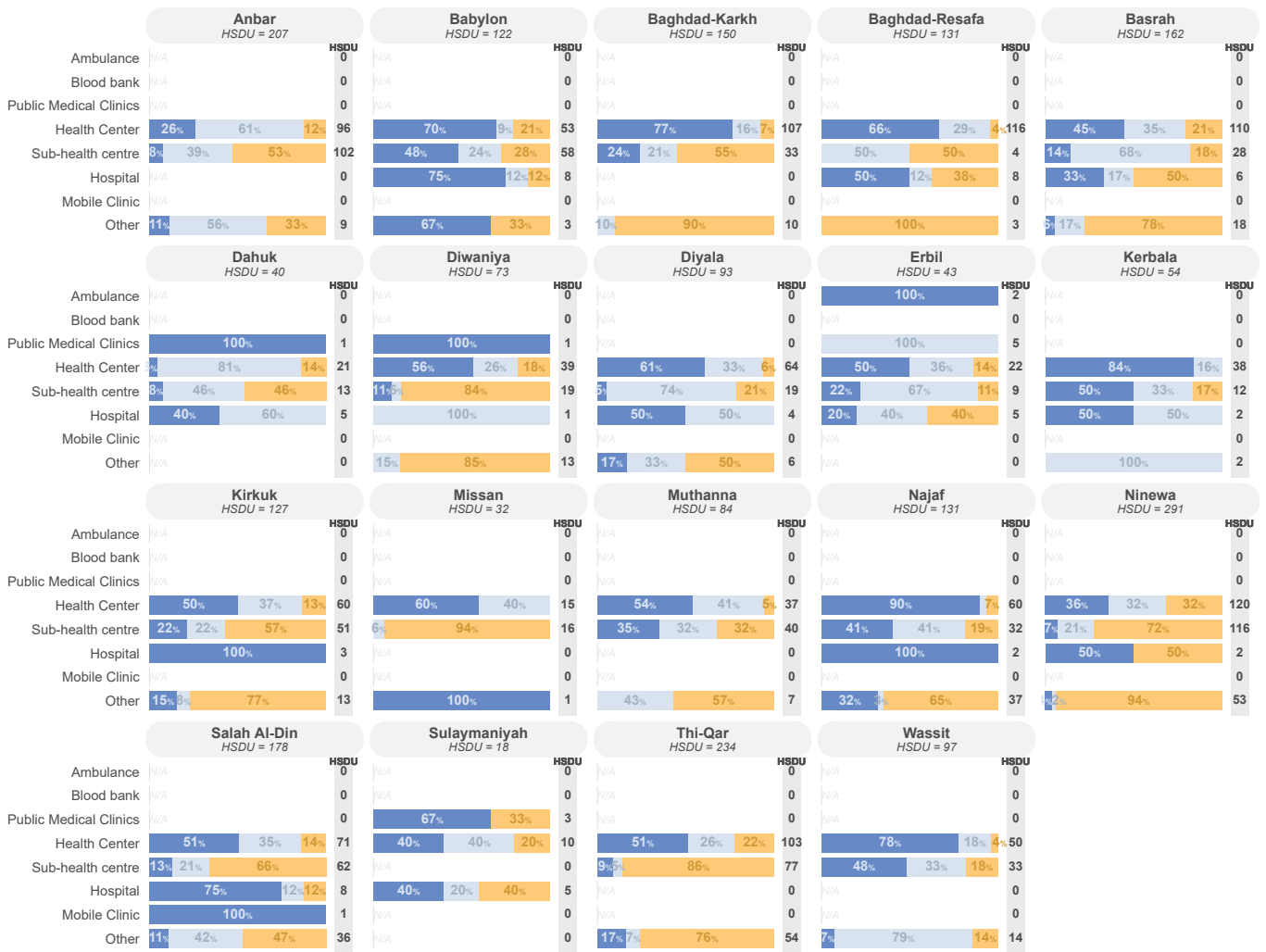
Availability status



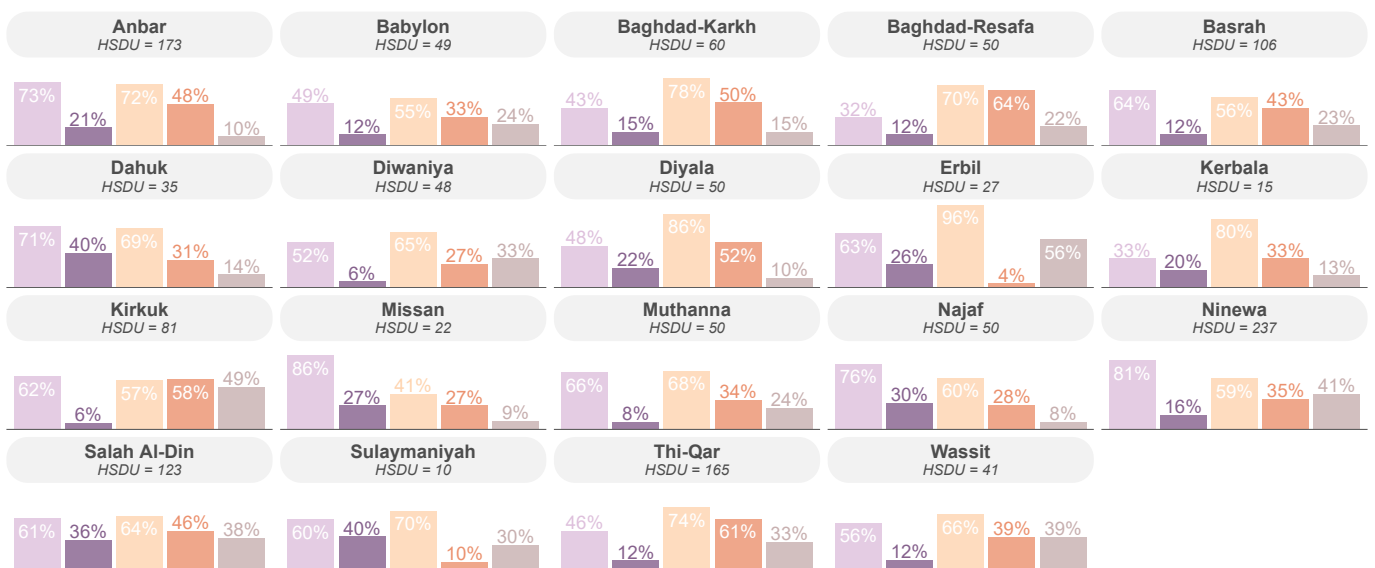
Maps



Service availability by HSDU type and by directorate of health*



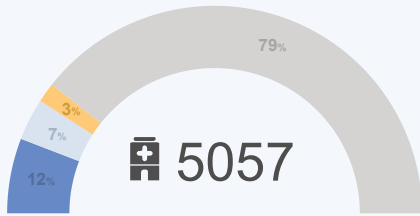
Main barriers impeding service delivery by directorate of health



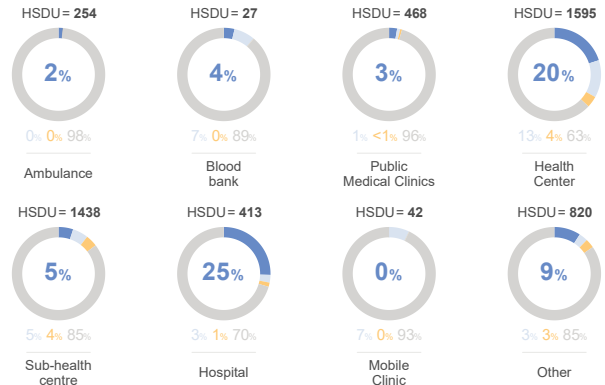


VECTOR CONTROL

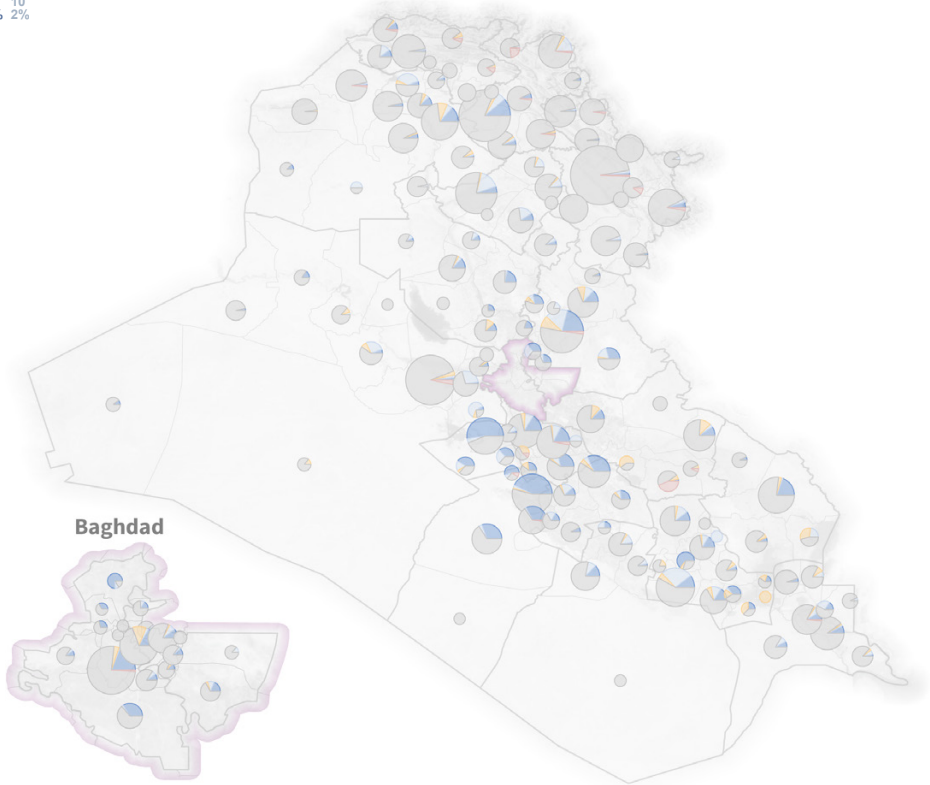
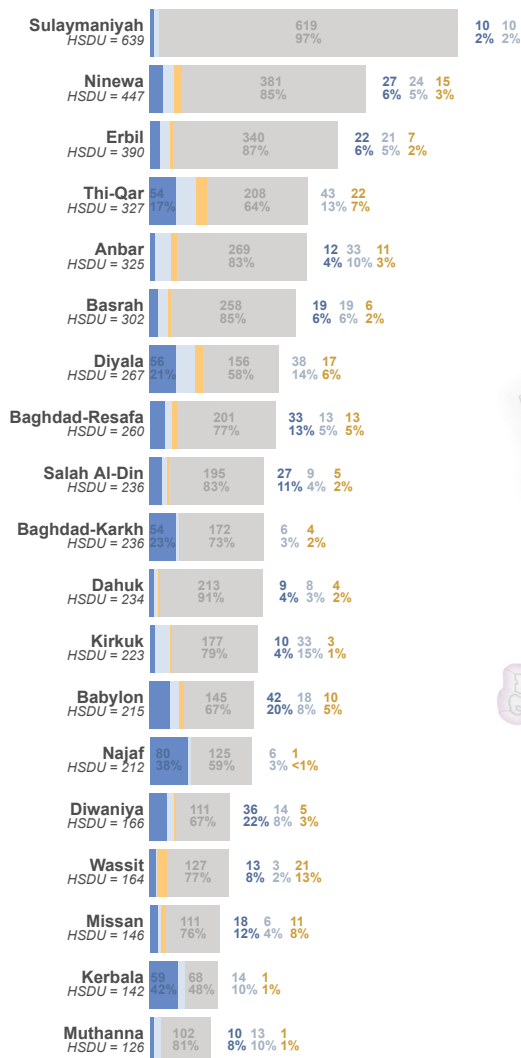
Service availability¹³



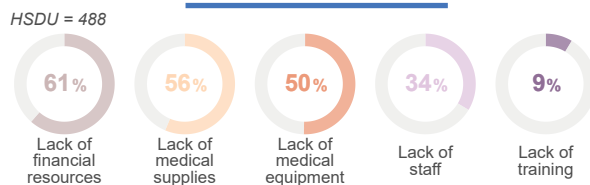
Service availability by HSDU type



Service availability by directorate of health

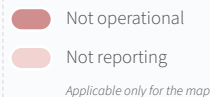
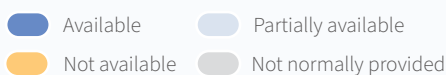


Main barriers impeding service delivery

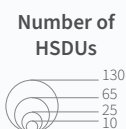


¹³ Support vector control interventions : distribution of impregnated bed nets, in/outdoor insecticide spraying, distribution of related IEC materials

