



**USAID** | **IRAQ**  
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# *USAID/TIJARA* PROVINCIAL ECONOMIC GROWTH PROGRAM

**INTERNATIONAL TRADE / WTO  
ACCESSION  
DELIVERABLE REPORT**



October 2010

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# *USAID/TIJARA* PROVINCIAL ECONOMIC GROWTH PROGRAM

October 2010

WTO SPS FOOD SAFETY AWARENESS  
WORKSHOP AND PRIVATE SECTOR  
INVESTMENT REPORT

DELIVERABLE REPORT

**Disclaimer**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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## ACRONYMS

FDA	Food and Drug Administration (of U.S. Department of Health and Human Services)
Gol	Government of Iraq
GRD	Gulf Regional District (U.S. Army Corps of Engineers)
HOPE	Health Opportunities for People Everywhere
KMCA	Kurdistan Medical Control Agency
KRG	Kurdistan Regional Government
MDC	Media Diagnostic Center
MoH	Ministry of Health
MoT	Ministry of Trade
NRI	Nutrition Research Institute
SPS	Sanitary/Phytosanitary
UN	United Nations
USAID	United States Agency for International Development
USG	United States Government
WB	World Bank
WHO	World Health Organization
WTO	World Trade Organization

# 1. INTRODUCTION

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1.1 These Deliverables are identified in the *USAID/Tijara* Trade Project Work Plan as deliverable 5.3 and 5.4.

- ***SPS awareness event: private sector***
- ***Review of impact of food safety legislation***
- ***Report on food safety legislation***
- ***Preparation and submission of an activity/deliverable report.***

1.2 Activities of the experts were as follows:

- The overall objective of the Workshop was to develop a uniform Government of Iraq (GoI) look and feel that will administer and enforce Iraqi food safety laws uniformly at all border crossings and points of entry regardless of location in Iraq -- including the northern Kurdistan Regional Government (KRG) region.
- *USAID/Tijara* officials facilitated discussion at the Workshop and provided supporting educational materials and presentations as required.
- Workshop participants included representatives of the GoI Ministry of Health (MoH), specifically from the Nutrition Research Institute (NRI), who are the main focal point for the MoH with the World Health Organization (WHO) for the Food Safety Program in Iraq. Other participants included representatives from the Central Public Health Labs and the Food Inspection Department. These three departments or institutes within MoH are responsible for administering and enforcing the food safety program in Iraq. The GoI MoH officials are also Iraq's representatives to Codex Alimentarius.
- GoI MoH officials from Baghdad served as subject matter experts to inform and interact with KRG officials regarding the draft Iraqi Public Health Law and Food Safety regulations that are both consistent with international guidelines.
- *USAID/Tijara* officials facilitated discussion among GoI MoH and KRG officials regarding uniform administration and enforcement of Food Safety Regulations at Iraqi points of entry and as product moves between provinces within Iraq.
- Workshop attendees met with the KRG Minister of Health, Dr. Taher A. Hawramy, who strongly supports WTO accession, and Dr. Amer Omar Ali, the Minister's primary designated contact for Baghdad GoI.
- GoI officials also visited a KRG MoA product safety laboratory, a privately owned and managed diagnostics laboratory and toured new Emergency Medical Care facilities in Erbil to enhance SPS awareness in the private sector.
- *USAID/Tijara* produced a detailed report, outlining the Workshop activities from August 14-18, 2010 inclusive, including observations and recommendations.
- WTO-consistent SPS legislation (including the Public Health Law and Food Safety Regulations) were sent to the WTO on October 2, 2010.
- The law and regulation will be part of the Goods offer to the WTO and will result in questions following the 3<sup>rd</sup> WTO working party meeting for Iraq's accession to the WTO. *USAID/Tijara* will provide technical input as Iraqi officials respond to those questions and begin bilateral negotiations with individual WTO-Member countries.

## 2. WORKSHOP & RELATED ACTIVITIES

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- 2.1 The Workshop took place August 14-18, 2010 in Erbil and included meetings between GoI MoH Baghdad and KRG officials to discuss and explain the new Public Health law and Food Safety regulations (See Annex A: Trip Report). The Workshop included detailed analysis of the draft Public Health Law (See Annex B) and Food Safety regulations (See Annex C). Discussions continued between KRG and GoI MoA Baghdad officials to promote understanding of Codex Alimentarius guidelines and consistency of the new law and regulation with these guidelines.
- 2.2 Meetings prior to the Workshop provided technical direction and assistance from *USAID/Tijara* officials to MoH officials. *USAID/Tijara* facilitated interagency coordination with other U.S. Government agencies that work with the Ministry of Health and also provide development assistance within the Iraqi health sector.
- Meeting with Dr. Alaa Shaalan, Director General for the MoH Nutrition Research Institute and Iraq's representative to Codex Alimentarius on April 13, 2010. The agenda included discussion regarding when MoT might be able to submit the MoH Public Health Law and Food Safety regulations to the WTO and next steps regarding the SPS chapter (See Annex D: Meeting Notes).
  - Facilitated NRI participation in an Advanced Laboratory Biosafety and Biosecurity Seminar (See Annex E: Meeting Notes and Seminar Flyer).
  - Participation in interagency U.S. Government (USG) Health Sector Strategy Seminars on June 1, and October 2, 2010. *USAID/Tijara* provided a summary of International Trade and WTO Accession activities regarding Public Health and Food Safety SPS regulations. Several other interested USG agencies in the health arena also contributed. The Strategy Seminars provide opportunities to collaborate, coordinate and avoid duplication of efforts among U.S. agencies working with the public health sector in Iraq. (See Annex F: Seminar Attendance Lists and notes).

### Workshop Session – August 14-18, 2010, Erbil, Kurdistan

- Preparation of Workshop agenda and materials outline
  - Travel to Erbil for pre Workshop preparation – August 13, 2010
  - Meetings between MoH and KRG officials – August 14, 2010
  - Site visits to various medical facilities financed by foreign and private sector investment – August 15-17, 2010
  - Travel to Baghdad – August 18, 2010
  - Activity debrief and report writing
- 2.3 Day 1 – Orientation and preparation by *USAID/Tijara* and MoH officials. Review of food safety regulations and pending points of discussion between MoH Baghdad and KRG health officials. Consensus was reached favoring Food Safety Regulations that were recently published and announced by MoH.

Dr. Alaa Shalaan	Director of the Nutrition Research Institute and Iraq's representative to Codex Alimentarius
Dr. Hussein Al Bier	Director of the Health Inspection Department.
Mrs. Nahla Ali	Biologist and Nutrition Expert, Nutrition Research Institute

The delegation met with Dr. Taher A. Hawramy, Minister of Health/KRG, and provided a briefing about the Workshop in Erbil and the role of the *USAID/Tijara* team in supporting Gol efforts to join the WTO. The *USAID/Tijara* trade team presented a full briefing about the SPS file and an update regarding the status of the program. His Excellency, the Minister, expressed appreciation for the efforts and great support for WTO accession to the Gol officials. The Minister specially praised the Health Legislation when he said, *"Iraq needs to move forward in the Health Services sector because our people deserve that."* (See Annex G: Meeting with KRG Minister).

2.4 Day 2 – The group visited the state-of-the-art Medya Diagnostic Center funded by private sector investment. The building was built by an Iraqi private investor and is currently operating under a 10-year contract with KRG MoH. A British company designed and installed the lighting system in the building consistent with European standards for worker conditions and efficiency. The Administration Director for the clinic expressed pride that the laboratory is the first to bring the latest upgraded equipment to Iraq.

The group also visited the Kurdistan Medical Control Laboratory (KMCA) that conducts quality assurance and safety assessment for imported products including cosmetics, tobacco products and detergents. The tour provided an opportunity for MoH officials from Baghdad to observe product testing and procedures conducted by KRG laboratories.

2.5 Day 3 – Workshop participants visited an Emergency Hospital funded by the Korean Army. The Manager of the hospital, Dr. Mohammed Abdul Rahaman indicated that much of the equipment in the hospital, including X-ray and MRI, was also supplied as a gift by the Korean government to be used by Iraqis. This hospital receives about 30-50 cases daily and is open 24 hours per day.

The Workshop and private sector outreach concluded with a visit to the Erbil Emergency Hospital. This large development project was funded by the U.S. Army Corps of Engineers Gulf Regional District (GRD) costing \$12.6 Million US. The group also met with one of the investment partners from Philips Medical System who indicated that from 2003 through 2010 his company has had many contracts with the GRD and other US officials to provide modern technological systems to the Iraqi health sector.

## **Workshop Session – September 20-22, 2010, Cairo, Egypt**

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The U.S. Food and Drug Administration (FDA) hosted a food safety conference in Cairo on September 20-22, 2010 for regulators from countries throughout the Middle East and North Africa. The conference was held to familiarize regulators with the food safety systems in the United States, the Middle East and the North Africa region.

The conference highlighted fundamentals of food systems rooted in regulatory science, and covered such topics as company registration, inspection, surveillance and risk assessment. The conference also focused on promoting dialogue among food regulators and included presentations from participating governments.

*USAID/Tijara* International Trade/WTO Accession officials were instrumental in coordination with FAS officials from the US embassy in Baghdad and FDA officials in Cairo to facilitate participation of four Iraqi officials in this important regional Food Safety Conference. Participation was at Iraqi expense. (See Annex H: FDA press releases)

The following officials represented Iraq at the Conference:

Mrs. Nahla Hssien	Bacteriologist, Nutrition Research Institute
Mrs. Orooba Fahdil	Agricultural Engineer, Nutrition Research Institute
Mrs. Alyaa Hussien	Agricultural Engineer, Center for Public Health Laboratories
Mrs. Kareema Eydan	Chemist, Center for Public Health Laboratories

Food systems rooted in regulatory science, including Codex Alimentarius guidelines are a key component to WTO-consistent laws and regulations that are central to Iraq's Public Health law and Food Safety regulation submitted to the WTO on October 2, 2010. Networking with food safety officials from other countries and understanding how these laws are administered and enforced elsewhere helps lay a critical groundwork as Iraqi officials move from drafting legislation to implementation and enforcement of the law and regulations.

### 3. REBUILDING IRAQ'S HEALTH SECTOR

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- 3.1 During the decade of the 1980s, Iraq was recognized as a regional leader in health care with state-of-the-art medical facilities. The largest Japanese medical construction company, Marubeni, was a major contractor and 11 major medical facilities were distributed throughout Iraq. Baghdad Medical City was the proud home of four specialized hospitals and four institutes, each with a different medical specialty. Prior to the 1990s the primary indicators for the health status of the Iraqi population were making substantial improvements, and Iraq's health care services were recognized regionally and internationally for consistent high standards.
- The Saddam regime did not consider health care to be a priority and budgetary allocations did not reflect population growth and technological advancements. The budget for health care was cut by 90 percent during in the 1990s. The decline was exacerbated by major wars, disastrous military adventures, and political and economic sanctions.
  - Neglect and mismanagement during the past 15-20 years have taken a heavy toll. Buildings and equipment were not maintained and fell into serious disrepair. Training of health professionals was neglected and they were isolated from the outside world, unable to keep up with modern information and technologies.
  - Highly competent and experienced professionals left Iraq and serious gaps developed in the provision of health services. Health indicators fell to levels comparable to some of the least developed countries.
- 3.2 International efforts to rebuild Iraq's infrastructure began following the invasion and overthrow of the Saddam regime in 2003. Along with economic reform, international projects have been implemented to repair and upgrade Iraqi infrastructure including water and sewage treatment plants, electricity production, hospitals, schools, housing, and transportation systems. Much of this reconstruction has been funded by the Iraq Relief and Reconstruction Fund and the by the Coalition Provisional Authority (CPA).
- The October 23, 2003 Madrid Conference on Reconstruction was attended by representatives from over 25 nations and was pivotal for aid and investment in post-2003 Iraq. Funds assembled at this conference and from other sources have been administered by the United Nations (UN) and the World Bank (WB).
  - In preparation for the October 2003 Madrid Donor Conference, the joint UN/WB team projected funding needs during 2004-2007. The report identified 14 sectors with funding needs totaling approximately US\$55 billion. In addition the CPA estimated an additional US\$20 billion in needs including US\$5 billion for security and police and US\$8 billion for oil industry infrastructure and US \$1.6 billion for the health sector.
  - The US government (USG), particularly the Department of Defense (DoD), has not engaged in a similar effort of this magnitude since the Marshall Plan in Germany and Japan after World War II. Other agencies including USAID and the Army Corps of Engineers' Gulf Region District (GRD) have also had major roles in Iraqi health sector reconstruction.

- There are invaluable lessons to be learned from reconstruction efforts in the Iraqi health sector. Reconstruction efforts have produced some successes, but problems including inadequate security, pervasive corruption, insufficient funding and poor coordination among international agencies and local communities have hampered implementation of internationally funded reconstruction efforts in Iraq.

3.1 Since 2003 much of the funding for rebuilding the Iraqi health sector has been international government funding for reconstruction directly from DoD or channeled as humanitarian funding through international organizations. The Erbil Emergency Hospital was funded by the GRD with U.S. government funding for about \$12 Million. It is currently the largest emergency Hospital in Iraq. Another smaller emergency hospital in Erbil was built and equipped with funding from the Korean Army. The *USAID/Tijara/Iraqi* delegation visited both of these facilities during the August 14-18 Workshop.

A major children's hospital in Basrah was implemented by project HOPE (Health Opportunities for People Everywhere). Funding for the project came from Coalition forces, Project HOPE, The Spanish Government through the United Nations Development Program and Iraq's Ministry of Health. Project HOPE is in charge of equipping the hospital and training the staff, while the GRD supervised construction of the building.

Founded in 1958, project HOPE is dedicated to providing lasting solutions to health problems with the mission of helping people to help themselves. Project HOPE works to achieve sustainable advances in health care around the world by implementing health education programs and providing humanitarian assistance in areas of need.

Project HOPE is unique among international organizations in that it works across the health spectrum in a wide range of settings, from the family and community levels to the tertiary care level. Project HOPE trains traditional birth attendants and community health volunteers in regions with limited resources, and cardiac surgeons and biomedical engineers where technology is available. Project HOPE addresses infectious diseases, health professional education, women's and children's health, humanitarian assistance, and the need for health systems and facilities.

- Future funding in the Iraqi health sector will gradually shift from international government infusions for post-war reconstruction to foreign direct and domestic investments in the private health sector. The more secure and stable Kurdistan region in northern Iraq is already experiencing this transition.
- Turkish, UAE and European investors have started to invest in private diagnostics laboratories and medical care facilities in Kurdistan. Some of these facilities are wholly owned by the private sector and others are joint ventures with regional government reconstruction activities.
- These private sector facilities are providing improved services, not only for residents of Kurdistan, but increasingly patients are traveling from southern Iraq for treatment at these facilities.

- Improved security, a legitimately seated government and more transparent legislation spelling out investment regulations and protecting foreign investments will be necessary for private sector investment to expand comparably in the southern Iraqi provinces.
  - At least two other issues must be addressed to facilitate a shift to more domestic and foreign private funding of the health sector.
    - Currently, doctors and other medical care employees do not receive retirement benefits or pension programs from the private sector. Many health care professionals work part of the day in government facilities to protect their pensions and retirement benefits and the rest of the day they work in the private sector where more advanced equipment and facilities are available.
    - Legislation and regulations are not clear regarding activities of international medical equipment companies. In addition to ongoing security measures for employees, these companies will require clear legal authority to sell and service equipment in Iraq before they will participate on a large commercial scale.
  - The *USAID/Tijara/Iraqi* delegation visited with a distributor for the Philips Medical System during the August 14-18, 2010 Workshop. The Philips representative indicated that northern Iraq now has the best diagnostic systems in the Middle East. He stated and that the government will need to modify regulations and provide support and security for large multinational companies to stimulate private investment throughout Iraq.
  - The delegation determined that foreign and domestic private investment is much more extensive in the northern Iraqi provinces where rule of law and transparency are more consistent. Increased security, certainty regarding investor rights and reduced corruption will be necessary to attract comparable investment in southern Iraqi provinces. WTO accession and internationally consistent SPS regulations will provide an opportunity for Iraqi lawmakers to also modify investment legislation and economic reform to stimulate foreign and domestic direct investment. [Source: Saif Natiq, *USAID/Tijara* Deputy Team Leader/WTO Accession Program Specialist, Research Report, 2010.]
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## 4. OBSERVATIONS AND RECOMMENDATIONS

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- 4.1 WTO-consistent SPS legislation (including the Public Health Law and Food Safety regulations) will be part of the Goods offer to the WTO and will result in questions following the 3<sup>rd</sup> Working Party Meeting for Iraq's Accession to the WTO. *USAID/Tijara* will provide technical input to the relevant MoH officials and technical authorities as Iraqi officials respond to those questions and during bilateral negotiations with individual WTO member countries.
- 4.2 Much work remains once the Public Health Law and Food Safety regulations become finalized in law. Appropriate GoI ministries and officials will need to administer and enforce this legislation consistent with domestic mandates to protect public health and to provide safe and wholesome food supply to Iraqi citizens (See Annex H: Strategic Plan of the Ministry of Health for the years 2009-2013.) Administration and enforcement of this legislation must also be consistent with international commitments, obligations and responsibilities that will follow WTO accession.

*USAID/Tijara* technical assistance will shift from drafting legislation and preparation of GoI officials to participate in the WTO process to implementation strategies and ongoing administration and enforcement of WTO-consistent legislation. Capacity building at senior and mid-level management of the relevant ministries will be an important legacy to develop support and understanding regarding the relevance of WTO membership. Implementation of this legislation and on-going self-sufficiency in administration and enforcement by Iraqi officials will be the final steps in capacity building and moving Iraq to a global economy that conducts business with integrity in a rules-based, WTO-consistent business climate.

As domestic petroleum revenues increase, as security improves and as corruption abates, effective investment in the general economy, including public and private services related to health care, implementation of HACCP based food safety systems and uniform administration and enforcement of import regulations at all points of entry will gradually follow. These changes will ultimately lead to increased willingness of the international financial community and domestic investors to consider Iraq as an investment opportunity, leading to improvements in infrastructure and quality of life, including the health care and food safety sectors.

- Utilize case studies and examples, especially from the Northern Iraqi provinces, but also from other economies in the region, to demonstrate success in attracting foreign direct investment, joint ventures and domestic investment into the private health sector.
  - Provide educational materials and technical support for MoH officials and private sector representatives, including public health non-government organizations (NGOs), to support administration and enforcement of the Public Health Law and Food Safety Regulations.
- 4.3 Work with new cabinet members and government officials supporting participation of appropriate MoH authorities in regional and international food safety and public health forums. Encourage and join in participation in meetings of international standard-setting bodies including Codex Alimentarius, International Animal Health Organization and International Plant Protection Convention of the FAO.

**TABLE NO. 1: COMPENDIUM OF ANNEXES**

<b>Annex</b>	<b>Description</b>	<b>Page</b>
<b>A</b>	<b>Field Trip Report: Erbil August 14-18, 2010</b>	<b>1-A</b>
<b>B</b>	<b>Public Health Law</b>	<b>6-A</b>
<b>C</b>	<b>Food Safety Regulation</b>	<b>49-A</b>
<b>D</b>	<b>Meeting at NRI April 13, 2010</b>	<b>56-A</b>
<b>E</b>	<b>ISEP Biosafety &amp; Biosecurity Seminar May, 24 2010</b>	<b>57-A</b>
<b>F</b>	<b>U.S. Government Multi-Agency Health Strategy Discussions June 2 &amp; October 1, 2010</b>	<b>59-A</b>
<b>G</b>	<b>Meeting with KRG Health Minister August 15, 2010</b>	<b>63-A</b>
<b>H</b>	<b>FDA Food Safety Conference, September 20-22, 2010</b>	<b>64-A</b>
<b>I</b>	<b>Strategic Plan of the Ministry of Health for the years 2009-2013</b>	<b>67-A</b>



**Annex A**

**Field Trip Report**

**Name:** Charles Lambert and Saif Natiq

**Date Submitted:**  
Aug. 27, 2010

**Component:** International Trade/WTO Accession

**Beneficiaries/Counterpart Organization:** GoI Baghdad and KRG officials from Ministry of Health (MoH)

**Date(s) of Trip:** August 14-18, 2010

**Workplan Activity Reference:** 5.3 SPS Awareness: Private Sector; and 5.4 Review of Impact of WTO-Compliant SPS Measures Including Food Safety Legislation

**1. Objectives and Purpose of Field Trip:**

To facilitate discussions regarding the Public Health Law and Food Safety Regulations between GoI Baghdad and KRG MoH officials with *USAID/Tijara* technical support. Topics discussed included uniform administration and enforcement of food safety regulations at all points of entry and ways to stimulate direct foreign and domestic private investment in the Iraqi Health Sector.

**2. Agenda / Outline of Field Trip:**

The Workshop took place August 14-18, 2010 in Erbil and included meetings between GoI MoH Baghdad and KRG officials to discuss and explain these new regulations. GoI officials also participated in visits to a KRG MoA product safety laboratory, visited a privately owned and managed diagnostics laboratory and toured a new Emergency Medical Care facility in Erbil to enhance SPS awareness in the private sector.



