

Noncommunicable diseases (NCDs) are the leading cause of morbidity and death in Iraq (Iraqi Ministry of Health, 2019). It is estimated that 30% of Iraqis have high blood pressure, 14% have diabetes, and more than 30% are obese. Some 38% of Iraqi males smoke and a growing number of schoolchildren – 20% of males and 9% of females aged between 13 and 15 years – are tobacco users.



Mortality due to NCDs, including heart disease, stroke, chronic lung disease, cancer and diabetes, accounts for 55% of all deaths.

Cardiovascular disease alone accounts for an estimated 27% of total deaths, cancer 11%, diabetes 4%, and chronic lung disease 2%.

Ministry of Health data also indicate that 16.5% of the population over 15 years has some form of mental disorder and the majority have limited access to basic medical treatment and psychosocial care. Suicide is a particular concern: a breakdown in the ability to deal with acute or chronic life stresses, gender-based violence and child abuse are some of the factors driving suicidal behaviour.

In conflict-affected areas data indicate suicide prevalence to be 1.7 per 100 000 while the WHO statistics report for 2018 reported a suicide prevalence rate of 3.0 per 100 000 globally.

In response to the high NCD burden WHO, in collaboration with the Ministry of Health, has identified the prevention and control of NCDs as a priority area of work.

NCD risk factors

Some of the risk factors for NCDs include:

harmful use of alcohol (1 litre per capita among male adults aged 15+)

insufficient physical activity among 50% of adults

10 g/day of salt/sodium intake for adults

30% of adults have raised blood pressure

14% of adults have raised blood glucose levels (diabetes)

30% of the total population is obese

ambient air pollution above WHO guidelines.

Priorities

Action in the following areas has been identified as a priority to improve public health:

expand cardiovascular risk assessment services to at least 50% of primary health care centres and provide on the spot basic health service package training for health staff;

increase taxes on tobacco products as part of the implementation of the WHO Framework Convention on Tobacco Control and MPOWER measures to reduce tobacco use;

reduce overall NCD risk factors;

cut road traffic accidents by half;

develop a national strategy and tools for the prevention of suicide;

develop new legislation to reduce substance abuse; and

strengthen cancer registries and develop a national cancer strategy.

WHO and the Ministry of Health jointly conducted a survey in provinces with high suicide rates to understand the driving factors of suicide, and trained 75 health workers across Iraq – excluding the Kurdistan region – in the treatment and management of mental illness.

Walk the talk campaigns were jointly organized to promote physical activity in and outside schools with more than 400 participants in the Erbil and Kirkuk governorates, and 100 people participated in a symposium organized by WHO and the Ministry on informing communities about NCD risk factors.

Seven master trainers received training in the new cancer registry programme (CanReg5) and will now train staff at facilities that manage cancer patients, and 90 Ministry of Health employees were trained by WHO in CanReg5 use, based on the Arabic translation of the CanReg5 manual.

WHO and the Ministry conducted basic health service package training on-site for 190 health workers in Ninewa, Dohuk, Baghdad, Kirkuk, and Erbil to support Ministry staff managing NCD cases in primary health care centres.

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