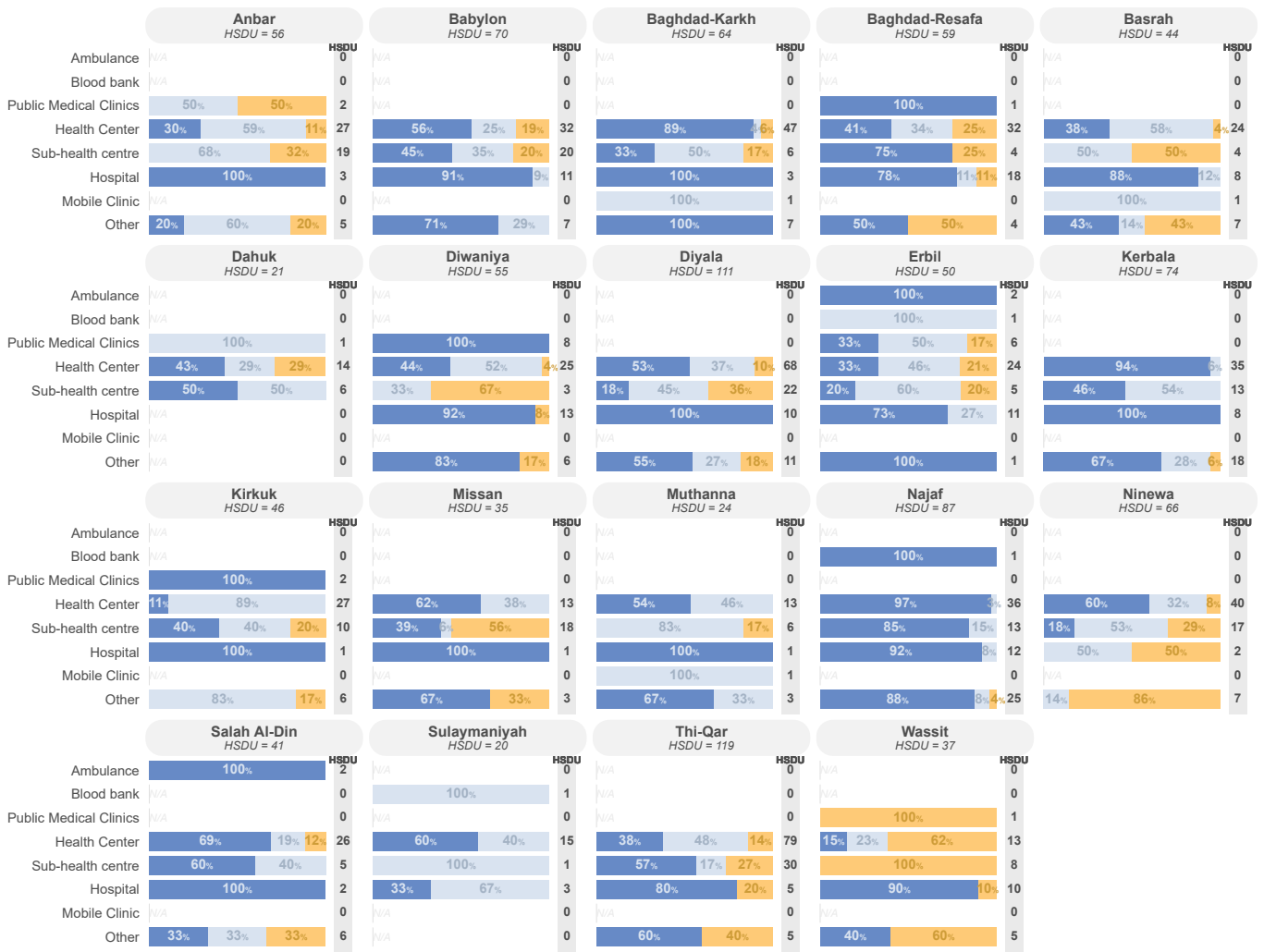
Availability status



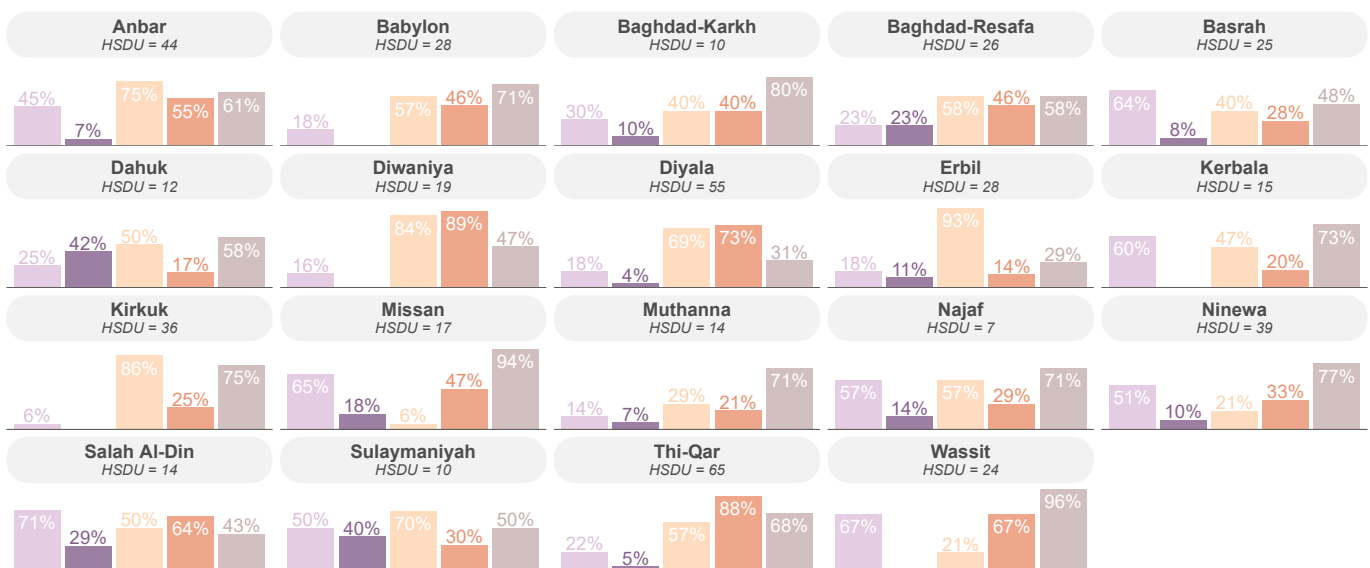
Maps



Service availability by HSDU type and by directorate of health*








Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

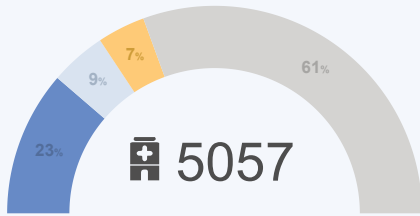
-  Lack of staff
-  Lack of training
-  Lack of supplies
-  Lack of equipment
-  Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

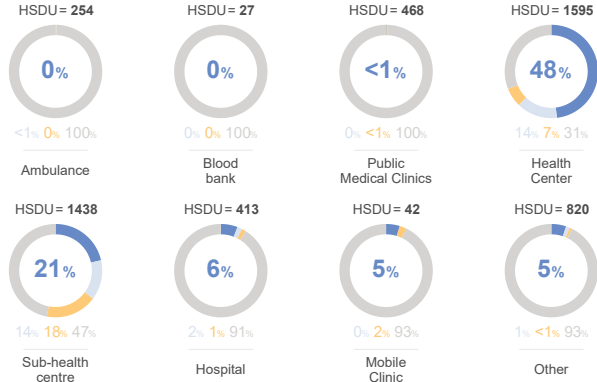


SUPPORT MASS DRUG ADMINISTRATION

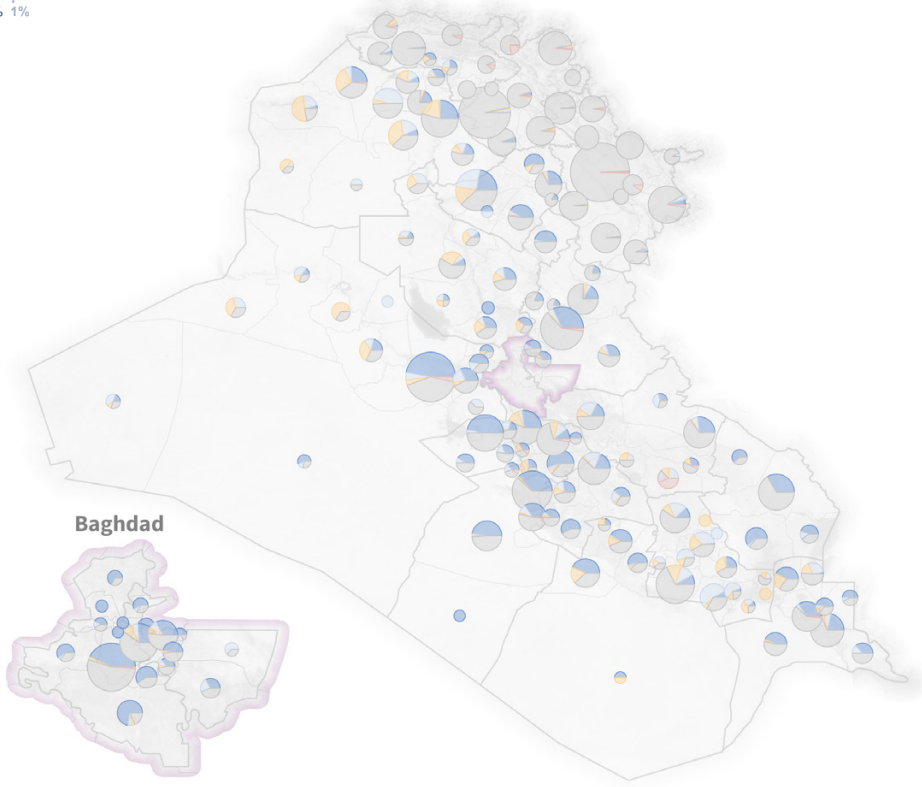
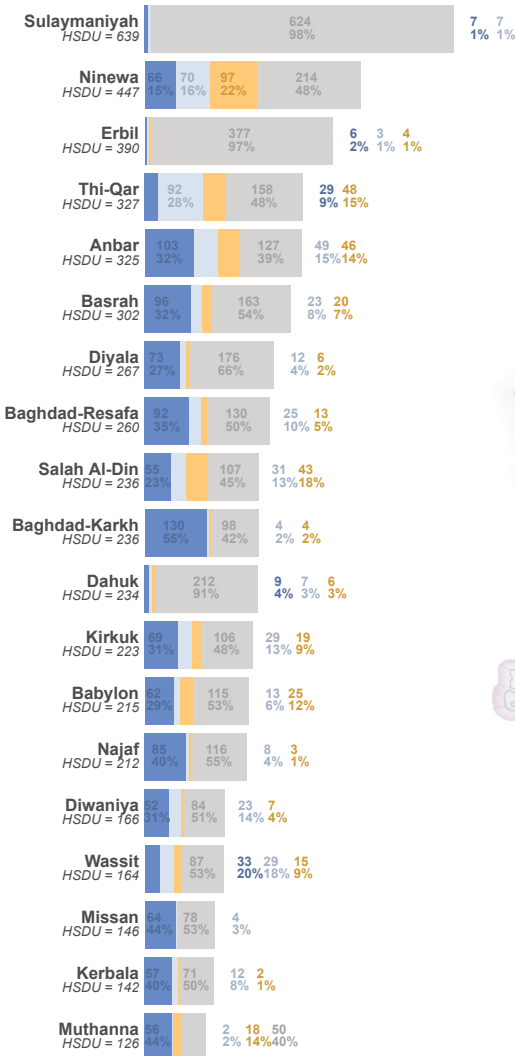
Service availability¹⁴



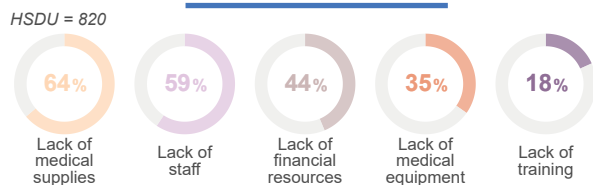
Service availability by HSDU type



Service availability by directorate of health

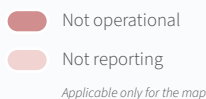
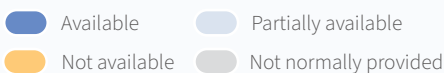