Produce case in Erbil supermarket



Poultry case in Erbil supermarket

### 3. Key Personnel Met/Attendees of Meetings Held:

Names of the Participants	Organization Represented / Contact Information	
<u>Dr. Alaa Shalan</u> , the Director of the Nutrition Research Institute and Iraq's representative to Codex Alimentarius	MoH Baghdad	<a href="mailto:dr_alaashalan@yahoo.com">dr_alaashalan@yahoo.com</a>
<u>Dr. Hussein Al Bier</u> , the Director of the Health Inspection Department	MoH Baghdad	<a href="mailto:drhusseinalbier@yahoo.com">drhusseinalbier@yahoo.com</a>
<u>Mrs. Nahla Ali</u> , Nutrition Expert , Nutrition Research Institute	MoH Baghdad	NA
<u>Dr. Taher A. Hawramy</u> , Health Minister	MoH KRG, Erbil	<a href="mailto:pbkmoh@yahoo.com">pbkmoh@yahoo.com</a>
<u>Dr. Amer Omar Ali</u> , Ministerial Office, KRG	MoH KRG, Erbil	<a href="mailto:pbkmoh@yahoo.com">pbkmoh@yahoo.com</a>
<u>Dr. Gader Abdul Rahman</u> , Erbil Health Inspection Office	MoH KRG, Erbil	<a href="mailto:pbkmoh@yahoo.com">pbkmoh@yahoo.com</a>
<u>Mr. Polis Nadeem</u> , Erbil Health Directorate	MoH KRG, Erbil	<a href="mailto:pbkmoh@yahoo.com">pbkmoh@yahoo.com</a>
<u>Dr. Chuck Lambert</u> , Sr. Economist and Agricultural Advisor	USAID/Tijara	<a href="mailto:clambert@tijara-iraq.com">clambert@tijara-iraq.com</a>
<u>Mr. Saif Natiq</u> , Deputy Team Leader/WTO Accession Program Specialist	USAID/Tijara	<a href="mailto:snatiq@tijara-iraq.com">snatiq@tijara-iraq.com</a>

### 4. Outcome and Summary Findings of Field Trip:

MoH Baghdad recently approved the Public Health Law and the Food Safety regulations in anticipation that this legislation will be sent to the Shurra Council and to MoT for submission to the WTO. Discussion targeted WTO-consistent Gol laws and regulations regarding laws that are uniformly administered and enforced at all border crossings and points of entry.

Currently there are 22 points of entry – 6 airports and 16 border crossings (land or seaports). MoH is has a presence and is able to enforce food safety regulations at 15 entry points. Five of these 22 entry points are in Kurdistan and KRG has presence and enforcement capabilities at four. Discussions included the need for World Health Organization (WHO) and other donors to deliver funds already committed for laboratory refurbishment throughout Iraq and training and capacity building for laboratory personnel and border inspectors. Also discussed was the relationship between WTO accession and foreign investment in the health sector.

All attendees met for approximately 15 minutes with KRG Minister of Health, Dr. Taher A. Hawramy, who strongly supports WTO accession and his primary designated contact for Baghdad Gol Dr. Amer Omar Ali. This was Dr. Alaa Salaan's first opportunity to meet with the Minister and he expressed a need to have KRG contact focal points regarding food safety regulations and the need for refurbishing laboratories.



L to R: Dr. Hussein, Dr. Alla, Minister Taher, Lambert, Saif, Dr. Gader and Ms. Nahla

The group visited state-of-the-art Medya Diagnostic Center funded by private sector investment. The building was built by an Iraqi private investor and contributed with the understanding that it would house the most modern diagnostic technologies available. Medya Administration Director, Serwan Mohamed, engineer, guided the group through the center and answered questions. The laboratory is currently operating under a 10-year contract with KRG MoH and includes food safety microbiological diagnostics as well as radiological diagnostics including e-ray, mammogram, magnetic resonance imaging (MRI) and other technologies.



L to R: Mr. Serwan, Dr. Hussein, Asst. Mgr. Dr. Alla, and Ms. Nahla



Microbiological Reagents



Dr. Alla and Medya X-Ray Equipment

During the afternoon, the group visited the KRG regional MoH Product Safety Quality Control Laboratory which conducts safety assessment for imported products including cosmetics, tobacco products and detergents. Dr. Rafeet H. Hamad Salih, Animal Wealth and Veterinary Director General in charge of the laboratory recognized Lambert's *USAID/Tijara* card and said that the laboratory also participates in a *USAID/Tijara* micro-finance project.

The group also visited an Emergency Hospital which is funded by the Korean Army. The Manager of the hospital, Dr. Mohammed Abdul Rahaman, took the group on a tour of the Hospital. Much of the equipment in the hospital including X-ray and MRI, was also supplied by the Korean government to be used by Iraqis. This hospital receives about 30-50 cases daily and is open 24 hours per day.

The group concluded with a visit to the Erbil Emergency Hospital. This is a large development project is funded by the U.S. Army Corps of Engineers Gulf Regional District (GRD) costing US \$12.6 million. The group met their with one of the investment partners from Philips Medical System who indicated that Philips participates this U.S government-funded project with MRI and computerized tomography (CT) systems. He indicated that from 2003 through 2010 they have had many contracts with the GRD and other US officials to provide modern technological systems to the Iraqi health sector.

The Philips representative also indicated that Iraq now has the best diagnostic systems in the Middle East. He stated and that the government should modify regulations and provide support and security for large multinational companies to stimulate private investment throughout Iraq. The group determined that foreign and domestic private investment is much more extensive in the northern provinces where rule of law and transparency are more consistent. Increased security, certainty regarding investor rights and reduced corruption will be necessary to attract comparable investment in southern Provinces.



Dr. Hussein and KRG Product Safety lab tech.



Equipment at Erbil Emergency Hospital

MoA and MoH officials in Sulaimaniyah (Suli) cover Iraqi entry points at Bashmag border crossing between Iran and Iraq and at the Suli airport. Inspection services are available 24 hours per day at both entry points with six inspectors at Bashmag and five inspectors at Suli. Food Safety and live animal import requirements to enter Suli exceed Codex recommendations because very load is sampled regardless of whether the product is fresh, frozen or processed.

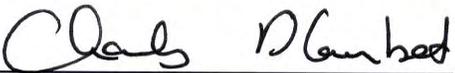
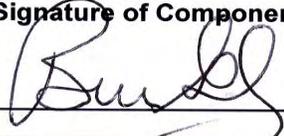
Codex provides for sampling techniques that require less than 100 percent testing. There would be no national treatment issues, however, because 100 percent testing is required regardless of whether the product crosses from other Iraqi provinces or at international points of entry. Even 100 percent of food and live animal products shipped from Erbil is tested. The delegation also visited the Directorate offices and testing laboratories in Suli. All meat and egg products entering Suli are tested for Salmonella and e Coli 0157:H7.

**4 (a). Documents, Materials, Resources from Trip**

See Annex C: GoI Food Safety Regulations.

**5. Recommendations and Follow-up Action (if necessary):**

- i. **Actions:** Continue to conduct information workshops and public education about linkages between WTO Accession, establishment of rule of law and transparent legislation regarding foreign investment to expanding investment in food safety and public health programs and facilities. Utilize case studies and examples, especially from the Northern Iraqi provinces to demonstrate success in attracting foreign direct investment, joint ventures and domestic investment in the public health sector.
- ii. **By whom:** MoH officials and private sector representatives, including public health non-government organizations (NGOs) with ongoing technical assistance and messaging provided by USAID/Tijara International Trade/WTO Accession Advisors and Specialists.
- iii. **Expected timeline:** To be further expanded and developed in the USAID/Tijara 2011 - 2013 Workplan Schedule for International Trade and WTO Accession

<b>Signature of person completing report:</b>	
	Date: <u>8-27-2010</u>
<b>Signature of Component Leader:</b>	
	Date: <u>8-27-2010</u>

**\* Please attach any photos taken or supporting documents obtained during the trip to this report. (Section 4).**

**Annex B**

**Resolution No ( )**

In the name of the people  
Presidency Council

Based on approval of the Council of Representatives as per Article 61-First- of the Constitution, and in compliance with Paragraph Fifth-A of Article 138 of the Constitution, the Presidency Council decided in its session held on / / 2009 to promulgate the following law:

**No ( ) of 2009  
Public Health Law**

**Section One**

**Definitions:**

**Article (1):**

The following expressions signify the meanings stated against each one of them:

First- The food chain: Each article earmarked for human consumption at all stages associated with food, starting from the phase of production until reaching to the consumer.

Second- Human health: Each action related to health fitness physically and mentally, socially and psychologically, and provision of all requirements necessary to achieve the necessary level of health protection to enable his participation in the community.

Third- Health measures: all actions taken by the competent authorities to ensure protection of man's health in accordance with internationally recognized standards.

Fourth- Risk analysis and assessment: They are any incident that may constitute harm or threat to human health at critical points and taking the necessary measures to prevent such a threat at any stage of the food starting from production to consumption at scientific method, whatever its source, whether chemical or physical, found in food as a raw material, or one of the elements involved therein or added thereto, as a measure based on scientific evidence so as to achieve the required level of protection for human health.

Fifth - Cost effective: One of the health measures that must be taken into consideration when examining the output, where its examination cost should be less compared to its benefit as the minimum level between the various other competitive measures.

Sixth - International Standards: They are the internationally recognized principles issued by the competent international organizations, e.g., the World Health Organization (WHO), the Food and Agriculture Organization (FAO) and the Codex Alimentarius Commission in addition to the measures taken by other States as long as they achieve the same objective of protection even if different means were taken for the same product.

Seventh - Office of Control, Inspection & Enquiry: It is the main entity representing the Ministry of Health in the area of control and inspection of food at various border crossings including airports, seaports and border crossing points inside Iraq. It shall raise reports and respond to queries of the National Enquiry point concerning food and materials that affect human health.

- Eighth - National Enquiry Point: It is the official entity representing the Republic of Iraq in responding and directing queries to the World Trade Organization and will also be the entity where the reports, responses and queries of the Ministries of Health and Agriculture shall be submitted for delivery to the WTO and vice versa, as such entity is determined by the order of the Iraqi government.
- Ninth –Contact Point: A responsible authority at ministries and agencies not related to a ministry, to follow up on implementing the international health regulations, and coordinate with the Main Contact Point at Ministry of Health and World Trade Organization
- Tenth –Main Contact Point- the main authority at Ministry of Health, to receive and respond to reports and coordinate with World Trade Organization in all matters related to enforcement of international health regulations
- Eleventh- Scientific methods: They are the modern scientific techniques applied to the product that enters or leaves the Iraqi territory, starting from the stage of production to consumption for the purpose of identifying the damage, whether it occurred or not, and its in case of its occurrence in order to achieve the minimum level of protection for human health.
- Twelfth - The necessary level of protection: It is the minimum level of the measures adopted in determining the level of protection for human health.
- Thirteenth - Health certificates and licenses: Documents to be issued for a product exported from or produced in Iraqi territories, or licenses to be given to imported materials, establishing their fitness for human consumption as those licenses establish validity and safety of products and make sure they do not contain what causes harm to human life.
- Fourteenth - Food additives: They are materials added to the product during processing and production of food items for the purpose of achieving the desired impact on taste or nature of the material description through adding justifiable specific ratios with the use of such additives to the product and which can be saturated only with such means.
- Fifteenth - Regional conditions of product: The measures that take into consideration the nature of the region from which the product comes from or is delivered to, so as to achieve the appropriate level of protection of human health on the basis of control, standards and guidelines by the concerned international organizations.
- Sixteenth - The Central Public Health Laboratory: The referential laboratory reliable in Iraq in all tests related to human health, evaluation of laboratories equipment and supplies and their serviceability. The results of the laboratory shall be decisive.
- Seventeenth - International Health Regulations: the international health regulations issued by World Health Organization in 2005 and approved by Republic of Iraq in 2007.
- Eighteenth- **National Center for Food Safety**: The reference laboratory where imported and locally processed food stuffs, staple food stuffs, food additives and water are tested. The laboratory's test results shall be conclusive.
- Nineteenth – Chest and Respiratory Diseases Center: It includes the health institutions entrusted with diagnosing and treating tuberculosis in Baghdad, the consultative clinics for chest diseases in the provinces and tuberculosis coordinators units.
- Twentieth- **Tuberculosis Control Program**; a national program responsible for planning, applying and supervising short term treatment in all aspects of primary health care in Iraq.

Twenty First- **Emergencies**; Any case in which the life of the society is endangered socially, economically, politically, administratively and security-wise, as a result of a crisis.

Twenty Second- **Catastrophes**: A sudden and unexpected happening in the normal life style caused by natural phenomena or man in casualties, fatalities or material losses, and that has extensive impact on the national economy and social life. Potentials to face the catastrophes usually surpass national resources capabilities and require the international help.

Twenty Third- **First Responder**: The first person who arrives first on the scene of the incident and provides first emergency medical care.

Twenty Fourth- **Emergency medical care services**: emergency medical care services provided by the first responder and ambulance before reaching hospital.

Twenty Fifth- **crisis**; is a turning point in a sudden situation that leads to instability, and thus posing a threat to interests and basic infrastructure. A crisis produces within a short period of time an undesirable effect requiring a specific decision to handle it by the concerned authorities that are not prepared or able to do so. A crisis surfaces when problems are out of control.

Twenty Sixth- **epidemic**: a dangerous disease that quickly breaks out among humans in a certain area or several areas whether in one country or many countries. The virus bearing the disease transmits the infection from one person to another so easily and quickly.

Twenty Seven- **Incident**: any contingent or cause that happens unexpectedly and results in harms to others, whether it was minor or major.

Twenty Eighth- **support Teams**: the supporting teams in time of emergencies or crises which require doubled efforts. They operate alongside the specialized teams so as to offer best services and minimize the ensuing harms.

## **Section Two** **General Objectives**

### **Article (2):**

This law aims to protect human health and food safety through:

First: Providing integrated health services through making out a comprehensive plan and providing the material and human requisites to ensure provision of integrated high quality health services according to international standards.

Second: optimal use of health sector workforce, maintaining sufficient numbers and required level to achieve the health plan of each institution, paying attention to their training, updating their information, ensuring their permanent jobs and utilizing the latest scientific and technological achievements.

**Article (3):**

Working with other relevant entities (authorities) to accommodate a citizen who is physically, mentally and socially fit and free from diseases and disabilities, relied on preventive health services as the basis and pivot of their plans through the following means:

First - Establishing and managing the health institutions and centers and developing them across Iraq.

Second - Fighting and monitoring epidemic diseases and preventing their leak into or from Iraq, and curbing their spread Iraqi land, water and airspace.

Third - Family health care, mother and child care, and old age care.

Fourth - School Health Care.

Fifth - Raising food standards for all Iraqis and disseminating alimentary awareness.

Sixth - Introducing health controls, specifications and conditions for factories and public shops, and monitoring their enforcement.

Seventh - Health care of workers at plants, factories and public places, raising their level of health and protecting them from occupational hazards, work diseases and accidents.

Eighth - Protecting and improving environment, developing and preserving its components and seeking to prevent its contamination.

Ninth - Implanting health education and expanding health and environmental awareness by all means.

Tenth - Psychological and mental health care and providing the guarantor services and environment in this regard.

Eleventh - Provision of medicines, vaccines, serums, intravenous solutions and various medical supplies.

Twelfth – Endeavoring for integration of pharmaceutical industry and advanced medical supplies in accordance with the principle of economic integration in the Arab world.

Thirteenth - Spreading the services of rehabilitation medical centers, physical therapy and prosthetics at the level of Iraq.

Fourteenth - Dissemination of health professional education, raising the scientific level of workers, developing medical and first aid studies and encouraging scientific research concerning health, environmental and technical matters.

Fifteenth - Regulating and controlling the exercise of medical and health professions in coordination with the pertinent syndicates.

Sixteenth - Developing criteria and indicators which ensure the provision of highly efficient health care to satisfy the minimum level of protection for human health and food safety in a manner accessible to everybody, including the standards and guidelines promulgated by the relevant international organizations in this regard.

Seventeenth- Controlling danger factors that cause non-epidemic diseases through setting controls on tobaccos and obesity and enhancing physical activity and health nutrition habits.

Eighteenth- Coordinating with relevant authorities to formulate the general policy and plans for staff health including foreign workforce and issue needed instructions.

Nineteenth- Coordinating with relevant authorities to formulate the general policy and plans of protection and environment improvement, and issue needed instructions.

Twentieth – protecting and encouraging breast-feeding.

### **Section Three Primary Health Care Services Section 1 / Primary Health Care**

#### **Article (4):**

1-The Health Ministry is seeking to cover Iraq with primary health care centers.

2- The Health Ministry shall enforce Health Medicine and Referral System at primary health care centers.

### **Chapter Two / Mother and Child Care**

#### **Article (5):**

Maternity and child care and family health aim to achieve the duty of both the society and the State toward the mother and the child from embryo formation, as the Ministry of Health endeavors to achieve its objectives in the area of maternal and child care and family health by the following means:

1- Requiring necessary medical and psychological examinations for marriage applicants to determine their eligibility and safety and providing them with health certificate to prepare them to assume their role in future as parents in coordination with relevant authorities.

Second - Accommodating wife healthily and psychologically to assume her role and responsibilities in future as mother.

Third - Tracking the health of pregnant and her embryo through ongoing periodic examinations and nutritional accommodation.

Fourth - Guiding the family to leave a reasonable period of time from pregnancy to another in accordance with requirements of health of mother, child and family.

Fifth - Conducting periodic examinations on the child to ensure his growth and keep him healthy and guide mother on how best to feed her child as he grows up.

Sixth - Requiring the family to conduct periodic vaccinations in accordance with instructions issued by the health authorities.

Seventh :Educating the mother to show more care of the child nutrition during his first years through encouraging and protecting breast-feeding, organizing use of mother milk substitute formula and disseminating awareness and guidance programs for that.

Eighth :Mother milk substitute formula and products shall be obtained only by a medical prescription.

Ninth : The Health Ministry is exclusively responsible for producing, supplying, publishing and circulating instructions and informative materials as regards children and infants nutrition.

Tenth: The Health Minister may issue instructions on medical prescriptions for mother milk substitute formula after consulting relevant national committees.

Eleventh: Literatures designed for children nutrition, be it audio, visual or written, should include the following:

- 1-Breast-feeding advantages.
- 2-Negative effects of substituting breast-feeding with bottle-feeding.
- 3-Health risks arising from the use of mother milk substitute formula.
- 4-It should contain no picture or text indicating that use of mother milk substitute formula is the optimum.

Twelfth: Any chairman of health care institution in Iraq should obtain approval of the Health Ministry before accepting any contributions from producers and suppliers of products covered by this law.

### **Chapter Three / School Health Services**

#### **Article (6):**

The School Health aims to achieve the following:

First - Providing a healthy environment suitable for study.

Second - Rendering preventive health services for children and pupils, students and employees working with them.

Third - Including health and environmental aspects in the curriculum and through the educational process.

#### **Article (7):**

The Ministry seeks to achieve its goals by the following means:

First – Providing school health services within the primary health care centers and ensuring their integration into the rest of the primary health care services provided at these centers.

Second- A- Conducting medical tests for applicants to nurseries, kindergartens, schools, institutes and colleges.

B- Giving primary vaccinations for those who were not previously vaccinated and refreshing vaccinations at nurseries, kindergartens, schools, institutes and colleges.

Third - Conducting periodic tests and vaccines to ensure safety of pupils and employees working with them and their freedom from diseases.

Fourth - Conducting periodic inspection of students' teeth, sight and hearing and correcting them. The student is provided with medical corrective glasses or hearing devices, all free of charge.

Fifth - Entering all results of periodic examinations and vaccinations in the Medical Examination Form which is provided gratis by the Ministry of Health, upon registration of the child or the pupil for the first time at nurseries, kindergartens or primary schools.

Sixth - Controlling the nutrition of children and pupils and health supervision of stores for furnishing, preparing and providing the meal rendered to them, as well as controlling the school canteen.

Seventh: Disclosing the health and environmental reality of the educational institutions and State Homes for those at student age.

**Article (8):**

The school preventive health services include all children of nurseries and kindergartens, pupils of primary school, students of secondary schools, institutes and colleges as well as those affiliated to educational institutions and interior sections subordinated to them.

**Article (9):**

The health authority's approval of viability of building and sites shall be obtained prior to starting a nursery, a kindergarten, a school, an educational institution or an interior section.

**Article (10):**

The health authority shall conduct health supervision of nurseries, kindergartens, schools, educational institutions and interior sections through field visits in order to ensure the continued satisfaction of health conditions determined according to specific instructions.

**Chapter Four / Prevention and control of non-epidemic and chronic diseases**

**Article (11):**

**First** – Prevention and control of non-epidemic and chronic diseases aims to enhance healthy life styles, control risk factors and integrated care of chronic non-epidemic diseases through the following:

- 1- Providing chronic diseases early detection services at the primary health care centers.
- 2- Integrating care of chronic non-epidemic diseases and the cases causing them into primary health care services in coordination with secondary and tertiary care levels.
- 3- The Ministry undertakes providing diagnostic medical requisites and appliances for early detection of chronic non-epidemic diseases and their associations, in addition to necessary medicines and therapeutic pre-requisites.
- 4- Providing integrated care for elderly people through partnerships between ministries and relevant authorities to ensure proper lives for this age category.
- 5- Acting to control smoking through partnerships between ministries and relevant authorities.

- 6- Acting to provide appropriate circumstances for all categories of the society to exercise physical activities, through partnerships between ministries and relevant authorities.
- 7- Raising individual and institutional capabilities in controlling risk factors of chronic non-epidemic diseases.
- 8- Spreading health education and awareness on chronic non-epidemic diseases and healthy life styles represented in exercising physical activities, developing healthy alimentary habits and giving up smoking.

**Article (12):**

**First:** The Ministry shall be concerned with opening health institutions for eye care and vision correction and treating cases causing blindness and poor eyesight.

**Second:** Training administrations of kindergartens, schools, and their teaching staff on how to test sharp-sightedness and hearing degree, and providing needed medical requirements for the agencies conducting the training.

**Third:** Providing primary ocular care and early detection of cases causing avoidable blindness within primary health care services meant for all age categories in the society.

**Fourth:** The Ministry shall undertake providing diagnostic and therapeutic appliances and requisites for ocular and hearing health to ensure early detection and treatment of causes of blindness, poor eyesight and hearing impairment.

## Chapter Five / Dental Care

**Article (13):**

Seeking to open specialty preventive and therapeutic dental care centers, according to a plan prepared by the Ministry of Health Council to ensure rendering free services to all citizens in all parts of Iraq to maximize preventive and therapeutic integration.

**Article (14):**

Providing appropriate guidance and awareness on child teeth care and examination when visiting primary health centers through schools and also supporting regular dental care and mother and child teeth program.

**Article (15):**

First – Child teeth should be checked when joining nurseries, kindergartens and primary schools for the purpose of ascertaining their safety and the fact that their growth is normal.

Second - Periodically checks should be conducted during the phase of the obligatory study education.

**Article (16):**

The competent authorities at the ministries conduct researches in the light of tests carried out to identify the causes of diseases affecting the teeth in order to diagnose them and prepare a plan to treat them.

