National Action Plan for Health Security (2019-2023)

Of the

Republic of Iraq

وزارة الصحة العراقية
Iraqi Ministry of Health
Founded 1920 تأسست

World Health Organization
REGIONAL OFFICE FOR THE **Eastern Mediterranean**

Executive summary

A National Action Plan for Health Security (NAPHS) of the Republic of Iraq was developed during a workshop that took place in Baghdad, Iraq 18-20 March 2019. This plan was based off the Joint External Evaluation (JEE) executed 12-18 March 2019 and the 19 areas in the JEE were used as a guideline to come up with indicators to bring Iraq's national health system up to IHR standards. Under each of the 19 areas addressed by the JEE, specific activities were devised by a multi-sectoral group documenting the necessary steps to achieve these standards. Based off of the NAPHS, cost of the overall implementation was also devised so that the country could properly plan for the next five years.

This report provides detail on the process and outcomes of the workshop, and gives an analytical summary of the objective and activities defined by the group of experts under each technical capacity area.

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Abbreviations and acronyms

AMR	Antimicrobial Resistance
AWaRe	Access, Watch and Reserve categories of antimicrobials
BSC Class 2	Class 2 biosafety cabinets
BSL	Biosafety level
CBRN	Chemical Biological Radiological and Nuclear
CDC	centre of disease control
CPHL	Central Public Health Laboratory
CVL	Central Veterinary Laboratory
EML	Essential Medicine List
EMT	emergency medical teams
EOC	Emergency operations centre
EQA	External Quality Assessment
FAO	Food and Agriculture Organization of the United Nations
FETP	field epidemiology training programme
GAP	Global Action Plan
GAR	Global Antimicrobial Resistance
GLASS	Global Antimicrobial Surveillance System
HAI	Healthcare Associated Infection
HEOC	Health Emergency operations centre
IAEA	International Atomic Energy Agency
IHR	International Health Regulations (2005)
INFOSAN	International Food Safety Authorities Network
INMA	Iraqi National Monitoring Autority
IPC	Infection Prevention and Control
ISO	International Organization for Standardization
ISST	Infectious Substances Shipping Training
JEE	Joint External Evaluation
LQSI	Laboratory Quality Stepwise and Research
MCV	measles-containing vaccine
MOA	Ministry of Agriculture
MoE	Ministry of Environment
MOH	Ministry of Health
MOHESR	Ministry of Higher Education and Research
MOI	Ministry of Interior
MOP	Ministry of Planning
MOT	Ministry of Trade
NAP	National Action Plan
NBMC	National Biorisk Management Committee
NCC	National Coordination Center
NFP	National IHR Focal Point
NRL	National Reference Laboratory
OIE	World Organisation for Animal Heath
OPCW	Organization for the Prohibition of Chemical Weapons

PHEIC	public health emergency of international concern
PHEOC	Public Health Operations Center
SOP	standard operating procedures
UNIDO	United Nations Industrial Development Organization
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

I. INTRODUCTION

In 2015, the IHR Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation recommended in its report to the Sixty-eighth World Health Assembly[1] "to move from exclusive self-evaluation to approaches combining self-evaluation, peer review and voluntary external evaluation involving domestic and independent experts." A concept note[2] outlining a new IHR Monitoring and Evaluation Framework (IHR MEF) was subsequently developed to reflect the recommendations of the Review Committee, and a revised version was additionally noted by the Sixty-ninth World Health Assembly[3]. The Framework includes four components: one mandatory component on annual reporting, as well as three voluntary and complementary components on Joint External Evaluation (JEE), after action review, and simulation exercises.

The Sixty-third and Sixty-fourth sessions of the Regional Committee for the Eastern Mediterranean adopted resolutions (EM/RC63/R.1) and (EM/RC64/R.1), which noted the progress made in relation to regional strategic priorities, particularly, the progress made by Member States in undertaking evaluations for implementation of the IHR. The latter resolution further urged Member States to undertake, if they had not yet done so, external evaluations as soon as possible and to develop national plans of action to implement the recommendations of the assessment[4][5]. The IHR Review Committee in its report on the Role of the IHR (2005) in the Ebola outbreak and response (A69/21, *in reference to Recommendation 2.1.5*) furthermore reiterated that "National Action Plans should be updated by States Parties within one year of the Joint External Evaluation (JEE), with support from WHO regional and country offices as appropriate[6].

Iraq completed its self-assessment and JEE in March 2019. The JEE came up with concrete recommendations to be pursued, in order to strengthen the country's technical capacities in the 19 technical areas under the IHR 2005. The development of NAPHS came as the next step in the continuum of exercises to meet the IHR MEF requirements. Multi-sectoral participation was discussed and agreed between WHO-EMRO and Iraq international Health Regulation center on one side and MOH Iraq and the IHR multi-sectoral committee contains all national IHR-bound authorities on the other side. Communication with all relevant sectors was effected by the IHR-NFP and the participation of relevant technical experts from each sector was confirmed for the planned workshop. Invitations were also extended to partners ahead of time, to ensure consensus on the outcomes of the plan and a view ahead to improve national health security in Iraq. Participants made sure to address the inter-link between relevant technical areas and the issue of strengthening coordination, cooperation and communication among key stakeholders, and reflect that in the planned activities.

A repository of policy and planning background documents was created and made accessible to all experts and participants ahead of the workshop. All the discussions were informed by the data and reports made available took in consideration progress made in relation to the JEE recommendations in each technical areas. The workshop embodied the existing plan as a take-off point, and elaborated it to fit the standard NAPHS format used by WHO around the globe.

By the end of the three-day workshop (18-20 March 2019), a detailed, costed, multi-sectoral health security action plan had been developed and agreed among the diverse array of technical experts participating to the workshop. The next step is to allocate a portion of the national budget and raise funds from different sources for the implementation of the plan over the five year period as of the date of endorsement. WHO will continue to

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[1] Document WHA 68/22 Add.1 (http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_22Add1-en.pdf).
[2] Document WHA 69/20 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_20-en.pdf).
[3] World Health Organization. Joint External Evaluation Tool, Geneva, 2016.
(http://apps.who.int/iris/bitstream/handle/10665/204368/9789241510172_eng.pdf;jsessionid=246C9B63C033B1C97CD90E0
E7BA9A6D2?sequence=1).
[4] Resolution EM/RC63/R.1 (http://applications.emro.who.int/docs/RC63_Resolutions_2016_R1_19194_EN.pdf?ua=1).
[5] Resolution EM/RC64/R.1 (http://applications.emro.who.int/docs/RC64_Resolutions_2017_R1_20124_EN.pdf?ua=1).
[6] Document WHA A69/21 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf).

provide technical support for the Government of the Republic of Iraq to implement the plan in order to improve health security, nationally and in the sub-region, thereby contributing to an enhancement of the global health security agenda, under the domain of IHR (2005).

II. OBJECTIVES

The objectives of NAPHS workshop, stated by the Government of Iraq, in agreement with WHO were:

1. To bring together national stakeholders representing the 19 technical areas of the IHR framework along with partners and donors to discuss and agree on relevant activities to enhance health security in Iraq;
2. To carry out costing of Iraq NAPHS;
3. To officially endorse the plan.

III. METHODOLOGY

a) Preparations for the national meeting

Preliminary preparations for the development of the NAPHS were initiated several weeks before the workshop. Documents including relevant policy and planning documents were shared to better inform the development of activies and avoid duplication with concurrent national-level activities. These preparatory documents, including previous assessments, exercises, and other relavent strategic documents, were essential in facilitating informed discussions during the actual workshop.

During this period, appropriate national counterparts were mapped and identifed for their participation to discuss and complete the plan of action for each of the 19 technical areas. The WHO Regional Office and MOH Iraq liased together to finalize key national experts across diverse sectors in Iraq, thus ensuring a comprehensive representation of IHR relevant stakeholders.

b) Conducting the national meeting

A large number of national experts, including members from the IHR multi-sectoral committee, the health emergency preparedness and response committee, the Ministry of Planning, Ministry of Finance and all other concerned government Ministries and directorates, participated within the workshop which was convened by MOH in Baghdad, Iraq, 18-20 March 2019. An overview of the JEE scores and recommendations was presented by technical area to review national needs and capacities. Facilitators from WHO provided support for participants to effectively develop objectives and detail activities that respond to the gaps identified in the JEE recommendations.

During the workshop, participants were divided into diverse working groups based on technical expertise; these multisectoral groups discussed and operationalized the priority recommendations for a grouping of thematically similar JEE Technical Areas. Proposed activities were discussed in great detail, defining their implementation timeline, frequency, costing, and key implementers.

The NAPHS development process considers existent strategic plans, national programmes, and progress already achieved while composing activities across the 19 Technical Areas.

c. Strategic directions and current initiatives in Iraq

Iraq is a party to International Health Regulations 2005 (IHR). Several activities have been done to facilitate the implementation of the regulations in the country including:

- identification of a national official responsible for IHR
- coordination and collaboration with different ministries and organizations to implement the IHR
- training courses and workshops for health-care providers, including quarantine staff, to raise competence
- assessment of capacity and surveillance preparedness at different sites in order to comply the regulations.

IV. COSTING THE PLAN

Costing each individual activity is a crucial step to identify the portion of funding the government can allocate from domestic resources, as well as the differential to be mobilized from external resources.

A matrix of common costs was developed for Iraq with technical input and consensus from the IHR NFP and national stakeholders – this rubric of costs would be applied systematically across all developed activities when generating the costing for the overall NAPHS. Cost estimates for each activity were derived using a standardized profile of activities (for example, small, medium and large meetings; national or international consultancy, etc.). The total cost of each activity relating to the JEE recommendations and set objectives took into consideration the frequency with which the activity is carried out throughout the five year period of the plan.

The total cost of the plan is estimated at **USD $59,544,033.** The detailed list of activities and related costs cost by technical area are shown in Annex B of this report. A summary of costs by technical area by year of implementation is shown in Annex C. Some activities will vary in cost while others may have additional unforeseen expenses.

V. FINALIZATION AND ENDORSEMENT OF THE PLAN

At the conculsion of group work, the detailed activities across the 19 Techical Areas were compiled, reviewed, finalized, and costed. National counterparts presented the proposed activites by area to the group at large for final consensus and ownership across sectors. The completed, multi-sectoral NAPHS Iraq will be to the national authorities and upon agreement, it will be endorsed.

VI. ANALYSIS OF THE PLAN

The NAPHS represents a prioritization exercise from the findings and reccomenations of the Joint External Evaluation, as well as other elements of the IHR Monitoring and Evaluation Framework.

The detailed list of acivities tailored for each area – along with the attached budget figure- is shown in Annex A. The following section highlights the direction and provides an analysis of the main planned activities of the plan, area by area.

- *PREVENT*
1. *National legislation, policy and financing*

Iraq has made considerable efforts to comply with its obligations under the IHR. The extreme disruption caused by the war, sanctions and other system shocks since passage of the Law has led to inevitable problems with implementation. The Council of the Ministry of Health does not exist and Iraq is experiencing problems in implementing the various rights and programs in the Law. Nonetheless, the Public Health Law is a strong law which is capable of being amended to better suit Iraq's current health system, current health strategy and current health priorities. There is a gap in relation to Quarantine laws governing risk management activities at borders and ground crossings. Laws to manage safety of the use, transport, disposal etc. of radiation sources and

chemicals exist but are approaching forty years old, so a review of laws covering these areas is suggested, if action is not already being taken in these areas. Inter-sectoral collaboration in relation to alignment of laws, inter-sectoral cooperation during a risk response or national emergency response and in data gathering and sharing.

In order to continue improving the capacity of Iraq in the area of national legislation, it has been proposed to complete review of current legislation by a committee consisting of the public health sector and legal advisors. Awareness must be done to inform all relevant sectors as well as citizens of the new legislation. Follow up must be done on all relevant laws pertaining to IHR related activities

2.   IHR coordination, communication and advocacy

Iraq has a present multi-sectoral committees for coordination, collaboration and communication between all relevant sectors, specifically during religious visits (mass gathering) and during outbreaks. The IHR bound ministries of Iraq coordinate through sharing of data, a multisectoral committee of experts, emergency operating centre during emergencies as well as through field visits. Reporting and coordination between MOH and MOA is present but very weak. Sharing information is not systematic and mainly occurs during crisis events rather than in a regular and continuous process. Coordination and reporting must be strengthen between the sectors as well as awareness on IHR is limited in terms of reporting incidents/events of public health concern among sectors and to the WHO.

Based on the JEE, Iraq has planned to build the capacity of IHR coordination through regular meetings between all relevant sectors and establish an electronic platform for reporting between IHR bound sectors. It is imperative to conduct a risk assessment which will be used to develop the electronic platform and advocacy and training material for the sectors. Training will be implemented followed by multiple, regular simulation exercises.

3.   Antimicrobial resistance

Implementation of the AMR NAP faces some challenges as there is currently no national surveillance of AMR pathogens under the "One Health" approach, and no dedicated funding for AMR surveillance activities. Public and healthcare workers' awareness about AMR is still poor and there is weak coordination of AMR awareness activities by the government and partners. Coordination is still weak with other government ministries and agencies that are not part of the national AMR committee (e.g. municipalities). Iraq has enrolled to the Global Antimicrobial Resistance Surveillance (GLASS) platform and has reported AMR data during the last data call in 2018. MOH has designated the Central Public Health Laboratory as the national reference lab (NRL) to identify and diagnose AMR pathogens. Laboratory capacity exist in some hospital settings but there are challenges with sustainability of laboratory supplies and reagents.

Following the JEE, it is evident that Iraq must continue to build up the infrastructure of its laboratory capacity and surveillance, specifically in the area of AMR. With the infrastructure in place, legislation, guidelines, and SOPs will be developed, inclusive of the training of staff must be implemented in order to build AMR capacity in the country.

4.   Zoonotic diseases

There is a formal national surveillance system for zoonotic disease both within MOH and MOA with the agreed list of priority zoonotic disease. However, there is a lack of coordination between the different sectors involved in the surveillance and response of the zoonotic diseases and there is a need of field epidemiology training for veterinary services. In addition, the veterinary laboratory needs to improve the capacity for diagnosing haemorrhagic fevers.

During the NAPHS exercise, the areas for further improvement were designated and compiled under the NAPHS. In this regard, Iraq aims to develop a national one health strategy and the establishment of join surveillance plan for the priority zoonotic disease and to develop Field Epidemiology Training Programme for the veterinarian.

5. Food safety

The Government of Iraq is in the process of developing and updating the national food safety system. Iraq is a member of the International Food Safety Authorities Network (INFOSAN) with an identified focal point based is the ministry of agriculture. Capacity to perform laboratory test and the identification of the aetiology is in place for most of the food and waterborne contaminant. However, there is a gap in the testing of pesticides residues and other chemical contaminants such as heavy metals, industrials pollutants and mycotoxins.

The largest step Iraq has planned to improve the capacity of its Food Safety sector has to do with surveillance. Coordination should be built up followed by the improvement of data management via a unified electronic platform for surveillance and data sharing. Labs should be updated to provide the best suppport of surveillance. Training of staff is also vital to scale up the quality of work. A number of plans and legislation should also be developed, endorsed and implemented.

6. Biosafety and biosecurity

Iraq is putting efforts into developing and implementing a biosafety and biosecurity program to ensure sustained adequate laboratory practices throughout the country. A multi-sectoral National Biorisk Management Committee (NBMC) was established in 2012. There are three subcommittees for legislation, pathogen list, and awareness raising.

Some, but not all, elements of a comprehensive biosafety and biosecurity system are in place. The highest biosafety level (BSL) in the country is BSL2+ (work with microorganisms is conducted in a BSL2 laboratory with select BSL3 biosafety practices and procedures). The country has started with keeping an inventory of dangerous pathogens. A comprehensive national biosafety and biosecurity regulatory framework is currently being finalized before submission for endorsement.

CPHL and CVL are facing a poor status of their infrastructure in combination with malfunctioning key equipment and lack of their maintenance. This is especially important for the class 2 biosafety cabinets (BSC Class 2) which have not received maintenance and were not certified since they were first installed years ago. There are no longer qualified engineers and required calibrated equipment in the country to maintain and certify BSC Class 2. The lack of properly functioning equipment is likely an equally important issue for other laboratories across sectors. Aside from biosafety in the laboratory, more attention is needed to training fieldworkers across sectors to safely collect, handle, pack and transport specimens.

7. Immunization

The national EPI programme in Iraq was established in 1985, targeting infants, with 6 antigens. Since that time, the program immunization schedule evolved to expand to older age groups and include 11 antigens, including PCV and rota vaccines. The programme provides as well a number of other vaccines specific to special high risk populations (i.e., typhoid vaccines, meningococcal vaccine, etc.).

Immunization in Iraq is mandatory (public Health law) to all children and is provided free of charge to all target populations living in the country regardless of their nationality; and the government of Iraq covers 100% of the vaccines' cost, except for some vaccination campaigns where contributions from WHO, UNICEF and other

partners have been received. However, some of the important programme functions (such as training and supervision) have been facing financial challenges.

The programme that was able to achieve high level performance indicators before, has been heavily affected by the crisis, resulting in much lower coverage rates and increased morbidity and mortality with VPDs. Vaccine shortages are frequently reported at local, governorate and even national level, indicating potential problems in terms of vaccine forecasting, and or distribution. Population demand and trust into the programme services have deteriorated considerably; this was as well the case for the Programme reporting, monitoring and evaluation systems the programme data reporting and management system, resulting in important discrepancies between coverage reported data, surveys figures and VPDs incidence, that continue to be relatively high and do not match with the relatively high coverage figures reported by the programme.

Huge efforts are now being deployed by MoH, in collaboration with partners like WHO, UNICEF and EMPHNET, to rebuild the various programme system blocks at the various administrative levels.

Main actions recommended for a short and mid-term improvement include increasing physical access through integrating immunization services in all priority health facilities that are not doing that (actually around 40% of health facilities do not provide immunization services), regaining population trust and increase demand through an evidence based social mobilization and health education strategy that goes beyond immunization campaign and regularly target all programme aspects; an evaluation of the programme reporting and data management system (DQS) to identify weaknesses and target them with a comprehensive improvement plan; conduct a national coverage survey to know better about the coverage figures at national level as well as in all governorates; and use the opportunity of the effective management assessment exercise planned in Iraq by UNICEF in collaboration with EMPHNET to assess the vaccine forecasting/procurement/distribution system as well to identify gaps and undertake necessary upgrading measures.