Main barriers impeding service delivery

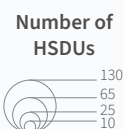


¹⁴ Mobilize communities and support mass drug administration/treatment campaigns

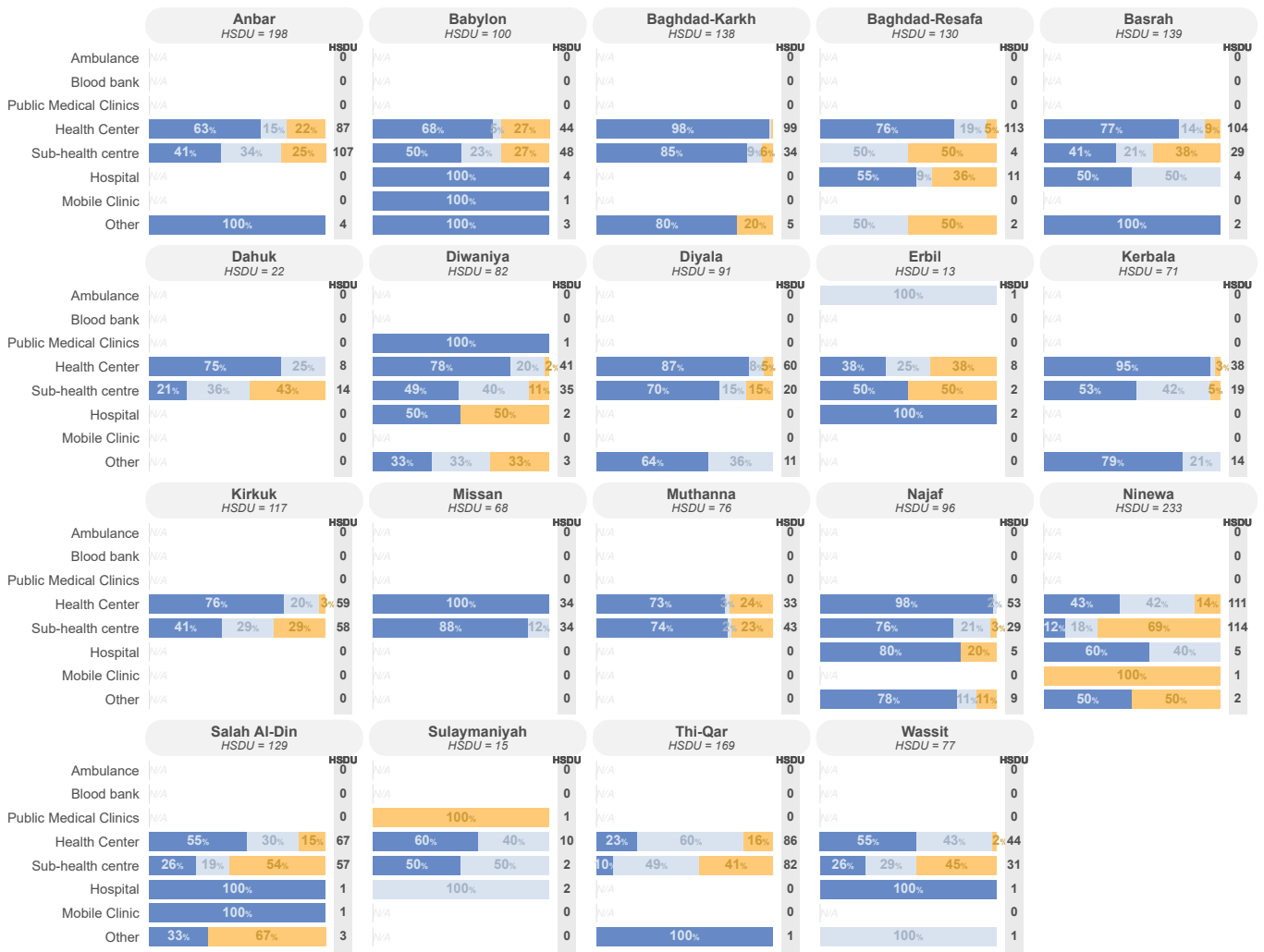
Availability status



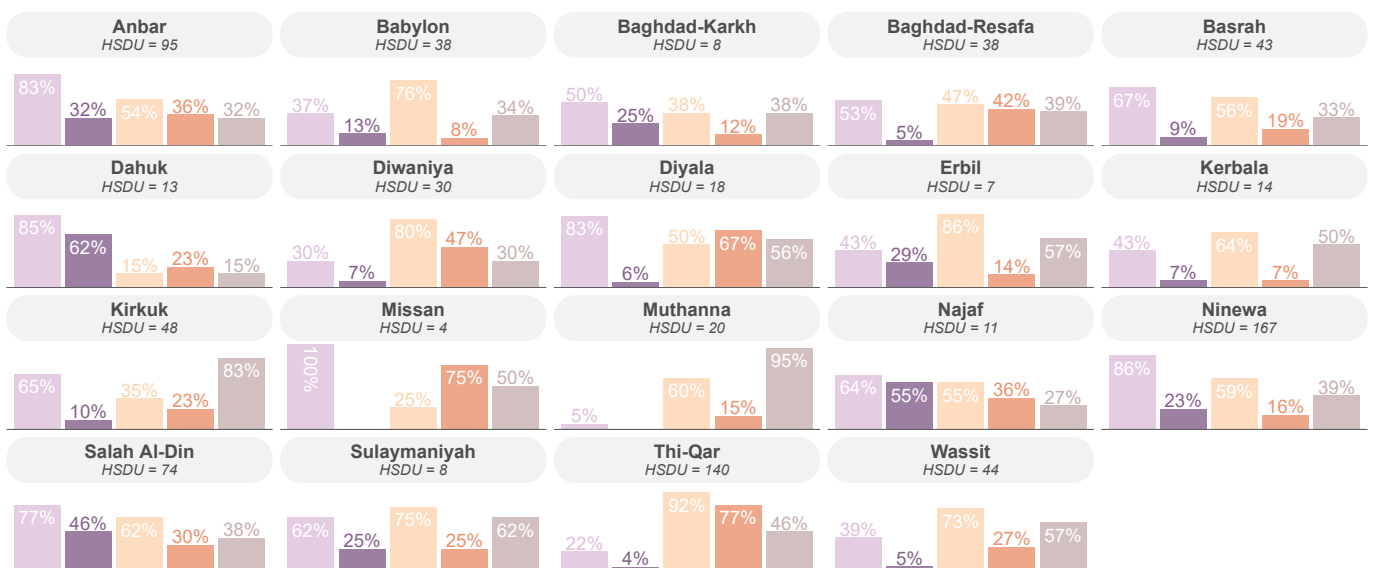
Maps



Service availability by HSDU type and by directorate of health*








Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

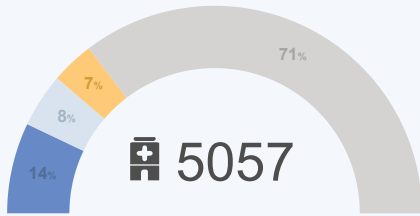
-  Lack of staff
-  Lack of supplies
-  Lack of financial resources
-  Lack of training
-  Lack of equipment

* HSDUs that do not normally provide the service are excluded from this chart.

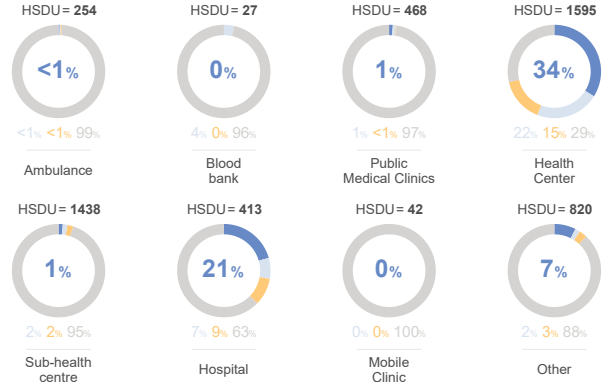


TUBERCULOSIS

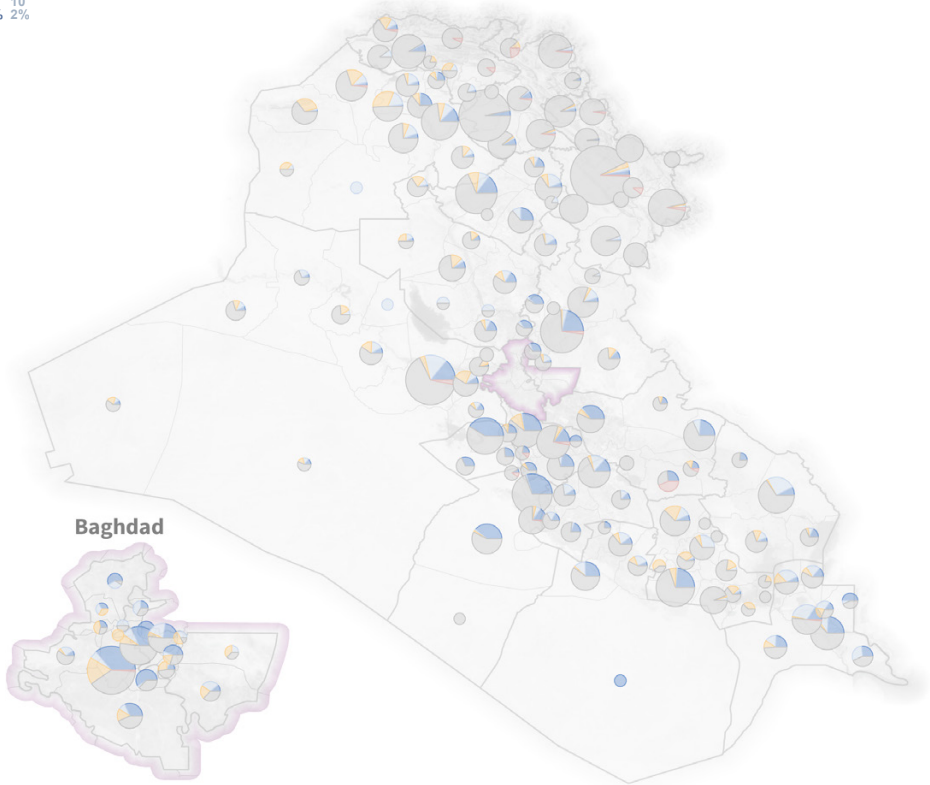
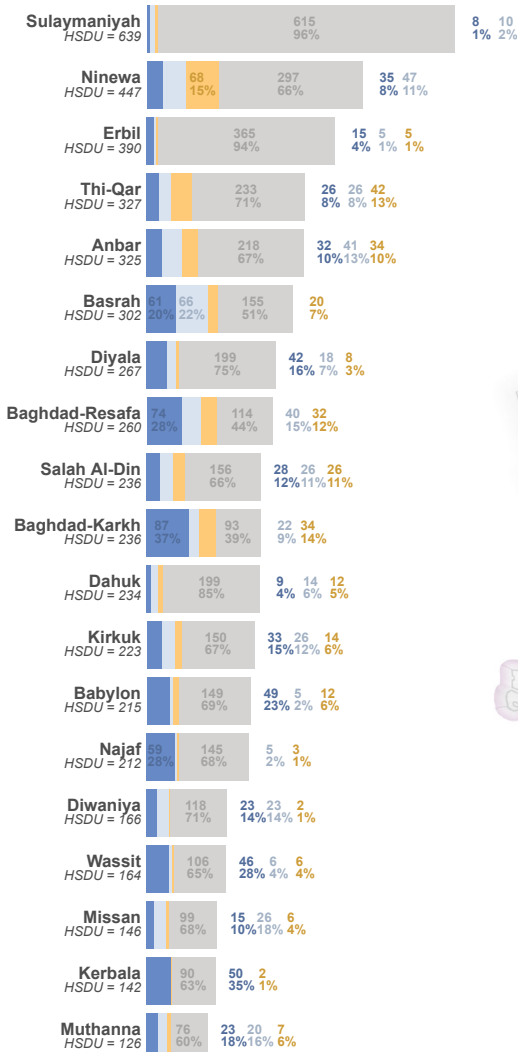
Service availability¹⁵



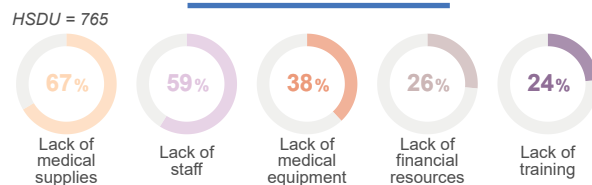
Service availability by HSDU type



Service availability by directorate of health

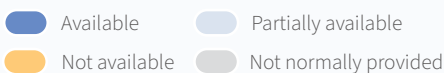


Main barriers impeding service delivery

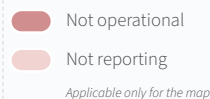
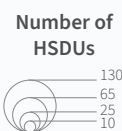


¹⁵ Diagnosis and treatment of tuberculosis (TB) cases, or detection and referral of suspected cases, and follow-up

