

HEALTH IN IRAQ “OVERVIEW”

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Self Service!

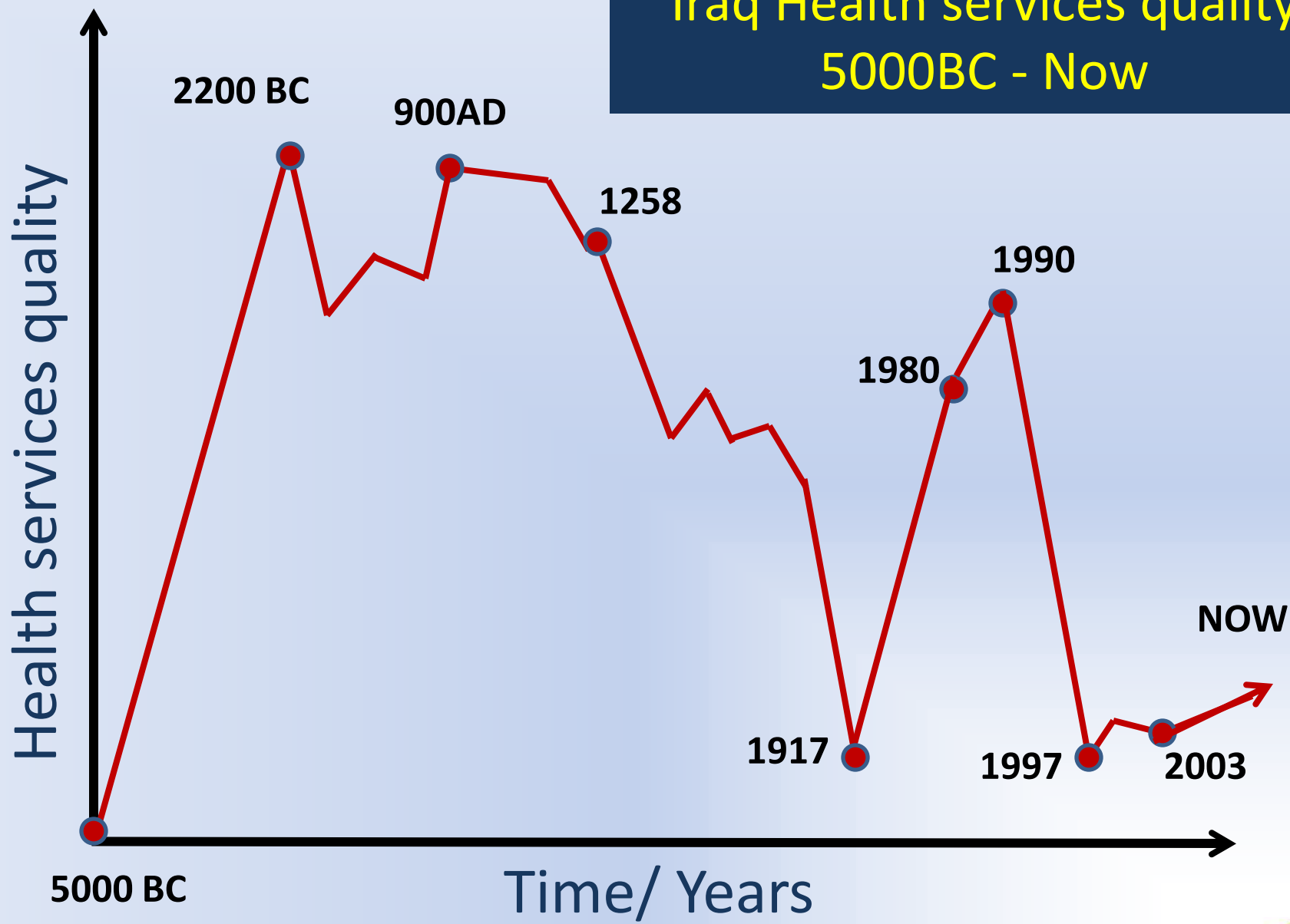


Yarmook teaching Hospital- 2007

قروب ليل السهاري
www.lail-alahara.com



Iraq Health services quality 5000BC - Now



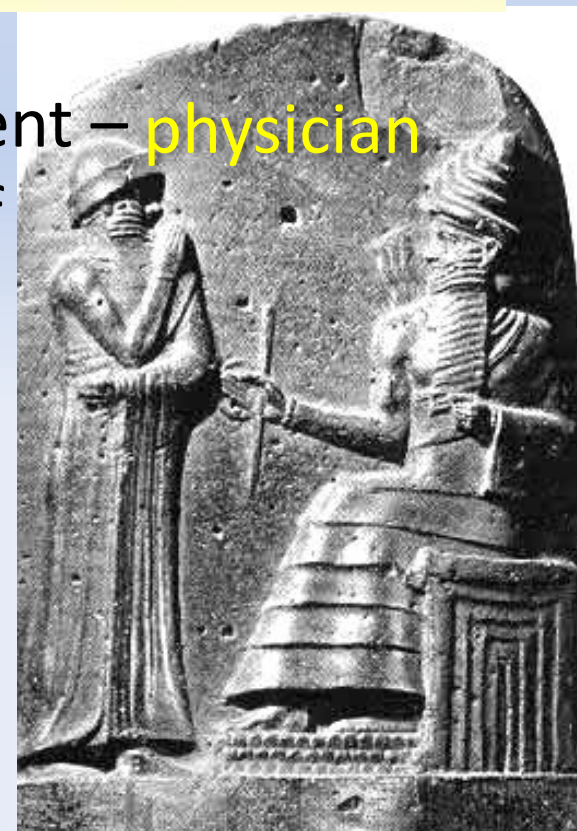
Ancient times

➤ Earliest form of Medical practice was a mixture of religion, superstition, and magic.



➤ First written legal description of patient – **physician** relationship was found in the Code of Hammurabi, **2200 B.C**