- **DETECT**
8. *National laboratory system*

Iraq has a multi-sectoral laboratory system with most of the diagnostic capacities at national level. The Central Public Health Laboratory (CPHL) and the Central Veterinary Laboratory (CVL) are the main reference laboratories for public and animal health, respectively. While the indicator laboratory testing for detection of priority diseases (D.1.1) was scored as demonstrated capacity, it should be noted that there is still room for improvement. This is especially true for laboratory quality and safety. National laboratory quality standards do not exist. The highest biosafety level (BSL) in the country at CPHL is BSL2+ (work with microorganisms is conducted in a BSL2 laboratory with select BSL3 biosafety practices and procedures). The current poor status of the CPHL and CVL's infrastructure; malfunctioning and maintenance of key equipment, including biosafety cabinets; and difficulty in procuring reagents and validated kits in a sustainable manner hamper their performance.

As there are many types of laboratory services in the country at national and sub-national levels as well as across sectors, there is need for strategic direction and coordination across these laboratories. Iraq would benefit from developing, endorsing and implementing a national laboratory policy and a subsequent national laboratory strategy to provide direction and streamline laboratory services. The national laboratory strategy would also describe a tiered laboratory network outlining test capacities at different levels within the system.

9.   *Real-time surveillance*

In Iraq, surveillance of infectious diseases for human health under the Ministry of Health and environment with the mandate for the provision of health services in Iraq. Public health surveillance systems are coordinated by the epidemiology unit within the Ministry of Health. Event-based surveillance is yet to be fully implemented at the national and subnational level. The signals detected passively by the system are followed up by the rapid

response teams to respond to the type of threat detected. Timely disease notification is needed as well as an increase in laboratory capacity to properly report on disease. An electronic system would greatly improve the current operational capacity.

Iraq must follow up on the current legislation and plans in development in order to improve on the JEE evaluation. SOPs need to be developed and implemented. Training of staff is also a priority in order to comply with surveillance requirements. Other initiatives involving communication infrastructure (internet, etc) have been proposed in order to improve real-time surveillance.

10. Reporting

Iraq has a Higher Committee as well as a technical committee established as per an official ministerial order with defined TORs and roles and responsibilities of the designated focal points. Though there are defined TORs, not all sectors report using these predetermined mechanisms, therefore, Iraq must improve their coordination and collaboration. It must also ensure that there is a multisectoral process in place for assessing potential events for reporting and systemic information exchange between district/provincial health offices, animal surveillance units, laboratories and other relevant sectors regarding potential zoonotic risks, urgent zoonotic events as this is low to zero due to the fact lack of reporting mechanism. Event based surveillance should be improved as well, especially in regards to legislation.

The country as planned to establish regular meetings involving the focal points for WHO, FAO, and OIE to develop a policy and SOPs for notification of potential PHEIC for all reporting entities, as well as outlining an advocacy strategy to empower the IHR NFP and its functions (specifically with WHO). Trainings are to be conducted to improve the usage of the current reporting system. Regular reviews of the notification mechanism will be conducted, and, based on the gaps, trainings and other capacity activities will be conducted.

11. Workforce development

MoH directorate of planning and resources development has a multi-year strategy (2018-2022) for human resources. The strategy has a general classification for HR and includes a performance appraisal system. MoH has established annual indicators in terms of HR requirements, based on available staff as well as on recruitment and production capacities (through a coordination committee between MoH and Ministry of High Education). The situation is very similar when it comes to Animal Health.

However, available HR development strategies in both human and animal sectors have not considered some of the careers that are highly important for IHR implementation requirements (like epidemiology, occupational health, vets and other animal health careers). In addition, there is a weak coordination between the various sectors involved in IHR implementation in terms of developing, implementing, monitoring and sustaining adequate intersectoral work force to implement IHR at all country administrative levels. No incentives have been considered to attract human and animal health professionals to Public Health careers relevant to IHR implementation.

As a result, there are clear shortages in some of the disciplines like epidemiology (both in human and animal health sectors), infection control and rapid response teams, essentially when it comes to governorate and district level; while at the same time there is an over staffing, in particular, in facilities in big cities such as Baghdad.

In terms of in-service training, the country has a good number of opportunities for both human and animal health, through a mix of regular training courses as well as ad-hoc capacity building workshops, provided by national institutions in the country and by several partners. However, utilization of these opportunities has been episodic, with very little strategic planning and budgeting, and most of the time no consideration of the country needs especially when it comes to IHR.

As example, the country has a ten-year old FETP programme, supported by the Regional Field Epidemiology Training Network (EMPHNET) and DTRA, and implemented in close collaboration with the faculty of Medicine of Baghdad. The programme has so far 2 layers, a two-year advanced course and a three-month basic course, especially tailored to country local priorities. However, only 52 people graduated so far from the advanced FETP during these 10 years, with no new candidates registered during the last year. This low attraction for PH professionals seems to be mainly due to lack of clear careers development horizons for this type of disciplines into the national HR strategy.

Therefore, there is an evident need to establish an intersectoral mechanism to coordinate the development, implementation, monitoring and sustaining of an adequate intersectoral work force to implement IHR at all country administrative levels, through an evidence-based identification of needs, a revision of MoH, MoA and other IHR relevant sectors, of their HR development strategies and the development and implementation of a phased approach to fulfil the required number of high quality IHR human capacities at various levels. Of a similar importance is the establishment of a sustainable incentive mechanism to attract and sustain a critical number of good quality experts to the various IHR capacities at the various country administrative levels; and the development in all IHR relevant sectors of evidence based budgeted multi-year action plans for in service training to sustain HR capacities, building on available opportunities. The DTRA/EMPHNET country supported FETP programme needs to be accelerated and expanded to other important disciplines like labs, vets, environment health and other IHR relevant disciplines.

- *RESPOND*
12. Preparedness

Iraq has been exposed to exceptional challenges and damage to infrastructure and its health system over the past couple of decades and has conducted a few risk assessments across the various sectors but has not conducted a comprehensive multi-hazard risk assessment with the associated resources mapping across the whole country. Effective planning continues to be constrained by insecurity in some parts of the country.

In order to effectively plan for emergency events, Iraq has proposed to support risk mapping at the central and governorate level. This would be followed by a large number of workshops based on the assessment as well as a number of different plans that should be developed in parallel. The development of an electronic platform to share the results of notifiable diseases to the EOC has been identified as a key step in preparedness. Simulation exercises are also an important part of this area of work.

13. Emergency response operations

Iraq has several legislations issued to mitigate the suffering of people during public health events and emergencies. The response operations to some extent follows a reactive pattern to public health outbreaks and disasters. Sub nationally, across the 18 Governorates in Iraq; each has a Governorate of Emergency Cell (GEC) responsible for the initial response to any public health event or disaster and surge capacity can be provided from the central government authority. In cases of national or wide-spread impact from an event, a higher coordination committee can be formed under the prime minister's office to manage the province or provinces affected. The NMOC also serves as a training center to train both MOH and staff from basic first aid to more specialized training. A variety of exercises have been conducted over the past few years; mainly CBRN functional exercise.

The development and implantation of an electronic system to respond during emergencies is imperative for the country. Training of staff should be done for use of the new system. Evaluations, improvements, and staff trainings for the EOC are also a large part of the plan for Iraq at all levels. Inclusion of the private sector in planning and response should be taken into consideration.

14. Linking public health and security authorities

Iraq is facing a diversity of emergency and disaster situation especially in the past few decades. Authorities have made significant steps to work around these conflicts. Even with these significant steps, there are still a number of gaps that need to be improved upon. Capacity should be tested between the public health and security sectors, though this can be difficult with the numerous and different security sectors at the different government levels. The system is not proactive, but rather retroactive by responding to emergencies upon occurrence. Also the sharing of information between the public health and security sectors is not systematic or timely. All public health and security sectors should be involved in joint training programs, especially at the governorate levels.

In order to improve capacity of the public health and security sectors, a review of existing policy surrounding the preparations for a public health event will be conducted. Based on the review, clear joint SOPs for engagement of both sectors for responding to public health events will be developed. Plans should be made for joint trainings as soon as feasibly possible. In addition, there should be a mechanism to document AARs after any joint activity between the two sectors.

15. Medical countermeasures and personnel deployment

Medical countermeasures are vital to national security and protect nations from potentially catastrophic infectious disease threats. Investments in medical countermeasures create opportunities to improve overall public health. In addition, it is important to have trained personnel who can be deployed in case of a public health emergency for response. Iraq has a number of pharmaceutical manufacturers that produce medications and medical supplies; however none of them has the capacity to produce vaccines or drugs that can be used to respond to public health emergencies and thus has to be purchased from external manufacturers. The country has several rapid response teams to investigate and respond to public health emergencies but these teams are not multidisciplinary and don't exit at all levels of the country. Emergency medical teams do not exist in the country. Case management guidelines are in place for the identified priority epidemic prone diseases, however, there are no generic guidelines that can be used to manage cases with unknown infectious hazards.

Iraq has proposed to build capacity through developing an emergency receiving systems for drugs and other related health countermeasures as well as manual for forecasting needed countermeasure for forecasted emergencies. Trainings will be conducted on both these areas as well as on how to forecast the needed countermeasures for potential public health events. Awareness is to be conducted for the emergency teams to know what resources are available to them at the regional and global levels. Iraq will develop and disseminate policies and protocols for sending and receiving personnel with other organizations/agencies in country and internationally to respond to public health events as well as train the relative staff in the in pertinent sectors on these new policies and protocols.

16. Risk communication

Besides emerging from several decades of conflicts and withstanding long periods of insecurity, Iraq has witnessed a handful of natural disasters and disease outbreaks. These health emergencies have led to devastating effects bringing to the fore the need to harness national risk communication (RC) interventions in the areas of preparedness, response, and mitigation. Despite having risk communication included in several disease specific action plans (polio, pandemic influenza), Iraq does not have a national multisectoral all hazard strategy for risk communication. Although during past outbreaks, many partners and stakeholders actively supported the national response interventions, coordination, standardization and uniform implementation of risk communication interventions at all levels still need to be formalized. While health awareness trainings have been conducted on a variety of subjects, there is an expressed need by all concerned parties for developing the capacity and training all staff involved in risk communication.

To address these gaps, a multi-sectoral and multi-hazard risk communication strategy and action plan will be developed. The strategy will be integrated with national plans for public health emergency. A multidisciplinary technical advisory board will be formed to guide and support evidence-based development and implementation of the risk communication action plan. The existing risk communication coordination mechanism among relevant ministry's entities and stakeholders will be formalized building on the informal processes that drive its current implementation. To build a network of skilled communicators, capacity building will be conducted to all stakeholders involved in risk communications including concerned staff across all ministries, media personnel and partners. Finally, a system for rumour and misinformation tracking and response will be developed to establish clear lines of communication and 2 ways feedback between affected communities and health authorities during emergencies.

- ***OTHER IHR-RELATED HAZARDS AND POINTS OF ENTRY***

17. Points of entry

The country has 26 points of entry divided between (5 airports, 6 ports and 15 ground crossings) that carry international traffic, though some PoEs are not functional due to the security situation. Of the 26 PoEs, only three are designated to implement IHR capacities. Assessments of PoEs should be done in order to review the decision of designating points of entry as well as it has been neglected for quite some time. The capacity at each PoE must be increased through infrastructure, number of trained staff/human resources, reporting, surveillance, and quarantine.

Iraq has proposed to first host a meeting with all concerned parties to review the volume of movement of good and people and to develop a disease profile in accordance with its neighbouring countries. Plans of action at multiple levels (both PoE specific as well as multilateral and bilateral with neighbouring countries) will be developed and implemented. Trainings on IHR, surveillance, vector control, equipment use, SOPs, labs, and other PoE specific topics will be developed and implemented at the different PoEs to improve HR capacity. Infrastructure will need to be purchased, installed, updated as well as trainings for usage (lab, quarantine, etc). Simulation exercises should be conducted regularly to prepare for any type of incident that would affect PoEs. A number of evaluations and assessments are also planned.

18. Chemical events

Iraq Capacities' for detecting and managing chemical events are lacking. Similar to other governmental functions, lack of financial and human resources is a major gap that is currently hindering the work of all institutions. While efforts should continue to make needed financial and human resources available, actions by all concerned stakeholders should be focused on filling other gaps that require minimal financial resources such as human resources development, updating policies, legislations and standard operating procedures, networking and coordination between the different stake-holders through national public health emergency plans.

Iraq has been facing emergencies due to chemical incidences over the past few decades, and particularly there have been many recent incidents that made the country to be relatively vigilant, and prepared for responding to chemical events in the country. Accordingly several Chemical, Biological and Radio-Nuclear (CBRN) teams were established. The capacities built during the recent events improved the chemical incident detection and response in Iraq. Unfortunately, the capacity of the health sector to clinically manage intoxications is still weak. Available resources are not adequate to keep up with the growing risk of chemical incidents, the system has to be improved with necessary policy changes, strategies, and initiatives with necessary funding, technological and networking inputs.

Capacity for detecting and responding to major chemical events is lacking and scattered between different stakeholders in Iraq. Guidelines, manuals and SOPs on surveillance, assessment and management of chemical events, intoxication and poisoning are available but fragmented with different stakeholders. The capacity of the

poison centers is limited and not available 24/7. Surveillance of toxicity and human poisonings needs to be further strengthened. The current indicator and event based surveillance systems do not capture chemical events and poisonings adequately.

A national policy, action plans and legislation, albeit fragmented, for surveillance, alert and response to chemical events exist. There are many chemical legislations but not sufficiently enforced. Although adhoc response to chemical events in petroleum establishments was practiced in the past 10 years, there is no comprehensive strategic plan for chemical safety or a National Chemicals Management Profile.

19. Radiation Emergencies

Iraq's capacity to detect and respond to radiation and radio-nuclear events are developed. Standard operating procedures (SOPs), guidelines and resources of the health sector need to be strengthened for clinical management of radiation victims. A radiation emergency response plan exists with clear roles of related sectors but the roles of the health sectors need to be streamlined and clarified.

Capacities for detecting and managing radiation emergencies are developed. Similar to other governmental functions, lack of financial and human resources is a major gap that is currently hindering the work of all institutions. While efforts should continue to make needed financial and human resources available, actions by all concerned stakeholders should be focused on filling other gaps that require minimal financial resources such as human resources development, updating policies, legislations and standard operating procedures, networking and coordination between the different stake-holders through national public health radiation emergency plans.

Iraq didn't face any significant radio-nuclear emergencies during the past 15 years. However, more preparedness and response initiatives launched in the country due to the radio nuclear hazards expected from regional conflicts. The capacities built during the recent years by the IAEA improved the radio nuclear contamination detection and decontamination process in Iraq, system has to be improved with necessary policy changes, strategies, and initiatives with necessary funding, technological and networking inputs.

There is a national strategic plan for radiation safety, and response plan for radiation emergencies with clear roles and responsibilities for all related sectors. Unfortunately the role of the health sector in clinical management of people exposed to radiation needs to be further elaborated.

VII. STEPS TO SUPPORT THE IMPLEMENTATION OF THE PLAN

1. Alignment with national health strategic planning and fiscal year

During the workshop, the participants aligned the activities adopted under each technical area with existing national multi-sectoral strategic plans. Efforts to sync these activities with the national planning cycle for the fiscal year is important to guarantee the allocation of domestic resources needed for implementation.

2. WHO support

In order to fully implement the plan, additional budget and technical support will be needed. Iraq will take lead in implementing the plan, with WHO providing the necessary technical support.

3. Partnership

The mobilization of external technical and financial resources is required to implement the Iraq NAPHS. Partners, donors, and domestic stakeholders were directly engaged in the country's planning process from the beginning

through close coordination, with the aim of defining areas within the health system where support can best be provided. Existing and potential partners and donors may choose to support more than one technical capacity area or provide support for the entire country program related to health security, with no earmarking other than for the strategic national plan priority technical capacity areas.

4. Next Steps

Endorsement of NAPHS by the Government of Iraq provides legitimacy and guarantees support to the plan across setors by the highest level of authorities in the country. The IHR National Committee will continue to follow up with the various national bodies to allocate resources and engage (if necessary) in vigorous fund-raising for the implementation of the plan. Implementation of the planned activites will continue with increased momentum after the plan has been fully endorsed.