**Article (17):**

The Ministry and the competent authorities shall endeavor to educate citizens on dental health and enlighten them on oral and dental diseases and how to prevent them, through all media outlets and health education.

**Article (18):**

The Ministry, in cooperation with the Ministry of Education seeks to prepare awareness programs for pupils of nurseries, kindergartens and the first and second years of primary school to get them used to cleaning their teeth by proper healthy methods.

### **Chapter Six / Nutrition**

**Article (19):**

Integrated healthy food leads to providing nutritional care which contributes in building and integrating human health with regard to physical growth and mental development.

The Ministry works in collaboration with the relevant authorities to achieve this objective by the following methods:

First - Endeavoring to collect information on nutritional status of citizens and diagnosis of nutritional deficiencies that affect them.

Second - Developing food policy, in cooperation with other ministries concerned, for the purpose of providing good and integrated food for all citizens.

Third - Identifying food additives that can be used and determining rates of their addition to nutritional materials (articles).

Fourth - Determining the amount of the legally permissible limits for various food contaminants.

Fifth - Approving the addition of nutritional elements such as vitamins, minerals, proteins, amino acids and others to food for the purpose of upgrading the nutrition level and determining ratios of these additions.

Sixth – Endeavoring to direct and guide citizens concerning healthy nutrition.

Seventh - Endeavoring to provide nutritional care for children, pregnant and lactating women and the elderly for the purpose of preventing or treating malnutrition.

Eighth - Technical supervision of nutritional content of meals provided in nurseries, kindergartens, schools, plants, hospitals, convalescent and elderly care houses and other shops determined according to instructions issued by the ministry.

## **Chapter Seven / Health Education**

### **Article (20):**

Health education is a mainstay for prevention of various diseases, preservation of public health and raising the health cultural level of the community in order to make the citizen a creative active and positive contributor to the development and progress of society. Accordingly, the Ministry in coordination with relevant authorities seeks to provide all necessary means to raise citizens' health awareness and direct them to conducts and practices that ensure sound healthy life to the ultimate purpose of enhancing the society's health.

## **Chapter Eight / Psychological Health**

### **Article (21):**

Psychological health care is a fundamental part of integrated health care. The Ministry is seeking to achieve and develop psychological health of the society through:

- 1- Enhancing the society's awareness of psychological health.
- 2- Rehabilitating and treating the psychological health patients (mentally ill) by the use of scientific and ethical methods, and means less restrictive of the patient's personal freedom.
- 3- Bringing family violence under control and ensuring health services for family violence victims through cooperation with relevant institutions.

## **Chapter Nine / Public Health Laboratory & Research Laboratories**

### **Article (22):**

First: The Ministry seeks to establish the National Center for Food Safety which is the referential laboratory in Baghdad and the provinces, which tests the imported and locally manufactured materials, staple foodstuffs, food additives and water.

Second: The Referential Laboratory shall conduct the following:

- A- Setting model standards for food testing laboratories in the governorates. These laboratories shall be affiliated technically to the referential laboratory in Baghdad, and administratively to the Public Health Department at the Health Office.
- B- The referential laboratory shall conduct chemical, biological, toxic and radiological testing of food, water, beverages and raw materials used in manufacturing them and their preservation vessels according to instructions prior to their releasing from the Customs or the plant in order to assess their validity, therefore, the referential laboratory and the food testing laboratories at the governorates provide the related parties with a health certificate that enables them to dispose of the article. In the case of the article invalidity for human consumption or use, it will be destroyed and the article owner shall bear the expenses of destroying or returning it to the supplier, under supervision of the department of health control within (15) fifteen days from the date of being notified of the test results.

- C- Conducting investigations and laboratory researches on imported and domestically produced articles to determine the extent of their effect on citizen's health.
- D- Objection to the test results shall be within a period of 7 days from the date of notifying the person concerned. The test shall be conducted at Baghdad referential laboratory, and the objection procedures shall be organized in instructions.
- E- In case the results showed that the articles are not fit for human consumption, they should be destroyed at the expense of their owners or returned to the supplier.

**Article (23):**

First: The Central Public Health Laboratory in Baghdad is the referential laboratory in Iraq for human laboratory tests with all their types. Its results shall be conclusive.

Second: The Central Public Health Laboratory shall conduct the following:

- 1- Developing of model measurements (benchmarks) for examinations of public health laboratories and health institutions (hospitals, specialized centers and primary health care at Baghdad and the governorates) in respect of infectious, contagious and other diseases that affect public health.
- 2- Conducting biological, chemical and physical examinations in case of the examined article's invalidity, where it notifies the health control department as the controlling entity in cooperation with the Customs to take the necessary actions according to applicable laws by the two parties.
- 3- Workers in the food industry and the distribution of its products or transfer or sold or provided in public places to make sure they are free from diseases or causes of and through the Department of Health surveillance.

**Article (24):**

First: The Minister of Health may exceptionally approve releasing of articles subjected to laboratory examination from the Customs' custody prior to granting their owners the health certificate stipulated in Article 26 of this law upon a collateral certified by the notary public for non-disposal thereof and they are stored under the direct supervision of the competent authority and the place of storage is sealed by red wax until appearance of the outcome of laboratory testing.

Second: It will be absolutely prohibited to release any laboratory material from the stores of the Public Company for Marketing Medicines and Medical Supplies unless the results of the evaluation and examination appear by an official letter from the Central Public Health Laboratory to the entity that delivered the article for the purpose of evaluation, and the Minister of Health or his entrusted delegate may release disposal in case of extreme emergency exclusively.

**Article (25):**

The Central health laboratory results shall be determined by assessing performance and ensuring quality of equipment, appliances and laboratory requirements imported by the State Company for Marketing Medicines and Medical Appliances, or supplied from local markets. The results should also ensure local quality in accordance with applicable guidelines and issued by the central committees of evaluation. The results of the Central Evaluation Committee shall be conclusive and it is not permissible to evaluate the same article which had already been tested and proved to be unfit from the technical aspect related to efficiency of equipment or appliance which affect the laboratory test results and which bear the same lot number and date of validity.

**Section Four**  
**Health control**

**Article (26):**

Ensuring satisfaction of health terms and conditions at public places (magazines) represents protection for citizen's health and environmental safety. Satisfaction of these health terms and conditions is an obligation of public places owners and those persons in charge of them. Consequently, health control is constantly exercised - night and day, on those magazines in order to ensure the application of stipulations of this law - by the organizations of public health offices throughout Iraq, including the free zones in coordination with the relevant governmental authorities.

**Article (27):**

It is not permitted to establish or open any public shop linked to the governmental, private or mixed sector, except after obtaining a health license from the competent health authority.

A health license shall be granted only when the following general conditions are met:

First - The public shop should satisfy the health conditions laid down by the Ministry of Health under the instructions issued for this purpose.

Second - A- Both the licensee and the employees working at the public place should obtain a health book confirming he is free from epidemic diseases and disease-causing germs after undergoing clinical, laboratory and radiological tests, taking necessary vaccinations, and periodic checkups.

B- In the event that the licensee is an office of the State, the governmental sector and the mixed sector, these offices should nominate one of their affiliated employees in charge of the public place to be subject to the stipulations of this law and these stipulations also apply if the office assigned the public shop management to a contractor.

Third - The availability of an appropriate area is necessary depending on the nature of work where the public shop was established, and this area will be identified for each category of public shops according to instructions issued by the Ministry and published in the official gazette.

Fourth - The Public Health Office should determine the controls for granting licenses, depending on their degree of seriousness and these controls shall take the form of instructions published in the Official Gazette.

**Article (28):**

The Public Health Office shall conduct control, inspection and international communications enquiries by the Office of Inspection, Control and Inquiry, which is considered the entity representing the Ministry of Health, and its tasks, shall be:

- 1- Monitoring imported and locally produced food through their conformity with the technical rules and health measures adopted for food and ascertain their validity for human consumption.
- 2- Preventing circulation of any food, or its entry to Iraq if it was proven to be not in conformity with health measures or invalid for human consumption.
- 3- Controlling the shops of food preparation and nutritional processing which also includes transport and storage of food.
- 4- Control of food traveling vendors on the sidewalks.
- 5- Granting health certificates for the purpose of exporting domestic products in accordance with the applicable laws and regulations and at the request of the exporter or importer.
- 6- Periodic and sudden inspections to any place where food is circulated and to the employees working at such place.
- 7- Control of food processing in industrial facilities in order to ensure the existence of quality control systems and effective quality control in accordance with the instructions published in the Official Gazette.
- 8- Controlling service shops that are source or mode of transmission for serious diseases on human life.

**Article (29):**

The public bathhouses are subject to the control of health and environmental authorities in accordance with instructions issued by the ministry so as to ensure satisfaction of health conditions therein.

**Article (30):**

First - The public swimming pools should be established according to an outline that ensures continuous water circulation between the devices of purification and sterilization and the swimming basin, while ensuring that the basin water is not contaminated in any way which should be ascertained through periodic laboratory tests.

Second - Accommodating all that is likely to accomplish public health and safety of swimming pools visitors, e.g., cabins, toilets and all employees working therein.

Third – The basins of wastewater and their opened drainage should be at a distance of not less than thirty-five meters from the swimming basin edge.

**Article (31):**

It is not permitted to import or produce chemical substances and preparations used for medical, industrial or agricultural purposes, as well as dyes, cosmetics or pesticides unless the producer or importer shall provide the competent authority at the ministry with adequate explanation concerning their sickness symptoms and treatment methods and shall obtain its approval.

**Article (32):**

It is not permitted to import, produce or sell the substances except after obtaining a license thereof from the ministry in accordance with the instructions issued for this purpose and those conditions are represented in the following:

First – Obtaining the license:

For the purpose of meeting the requirements of obtaining the license, the application must be accompanied by the following:

- 1- Certificate of circulation from the country of origin that refers to production and circulation of the substance at that country, provided that it is supported by a document of the Responsible Authority and certified by the Iraqi legation at that country.
- 2- Certificate of analysis showing components of the substance(s) intended to be imported, manufactured or sold, a statement of its (their) composition percentages and method of analysis from a recognized referential laboratory.
- 3- Providing the following information concerning the articles mentioned at the application for license:
  - A– Their method of use.
  - B- Their degree of toxicity.
  - C- The poisoning symptoms and the lethal dose.
  - D- How to deal with cases of poisoning thereby.
  - E- Any other information concerning the article.
  - F- Supports for the above-mentioned information and their ratification according to the contents of the above-mentioned paragraph 1.
- 4- Providing adequate samples of the article mentioned at the application for license for the purpose of its examination or analysis at the Central Organization for Standardization and Quality Control or the laboratories of the Ministry of Health at Baghdad or on any international accredited laboratory for the purpose of ascertaining the validity of information provided at the original application and at the expense of the importer or the producer.

Second - Packaging:

- 1– The packages must be firmly sealed and solidly manufactured according to the requirements of the packaged article, taking into account the considerations approved by custom or habit in packaging some articles other than the above-mentioned, provided that their transport is secured without damage.

- 2 – Fixing a label on each package with the following information: the commercial and the scientific name of the article, the proportion of active substances therein, its degree of seriousness, together with mentioning the country of origin, date of manufacture and the date of expiry, method of conservation together with identifying the batch number.

Third - Method of Storing:

- 1 – The license applicant should provide the necessary stores for the article conservation in a shape commensurate with its degree of seriousness and storage conditions particular to it in addition to the instructions in force at the country of origin.
- 2 - The General Directorate of Customs and Excise should provide specific stores taking into account the scientific and technical conditions and requirements for the purpose of keeping the above-mentioned articles. This Directorate may not be deliver them except to the license applicant or his entrusted delegate, after obtaining formal approval of the competent authority at the Ministry of Health thereof.

Fourth - General Stipulations:

- 1 - If it appears that the above-mentioned articles imported from abroad or manufactured in Iraq do not meet the required conditions and regulations, then the Minister, or his entrusted delegate, may decide their confiscation and devastation, and he may also decided not to allow the entry of any article of the above-mentioned articles if it appears that it is invalid for the purposes wherefore they were imported.
- 2 – In case of proving non-conformity of the article to the required specifications and its repeated failure therein, the name of its producing company shall be black listed and dealing with it shall be prohibited.

## **Section Five** **Control of Epidemic diseases**

**Article (33):**

The epidemic disease is the disease caused by infection with a contagious agent or its generated toxins resulting from the transition of that agent from the source to the host, either directly or indirectly.

**Article (34):**

The epidemic diseases covered by the stipulations of this law are determined according to instructions issued by the Minister of Health or his entrusted delegate.

**Article (35):**

First - The Minister of Health or whomsoever he authorizes may declare, according to a statement issued by him, any city or any part thereof as a region infected by one of the diseases subjected to the International Health Regulations (IHR).

Second - The health authorities take, in this case, all appropriate measures to prevent the disease spread and may, in this regard, do the following:

- A - Restricting the movement of citizens within the infested area, entry therein or exit thereof.
- B - Closing public places, such as, cinemas, cafes, cabarets, restaurants, hotels, bathrooms and any other public place subjected to health license and health control, as well as educational institutions, plants (factories), enterprises, offices of the State, governmental sector, and mixed and private sectors.
- C - Preventing the sale of food, beverages, soft drinks, ice and their transportation from one region to another and devastating the polluted articles thereof.
- D - Isolating, controlling and moving animals and goods.

Third: The Health Minister may designate those practicing medical and health professions (non-doctors) to offer medical services to the public when epidemics break out or in emergency cases for the period sufficient to handle these incidents and cases.

**Article (36):**

First: The Minister of Health or his entrusted delegate may declare - by issuing a statement, on spread of a disease subjected to the international health regulations (IHR) - the seizure of any means of transport and any building officially and inviting any person to contribute in the health control campaign, provided that the statement shall determine the duration of its effect, and the owners of private vehicles and the persons shall be reimbursed the wages specified by the health authority on the basis of tariff of wage-setting at the concerned time and place.

Second: In a state of emergency, the employee entrusted by the competent health authority may take all appropriate measures to address such emergency situations for the periods required by such incidents or emergency situations.

**Article (37):**

The Minister of Health may issue instructions concerning the measures to be taken, in cooperation with other competent authorities, to combat transitional (infectious) diseases affecting humans or both humans and animals simultaneously, limit their spread or prevent their entry to Iraq, according to their nature.

**Article (38):**

First: The competent health authority may seize buildings, animals and materials suspected of being repositories or carriers of disease causatives or having a role in their spread and devastate those materials after demonstrating the event of suspicion provided that the owners shall be compensated according to the regulations in force, except for the

imported contaminated materials which are not covered by the compensation and they would be destroyed at the expense of the owner.

Second: The Syndrome Studies and Researches Center and its affiliations shall refer patients whose preliminary test results are positive, to the Central Public Health Laboratory for confirmation tests exclusively in case the patient is suspected of contracting AIDS.

**Article (39):**

The attending physician or the anatomist (dissector), all non-governmental health institutions and every citizen - who is suspected of developing a pathologic state of the diseases covered by international health regulations, or occurrence of a death thereof - should immediately notify the nearest State health institution, and this institution must take needed and immediate actions including informing the competent health authorities at the Ministry.

**Article (40):**

The health authority may, upon approval of the Minister or his entrusted delegate, when being informed concerning the existence of any transitional or endemic disease or the suspicion of its presence, have the right of access to houses, public places or anywhere else for the purpose of health inspection and medical check of persons to make sure that they are free from disease, has the right to take samples for laboratory analysis of contactors with patient or suspected of being infected, splash pesticides and chemicals of various kinds within and outside homes, flats, apartments, housing buildings and any public place.

**Article (41):**

First - On suspicion of any person as being carrier of a disease causative or at the phase of incubation of one of the transitional (infectious) diseases, including those diseases subjected to the international health regulations (IHR), the health authority has the right to take the appropriate measures to control or isolate him for the purpose of examination to ascertain his freedom from disease causatives and treating him if was a carrier of these microbes or infected with the disease, until his recovery thereof.

Second – Meals would be provided, free of charge, to the isolated person in accordance with the stipulations of this law at the hospital, or any other place specified by the health authority.

**Article (42):**

First - The persons who are carriers of disease causatives are prevented from working or continuing thereto at places of manufacturing food, beverages and refreshments, their preparation, packaging, storage, transfer and sale, as well as working on water projects, swimming pools and ice plants according to the nature of each disease.

Second – The competent health authority should, upon laboratory confirmation of an employee's infection with disease causatives, notify the employer by a notice in writing to prevent the patient from working and the latter may not engage in work until his recovery and both the employee and the employer are otherwise legally responsible according to the nature of each disease.

**Article (43):**

The person infected with a transitional (infectious) disease is prevented from working at the educational institution or place of business for the period specified by the competent health authority in each pathologic case and the administrator is responsible for implementation of the health authority's orders.

**Article (44):**

If the person died of an epidemic disease subjected to the international health regulations, his furniture and clothes used during his illness may not be sold and must be devastated by the competent health authority inside the health institutions.

**Article (45):**

First - The Minister of Health shall release a statement to be published in the Official Gazette, specifying the persons who are required to have periodic vaccinations by the competent health authority. These persons shall be provided with a certificate confirming such vaccinations.

Second - Any person may be exempted from the vaccination mentioned in the above-mentioned item "First" for pathologic reasons, based upon a medical report issued by a medical committee.

**Article (46):**

The Health Committee may request filling-up quagmires, changing the canals of waterwheels, removal of inconveniences and the sources of proliferation of medically-serious insects in collaboration with the concerned authorities.

**Article (47):**

Tests shall be mandatory on following categories to make sure they are free from tuberculosis:

- 1- Arrivals for residence purposes.
- 2- Workers at beauty saloons, restaurants, tourist utilities, canteens, schools and kindergartens.
- 3- Applicants for appointment (government jobs).

**Section Six**  
**Funerals and Burial**

**Article (48):**

First - Funerals may enter the Republic of Iraq for burial therein or passing through Iraq thereof in accordance with the following conditions:

- A- The funeral's entry or passing should be through the official border entry points of the country, whether sea, air or land, as designated by the health authorities.
- B- The funeral must be accompanied by a death certificate and a transfer license including the deceased's name, title, age and the death's place, date and cause, issued by the health authority at the place of death or the place of burial in the case of opening the grave and exhuming the cadaver, and written in the language of the country which issued it, or in one of the following languages: Arabic, English or French, provided that it is ratified by the Iraqi consulate or its substitute at the country from which the funeral is transferred.
- C- The approval of the Public Health Office should be obtained by the Iraqi mission or its substitute at that country with regard to the funeral's entry or transit through Iraq prior to its shipment.
- D- The cadaver should be placed in a metal coffin which bottom is already covered by a five-centimeter thick layer of absorbent material of charcoal, wood powder or coal dust plus a purifying substance.
- E- In the event of death due to a transitional disease, other than the diseases subjected to the international health regulations (IHR), the cadaver must be wrapped by cloth saturated with a disinfectant solution and the metal coffin should be tightly closed by welding in presence of the Iraqi consul or his representative, and it would be placed inside a wooden box and firmly fixed where the thickness of the wooden box should be two centimeters and its sides should be impermeable to fluids, and it would be tightly closed by screw-nails, and the wooden box should be stamped by the seal of the Iraqi consulate or its substitute.

Second - The carrier must recharge the funeral outside the Republic of Iraq at its own expense if it were not meeting the above-mentioned conditions, and be the vehicle leader is responsible in such case.

Third - The stipulations contained in item First of this article must be taken into consideration at the funeral's transport from within the country to abroad, provided that approvals should be obtained from the embassy of the country whereto the deceased belongs or will be transferred and the Iraqi Foreign Affairs Ministry, with applying the procedures set forth in paragraph (D) of item First of this article, in presence of a representative for the consulate of the State whereto the cadaver will be transferred, and the wooden box would be stamped by both its seal and the seal of the competent health authority at Iraq.

**Article (49):**

The cadaver of the person deceased because of one of the diseases subjected to the international health regulations (IHR) may not be transferred except after the expiration of two years from the date of burial, and it is provided to obtain special license from the health authority.

**Article (50):**

First - A funeral may not be transferred from one city to another within Iraq without a death certificate.

Second - The funeral may be transferred within Iraq if the burial is completed during the maximum period of 36 hours from the time of death occurrence, provided that the cause of death would be neither a disease subjected to the international health regulations (IHR) nor an epidemic disease identified by the health authority according to a statement promulgated for this purpose. There may be an exception concerning the funeral's transfer which was delayed due to forensic medicine procedures according to a permit issued by the competent judicial authority or because of keeping the cadaver in the refrigerator particular to the conservation of the dead.

Third – A) The buried cadaver may not be transferred except after not less than one year as of burial .

B) The Minister of health is to approve the transfer of the buried corpse in the extreme necessity exception to the provision of paragraph 1 of this item.

**Article (51):**

A fee of (250,000) two hundred and fifty thousand dinars or its equivalent in foreign currency must be collected for each foreign cadaver to be buried in the country and such fee shall be collected by the Iraqi consulate abroad or its substitute in return for an official receipt enclosed with the documents particular to the funeral transfer, and the fee may be collected by the health authority specified in the instructions issued for this purpose.

**Article (52):**

The cadaver may not be buried except by a death certificate regulated in accordance with law after the cadaver's examination by the attending physician or a doctor in a health institution so as to verify the authenticity of death and the deceased's personality based on the personal identity card or any other official document and a copy presented by the related parties of the death certificate is considered a burial permit.

**Article (53):**

If the death occurred because of either a disease subjected to the International health regulations (IHR) or a transitional disease identified by the competent health authority's statement, the cadaver may not be buried in this case by "its" relatives, and the competent health authority shall - in collaboration with the secretariat of the capital or the municipality - bury it in the places designated for this purpose at the cemetery of the city where death occurred.

**Section Seven**  
**Drinking water**

**Article (54):**

The approval of the competent health authority must be obtained concerning the validity of potable water sites and outlets at the stage of studying and designing of potable water supply project, on condition that the information provided concerning water source quality at the outlet point must be based on governmental laboratory examinations.

**Article (55):**

The competent authority shall approve the validity of site and utilized purification method at the project, in cooperation with the purification competent State Offices in the light of the contents of purification, biological, chemical and physical treatment of pollutants.