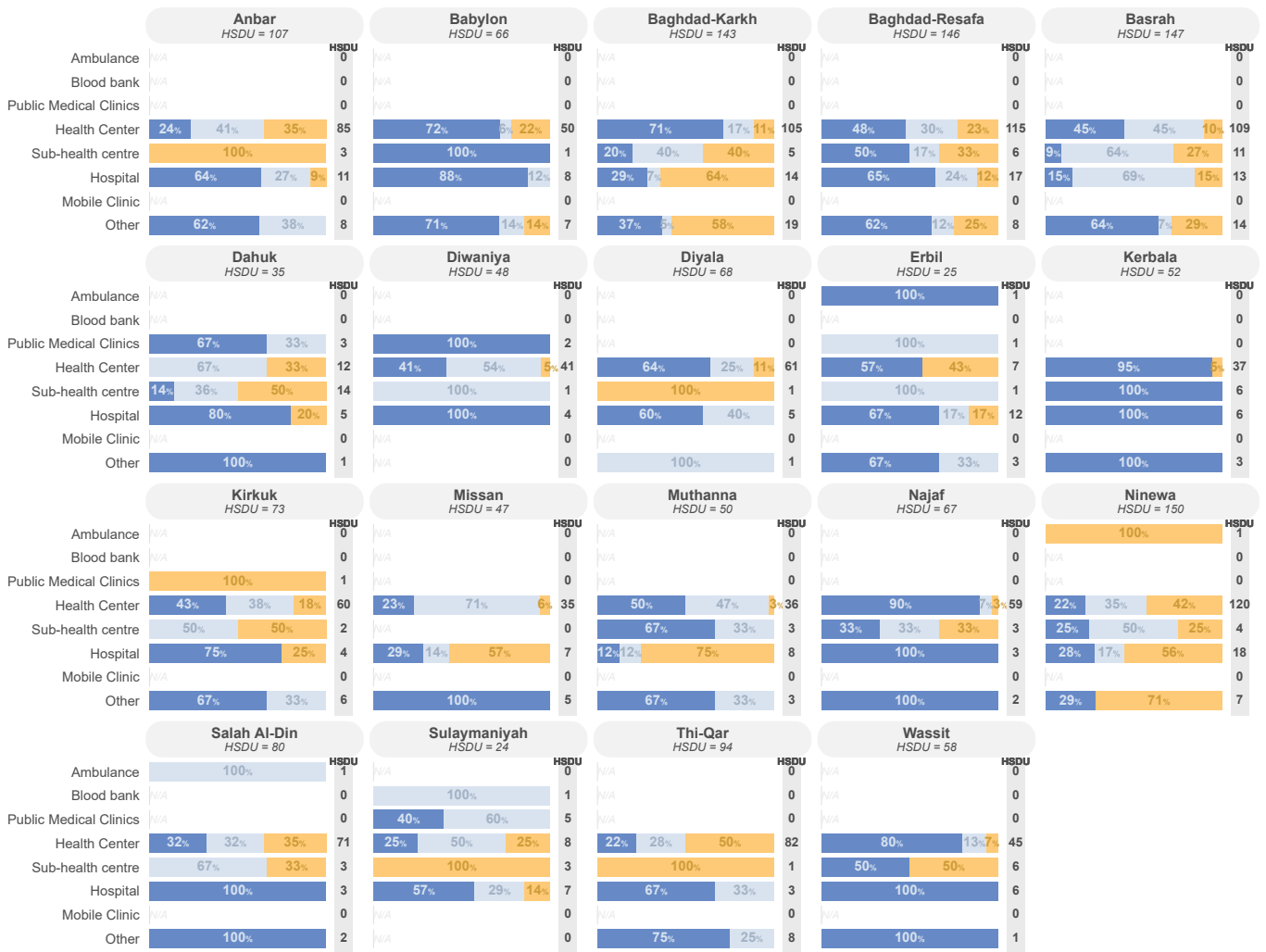
Availability status



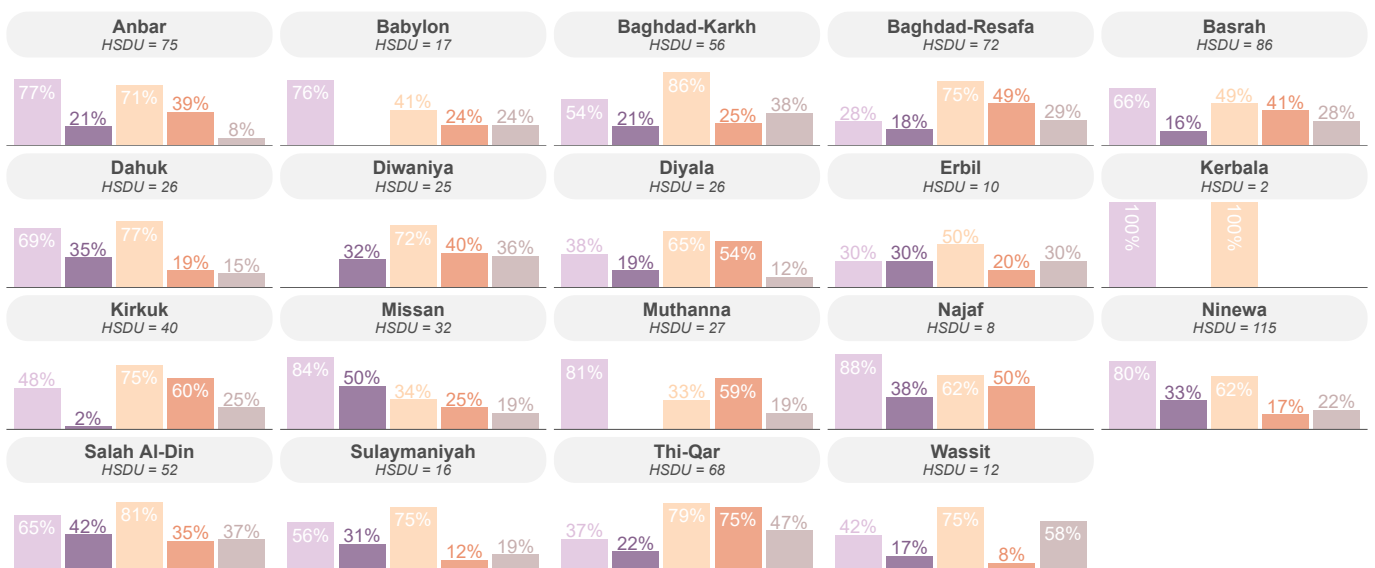
Maps



Service availability by HSDU type and by directorate of health*



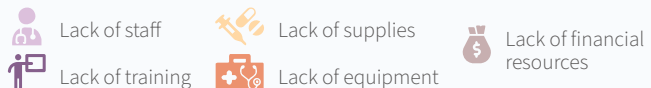
Main barriers impeding service delivery by directorate of health



Availability status



Barriers for partial availability or non-availability.

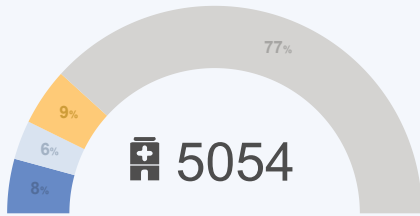


* HSDUs that do not normally provide the service are excluded from this chart.

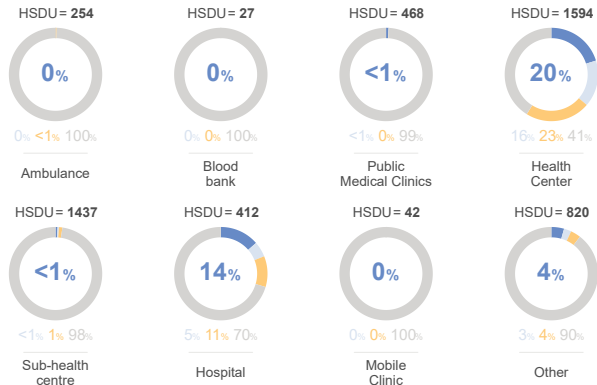


MDRTB

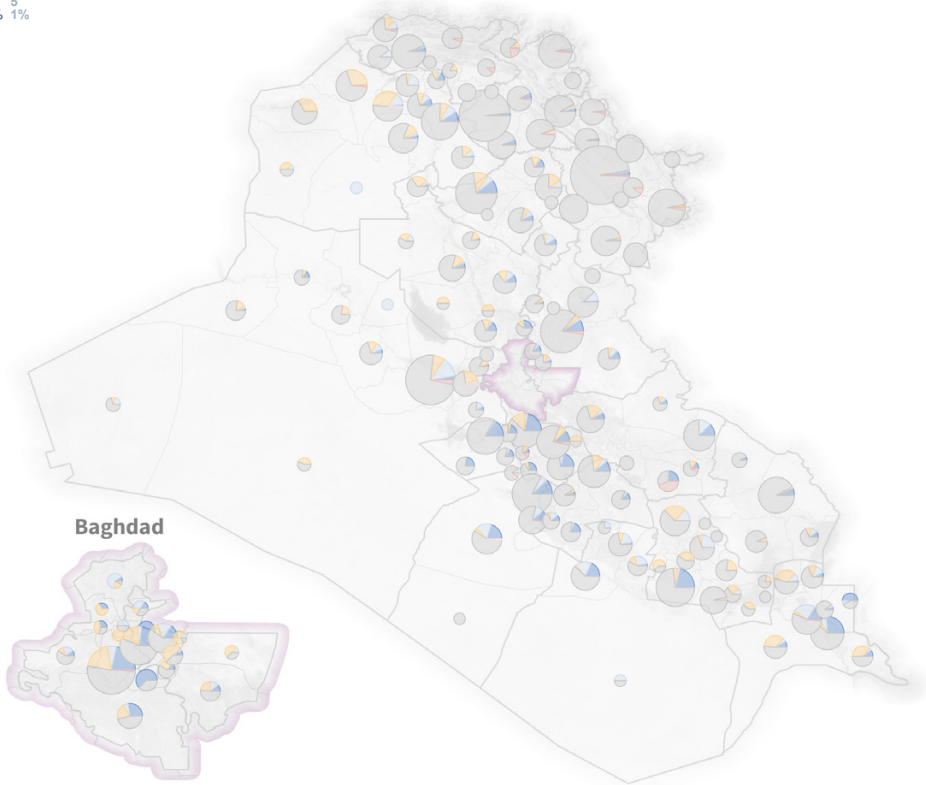
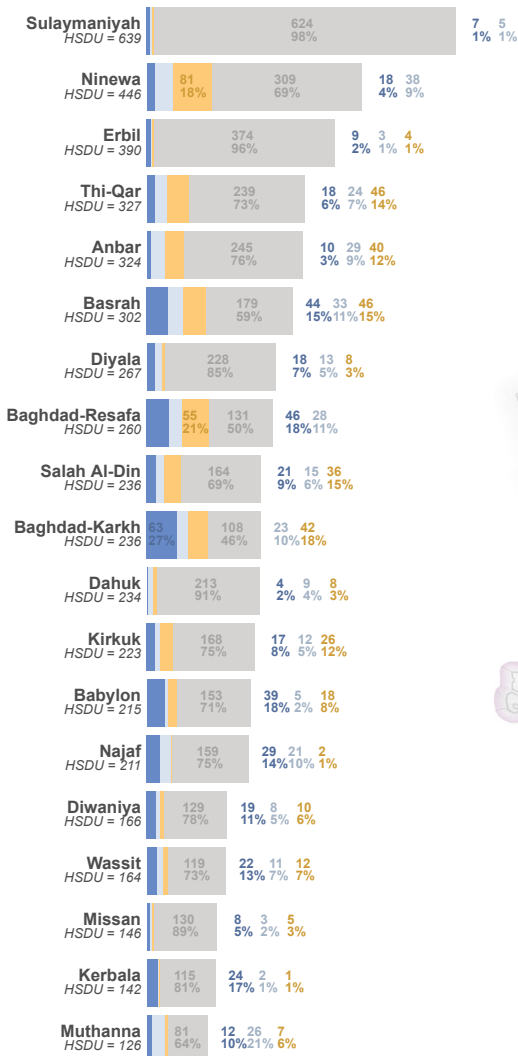
Service availability¹⁶



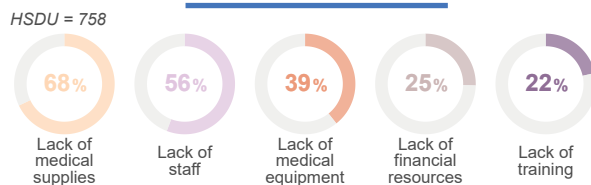
Service availability by HSDU type



Service availability by directorate of health

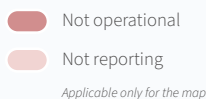
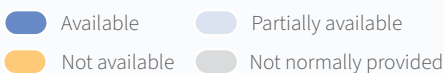


Main barriers impeding service delivery

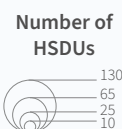


¹⁶ Diagnosis, management, and follow-up of multi-drug-resistant TB (MDRTB) patients