Annex A: List of JEE Indicators, Scores and Recommendations per Technical Area

Capacities	Indicators	Scores	Recommendations
National legislation, policy and financing	P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors to enable compliance with the IHR	2	• Review of Iraqi legislations to update laws and provide clarity about existing authorities, designation of responsibilities and scope of powers across sectors. • Using existing constitutional powers, draft subordinate legislations/regulations/instructions to provide more details on; management of communicable diseases (including meeting basic data collection requirements); animal and human quarantine and arrangements to align with the National Disaster Risk Reduction • Conduct awareness training across sectors to promote existing law and enforce its implementation. • Utilize executive authority to support powers and responsibilities of IHR NFP and disseminate widely to support the implementation of IHR NFP functions. • Accelerate the review and endorsement by the Parliament of the new Public Health Law to replace the 40 year old law and the disaster risk management law.
	P.1.2 Financing is available for the implementation of IHR capacities)	1	
	P.1.3 A financing mechanism and funds are available for timely response to public health emergencies	1	
IHR coordination, communication and advocacy	P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR	2	• Establish an electronic platform for information sharing between IHR bound sectors for risk assessment and early interventions. • Review the ToR of existing coordination mechanisms to ensure integration and clarity of roles' division and responsibilities. • Conduct advocacy and training activities on IHR for IHR bound sectors with wide dissemination of related documents. • Advocate for the representation of IHR NFP in high level coordination structures with clear line of information sharing among the members of the HR NFP and IHR multisectoral committee. • Organize regular drills / simulation exercises to test coordination and communication mechanisms including at PoE.
Antimicrobial resistance	P.3.1 Effective multisectoral coordination on AMR	3	• Endorse, fund and implement the national antimicrobial resistance plan.
	P.3.2 Surveillance of AMR	2	• Develop national AMR surveillance plan for both human and animal sectors.
	P.3.3 Infection prevention and control	2	• Update the national IPC guidelines and train healthcare workers on its implementation.
	P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture	1	• Add antimicrobials to the Essential Medical List in line with the WHO guidelines. • Monitor appropriate use of antimicrobials in both human and animal sectors.
Zoonotic diseases	P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	3	• Review and update the sector and level representation in the national zoonotic committee to ensure functionality. Ensure that the development of one health strategy is among its responsibility. • Establish a joint surveillance plan with all relevant sectors under the one health strategy. • Based on assessment of training needs, offer training opportunities to veterinarian such as access to FETP. • Expand active surveillance to cover all priority zoonotic diseases. Identify opportunities to fully apply compensation for diseased livestock. Upgrade laboratory capacity for the detection of the zoonotic disease. • Review the existing plans for zoonotic disease preparedness and response to cover all priority zoonotic diseases.
	P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	1	

Capacities	Indicators	Scores	Recommendations
Food safety	P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	2	• Finalize and endorse the national plan for food safety developed based on the results of the WHO assessment. • Establish a mechanism for the implementation of the national plan for food safety with milestones, monitoring and evaluation indicators.
	P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies	2	
Biosafety and biosecurity	P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	2	• Endorse and implement the national regulatory framework for biosafety and biosecurity. • Offer regular refresher trainings in biosafety and biosecurity for laboratory staff in all sectors, including field staff. Ensure training includes risk assessment and management of high-threat pathogens. • Reinforce the maintenance of an updated inventory of dangerous pathogens and toxins.
	P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	3	
Immunization	P.7.1 Vaccine coverage (measles) as part of national program	3	• Develop, implement and monitor a national strategy to increase population demand for routine immunization and raise health professionals awareness • Expand vaccine delivery services network • Mapping of potential vaccine delivery opportunities • Integrating immunization services in all remaining PHC facilities • Assess, revise and monitor the country vaccine forecasting, procurement and distribution system to address the frequent vaccine shortages. • Undertake evidence based measures to improve data quality, accuracy and analysis • Use evidence based measures to address discrepancies in coverage figures and to identify high risk groups and pockets.
	P.7.2 National vaccine access and delivery	2	
National Laboratory Systems	D.1.1 Laboratory testing for detection of priority diseases	4	• Develop, endorse and implement a national laboratory policy to guide future activities in a coordinated and sustainable manner making optimal use of resources. • Develop, endorse and implement a national laboratory strategic plan to translate the national laboratory policy into strategic objectives. • Develop, endorse, and implement national laboratory quality standards that can be adapted and applied to nationwide laboratories. • Conduct a situational analysis targeting locations and capacities of key laboratories across the country serving different sectors, including public health, clinical, animal health, food safety, chemical and radiation, to support tier-specific testing strategies and national referral testing. • Test the functionality of the national specimen referral system through simulation exercise, specifically a skill drill.
	D.1.2 Specimen referral and transport system	4	
	D.1.3 Effective national diagnostic network	2	
	D.1.4 Laboratory quality system	2	
Real-time surveillance	D.2.1 Surveillance systems	2	• Establish a formal event based surveillance system. • Integrate laboratory information into existing indicator and event-based surveillance. • Enhance in-country laboratory capacity to allow prompt identification of national priority pathogens. • Enhance the capacity of personnel at the different administrative levels for data analysis, forecasting. • Plan for the phasing out of the manual reporting from the primary level to the governorate level to computerized
	D.2.2 Use of electronic tools	2	
	D.2.3 Analysis of surveillance data	3	

Capacities	Indicators	Scores	Recommendations
			systems reporting.
Reporting	D.3.1 System for efficient reporting to WHO, FAO, and OIE	2	• Develop a policy and SOPs for notification of potential PHEIC for all reporting entities and from IHR NFP to WHO.
	D.3.2 Reporting network and protocols in country	2	• Improve understanding of WHO, OIE, FAO notification/reporting requirements through multi-sector discussions. • Disseminate information on roles and responsibilities of INFOSAN, WAHIS, IAEA and IHR focal point to relevant stakeholders • Conduct training to enhance knowledge and use of the IHR decision instrument for the notification of potential all hazard PHEIC. • Review previous event compliance of IHR notification to identify gaps and recommend improvements.
Workforce development	D.4.1 An up-to-date multisectoral workforce strategy is in place	2	• Establish an intersectoral mechanism to coordinate the development, implementation and monitoring of an evidence-based strategies and plans to secure sustainable multi-disciplinary work force to fully implement IHR at all administrative levels.
	D.4.2 Human resources are available to effectively implement IHR	2	• Map available in-service training opportunities and develop adequate and budgeted HR capacity building plans that address all sectors' needs.
	D.4.3. In-service trainings are available	3	
	D.4.4 FETP or other applied epidemiology training programme is in place	4	• Identify and adopt administrative and financial measures to raise awareness and attract public health professionals to IHR implementation relevant careers. • Accelerate and expand the country FETP programme to IHR required disciplines (Lab, animal health (vets and animal health technicians) and environmental health), to secure and sustain adequate multi-disciplinary HR capacities at the various administrative levels.
Preparedness	R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped	1	• Accelerate ongoing work for SENDAI framework by conducting national multi hazard strategic risk assessment to prioritize public health threats from all sources and identify resource requirements for response activities. • Map the resulting resource requirements for public health and identify critical Information that need monitoring on a daily basis (correlated to nationally notifiable diseases) for the the Medical Operation Center.
	R.1.2 National multisectoral multihazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested	2	• Conduct an assessment for training needs to be conducted by the training center • Continue to engage the inter-ministerial, inter-sectoral operations-level working group, (including development partners) in reviewing the national public health response plan that reflects a whole-of government approach in responding to priority public health threats.
Emergency response operations	R.2.1 Emergency response coordination	4	• Consider integration of the poison centre within the multihazard public health surveillance structure and establish a national poison registry.
	R.2.2 Emergency operations centre (EOC) capacities, procedures and plans	3	• In view of the ongoing evaluation, consider the use of standard terms of reference and operating principles while upgrading the EOC. Consider joining EOC-NET.
	R.2.3 Emergency exercise management programme	3	• Document lessons learnt after outbreak or after action reviews related to all public health events and with outcomes reflected in updating response plans. • Expand and equip multidisciplinary rapid response teams at the different administrative levels.
Linking public	R.3.1 Public health and security authorities (e.g. law	3	• Plan and conduct joint training programs between public health and security sectors, especially at the

Capacities	Indicators	Scores	Recommendations
health and security authorities	enforcement, border control, customs) are linked during a suspect or confirmed biological event		governorate levels. • Document the collaboration between public health and security sectors in responding to public health threats.
Medical countermeasures and personnel deployment	R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency	3	• Ensure fast track approval procedures are in place for sending and receiving medical countermeasures with allocated emergency funding. • Develop protocol/guidance/procedures for active participation in Global Outbreak Alert & Response network (GOARN) and development of Emergency Medical Teams (EMTs). • Develop and disseminate policies and protocols for sending and receiving personnel to other organizations/agencies in country and internationally to respond to public health events. • Develop and provide training on case management guidelines for cases contaminated with chemical and radiation contaminants.
	R.4.2 System in place for activating and coordinating health personnel during a public health emergency	1	
	R.4.3 Case management procedures implemented for IHR relevant hazards	2	
Risk communication	R.5.1 Risk communication systems for unusual/unexpected events and emergencies	2	• Develop a risk communication and community engagement strategy and action plan integrated with national plans for public health emergency preparedness and response. • Establish a multisectoral and multidisciplinary technical advisory task force to support the prioritization, consistency and strengthening of risk communication. • Review and upgrade the existing functions and SOPs of the risk communication unit at MOH to fulfill its mandate across all IHR bound sectors. • Develop and train a network of dedicated team of risk communicators at the national and provincial level to respond to public health threats and events. • Develop and formalize a system for rumor tracking, gathering and analysis, using evidence based strategies to address these rumors.
	R.5.2 Internal and partner coordination for emergency risk communication	2	
	R.5.3 Public communication for emergencies	1	
	R.5.4 Communication engagement with affected communities	2	
	R.5.5 Addressing perceptions, risky behaviours and misinformation	2	
Points of entry	PoE.1 Routine capacities are established at points of entry	3	• Using the risk assessment approach, review and update the list of designated PoE. Develop a plan for IHR implementation for the designated PoE. • Conduct cost effective analysis for good's storage sites (private versus governmental) to recommend reactivation of public storage sites. • Ensure MoH is part of the single window system for trade facilitation. • Establish/integrate vector surveillance and control at PoE. • Develop a training plan on IHR related requirements for staff at PoE. • On the long term, develop a plan to renovate infrastructure.
	PoE.2 Effective public health response at points of entry	2	
Chemical events	CE.1 Mechanisms established and functioning for detecting and responding to chemical events or emergencies	2	• Identify the most hazardous chemicals in Iraq through evidence based multi-sectoral health risk assessments to enhance surveillance and clinical management systems. • In close coordination with CBRN teams, designate and equip hospital(s) for clinical management of chemical events. • Strengthen the capacity of the poison consultation center to offer nationwide information and advisory services 24/7. • Improve the coordination among the different sectors responsible for management of chemical events, in line with the multi-hazard national public health emergency preparedness and response plan.
	CE.2 Enabling environment is in place for management of chemical events	2	

Capacities	Indicators	Scores	Recommendations
			• Update the chemical waste management mechanisms and standard operating procedures.
Radiation emergencies	RE.1 Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	3	• Review and update the national plan for preparedness and response to radiation hazards to include the public health sector. • In close coordination with CBRN teams, designate and equip specific hospital(s) for clinical management of radiation and radio nuclear emergencies. • Improve the coordination between health, environment, industry, science and technology, CBRN and other related sectors responsible for the management of radiation and radio-nuclear events. • Improve the capacity of existing surveillance, laboratory and response teams to network with neighboring countries for radiation and radio-nuclear event detection, reporting and response • Update the radioactive waste management mechanisms and standard operating procedures.
	RE.2 Enabling environment is in place for management of radiation emergencies	3	

Annex B: Annual Estimated Cost per Activity per Technical Area, 2019-2023

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
National Legislation	01.01.01	establish a committee from public health sector and legal advisors tasked to review legislation, identify gaps and recommend corrective measures. Regular meeting for the committee	$ -	$ -	$ -	$ -	$ -	$ -
	01.01.02	recruit a consultant to support the review process. International and national consultants for a duration of 2 months	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000
	01.01.03	enact the law based on the review and develop decrees and administrative procedures on the meantime	$ -	$ -	$ -	$ -	$ -	$ -
	01.01.04	conduct training to all concerned personal to raise awareness of legislation via small workshops biannual	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 50,000
	01.01.05	Complete a review of Iraqi laws be undertaken to support core capacities under IHR	$ -	$ -	$ -	$ -	$ -	$ -
	01.01.06	conduct high level meeting to discuss the possibility of activating the supreme council with clear ToR	$ 16,667	$ -	$ -	$ -	$ -	$ 16,667
	01.01.07	follow the local process to achieve the council	$ -	$ -	$ -	$ -	$ -	$ -
	01.01.08	in accordance with law 32/2013 (instruction 1/2010) importation of live animals, conduct multi sectoral meeting to involve all concerned sectors to raise awareness	$ 16,667	$ -	$ -	$ -	$ -	$ 16,667

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	01.01.09	activate instruction on vet quarantine and increase awareness through a multisectoral meeting involving all relevant sectors	$ -	$ 16,667	$ -	$ -	$ -	$ 16,667
			$ 73,334	$ 26,667	$ 10,000	$ 10,000	$ 10,000	$ 130,001
IHR Coordination	02.01.01	hold monthly meeting to strengthen communication (including the establishment of an electronic platform) for information sharing between IHR bound sectors (IHR fp) for risk assessment and early intervention	$ 114,000	$ 114,000	$ 114,000	$ 114,000	$ 114,000	$ 570,000
	02.01.02	conduct risk assessment to evaluate the current system	$ 8,000	$ -	$ -	$ -	$ -	$ 8,000
	02.01.03	review results of assessment (in above monthly meeting) to create next steps	$ -	$ -	$ -	$ -	$ -	$ -
	02.01.04	develop the electronic platform for information sharing between IHR bound sectors for risk assessment and early interventions.	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000
	02.01.05	Review the ToR of existing coordination mechanisms to ensure integration and clarity of roles' division and responsibilities via workshop	$ 40,002	$ -	$ -	$ -	$ -	$ 40,002
	02.01.06	develop the advocacy and training activities on IHR for IHR bound sectors	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	02.01.07	conduct training on IHR activities for IHR bound sectors (to given by the above consultant)	$ -	$ 25,000	$ -	$ -	$ -	$ 25,000
	02.01.08	conduct cascade raining on IHR activities for IHR bound sectors (to given by the above trainers)	$ -	$ 300,000	$ -	$ -	$ -	$ 300,000
	02.01.09	print and disseminate relevant IHR related documents (including above TORs)	$ -	$ 4,000	$ -	$ -	$ -	$ 4,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	02.01.10	conduct ttx annually	$ -	$ 8,000	$ 8,000	$ 8,000	$ 8,000	$ 32,000
	02.01.11	conduct functional simulation	$ -	$ -	$ -	$ 50,000	$ -	$ 50,000
	02.01.12	conduct full scale simx	$ -	$ -	$ -	$ -	$ 75,000	$ 75,000
			$ 192,002	$ 466,000	$ 122,000	$ 172,000	$ 197,000	$ 1,149,002
AMR	03.01.01	Announcement of the endorsed plan	$ 16,667	$ -	$ -	$ -	$ -	$ 16,667
	03.02.01	Advanced AMR training for ntl ref labs (CPHL and CVL)	$ -	$ 13,334	$ 13,334	$ -	$ -	$ 26,668
	03.02.02	Routine AMR training for district labs	$ -	$ 13,334	$ 13,334	$ -	$ -	$ 26,668
	03.02.03	WHONET training	$ 13,334	$ -	$ -	$ -	$ -	$ 13,334
	03.02.04	AMR surveillance training for epidemiologists (human and animal)	$ -	$ 55,000	$ 55,000	$ 55,000	$ 55,000	$ 220,000
	03.02.05	Equipment for AMR diagnostics for ntl ref labs	$ 55,000	$ -	$ -	$ -	$ -	$ 55,000
	03.02.06	Reagents and diagnostic kits	$ 55,000	$ -	$ -	$ -	$ -	$ 55,000
	03.02.07	Computers and relevant software	$ 55,000	$ -	$ -	$ -	$ -	$ 55,000
	03.03.01	Update national IPC guidelines (human)	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	03.03.02	Establish IPC guidelines for MoA	$ -	$ -	$ 13,334	$ -	$ -	$ 13,334
	03.03.03	Establish IPC guidelines for MoA	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	03.03.	Training in IPC guidelines (human)	$	$	$	$	$	$

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	04		-	-	13,334	-	-	13,334
	03.03.05	Training in IPC guidelines (animal)	$ -	$ -	$ 13,334	$ -	$ -	$ 13,334
	03.04.01	Review antimicrobials in the Essential Medical List in line with the WHO guidelines.	$ -	$ 10,000	$ -	$ -	$ -	$ 10,000
	03.04.02	Situational analysis for antimicrobial consumption in Iraq (human and animal)	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	03.04.03	Antimicrobial use plan development (human and animal)	$ -	$ 13,334	$ -	$ -	$ -	$ 13,334
	03.04.04	Antimicrobial use policy development (human and animal)	$ -	$ -	$ 13,334	$ -	$ -	$ 13,334
	03.04.05	Update guidelines for optimal use of antimicrobials (human)	$ -	$ -	$ 13,334	$ -	$ -	$ 13,334
	03.04.06	Develop guidelines for optimal use of antimicrobials (animal)	$ -	$ -	$ 13,334	$ -	$ -	$ 13,334
	03.04.07	Development of clinical practice guidelines for antimicrobial prophylaxis in surgery	$ 13,334	$ -	$ -	$ -	$ -	$ 13,334
	03.04.08	Development of clinical practice guidelines for antimicrobial prophylaxis in surgery	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	03.04.09	Development of clinical practice guidelines for antimicrobial prophylaxis in surgery	$ 5,000	$ -	$ -	$ -	$ -	$ 5,000
			$ 228,335	$ 150,002	$ 161,672	$ 55,000	$ 55,000	$ 650,009
Zoonotic Disease	04.01.01	Identification of one representative from each sector involved in the National Zoonotic Committee. The professional should be a decision maker from his own sector.	$ -	$ -	$ -	$ -	$ -	$ -
	04.01.	Meeting to develop ToRs	$ 10,000	$ -	$ -	$ -	$ -	$

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	02							10,000
	04.01.03	develop National One health strategy	$ -	$ 45,000	$ -	$ -	$ -	$ 45,000
	04.01.04	Workshop to establish the One health strategy	$ -	$ 41,670	$ -	$ -	$ -	$ 41,670
	04.01.05	Workshop to review the One health strategy	$ -	$ 41,670	$ -	$ -	$ -	$ 41,670
	04.01.06	Dissemination of the One health strategy	$ -	$ 7,000	$ -	$ -	$ -	$ 7,000
	04.01.07	Establishment of join surveillance Plan for the priority Zoonotic disease (6)	$ -	$ -	$ -	$ -	$ -	$ -
	04.01.08	Review and endorsement of join surveillance Plan for the priority Zoonotic disease (6)	$ -	$ -	$ 41,670	$ -	$ -	$ 41,670
	04.01.09	Dissemination of the Joint surveillance plan	$ -	$ -	$ 7,000	$ -	$ -	$ 7,000
	04.01.10	Training Assessment on Filed Epidemiology needs for the veterinarians	$ -	$ -	$ -	$ -	$ -	$ -
	04.01.11	develop proposal for Field epidemiology training	$ -	$ -	$ -	$ -	$ -	$ -
	04.01.12	Train Veterinarian in FETP	$ -	$ 11,250	$ 11,250	$ 11,250	$ 11,250	$ 45,000
	04.01.13	Rabies eradication strategy plan	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	04.01.14	Rabies eradication strategy plan	$ -	$ 13,334	$ -	$ -	$ -	$ 13,334
	04.02.01	Engage active surveillance within the national plan with providing the budget line for the active surveillance	$ 55,000	$ -	$ -	$ -	$ -	$ 55,000
	04.02.02	upgrade laboratory capacity	$ 36,000	$ 36,000	$ 36,000	$ 36,000	$ 36,000	$ 180,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	04.02.03	Zoonotic disease Risk assessment	$ -	$ 40,002	$ -	$ -	$ -	$ 40,002
	04.02.04	zoonotic disease preparedness and response workshop	$ -	$ 40,002	$ -	$ -	$ -	$ 40,002
	04.02.05	Review and endorsement of the plan	$ -	$ -	$ 40,002	$ -	$ -	$ 40,002
	04.02.06	simulation exercises on the preparedness and response- (function simex)	$ -	$ -	$ 30,000	$ -	$ 30,000	$ 60,000
	04.02.07	simulation exercises on the preparedness and response	$ -	$ -	$ 12,000	$ 12,000	$ -	$ 24,000
	04.02.08	Situation analysis of zoonotic disease in regards to prevention	$ -	$ -	$ -	$ 16,000	$ 16,000	$ 32,000
			$ 101,000	$ 290,928	$ 177,922	$ 75,250	$ 93,250	$ 738,350
Food Safety	05.01.01	Support the participation of the Codex alimentarus Focal Point in the regional and international meetings	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 125,000
	05.01.02	Improve coordination for the Codex alimentarus committee (22 members)	$ 25,002	$ 25,002	$ 25,002	$ 25,002	$ 25,002	$ 125,010
	05.01.03	Update nutrition section in the public health law	$ 25,002	$ -	$ -	$ -	$ -	$ 25,002
	05.01.04	Update food safety section in the public health law - Launching and endorsement	$ 40,002	$ -	$ -	$ -	$ -	$ 40,002
	05.01.05	Improve the data management and evidence based surveillance - Electronic platform for surveillance and data sharing	$ 55,000	$ -	$ -	$ -	$ -	$ 55,000
	05.01.06	Dissemination for INFOSAN, RASFF focal point contact among the relevant sectors	$ -	$ -	$ -	$ -	$ -	$ -
	05.01.	Sim ex on the surveillance system	$	$	$	$	$	$