**Article (56):**

The Iraq or international standard specifications will be adopted with regard to determining the quality of potable water and its validity for human consumption with regard to the potable water projects throughout Iraq.

**Article (57):**

First - Every new project for purification of potable water should include an integrated laboratory for conducting chemical, microbiological and physical examinations to determine the efficiency of the purification stages and to ensure conformity of processed water to the specifications in Iraq.

Second – The authority responsible for potable water projects currently in place should endeavor to open an integrated laboratory as in the above-mentioned paragraph of this article during the period specified by the health authority according to specific instructions provided that the projects should be supplied with the essential laboratory equipment, i.e., devices for measuring brownish discharge, residual chlorine, pH and other properties within six months from the date of this law publication in the Official Gazette.

Third - The authority responsible for potable water supply is committed to provide the region's health authority with the results of tests conducted for potable water.

**Article (58):**

The referential laboratory and the environmental laboratories in all centers of governorates should conduct periodic checks concerning the quality of processed water and make sure that they conform to the specifications adopted in Iraq.

**Article (59):**

In the case of non-conformity of water to the specifications adopted in Iraq, the authority responsible for the project operation should take the necessary actions in order to ensure conformity of water to the specifications.

**Article (60):**

The health authority's approval should be obtained concerning the quality of chemicals used in the stages of purification.

**Article (61):**

The health authority's approval should be obtained concerning the agricultural, industrial and human wastewater drainage sites, to the water source in order to ensure water quality control at the outlet areas for water purification projects.

**Article (62):**

The offices of the State, governmental sector and other entities should provide the health authority with all information pertinent to the outlets and points of discharge existing or planned in the region, the quantities and the contents of water discharged to water sources, their biological, chemical and physical concentrations, provided that such concentrations would not exceed the permissible limits specified by the health authority as well as the nature of water movement in the source.

**Section Eight  
Rodents Control**

**Article (63):**

The Ministry endeavors to develop an annual program for rodents control within its plan for fighting against diseases common to humans and animals due to the seriousness of rodents on human health and environment and to avoid the major economic damages caused by mice and rats.

**Article (64):**

The Ministry and other authorities are responsible for conducting anti-rodent researches and experiments at their laboratories and the Ministry shall develop technical instructions concerning their fighting throughout Iraq, where the offices of the State, governmental sector and other entities are committed to implement their stipulations.

**Article (65):**

The public places belonging to the offices of the State, governmental sector, the mixed sector, and the private sector should combat rodents, mice and rats in accordance with the instructions of the Ministry and under its supervision.

**Article (66):**

The Ministry shall fight rodents, free of charge, in residential areas with high density thereof, and those assigned to fight rodents may, upon presentation of their own official identity, enter homes and housing apartments during the day and for this purpose only. The occupants of these homes and housing apartments should facilitate the rodents' fighters mission and cooperation with them.

**Article (67):**

First – A license will not be granted for constructing any public place except after ascertaining the incorporation of building specifications and appropriate means for its immunization against entry of rodents in accordance with the instructions issued by the Ministry of Health.

Second - The engineer supervising the construction, if any, shall be responsible for the violation of the instructions particular to rodents fighting.

**Section Ten**

**Therapeutic Health institutions**

**Chapter One: Governmental Therapeutic Health Institutions**

**Article (68):**

The Ministry endeavors to render integrated therapeutic health services to patients resident at the health institution and outpatients of clinics and develop these services through examinations, diagnosis and treatment in line with the latest scientific developments in this field.

**Article (69):**

The Minister of Health or the Director of the Therapeutic Health Institution shall exercise the following terms of reference:

First - Determining working hours and shifting times appropriate to the institution in accordance with law.

Second - Identifying the types of food provided to patients resident at the health institutions and nutritional amounts according to the schedule determined upon instructions issued by the Ministry and published in the Official Gazette and ratifying the additional nutrition and other necessary materials as recommended by the attending physicians.

Third – Specifying those who must be reside at the institution after the official working hours, provided that food would be offered to them free of charge.

**Article (70):**

First - The treatment, laboratory analyses, radiological tests and other examinations shall be at no cost to the occupants of the rooms free of charge at the State's health institutions.

Second - The Ministry of Health may charge the patients the State's therapeutic health institutions and the occupants of rooms therein the fees determined by the regulation issued in accordance with this law.

**Article (71):**

The lobby doctor should sign the daily forms, organized by the nurse, concerning the number of patients at the lobby, supporting the number validity, for the purpose of providing food and medicines to them.

**Article (72):**

All patients diagnosed with tuberculosis by governmental institutions not operating under Anti-Tuberculosis program, shall be referred to institutions operating under Anti-Tuberculosis program.

**Chapter two: Non-governmental Therapeutic Health Institutions**

**Article (73):**

A domestic hospital may be opened after obtaining a permit of the Ministry and for granting a permit, the following conditions – that should be ascertained by the Ministry – must be satisfied as follows:

First - A – The permit applicant must be an Iraqi or Arab doctor permitted to practice the profession in Iraq.

B - Charities and scientific societies may apply for a permit to open a hospital, provided that that hospital official should satisfy the conditions mentioned in paragraph (A) of this item.

Second - A - The hospital location (site) should be appropriate and away from sources of noise and pollution/contamination.

B - The choice of site is subject to approval by the competent health authority.

Third - The hospital building and rooms must be suitable for this purpose in terms of engineering design and satisfying the health conditions, according to the instructions issued by the Ministry.

Fourth - A - Appointing a full-time administrator to manage the hospital, after obtaining approval from the Ministry of Health.

B - Appointing a number of resident physicians licensed to the profession practice and technical assistants of Iraqis and others in proportion to the number of beds after obtaining the approval of the Ministry of Health.

C - Appointing administrators and workers in proportion to the number of beds in accordance with the instructions.

D - These institutions are subject to periodic inspection by the inspection institutions at the ministry in order to ensure the application of the conditions and specifications.

**Article (74):**

In every private hospital, there shall be a board of directors to supervise its affairs and the instructions issued by the Ministry of Health shall determine the method of its composition and functions, provided that the Ministry will be represented therein.

**Article (75):**

The number of beds in rooms and lobbies at the institution is determined when granting the permit.

**Article (76):**

The hospital administration may apply for a permit for opening an outpatient clinic and the competent health authority may grant such permit after ascertaining it meets the conditions in accordance with the instructions.

**Article (77):**

The Ministry of Health may classify the non-governmental health institutions and determine the fees charged from patients therein upon promulgating a statement thereof.

**Article (78):**

The Ministry may grant a permit for opening a private laboratory to pathologic analyses specialists of those authorized to practice the profession from the competent syndicate and those not authorized to practice the profession who do not have a competent syndicate, each in their respective field of competence, physicians, pharmacists, Faculty of Science graduates of pertinent scientific disciplines who have successfully completed a training course in pathologic analyses for a period of not less than one year and actually exercised the profession after the session for one year at least, provided that the laboratory will be opened at the governorate where they operate in accordance with the instructions issued by the Ministry, which will specify the conditions for granting the permit and the health conditions that must be satisfied concerning the place, the fees of laboratory tests and the types of the conducted tests.

**Article (79):**

First - The Ministry of Health shall determine, according to instructions and in coordination with the concerned syndicate, the health conditions which must be satisfied in the place of practice particular to those of the medical professions (the physician, the dentist, the veterinarian, the pharmacist and the lab examiner).

Second - The concerned syndicate shall ensure satisfaction of the due conditions mentioned in item First of this article prior to granting the permit to open the place for profession practice.

Third - The organizations of inspection at the Ministry of Health and the concerned syndicate representative shall control satisfaction of conditions at clinics, laboratories, pharmacies, and authorized places before the entry into force of this law, thereafter and periodically to ensure their validity.

Fourth - The Minister of Health or his entrusted delegate may close the clinic or the place covered by the stipulations of this law when non-satisfying the required health conditions.

**Section Eleven**  
**General Provisions**  
**Chapter one / Inspection**

**Article (80):**

The competent health authority shall, monthly and periodically, take swabs from the operation rooms, the surgical instruments, the furniture used therein and the rooms annexed thereto in order to make sure that they are free of germs that may lead to contamination of wounds, and in the case of demonstrating the contamination, the health authority shall close the rooms and their annexes and stop working for conducting the sterilization procedure, and they would not be opened except after making sure of their safety.

**Article (81):**

The Health institution administration is committed to the following:

First - Maintaining an inpatients register which includes the following information, provided that the matching lists thereof should be submitted to the health authority at the end of each month:

A - Monthly and annual serial number of the patient with the number room and bed.

B - The patient's tripartite name and full address.

C - Date of his entry into the health institution.

D - The diagnosis of the disease.

E - Type of treatment and its outcome.

F - The date of his departure from the institution or the date of his death, with an indication of the cause of death.

Second - Maintaining a register of operations conducted at the health institution for recording: the operation's type, date, outcome, surgeon name, assistant physician, anesthetist and inserting their signatures at the Register, and the health institution should submit to the competent health authority monthly statements including such information.

Third - Maintaining a register of inspection remarks.

Fourth - A – Organizing a medical register for each inpatient of the hospital that includes the data, mentioned in item First of this article, signed by the attending physician, and all the medical documents particular to the patient are linked to this register.

B – It may not permitted to conduct a surgical operation except with the consent of the patient himself, if he was conscious, or one of his relatives accompanying him if he was whether unconscious or minor, with the exception of patient's life liability to death or current risk, when delaying the surgery, then, a surgical operation may be conducted to save the life of the patient, without the obtaining the said consent.

## Chapter Two / Statistics

### Article (82):

The authority competent of statistics at the Ministry of Health, shall conduct the following:

First - Vital Statistics which include the following:

- A - Registration of births of Iraqis and others
- B - Registration of deaths of Iraqis and others.
- C - Registration of dead births.
- D - Registration of marriages and divorces
- E - Statistical researches concerning Vital Statistics and Demographic statistics.

Second: - Health statistics which include the following:

- A - Statistics of inpatients of the health institutions.
- B - Statistics of outpatients to health institutions, disaggregated by sex, age, and governorates with regard to all diseases.
- C - Manpower working in the health institutions, including:
  - 1 - Medical professionals.
  - 2 - Health professionals.
  - 3 - Other assistant cadres.
- D - Census for health institutions of all types and specializations, including the number of beds, bed occupation and the annual times of occupations.
- E - Statistics of health researches and examinations.
- F - Issuance of health periodic bulletins.
- G - Statistics of surgical operations: types and initial results.

Third - Statistics and preventive medicine, which include the following:

- A - Issuance of monthly and annual bulletins for transitional diseases classified by sex, age, and governorates.
- B - Statistics of vaccinations.
- C - Statistics of laboratory examinations.
- D - Other diversified statistics, as required

Fourth - A - Issuance of a health book the format, content, method of organization and distribution of which shall be determined according to the instructions issued by the Ministry

- B - The health authority or the midwife should provide every newborn with a free health book when organizing of the birth certificate, in accordance with the stipulations of the law concerning registration of births and deaths.

- C - The parents or their legal substitute should maintain the health book until its owner reaches the age of majority.

**Article (83):**

First: The competent authority at the ministry shall, in coordination with the competent syndicate, register health professionals, grant them practice permit and renew it annually, and shall also grant permit for the place of work in accordance with the instructions issued by the ministry.

Second: For the health authorities with the consent of the Minister of Health or his representative, in coordination with the relevant syndicate searched shops and the role taken by those with health professionals and other ancillary staff for their profession to search for the presence of drugs or machines or equipment used contrary to the requirements for the exercise of the profession.

### **Chapter Three / Medical Committees**

**Article (84):**

First - The Minister of Health shall compose medical committees for the following purposes:

- A - Examining the candidates for service at offices of the State and governmental sector.
- B - Superannuating the employee or the worker and determining the extent of his validity for the service.
- C - Estimating the degree of disability and invalidity.
- D - Medical treatment outside Iraq.
- E - Studying medical reports issued from outside Iraq for acceptance or rejection.
- F - Assessing health, psychological and mental cases of persons referred from official authorities.
- G - Examining applicants for marketing permit and its renewal.
- H - Examining students applying to colleges and institutes.
- I – Any other purposes, as required.

Second - A – Appealing medical committees are composed upon decision of the minister so as to consider the objections received to the decisions of the committees mentioned in item First of this article.

- B - The decisions of medical committees mentioned in item First of this article may be objected within thirty days from the date of decision issuance.
- C - The appellant committees' decisions shall be conclusive.
- D-One member of the medical committees shall be a chest diseases physician operating within the Anti-Tuberculosis Program in Baghdad and other provinces.

Third - The composition of both medical and appellant committees as well as their terms of reference are determined in accordance with the instructions issued by the Minister.

**Article (85):**

The Minister of Health may promulgate instructions to identify the method of granting sick leave and medical reports issued from inside Iraq by physicians and dentists at their private clinics, and by non-governmental health institutions.

**Section twelve**  
**General Provisions**  
**Forensic Medicine and blood transfusion services**

**Article (86):**

First - The forensic medical office should dissect the cadaver delivered to it from the police station or the investigation authority to indicate the cause of death and thus prepare the required report to the competent official authority.

Second – The cadaver of the deceased shall be delivered to his family after autopsy, and it will be handed over without autopsy in case of a decision taken by the investigating judge concerning non-necessity of autopsy.

Third - If the doctor suspected that the patient's injury was caused by a criminal act, whether it led to his death, or not, he must inform the nearest police station after treating the injured patient and, in the event of his death, refer the cadaver to the forensic medical office for conducting autopsy to indicate the cause of death.

Fourth – In case of death of a person referred by the police to a health institution, the institution should deliver the cadaver to the forensic medical office and inform the station which referred it with regard to death.

Fifth - A - If the relatives of the deceased did not turn to the forensic medical office for receiving the cadaver through a period of two months from the date of the forensic medical office's receipt thereof, the secretariat of the capital and the municipalities at the governorates shall – upon an application in writing by the mentioned forensic medical office's letter including the full name of the deceased and the investigation authority sending the cadaver – bury it in the public cemetery and the grave shall be marked for being able to extract the cadaver thereof when needed.

B - An unidentified cadaver shall not be buried except after photographing it and taking its fingerprints by the investigative competent authorities.

**Article (87) :**

First - If nobody of the deceased's relatives turned to the hospital for receiving the cadaver within (72) seventy-two hours from the date of death or the hospital's receiving thereof, the cadaver shall be embalmed on site by one of the faculties of medicine and kept in hospital for (15) fifteen days and if the deceased's relatives

did not turn to the hospital during this period, the hospital would deposit the cadaver of the deceased at the Faculty of Medicine, with all the information related to it, to retain the cadaver without disposal thereof for a period of (90) ninety days.

Second - The hospital should retain the cadaver of the non-Iraqi deceased for (72) seventy-two hours from the date of death or its receiving thereof, unless anybody of the deceased's relatives turned to the hospital for receiving it, thereafter the hospital shall deliver it to one of the faculties of medicine, provided that it obtains the approval of the Embassy of the State of nationality of the deceased, embalm the cadaver at that Faculty, and it may not be disposed of except after the passage of (180) one hundred and eighty days from the date of death or its receiving thereof.

Third - The hospital should, in the two cases stipulated in sub-items First and Second of this item, install the necessary information concerning the identity of the deceased, the cause of death, all civil and pathologic information, photographing the cadaver and taking fingerprinting with resorting to the competent authorities.

Fourth - After the expiry of the period stipulated in sub-items First and Second of this item, with no one from the first-of-kin of the deceased claiming the cadaver, the Faculty of Medicine will be entitled to benefit from the cadaver for scientific purposes.

Fifth- The Mayoralty (Amanat) of Baghdad and the municipalities shall, upon request of the hospital or the Faculty of Medicine, bury the cadaver in the public cemetery according to the religion of the deceased.

Sixth - The Faculty of Medicine maintains regular records, subjected to inspection, including all existing information concerning each received cadaver, the death certificate, the source of the cadaver, all civil and pathologic information with a copy of the fingerprints and personal photographs.

Seventh - A – The attending physician is entitled to request an autopsy of the cadaver of a deceased patient lying in a teaching hospital that could not determine pathologic case after conducting the tests required, in order to investigate the cause of death.

B - The request shall be submitted to the medical committee composed by the hospital director of three medical specialists at the hospital to obtain their approval concerning the autopsy.

C - In case of approval by the Committee stipulated in paragraph (B) of this item to conduct an autopsy, a consent in writing shall be obtained from the deceased's first-or-second-degree relatives and informing the judicial authority with regard to the completed proceedings.

D – The cadaver shall be anatomized by a tissue pathologist and forensic doctor and the two shall submit a full report on the incident to the mentioned committee, write the death certificate and inform the judicial authority with regard to the outcome.

E - The Faculty of Medicine and the Teaching Hospital shall hold a weekly scientific symposium to study details of incident, to the benefit of doctors and students at the Faculties of Medicine.

**Section Thirteen**  
**Emergency Medical services**  
**Chapter One-Emergency Services**

**Article (88):**

Providing emergency medical services at the institutions run by the Ministry and allocated for this purpose like public hospitals,

Article (89) :

Providing emergency medical services at locations of crises by the specialists in this field and competent formations affiliated to the Ministry of Health like ambulances, rescue teams and others.

Article ( 90 ) :

Providing emergency medical services in the place of the crisis by specialists in this field and by competent and formations of the Ministry of Health first aid and other rescue teams and others.

**Chapter Two**  
**Health at Penal Institutions**

**Article (91):**

Health at penal institutions includes all penal institutions inmates and through cooperation with other relevant authorities, it seeks to groom a health citizen physically, mentally and socially free from diseases and handicaps, by adopting therapeutic, and preventive health services, and mental health on which basis its plans are laid down.

**Article (92):**

Health at penal institutions aims to:

**First:** providing a health environment suitable for inmates of all penal institutions.

**Second:** Providing therapeutic health services to inmates.

**Third;** Providing preventive health services to inmates.

**Fourth:** Providing psychological and mental health care and an environment and services ensuring it.

**Fifth;** providing primary health care of mother and child and vaccines for female inmates and children.

**Article (93):**

The Ministry is seeking to provide integrated therapeutic health services to sick inmates of penal institutions and enrich these services with tests, diagnosis and treatment through creating health centers and infirmaries at penal institutions which shall:

**First:** Conduct a checkup of every inmate upon his entry of the prison or before his release, and make out a report about his health and mental state. The date and hour of making the report must be included.

**Second:** If a prisoner is released before he recovers from an illness, the health center shall send him, at his will, to where he can be treated, and if had contracted an epidemic disease, the center shall notify the health authorities before his release.

### **Chapter Three**

#### **Applications of Public Health and Preventive Medicine in the Field of Medical Services at Airports**

##### **Article (94):**

##### **Preventive Health including the following :**

**First:** Medical supervision on the health of air crews in the formation of a specialized medical committee and as instructed by the Civil Aviation Organization, which perform the following tasks :

- 1- Conduct periodic checkup for air and ground crewmen (pilots, stewards, hostesses, and air engineers) to determine their medical eligibility to practice the profession.
- 2- Conduct selective primary checkup including a checkup of applicants for aviation jobs, and ensuring they meet medical requirements (Physical and mental fitness, eyesight, hearing and color distinguishing) in a way compatible with international requirements for practicing aviation profession. Clinical, laboratory and radiological tests are also required.
- 3- Follow up on the health state of the air crewmen in the event of sickness or injury.

**Second:** Providing health and preventive care and application of occupational safety and health measures for workers in the field of ground services inside airports, including:

**First:** Periodic survey of workers in the airport environment and treating any effects of potential occupational risks, and attempting to safeguard workers from:

- 1- Physical dangers: (radiological pollution, noise, frequency, heat).
- 2- Chemical dangers: (minerals, salts, acids, bases, gases, fuel, different solutions, plastics and others).
- 3- Biological dangers :( Bacterial diseases).

**Second : General environment standards:** This can be achieved through supervising the provision of appropriate health conditions at work sites including building designs and controlling temperatures, lighting and noise.

##### **Third : Program to maintain good hearing levels includes :**

- 1-determining sources noise and measuring its levels and nature at worksites inside airports, and periods of exposure to it.
- 2- Means of controlling noise from the source and ways of its transmission.
- 3- Providing means of personal protection from noise for workers at airport ground.

4- Conducting periodic hearing tests for early detection of hearing impairment, and following up on health states and providing necessary treatment.

**Article (95) Health Control includes :**

**First:** Supervising the organization and application of health measures in conformity with the public health conditions at airport ground.

**Second:** Supervising preparation and supply of health documents needed for granting a health license.

**Third:** Adopting programs for vaccination and inoculation against epidemic and contagious diseases.

## **Chapter Four Blood Transfusion services**

**Article (96):**

Blood Transfusion Services Center: It is the institution that undertakes drawing and classifying human blood and conducting necessary tests to ensure it is clear of blood-transmitted diseases, separating its main components, and storing its derivatives in conformity with scientific specifications adopted by the Health Ministry so as to provide them to patients at the request of the attending physician.

**Article (97):**

- 1- Blood Transfusion Services shall be handled centrally and under the direct supervision of Ministry of Health.
- 2- It is not permitted to open a blood transfusion center except in case where there is a statement issued by the Ministry of Health and after the approval of Blood Transfusion Administration and Blood Diseases Advisory Committee and as follows:
  - A. The existence of technical conditions to be determined by Minister of Health upon a proposal by Blood Transfusion Administration. Conditions include the place, necessary appliances and well-trained staff.
  - B. The Center shall not be run but by those holding certificates of specialization in medicine or laboratory sciences issued by a recognized university.

**Article (98):**

First: Blood donor must be fully qualified.

Second: The doctor at the Blood Transfusion Services Center shall determine whether a blood donor is qualified or not.

Third: Blood-drawing shall be directly supervised by the doctor at the Blood Transfusion Services Center or by any health worker acting on his behalf.

**Article (99):**

Drawn blood must be placed in a special bag with a sticker on which the following shall be marked down:

- 1- Donor's name.
- 2- Bag No.
- 3- Blood group and category
- 4- Date of drawing
- 5- Date of expiry in accordance with internationally adopted scientific rules.
- 6- Results of diseases tests.