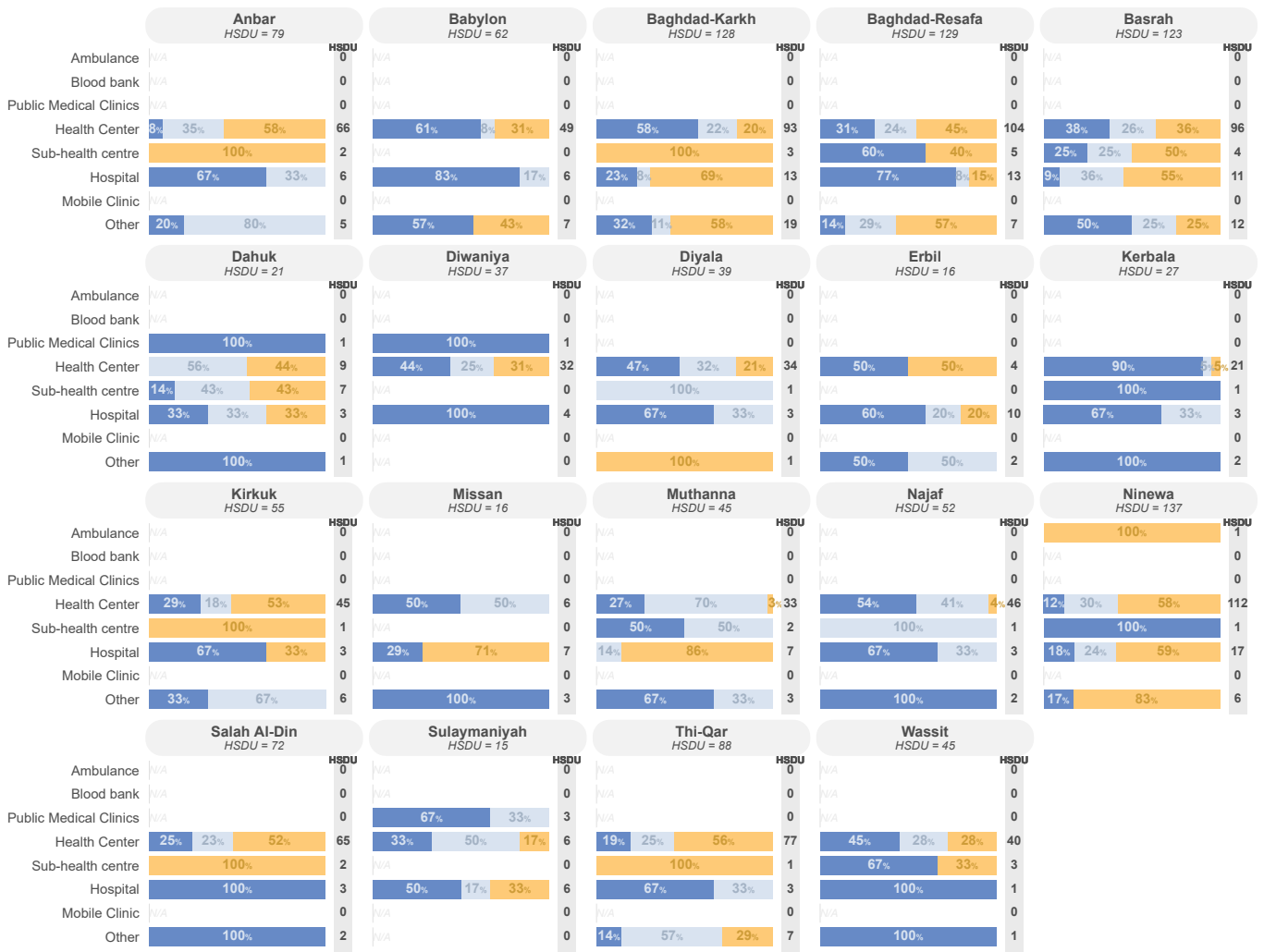
Availability status



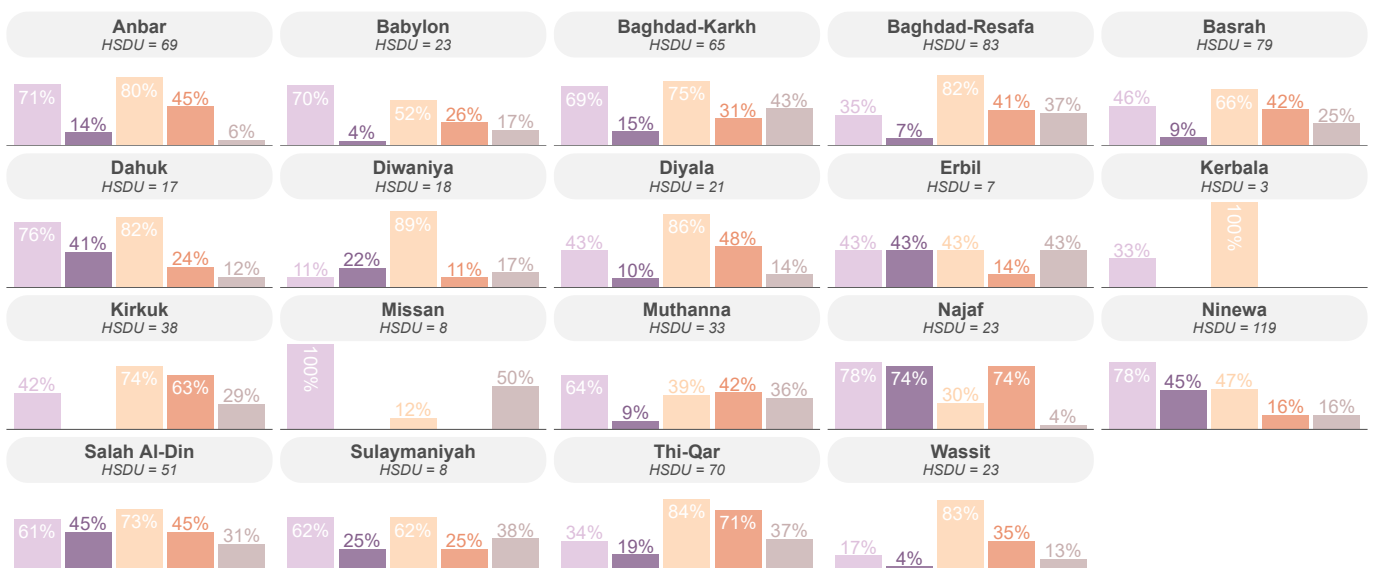
Maps



Service availability by HSDU type and by directorate of health*








Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

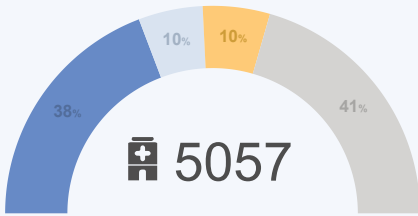
-  Lack of staff
-  Lack of training
-  Lack of supplies
-  Lack of equipment
-  Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

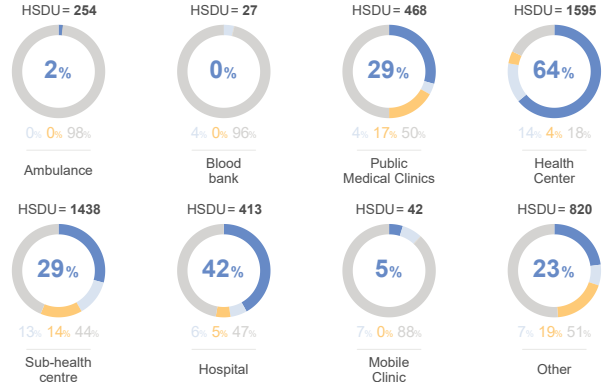


IEC ON LOCAL PRIORITY DISEASES

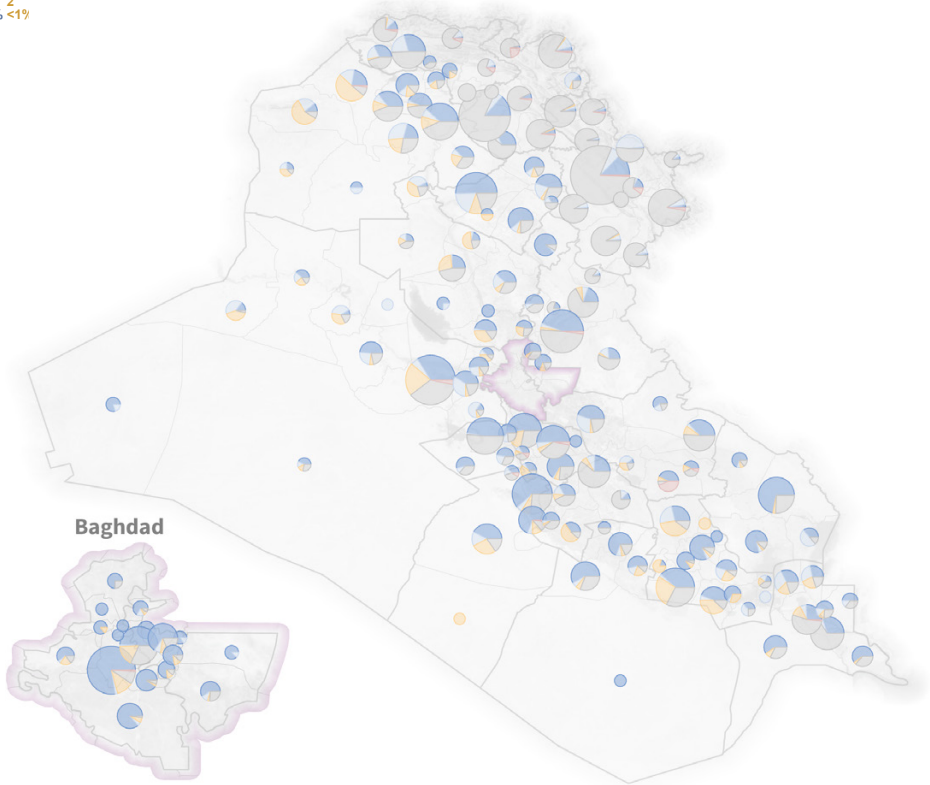
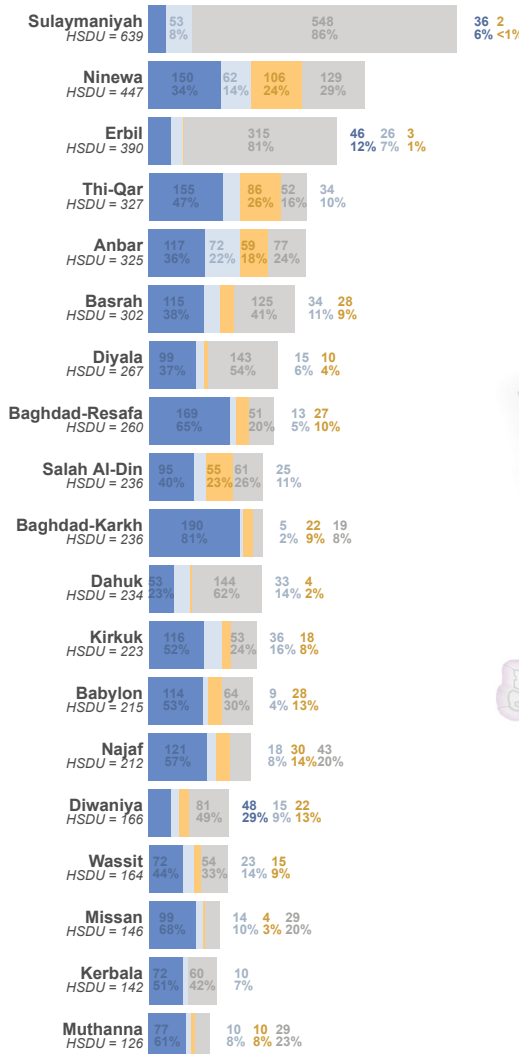
Service availability¹⁷



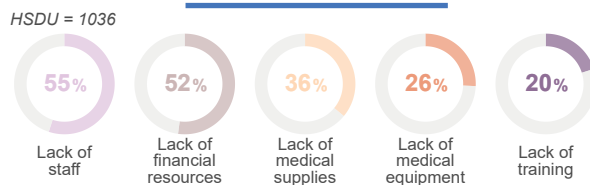
Service availability by HSDU type



Service availability by directorate of health

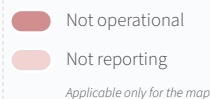
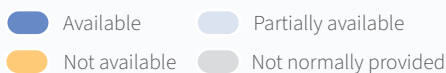


Main barriers impeding service delivery

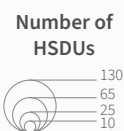


¹⁷ Information, Education, and Communication (IEC) on the prevention and self-care of local priority diseases, such as dengue, acute diarrhea, etc.