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	07		-	8,000	8,000	8,000	8,000	32,000
	05.02.01	Improve the data management and evidence based surveillance - sampling items and transportation items (cold storage,..)	$ 110,000	$ 110,000	$ 110,000	$ 110,000	$ 110,000	$ 550,000
	05.02.02	Laboratory rehabilitation for food safety testing	$ 275,000	$ 275,000	$ 275,000	$ 275,000	$ 275,000	$ 1,375,000
	05.02.03	training on sampling, transportation and laboratory method	$ 40,000	$ -	$ -	$ -	$ -	$ 40,000
	05.02.04	training on sampling, transportation and laboratory method	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	05.02.05	training on sampling, transportation and laboratory method - TOT training	$ -	$ 20,000	$ -	$ -	$ -	$ 20,000
	05.02.06	training on sampling, transportation and laboratory method - Scaling up to the 25 laboratories	$ -	$ 333,350	$ -	$ -	$ -	$ 333,350
	05.02.07	Establish a national surveillance plan for chemical food safety events	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	05.02.08	Endorsement of national surveillance plan for chemical food safety events	$ 13,334	$ -	$ -	$ -	$ -	$ 13,334
	05.02.09	Upgrade the lab capacity for chemical contaminants related to food safety 5 laboratories	$ -	$ 137,500	$ 137,500	$ -	$ -	$ 275,000
	05.02.10	simEX chemicals contaminants	$ -	$ 62,500	$ 62,500	$ 62,500	$ 62,500	$ 250,000
	05.02.11	simEX chemicals contaminants	$ -	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 40,000
	05.02.12	Expand the accreditation of the ISO 17025 to national laboratories - infrastructures	$ -	$ 50,000	$ 50,000	$ 50,000	$ -	$ 150,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	05.02.13	Expand the accreditation of the ISO 17025 to national laboratories - Training	$ -	$ 13,890	$ 13,890	$ 13,890	$ -	$ 41,670
	05.02.14	Expand the accreditation of the ISO 17025 to national laboratories - Accreditation requirement process	$ -	$ 25,000	$ 25,000	$ 25,000	$ -	$ 75,000
			$ 638,340	$ 1,095,242	$ 741,892	$ 604,392	$ 515,502	$ 3,595,368
BioSafety BioSecurity	06.01.01	Prepare for endorsement of the BRM regulatory framework	$ -	$ -	$ -	$ 16,667	$ -	$ 16,667
	06.01.02	Implementation of the BRM regulatory framework	$ -	$ -	$ -	$ -	$ 16,667	$ 16,667
	06.01.03	Improve and reinforce national inventory of dangerous pathogens and toxins	$ -	$ -	$ 15,000	$ 15,000	$ -	$ 30,000
	06.01.04	Improve infrastructure of select laboratory suites plus equipment and required training	$ -	$ -	$ 55,000	$ -	$ -	$ 55,000
	06.02.01	Biosafety and biosecurity training for fieldworkers	$ -	$ 13,334	$ -	$ -	$ -	$ 13,334
	06.02.02	Biosafety and biosecurity training for national laboratories	$ -	$ -	$ 8,334	$ -	$ -	$ 8,334
	06.02.03	Infectious substances shipping training	$ -	$ 8,334	$ -	$ -	$ -	$ 8,334
	06.02.04	Biosafety risk assessment training in line with WHO guidance	$ -	$ -	$ -	$ 8,334	$ -	$ 8,334
	06.02.05	Biosafety and biosecurity study tour	$ -	$ -	$ -	$ -	$ 5,000	$ 5,000
			$ -	$ 21,668	$ 78,334	$ 40,001	$ 21,667	$ 161,670
Immunization	07.01.01	Strategic planning MoH department to coordinate the development of a detailed implementation plan	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	07.01.02	Upgrade the organization structure of the c central health promotion section	$ 45,000	$ -	$ -	$ -	$ -	$ 45,000
	07.01.03	Administrative upgrading	$ -	$ -	$ -	$ -	$ -	$ -
	07.01.04	Upgrade capacities in central health promotion section	$ -	$ 25,000	$ -	$ -	$ -	$ 25,000
	07.01.05	Upgrade capacities in central health promotion section	$ -	$ 25,000	$ -	$ -	$ -	$ 25,000
	07.02.01	Identification of priority sub health care centres to be added to routine EPI service delivery (evidence based)	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	07.02.02	Identification of priority sub health care centres to be added to routine EPI service delivery (evidence based)	$ 10,000	$ -	$ -	$ -	$ -	$ 10,000
	07.02.03	Inventory of logistics and provision of required equipment to selected/approved new vaccination points	$ -	$ -	$ -	$ -	$ -	$ -
	07.02.04	Revision of respective district micro-plans	$ 285,000	$ -	$ -	$ -	$ -	$ 285,000
	07.02.05	Training of new centres vaccination staff (on vaccine delivery services, data management, cold chain, surveillance, ..)	$ 190,000	$ -	$ -	$ -	$ -	$ 190,000
	07.03.01	3.1. Conduct a national survey, governorates based	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	07.03.02	Conduct a national survey, governorates based (finalize tool and ToT)	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000
	07.03.03	Conduct a national survey, governorates based (training surveyors & supervisors)	$ 475,038	$ -	$ -	$ -	$ -	$ 475,038

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	07.03.04	Conduct a national survey, governorates based (Develop collection tool)	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	07.03.05	Conduct a national survey, governorates based (Field work, data collection & supervision)	$ -	$ 22,000	$ -	$ -	$ -	$ 22,000
	07.03.06	Conduct a national survey, governorates based (meeting for stakeholders)	$ -	$ 3,000	$ -	$ -	$ -	$ 3,000
	07.03.07	Conduct a DQS	$ 45,000	$ -	$ -	$ -	$ -	$ 45,000
	07.03.08	Conduct a DQS (finalize tool)	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000
	07.03.09	Conduct a DQS (training surveyors & supervisors)	$ 50,004	$ -	$ -	$ -	$ -	$ 50,004
	07.03.10	Conduct a DQS (Develop collection tool)	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000
	07.03.11	Conduct a DQS (Field work, data collection & supervision)	$ 16,000	$ -	$ -	$ -	$ -	$ 16,000
	07.03.12	Conduct a DQS	$ 20,000	$ -	$ -	$ -	$ -	$ 20,000
	07.03.13	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	$ 45,000	$ -	$ -	$ -	$ -	$ 45,000
	07.03.14	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	$ 45,000	$ -	$ -	$ -	$ -	$ 45,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	07.03.15	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	07.03.16	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	$ -	$ 75,006	$ -	$ -	$ -	$ 75,006
	07.03.17	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	$ -	$ 30,000	$ -	$ -	$ -	$ 30,000
	07.03.18	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	$ -	$ 700	$ -	$ -	$ -	$ 700
	07.03.19	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	$ -	$ 10,000	$ -	$ -	$ -	$ 10,000
	07.04.01	Consultant (assess forecasting, procurement and distribution; in term of knowledge, procedure, practices as well coordination mechanisms (committees, ..) and tools followed to ensure contribution of the various stakeholders)	$ 45,000	$ -	$ -	$ -	$ -	$ 45,000
	07.04.02	Meeting to present assessment results to stakeholders, finalize and agree on revised procedures, ToRs, mechanisms and tools	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	07.04.03	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels: Consultant	$ 45,000	$ -	$ -	$ -	$ -	$ 45,000
	07.04.04	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels: Develop supporting informatics application	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	07.04.05	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels: Develop/update users guidelines	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000
	07.04.06	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels: Tot	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	07.04.07	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels: Staff training	$ -	$ 570,000	$ -	$ -	$ -	$ 570,000
	07.04.08	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels : Monitoring and reporting	$ -	$ -	$ -	$ -	$ -	$ -
			$ 1,571,042	$ 775,706	$ -	$ -	$ -	$ 2,346,748
National Laboratory System	08.01.01	Nationwide situational analysis of lab capacities (lab mapping)	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	08.02.01	Laboratory skill drill for specimen referral (central, south, north regions)	$ -	$ 25,000	$ -	$ -	$ -	$ 25,000
	08.04.01	Development of Ntl laboratory policy	$ -	$ 40,002	$ -	$ -	$ -	$ 40,002
	08.04.02	Development of Ntl laboratory strategy	$ -	$ -	$ 40,002	$ -	$ -	$ 40,002

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	08.04.03	Development of Ntl laboratory standards	$ -	$ -	$ -	$ 40,002	$ -	$ 40,002
			$ 15,000	$ 65,002	$ 40,002	$ 40,002	$ -	$ 160,006
Surveillance	09.01.01	Meeting to establish list of priority public health events, national priority diseases and syndromes for surveillance and a reporting structure (list of sources)	$ 4,200	$ -	$ -	$ -	$ -	$ 4,200
	09.01.02	Develop standard reporting form and SOPS	$ 6,667	$ -	$ -	$ -	$ -	$ 6,667
	09.01.03	Develop training package	$ 40,002	$ -	$ -	$ -	$ -	$ 40,002
	09.01.04	Develop Policy document to establish unique National Crisis line	$ 40,002	$ -	$ -	$ -	$ -	$ 40,002
	09.01.05	Committee meeting to discuss and endorse National Crisis Line	$ -	$ 66,668	$ -	$ -	$ -	$ 66,668
	09.01.06	Approval from PMO	$ -	$ 1,400	$ 1,400	$ -	$ -	$ 2,800
	09.02.01	Review of existing and proposed electronic tools for surveillance	$ -	$ 45,000	$ -	$ -	$ -	$ 45,000
	09.02.02	Feasibility of Internet access in 18 governorates	$ 27,500	$ 27,500	$ -	$ -	$ -	$ 55,000
	09.03.01	Establish mint ypes of analysis	$ 16,668	$ 16,668	$ -	$ -	$ -	$ 33,335
	09.03.02	Develop templates of reports for dissemination to various sectors and sub nationally	$ -	$ 700	$ -	$ -	$ -	$ 700
			$ 135,039	$ 157,936	$ 1,400	$ -	$ -	$ 294,374
Reporting	10.01.01	establish committee involving WHO, FAO, and OIE focal points (reporting) meet quarterly	$ 2,660	$ 2,660	$ 2,660	$ 2,660	$ 2,660	$ 13,300

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	10.01.02	committee will develop a policy and SOPs for notification of potential PHEIC for all reporting entities and from IHR NFP to WHO, outlining an advocacy strategy to empower the IHR nfp and its functions (annual)	$ 6,667	$ 6,667	$ 6,667	$ 6,667	$ 6,667	$ 33,335
	10.01.03	conduct briefing of the national ihr committee on the rules and responsibilities in reporting by the sectors in support of IHR NFP functions.	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 50,000
	10.01.04	conduct regular trainings on annex 2 biannual	$ 13,334	$ 13,334	$ 13,334	$ 13,334	$ 13,334	$ 66,670
	10.01.05	develop guidance for AAR concerning reporting under IHR	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	10.01.06	conduct review of notification under the IHR (2x per year)	$ 20,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000	$ 100,000
			$ 67,661	$ 52,661	$ 52,661	$ 52,661	$ 52,661	$ 278,305
Workforce development	11.01.01	Create within the national IHR intersectoral committee a WG (from HR FP from the various sectors): Technical assistance	$ 45,000	$ -	$ -	$ -	$ -	$ 45,000
	11.01.02	Create within the national IHR intersectoral committee a WG (from HR FP from the various sectors): Develop WG ToRs and functioning mechanism	$ -	$ -	$ -	$ -	$ -	$ -
	11.01.03	Create within the national IHR intersectoral committee a WG (from HR FP from the various sectors): WG formulation (circular across all sectors, nomination)	$ -	$ -	$ -	$ -	$ -	$ -

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	11.01.04	Create within the national IHR intersectoral committee a WG (from HR FP from the various sectors): Support regular WG meetings	$ 560	$ 560	$ 560	$ 560	$ 560	$ 2,800
	11.01.05	Create within the national IHR intersectoral committee a WG (from HR FP from the various sectors): Support the WG member field supervision and program monitoring	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 30,000
	11.02.01	Mapping of available resources within each sector and that deal with IHR or can do that, across the administrative levels and needs assessment: Identify needs in every sector across all levels and disciplines	$ 8,000	$ -	$ -	$ -	$ -	$ 8,000
	11.02.02	Map available resources across all stakeholders at various country levels (those that are already involved in IHR and those that are doing other tasks but can be involved in IHR)	$ -	$ -	$ -	$ -	$ -	$ -
	11.02.03	Develop/upgrade an informatics application to support the exercise	$ 45,000	$ -	$ -	$ -	$ -	$ 45,000
	11.02.04	Develop/upgrade an informatics application to support the exercise	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	11.02.05	Identify gaps	$ -	$ -	$ -	$ -	$ -	$ -
	11.02.06	Identify low hanging fruits (Staff that can immediately contribute to IHR implementation at various levels) trained or need refreshment (in-service training)	$ -	$ -	$ -	$ -	$ -	$ -

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	11.02.07	Take necessary action to upgrade capacity, refresh knowledge and involve them in IHR (revise ToRs, post description, recruit, ..) phase 1	$ -	$ 66,670	$ -	$ -	$ -	$ 66,670
	11.02.08	Take necessary action to upgrade capacity, refresh knowledge and involve them in IHR (revise ToRs, post description, recruit, ..) phase 2	$ -	$ 760,038	$ -	$ -	$ -	$ 760,038
	11.02.09	Develop budgeted sectoral multi-year plans	$ -	$ -	$ -	$ -	$ -	$ -
	11.02.10	Revise sectoral HR strategies and policy accordingly	$ -	$ -	$ -	$ -	$ -	$ -
	11.02.11	Monitor implementation	$ -	$ -	$ -	$ -	$ -	$ -
	11.02.12	Mid term action: Can dispense from post rotation period (within MoH capability, through revising internal regulations)	$ -	$ -	$ -	$ -	$ -	$ -
	11.02.13	Longer-term: Advocacy at higher level to change national laws (through national high ministerial committee and the parliament) for financial incentives	$ -	$ -	$ -	$ -	$ -	$ -
	11.03.01	Empower and upgrade the capacity of MoH National Centre for HR development and the animal Health Training section (MoA)and training to manage in-service trainings within MoH for IHR relevant staff: Revise ToRs and empower its role across the various training units in MoH and Animal Health various departments	$ -	$ 90,000	$ -	$ -	$ -	$ 90,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	11.03.02	Empower and upgrade the capacity of MoH National Centre for HR development and the animal Health Training section (MoA)and training to manage in-service trainings within MoH for IHR relevant staff: Develop and provide tools and mechanism (informatics application)	$ -	$ 30,000	$ -	$ -	$ -	$ 30,000
	11.03.03	Empower and upgrade the capacity of MoH National Centre for HR development and the animal Health Training section (MoA)and training to manage in-service trainings within MoH for IHR relevant staff (INFRASTRUCTURE)	$ -	$ 30,000	$ -	$ -	$ -	$ 30,000
	11.03.04	Consensus meeting in MoH and Animal health	$ -	$ 20,000	$ -	$ -	$ -	$ 20,000
	11.03.05	Build centre human capacities according to revised ToRs roles and responsibilities	$ -	$ 40,000	$ -	$ -	$ -	$ 40,000
	11.03.06	mapping in-service training opportunities in and outside Iraq for both human and animal health	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	11.03.07	Develop Multi-year budgeted training plans for MoH and human health	$ -	$ -	$ -	$ -	$ -	$ -
	11.04.01	Start an intermediate level FETP to better fill country needs at provincial level (decision already taken, activity to start Sept 2019). Focus on provincial level health officers (8 to 10 staff)	$ 1,200,000	$ 1,200,000	$ 1,200,000	$ 1,200,000	$ 1,200,000	$ 6,000,000
	11.04.02	Open to vets (2 vets from National level, 2 from each of the 3 country sub-regions (North, middle and North)	$ 400,020	$ 400,020	$ 400,020	$ 400,020	$ 400,020	$ 2,000,100

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	11.04.03	Sustain frontline (PHEP) to target district and local level capacities: Target in 2020 remaining 40% of local surveillance officers (3 cohorts) and include in 2021 & 2022 other priority local level health officers (3 cohorts)	$ 1,620,000	$ 1,620,000	$ 1,620,000	$ 1,620,000	$ 1,620,000	$ 8,100,000
	11.04.04	Expand to district level animal health officers Target in 2021-2022 (starting with priority areas): Develop curricula	$ -	$ 40,000	$ -	$ -	$ -	$ 40,000
	11.04.05	Mentors briefing (the 8 vets that will graduate in 2020 from the intermediate FETP will serve as mentors for the frontline)	$ -	$ 66,670	$ -	$ -	$ -	$ 66,670
	11.04.06	Conduct 3 cohorts of vet frontline for 2021	$ -	$ -	$ 1,800,000	$ 1,800,000	$ 1,800,000	$ 5,400,000
	11.04.07	Solve staff reluctance issue	$ -	$ 8,000	$ -	$ -	$ -	$ 8,000
	11.04.08	Coordinate with other sectors through the IHR national intersectoral committee to identify solutions to accelerate and expand	$ 13,334	$ -	$ -	$ -	$ -	$ 13,334
	11.04.09	Revise curricula to integrate other disciplines (Lab and Vet)	$ 40,000	$ -	$ -	$ -	$ -	$ 40,000
	11.04.10	Start a 2 years multi-disciplinary cohort in sept 2019 via: Mentors briefing	$ 66,670	$ -	$ -	$ -	$ -	$ 66,670
	11.04.11	Start a 2 years multi-disciplinary cohort in sept 2019 via: Training (2 years)	$ -	$ 1,800,000	$ 1,800,000	$ -	$ -	$ 3,600,000
	11.04.12	Start a 2 years multi-disciplinary cohort in sept 2019 via: Evaluate and sustain	$ -	$ -	$ -	$ 13,334	$ -	$ 13,334
			$ 3,459,584	$ 6,192,958	$ 6,826,580	$ 5,039,914	$ 5,026,580	$ 26,545,616