**Article (100):**

Blood or one of its components shall be given exclusively to the patient lying in hospital or the health institution under the supervision of the doctor or any other doctor he exclusively authorizes and after testing interaction between patient's blood and donor's blood (cross match).

**Article (101):**

Blood Transfusion Services Center shall undertake the following:

- First: Choosing healthy and disease-free donors.
- Second: Drawing blood from donors and analyzing it into its derivatives.
- Third: Classifying blood groups and categories.
- Fourth: Conducting blood integrity and safety tests to make sure it is free of blood-borne infections.
- Fifth: Storing blood and its components in conformity with scientific classifications adopted by Ministry of Health so that it can be given to patients upon submitting a blood request form duly signed by doctor in charge of its use .

**Article (102):**

Blood Transfusion Services Center provides the following derivatives:

- First: Packed Red Blood Cells
- Second: Fresh Frozen Plasma
- Third: Cryoprecipitate
- Fourth: Platelets Concentrate
- Fifth; Whole Blood
- Sixth: Any derivative can be made available in future after meeting needs of needs and parameters according to the internationally adopted scientific classifications.

Blood cells separation technologies (Apheresis) are used and specialized derivatives of these appliances are provided to patients who need them as determined by the doctor.

**Article (103):**

The following laboratory tests shall be obligatory for all the pints of blood and its components:

1- AIDS

2- Hepatitis B

3- Hepatitis C

4- Syphilis

5- When necessary, the list of these tests can be amended only by a decision of Minister of Health upon a suggestion by the National Center for Blood Transfusion Services or Blood Diseases Advisory Committee in order to keep abreast of scientific developments taking place in this field.

**Article (104):**

First: No license to open a blood transfusion services center shall be given except to governmental institutions. Non-governmental institutions are not permitted to open blood transfusion services centers.

Second: Operations of the blood banks at governmental and private hospitals are restricted to conducting tests of blood categories and cross match, storing blood and its derivatives and carrying forward the balances of blood and derivatives received from the blood transfusion services center in Baghdad or other provinces. The banks shall not conduct processes of blood donation and collection and producing its components,. Blood donation centers affiliated to health offices shall perform processes indicated above and conduct blood integrity and safety tests.

**Article (105):**

Blood Transfusion Services Center shall provide training to staff of governmental and non-governmental health and teaching institutions on all fields related to blood transfusion services.

**Article (106):**

Selling or trading in blood is prohibited and violators will receive penalties stipulated in this law.

## Section Fourteen Penal Stipulations

### Article (107):

First: In the event this law and its regulations and instructions are violated, Minister of Health Minister or whomsoever he authorizes may shut down any shop operating under license or health monitoring for a period not exceeding 90 days, and impose an immediate fine of not more than one million Dinars and no less than 250 thousand Dinars. Materials and appliances found in these shops shall be confiscated by a decision from Minister of Health or whomsoever he authorizes, in the following cases:

1-Putting any food item or any other material on the market if it was brought in illegally

2-Disposing of foods that have been seized as per "this law"

3-Reopening the place that has been closed for violating required conditions.

4-Remarketing any food item that has been decided to be damaged as per "this law"

5-Knowingly remarketing any expired food item that is no longer fit for human consumption, or making changes to validity date contrary to what is stated in the product's literature.

Second : When violating the health conditions should be available in department stores, under the conditions of health shops other than the practice of medical and health professions and health institutions for treatment of non-governmental or the Minister of Health Designating someone to close any of the shops under the vacation or health control for a period not exceeding Alythelathin days Oovrd a fine of not less than (25000) twenty five thousand and not more than (500000) five hundred thousand dinars, or both.

Third : Those described in Item First of this Article are not allowed to practice their profession at their shop until removal of reasons that led to shop closure.

Fourth : A shop owner maintains the right to object to the closure decision with the committee of appeal which is set up by Minister of Health for this purpose. The objection shall be submitted through the health authority that had ordered the closure, and the latter shall send the objection, along with the case papers within five days from filing the objection. The committee's decision shall be conclusive.

Fifth : The report presented by the health and inspection teams which had conducted the on-site health visit shall be considered as a sufficient evidence for condemning the violator unless another proof refuting this was established.

### Article (108):

First : Health Monitoring authorities may confiscate appliances and equipments specific to food stuffs, detergents or make-up or materials used in their manufacturing which are prohibited from being marketed locally.

Second : Anyone who has undertaken the materials mentioned in ( first) of this Article illegal imprisonment for a term not exceeding one year .

Third : The penalty provided for in ( Second ) of this Article in case of violation of sanitary conditions or lack of access to health license required .

**Article (109):**

Health authority has the following powers:

First: health authority may shut down the factory or public shop for a time span not exceeding 30 days in the event of:

- 1-spread of food poisoning cases
- 2-Uncovering of environment pollution threatening safety and health of citizens.

Second: Minister of Health or whomever he authorizes may withdraw the license to practice the profession from high-risk factories and shops if violations recurred within a time span not exceeding one year.

Third: Health authority shall exercise the power to close factories and shops operating under health monitoring, without the need to stick to the Labor Law or any other law. Shutting down the factories or shops in compliance with this law shall not affect the legal obligations of the owner of the factory or shop toward his workers described in the Iraqi laws, regulations and instructions.

Fourth: Anyone included in this Article shall be banned from practicing his profession until the reasons that led to the closure were removed, after obtaining a written consent of Minister of Health.

Fifth: reports of health monitoring and inspection committee which had conducted on-site visits shall be deemed a sufficient evidence to condemn the violator unless another proof refuting this shall be established.

**Article (110):**

**First:** Violating the provisions of this law or regulations, instructions or statements issued accordingly, shall be punishable by a fine no less than 25.000 Iraqi Dinars and not exceeding 1.000.000 Dinars, or prison terms for no less than 30 days and not exceeding 60 days. The violator's license shall be withdrawn utterly in case of a repeat of the violation.

**Second:** without prejudice to any more severe penalty, anyone who violates the health conditions to be available in the therapeutic non-governmental health institutions, shops exercising medical and health professions, shops of medical supplies, pharmacies, medicine warehouses and scientific offices shall be punished by fines included in the table annexed to this law and the closure of the shop for period not exceeding (30) days and the withdrawal of the license for (60) days, the license shall be withdrawn for good when the case repeated again .

**Article (111):**

Blood seller (from blood donors) and blood buyer shall get prison terms not exceeding one year or a fine no less than 500,000 Dinars.

**Article (112):**

Price for selling blood and its derivatives to governmental and non governmental therapeutic health institutions shall be determined by instructions issued by the Minister.

**Section Fifteen  
Final Provisions**

**Article (113):**

First: Minister of Health may issue regulations, instructions and statements to facilitate implementation of this law provided that they are sent to the National Inquiry Point to receive comments on them within 60 days, to be later published in the Official Gazette.

Second: Notwithstanding the above-stated paragraph- First, Minister of Health may take necessary measures and arrangements to stave off the danger threatening human health in critical cases and emergencies. The Organization shall be notified of these measures.

**Article (114):**

First: Regulations, instructions and statements issued accordingly shall continue to be in effect until they are amended or annulled.

Second: This law shall be in force 60 days after its publication in the Official Gazette.

**Justifying reasons**

To be the Public Health Act in line "to the current developments and the adoption of international standards for the development activities of the organs of the Ministry of Health, so there is need to amend the law for the purpose of creating a citizen has a clean bill of health physically," and mentally "and social" to be effective "in the community and interactive" with the purpose to keep pace with the continuous development in the field of vocational and the possibility of using the most advanced Technology "to provide the best services at all levels.

Health Institution	Type of Violation	Proposed Fine
<b>Private hospitals and daily surgical clinics</b>	Incompliance with health conditions like sanitation and health certificates for staffers.	500 ,000 Iraqi Dinars
	Incompliance with administrative instructions like book-keeping and others.	500 ,000 Iraqi Dinars
	Hiring doctors who are already working at governmental institutions, without providing official justification.	2 million Iraqi Dinars
	Incompliance with contents of the granted license.	2 millions Iraqi Dinars
	Technical manager is not present during inspection tours, or licensee is not available at clinic.	500 ,000 Iraqi Dinars
	Violating environmental instructions and non-abidance by results of surveys.	500 ,000 Iraqi Dinars
	Existence of medicines leaked form governmental institutions.	10 million Iraqi Dinars and closure o institution for two months
	Not reporting tuberculosis cases.	500 ,000 Iraqi Dinars
<b>Private laboratories</b>	Licensee or person in charge is not available	500 ,000 Iraqi Dinars
	Incompliance with contents of license.	500 ,000 Iraqi Dinars
	Non-abidance by of time of license.	500 ,000 Iraqi Dinars

	Existence of expired solutions	1 million Iraqi Dinars
	In case there is more than one violation, amounts of fines shall be totaled.	
	Existence of laboratory solutions leaked from governmental health institutions	2 million Iraqi Dinars and closure of laboratory for two months
	Not reporting tuberculosis cases.	500 ,000 Iraqi Dinars
<b>Doctors and dentists clinics</b>	Inaccurate scientific monitoring	3 million Iraqi Dinars
	Clinic does not meet required health conditions	2 million Dinars
	Working at clinics outside official working hours, without proving justifiable reasons	2 million Dinars
	Doctor working with another doctor before getting Syndicate consent	2 million Dinars
	Clinic is not registered with Doctors Syndicate or dentists Syndicate	5 million Dinars
	Existence of equipment leaked from governmental health institutions	10 million Dinars and closure of clinic for one month
	Not reporting tuberculosis cases.	500,000 Dinars
<b>Medical requisites shops</b>	Licensee is not available	500,000 Dinars
	Incompliance with contents of license.	500 ,000 Iraqi Dinars
	Non-abidance by time of license.	500 ,000 Iraqi Dinars

	In case there is more than one violation, amounts of fines shall be totaled.	
	Existence of equipment leaked from governmental health institutions	5 million Dinars and closure of shop for one month
<b>Private pharmacies</b>	pharmacist in charge is not available	1 million Dinars
	Non-abidance by time of license.	1 million Dinars
	Existence of expired medicines	1 million Dinars
	Existence of medicines leaked from governmental health institutions (Ministry of Health)	5 million Dinars and closure of pharmacy for one month
<b>Drug warehouses</b>	pharmacist in charge is not available	1 million Dinars
	Non-abidance by warehousing conditions	1 million Dinars
	Existence of expired medicines in large quantities	3 million Dinars
	Importing medicines in violation of guidelines	10 million Dinars
	Existence of medicines leaked from governmental health institutions (Ministry of Health)	10 million Dinars and closure of warehouse for one month
<b>Scientific bureaus</b>	pharmacist in charge is not available	1 million Dinars
	Non-abidance by storing conditions	2 million Dinars
	Existence of expired meds in large quantities	3 million Dinars

	Importation in violation of guidelines	10 million Dinars
<b>Medical Professions Practitioners shops</b>	Violating health conditions	250,000 Dinars
	Licensee is not available	250,000 Dinars

Health institution	Old fees		Proposed fees				
	Final inspect'n	Annual renewal	Providing descript'n	Request study	Primary inspect'n	Final inspect'n	renewal
Private hospitals	2 millions	205 K doubled in case of default	50 K	250 K	2 millions	5 millions	1 million doubled in case of default
Surgical clinics	2 mill'ns	205 K doubled in case of default	50 K	250 K	2 millions	3 millions	1 million doubled in case of default
Private labs	500 K	100 K	50 K	250 K	2 millions	3 millions	500 K
Medical requisites shops	250 K	50 K	100 K	250 K	1 million	2 million	1 million
Charitable health centers			50 K	50 K	500 K	500 K	250 K

Health institution	Type of violation	Proposed fine
<b>Private hospitals and daily surgical clinics</b>	Incompliance with health conditions like sanitation and health certificates for staffers.	500 thousand Dinars
	Incompliance with administrative instructions like book-keeping and others.	500 thousands Dinars

	Hiring doctors who are already working at governmental institutions, without providing official justification.	2 millions
	Incompliance with contents of the granted license.	2 millions
	Technical manager is not present during inspection tours, or licensee is not available at clinic.	500 thousand Dinars
	Violating environmental instructions and non-abidance by results of surveys.	500 thousand Dinars
	Existence of medicines leaked form governmental institutions.	10 millions and closure of institution for two months

Fees for inspecting Medical Professions Practitioners shops	500 thousand Dinars
Renewal Fees for Profession Practicing License	250 thousand Dinars

## Annex C

### **Food System (Regulation) Number ( ) of 2009 Chapter One**

#### **Article (1)**

First: The Minister of Health.

Second: The competent health authority - The minister or his entrusted delegate.

Third: The laboratory: Reference Laboratory (Central Public Health Laboratory), and food testing laboratories or any laboratory designated by the competent health authority (the Minister).

Fourth: The entrusted employee: A person qualified and authorized by the competent health authority for the purposes of samples withdrawing, delivering them to the laboratory, receiving the results of examination and analysis and taking the procedures stipulated at this regulation.

Fifth: Food: Each article circulated for the purpose of human consumption as food in its solid, semi-solid, liquid, drinking, chewing gum, potable water, ice or any components used in the preparation of food, but this does not include pharmaceuticals, medicines, cosmetics and food additives.

Sixth: Food additives: Materials for coloring, conserving, taste improving, flavoring, or installing consistency, emulsifying and other materials intended to be added to food to improve natural properties, or for the purposes of manufacturing, preparing, packaging, transporting or conserving and which are neither food in themselves nor be considered a "normal" component of any article of food, whether it has nutritional value or not. In all cases, these additives must not be harmful to public health and the competent health authority may issue such statements for specifying these articles and conditions of their use

Seventh: Food will be invalid for human consumption:

A - If it is harmful to public health, and includes the food which:

- 1 - is contaminated with pathogens and their agents such as microbes, parasites or their toxins.
- 2 - contains toxic substances or pesticides which cause harm to human health by more than the rates determined by the competent health authority.
- 3 - has packages which contain materials harmful to public health.
- 4 - contains food additives not permitted for being used or exceeding the prescribed limits thereof.
- 5 - results from a patient animal by a disease transmitted to humans or from a dead animal.
- 6 - is mixed with stains that can not be purified to the ratios determined by the competent health authority.

- 7 – is subjected to contamination as a result of circulating (handling) by a person patient of infectious diseases transmitted to humans through contaminated food or drink, or who was a carrier of microbes.
- 8 - contains hormones and remnants of drugs which cause damage to public health.
- 9 - is genetically modified food , which may cause diseases, and health damages.
- 10- is contaminated food with mad cow Bovine Spongiform Encephalopathy (BSE) disease.
- 11 - is contaminated food with toxic chemicals such as dioxins, Bnzubiren, etc...
- 12 – is any material proved to be harmful based on the international technical recommendations of Codex Alimentarius or reported by the World Health Organization or Food and Agriculture Organization and other internationally recognized organizations.

B- If the food was found to be expired or decomposed in the following cases:

1- Food whose composition or natural properties change in terms of taste, smell or appearance as a result of chemical or microbial analysis or physical influences.

2-Food that contain caterpillars, worms or insects undergoing any of their life cycle phase, or waste or offal, by ratios exceeding their prescribed amounts.

3- Food that contains animal residue or offal.

4- Food that is past the expiry date fixed on the packages.

5- Food whose expiry or destruction has been deliberately concealed in any manner whatsoever.

6- Product which is totally or "partially" composed of expired, decomposed or decaying food elements regardless of whether they were natural or man-made ores.

**Eighth:** Commercially adulterated foods: Foods shall be declared commercially adulterated in the following cases:

1- Use of packages and wraps of international, Arab and national trademarks to promote foodstuffs that are inferior to the original foodstuff in terms of quality and safety with the intention of deceiving consumers and making commercial profits.

2- Use of removable and detachable stickers as trademarks of the food product.

3- Use of local languages (not internationally acknowledged) in fixing date of production and expiry and number of batch.

**Ninth;** Unhealthy conditions; are the conditions that might cause food to be contaminated with filth and trash that would make it unfit for human consumption or harmful to public safety, or the food processed under no supervision from competent health authority.

**Tenth; Food circulation:** is the process or processes of producing, preparing, processing, packaging, storing, transporting, selling or proving the food.

**Eleventh; Locations to handle food:** any of the mobile or immobile locations along with the land plot on which it is built or adjacent to it, to be used for purposes of handling foods in accordance with a license from the competent health authority issued as per the Public Health Law.

**Twelfth; Food trader:** any person whose job is related to the supply of eatables, drinkables, ice , drinking water or food handling whether in a mobile or immobile location, in accordance with related parameters and terms stipulated in the Public Health Law.

**Thirteenth; Preparation and readying:** is the process of preparing, processing or readying the food as required by specifications needed for every food item and in accordance with the general rules of food safety affairs.

**Fourteenth; Product literature:** any statement, clarification, phrases or script whether written, printed or affixed on or related to the food package. It should be specified as per the specifications adopted by the competent food authority.

**Fifteenth; Package:** any envelope used for wrapping or filling the food partially or wholly in any manner whatsoever whether it is an open package or a sealed one.

**Sixteenth; Advertising:** any form of displaying the food and in any manner aimed at directly and indirectly promoting the food.

**Seventeenth; Sale:** For purposes of implementing this law, the processes of importing, exporting, displaying, and advertising, storing, transporting, delivering, preparing, exchanging or possessing the food with the intent of selling shall be deemed a sale.

**Eighteenth; Means of transport:** is any transport means that serves its purpose, in accordance with the applied health conditions.

## **Chapter Two**

### **Specifications and the Advisory Body**

#### **Article (2):**

First: The specifications issued by the reference laboratory (laboratories of Iraqi Organization for Standardization and Quality Control or the laboratories it licenses) concerning food shall be the base to conduct a control on food.

Second: In the absence of national standards, the competent health authority may adopt the Arab or the international specifications issued by the Arab organizations, or the specialized international organizations.

Third: In the absence of national, Arab or international specifications then the competent health authority may identify the requirements that should be satisfied for food in collaboration with the reference laboratory, standards and guidelines issued by the competent international organizations and those requirements shall be published in the Official Gazette after Minister of Health approves them.

**Article (3):**

First: The minister shall compose an advisory Commission for food, to perform functions assigned to it.

Second: The advisory Commission consists of scientific, technological, administrative and economic members with expertise and competence in production, distribution and consumption of food, to be nominated by the relevant offices which the Minister identifies.

Third: The Commission may compose specialized scientific committees operating under its supervision for studying specific topics related to food specifications and validity for human consumption.

Fourth: The panel submits its reports and minutes of meetings to the Minister for the purpose of ratification and the Minister may consider publishing these reports through the available media outlets.

Fifth: Committing all relevant offices represented in the Advisory Commission for Foods to enforce their decisions after having them approved by the Minister.

**Chapter Three  
General Stipulations**

**Article (4):**

First: The selling or circulating of food would be prohibited if it was detrimental to public health, corrupt, decomposed, damaged or fake.

Second : It is prohibited to sell or circulate food processed by unhealthy methods and conditions or packaged without bearing an informative label.

Third: The selling or circulating of food would be prohibited at food circulation places that are prohibited from doing so by the order of the competent health authority.

**Article (5):**

The competent health authority is entrusted with the functions of control and inspection of food throughout Iraq, in accordance with the stipulations of the Public Health Law and this regulation and the instructions issued accordingly.

**Article (6):**

First: The entrusted employee may exercise the following terms of reference:

- A - Access to any place where he believes that it contains an article covered by this regulation, prepared, reserved, canned, packaged, stored, transported to or from it, and he may examine such article and take samples from it beside examining anything which he believes that it was used or can be used for the purposes of preparation or conservation, canning, packing, storage or transport of material covered by this regulation.

- B - Review of documents, archives and records at the place mentioned at paragraph (A) of this item, taking a copy of this information and a summary thereof.
- C - Opening and examining any receptacle or device believed to contain material covered by this regulation.
- D – Seizing, inspecting, detaining the transport vehicle believed to transport a material covered by this regulation and he is entitled to examine such article and take samples thereof for the purpose of the application of its stipulations.
- E - Detaining any material believed to be in contradiction with the requirements of this regulation, or pending the outcome of laboratory testing for it or devastating it in accordance with the stipulations of the Public Health Law.
- F - In case of analyzing foods suspected of being unfit for human consumption, the result must be determined within (24) hours from the time of receiving the samples if they are perishable articles of food. The owner shall be notified in writing of the test result. In regard of the imperishable foods, reporting the result shall be made within three days, and the competent health authority of the health Ministry shall be notified.
- G - In the case of proving that the food article is invalid for human consumption, it will be devastated at the expense of the owner shall be notified thereof in writing.

Second: The entrusted employee should demonstrate his identity card conferring him the terms of reference identified at item First of this article when exercising them.

Third: The following shall be in contradiction with the stipulations of this regulation:

- A - The owner or the tenant or person in charge of any place or any person present therein if he refuses to allow the entrusted employee to enter into this place, or to provide him with the available information.
- B – Any person who obstacles or hinders the entrusted employee from performing his duty or who tries to prevent him from implementing it.
- C – Any person who intentionally provides falsified or distorted information to an entrusted employee.

**Article (7):**

First: When the entrusted employee detains an article, he shall observe the following:

- A - In case of consent of the owner or the person possessing that article, it may be devastated or disposed of as recommended by the entrusted employee.
- B - In case of refusal of the owner or the person possessing the article set forth in paragraph (A) of this item with regard to devastation, the entrusted employee should transmit the article to the laboratory in order to assess its validity for human consumption.
- C – Storing the reserved article, at the same site of its detention, or transferring it to another place where the required storage conditions are satisfied.

D - Submission of any article or sample taken by the competent employee for analysis and examination within a period not exceeding twenty-four hours with regard to the perishable food items and they should be duly transported.

Second: The authorized employee shall lift the reservations and allow any impounded item to be in circulation within 48 hours as per stipulations of this system, after laboratory tests show they do not violate its stipulations

Third: Any person who removed or substituted the detained article or interfered in any way therein without formal authorization shall be considered in contradiction with the stipulations of this regulation.

**Article (8):**

First: If the results of laboratory testing showed that the article is invalid for human consumption, the competent health authority should take the necessary steps to devastate it in accordance with the Public Health Law and to refer the offender to justice.

Second: If the results of laboratory testing showed that the article is faked (debased) its circulation would be prohibited, the offender should be referred to the judiciary, the article may be devastated or disposed of in the manner determined by the court based on the competent health authority's expertise.