- Medical malpractice.
- Concept of civil and criminal liability for improper and negligent medical care.
- Fees also were fixed.



Abbasid Empire

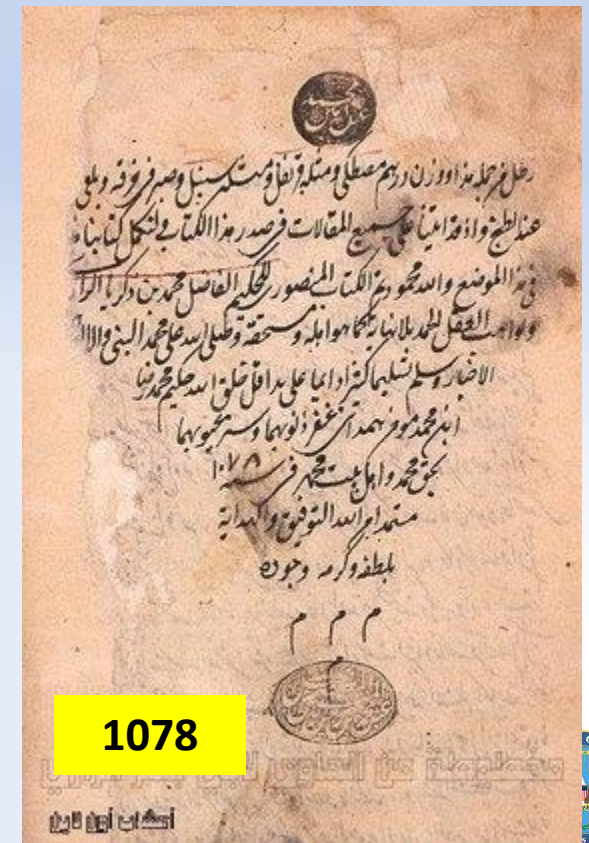
- Al-Athdi Hospital Baghdad (978 A.D)
- 24 physicians practicing and teaching medicine in 4 main branches:
 - General medicine
 - Surgery.
 - Ophthalmology.
 - Orthopedics.
- Separate male and female inpatient sections.
- Patient record system
- Out patient clinic
- Pharmacy
- Supportive financial, administrative and logistic system