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
Preparedness	12.01.01	review the structure of the EOC in terms of representation	$ 8,000	$ -	$ -	$ -	$ -	$ 8,000
	12.01.02	review and update plan of work and sops to ensure representation and functionality as per WHO guidelines from all concerned sectors at central and governorate levels	$ 8,000	$ -	$ -	$ -	$ -	$ 8,000
	12.01.03	official letter from eoc/MOH to be addressed to the different ministries to highlight the fact that the country is working to implement sendai to find support (non financial) and facilitation	$ -	$ -	$ -	$ -	$ -	$ -
	12.01.04	conduct workshop at the central level and each governorate level (STAR tool) supported by WHO	$ 88,893	$ 88,893	$ 88,893	$ -	$ -	$ 266,680
	12.01.05	recruit consultant to develop plan public health preparedness and response plan	$ 45,000	$ -	$ -	$ -	$ -	$ 45,000
	12.01.06	recruit consultant for disaster risk reduction plan	$ 60,000	$ -	$ -	$ -	$ -	$ 60,000
	12.01.07	conduct series of meetings to develop PHPRP	$ 60,000	$ -	$ -	$ -	$ -	$ 60,000
	12.01.08	Conduct EOC meetings on disaster risk reduction plan	$ 60,000	$ -	$ -	$ -	$ -	$ 60,000
	12.01.09	conduct workshop to discuss and finalize both plans	$ 25,002	$ -	$ -	$ -	$ -	$ 25,002
	12.01.10	conduct workshop to discuss and finalize both plans	$ 25,002	$ -	$ -	$ -	$ -	$ 25,002
	12.01.11	recruit consultant (gis) to map the hazard and resources on map of Iraq	$ -	$ 90,000	$ -	$ -	$ -	$ 90,000
	12.01.12	develop electronic platform to share results of notifiable disease to EOC	$ 15,000	$ 15,000	$ -	$ -	$ -	$ 30,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	12.01.13	conduct meeting with eoc reps at different levels to identify different training needs (consultant)	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000
	12.01.14	develop strategy and a plan for training: implement plan: equipment	$ -	$ 55,000	$ -	$ -	$ -	$ 55,000
	12.01.15	develop strategy and a plan for training: material	$ -	$ 4,000	$ -	$ -	$ -	$ 4,000
	12.01.16	develop strategy and a plan for training: conduct training	$ -	$ 150,000	$ -	$ -	$ -	$ 150,000
	12.01.17	consultants	$ -	$ 30,000	$ -	$ -	$ -	$ 30,000
	12.01.18	conduct operational exercise to test operational coordination and collaboration of partners and sectors for preparedness and response (annual)	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 250,000
			$ 474,897	$ 482,893	$ 138,893	$ 50,000	$ 50,000	$ 1,196,684
Emergency Response	13.01.01	review and update poison registry for the country	$ -	$ -	$ -	$ -	$ -	$ -
	13.01.02	convert to electronic system	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000
	13.01.03	train personnel to use the system	$ -	$ 41,670	$ -	$ -	$ -	$ 41,670
	13.01.04	advocacy for public use of hotline	$ -	$ -	$ -	$ -	$ -	$ -
	13.01.05	Training for EOC staff to join EOC-NET	$ -	$ 41,670	$ -	$ -	$ -	$ 41,670
	13.01.06	implement plan of action for EOC to part of EOC-NET (infrastructure and material)	$ -	$ 30,000	$ -	$ -	$ -	$ 30,000
	13.01.07	evaluate the number, distribution, and training capacity of rapid response team	$ 16,000	$ -	$ -	$ -	$ -	$ 16,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	13.01.08	develop plan of action to enhance and expand rapid response teams	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000
	13.01.09	conduct training, workshops, to build capacity (4 trainings per year, 20 teams, 5 yrs.)	$ 1,200,000	$ 1,200,000	$ 1,200,000	$ 1,200,000	$ 1,200,000	$ 6,000,000
	13.01.10	mapping on existing services in the private sector	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	13.01.11	meeting to discuss sharing and discussing for gov centre to out source services from the private sector (lab, surveillance, medical services, mass causalities during mass gathering)	$ -	$ -	$ -	$ -	$ -	$ -
	13.01.12	meeting that will include the private sector	$ -	$ -	$ -	$ -	$ -	$ -
			$ 1,291,000	$ 1,313,340	$ 1,200,000	$ 1,200,000	$ 1,200,000	$ 6,204,340
Linking PH and Security	14.01.01	review of existing policy and engagement with public health and security officials in preparations for a public health event	$ -	$ -	$ -	$ -	$ -	$ -
	14.01.02	Develop joint SOPs for engagement of national priority of public health events	$ 8,334	$ -	$ -	$ -	$ -	$ 8,334
	14.01.03	Review feasibility of development of joint training for response to priority public health events	$ 8,000	$ -	$ -	$ -	$ -	$ 8,000
	14.01.04	Establish procedures to document AAR after joint Activity	$ -	$ -	$ -	$ -	$ -	$ -
			$ 16,334	$ -	$ -	$ -	$ -	$ 16,334
Medical Countermeasures	15.01.01	Develop an emergency receiving systems for drugs and other related health counter measures	$ 55,000	$ -	$ -	$ -	$ -	$ 55,000
	15.01.02	Create a system to allocate emergency funding during emergencies (at prime minister level)	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	15.01.03	National training on the developed emergency procedures	$ -	$ 25,002	$ -	$ -	$ -	$ 25,002
	15.01.04	Developing manual for forecasting needed countermeasure for forecasted emergencies	$ 45,000	$ 45,000	$ -	$ -	$ -	$ 90,000
	15.01.05	Training of trainers on using the manual	$ -	$ 41,670	$ -	$ -	$ -	$ 41,670
	15.01.06	Training on forecasting needed countermeasures for the all hazards	$ -	$ 100,008	$ 100,008	$ -	$ -	$ 200,016
	15.01.07	Compile procedures and guidance on activating GOARN and other related networking Iraq	$ -	$ -	$ -	$ -	$ -	$ -
	15.01.08	Awareness raising of emergency teams about the available help at Global and Regional Levels	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 15,000
	15.02.01	Develop and disseminate policies and protocols for sending and receiving personnel to other organizations/agencies in country and internationally to respond to public health events	$ 16,000	$ -	$ -	$ -	$ -	$ 16,000
	15.02.02	TOT on the protocol and procedures for sending and receiving personnel during emergencies	$ 8,334	$ 8,334	$ 8,334	$ 8,334	$ 8,334	$ 41,670
	15.02.03	National on the protocol and procedures for sending and receiving personnel during emergencies	$ 50,004	$ 50,004	$ 50,004	$ 50,004	$ 50,004	$ 250,020
			$ 207,338	$ 273,018	$ 161,346	$ 61,338	$ 61,338	$ 764,378
Risk Communication	16.01.01	Recruit a risk communication expert to support the assessment and development of the RC strategy and action plan	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	16.01.02	Conduct an assessment of current RC situation in Iraq	$ 22,000	$ -	$ -	$ -	$ -	$ 22,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	16.01.03	Organize a national consultation workshop for all Communication stakeholders	$ 10,000	$ -	$ -	$ -	$ -	$ 10,000
	16.01.04	Develop a national integrated multisectoral and multihazard risk communication strategy and action plan	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	16.01.05	Organize an event to launch the strategy	$ -	$ 16,667	$ -	$ -	$ -	$ 16,667
	16.01.06	Organize a training for strategy implementation	$ -	$ 25,002	$ -	$ -	$ -	$ 25,002
	16.01.07	Conduct an exploration tour to other countries in MENA to get familiar with RC best practices	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 25,000
	16.01.08	Develop the mandate and expertise terms of references for the technical advisory board	$ -	$ -	$ -	$ -	$ -	$ -
	16.01.09	Organize an engagement meeting for concerned entity	$ -	$ 6,667	$ -	$ -	$ -	$ 6,667
	16.01.10	Secure endorsement from senior management	$ -	$ -	$ -	$ -	$ -	$ -
	16.01.11	Organize regular bi-annual meetings for the technical advisory board (and as needed)	$ -	$ 16,668	$ 16,668	$ 16,668	$ 16,668	$ 66,670
	16.01.12	Conduct a structural and systematic assessment of the current role and responsibilities of the Media and Health Awareness department	$ 22,000	$ -	$ -	$ -	$ -	$ 22,000
	16.01.13	Organize 1 day meeting with senior officials to present findings and recommendations	$ 6,667	$ -	$ -	$ -	$ -	$ 6,667
	16.01.14	Develop SOPs and guidelines for RC section and teams	$ -	$ -	$ -	$ -	$ -	$ -
	16.02.01	Conduct a rapid assessment to identify partners supporting risk communications interventions in the country at all levels	$ -	$ -	$ -	$ -	$ -	$ -

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	16.02.02	Identify multisectorial and multidisplinary risk communication working group including focal person from each partner institution	$ -	$ -	$ -	$ -	$ -	$ -
	16.02.03	Convene the first working group meeting and agree on TORs and working modalities for the group.	$ 10,000	$ -	$ -	$ -	$ -	$ 10,000
	16.02.04	Organize quarterly meetings for coordination group	$ -	$ -	$ -	$ -	$ -	$ -
	16.03.01	Mapping and assessing capacity of existing public staff involved in communication	$ 16,000	$ -	$ -	$ -	$ -	$ 16,000
	16.03.02	Developing a training plan and curriculum based on need assessment + indicators for monitoring and evaluation of training process and outcomes	$ 40,000	$ -	$ -	$ -	$ -	$ 40,000
	16.03.03	Plan for a series of training cascades and TOT nationally and subnational	$ 26,668	$ 26,668	$ 26,668	$ 26,668	$ 26,668	$ 133,340
	16.03.04	Establish a network of trained local surge	$ -	$ -	$ -	$ -	$ -	$ -
	16.03.05	Plan for a series of training for media personnel across the country	$ 8,334	$ 8,334	$ 8,334	$ 8,334	$ 8,334	$ 41,670
	16.04.01	Map and assess current response processes and mechanisms for rumour tracking and management	$ 16,000	$ -	$ -	$ -	$ -	$ 16,000
	16.04.02	Organize a meeting to share findings of lessons learned, challenges, best practices and recommendations with authorities	$ 10,000	$ -	$ -	$ -	$ -	$ 10,000
	16.04.03	Develop a guideline and SOPs for rumour tracking in line with the country's context integrated with the national emergency strategy	$ 5,000	$ -	$ -	$ -	$ -	$ 5,000
	16.04.04	Test and implement guidelines and procedures, and monitor implementation	$ -	$ -	$ -	$ -	$ -	$ -
			$	$	$	$	$	$

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
			212,669	120,006	56,670	56,670	56,670	502,683
Points of Entry	17.01.01	CONDUCT A MEETING WITH ALL CONCERNED PARTIES TO REVIEW THE VOLUME OF MOVEMENT OF GOODS AND PEOPLE AND DISEASE PROFILE AND GEOGRAPHICAL LOCATION OF NEIGHBORING COUNTRIES TO DESIGNATE POE in accordance with IHR in Erbil in order to guarantee the participation of Kurdistan government	$ 13,334	$ -	$ -	$ -	$ -	$ 13,334
	17.01.02	conduct workshop to train personnel to assess ihr capacities at poe	$ 40,002	$ 40,002	$ -	$ -	$ -	$ 80,004
	17.01.03	conduct evaluation of designated points of entry (focus on human quarantine)	$ -	$ 22,000	$ -	$ -	$ -	$ 22,000
	17.01.04	develop plan of action base on evaluation for each designated PoE	$ -	$ 30,000	$ -	$ -	$ -	$ 30,000
	17.01.05	IHR implementation at each designated PoE (12) infrastructure	$ -	$ 100,002	$ 100,002	$ -	$ -	$ 200,004
	17.01.06	IHR implementation at each designated PoE (12) personnel	$ -	$ 180,000	$ 180,000	$ -	$ -	$ 360,000
	17.01.07	IHR implementation at each designated PoE (12) training	$ -	$ 50,004	$ 50,004	$ -	$ -	$ 100,008
	17.01.08	IHR implementation at each designated PoE (12) material	$ -	$ 24,000	$ 24,000	$ -	$ -	$ 48,000
	17.01.09	IHR implementation at each designated PoE (12) equipment	$ -	$ 330,000	$ 330,000	$ -	$ -	$ 660,000
	17.01.10	conduct a meeting for Iraq Iran turkey and Jordan to discuss cross border collaboration	$ 16,667	$ -	$ -	$ -	$ -	$ 16,667
	17.01.11	recruit consultants to develop bilateral and multilateral plan of action	$ 30,000	$ 30,000	$ -	$ -	$ -	$ 60,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	17.01.12	implementation of the plan: personnel	$ -	$ 180,000	$ 180,000	$ -	$ -	$ 360,000
	17.01.13	implementation of the plan: training	$ -	$ 50,004	$ 50,004	$ -	$ -	$ 100,008
	17.01.14	implementation of the plan : equipment	$ -	$ 660,000	$ -	$ -	$ -	$ 660,000
	17.01.15	recruit consultant to evaluate storage system of important good and animals	$ -	$ 180,000	$ -	$ -	$ -	$ 180,000
	17.01.16	conduct a meeting to discuses the results of the evaluation and agree on the location of storage facilities	$ -	$ 16,667	$ -	$ -	$ -	$ 16,667
	17.01.17	equip storage facilities at the agreed PoE	$ -	$ 660,000	$ -	$ -	$ -	$ 660,000
	17.01.18	ministry of health to ask the poe higher committee to be included in the single window system	$ -	$ -	$ -	$ -	$ -	$ -
	17.01.19	evaluation of vector surveillance and control in the country including the sites for surveillance	$ -	$ 22,000	$ -	$ -	$ -	$ 22,000
	17.01.20	conduct a meeting to discuss the expansion/establishment of vector surveillance and control at POE and facilities around them	$ -	$ 10,000	$ -	$ -	$ -	$ 10,000
	17.01.21	develop a plan of action to implement the expansion of vector surveillance at poe	$ -	$ -	$ 30,000	$ -	$ -	$ 30,000
	17.01.22	surveillance-train personnel on surveillance and management via series of meetings	$ -	$ -	$ 180,000	$ -	$ -	$ 180,000
	17.01.23	vector control training for all personnel at PoE	$ -	$ -	$ 208,350	$ -	$ -	$ 208,350
	17.01.24	equipment and material for control of vectors at poe and facilities around them-insecticides etc.	$ -	$ -	$ 360,000	$ -	$ -	$ 360,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	17.01.25	equipment for basre and waset and najef lab to test for entomology testing	$ -	$ -	$ 60,000	$ -	$ -	$ 60,000
	17.01.26	training of basre and waset and najef lab personnel	$ -	$ -	$ 16,668	$ -	$ -	$ 16,668
	17.01.27	develop training plan for personnel at poe that will include different topics including assessment of passengers, inspection of goods, inspection of animals, with a time frame and targeted personnel (consultant)	$ -	$ -	$ 45,000	$ -	$ -	$ 45,000
	17.01.28	conduct tot (2 meetings for 3 days)	$ -	$ -	$ 50,004	$ -	$ -	$ 50,004
	17.01.29	implementation of plan via workshops (3 days, 12 poe, 2x per year)	$ -	$ -	$ 1,200,000	$ 1,200,000	$ 1,200,000	$ 3,600,000
	17.01.30	develop advocacy material (documents) disease specific to raise awareness at all poe	$ 5,000	$ -	$ -	$ -	$ -	$ 5,000
	17.01.31	purchase tv screens to display public health topics of concern for passengers (arriving mainly)	$ 30,000	$ -	$ -	$ -	$ -	$ 30,000
	17.01.32	conduct meetings for different poe to increase coordination between the different sectors concerning different events	$ -	$ 120,000	$ -	$ -	$ -	$ 120,000
	17.01.33	evaluation of current infrastructure at poe	$ 48,000	$ 48,000	$ -	$ -	$ -	$ 96,000
	17.01.34	develop long term plan to develop infrastructure using stepwise approach	$ -	$ 30,000	$ -	$ -	$ -	$ 30,000
	17.01.35	conduct training at 6 ports on ship sanitation and issuing give ship sanitation certificate	$ -	$ 75,000	$ 75,000	$ -	$ -	$ 150,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	17.01.36	additional training for personnel at poe in prep for mass gathering events to enhance surveillance in public health events (specifically for Karbala, basre, and najif	$ -	$ 50,004	$ 50,004	$ -	$ -	$ 100,008
	17.01.37	thermal scanning, tv screens for najif airport	$ -	$ 55,000	$ -	$ -	$ -	$ 55,000
	17.01.38	during mass gathering purchase/allocation for additional number of ambulances in response to large number of people for najif	$ -	$ 55,000	$ -	$ -	$ -	$ 55,000
	17.01.39	medical jet for najif airport (cost separately)	$ -	$ -	$ -	$ -	$ -	$ -
	17.01.40	establish a call line specific for the referral of ill cases to health facilities	$ 15,000	$ -	$ -	$ -	$ -	$ 15,000
	17.01.41	reactivate of immigration card	$ -	$ -	$ -	$ -	$ -	$ -
	17.01.42	activate the use of annex 8 and 9 of ihr, circulation	$ -	$ -	$ -	$ -	$ -	$ -
	17.01.43	activate the use of HIV, Hep b&c at POE (material to distribute)	$ -	$ 7,000	$ -	$ -	$ -	$ 7,000
	17.01.44	prepositioning of supplies and messages for emergencies at the designated poe	$ -	$ 660,000	$ -	$ -	$ -	$ 660,000
	17.01.45	evaluation of human quarantine at specific poe	$ -	$ 22,000	$ -	$ -	$ -	$ 22,000
	17.01.46	renovation of designated space for human quarantine at poe (12)	$ -	$ -	$ 660,000	$ -	$ -	$ 660,000
	17.01.47	conduct simx drill at najif airport in prep for mass gathering	$ -	$ -	$ 25,000	$ -	$ -	$ 25,000
			$ 198,003	$ 3,706,683	$ 3,874,036	$ 1,200,000	$ 1,200,000	$ 10,178,722