Third: Neither the entrusted employee nor the laboratory officer may have any relationship, interest or business with the circulation of this article.

**Article (9):**

First: The laboratory should analyze or examine any sample withdrawn in order to ensure its validity for human consumption or not, as soon as possible and use all scientific measures for confirmation thereof, whether those measures were national or international, to achieve the extent necessary for protection of human health and food safety.

Second: The competent health authority of control and inspection should adopt the optimum cost/benefit measures or methods in proportion to the food which is analyzed or examined in comparison with other measures.

Third: The laboratory which conducts examination or analysis of food sample should inform the office of the entrusted employee who withdrew the sample concerning the test results in writing and within a reasonable time.

**Article (10):**

First: Every person who trades in any material used in food handling (circulation) should provide the health authority with the information it requests which is related to such article in accordance with instructions issued for this purpose.

Second: The competent health authority may not disclose any information provided to it in accordance with the request set out in item (First) of this article.

**Article (11):**

The contents of the package in its original shape prepared by the producer shall be deemed conforming to the statement indicated in the literature, otherwise the product will neither be allowed to enter nor be issued a health certificate and health quarantine license which establishes the product is secure and fit for human health.

**Article (12):**

First: Each package that contains an article covered by the stipulations of this regulation and bears the name of the producer or the packer, his address, or registered mark shall be considered a legal presumption that this article was produced or packaged by him.

Second : Each article present (existing) at the places of food circulation and that is usually used for human consumption is considered as being prepared, shown or stored for the purposes of sale and human consumption.

Third : Each article present (existing) at the places of food circulation and that enters in the composition or the preparation of an article that is usually used for human consumption is considered as being existing for such purpose.

Fourth: The certificate of inspection issued by the laboratory or the entrusted employee is considered a sufficient legal evidence for the requirements of this regulation.

Fifth: The existence of the health certificate does not prevent the entrusted employee from carrying-out monitoring and inspections and withdrawing samples for examining the product when it enters the territory of Iraq and when ascertaining the product's validity, it will be granted a health certificate by the competent health authority.

**Article (13):**

The measures and the methods adopted by the competent health authority shall be periodically studied so as to ensure continuity of their validity in achieving the necessary emphasized protection of human health, food safety and their adaptation to keep pace with the continuous development in different fields, particularly the scientific areas every six months in the Office of control and instructions shall be issued after ratification by the Minister of Health.

**Article (14):**

The competent health authority may publish information in the different media outlets on the food items which are unfit for human consumption to warn the citizens against their intake.

**Article 15:** The minister may issue instructions to facilitate enforcement of stipulations of this system.

**Article 16;** This system shall be in force as of the date of its publication in the official gazette.

## Annex D

### **SUMMARY OF MEETING** Nutrition Research Institute (NRI) Tuesday, April 13, 2010

**Summary:** *USAID/Tijara's* WTO Accession office had a very useful meeting with the Director General of the NRI which is responsible for the Food Safety Program within Iraq's Ministry of Health (MoH). Discussion followed about the Iraqi's participation in various Codex Meetings and drafting of Public Health and Food Safety legislation that is consistent with Codex and other international guidelines.

#### **Participants:**

MoH: Dr. Alaa Shaalan, Director General (DG) for the Nutrition Research Institute.

*USAID/Tijara:* Chuck Lambert, Senior Economist and Agriculture Advisor  
Saif Natiq, WTO Accession Program Specialist.

#### **Topics:**

After final drafting of Public Health Law, MoH has not yet submitted the Laws to the Shurra Council and to the Ministry of Trade (MoT). *USAID/Tijara* informed NRI officials that MoT had been requested to submit the Agricultural SPS Laws to the WTO, and that when SPS-related legislation is received from the MoH an amended SPS package will be re-submitted to the WTO. WTO Accession representatives requested Dr. Alaa to arrange a meeting for *USAID/Tijara* with other DG's within the MoH to encourage the Laws to be forwarded to MoT.

Iraq participation in Codex Alimentarius meetings regarding Food Contamination to be held April 26-30, 2010 in Turkey. MoH will participate in those meetings and *USAID/Tijara* offered continued support for the Food Safety Program and especially for NRI.

*USAID/Tijara* also discussed the upcoming September 20-22, 2010 Food Safety Conference: "***Sharing an Understanding of Food Safety Regulatory Systems,***" to be hosted by the US Food & Drug Administration in Cairo, Egypt.

#### **Future Plan:**

*USAID/Tijara* representatives invited NRI representatives to Erbil to begin communication with KRG officials regarding SPS issues, specifically the Public Health Law and Food Safety regulations. and to discuss participation in international meetings within the Codex Alimentarius framework for food safety in the future .

## Annex E

### SUMMARY OF SEMINAR

Advanced Laboratory Biosafety & Biosecurity Seminar  
Iraq Scientist Engagement Program (ISEP)  
Al Rashid Hotel  
Tuesday, May, 24 2010

#### Summary:

NRI specialists participated in the ISEP conference and requested *USAID/Tijara* assistance in registering for the conference and introduction to conference hosts. As a member of Codex Alimentarius, the specialists attempt to participate in all possible conferences and training courses available. This exposure widens subject matter familiarity and experiences to sharpen skills and expertise consistent with administering and enforcing food safety regulations and managing related issues.

#### Participants:

MoH: Mrs. Ilham Fathi, Biologist, NRI

*USAID/Tijara*: Chuck Lambert, Senior Economist and Agriculture Advisor  
Saif Natiq, WTO Accession Program Specialist.

#### Topics:

*USAID/Tijara* continues to assist GoI in capacity building and re-introduction into the international technical community. Participation in Food Safety and Public Health programs both regionally and internationally and exposure to international standards, guidelines and principals is critical for understanding WTO-consistency and preparation to negotiate technically and respond to questions after submitting the Public Health Law and the Food Safety Regulations to the WTO.

*USAID/Tijara* continues to provide technical guidance and assistance to MoH (and MoA) to increase involvement and participation in technical seminars and conferences consistent with international development. Implementation of HACCP (Hazard Analysis Critical Control Points) and other public health and food safety systems will help foster foreign and private sector domestic investment in the health care and agricultural production and processing systems.



### Three-Day Advanced Laboratory *Biosafety & Biosecurity* Seminar May 2010 - Baghdad, Iraq

Bioscience laboratories rely on biological materials, equipment, and information for research, development of therapeutics, or diagnostic work. All work performed with biological materials must be conducted properly to lower the risk of exposure to harmful organisms or toxins that could result in illness or death. As a result, workers must have the knowledge to perform work safely, as well as to protect materials.

The Iraq Scientist Engagement Program (ISEP) is proud to sponsor this three-day workshop to enable U.S. and Iraqi laboratory research professionals to have the opportunity to exchange expertise and information on the risks associated with modern bioscience research and diagnostics, and methods for mitigating those risks without compromising the advancement of life-saving bioscience. Enhanced laboratory *biosafety* and *biosecurity* in Iraq will strengthen efforts to combat bioterrorism and to prepare for infectious disease outbreaks such as Foot and Mouth Disease (FMD).

The first day of the three-day agenda includes presentations and discussions on the bioterrorism threat and the various risks linked with operating bioscience laboratories. The concepts of laboratory *biosafety* and *biosecurity* will also be introduced/reviewed on the first day of the workshop. On days two and three, specific laboratory *biosafety* and *biosecurity* methodologies and implementation measures will be presented. Case studies and exercises will be included. The workshop agenda will conclude with a discussion about how to improve the management of risks in bioscience facilities in Iraq.

**Topics to be discussed include:**

- Introduction to Biological Threats
- Laboratory Oversight
- Assessing Laboratory Risks
- Risk Management – *Biosafety*
- Risk Management – *Biosecurity*
- Program Management

*Note that this workshop is intended exclusively for individuals performing human and animal infectious disease laboratory research or diagnostics, laboratory directors, and laboratory personnel responsible for oversight and supervision of bioscience research and diagnostic activities, including laboratory biosafety and biosecurity. Participants should be routinely involved in performing bioscience research and diagnostic activities to receive maximum benefit from attending this workshop.*

**To apply to participate in this seminar, please send an email with a copy of your CV or resume to:**

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In Collaboration with our Distinguished Partners



**Annex F**

**Participants in the U.S. Government Multi-Agency Health Strategy Discussion**

US New Embassy Compound,

Annex 1, Room 1052

4:00 PM

June 2, 2010

<b>Name</b>	<b>Agency</b>	<b>Telephone</b>	<b>e-mail</b>
Dianna Chianis	DOS/ECON	240-553-0581 x2637	chianisd@state.gov
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**ISPO**

*Iraq Strategic Partnership  
Office*

**NAMRU**

*Navy Medical Research Unit*

**INL**

*International Narcotics and Law Enforcement*

**DOS**

*Department of State*

**ITAM**

*Iraq Transition Assistance Mission*

**USF-I**

*United States Forces-Iraq*

**CDC**

*Center for Disease Control*

### SUMMARY OF MEETING

USG Health Strategy Working Group (HSWG) Meeting  
U.S. Embassy  
Friday, October 1, 2010

#### Summary:

The Strategy Health Working Group meeting was held on October 1, 2010. Bart Cobbs is the new Econ Team Leader who is following Dianna Chianis and this meeting was a continuation of periodic coordinating meetings initiated by Dianna in June 2010 at our suggestion. Essentially these meetings are an opportunity for all US Government entities working in the same issue area to come together and explain who we are and our mission. Following are key points from the meeting agenda:

Purpose: Ensure a coordinated USG approach by:

- Providing a forum for discussing Iraqi health issues with the objective of recommending policy and action to USG principals;
- creating a repository (e.g. Sharepoint site) for information resources; and
- coordinating policy implementation among the U.S. Military, USG Agencies, and PRTs.

The HSWG will provide support and information to the Strategic Framework Agreement (SFA) Health Working Group, the Joint Campaign Plan, and the U.S. Baghdad Mission Performance Plan.

- Individual Agency Presentations (3-5 minutes): Update current projects and how they fit into the overall vision as defined by SFA and MoH, proposed or future *USAID/Tijara* representatives Chuck Lambert and Saif Natiq attended the interagency Health project(s)/project areas of focus.
- Discussion on information sharing/coordination within the USG (including upcoming changes with PRTs and drawdown of USF-I) and with the GoI
- Roundtable discussion of USG perceived Iraqi Health sector needs and areas where USG has the expertise and desire to focus our support for those needs.
  - *USAID/Tijara* discussed activities with MoH in developing the draft Public Health Law and Food Safety regulations and the Workshop in Erbil with MoH, KRG MoH and meetings with private sector laboratories and health care facilities. We also discussed positive cooperation from MoH but ongoing foot dragging by MoT in submitting the Goods offer to the WTO.
  - A.J. Alonzo Wind, Director of Focused Stabilization in the USAID social Sector Office also attended and we had good sidebar discussions afterwards.
  - After the meeting we discussed differences in health care in the Kurdistan Region vs. Baghdad and the central/southern Provinces with Bart. He plans to work with some of the PRTs and just returned from a tour of the HOPE children's hospital in Bashrah. *USAID/Tijara* offered to help set meetings with the KRG Minister of Health and/or visits to private sector facilities including MEDYA laboratories that were visited during the recent *USAID/Tijara* workshop.

**Participants:**

Bart Cobbs, ESTH Team Leader, Economic Section  
Col. Roger Gallup, USF-I Surgeon  
Dr. Wisam Daniel, Senior Medical Advisor to USF-I Surgeon's Cell  
Col. Andrew Kosmowski, Senior Medical Advisor, ITAM-MOD, USF-I HA  
Dr. Adel Hansen, Medical Advisor/Liaison, ITAM-MOD, USF-I HA  
Alonzo Wind, Director, Focused Stabilization/Social Sector Reform, USAID  
Matthew Dever, Civil and Judicial Affairs Officer, INL  
Chuck Lambert, Senior Economist and Agricultural Advisor, USAID Provincial  
Economic Growth Program (Tijara)  
Saif Natiq, Deputy Team Leader/WTO Health and Ag Program Specialist, Tijara  
John Thompson, Senior Consultant, ISPO  
Dean Sinclair, Executive Director, ISEP  
Jonathon Walz, Analyst, ISEP

Following is a summary of presentations and discussion:

**State/ESTH:** ESTH Team Leader presented an overview of the visit to Basrah Children's Hospital September 28. The hospital opened for pediatric outpatient care September 27 and plans to open for general outpatient care over the next month. Issues remain regarding voltage fluctuations in the electricity supply, installation of the linear accelerator, operations and maintenance, and training commitments by Project Hope and the WHO.

To increase information flow, ESTH Team Leader will solicit input from the group prior to meetings with the Minister or Deputy Minister of Health, and will provide readouts of those meetings.

**USF-I Surgeon:** Emphasized the importance of synchronizing fundamental programs to the MoH health strategy and respect for the wishes of the Iraqi people on health care. USG also must have internal coordination to avoid duplication and working at cross-purposes. Information sharing through these meetings will help meet that goal. His office is working on transition and coordination among the USF-I regional surgeons' offices.

**INL:** INL continues work on its drug demand reduction program. The formal agreement between the GoI and the Substance Abuse and Mental Health Services Administration (SAMHSA) has not been drafted, but plans are for \$660,000 in funding for a strategic plan for a Center of Excellence for Substance Abuse Services and Training and to integrate substance abuse treatment into public health centers. It was suggested that INL coordinate with USAID's Primary Health Care in Iraq project on this goal. Dr. Daniel identified Dr. Emad as the POC within MoH for this project.

**USAID:** Despite some issues raised during the solicitation process, USAID hopes to award the contract for its Primary Health Care in Iraq project before the end of the year. USAID will meet with MoH DG Jaffar to update him on the status of the project. USAID will forward to group members a WHO-USAID primary health care activities coordination matrix.

**Tijara:** The public health law and food safety regulations are now submitted to the WTO. The Minister of Trade, who is responsible for the submission of the Goods offer to the WTO, is the sticking point. They are now waiting for a new government to see if there is any progress on WTO submission.

**ISPO:** Efforts are ongoing to wrap-up the Baquba, Maysan and BCH projects. The utility infrastructure is a common sticking point. Assessments of the design and construction of 144 primary health care clinics is ongoing. ISPO is looking to address the gap within MOH on operations and maintenance of the PHCs. ISPO recommends these O&M issues be included in USAID's PHC in Iraq project.

**ISEP:** Has ongoing activities including fellowships and training on health-related topics. ISEP is supporting the CDC's effort to establish a field epidemiology training program, in conjunction with the MoH and Ministry of Higher Education and Scientific Research. ISEP is also working to mitigate bio-risks at Iraqi facilities containing potentially dangerous pathogens or equipment. (See ISEP Human Health Engagement FY 2011 summary).

**ITAM/MOD Advisor:** Is working to establish enduring relationships between MoD health facilities and Walter Reed and others in the U.S. They are providing mentoring in medical administration including sponsoring six-week programs to observe hospitals in the U.S.

ITAM/MoD is working closely with MoD, MoH and KRG MoH on a pilot project to introduce the WorldVistA electronic medical records system. A memorandum of agreement was signed by the three ministers in August, and USF-I is planning a formal signing ceremony for mid-October. USF-I plans to start training on WorldVistA at Al-Muthana Hospital within the next two months. The Gol will be responsible for IT infrastructure for the system. It was suggested that ITAM/MoD approach the Ministry of Higher Education about incorporating training on WorldVistA into the medical school curriculum.

## Annex G

### **SUMMARY OF MEETING** Ministry of Health/KRG, MoH Monday, August 15, 2010

#### **Summary:**

*USAID/Tijara* representatives and Gol Baghdad MoH officials briefed the KRG Minister of Health and other KRG MoH officials regarding status of WTO accession and health legislation in Baghdad. Meeting participants also discussed the relationship of WTO membership to rule of law, transparency and more stable investment environment and ability to secure private sector foreign and domestic financing for investing in the Iraqi health sector. The meeting was followed by visits to the KMCA (Kurdistan Medical Care Agency), the Emergency Hospital in Rizgary and to the Erbil Emergency Hospital that is funded by the US Government. This facility was supported by the U.S. Ambassador during an opening ceremony with the Kurdistan Prime Minister on July 2010.

#### **Participants:**

MoH/Baghdad: Dr. Alaa Shalaan, Director General of the Nutrition Research Institute and Iraq's representative to Codex Alimentarius  
Dr. Hussein Al Bier, Director of the Health Inspection Department.  
Mrs. Nahla Ali, Nutrition Expert, Nutrition Research Institute.

MoH/Erbil: Dr. Taher A. Hawramy, the Minister of Health, KRG.  
Dr. Amer Omar, Ministerial office, KRG.  
Dr. Gader Abdul Rahman, Erbil Health Inspection Office.  
Mr. Polis Nadeem, Erbil Health Directorate.

*USAID/Tijara*: Chuck Lambert, Senior Economist and Agriculture Advisor  
Saif Natiq, WTO Accession Program Specialist.

## Annex H

### FDA NEWS RELEASE

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**For Immediate Release:** Sept. 16, 2010

#### **U.S. Media Inquiries:**

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#### **International Media:**

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Latifa Taylor, 011-20-122-360-207, [taylorlb@state.gov](mailto:taylorlb@state.gov)

**Consumer Inquiries:** 888-INFO-FDA 888-INFO-FDA

#### **FDA hosts Middle East and North Africa food safety experts Conference in Cairo to exchange information on regulatory systems**

The U.S. Food and Drug Administration is hosting a food safety conference for regulators from countries throughout the Middle East and North Africa.

The conference, to be held in Cairo Sept. 20-22, will familiarize regulators with the food safety systems in the United States and the Middle East and North Africa region. Officials will review U.S. and regional food safety systems, highlight fundamentals of food systems rooted in regulatory science, and cover such topics as company registration, inspection, surveillance and risk assessment.

The conference will focus on promoting dialogue among food regulators and include presentations from participating governments. Egypt-based international food producers will also share with the regulators their experience with using regional supply chain management for food safety in production. After the conference, U.S. experts will participate in a workshop held by the American Chamber of Commerce in Egypt.

More than 20 countries have been invited to the event sponsored by the FDA Middle East and North Africa (MENA) Regional Office, which currently operates out of the United States but will formally establish a presence in the region in 2011.

“We are very excited about this conference, the information sharing that will be an outgrowth of this event, and the forging of relationships with regulators from this important region,” said Commissioner of Food and Drugs Margaret Hamburg, M.D. “Through venues such as this and by expanding our presence in the region, we can begin the process of understanding other systems, harmonizing standards, and sharing scientific data and emerging technologies, which will ultimately benefit the global food supply.”

“This region has very vibrant economies and products that are sought after around the world,” said Matthew Tueller, deputy chief of mission at the U.S. embassy in Cairo.

The FDA will send scientists and regulators from its Office of Regulatory Affairs (inspectorate), its Center for Food Safety and Applied Nutrition, its Center for Veterinary Medicine, and its Office of International Programs. Other U.S. government organizations participating include the Centers for Disease Control and Prevention and the U.S. Department of Agriculture. A World Health Organization expert will also be presenting at the conference.

Officials from selected countries will share their successes and challenges in establishing regulations for food safety and managing inspections and surveillance within their jurisdiction.

“We are global citizens in a global economy with a shared responsibility to help ensure that the foods we eat and feed our families have undergone the most rigorous of scientific reviews and inspection. We are eager to collaborate with our counterparts to help protect and promote public health, not only in the United States but around the world,” said Murray Lumpkin, M.D., the FDA’s deputy commissioner for international programs. “This is a major step toward greater engagement with our Middle East and North Africa counterparts, the beginning of what we hope will be long-standing cooperation.”

**# # #**

## FDA Food Safety Conference Opens in Cairo

Sun, Sep 19, 2010



UPI

The U.S. Food and Drug Administration (FDA) opened Monday in Cairo the international Conference on Food Safety with the participation of 20 countries from the Middle East and North Africa.

The three-day conference will familiarize regulators with the food safety systems in the United States, the Middle East and North Africa region. Officials will review U.S. and regional food safety systems, highlight fundamentals of food systems rooted in regulatory science, and cover such topics as company registration, inspection, surveillance and risk assessment. It will also focus on promoting dialogue among food regulators and include presentations from participating governments.

Addressing the conference's opening session, Egypt's Minister of Agriculture and Land Reclamation, Amin Abaza, said that his country is planning to establish a food safety authority and develop the regulations and legislations of the food safety in accordance with a sustainable agricultural strategy for food safety.

"This region has very vibrant economies and products that are sought after around the world," said Matthew Tueller, deputy chief of mission at the U.S. embassy in Cairo.

The FDA will send scientists and regulators from its Office of Regulatory Affairs (inspectorate), its Center for Food Safety and Applied Nutrition, its Center for Veterinary Medicine, and its Office of International Programs. Other U.S. government organizations participating include the Centers for Disease Control and Prevention and the U.S. Department of Agriculture.

Egypt, Jordan, Iraq, Yemen, Tunisia, Lebanon, Saudi Arabia, UAE, Libya, Morocco as well as Egypt-based international food producers will share with the regulators their experience with using regional supply chain management for food safety in production.