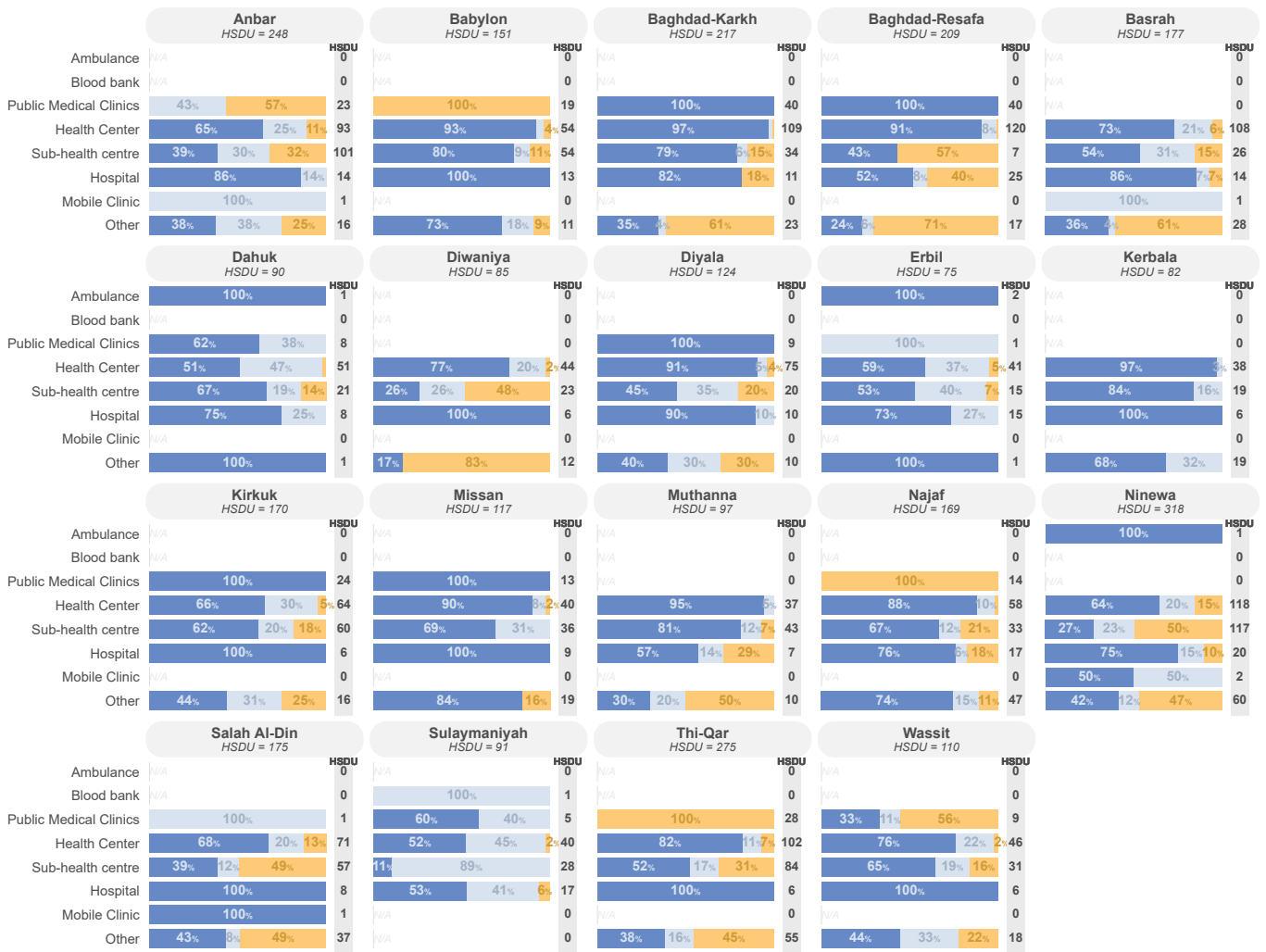
Availability status



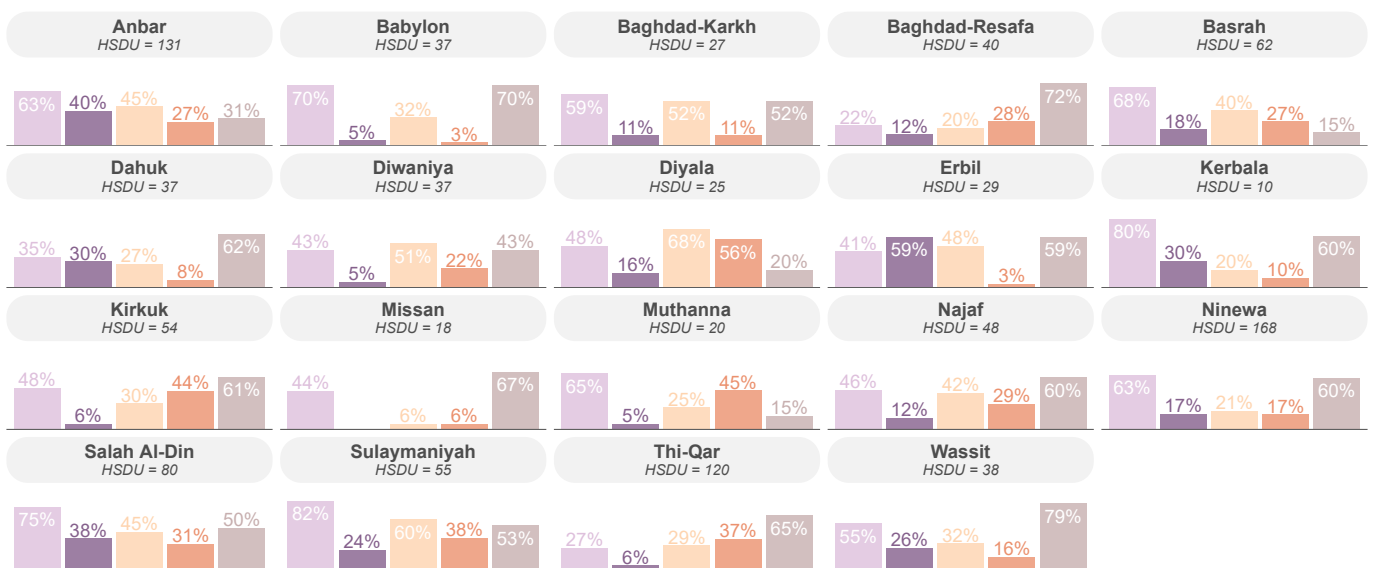
Maps



Service availability by HSDU type and by directorate of health*








Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

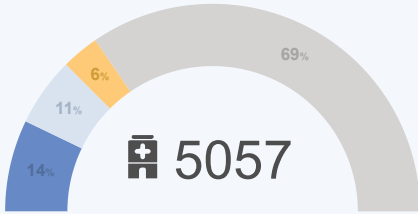
-  Lack of staff
-  Lack of supplies
-  Lack of training
-  Lack of equipment
-  Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

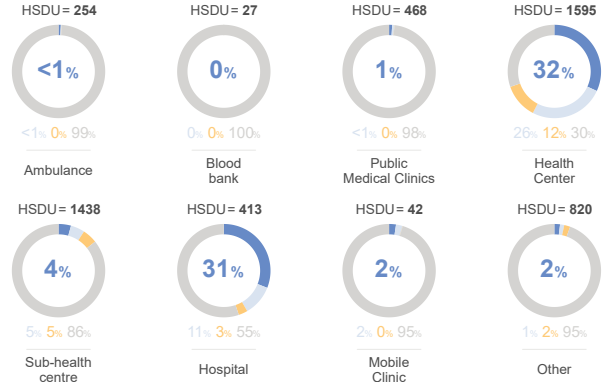


LOCAL PRIORITY DISEASES

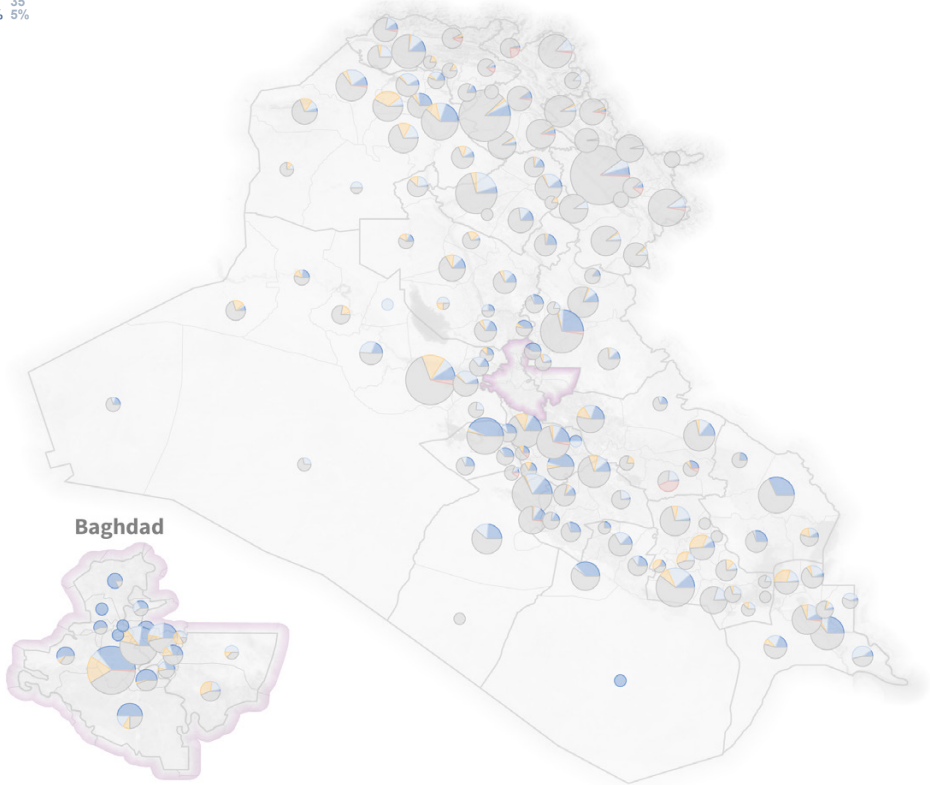
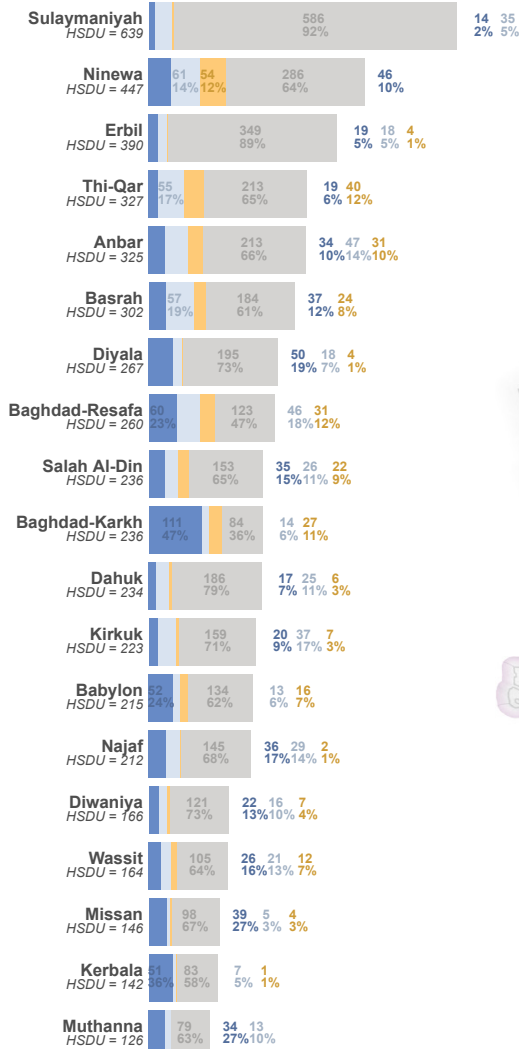
Service availability¹⁸



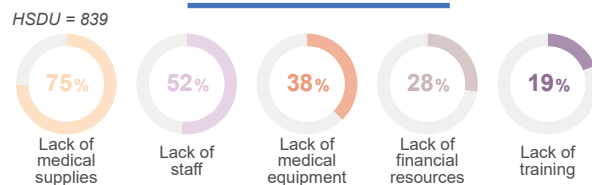
Service availability by HSDU type



Service availability by directorate of health

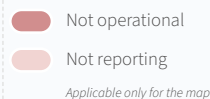
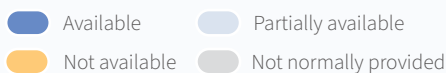


Main barriers impeding service delivery

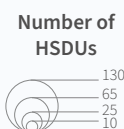


¹⁸ Diagnosis and management of other locally relevant diseases such as dengue, with protocols available for identification, classification, stabilization and referral of severe cases