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
Chemical events	18.01.01	Training on health risk assessment and mapping of hazardous chemicals	$ 41,670	$ -	$ -	$ -	$ -	$ 41,670
	18.01.02	Implement national health risk assessment and mapping for identification of most hazardous chemicals in all parts of Iraq	$ -	$ 10,000	$ -	$ -	$ -	$ 10,000
	18.01.03	Workshop to finalize the drafted assessment and mapping of most hazardous chemicals in Iraq	$ -	$ 16,668	$ -	$ -	$ -	$ 16,668
	18.01.04	Develop a manual for detection, laboratory testing, syndromes of poisoning, and clinical management for the identified hazardous chemicals	$ -	$ 10,000	$ -	$ -	$ -	$ 10,000
	18.01.05	Printing and dissemination of the developed manual	$ -	$ -	$ 4,000	$ -	$ -	$ 4,000
	18.01.06	TOT on the use of the manual	$ -	$ -	$ 75,006	$ -	$ -	$ 75,006
	18.01.07	Training of heath and environment service providers on using the manual	$ -	$ -	$ 480,024	$ -	$ -	$ 480,024
	18.01.08	Designating and equipping hospitals for clinical management of victims patients exposed to hazardous chemicals	$ -	$ -	$ 45,000	$ 45,000	$ -	$ 90,000
	18.01.09	Reviewing the human resources and equipment, supplies needs for poison centers of Iraq to work 24/7 covering all of Iraq	$ -	$ 5,000	$ -	$ -	$ -	$ 5,000
	18.01.10	Constructing/renting appropriate premises for poison centers as per the international standards	$ -	$ 82,500	$ 82,500	$ -	$ -	$ 165,000
	18.01.11	Recruiting adequate trained staff for the three poison centers	$ -	$ -	$ -	$ -	$ -	$ -
	18.01.12	Equipping the Laboratories of the poison centers as per the international standards	$ -	$ 45,000	$ 45,000	$ -	$ -	$ 90,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	18.01.13	Computerized information network is built for surveillance, information exchange and supporting evidence based design making	$ -	$ 15,000	$ 15,000	$ -	$ -	$ 30,000
	18.01.14	Train staff of the poison centers on laboratory analysis, clinical management and information services	$ -	$ -	$ 166,680	$ 166,680	$ 166,680	$ 500,040
	18.01.15	Exchange experience with regional and international poison centers	$ -	$ -	$ 60,000	$ 60,000	$ -	$ 120,000
	18.01.16	Postgraduate and research studies on toxicology	$ -	$ 180,000	$ 180,000	$ -	$ -	$ 360,000
	18.02.01	Computerized network including videoconferencing between all related stakeholders for coordination and collaboration	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	18.02.02	Regular face to face meetings of all stakeholders	$ -	$ -	$ -	$ -	$ -	$ -
	18.02.03	Joint resource mobilization	$ -	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 100,000
	18.02.04	Chemical waste management policies, SOPs and strategies are audited and updated to minimize exposure to chemical wastes	$ -	$ 300,000	$ -	$ -	$ -	$ 300,000
	18.02.05	Updated chemical waste management policies, SOPs and plans are implemented and monitored	$ -	$ -	$ -	$ -	$ -	$ -
	18.02.06	Prepare a plan of action for Rehabilitation of contaminated sites with chemicals	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	18.02.07	Implement the plan of action in all identified sites	$ -	$ -	$ -	$ -	$ -	$ -
	18.02.08	TOT on rehabilitation of chemically contaminated sites	$ -	$ 25,000	$ -	$ -	$ -	$ 25,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	18.02.09	Training of teams who will be executing the rehabilitation	$ -	$ 100,005	$ -	$ -	$ -	$ 100,005
	18.02.10	Updating the hospital emergency plan to respond to chemcial events	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	18.02.11	Activate participation in the global chemcials and Health, and Risk Assessment Networks	$ -	$ -	$ -	$ -	$ -	$ -
			$ 41,670	$ 859,173	$ 1,178,210	$ 296,680	$ 191,680	$ 2,567,413
Radiation Emergencies	19.01.01	Revise the national plan for responding to radiation hazards for clarifying the role of the health sector	$ -	$ 5,000	$ -	$ -	$ -	$ 5,000
	19.01.02	Study tours to learn how other similar countries are doing this integration and reflect such experience in revising the plan	$ -	$ 25,000	$ -	$ -	$ -	$ 25,000
	19.01.03	Designating and equipping hospitals for clinical management of victims patients exposed to ionizing radiation	$ -	$ 90,000	$ -	$ -	$ -	$ 90,000
	19.01.04	Develop a manual for detection, laboratory testing, syndromes of exposure to radiation hazards	$ -	$ 10,000	$ -	$ -	$ -	$ 10,000
	19.01.05	Printing and dissemination of the developed manual	$ -	$ 4,000	$ -	$ -	$ -	$ 4,000
	19.01.06	TOT on the use of the manual	$ -	$ 37,503	$ 37,503	$ -	$ -	$ 75,006
	19.01.07	Training of heath and environment service providers on using the manual	$ -	$ -	$ 240,012	$ 240,012	$ -	$ 480,024
	19.01.08	TOT on clinical management of patients exposed to radiation	$ -	$ -	$ 75,000	$ -	$ -	$ 75,000
	19.01.09	Training and awareness raising among emergency staff on clinical management referral to designated hospitals	$ -	$ -	$ 270,000	$ 270,000	$ -	$ 540,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
	19.01.10	Training of emergency units, radiation therapy units and oncologist of designated hospitals on clinical management of patients exposed to radiation hazards	$ -	$ -	$ 300,000	$ -	$ -	$ 300,000
	19.02.01	Computerized network including videoconferencing between all related stakeholders for coordination and collaboration	$ -	$ 15,000	$ -	$ -	$ -	$ 15,000
	19.02.02	Regular face to face meetings of all stakeholders	$ -	$ -	$ -	$ -	$ -	$ -
	19.02.03	Joint resource mobilization	$ -	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 100,000
	19.02.04	Accelerate the implementation of the Arab Early Warning Network for Radiation Hazards (Linking the Iraqi RPC network with neighbouring countries)	$ -	$ -	$ -	$ -	$ -	$ -
	19.02.05	Study tours to neighbouring countries to learn lessons about national and regional radiation alerts	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 25,000
	19.02.06	Radioactive waste management policies, SOPs and strategies are audited and updated to minimize exposure to radiation hazards	$ -	$ 300,000	$ -	$ -	$ -	$ 300,000
	19.02.07	Updated radioactive waste management policies, SOPs and plans are implemented and monitored	$ -	$ -	$ -	$ -	$ -	$ -
	19.02.08	Updating the hospital emergency plan to respond to radiation emergencies	$ -	$ 5,000	$ -	$ -	$ -	$ 5,000
	19.02.09	Expand the risk communication strategy on radiation hazards	$ -	$ 5,000	$ -	$ -	$ -	$ 5,000
	19.02.10	Activate participation in the global chemicals and Health, and Risk Assessment Networks	$ -	$ -	$ -	$ -	$ -	$ -
	19.02.11	Revise the hospital emergency plan to respond to radiation hazards	$ -	$ 10,000	$ -	$ -	$ -	$ 10,000

Technical Area	#	Summary of Planned Activities	2019	2020	2021	2022	2023	total
			$ 5,000	$ 536,503	$ 952,515	$ 540,012	$ 30,000	$ 2,064,030
		Total:	$ 8,928,248	$ 16,586,385	$ 15,774,133	$ 9,493,920	$ 8,761,348	$ 59,544,033

Annex C: Annual Estimated Cost per Technical Area, 2019-2023

		2018	2019	2020	2021	2022	Total Estimated Cost
PREVENT							
1	National Legislation, Policy and Financing	$ 73,334	$ 26,667	$ 10,000	$ 10,000	$ 10,000	$ 130,001
2	IHR Coordination, Communication and Advocacy	$ 192,002	$ 466,000	$ 122,000	$ 172,000	$ 197,000	$ 1,149,002
3	Antimicrobial Resistant	$ 228,335	$ 150,002	$ 161,672	$ 55,000	$ 55,000	$ 650,009
4	Zoonotic Diseases	$ 101,000	$ 290,928	$ 177,922	$ 75,250	$ 93,250	$ 738,350
5	Food Safety	$ 638,340	$ 1,095,242	$ 741,892	$ 604,392	$ 515,502	$ 3,595,368
6	Biosafety and Biosecurity	$ -	$ 21,668	$ 78,334	$ 40,001	$ 21,667	$ 161,670
7	Immunization	$ 1,571,042	$ 775,706	$ -	$ -	$ -	$ 2,346,748
DETECT							
8	National Laboratory System	$ 15,000	$ 65,002	$ 40,002	$ 40,002	$ -	$ 160,006
9	Real-time Surveillance	$ 135,039	$ 157,936	$ 1,400	$ -	$ -	$ 294,374
10	Reporting	$ 67,661	$ 52,661	$ 52,661	$ 52,661	$ 52,661	$ 278,305
11	Workforce Development	$ 3,459,584	$ 6,192,958	$ 6,826,580	$ 5,039,914	$ 5,026,580	$ 26,545,616
RESPOND							
12	Preparedness	$ 474,897	$ 482,893	$ 138,893	$ 50,000	$ 50,000	$ 1,196,684
13	Emergency Response and Operations	$ 1,291,000	$ 1,313,340	$ 1,200,000	$ 1,200,000	$ 1,200,000	$ 6,204,340
14	Linking Public Health & Security Authorities	$ 16,334	$ -	$ -	$ -	$ -	$ 16,334
15	Medical Countermeasures	$ 207,338	$ 273,018	$ 161,346	$ 61,338	$ 61,338	$ 764,378
16	Risk Communication	$ 212,669	$ 120,006	$ 56,670	$ 56,670	$ 56,670	$ 502,683
OTHER IHR RELATED HAZARDS AND POE							
17	Points of Entry	$ 198,003	$ 3,706,683	$ 3,874,036	$ 1,200,000	$ 1,200,000	$ 10,178,722
18	Chemical Events	$ 41,670	$ 859,173	$ 1,178,210	$ 296,680	$ 191,680	$ 2,567,413
19	Radiation Emergencies	$ 5,000	$ 536,503	$ 952,515	$ 540,012	$ 30,000	$ 2,064,030
TOTAL:		$ 8,928,248	$ 16,586,385	$ 15,774,133	$ 9,493,920	$ 8,761,348	$ 59,544,033

Annex D: Monitoring and Evaluation Plan

#	Summary of Planned Activities	Responsible Authority	Output indicators
	National Legislation		
01.01.01	establish a committee from public health sector and legal advisors tasked to review legislation, identify gaps and recommend corrective measures. Regular meeting for the committee	MOH/IHR national centre	committee established
01.01.02	recruit a consultant to support the review process. International and national consultants for a duration of 2 months	MOH/IHR national centre	review finished
01.01.03	enact the law based on the review and develop decrees and administrative procedures on the meantime	MOH/IHR national centre	law enacted
01.01.04	conduct training to all concerned personal to raise awareness of legislation via small workshops biannual	MOH/IHR national centre	training conducted
01.01.05	Complete a review of Iraqi laws be undertaken to support core capacities under IHR	MOH/IHR national centre	review finished
01.01.06	conduct high level meeting to discuss the possibility of activating the supreme council with clear ToR	MOH/IHR national centre	meeting minutes
01.01.07	follow the local process to achieve the council	MOH/IHR national centre	council achieved
01.01.08	in accordance with law 32/2013 (instruction 1/2010) importation of live animals, conduct multi sectoral meeting to involve all concerned sectors to raise awareness	MOA	meeting minutes
01.01.09	activate instruction on vet quarantine and increase awareness through a multisectoral meeting involving all relevant sectors	MOA	meeting minutes
	IHR Coordination		
02.01.01	hold monthly meeting to strengthen communication (including the establishment of an electronic platform) for information sharing between IHR bound sectors (IHR fp) for risk assessment and early intervention	MOH/IHR national centre	meeting minutes
02.01.02	conduct risk assessment to evaluate the current system	MOH/IHR national centre	assessment report
02.01.03	review results of assessment (in above monthly meeting) to create next steps	MOH/IHR national centre	meeting minutes
02.01.04	develop the electronic platform for information sharing between IHR bound sectors for risk assessment and early interventions.	MOH/IHR national centre	development of the system
02.01.05	Review the ToR of existing coordination mechanisms to ensure integration and clarity of roles' division and responsibilities via workshop	MOH/IHR national centre	Report of reviewed TORs
02.01.06	develop the advocacy and training activities on IHR for IHR bound sectors	MOH/IHR national centre	development of the advocacy and training material
02.01.07	conduct training on IHR activities for IHR bound sectors (to given by the above consultant)	MOH/IHR national centre	number of trainers trained
02.01.08	conduct cascade raining on IHR activities for IHR bound sectors (to given by the above trainers)	MOH/IHR national centre	number of staff trained
02.01.09	print and disseminate relevant IHR related documents (including above TORs)	MOH/IHR national centre	material printed and disseminated
02.01.10	conduct ttx annually	MOH/IHR national centre	simx report
02.01.11	conduct functional simulation	MOH/IHR national centre	simx report
02.01.12	conduct full scale simx	MOH/IHR national centre	simx report

#	Summary of Planned Activities	Responsible Authority	Output indicators
AMR			
03.01.01	Announcement of the endorsed plan	MoH, MoA	Plan endorsed and presented
03.02.01	Advanced AMR training for ntl ref labs (CPHL and CVL)	MoH, MoA	NRL trained in latest AMR techniques
03.02.02	Routine AMR training for district labs	MoH, MoA	District labs trained in quality AMR testing
03.02.03	WHONET training	MoH, MoA	WHONET submission of data
03.02.04	AMR surveillance training for epidemiologists (human and animal)	MoH, MoA	Epidemiologists trained in AMR surveillance
03.02.05	Equipment for AMR diagnostics for ntl ref labs	MoH, MoA	Labs equipped for AMR testing
03.02.06	Reagents and diagnostic kits	MoH, MoA	Labs capable of testing for AMR
03.02.07	Computers and relevant software	MoH, MoA	Labs capable of managing and sharing AMR data
03.03.01	Update national IPC guidelines (human)	MoH	Updated IPC guidelines
03.03.02	Establish IPC guidelines for MoA	MoA	IPC guidelines for MoA
03.03.03	Establish IPC guidelines for MoA	MoA	Draft IPC guidelines for MoA developed
03.03.04	Training in IPC guidelines (human)	MoH	Pool of hcw trained in IPC guidelines
03.03.05	Training in IPC guidelines (animal)	MoA	Pool of hcw trained in IPC guidelines
03.04.01	Review antimicrobials in the Essential Medical List in line with the WHO guidelines.	MoH	EML reviewed and updated
03.04.02	Situational analysis for antimicrobial consumption in Iraq (human and animal)	MoH, MoA	Situational analysis finalized
03.04.03	Antimicrobial use plan development (human and animal)	MoH, MoA	Draft plan developed
03.04.04	Antimicrobial use policy development (human and animal)	MoH, MoA	Draft policy developed
03.04.05	Update guidelines for optimal use of antimicrobials (human)	MoH	Updated guidelines available
03.04.06	Develop guidelines for optimal use of antimicrobials (animal)	MoA	Updated guidelines available
03.04.07	Development of clinical practice guidelines for antimicrobial prophylaxis in surgery	MoH	Guidelines developed
03.04.08	Development of clinical practice guidelines for antimicrobial prophylaxis in surgery	MoH	Guidelines developed
03.04.09	Development of clinical practice guidelines for antimicrobial prophylaxis in surgery	MoH	Guidelines developed
Zoonotic Disease			
04.01.01	Identification of one representative from each sector involved in the National Zoonotic Committee. The professional should be a decision maker from his own sector.	MOH, CDC, Zoonotic disease section	Members designated
04.01.02	Meeting to develop ToRs	MOH, CDC, Zoonotic disease section	ToRs defined and disseminated
04.01.03	develop National One health strategy	MOH, CDC, Zoonotic disease section, WHO	Strategy plan developed
04.01.04	Workshop to establish the One health strategy	MOH, CDC, Zoonotic disease section, WHO	Providing relevant document and agreed on click out

#	Summary of Planned Activities	Responsible Authority	Output indicators
04.01.05	Workshop to review the One health strategy	MOH, CDC, Zoonotic disease section	Strategy plan endorsed by the County
04.01.06	Dissemination of the One health strategy	MOH	availability of the OH strategy at Subnational
04.01.07	Establishment of join surveillance Plan for the priority Zoonotic disease (6)	MOH, CDC, Zoonotic disease section, MOA, WHO	join Surveillance plan in place
04.01.08	Review and endorsement of join surveillance Plan for the priority Zoonotic disease (6)	MOH, CDC, Zoonotic disease section, MOA, WHO	reviewed and endorsed plan
04.01.09	Dissemination of the Joint surveillance plan	MOH	plan disseminated
04.01.10	Training Assessment on Filed Epidemiology needs for the veterinarians	MoA	identification of the needs in a report
04.01.11	develop proposal for Field epidemiology training	MoA	Fund for the training
04.01.12	Train Veterinarian in FETP	MoA	Veterinarians trained in Field epidemiology
04.01.13	Rabies eradication strategy plan	MoA/MoH	Plan developed
04.01.14	Rabies eradication strategy plan	MoA/MoH	Plan developed
04.02.01	Engage active surveillance within the national plan with providing the budget line for the active surveillance	MoA/MoH	surveillance engaged
04.02.02	upgrade laboratory capacity	MoA/MoH	lab capacity upgraded
04.02.03	Zoonotic disease Risk assessment	MoA/MoH	assessment report
04.02.04	zoonotic disease preparedness and response workshop	MoA/MoH	workshop report
04.02.05	Review and endorsement of the plan	MoA/MoH	reviewed and endorsed plan
04.02.06	simulation exercises on the preparedness and response- (function simex)	MoA/MoH	simx report
04.02.07	simulation exercises on the preparedness and response	MoA/MoH	simx report
04.02.08	Situation analysis of zoonotic disease in regards to prevention	MoA/MoH	report
Food Safety			
05.01.01	Support the participation of the Codex alimentarus Focal Point in the regional and international meetings	MoH/MoP	Updated information regarding the CODEX alimentarus
05.01.02	Improve coordination for the Codex alimentarus committee (22 members)	MoP	Information sharing, establish ToRs for members
05.01.03	Update nutrition section in the public health law	MoH	Updated food safety section in the public health law
05.01.04	Update food safety section in the public health law - Launching and endorsement	MoH	Endorsement from all the sectors at national and subnational levels
05.01.05	Improve the data management and evidence based surveillance - Electronic platform for surveillance and data sharing	MoH/MOP	IBS established (BIONUMERICS)
05.01.06	Dissemination for INFOSAN, RASFF focal point contact among the relevant sectors	MOA	contact shared
05.01.07	Sim ex on the surveillance system	MoH/MOP	Sim ex done
05.02.01	Improve the data management and evidence based surveillance - sampling items and transportation items (cold storage,..)	MOH/MOP	stockpile ready for response at any time