Annex I

**"Strategic Plan of the Ministry of Health for the Years 2009-2013"**

General Objective	Specific Objective	Activities	Implementation Indicators (Implementation Percentage during 2009-2013)	Timetable (Implementation Period)					Resources Proposed for Implementation	Identification of Responsibilities
				2009	2010	2011	2012	2013		
1- Development of health (primary, secondary and tertiary) services for reaching integrated services of good quality to all citizens by the year 2013	1- Reduce the rates of morbidity and mortality for children under five for the period 2009-2013 by the rate of 5% compared to the rates of 2008.	1-Making evaluative survey for delivery rooms, neonatal units and their employees.	100%	20%	80%	-	-	-	Human Financial Requirements	- Ministry of Health - Office of Public Health and Primary Health Care/ Section of Care/Division of Mother and Child Care
		2- Rehabilitation and accommodation of 19 neonatal units at all health offices.	50%	5%	5%	15%	10%	15%		
		3- Raise breast-feeding proportion.	50%	20%	5%	5%	10%	10%		
		4- Accommodation of (10) hospitals for delivery and children to obtain the title of children-friendly hospital.	50%	10%	10%	10%	10%	10%		
		5- Expanding application of integrated care strategy for childhood diseases.	50%	10%	10%	10%	10%	10%		
		6- Application of the health visitor initiative at all provinces through accommodating all implementation requirements.	100%	100%	100%	100%	100%	100%		

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2- Reduce the rates of maternal mortality for all reasons at 3% rate by 2013 compared to the rates of 2008.	a- Develop indicators of safe motherhood	100%	50%	50%	-	-	-	Human Financial Requirements	- Ministry of Health - Office of Public Health and Primary Health Care/ Section of Primary Health Care - Health Offices at all provinces
	b- Develop indicators of family control services operation.	100%	10%	90%	-	-	-		
	c- Expand application of security accountability for maternal mortality	45%	25%	5%	5%	5%	5%		
3- Control of Infectious diseases (Bilharziasis and intestinal parasites, cholera, typhoid and respiratory diseases, malaria, parasite diagnosis of cutaneous and visceral leishmaniasis, polio, measles, common diseases) in accordance with the rates set for the type of disease.	1- effective Epidemiological investigation	100%	100%	100%	100%	100%	100%	Human Financial Requirements	- Center for Control of Infectious diseases. - Health Offices at all provinces
	2- Control infestations	100%	100%	100%	100%	100%	100%		
	3- Diagnosis of leishmaniasis	20%	5%	5%	3%	2%	5%		
	4- Eradicate polio	Not less than 80%	Not less than 80%	Not less than 85%	Not less than 90%	Not less than 95%	Not less than 95%		
	5- Eradicate measles, German measles and rubella syndrome	Not less than 95%	Not less than 80%	Not less than 85%	Not less than 90%	Not less than 95%	Not less than 95%		
	6- Common Diseases	100%	100%	100%	100%	100%	100%		
	7- Determine the seasonal outbreaks of pathogens.	144 incidences annually	12 incidences	12 incidences	40 incidences	40 incidences	40 incidences		
	8- Epidemiological surveillance of cholera	Immediate reporting 48-72 hours	90%	95%	100%	100%	100%		
	9- Create all requirements to eliminate disease.	100%	100%	100%	100%	100%	100%		

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4- Control of viral hepatitis in 2013 by 100%	1- Control the occurrence of acute cases and epidemic outbreaks	Accurate diagnosis	100%	100%	100%	100%	100%	- Training of medical staffs - Medical Supplies - Provision of financial support	- Office of Public Health and Primary Health Care/ Section of Primary Health Care - Health Offices at all provinces
	2- Work to increase vaccine coverage rate of viral hepatitis	Vaccination of children under five	100%	100%	100%	100%	100%	- Provision of laboratory equipments - Provision of vaccines pattern B	
5- Elimination of neonatal tetanus	- Activities of routine immunization for expectant mothers and women at childbearing age	20%	4%	4%	4%	4%	4%	1- Implementation of vaccination campaigns 2- Training of medical staffs	- Office of Public Health and Primary Health Care - Health Offices at all provinces
6- By 2013, reduce malnutrition for children under the age of five by 7%	- implementation of directed nutrition program - Nutritional rehabilitation Lobbies - Health Awareness - Vitamin A	- Reduce rate of chronic malnutrition from 21% to 14%	1%	2%	1%	2%	1%	- Human - Financial - Requirements 1- Continued provision of necessary requirement of vitamin A	- Ministry of Health - Office of Public Health and Primary Health Care/ Nutrition research Institute
7- Providing citizens with healthy and safe food, whether locally or imported and in accordance with the approved specifications by 2013.	1 - Visiting General Shops	23%	3%	5%	5%	5%	5%	- Human - Financial	- Office of Public Health and Primary Health Care/ Divisions of Health Control at Health Offices at Baghdad and Provinces.
	2 - Visiting plants of food manufacturing and production	12%	2%	2%	2%	3%	3%		
	3 - Issuing and organizing medical examination cards of workers	47%	7%	10%	10%	10%	10%		
	4 - Issuing and organizing certificates of health education for workers	45%	7.5%	8%	10%	10%	9.5%		
	5 - Sampling of locally manufactured food	14%	2%	2%	3%	3%	4%		

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<b>8- Developing Secondary Health Care Services.</b>	a- Application of quality assurance system in hospitals based on step-by-step progress	100%	20%	20%	20%	20%	20%	- Financial - Human	- Offices of Ministry Center - Health Offices at provinces
	b- Ensuring provision of medical equipment and supplies	100%	100%	continuous	continuous	continuous	continuous		
	c- Provision of training opportunities for medical specialists outside of Iraq for Medical Specialization	100%	20%	20%	20%	20%	20%		
	d- Expansion and development of health institutions by 50% through:								
	1 - Expansion and development of hospitals (number 35 hospitals in Baghdad and all provinces)	100%	20%	20%	20%	20%	20%		
	2 - Expansion and rehabilitation of typical primary and secondary health centers amounting to 7 in: Karkh (1), Maysan (6).	100%	100%	/	/	/	/		
	3 - Expansion of Forensic Medicine Institute (update means of investigating the missing persons using DNA technology).	100%	25%	25%	25%	25%	/		
	4 - Rehabilitation and expansion of Central Public Health Laboratory / creating bio-safety laboratory of the third degree.	100%	10%	25%	25%	40%	/		
	5 - Rehabilitation and expansion of Industrial College building / Kirkuk.	100%	/	50%	50%	/	/		
6 - Expansion of Health Center for Diabetes and Endocrinology in Maysan.	100%	/	50%	50%	/	/			

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<p><b>9- Development of infrastructure and level of services and environment (hotel services) for health institutions, leading to high quality services by 2013.</b></p>	<p>1 - Preparing a program for evaluation and development of hotel services in all hospitals.</p>	80%	20%	20%	20%	20%	20%	<p><b>- Financial</b> <b>- Human</b></p> <p><b>- Financial</b> <b>- Human</b></p>	<p>- Office of Technical Affairs / Therapeutic Section</p> <p>- Health Offices/ Section of Technical Affairs</p>
	<p>2- Improving nutrition services in hospitals.</p>	75%	50%	20%	10%	10%	10%		<p>- Office of Technical Affairs / Therapeutic Section/ Advisory Section</p>
	<p>c- Supervising food companies.</p>	100%	100%	continuous	continuous	continuous	continuous		<p>- Office of Public Health / Nutrition research Institute</p>
	<p>3-Developing and implementing a program to evaluate and improve hospitals' environmental situation.</p>	75%	20%	20%	20%	20%	20%		<p>- Office of Technical Affairs / Therapeutic Section/ Advisory / Laboratories</p>
	<p>4- Control of infection acquired in health institutions</p>	100%	20%	20%	20%	20%	20%		<p>- Health Offices /Office of Technical Affairs / Inspector General Office</p>

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<p><b>10- Expanding scope of programs for physical and psychological rehabilitation of handicapped persons by the year 2013 by 50%.</b></p>	<p>1- Provision of assistive devices for handicapped persons.</p>	<p><b>70%</b></p>	<p>5% less</p>	<p>5% less</p>	<p>5% less</p>	<p>5% less</p>	<p>5% less</p>	<p>- Financial - Human</p>	<p>- Section of Rehabilitation in cooperation with the General Company for Marketing Medicines and Medical Requirements.</p>
	<p>2- Building an information base about the handicapped persons and the type and degree of their handicap.</p>	<p><b>80%</b></p>	<p>Finish preparations for project commencement</p>	<p>Record all types of physical handicap</p>	<p>Record all types of mental handicap</p>	<p>Record all types of visual handicap</p>	<p>Finish recording all types of handicap</p>		<p>- Section of rehabilitation and prevention of handicap in collaboration with all health offices and civil society organizations</p>
	<p>3- Construction of rehabilitation hospitals, in collaboration with the World Bank</p>	<p>50-80% Construction of 4 new rehabilitation centers</p>	<p>Construction of rehabilitation center number (1)</p>	<p>Construction of rehabilitation center number (2)</p>	<p>Construction of rehabilitation center number (1)</p>	<p>/</p>	<p>/</p>		<p>- Office of Medical Operations and Specialized Services Department of Project for Rehabilitating Emergency Units, the World Bank</p>
	<p>3- Construction of 4 rehabilitation centers with a workshop for artificial limbs.</p>	<p>Construction of 4 new rehabilitation centers</p>	<p>Construction of rehabilitation center number (1)</p>	<p>Construction of rehabilitation center number (1)</p>	<p>Construction of rehabilitation center number (1)</p>	<p>Construction of rehabilitation center number (1)</p>			<p>Office of Projects with follow-up by Office of Operations.</p>
	<p>4- Construction of 3 rehabilitation hospitals in the following provinces: Nineveh, Babylon, Basra.</p>	<p>Construction of 3 rehabilitation hospitals</p>	<p>Achievement of land clearing and completion of Bill of Quantities</p>	<p>Follow-up completion of financial allocations</p>	<p>Completion of hospital number (1)</p>	<p>Completion of hospital number (1)</p>	<p>Completion of hospital number (1)</p>		<p>Office of Projects and Engineering Services. Health Offices.</p>

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11- Construction, rehabilitation and development of emergency units in public hospitals	1 - Achieve rehabilitation of emergency units in (11) public hospital.	20% 1- Reaching the standard ratio for number of emergency beds concerning clinical capacity	20%	40%	20%	20%	/	- Financial (to the World Bank grant) - Human	- Office of Medical Operations and Specialized Services - Department of Project for Rehabilitating Emergency Units, the World Bank
	2- Construction of an Emergency Center at Al Yarmouk Teaching Hospital.	2 - Reduce number of deaths by 25% from the current ratios	30%	50%	20%	/	/		
	3- Following-up expansion and rehabilitation of emergency rooms in public hospitals, according to the plan of Projects Office, and following-up development and construction of training centers for Emergency Medicine	3 - Reduce incidence of handicap due to accidents by 10% lower for current statistics	20%	20%	20%	20%	20%		
12- Development of First Aid services	a- Construction of immediate first aid centers (number / 33) and consists of 3 groups: - Group 1: Number / 25, - Group 2: Number / 8, - Group 3: / 1	100%	- Group 1: 25%	- Group 1: 75% - Group 2: 50%	- Group 2: 50% - Group 3: 50%	- Group 3: 50%	///	- Human - Financial	- Office of Projects and Engineering Services, - Ministry of Planning - Ministry of Finance - Ministry of Municipalities - Competent Health Offices
	b- Connecting all provinces by a developed communications system and GPS tracking system	Faster connection and better response among all the provinces by 40%	100%	continuous	continuous	continuous	continuous	- Human - Financial	- Office of Medical Operations and Specialized Services/Section of First Aid - Administrative and Financial Office
	c- Allocation of an ambulance per 10000 inhabitants	10% Secure the needs of ambulances	20%	40%	40%	/	/	- Human - Financial	- Office of Medical Operations and Specialized Services/Section of First Aid - Administrative and Financial Office

The USAID Tijara Provincial Economic Growth Program

<b>13- Improving blood transfusion services in Iraq by 30% by 2013 through the full supplying of equipment and personnel at blood banks units.</b>	1 - Ensure adequate and safe quantities of blood and its components for patients at a rate of 400000 bottles of blood annually through: A - Attracting regular blood donors B - Introducing of ideal mobile blood banks and expanding their work.	100% increase in the total number of blood units	20%	20%	20%	20%	20%	- Human - Financial	- Office of Medical Operations and Specialized Services /National Center for Blood Transfusion
		100% increase in the number of regular voluntary donors	20%	20%	20%	20%	20%		
		100% increase in the number of donation campaigns	20%	20%	20%	20%	20%		
	2- Increasing proportion of prepared blood components (plasma, platelets and frozen precipitates from 50% to 80%).	100% increase in the proportion of blood derivatives	50%	25%	25%	/	/	Human Financial	Office of Medical Operations and Specialized Services /National Center for Blood Transfusion
	3- Development of laboratory work at blood banks and raise performance level of workers in laboratories for investigating infectious diseases	100%	20%	20%	20%	20%	20%	Human Financial	a Office of Medical Operations and Specialized Services /National Center for Blood Transfusion b Office of Public Health and Primary Health Care c Governmental and Non-Governmental Organizations.

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		<p><b>4- Applying quality system for blood transfusion services from 5% to 50% by 2013.</b></p>	100% improving quality control results	20%	20%	20%	20%	20%	- Human - Financial	<ul style="list-style-type: none"> <li>- Office of Medical Operations and Specialized Services /National Center for Blood Transfusion</li> <li>- Health Offices at provinces</li> <li>- Staff Training and Development Center</li> <li>- Ministry of Higher Education and Scientific Research</li> <li>- Directors of Governmental and Domestic Hospitals</li> <li>- Information Technology Center</li> <li>- Information Section at Health Offices</li> </ul>
		<p><b>5- Construction of blood banks, including 5 groups as follows:</b></p> <ul style="list-style-type: none"> <li>- Group 1: Main, Number/6</li> <li>- Group 2: Subsidiary, Number/2</li> <li>- Group 3: Construction of Advanced Center for Blood Transfusion/ Baghdad</li> <li>- Group 4: Main/ Diyala</li> <li>- Group 5: Main/ Wassit</li> </ul>	75%	- Group 1: 30%	- Group 1: 35% - Group 2: 20%	- Group 1: 35% - Group 2: 80% - Group 3: 20%	- Group 3: 40% - Group 4: 20%	- Group 3: 40% - Group 4: 80% - Group 5: 20%	- Human - Financial	<ul style="list-style-type: none"> <li>- Office of Projects and Engineering Services.</li> <li>- Ministry of Planning</li> <li>- Ministry of Finance</li> <li>- Ministry of Municipalities</li> <li>- Competent Health Offices</li> </ul>

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	14- Construction of Units for responding to disasters and crisis management in all Iraqi provinces.	Development of the strategic plan for preparedness and disaster response at the rate of 60%, following-up the receipt of (5) mobile hospitals and other emergency system supplies and strengthening the capacity for rapid communication between the Ministry Centre and the relevant health institutions and among themselves.	Through installment and operation of these hospitals	20%	40%	20%	/	/	- Human - Financial	- The Korean Grant with follow-up by the Office of Medical Operations and Specialized Services - Administrative, Financial and Legal Office. - Information Center
2- Ensuring safe medicines and medical supplies	1- Provision of medicines and medical supplies through supporting pharmaceutical industry in the private sector and enhancing its role in supporting the public sector by 2013.	1- Provision of medicines, medical supplies and health services by: A- Conclusion of importing contracts. B- Governmental national production (plant of Samarra Nineveh, Akay) C- National domestic production (private sector's domestic factories)	100% of financial allocation for each year	100%	Continuous	Continuous	Continuous	Continuous	Financial - Human - Supplies	- The General Company for Marketing Medicines and Medical Requirements. - Ministry of Finance. - Commercial Bank. - Need Assessment Section
		2- Tightening control and applying controls and	100%	40%	30%	30%	/	/		

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		instructions concerning good coordination.								
		3-Preparing to apply quality system through the following: a- Preparing manual for applying quality system at domestic factories.	100%	100%	/	/	/	/		
		B - Holding 2 induction courses for factory staff concerning quality assurance system.		100%	Continuous	Continuous	Continuous	Continuous		
		C - Its application and following-up the application.		/	/	100%	Continuous	Continuous		
		D - Its updating and introduction of amendments thereto.		/	/	/	100%	Continuous		
	2- Adoption of national pharmaceutical policy to ensure drug management (importation, storage, distribution, etc.) securely and according to standards in all public and private	1- Review and update the draft national pharmaceutical policy.	100%	100%	/	/	/	/	- Financial - Human	- Office of Technical Affairs / Pharmaceutical Section - World Health Organization WHO - Ministry of Trade/ General Authority for Customs
		2- Coordination with relevant entities to develop project of national pharmaceutical policy.	100%	100%	100%	100%	100%	100%		

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health institutions, by 2013.											
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		3- Provision of chronic disease drugs by 100%.	100%	100%	100%	100%	100%	100%	- Financial - Human	- Office of Popular Medical Clinics / Pharmaceutical Section - The General Company for Marketing Medicines
		4- Provision of stocking capacity and control of strategic inventories of medicines, medical supplies and laboratory materials	100%	50%	50%	Continuous	Continuous	Continuous	- Financial - Human	- The General Company for Marketing Medicines and Medical Requirements. - Office of Projects and Engineering Services. - Pharmaceutical Information Office
		5- Rehabilitation & restoration of old warehouses, building modern stores at (Baghdad / Daoudi / Dhi Qar) with capacity of 17600 m3 and construction of additional storage rooms at Al-Adel district warehouse.	100% increase of stocking capacity	50%	20%	20%	10%	Continuous		
		6- Construction of stores for medicines and medical supplies, including 5 groups as follows: Group 1: Construction of stores for medicines and medical supplies, number / 10 in Baghdad and the provinces. Group 2: Construction of refrigerated warehouses, number / 4. Group 3: Refrigerated warehouses, number / 3. Group 4: Construction of major storing refrigerated complexes for medicines.	100%	- Group 1: 25% - Group 2: 10%	- Group 1: 50% - Group 2: 90% - Group 3: 20% - Group 4: 15% - Group 5: 50%	- Group 1: 25% - Group 3: 80% - Group 4: 85% - Group 5: 50%	/	/	- Human - Financial	

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		Number / 4. Group 5: Construction of structural storing rooms restoration and maintenance of Al-Adel district warehouses.									
	<b>3- Strengthening system for fighting drugs &amp; psychotropic substances and controlling their circulation.</b>	Building a database containing statistics on importation of drugs and confirming it with the International Narcotics Control Board in Vienna, as well as making field visits to governmental health institutions so as to follow up the application of controls for dispensation of drugs and issuing instructions thereof.	<b>80%</b>	Continuous	Continuous	Continuous	Continuous	Continuous	Continuous	- Financial - Human	- Office of Technical Affairs / Pharmaceutical Section - Medicine factories/Private and Public sectors - Pharmacists Syndicate - The International Narcotics Control Board - World Health Organization WHO
<b>3- Reconstruction and rehabilitation of infrastructure</b>	<b>1- Developing &amp; increasing numbers of specialized medical centers to cover needs of regions for specialized (surgical, diagnostic, and preventive) services</b>	1 - Conducting a field survey to determine the need of health offices from various specialized centers depending on specific criteria.	<b>80%</b>	<b>20%</b>	<b>20%</b>	<b>20%</b>	/	/	- Financial - Human	- Office of Technical Affairs / Therapeutic Section - All Health Offices. - Office of Planning and Resources development. - The General Company for Marketing	
		2 - Opening of the digestive system Centre in Basra.		<b>20%</b>	<b>20%</b>	<b>20%</b>	/	/			

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	according to international standards.	3 - Opening 3 centers for medicine and atomic radiation in Basra, Ramadi and Babylon.		20%	20%	20%	/	/		Medicines and Medical Requirements.
		<p><b>4 - Construction of specialized dental centers, number / 16 including 4 groups as follows:</b></p> <ul style="list-style-type: none"> <li>- Group 1: Number/3</li> <li>- Group 2: Number/5</li> <li>- Group 3: Number/6</li> <li>- Group 4: Number/2</li> </ul>	100%	- Group 1: 50%	- Group 1: 50% - Group 2: 50%	- Group 2: 50% - Group 3: 50%	- Group 3: 50% - Group 4: 50%	- Group 4: 50%	- Human - Financial	<ul style="list-style-type: none"> <li>- Office of Projects and Engineering Services.</li> <li>- Ministry of Planning</li> <li>- Ministry of Finance</li> <li>- Ministry of Municipalities</li> <li>- Competent Health Offices</li> </ul>
		2- Construction of centers for early detection of cancer, number / 9 (Medical City - Al Anbar - Diwaniya - Salah al-Din - Muthanna - Nineveh - Maysan).	100%	Medical City 100% Maysan 20%	Maysan 40%	Maysan 40% Salah al-Din 10%	Salah al-Din 30% Muthanna 5% Diwaniya 10%	Salah al-Din 30% Muthanna 20% Diwaniya 40% Al Anbar 10% Nineveh 10%	- Human - Financial	

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		<b>3- Construction of specialized centers for heart disease the number of / 3 in (Al-Anbar - Wasit - Babylon).</b>	100%	/	/	Al-Anbar 5% Wasit 5%	Al-Anbar 15% Wasit 15% Babylon 10%	Al-Anbar 30% Wasit 40% Babylon 20%	- Human - Financial	
		<b>4 - Construction of Artificial Kidney and Kidney Disease Centers, number / 4 in (Babel - Al-Anbar / 2 - Nineveh).</b>	100%	Babylon 10% Al-Anbar 10%	Babylon 25% Al-Anbar 15%	Babylon 25% Al-Anbar 15%	Babylon 40% Al-Anbar 20% Nineveh 5%	Nineveh 25% Al-Anbar 20%	- Human - Financial	- Office of Projects and Engineering Services. - Ministry of Planning
		<b>5- Construction of Specialized Digestive System Center, number / 4 in (Maysan - Wasit - Muthanna - Nineveh)</b>	100%	Maysan 10%	Maysan 30% Muthanna 10%	Maysan 30% Muthanna 30% Nineveh 5%	Maysan 30% Muthanna 30% Nineveh 25%	Muthanna 30% Nineveh 25% Wasit 10%	- Human - Financial	- Ministry of Finance - Ministry of Municipalities - Competent Health Offices
		<b>6- Construction of Specialized Reproductive Health Center in Maysan</b>	100%	Maysan 15%	Maysan 35%	Maysan 35%	Maysan 15%	/	- Human - Financial	
		<b>7- Construction of Forensic Medicine Building number / 3</b>	100%	/	Al-Anbar 20%	Al-Anbar 40% Diyala	Al-Anbar 40% Diyala	Diyala 40% Nineveh	- Human - Financial	