Almustansiriyah School/ Baghdad 1000 Years ago

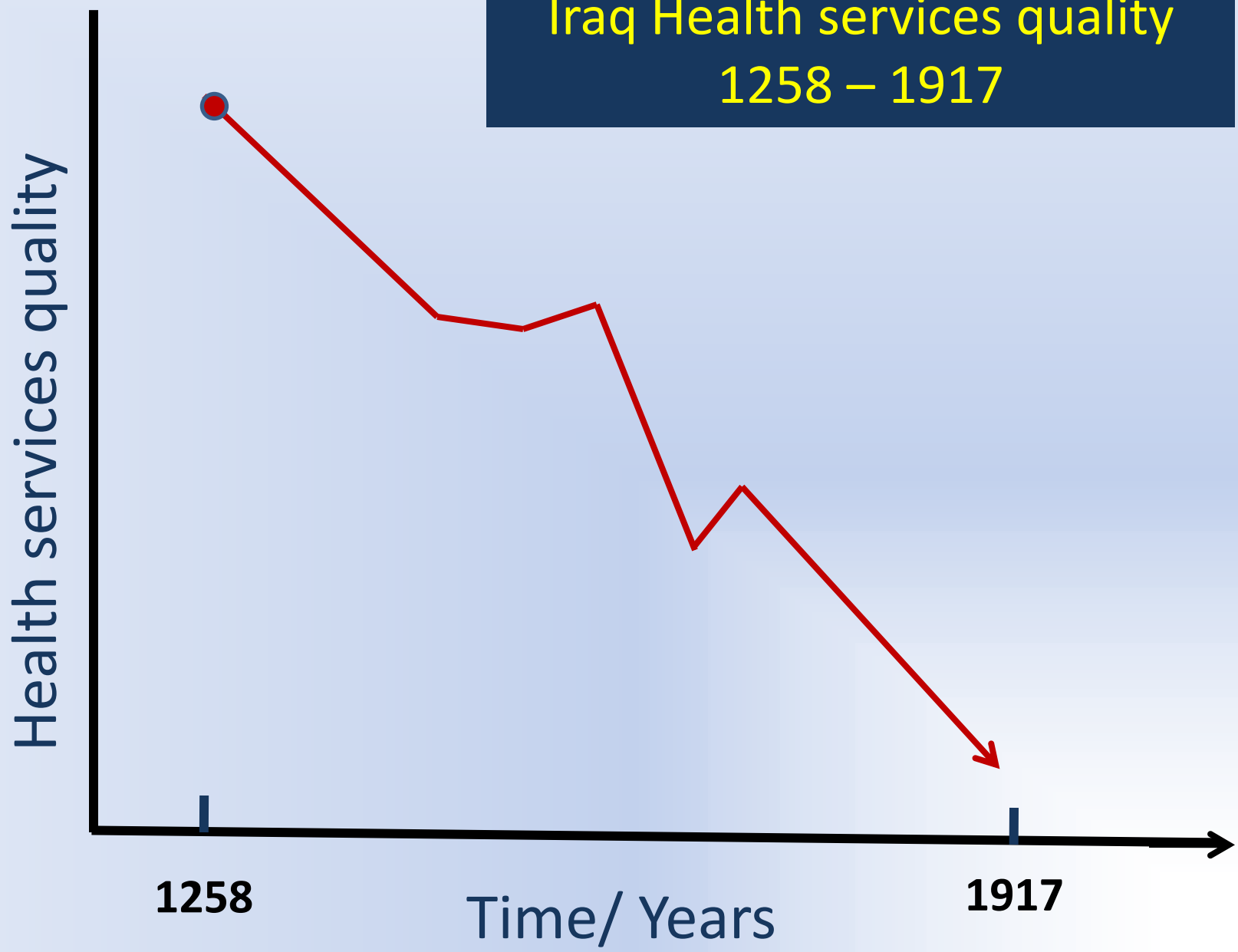
76 Class rooms
10 years medical degree program.



1078



Iraq Health services quality
1258 – 1917



1258

Time/ Years

1917





1917, Baghdad British occupation



1917 British occupation

Development of modern infrastructure

- 1917 Electricity introduced to Baghdad.
- 1917 Clean water network in Baghdad.
- 1917 Modernization of Al-Majidi Hospital
- 1921 Military Medicine started.
- 1927 Baghdad School of medicine.



1951 Construction Board/ Kingdom of Iraq.

10-15 years plan.

70% of oil revenues put in a national account for Capital Infrastructure building.

All modern Iraq’s infrastructure strategic plans (including health care) were designed since then through this council.

Improvement of health indicators of Iraq:



Goal: 1965: building and equipping :

- 143 Hospitals.
- 1000 Public health clinics.
- 29 Military hospitals
- Thousands of government funded scholarships for specialty degree training in the west.
- Iraq Became The world model for development.
- Saddam’s Government added 14 hospitals to the plan (completed by 1984) and 2 military hospitals (completed by 1990)