#	Summary of Planned Activities	Responsible Authority	Output indicators
05.02.02	Laboratory rehabilitation for food safety testing	MOH/MOP	The 25 laboratories at national and subnational level involved in the testing of food rehabilitated
05.02.03	training on sampling, transportation and laboratory method	MOH/MOP	Training material and curriculum materials developed and printed
05.02.04	training on sampling, transportation and laboratory method	MOH/MOP	Training material and curriculum materials developed
05.02.05	training on sampling, transportation and laboratory method - TOT training	MOH/MOP	trainers on the method Trained
05.02.06	training on sampling, transportation and laboratory method - Scaling up to the 25 laboratories	MOH/MOP	all laboratories staff trained
05.02.07	Establish a national surveillance plan for chemical food safety events	MOH/MOP	surveillance plan for chemical food safety events developed
05.02.08	Endorsement of national surveillance plan for chemical food safety events	MOH/MOP	surveillance plan for chemical food safety events endorsed
05.02.09	Upgrade the lab capacity for chemical contaminants related to food safety 5 laboratories	MOH/MOP	lab capacity for chemical contaminants related to food safety rehabilitated
05.02.10	simEX chemicals contaminants	MOH/MOP	Sim EX done
05.02.11	simEX chemicals contaminants	MOH/MOP	Sim EX done
05.02.12	Expand the accreditation of the ISO 17025 to national laboratories - infrastructures	MOP	infrastructure for the accreditation are met
05.02.13	Expand the accreditation of the ISO 17025 to national laboratories - Training	MOP	infrastructure for the accreditation are met
05.02.14	Expand the accreditation of the ISO 17025 to national laboratories - Accreditation requirement process	MOP	accreditation guaranteed
BioSafety BioSecurity			
06.01.01	Prepare for endorsement of the BRM regulatory framework	NBRMC, INMA	Policy endorsed
06.01.02	Implementation of the BRM regulatory framework	NBRMC, INMA	Policy implementation plan agreed
06.01.03	Improve and reinforce national inventory of dangerous pathogens and toxins	MoH, MoA, MOHE, MOP	Continuously updated list of dangerous path & toxins
06.01.04	Improve infrastructure of select laboratory suites plus equipment and required training	MoH, MoA	Laboratory suites renovated plus trained staff
06.02.01	Biosafety and biosecurity training for fieldworkers	MoH, MoA, NBMC	number of staff trained
06.02.02	Biosafety and biosecurity training for national laboratories	MoH, MoA, NBMC, MOP, MOHE	number of staff trained
06.02.03	Infectious substances shipping training	MoH, MoA, NBMC, MOP, MOHE	number of staff trained
06.02.04	Biosafety risk assessment training in line with WHO guidance	MoH, MoA, NBMC, MOP, MOHE	number of staff trained
06.02.05	Biosafety and biosecurity study tour	MoH, MoA, NBMC, MOP, MOHE	experiences and expertise shared
Immunization			
07.01.01	Strategic planning MoH department to coordinate the development of a detailed implementation plan	MoH Strategic planning section; EPI & health promotion	Strategic implementation plan drafted for 2 years

#	Summary of Planned Activities	Responsible Authority	Output indicators
07.01.02	Upgrade the organization structure of the c central health promotion section	health Policy Department	Draft design, functions and ToRs of the upgraded section developed
07.01.03	Administrative upgrading	health Policy Department	Administrative upgrading steps implemented
07.01.04	Upgrade capacities in central health promotion section	Health promotion; EPI	Health promotion section staff trained
07.01.05	Upgrade capacities in central health promotion section	Health promotion; EPI	5 staff exposed
07.02.01	Identification of priority sub health care centres to be added to routine EPI service delivery (evidence based)	EPI	Expansion proposal developed
07.02.02	Identification of priority sub health care centres to be added to routine EPI service delivery (evidence based)	EPI	Expansion proposal finalized for submission
07.02.03	Inventory of logistics and provision of required equipment to selected/approved new vaccination points	Provincial EPI	Required logistics provided
07.02.04	Revision of respective district micro-plans	Provincial EPI	Respective micro plans developed
07.02.05	Training of new centres vaccination staff (on vaccine delivery services, data management, cold chain, surveillance, ..)	Provincial EPI	Respective staff trained
07.03.01	3.1. Conduct a national survey, governorates based	National EPI	Methodology developed including sampling
07.03.02	Conduct a national survey, governorates based (finalize tool and ToT)	National EPI	Tool tested & finalized and provincial trainers trained
07.03.03	Conduct a national survey, governorates based (training surveyors & supervisors)	Provincial EPI	Surveyors trained
07.03.04	Conduct a national survey, governorates based (Develop collection tool)	national EPI	IT application developed
07.03.05	Conduct a national survey, governorates based (Field work, data collection & supervision)	Provincial EPI	Data collected
07.03.06	Conduct a national survey, governorates based (meeting for stakeholders)	National EPI	Report shared with concerned bodies
07.03.07	Conduct a DQS	National EPI	Methodology developed including sampling
07.03.08	Conduct a DQS (finalize tool)	National EPI	Tool tested & finalized and provincial trainers trained
07.03.09	Conduct a DQS (training surveyors & supervisors)	National EPI	Surveyors trained
07.03.10	Conduct a DQS (Develop collection tool)	national EPI	IT application developed
07.03.11	Conduct a DQS (Field work, data collection & supervision)	National EPI	Data collected
07.03.12	Conduct a DQS	National EPI	Report shared with concerned bodies
07.03.13	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	National EPI	Protocol developed and implementation areas selected
07.03.14	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	National EPI	data management electronic tool developed
07.03.15	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	National EPI	Trainers trained

#	Summary of Planned Activities	Responsible Authority	Output indicators
07.03.16	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	Provincial EPI	Respective staff trained
07.03.17	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	National EPI	Steering committees at national level and each provinces functioning and supervisory visits implemented
07.03.18	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	National EPI	Quarterly steering committees meetings held at national level and in each one of the 3 selected provinces
07.03.19	Use Fever and rash as well as AFP surveillance to detect low immunity population groups (Polio legacy) and implement sustainable improvement solutions	National EPI	Annual project evaluation meeting conducted
07.04.01	Consultant (assess forecasting, procurement and distribution; in term of knowledge, procedure, practices as well coordination mechanisms (committees, ..) and tools followed to ensure contribution of the various stakeholders)	National EPI/KEMADIA/NRA	Assessment report with recommendations and draft proposed amendments delivered
07.04.02	Meeting to present assessment results to stakeholders, finalize and agree on revised procedures, ToRs, mechanisms and tools	National EPI/KEMADIA/NRA	Assessment report and proposed amendments discussed, finalized and approved
07.04.03	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels: Consultant	National EPI	Monitoring tool developed
07.04.04	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels: Develop supporting informatics application	National EPI / consultant	tool developed
07.04.05	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels: Develop/update users guidelines	National EPI / consultant	Guidelines developed
07.04.06	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels: Tot	National EPI / consultant	Trainers trained
07.04.07	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels: Staff training	Provincial EPI	Relevant staff at provincial and local level trained
07.04.08	Develop an electronic tool to monitor vaccine disponibility at the various administrative levels : Monitoring and reporting	national Level	Monthly monitoring conducted
National Laboratory System			
08.01.01	Nationwide situational analysis of lab capacities (lab mapping)	MoH, MoA, MoP	Map developed
08.02.01	Laboratory skill drill for specimen referral (central, south, north regions)	MoH, MoA	Exercise successfully conducted; report with strengths and weaknesses
08.04.01	Development of Ntl laboratory policy	MoH, MoA	Policy developed and endorsed
08.04.02	Development of Ntl laboratory strategy	MoH, MoA	Strategy developed and endorsed
08.04.03	Development of Ntl laboratory standards	MoH, MoA, MoP	National lab standards developed and endorsed
Surveillance			
09.01.01	Meeting to establish list of priority public health events, national priority diseases and syndromes for surveillance and a reporting structure (list of sources)	CDC	List of priority PH event
09.01.02	Develop standard reporting form and SOPS	CDC	Multi hazard reporting form for EBS and SOPs

#	Summary of Planned Activities	Responsible Authority	Output indicators
09.01.03	Develop training package	CDC	EBS Training package for TOT
09.01.04	Develop Policy document to establish unique National Crisis line	EOC	Policy paper
09.01.05	Committee meeting to discuss and endorse National Crisis Line	EOC	Endorsed policy by line ministries?
09.01.06	Approval from PMO	EOC	Endorsed policy
09.02.01	Review of existing and proposed electronic tools for surveillance	MOH	Report and recommendations on the best IT tool for Iraq
09.02.02	Feasibility of Internet access in 18 governorates	MOH	Internet access in all 18 governorates
09.03.01	Establish mint ypes of analysis	CDC	report
09.03.02	Develop templates of reports for dissemination to various sectors and sub nationally	CDC	templates
Reporting			
10.01.01	establish committee involving WHO, FAO, and OIE focal points (reporting) meet quarterly	IHRNFP	committee established
10.01.02	committee will develop a policy and SOPs for notification of potential PHEIC for all reporting entities and from IHR NFP to WHO, outlining an advocacy strategy to empower the IHR nfp and its functions (annual)	IHRNFP	materials developed
10.01.03	conduct briefing of the national ihr committee on the rules and responsibilities in reporting by the sectors in support of IHR NFP functions.	IHRNFP	briefing conducted
10.01.04	conduct regular trainings on annex 2 biannual	IHRNFP	meeting minutes
10.01.05	develop guidance for AAR concerning reporting under IHR		guidance developed
10.01.06	conduct review of notification under the IHR (2x per year)	IHRNFP	review conducted
Workforce development			
11.01.01	Create within the national IHR intersectoral committee a WG (from HR FP from the various sectors): Technical assistance	National IHR FP	progress report
11.01.02	Create within the national IHR intersectoral committee a WG (from HR FP from the various sectors): Develop WG ToRs and functioning mechanism	National IHR FP	ToRs drafted
11.01.03	Create within the national IHR intersectoral committee a WG (from HR FP from the various sectors): WG formulation (circular across all sectors, nomination)	Sector representatives in IHR National Intersectoral Coordination Committee	Committee formulated
11.01.04	Create within the national IHR intersectoral committee a WG (from HR FP from the various sectors): Support regular WG meetings	IHR FP and WG Chair	quarterly meetings held
11.01.05	Create within the national IHR intersectoral committee a WG (from HR FP from the various sectors): Support the WG member field supervision and program monitoring	WG / IHR	Supervisory visits conducted
11.02.01	Mapping of available resources within each sector and that deal with IHR or can do that, across the administrative levels and needs assessment: Identify needs in every sector across all levels and disciplines	IHR national FP	Needs identified
11.02.02	Map available resources across all stakeholders at various country levels (those that are already involved in IHR and those that are doing other tasks but can be involved in IHR)	National HR department in each sector	Available staff mapped

#	Summary of Planned Activities	Responsible Authority	Output indicators
11.02.03	Develop/upgrade an informatics application to support the exercise	IHR national FP & Intersectoral HR WG	Application developed
11.02.04	Develop/upgrade an informatics application to support the exercise	IHR national FP & Intersectoral HR WG	Application developed
11.02.05	Identify gaps	HR department in each sector	gaps identified
11.02.06	Identify low hanging fruits (Staff that can immediately contribute to IHR implementation at various levels) trained or need refreshment (in-service training)	HR department in each sector	Ready to be involved staff identified for training
11.02.07	Take necessary action to upgrade capacity, refresh knowledge and involve them in IHR (revise ToRs, post description, recruit, ..) phase 1	National Training Centre for MoH	Ready to be involved staff trained and in post
11.02.08	Take necessary action to upgrade capacity, refresh knowledge and involve them in IHR (revise ToRs, post description, recruit, ..) phase 2	National Training Centre for MoH	Ready to be involved staff trained and in post
11.02.09	Develop budgeted sectoral multi-year plans	National MoH training Centre & HR department in each sector	Budgeted multi-year training plans developed
11.02.10	Revise sectoral HR strategies and policy accordingly	HR department in each sector	Sectoral HR strategies revised
11.02.11	Monitor implementation	HR department in each sector & Intersectoral IHR HR WG	Monitoring process in place and implementation
11.02.12	Mid term action: Can dispense from post rotation period (within MoH capability, through revising internal regulations)	HR department in each sector & Intersectoral IHR HR WG	Derogation approved for implementation
11.02.13	Longer-term: Advocacy at higher level to change national laws (through national high ministerial committee and the parliament) for financial incentives	HR department in each sector & Intersectoral IHR HR WG	Incentives available
11.03.01	Empower and upgrade the capacity of MoH National Centre for HR development and the animal Health Training section (MoA)and training to manage in-service trainings within MoH for IHR relevant staff: Revise ToRs and empower its role across the various training units in MoH and Animal Health various departments	National Centre for HR development Animal Health Training Unit	Revised ToRs drafted
11.03.02	Empower and upgrade the capacity of MoH National Centre for HR development and the animal Health Training section (MoA)and training to manage in-service trainings within MoH for IHR relevant staff: Develop and provide tools and mechanism (informatics application)	National Centre for HR development Animal Health Training Unit	Supporting IT tools developed
11.03.03	Empower and upgrade the capacity of MoH National Centre for HR development and the animal Health Training section (MoA)and training to manage in-service trainings within MoH for IHR relevant staff (INFRASTRUCTURE)	National Centre for HR development Animal Health Training Unit	Supporting IT tools developed
11.03.04	Consensus meeting in MoH and Animal health	National Centre for HR development Animal Health Training Unit	National training centre upgrading procedures adopted

#	Summary of Planned Activities	Responsible Authority	Output indicators
11.03.05	Build centre human capacities according to revised ToRs roles and responsibilities	National Centre for HR development Animal Health Training Unit	Centre staff capacity upgraded
11.03.06	mapping in-service training opportunities in and outside Iraq for both human and animal health	National Centre for HR development Animal Health Training Unit	mapped
11.03.07	Develop Multi-year budgeted training plans for MoH and human health	National Centre for HR development Animal Health Training Unit	Multi-year budgeted training plans for MoH developed
11.04.01	Start an intermediate level FETP to better fill country needs at provincial level (decision already taken, activity to start Sept 2019). Focus on provincial level health officers (8 to 10 staff)	National FETP	8 to 10 HCW graduated from intermediate FETP
11.04.02	Open to vets (2 vets from National level, 2 from each of the 3 country sub-regions (North, middle and North)	National FETP	8 Vets (2 national and 6 from sub-regions) graduated from intermediate FETP
11.04.03	Sustain frontline (PHEP) to target district and local level capacities: Target in 2020 remaining 40% of local surveillance officers (3 cohorts) and include in 2021 & 2022 other priority local level health officers (3 cohorts)	National FETP	Remaining district level surveillance officers graduated from PHEP in 2020 & 60 to 90 PH district officers graduated from PHEP in 2021
11.04.04	Expand to district level animal health officers Target in 2021-2022 (starting with priority areas): Develop curricula	National FETP	Curriculum for PHEP animal health district officers developed
11.04.05	Mentors briefing (the 8 vets that will graduate in 2020 from the intermediate FETP will serve as mentors for the frontline)	National FETP	Mentors briefing conducted
11.04.06	Conduct 3 cohorts of vet frontline for 2021	National FETP	60 to 90 district level animal health officers graduated from Vet PHEP in 2021
11.04.07	Solve staff reluctance issue	National FETP	report
11.04.08	Coordinate with other sectors through the IHR national intersectoral committee to identify solutions to accelerate and expand	National FETP	Consensus meeting conducted
11.04.09	Revise curricula to integrate other disciplines (Lab and Vet)	National FETP	Curricula revised
11.04.10	Start a 2 years multi-disciplinary cohort in sept 2019 via: Mentors briefing	National FETP	Mentors briefing conducted
11.04.11	Start a 2 years multi-disciplinary cohort in sept 2019 via: Training (2 years)	National FETP	8 to 10 multidisciplinary staff graduated by end of 2021
11.04.12	Start a 2 years multi-disciplinary cohort in sept 2019 via: Evaluate and sustain	National FETP	Evaluation conducted
Preparedness			
12.01.01	review the structure of the EOC in terms of representation	MOH	review report
12.01.02	review and update plan of work and sops to ensure representation and functionality as per WHO guidelines from all concerned sectors at central and governorate levels	MOH	material updated
12.01.03	official letter from eoc/MOH to be addressed to the different ministries to highlight the fact that the country is working to implement sendai to find support (non financial) and facilitation	MOH	letter sent

#	Summary of Planned Activities	Responsible Authority	Output indicators
12.01.04	conduct workshop at the central level and each governorate level (STAR tool) supported by WHO	MOH	workshops completed
12.01.05	recruit consultant to develop plan public health preparedness and response plan	MOH	plan developed
12.01.06	recruit consultant for disaster risk reduction plan	MOH	plan developed
12.01.07	conduct series of meetings to develop PHPRP	MOH	meeting minutes
12.01.08	Conduct EOC meetings on disaster risk reduction plan	MOH	meeting minutes
12.01.09	conduct workshop to discuss and finalize both plans	MOH	plan developed
12.01.10	conduct workshop to discuss and finalize both plans	MOH	plan developed
12.01.11	recruit consultant (gis) to map the hazard and resources on map of Iraq	MOH	mapping complete
12.01.12	develop electronic platform to share results of notifiable disease to EOC	MOH	platform developed
12.01.13	conduct meeting with eoc reps at different levels to identify different training needs (consultant)	MOH	report
12.01.14	develop strategy and a plan for training: implement plan: equipment	MOH	equipment in place
12.01.15	develop strategy and a plan for training: material	MOH	material available
12.01.16	develop strategy and a plan for training: conduct training	MOH	number of people trained
12.01.17	consultants	MOH	plan developed
12.01.18	conduct operational exercise to test operational coordination and collaboration of partners and sectors for preparedness and response (annual)	MOH	simx report
Emergency response operations			
13.01.01	review and update poison registry for the country	poison centre	updated registry
13.01.02	convert to electronic system	poison centre	electronic system in place
13.01.03	train personnel to use the system	poison centre	number of personnel trained
13.01.04	advocacy for public use of hotline	MOH	material distributed
13.01.05	Training for EOC staff to join EOC-NET	MOH	number of personnel trained
13.01.06	implement plan of action for EOC to part of EOC-NET (infrastructure and material)	MOH	infrastructure in place
13.01.07	evaluate the number, distribution, and training capacity of rapid response team	MOH	evaluation report
13.01.08	develop plan of action to enhance and expand rapid response teams	MOH	plan developed
13.01.09	conduct training, workshops, to build capacity (4 trainings per year, 20 teams, 5 yrs.)	MOH	number of personnel trained
13.01.10	mapping on existing services in the private sector	MOH	mapping report
13.01.11	meeting to discuss sharing and discussing for gov centre to out source services from the private sector (lab, surveillance, medical services, mass causalities during mass gathering)	MOH	meeting report
13.01.12	meeting that will include the private sector	MOH	meeting report
Linking public health and security authorities			
14.01.01	review of existing policy and engagement with public health and security officials in preparations for a public health event	MOH	review report
14.01.02	Develop joint SOPs for engagement of national priority of public health events	MOH	SOP developed