Availability status



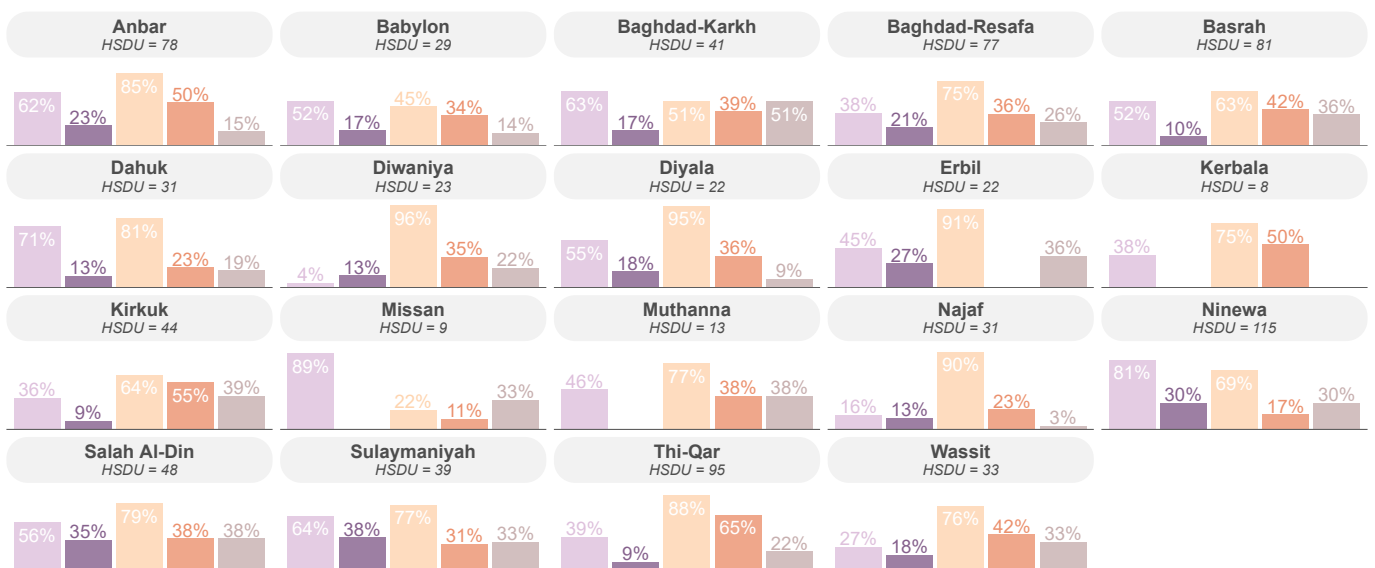
Maps



Service availability by HSDU type and by directorate of health*








Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

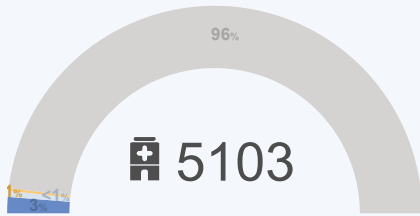
-  Lack of staff
-  Lack of supplies
-  Lack of training
-  Lack of equipment
-  Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

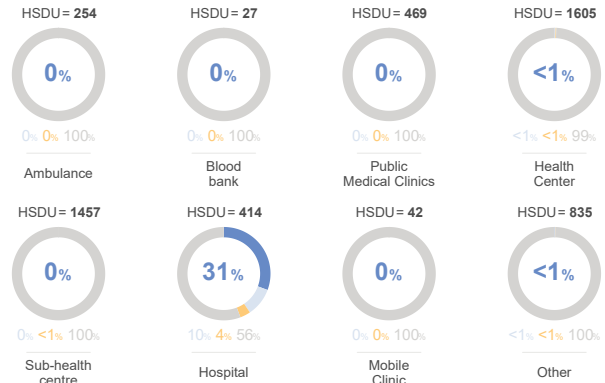


MANAGEMENT OF SEVERE AND/OR COMPLICATED COMMUNICABLE DISEASES

Service availability¹⁹

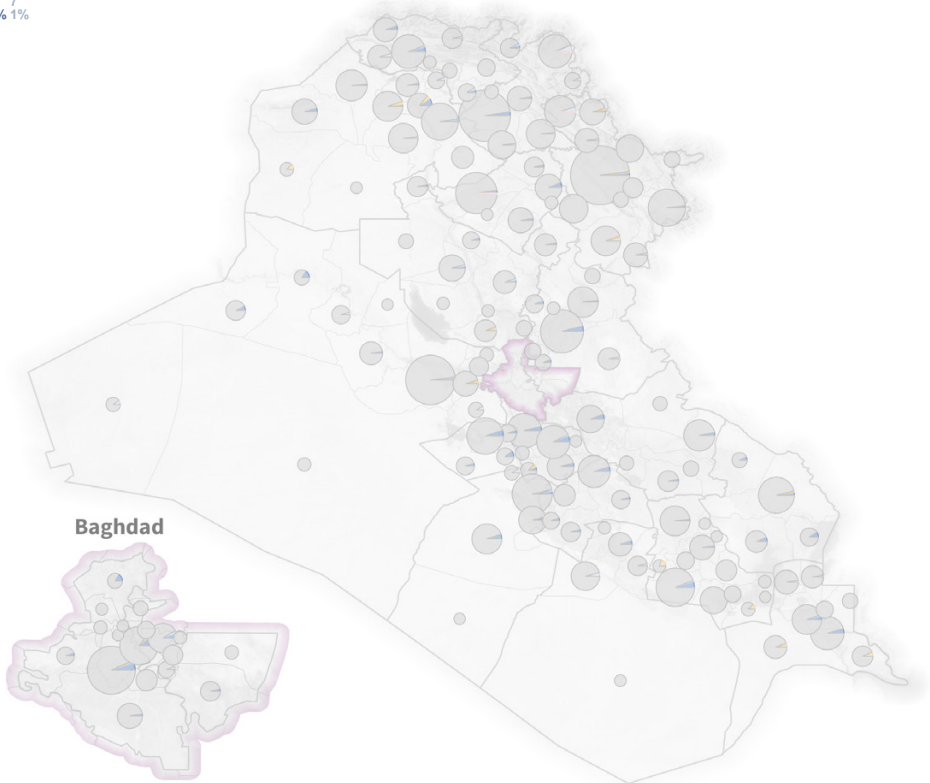


Service availability by HSDU type

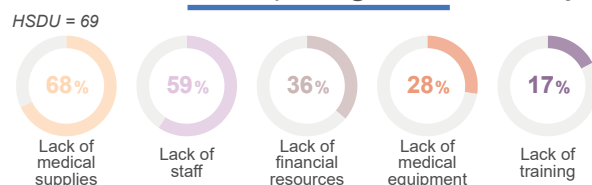


Service availability by directorate of health

Directorate of Health	Total HSDUs	Availability	Not Available	Partially Available	Not Normally Provided	Not Reporting
Sulaymaniyah	645	98%	3	7	<1%	1%
Ninewa	448	96%	10	3	5	2%
Erbil	398	97%	5	8	1%	2%
Anbar	329	96%	6	5	1	2%
Thi-Qar	327	97%	6	1	2	2%
Basrah	303	96%	5	4	3	2%
Diyala	269	97%	7	1	3	<1%
Baghdad-Resafa	260	93%	13	4	2	5%
Dahuk	239	95%	6	5	3	2%
Baghdad-Karkh	237	95%	10	1	1	4%
Salah Al-Din	236	96%	5	3	1	2%
Kirkuk	222	97%	7	3	3%	1%
Babylon	218	94%	10	1	1	5%
Najaf	214	96%	7	2	1	3%
Wassit	178	97%	6	3	3%	1%
Diwaniya	166	96%	6	4	4%	1%
Missan	146	95%	7	1	5	1%
Kerbala	142	94%	8	6	6%	2%
Muthanna	126	96%	2	3	2%	2%



Main barriers impeding service delivery



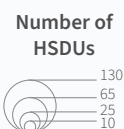
¹⁹ Management of severe and/or complicated communicable diseases such as severe dengue, measles with pneumonia, cerebral malaria, etc.

Availability status

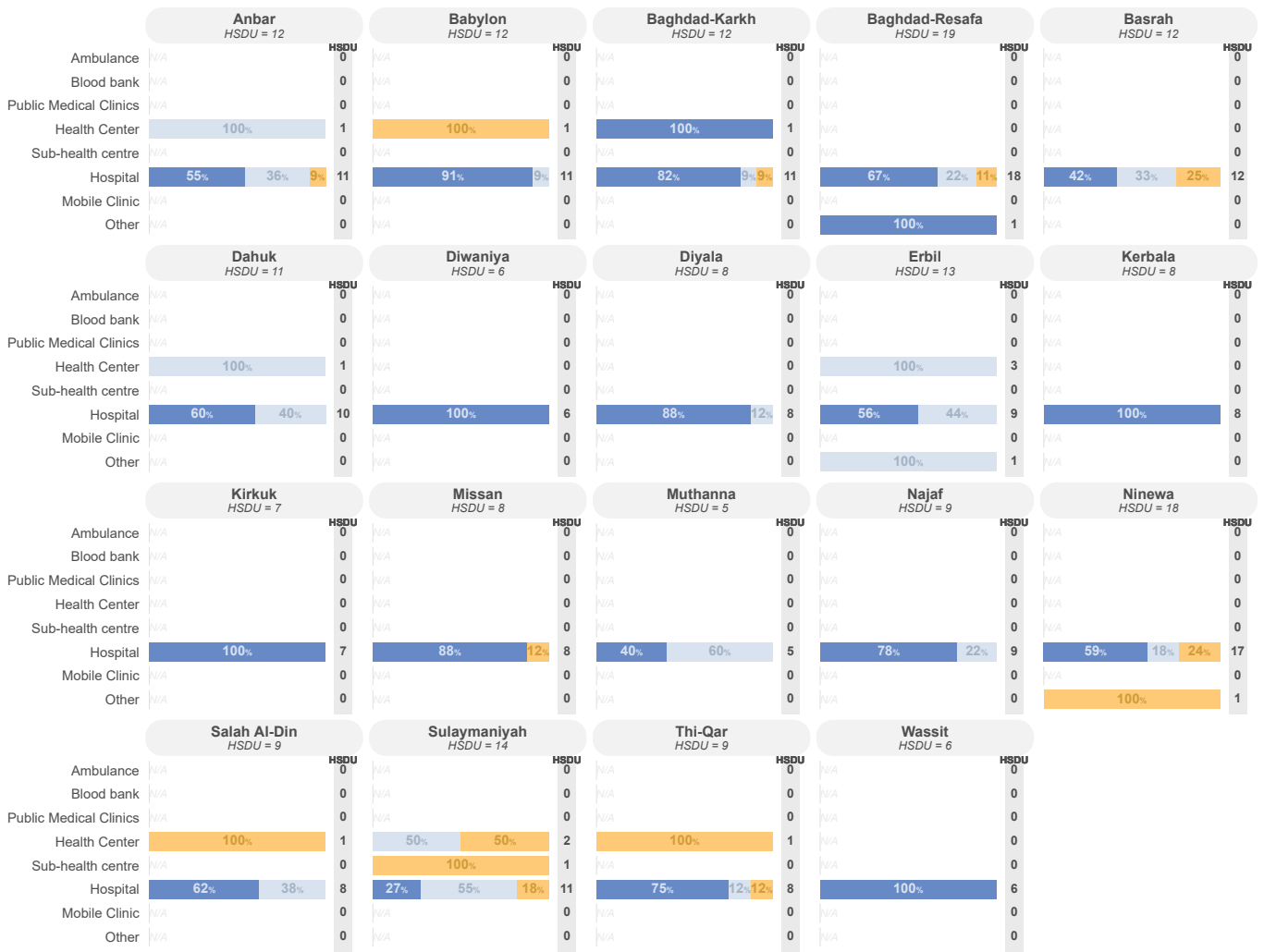
- Available
- Partially available
- Not available
- Not normally provided

- Not operational
 - Not reporting
- Applicable only for the map*

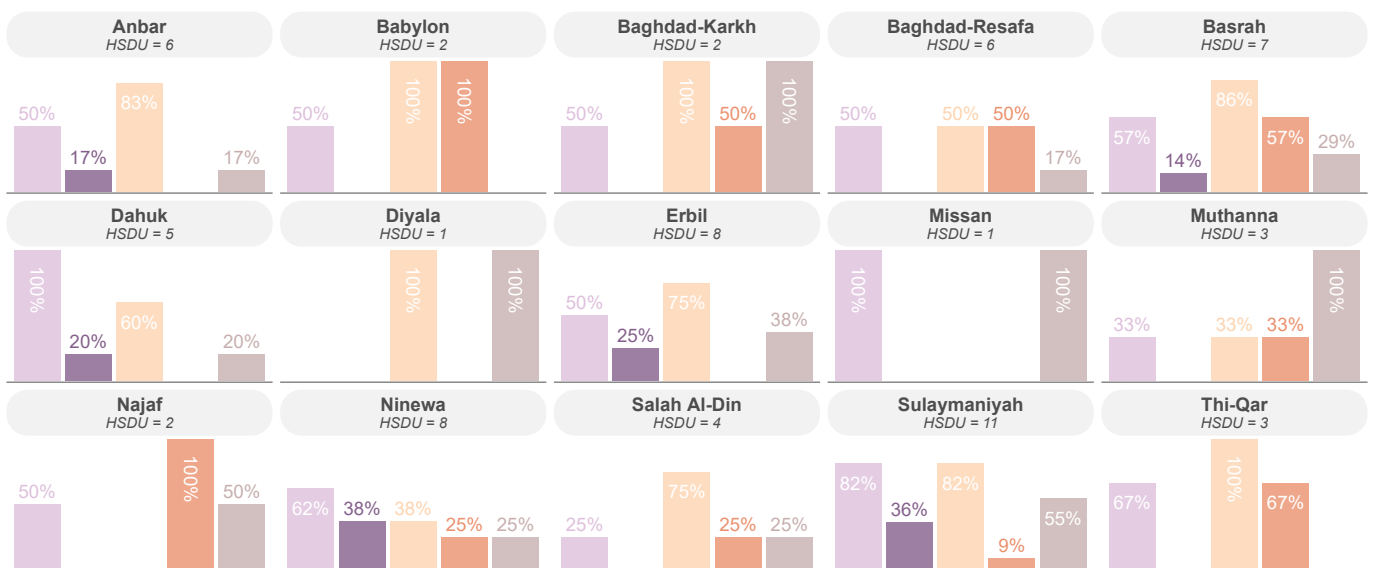
Maps



Service availability by HSDU type and by directorate of health*








Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

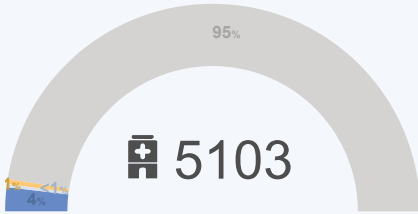
-  Lack of staff
-  Lack of supplies
-  Lack of training
-  Lack of equipment
-  Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

