

## Iraq

The Government of Iraq reports as follows.

### National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, and prevention of transmission in health-care settings.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: Viral Hepatitis Section, Communicable Disease Control Center, Ministry of Health. It has 44 staff members. There are 44 full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), migrants, prisoners, low-income populations, indigenous people, pregnant women, patients on haemodialysis and those with thalassaemia, and preoperative patients.

### Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

### Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B, C, D and E, and for the following types of chronic hepatitis: B, C and D.

There are standard case definitions for hepatitis. Hepatitis deaths are not reported to a central registry. Information was not provided on the percentage of hepatitis cases reported as "undifferentiated" or "unknown" hepatitis.

It is not known whether liver cancer cases are registered nationally. Cases with HIV/hepatitis coinfection are not registered nationally.

The government publishes hepatitis disease reports weekly, monthly and annually.

Population (in millions) (2011)	32.7
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$3750
Total health expenditure as % of GDP (2010)	8.42%
Per capita total health expenditure (PPP int \$) (2010)	\$340.13
Per capita government health expenditure (PPP int \$) (2010)	\$118.35
Life expectancy at birth (in years) (2009)	66
Human Development Index (2011)	0.573
Median age (in years) (2010)	18
Total fertility rate per woman (2010)	4.7

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis B and hepatitis C, but not for hepatitis A and hepatitis E.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is the general population. The last serosurvey was carried out in 2005–2006.

### Prevention of transmission

There is a national policy on hepatitis A vaccination.

The government has not established the goal of eliminating hepatitis B.

Nationally, 88% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 89% of one-year-olds (ages 12–23 months) in a given recent year received three doses of the hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends single-use and auto-disable syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units

(including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

### Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training and postgraduate training.

It is not known whether there are national clinical guidelines for the management of viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

People testing for both hepatitis B and hepatitis C register by name, and there is open access to their names. Hepatitis B and hepatitis C tests are free of charge for all individuals and compulsory for blood donors.

Publicly funded treatment for hepatitis B and hepatitis C is available to all patients who need it. The amount spent by the government on such treatment for hepatitis B and hepatitis C is not known.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: interferon alpha, pegylated interferon, lamivudine and adefovir dipivoxil. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: interferon alpha, pegylated interferon and ribavirin.

The Government of Iraq welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).