#	Summary of Planned Activities	Responsible Authority	Output indicators
14.01.03	Review feasibility of development of joint training for response to priority public health events	MOH	review report
14.01.04	Establish procedures to document AAR after joint Activity	MOH	procedures established
Medical Countermeasures			
15.01.01	Develop an emergency receiving systems for drugs and other related health counter measures	MOH	system developed
15.01.02	Create a system to allocate emergency funding during emergencies (at prime minister level)	MOH	system developed
15.01.03	National training on the developed emergency procedures	MOH	number of people trained
15.01.04	Developing manual for forecasting needed countermeasure for forecasted emergencies	MOH	manual developed
15.01.05	Training of trainers on using the manual	MOH	number of people trained
15.01.06	Training on forecasting needed countermeasures for the all hazards	MOH	training report
15.01.07	Compile procedures and guidance on activating GOARN and other related networking Iraq	MOH	procedures and guidance completed
15.01.08	Awareness raising of emergency teams about the available help at Global and Regional Levels	MOH	awareness raised
15.02.01	Develop and disseminate policies and protocols for sending and receiving personnel to other organizations/agencies in country and internationally to respond to public health events	MOH	developed program
15.02.02	TOT on the protocol and procedures for sending and receiving personnel during emergencies	MOH	tot report
15.02.03	National on the protocol and procedures for sending and receiving personnel during emergencies	MOH	report
Risk Communication			
16.01.01	Recruit a risk communication expert to support the assessment and development of the RC strategy and action plan	MOH	Expert hired
16.01.02	Conduct an assessment of current RC situation in Iraq	MOH	Assessment Report done
16.01.03	Organize a national consultation workshop for all Communication stakeholders	MOH-WHO	Meeting report + recommendation for action plan
16.01.04	Develop a national integrated multisectoral and multihazard risk communication strategy and action plan	MOH-WHO	Strategic plan developed
16.01.05	Organize an event to launch the strategy	MOH-WHO	Launching report
16.01.06	Organize a training for strategy implementation	MOH-WHO	Report training
16.01.07	Conduct an exploration tour to other countries in MENA to get familiar with RC best practices	MOH	Report mission
16.01.08	Develop the mandate and expertise terms of references for the technical advisory board	MOH-WHO	Mandate and TOR developed
16.01.09	Organize an engagement meeting for concerned entity	MOH-WHO	Report meeting
16.01.10	Secure endorsement from senior management	MOH	Decree formation committee
16.01.11	Organize regular bi-annual meetings for the technical advisory board (and as needed)	MOH	Report meeting
16.01.12	Conduct a structural and systematic assessment of the current role and responsibilities of the Media and Health Awareness department	MOH	Assessment report
16.01.13	Organize 1 day meeting with senior officials to present findings and recommendations	MOH	Report meeting
16.01.14	Develop SOPs and guidelines for RC section and teams	MOH	SOP and guidelines developed

#	Summary of Planned Activities	Responsible Authority	Output indicators
16.02.01	Conduct a rapid assessment to identify partners supporting risk communications interventions in the country at all levels	MOH	Report assessment
16.02.02	Identify multisectorial and multidisplinary risk communication working group including focal person from each partner institution	MOH	Working group formed
16.02.03	Convene the first working group meeting and agree on TORs and working modalities for the group.	MOH	Minutes meeting
16.02.04	Organize quarterly meetings for coordination group	MOH	Minutes meeting
16.03.01	Mapping and assessing capacity of existing public staff involved in communication	MOH/MOA	Mapping report
16.03.02	Developing a training plan and curriculum based on need assessment + indicators for monitoring and evaluation of training process and outcomes	MOH/MOA	Training plan and curriculum
16.03.03	Plan for a series of training cascades and TOT nationally and subnational	MOH/MOA	Training report
16.03.04	Establish a network of trained local surge	MOH/MOA	Network established
16.03.05	Plan for a series of training for media personnel across the country	MOH/MOA	Training report
16.04.01	Map and assess current response processes and mechanisms for rumour tracking and management	MOH - MOInte	Report assessment
16.04.02	Organize a meeting to share findings of lessons learned, challenges, best practices and recommendations with authorities	MOH - MOInte	Report meeting
16.04.03	Develop a guideline and SOPs for rumour tracking in line with the country's context integrated with the national emergency strategy	MOH - MOInte	Guideline developed
16.04.04	Test and implement guidelines and procedures, and monitor implementation	MOH - MOInte	Report monitoring
Points of Entry			
17.01.01	CONDUCT A MEETING WITH ALL CONCERNED PARTIES TO REVIEW THE VOLUME OF MOVEMENT OF GOODS AND PEOPLE AND DISEASE PROFILE AND GEOGRAPHICAL LOCATION OF NEIGHBORING COUNTRIES TO DESIGNATE POE in accordance with IHR in Erbil in order to guarantee the participation of Kurdistan government	poe commission under prime minster	meeting minutes
17.01.02	conduct workshop to train personnel to assess ihr capacities at poe	poe commission under prime minster	number of trained personnel
17.01.03	conduct evaluation of designated points of entry (focus on human quarantine)	poe commission under prime minster	evaluation report
17.01.04	develop plan of action base on evaluation for each designated PoE	poe commission under prime minster	plan developed
17.01.05	IHR implementation at each designated PoE (12) infrastructure	poe commission under prime minster	infrastructure installed
17.01.06	IHR implementation at each designated PoE (12) personnel	poe commission under prime minster	staff hired
17.01.07	IHR implementation at each designated PoE (12) training	poe commission under prime minster	number of trained personnel
17.01.08	IHR implementation at each designated PoE (12) material	poe commission under prime minster	material printed and distributed

#	Summary of Planned Activities	Responsible Authority	Output indicators
17.01.09	IHR implementation at each designated PoE (12) equipment	poe commission under prime minster	equipment purchased and installed
17.01.10	conduct a meeting for Iraq Iran turkey and Jordan to discuss cross border collaboration	poe commission under prime minster	meeting reports
17.01.11	recruit consultants to develop bilateral and multilateral plan of action	poe commission under prime minster	plans of actions developed
17.01.12	implementation of the plan: personnel	poe commission under prime minster	personnel hired
17.01.13	implementation of the plan: training	poe commission under prime minster	number of trained personnel
17.01.14	implementation of the plan : equipment	poe commission under prime minster	equipment purchased and installed
17.01.15	recruit consultant to evaluate storage system of important good and animals	poe commission under prime minster	evaluation report
17.01.16	conduct a meeting to discuses the results of the evaluation and agree on the location of storage facilities	poe commission under prime minster	meeting minutes
17.01.17	equip storage facilities at the agreed PoE	poe commission under prime minster	storage facilities equipped
17.01.18	ministry of health to ask the poe higher committee to be included in the single window system	poe commission under prime minster	communication sent
17.01.19	evaluation of vector surveillance and control in the country including the sites for surveillance	poe commission under prime minster	evaluation report
17.01.20	conduct a meeting to discuss the expansion/establishment of vector surveillance and control at POE and facilities around them	poe commission under prime minster	meeting report
17.01.21	develop a plan of action to implement the expansion of vector surveillance at poe	poe commission under prime minster	plan developed
17.01.22	surveillance-train personnel on surveillance and management via series of meetings	poe commission under prime minster	number of trained personnel
17.01.23	vector control training for all personnel at PoE	poe commission under prime minster	number of trained personnel
17.01.24	equipment and material for control of vectors at poe and facilities around them-insecticides etc.	poe commission under prime minster	equipment purchased and installed
17.01.25	equipment for basre and waset and najef lab to test for entomology testing	poe commission under prime minster	equipment purchased and installed
17.01.26	training of basre and waset and najef lab personnel	poe commission under prime minster	number of trained personnel

#	Summary of Planned Activities	Responsible Authority	Output indicators
17.01.27	develop training plan for personnel at poe that will include different topics including assessment of passengers, inspection of goods, inspection of animals, with a time frame and targeted personnel (consultant)	poe commission under prime minster	plan developed
17.01.28	conduct tot (2 meetings for 3 days)	poe commission under prime minster	number of trainers trained
17.01.29	implementation of plan via workshops (3 days, 12 poe, 2x per year)	poe commission under prime minster	workshop reports/number of people trained
17.01.30	develop advocacy material (documents) disease specific to raise awareness at all poe	poe commission under prime minster	material printed and distributed
17.01.31	purchase tv screens to display public health topics of concern for passengers (arriving mainly)	poe commission under prime minster	tv screens purchases and installed
17.01.32	conduct meetings for different poe to increase coordination between the different sectors concerning different events	poe commission under prime minster	meeting reports
17.01.33	evaluation of current infrastructure at poe	poe commission under prime minster	evaluation report
17.01.34	develop long term plan to develop infrastructure using stepwise approach	poe commission under prime minster	plan developed
17.01.35	conduct training at 6 ports on ship sanitation and issuing give ship sanitation certificate	poe commission under prime minster	training reports/number of staff trained
17.01.36	additional training for personnel at poe in prep for mass gathering events to enhance surveillance in public health events (specifically for Karbala, basre, and najif	poe commission under prime minster	number of trained personnel
17.01.37	thermal scanning, tv screens for najif airport	poe commission under prime minster	equipment purchased and installed
17.01.38	during mass gathering purchase/allocation for additional number of ambulances in response to large number of people for najif	poe commission under prime minster	equipment purchased and installed
17.01.39	medical jet for najif airport (cost separately)	poe commission under prime minster	jet purchased
17.01.40	establish a call line specific for the referral of ill cases to health facilities	poe commission under prime minster	call line established
17.01.41	reactivate of immigration card	poe commission under prime minster	activated
17.01.42	activate the use of annex 8 and 9 of ihr, circulation	poe commission under prime minster	activated
17.01.43	activate the use of HIV, Hep b&c at POE (material to distribute)	poe commission under prime minster	activated
17.01.44	prepositioning of supplies and messages for emergencies at the designated poe	poe commission under prime minster	supplies and materials in place

#	Summary of Planned Activities	Responsible Authority	Output indicators
17.01.45	evaluation of human quarantine at specific poe	poe commission under prime minster	evaluation report
17.01.46	renovation of designated space for human quarantine at poe (12)	poe commission under prime minster	renovations complete
17.01.47	conduct simx drill at najif airport in prep for mass gathering	poe commission under prime minster	simx report
Chemical events			
18.01.01	Training on health risk assessment and mapping of hazardous chemicals	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Focal points in all related stakeholders trained for 5 days on risk assessment and mapping
18.01.02	Implement national health risk assessment and mapping for identification of most hazardous chemicals in all parts of Iraq	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Most hazardous chemicals in Iraq are identified and mapped (Draft Report) by two experts from the health and environment sectors
18.01.03	Workshop to finalize the drafted assessment and mapping of most hazardous chemicals in Iraq	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Assessment is finalized through a two days national consultation
18.01.04	Develop a manual for detection, laboratory testing, syndromes of poisoning, and clinical management for the identified hazardous chemicals	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Manual for detection, laboratory testing, syndromes of poisoning, and clinical management for the identified hazardous chemicals is developed by 2 or 3 experts
18.01.05	Printing and dissemination of the developed manual	Ministry of Health, Ministry of Environment	1000 copies of the manual for detection, laboratory testing, syndromes of poisoning, and clinical management for the identified hazardous chemicals are printed and disseminated
18.01.06	TOT on the use of the manual	Ministry of Health, Ministry of Environment	Trainers from North, South and Middle parts of Iraq are trained through 3-day 3 training workshops
18.01.07	Training of heath and environment service providers on using the manual	Ministry of Health, Ministry of Environment	Health and Environment Service Providers are trained on the use of the manual through a series of 24 3-day training workshops
18.01.08	Designating and equipping hospitals for clinical management of victims patients exposed to hazardous chemicals	Ministry of Health, Ministry of Environment	Three hospitals are designated and equipped
18.01.09	Reviewing the human resources and equipment, supplies needs for poison centers of Iraq to work 24/7 covering all of Iraq	Ministry of Health, Ministry of Environment	needs of poison centers are assessed and reported

#	Summary of Planned Activities	Responsible Authority	Output indicators
18.01.10	Constructing/renting appropriate premises for poison centers as per the international standards	Ministry of Health, Ministry of Environment	at least three poison centers are hosted in appropriate premises in line with international standards
18.01.11	Recruiting adequate trained staff for the three poison centers	Ministry of Health	Adequate and trained staff for operation the three centers 24/7 is completed (20 GPs, 8 Chemists, 6 Assistants Pharmacists)
18.01.12	Equipping the Laboratories of the poison centers as per the international standards	Ministry of Health	laboratories of the three poison centers are equipped as per the international standards
18.01.13	Computerized information network is built for surveillance, information exchange and supporting evidence based design making	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Computerized network for surveillance an information dissemination is functional
18.01.14	Train staff of the poison centers on laboratory analysis, clinical management and information services	Ministry of Health	Staff of the poison centers are trained through series of 12 5-days training workshops
18.01.15	Exchange experience with regional and international poison centers	Ministry of Health	12 staff trained in external poison centers
18.01.16	Postgraduate and research studies on toxicology	Ministry of Health	3 staff supported to for postgraduate studies on toxicology and toxic chemical analysis
18.02.01	Computerized network including videoconferencing between all related stakeholders for coordination and collaboration	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Functional coordination network is in place
18.02.02	Regular face to face meetings of all stakeholders	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Technical meetings from all stakeholders are meeting quarterly
18.02.03	Joint resource mobilization	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Adequate resources are mobilized to support multi-stakeholder projects
18.02.04	Chemical waste management policies, SOPs and strategies are audited and updated to minimize exposure to chemical wastes	Ministry of Environment	All related policies and SOPs are revised
18.02.05	Updated chemical waste management policies, SOPs and plans are implemented and monitored	Ministry of Environment	Properly managed hazardous waste sanitary landfill is functioning
18.02.06	Prepare a plan of action for Rehabilitation of contaminated sites with chemicals	Ministry of Environment, Ministry of Science and Technology	Integrated plan of action is prepared

#	Summary of Planned Activities	Responsible Authority	Output indicators
18.02.07	Implement the plan of action in all identified sites	Ministry of Environment, Ministry of Science and Technology	plan implemented
18.02.08	TOT on rehabilitation of chemically contaminated sites	Ministry of Environment, Ministry of Science and Technology	TOT are available to lead national training processes
18.02.09	Training of teams who will be executing the rehabilitation	Ministry of Environment, Ministry of Science and Technology	teams trained
18.02.10	Updating the hospital emergency plan to respond to chemcial events	Ministry of Health	plan updated
18.02.11	Activate participation in the global chemcials and Health, and Risk Assessment Networks	Ministry of Health and Environment	participation noted
Radiation Emergencies			
19.01.01	Revise the national plan for responding to radiation hazards for clarifying the role of the health sector	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Plan of action is revised
19.01.02	Study tours to learn how other similar countries are doing this integration and reflect such experience in revising the plan	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	study tour report
19.01.03	Designating and equipping hospitals for clinical management of victims patients exposed to ionizing radiation	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Three hospitals are designated and equipped
19.01.04	Develop a manual for detection, laboratory testing, syndromes of exposure to radiation hazards	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Manual for detection, laboratory testing, syndromes of poisoning, and clinical management for the identified hazardous chemicals is developed by 2 or 3 experts
19.01.05	Printing and dissemination of the developed manual	Ministry of Health, Ministry of Environment	1000 copies of the manual for detection, laboratory testing, syndromes of poisoning, and clinical management for the identified hazardous chemicals are printed and disseminated
19.01.06	TOT on the use of the manual	Ministry of Health, Ministry of Environment	Trainers from North, South and Middle parts of Iraq are trained through 3-day 3 training workshops
19.01.07	Training of heath and environment service providers on using the manual	Ministry of Health, Ministry of Environment	Health and Environment Service Providers are trained on the use of the manual through a series of 24 3-day training workshops

#	Summary of Planned Activities	Responsible Authority	Output indicators
19.01.08	TOT on clinical management of patients exposed to radiation	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	training complete
19.01.09	Training and awareness raising among emergency staff on clinical management referral to designated hospitals	Ministry of Health and Environment	training complete
19.01.10	Training of emergency units, radiation therapy units and oncologist of designated hospitals on clinical management of patients exposed to radiation hazards	Ministry of Health and Environment	training complete
19.02.01	Computerized network including videoconferencing between all related stakeholders for coordination and collaboration	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Functional coordination network is in place
19.02.02	Regular face to face meetings of all stakeholders	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Technical meetings from all stakeholders are meeting quarterly
19.02.03	Joint resource mobilization	Ministry of Health, Ministry of Environment, Ministry of Science and Technology	Adequate resources are mobilized to support multi-stakeholder projects
19.02.04	Accelerate the implementation of the Arab Early Warning Network for Radiation Hazards (Linking the Iraqi RPC network with neighbouring countries)	MOH	implementation accelerated
19.02.05	Study tours to neighbouring countries to learn lessons about national and regional radiation alerts	MOH	study tour report
19.02.06	Radioactive waste management policies, SOPs and strategies are audited and updated to minimize exposure to radiation hazards	Ministry of Environment	All related policies and SOPs are revised
19.02.07	Updated radioactive waste management policies, SOPs and plans are implemented and monitored	Ministry of Environment	Properly managed hazardous waste sanitary landfill is functioning
19.02.08	Updating the hospital emergency plan to respond to radiation emergencies	Ministry of Environment	Health emergency hospital plan is prepared
19.02.09	Expand the risk communication strategy on radiation hazards	Ministry of Environment, Ministry of Health	Risk Communication Strategy is updated
19.02.10	Activate participation in the global chemicals and Health, and Risk Assessment Networks	Ministry of Environment, Ministry of Health	active participation noted
19.02.11	Revise the hospital emergency plan to respond to radiation hazards	Ministry of Environment, Ministry of Health	plan revised