Achieved in 1975



Baghdad 1918



Tigris





Baghdad University 1957



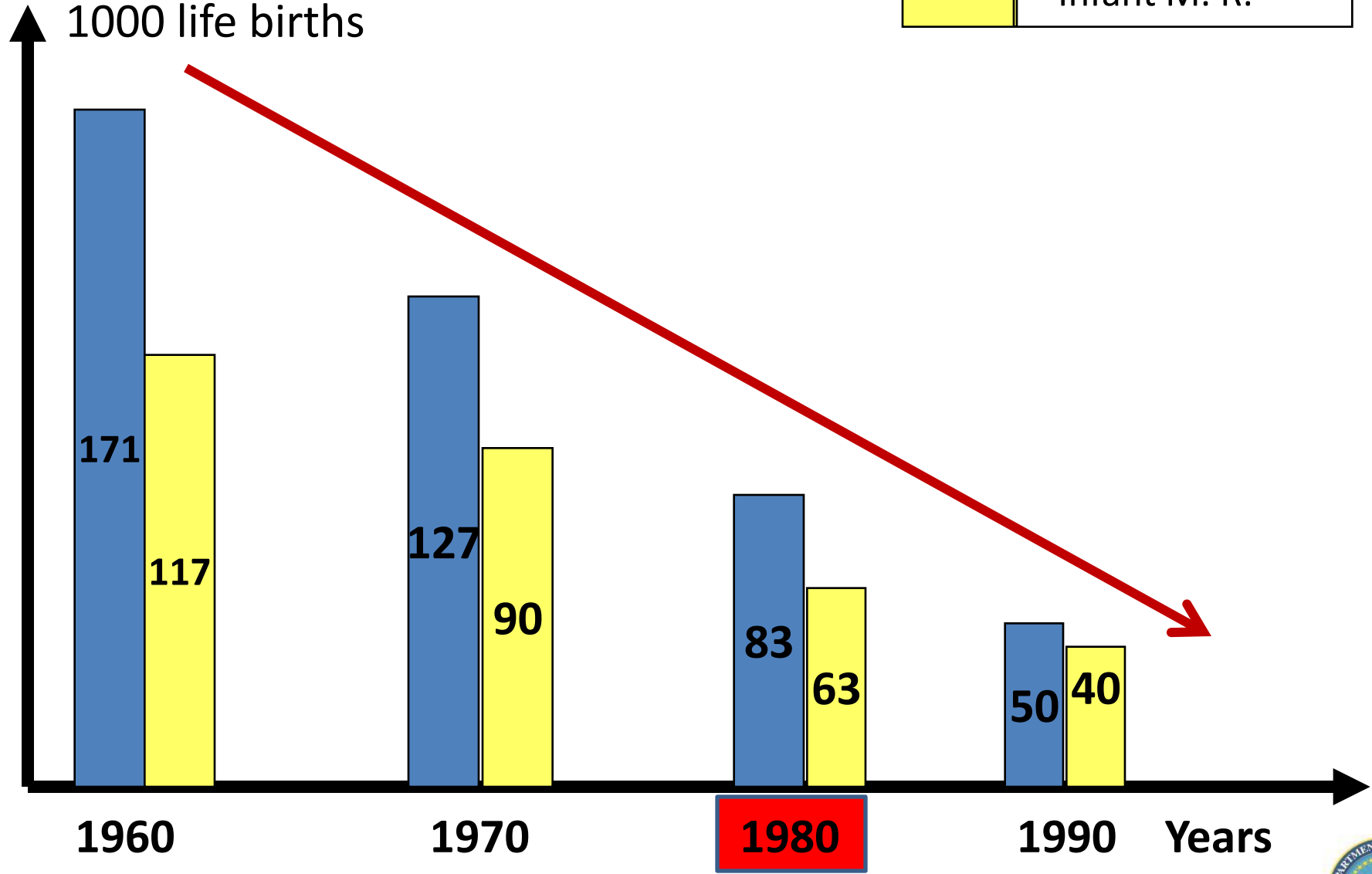
400 Beds Hospital



Mortality Rates/

| | |
|--------|-------------------|
| Blue | Under 5 mortality |
| Yellow | Infant M. R. |

1000 life births



Iraq Health services quality 5000BC - Now



1990

In spite of eight years of war with Iran, 1980-1988

➤ Medical care reached 97% of the urban population and 71% of the rural population.

➤ <5 Mortality: 50/1000 LB

➤ Infant Mortality: 40/1000 LB

➤ Iraq was emerging from the developing countries category towards being a developed country.

BUT:

In August 2, 1990: Kuwait invasion.



➤ **Economic and Industrial Infrastructure damage**

- Systematic air strikes destroyed:
 - 92% of electric power capacity,
 - 31 municipal water and sewage facilities,
 - All Major industrial capability.
 - Almost all the country's highways & bridges.
 - Communications and phones.
 - Oil refineries.
 - Central gas and oil pumping stations.
 - Research centers.
 - Ports, airports, railway stations.
 - TV and radio stations.



