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ABBREVIATIONS

CCA	Common Country Assessment
CCS	Country Cooperation Strategy
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CIDA	Canadian International Development Agency
COSIT	Central Office for Statistics and Information Technology
DFID	Department for International Development (United Kingdom)
EC	European Commission
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
GDP	Gross Domestic Product
GEF	Global Environment Fund
HIV/AIDS	Human Immunodeficiency Virus/Acquired immunodeficiency syndrome
HNSOT	Health and Nutrition Sector outcome Team
ICRC	International Committee of the Red Cross
IFHS	Iraq Family Health Survey
IFRC	International Federation of Red Cross and Red Crescent Societies
IHSES	Iraq Household Socio-Economic Survey 2008
ILO	International Labour Organization
ILS	International Labour Standards
IMC	International Medical Corps
IMF	International Monetary Fund
IMSMA	Information Management System for Mine Action
IOM	International Organization for Migration
I-PSMP	Iraq Public Sector Modernization Programme
IRFFI	International Reconstruction Fund Facility for Iraq
ITF	Iraq Multi-Donor Trust Fund
JICA	Japan International Cooperation Agency
KRG	Kurdistan Regional Government
KRSO	Kurdistan Region Statistics Office
MDG(s)	Millennium Development Goal(s)
MICS	Multiple Indicator Cluster Survey
NHDR	National Human Development Report
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
SCR	Security Council Resolution
SRSR	Special Representative of the Secretary General
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAMI	United Nations Assistance Mission for Iraq
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDESA	United Nations Department of Economic and Social Affairs
UNDG	United Nations Development Group
UNDP	United Nations Development Programme

UNEP	United Nations Environment Programme
UNESCO	United Nations, Educational, Scientific and Cultural Organization
UNFIP	United Nations Fund for International Partnerships
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNIFEM	United Nations Development Fund for Women
UNISDR	United Nations International Strategy for Disaster Reduction
UNOPS	United Nations Office for Project Services
UNPD	United Nations Population Division
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WPAY	UN World Programme of Action for Youth

SECTION 1. INTRODUCTION

The Country Cooperation Strategy (CCS) reflects the medium-term vision for technical cooperation with a given country and defines a strategic framework for working in and with the country. The CCS process reflects global and regional health priorities with the aim of bringing together the strength of WHO support at country, Regional Office and headquarters levels in a coherent manner to address the country's health priorities and challenges.

The CCS, in the spirit of Health for All and primary health care, examines the health situation in the country within a holistic approach that encompasses the health sector, socioeconomic status, the determinants of health and national policies and strategies that have a major bearing on health. The exercise aims to identify the health priorities in the country and place WHO support within a framework of 4–6 years in order to have a stronger impact on health policy and health system development, strengthening the linkages between health and cross-cutting issues at the country level. This medium-term strategy does not, however, preclude a response on other specific technical and managerial areas in which the country may require WHO assistance.

The CCS takes into consideration the work of all other partners and stakeholders in health and health-related areas. The process is sensitive to evolutions in policy or strategic exercises that have been undertaken by the national health sector and other related partners. The overall purpose is to provide a foundation and strategic basis for planning as well as to improve WHO's contribution to Member States for achieving the Millennium Development Goals (MDGs).

The CCS mission for Iraq was composed of the senior health staff from the Ministry of Health led by His Excellency the Minister of Health, the WHO Representative and WHO country staff and staff from the Regional Office in Cairo and headquarters in Geneva. The WHO country office, with support from staff of the Ministry of Health and the Regional Office, prepared the health situation and challenges in the country, in line with the Common Country Assessment and UNDAF. In the process of development of the strategy, a series of meetings and reviews were conducted with officials from concerned ministries and institutions, representatives of UN agencies, as well as key potential internal and external partners.

The CCS for Iraq 2012–2017 considers carefully the current and projected security issues and political landscape in Iraq during its transition to stability. The consolidation of health policies and strategies, strengthening of health systems, strengthening of primary health care through family medicine, noncommunicable diseases and lifestyle, enhancing partnership for social determinants of health and environmental health are all outstanding health issues for WHO collaboration.

SECTION 2. COUNTRY HEALTH AND DEVELOPMENT CHALLENGES

2.1 Macroeconomic, political and social context

Iraq is still recovering from long period of conflict and political turmoil. While modernization of the public sector remains a top priority, limited focus on good governance is affecting the implementation of laws, provision of services and effective management of the country's resources. The Iraq Five Year National Development Plan 2010–2014, prepared through a consultative process within governmental and nongovernmental structures, reflects the shift in perspective and approach to development, strengthening a democratic and consultative political base, reforming governance and administration and optimizing the utilization of national natural and human resources.

Iraq's population almost tripled between 1970 (10 million) and 2010 (more than 33 million) and the United Nations Population Division estimates that by 2030, it will have quadrupled to almost 50 million. Currently, the Iraqi population presents a broad-based youthful age composition, with 40% under the age of 15 years. Approximately two thirds (66%) of the population lives in urban areas, though regions vary greatly, with Baghdad having the highest urban population (93%) and Diyala the highest rural population (56%). Though fertility rates have decreased in the past decade, fertility in Iraq remains high with a total fertility rate of 4.3 (Table 1).

Iraq's unprecedented population growth, with its youth/adolescent bulge, is of concern from a social and health perspective. High unemployment rates, limited economic opportunities and poor service delivery, coupled with forced migration, all have a negative impact on health and well-being of the people of Iraq and adversely affect the country's ability to achieve the MDGs.

Table 1. Demographic indicators

Population, total (2011)	33 227 000
Population growth rate (%) (2011)	3.5
Birth rate, crude (per 1000 people) (2011)	38.0

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