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		in (Al Anbar - Diyala - Nineveh)				20%	40% Nineveh 20%	40%		
		8- Construction of Endocrinology and Diabetes Centre, number of / 2 in (Rusafa - Wasit)	100%	/	Rusafa 10%	Rusafa 25%	Rusafa 30% Wasit 5%	Rusafa 35% Wasit 25%	- Human - Financial	
		9 - Construction of Blood Diseases Center, Number / 4 in (Wasit - Salah al-Din - Muthanna - Nineveh)	100%	/	Salah al-Din 5%	Salah al Din 20% Muthanna 10%	Salah al-Din 25% Muthanna 20% Nineveh 10%	Salah al-Din 50% Muthanna 40% Nineveh 30% Wasit 10%	- Human - Financial	
		10- Construction of Chest Diseases Center in Salah al-Din	100%	/	/	Salah al-Din 10%	Salah al-Din 30%	Salah al-Din 60%	- Human - Financial	
		11- Construction of Handicapped Rehabilitation Center in Diyala	100%	/	/	Diyala 10%	Diyala 40%	Diyala 50%	- Human - Financial	
		12- Construction of X-Ray and Magnetic Resonance Imaging MRI Center,	100%	/	Babylon 10%	Babylon 30% Muthanna 5%	Babylon 30% Muthanna 30%	Babylon 30% Muthanna 65%	- Human - Financial	

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		<b>number / 3 (Wasit - Muthanna - Babylon).</b>					<b>Wasit 10%</b>	<b>Wasit 30%</b>		
		<b>13- Construction of Neuropsychiatric Center number / 2 in Nineveh and Al-Anbar</b>	<b>100%</b>	<b>/</b>	<b>Al-Anbar 5%</b>	<b>Al-Anbar 25%</b>	<b>Al-Anbar 35% Nineveh 10%</b>	<b>Al-Anbar 35% Nineveh 30%</b>	<b>- Human - Financial</b>	
		<b>14 - Construction of Immune Diseases Center, number / 2 in Nineveh &amp; Najaf.</b>	<b>100%</b>	<b>/</b>	<b>/</b>	<b>Najaf 5%</b>	<b>Najaf 20% Nineveh 5%</b>	<b>Najaf 30% Nineveh 25%</b>	<b>- Human - Financial</b>	
		<b>15- Construction of Ophthalmic Diseases Center, number / 3 in Al-Anbar, Nineveh and Najaf</b>	<b>100%</b>	<b>/</b>	<b>Najaf 5%</b>	<b>Najaf 25% Al-Anbar 5%</b>	<b>Najaf 30% Al-Anbar 25% Nineveh 10%</b>	<b>Najaf 40% Al-Anbar 35% Nineveh 25%</b>	<b>- Human - Financial</b>	
		<b>16- Construction of Physiotherapy Center, number / 2 in Al-Anbar and Babylon</b>	<b>100%</b>	<b>/</b>	<b>Al-Anbar 10%</b>	<b>Al-Anbar 25% Babylon 10%</b>	<b>Al-Anbar 30% Babylon 30%</b>	<b>Al-Anbar 35% Babylon 30%</b>	<b>- Human - Financial</b>	
		<b>17- Construction of Artificial Limbs Manufacture and Implantation Center, in Al-Anbar</b>	<b>100%</b>	<b>/</b>	<b>/</b>	<b>Babylon 10%</b>	<b>Babylon 30% Al-Anbar 10%</b>	<b>Babylon 30% Al-Anbar 40%</b>	<b>- Human - Financial</b>	

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		<b>and Babylon.</b>							
		18- Construction of Premature Baby Care Center in Nineveh.	100%	Nineveh 15%	Nineveh 25%	Nineveh 30%	Nineveh 30%	/	- Human - Financial
		19- Construction of Plastic Surgery and Congenital Malformations Treatment Center in Al-Anbar.	100%	/	/	Al-Anbar 10%	Al-Anbar 30%	Al-Anbar 60%	- Human - Financial
		20 - Construction of Gerontological Center in Najaf.	100%	/	Najaf 10%	Najaf 30%	Najaf 30%	Najaf 30%	- Human - Financial
		21- Construction of Dermatology Center in Babylon.	100%	/	/	Babylon 5%	Babylon 35%	Babylon 60%	- Human - Financial
		22- Construction of ENT Building in Najaf.	100%	/	Najaf 5%	Najaf 25%	Najaf 35%	Najaf 35%	- Human - Financial
		23- Construction of Allergy and Asthma Center in Diwaniya	100%	/	/	Diwaniya 10%	Diwaniya 30%	Diwaniya 60%	- Human - Financial
		24- Construction of Pediatric Surgery Center in Nineveh.	100%	/	/	Nineveh 10%	Nineveh 30%	Nineveh 60%	- Human - Financial

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		<b>25- Construction of Spine Surgery Center in Basra.</b>	<b>100%</b>	/	<b>Basra 10%</b>	<b>Basra 30%</b>	<b>Basra 30%</b>	<b>Basra 30%</b>	- Human - Financial
		<b>26- Construction of Specialized Surgery Building in Diyala.</b>	<b>100%</b>	/	/	<b>Diyala 10%</b>	<b>Diyala 40%</b>	<b>Diyala 50%</b>	- Human - Financial
		<b>27- Construction of Central Health Laboratory, number / 2 in (Muthanna - Wasit).</b>	<b>100%</b>	/	<b>Muthanna 10%</b>	<b>Muthanna 30% Wasit 10%</b>	<b>Muthanna 30% Wasit 40%</b>	<b>Muthanna 30% Wasit 50%</b>	- Human - Financial

		<b>28 - Construction of Pharmaceutical Devices Center (Construction and Equipping.</b>	<b>100%</b>	<b>Construction 40%</b>	<b>Construction 60% Equipping 5%</b>	<b>Equipping 25%</b>	<b>Equipping 30%</b>	<b>Equipping 40%</b>	- Human - Financial
		<b>29- Construction of Food Safety Center / Nutrition Research / Health Control / Baghdad.</b>	<b>100%</b>	/	/	<b>10%</b>	<b>40%</b>	<b>50%</b>	- Human - Financial
		<b>30- Construction of Modern Training Center for Staff Development for Ministry of Health.</b>	<b>100%</b>	/	<b>10%</b>	<b>30%</b>	<b>30%</b>	<b>30%</b>	- Human - Financial

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2- Construction of sophisticated health institutions in all Iraqi provinces by 2013.	1- Construction of Advisory Clinic in Hilla Educational Hospital.	100%	100%	/	/	/	/	- Human - Financial	- Office of Projects and Engineering Services.
	2- Construction of Emergency Units in hospitals, number / 4 in (Al-Anbar - Dhi Qar - Wasit - Nineveh).	100%	Al-Anbar 100% Dhi Qar 50% Wasit 50% Nineveh 20%	Dhi Qar 50% Wasit 50% Nineveh 80%				- Human - Financial	- Ministry of Planning - Ministry of Finance - Ministry of Municipalities - Competent Health Offices
	3 - Construction of Burn Centers and Units: a- Construction of Burn Centers, number / 4 in (Medical City - Diwaniya - Wasit / 2).	100%	Medical City 100% Diwaniya 15% Wasit 30%	Diwaniya 35% Wasit 35%	Diwaniya 50% Wasit 35%			- Human - Financial	
	b - Construction of Burn Units number / 5 in provincial hospitals of (Karkh	100%	Karkh 50% Salah Al-Din 100%	Karkh 50% Muthanna 20%	Muthanna 80% Diwaniya 20%	Al-Anbar 20% Diwaniya 80%	Al-Anbar 80%		

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		- Salah Al-Din - Muthanna - Al Anbar - Diwaniya).								
		4- Construction of Office Divan Center in Wasit.	100%	Wasit 15%	Wasit 85%	/	/	/	- Human - Financial	
		5- Construction of Power Station 11/33 Kilo - Volt in Medical Hussein hospital compound / Karbala.	100%	Karbala 50%	Karbala 50%	/	/	/	- Human - Financial	

		6- Construction of hospitals as follows:	100%	- Group 1: 25%	- Group 1: 35%	- Group 1: 40%	- Group 2: 40%	- Group 3: 40%	- Human - Financial	
		a- Construction of hospitals with capacity of 50 beds, number / 12 including (5) groups as follows: - Group 1: One hospital. - Group 2: 3 hospitals. - Group 3: 5 hospitals. - Group 4: 2 hospitals. - Group 5: One hospital.			- Group 2: 20%	- Group 2: 40%	- Group 3: 20%	- Group 4: 20%	- Group 4: 40%	- Group 5: 20%
		b- Construction of hospitals with capacity of 100 beds, number / 42 including (5)	100%	- Group 1: 20%	- Group 1: 40%	- Group 1: 40%	- Group 2: 40%	- Group 3: 40%	- Human - Financial	
					- Group 2:	- Group 2:	- Group 3:	- Group 4:		

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		<p>groups as follows:</p> <ul style="list-style-type: none"> <li>- Group 1: 5 hospitals.</li> <li>- Group 2: 11 hospitals.</li> <li>- Group 3: 10 hospitals.</li> <li>- Group 4: 9 hospitals.</li> <li>- Group 5: 7 hospitals.</li> </ul>			20%	40%	40%	40%		
		<p>c- Construction of hospitals with capacity of 200 beds, number / 28 including (5) groups as follows:</p> <ul style="list-style-type: none"> <li>- Group 1: 3 hospitals.</li> <li>- Group 2: 10 hospitals.</li> <li>- Group 3: 5 hospitals.</li> <li>- Group 4: 6 hospitals.</li> <li>- Group 5: 4 hospitals.</li> </ul>	100%	- Group 1: 20%	- Group 1: 40% - Group 2: 20%	- Group 1: 40% - Group 2: 40% - Group 3: 20%	- Group 2: 40% - Group 3: 40% - Group 4: 20%	- Group 3: 40% - Group 4: 40% - Group 5: 20%	- Human - Financial	
		<p>d- Construction of Number / 5 hospitals with capacity of 300 beds in Baghdad / Karkh and Rusafa, and the provinces (Diyala - Karbala - Dhi Qar)</p>	100%	20%	40%	40%	/	/	- Human - Financial	
		<p>e- Construction of hospitals with capacity of 400 beds, number / 15 including (3) groups as follows:</p> <ul style="list-style-type: none"> <li>- Group 1: 10 hospitals.</li> <li>- Group 2: 3 hospitals.</li> <li>- Group 3: 2 hospitals.</li> </ul>	100%	- Group 1: 20%	- Group 1: 40% - Group 2: 20%	- Group 1: 40% - Group 2: 40% - Group 3: 20%	- Group 2: 40% - Group 3: 40%	- Group 3: 40%	- Human - Financial	

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		f- Construction of Hematology Hospital with capacity of 250 beds at the Medical City Complex.	100%	/	/	2%	18%	20%	- Human - Financial	
		7- Construction of Health Centers (exemplary, main and subsidiary), Number / 289 centers, including (5) groups as follows: - Group 1: 68 health centers. - Group 2: 83 health centers. - Group 3: 76 health centers. - Group 4: 37 health centers. - Group 5: 25 health centers.	100%	- Group 1: 25%	- Group 1: 25% - Group 2: 25%	- Group 1: 25% - Group 2: 25% - Group 3: 25%	- Group 1: 25% - Group 2: 25% - Group 3: 25% - Group 4: 25%	- Group 2: 25% - Group 3: 25% - Group 4: 25% - Group 5: 25%	- Human - Financial	

		8- Construction of first aid health sectors, number / 29, including (3) groups as follows: - Group 1: number 17. - Group 2: number 10. - Group 3: number 2.	100%	- Group 1: 70%	- Group 1: 30% - Group 2: 25%	- Group 2: 75% - Group 3: 100%	/	/	- Human - Financial	
1- Resources Development	1- Increase of annual allocations to 10% of national budget and 15% of regional	Increase health funding and optimal utilization of financial resources by: 1 - Increasing financial allocations from the	- Increasing central health funding to 10% of the	10%	20%	30%	40%	Continuous	Human Financial Supplies	- Secretariat General of the Council of Ministries - Ministry of Finance

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development budget.	Ministry of Finance and addressing obstacles to their disbursement.	state budget.								- Ministry of Health
	2 - Create a system to collect nominal fees for services rendered in our health institutions.	- Disbursement of financial allocations for the Ministry of Health by 100%.	10%	20%	30%	40%	Continuous	Human Supplies	- Secretariat General of the Council of Ministries - Ministry of Finance	
	3 - Create a system to collect charges for the Ministry of Health.	- Increasing output than input by 20%.	20%	30%	50%	Continuous	Continuous	Human Financial Supplies	- Secretariat General of the Council of Ministries - Ministry of Finance - Ministry of Commerce	
	4 - Create a system to collect taxes for the Ministry of Health.	- Increasing decentralized health funding (collecting fees, charges and taxes)	20%	30%	50%	Continuous	Continuous	Human Financial Supplies	- Secretariat General of the Council of Ministries - Ministry of Finance - General Commission for Taxes	

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2- Secure human staffs in all Ministry of Health institutions by 2013 to meet the ministry's future needs and develop them continuously.	1 - Increasing numbers of medical, health and nursing staffs as well as specialized staffs so as to secure requirements of health institutions.	- Securing staffs of medical and health professions according to the number of graduates from the Ministry of Higher Education, as follows: a- One doctor per 1000 inhabitants b- One dentist per 5000 inhabitants	one doctor per 1500 inhabitants	one doctor per 1400 inhabitants	one doctor per 1300 inhabitants	one doctor per 1200 inhabitants	one doctor per 1000 inhabitants	Human Financial	- Ministry of Health - Office of Planning and Resources Development / Manpower Section. - Ministry of Higher Education and Scientific Research. - The Minister's Office / Center for Training and Staff Development.
		c- One pharmacist per 5000 inhabitants c- Nursing staff per doctor	one pharmacist per 7500 inhabitants	one pharmacist per 7000 inhabitants	one pharmacist per 6500 inhabitants	one pharmacist per 6000 inhabitants	one pharmacist per 5000 inhabitants		
			2 nurses per doctor	2.5 nurses per doctor	3 nurses per doctor	3.5 nurses per doctor	4 nurses per doctor		

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		2- Application & updating of information automation system particular to human resources.	100% performance development of employees on programs through holding 2 courses annually.	2 courses						
		3 – Development of nursing staffs to two levels only (graduates of faculties and institutes).	75% securing nursing staffs who are graduates of institutes and faculties only.	25%	35%	50%	60%	75%		
		4 – Increasing efficiency of employees at emergency rooms.	70% increase of number of emergency doctors at the rate of two specialized doctors.	20%	20%	20%	20%	20%	Human	Office of Medical Operations and Specialized Services Office of Planning and Resources Development The Committee-Supervising the Arab Board of Medical Specializations.

	3- Developing and Expanding Information Technology Programs.	1- Training of doctors and statistical staffs through holding training courses for developing statistical staff skills	Training employees on statistics for non-trained persons insomuch as	234 trainees	- Human - Material	Office of Planning and Resources Development / Section of Statistics The Minister's Office / Center				
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			1170 trainees.							for Training and Staff Development World Health Organization WHO All Health Offices.
		2- Making field visits to health institutions in the Health Offices to experience their work reality and review work progress in accordance with contexts.	Field visits to Health Offices at the rate of one visit annually for each Health Office.	17 visits						
		3- Introduction of Information Communication system through the Internet between the National Center for Blood Transfusion and the main Blood Transfusion Services Centers in Iraq and by the international network.	100%	50%	25%	25%	/	/	Financial Human	Health Offices at all provinces Office of Medical Operations and Specialized Services The General Company for Marketing Medicines and Medical Requirements.

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4- Reviewing, updating and amending the existing health legislations and enacting new legislations to support the Ministry of Health's vision, mission and priorities.	First: Amending the effective laws as follows:	100%	50%	50%	/	/	/	Human	Ministry of Health / Administrative, Financial and Legal Office Office of Public Health and Primary Health Care Office of Technical Affairs. Office of Medical Operations & Specialized Services
	1- Amending Public Health law of 1980.								
	2- Amending Ministry of Health law of 1983.	100%	75%	25%	/	/	/		Ministry of Health / Legal Section
	3- Amending Popular Clinics Office law (seeking to implement the Second Amendment to Clinics Law No. 89 of 1986 (as amended) stipulating allocation of 25% of hospitals beds at least to work like especial suites within these hospitals in return for charges and through the above mentioned Popular Clinics Office law).	100%	100%	/	/	/	/	Human	Ministry of Health / Legal Section
4- Second Amendment to career of health professionals law.	100%	100%	/	/	/	/		Ministry of Health / Legal Section	

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		Second: Legalization of new laws as follows:	100%	100%	/	/	/	/		Legal Section / Forensic Medicine Institute
		1- Forensic Medicine Institute law.								
		2- Drug law.	100%	100%	/	/	/	/		Legal Section Office of Technical Affairs Other ministries
		3- National Chromosomes Directory Law	100%	75%	25%	/	/	/		Ministry of Health Other ministries
		4- Victims who have lost parts or part of their bodies compensation law.	100%	100%	/	/	/	/		Ministry of Health Other ministries
		5- System of embryo research and infertility treatment.	100%	25%	25%	25%	25%	/		Ministry of Health Other ministries
		6- Ophthalmology Banks Draft Law	100%	100%	/	/	/	/		Ministry of Health
		7- Anti-smoking law.	100%	50%	50%	/	/	/	Human	Ministry of Health Other ministries
		Third: Legalization of new conventions and treaties as follows:	100%	50%	50%	/	/	/		Ministry of Health Ministry of Foreign Affairs Ministry of Finance Other entities
		1- International Red Crescent Islamic Committee Convention.								
		2- United Nations Convention on the Rights of Persons with Disabilities.	100%	100%	/	/	/	/		Ministry of Health Other entities

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		3- Agreement between the Ministry of Health and the Iraqi Red Crescent.	100%	25%	25%	25%	25%	/		Ministry of Health Ministry of Defense.
		4- Agreement on Cooperation between the Ministry of Health of Iraq and Syria.	100%	100%	/	/	/	/		Ministry of Health Ministry of Human Rights Other ministries
5- Reducing health system's administrative corruption through integrity strategies application.	Human Financial Supplies	1- Administrative leadership selection in accordance with scientific criteria and adopting efficiency and Curriculum Vitae as a criterion thereof.	70%	25%	25%	25%	25%	/		Offices of ministry center Administrative, Financial and legal Office Humanitarian organizations Centre for training and staffs development Human resources of health institutions
		2- Spreading administrative, financial and legal awareness among managerial leaders and staff.	75%	35%	35%	30%	/	/		
	Human	3- Strengthening the role of Internal Control.	75%	25%	25%	25%	25%	/		All Health institutions
		4- Developing clear foundations for context of transactions completion and responsibilities identification.	70%	30%	30%	35%	/	/		Ministry of Health Health institutions in coordination with Section of Printing, as needed.
	Human	5- Studying and analyzing contexts, systems, instructions and regulations to identify to what extent they are appropriate to periodic objectives.	100%	100%	continuous	continuous	continuous	continuous		Office of Inspector General/ Section of Control and Verification

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		6- Identifying administrative, legal, and financial deviations and violations, detecting & investigating cases of fraud, waste, falsification, abuse of influence, manipulation and misuse of power.	100%	100%	100%	100%	100%	100%	Human Material	Office of Inspector General/ Section of Control and Verification Section of Follow-up and Administrative Inspection
		7- Following-up and controlling the optimal use of human resources and developing job-holders' skills and their suitability for the required job description and work nature.	100%	100%	100%	100%	100%	100%	Human Material	Office of Inspector General/ Section of Governmental Health Institutions Section of Administrative Inspection Section of Performance Evaluation
		8- Carrying out training programs for workers on ways to recognize acts of fraud, waste & abuse & spreading message of public inspectors offices in the fight against corruption and preventing such acts occurrence.	100%	100%	100%	100%	100%	100%	Human Material	Office of Inspector General/ Section of Planning and Development
		9- Cooperation & coordination with other control bodies and institutions responsible for combating corruption and various civil society institutions and the media, and spreading culture of integrity and rejection of corruption.	100%	100%	100%	100%	100%	100%	Human Material	Office of Inspector General/ Public Information Unit

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	<p>6- Adopt an effective monitoring system to follow up adoption of principles of professionalism, competence and integrity for all technical operations particular to providing curative, preventive, diagnostic and emergency services, special operations for handling medicines and medical supplies.</p>	<p>Following-up &amp; controlling mechanism for assessing need and mechanism of processing and distribution of medicines, medical equipment and supplies, monitoring &amp; controlling distribution outlets mechanism and the extent of their compliance to instructions and controlling circulation of medicines in the private sector with the controlling plants and factories of medicines and outlets of medicines circulation in the private health sector.</p>	100%	100%	100%	100%	100%	100%	Human Material	<p>Office of Inspector General/ Section of Monitoring Pharmaceuticals and Medical Requirements and Section of Non-Governmental Health Institutions</p>
	<p>7- Developing administrative systems and modernizing organizational structure and job description commensurate with the Ministry of Health's future vision by 100% by 2013.</p>	<p>First: Adoption of decentralized system for management through the following: A - Decentralized planning at the level of Health Offices in Baghdad and all governorates.</p>	100%	100%	Continuous	Continuous	Continuous	Continuous	Human	<p>Ministry of Health All Health Offices</p>

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		<p><b>b- Approval of decentralized competences at the level of Health Offices:</b></p> <p>* Expanding competences of General Managers at Health Offices in Baghdad and all governorates.</p> <p>* Expanding competences of administrative structures at Health Offices.</p>		100%	100%							
		<p><b>Second:</b></p> <p>1 – Updating the hierarchy of Offices of ministry center and Health Offices in Baghdad and all governorates.</p>		100%	Continuous	Continuous	Continuous	Continuous	Continuous	Human		Office of Planning and Resources Development / Section of policies and Health Planning Health Offices in Baghdad and all governorates
		<p>2- Updating the hierarchy and job description of educational and public hospitals with various bed capacities.</p>	Organize operational contexts to reach improving health services rendered at health institutions.		20%	20%	20%	20%	20%			

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		3- a- Updating hierarchy and standard staff for primary health care sector and health centers.		20%	20%	20%	20%	20%		
		b- Updating hierarchy and standard staff for health centers as follows: 1- Main health centers. 2- Subsidiary health centers. 3- Training health centers. 4- Model health centers. 5- Centers containing Delivery rooms and emergency rooms 5%. 6- Family medicine.	100%	20%	20%	20%	20%	20%		