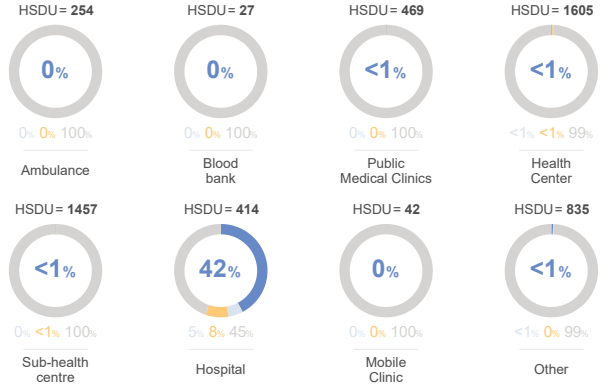


ISOLATION UNIT OR ROOM

Service availability²⁰

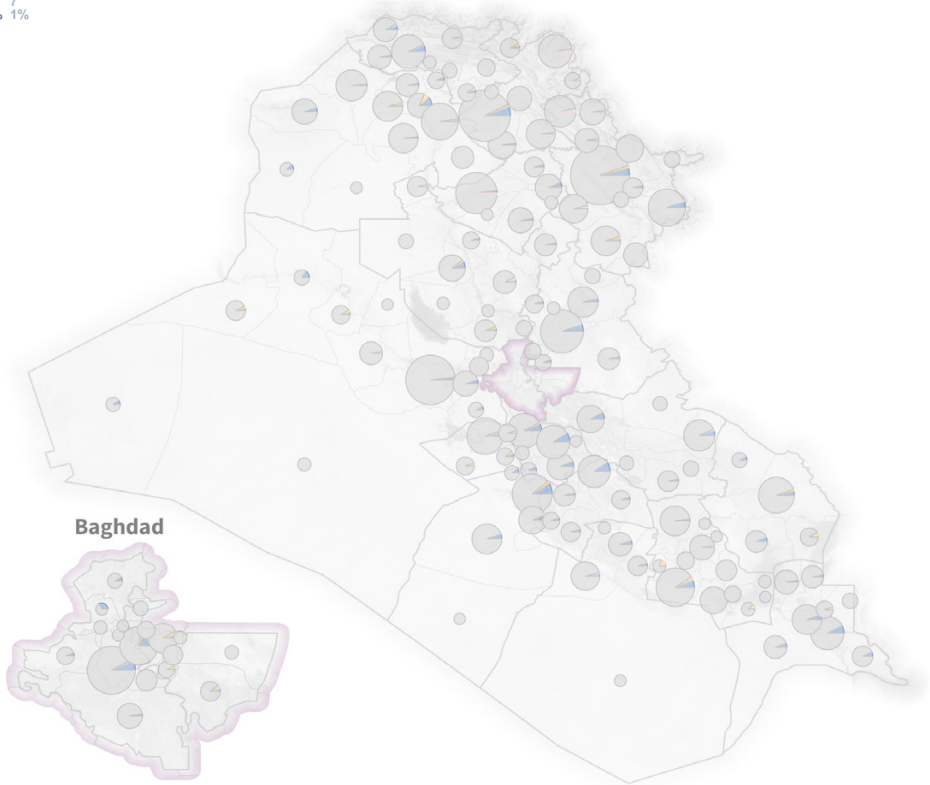


Service availability by HSDU type

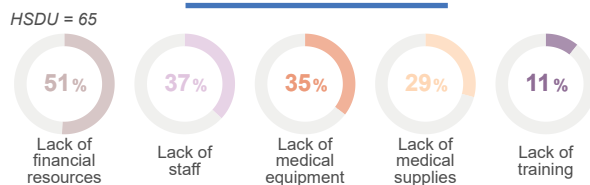


Service availability by directorate of health

Directorate of Health	Total HSDUs	Available	Partially available	Not available	Not normally provided
Sulaymaniyah	645	623 (97%)	12 (2%)	7 (1%)	0
Ninewa	448	429 (96%)	14 (3%)	1 (<1%)	4 (1%)
Erbil	398	382 (96%)	10 (3%)	3 (1%)	3 (1%)
Anbar	329	316 (96%)	10 (3%)	1 (<1%)	2 (1%)
Thi-Qar	327	315 (96%)	6 (2%)	1 (<1%)	5 (2%)
Basrah	303	288 (95%)	14 (5%)	1 (<1%)	0
Diyala	269	259 (96%)	10 (4%)	0	0
Baghdad-Resafa	260	231 (89%)	19 (7%)	3 (1%)	7 (3%)
Dahuk	239	227 (95%)	8 (3%)	3 (1%)	1 (<1%)
Baghdad-Karkh	237	224 (95%)	11 (5%)	1 (<1%)	1 (<1%)
Salah Al-Din	236	223 (94%)	8 (3%)	2 (1%)	3 (1%)
Kirkuk	222	215 (97%)	7 (3%)	0	0
Babylon	218	202 (93%)	15 (7%)	1 (<1%)	0
Najaf	214	197 (92%)	15 (7%)	2 (1%)	1 (1%)
Wassit	178	169 (95%)	8 (4%)	1 (1%)	0
Diwaniya	166	156 (94%)	10 (6%)	0	0
Missan	146	137 (94%)	6 (4%)	3 (2%)	0
Kerbala	142	134 (94%)	3 (2%)	1 (1%)	4 (3%)
Muthanna	126	121 (96%)	4 (3%)	1 (1%)	0



Main barriers impeding service delivery



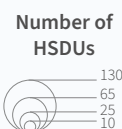
²⁰ Isolation unit or room for patients with highly infectious diseases

Availability status

- Available
- Partially available
- Not available
- Not normally provided

- Not operational
 - Not reporting
- Applicable only for the map*

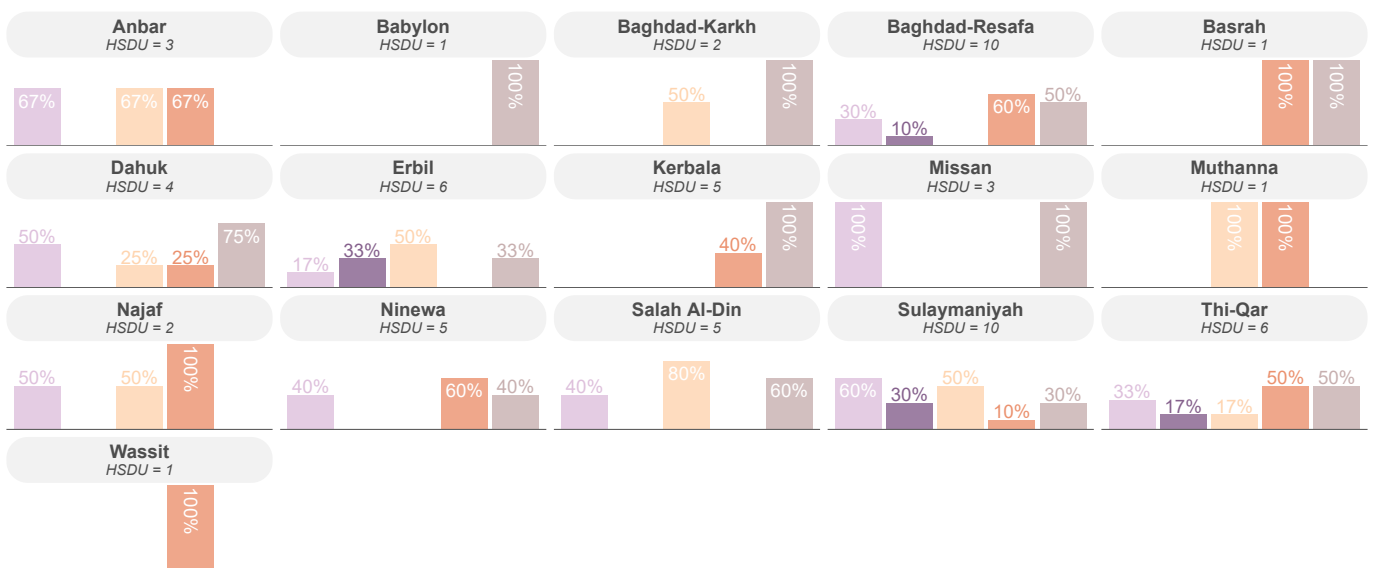
Maps



Service availability by HSDU type and by directorate of health*








Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

-  Lack of staff
-  Lack of supplies
-  Lack of training
-  Lack of equipment
-  Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.



ANNEXES





ANNEX I: PREVIOUSLY PUBLISHED REPORTS

Baseline report Part 1

The results presented in this report series are based on the assessment of 3478 health facilities across 16 governorates, namely Anbar, Babylon, Baghdad-Karkh, Baghdad-Resafa, Basrah, Diwaniya, Diyala, Kerbala, Kirkuk, Missan, Muthanna, Najaf, Ninewa, Salah-Al-Din, Thi-Qar, and Wassit and was collected up until November 8th, 2022.

HeRAMS Iraq baseline report 2023 part 1, A comprehensive mapping of availability of essential services and barriers to their provision; 2023, <https://www.who.int/publications/m/item/herams-iraq-baseline-report-2023-part1-operational-status-of-the-health-system>

Baseline report Part 2

The results presented in this report series are based on the assessment of 1286 health facilities across Dahuk, Erbil, and Sulaymaniyah governorates and was collected up until April 25th, 2023.

HeRAMS Iraq baseline report 2023 part 2, A comprehensive mapping of availability of essential services and barriers to their provision; 2023, <https://www.who.int/publications/m/item/herams-iraq-baseline-report-2023-part2-operational-status-of-the-health-system>

HeRAMS Iraq Baseline Summary Report 2023

This report presents a high-level overview of the operational status of the health system, the availability, and barriers to essential health services.

HeRAMS Iraq Baseline Summary Report 2023, A comprehensive mapping of availability of essential services and barriers to their provision, 2023, <https://www.who.int/publications/m/item/herams-iraq-baseline-summary-report-2023>



ANNEX II: POPULATION ESTIMATES

Directorate of Health	Population estimates
ANBAR	1 963 346
BABYLON	2 288 456
BAGHDAD-KARKH	3 815 810
BAGHDAD-RESAFA	5 190 191
BASRAH	3 223 158
DAHUK	1 432 369
DIWANIYA	1 430 714
DIYALA	1 814 368
ERBIL	2 055 448
KERBALA	1 350 577
KIRKUK	1 770 765
MISSAN	1 233 053
MUTHANNA	902 480
NAJAF	1 630 807
NINEWA	4 133 536
SALAH AL-DIN	1 767 837
SULAYMANIYAH	2 396 206
THI-QAR	2 321 851
WASSIT	1 527 911
Total	42 248 833



ANNEX III: SERVICE DEFINITIONS

Service	Defintion
SYNDROMIC SURVEILLANCE	Regular reporting sentinel site for syndromic surveillance of local relevant diseases/conditions
EVENT-BASED SURVEILLANCE	Immediate reporting of unexpected or unusual health events through an event-based surveillance system
MALARIA AT THE COMMUNITY LEVEL	Diagnosis of malaria suspected cases with RDT and treatment of positive cases, or detection and referral of suspected cases, and follow-up, at community level
MALARIA AT THE PRIMARY CARE LEVEL	Diagnosis of suspected malaria cases with RDT and treatment of positive cases, or detection and referral of suspected cases, and follow-up, at the primary care level
VECTOR CONTROL	Support vector control interventions : distribution of impregnated bed nets, in/outdoor insecticide spraying, distribution of related IEC materials
SUPPORT MASS DRUG ADMINISTRATION	Mobilize communities and support mass drug administration/treatment campaigns
TUBERCULOSIS	Diagnosis and treatment of tuberculosis (TB) cases, or detection and referral of suspected cases, and follow-up
MDRTB	Diagnosis, management, and follow-up of multi-drug-resistant TB (MDRTB) patients
IEC ON LOCAL PRIORITY DISEASES	Information, Education, and Communication on the prevention and self-care of local priority diseases, such as dengue, acute diarrhea, etc.
DIAGNOSIS AND MANAGEMENT OF LOCAL PRIORITY DISEASES	Diagnosis and management of other locally relevant diseases such as dengue, with protocols available for identification, classification, stabilization and referral of severe cases
MANAGEMENT OF SEVERE AND/OR COMPLICATED COMMUNICABLE DISEASES	Management of severe and/or complicated communicable diseases such as severe dengue, measles with pneumonia, cerebral malaria, etc.
ISOLATION UNIT OR ROOM	Isolation unit or room for patients with highly infectious diseases