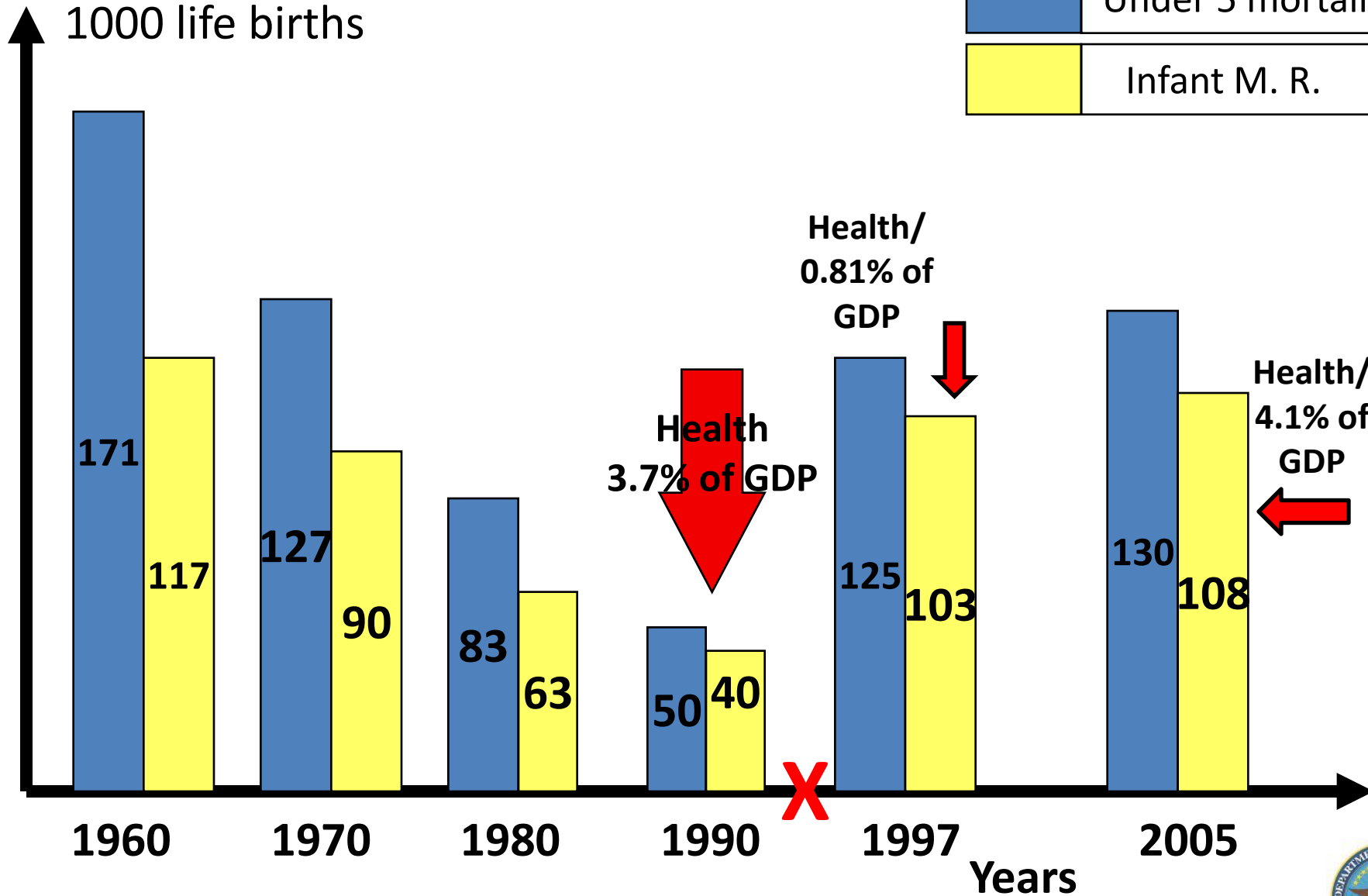
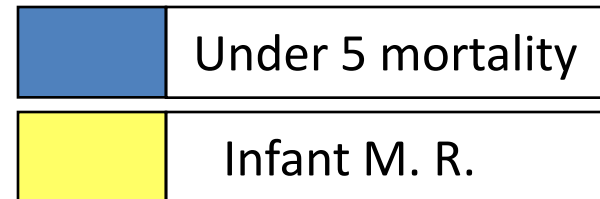
13 Years of severe Trade sanctions and economic embargo

Oil for Food and Medicines: Abused



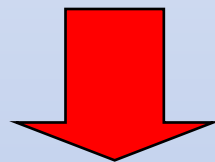
Mortality Rates/

1000 life births



Economic Sanctions

Trade embargo



Infant and < 5 Mortality : 23 years' achievements lost in 5 years

Infant mortality: 380,000 deaths 1990-2003

< 5 mortality: 480,000 deaths 1990-2003



1,732,151 Iraqis died because of the embargo

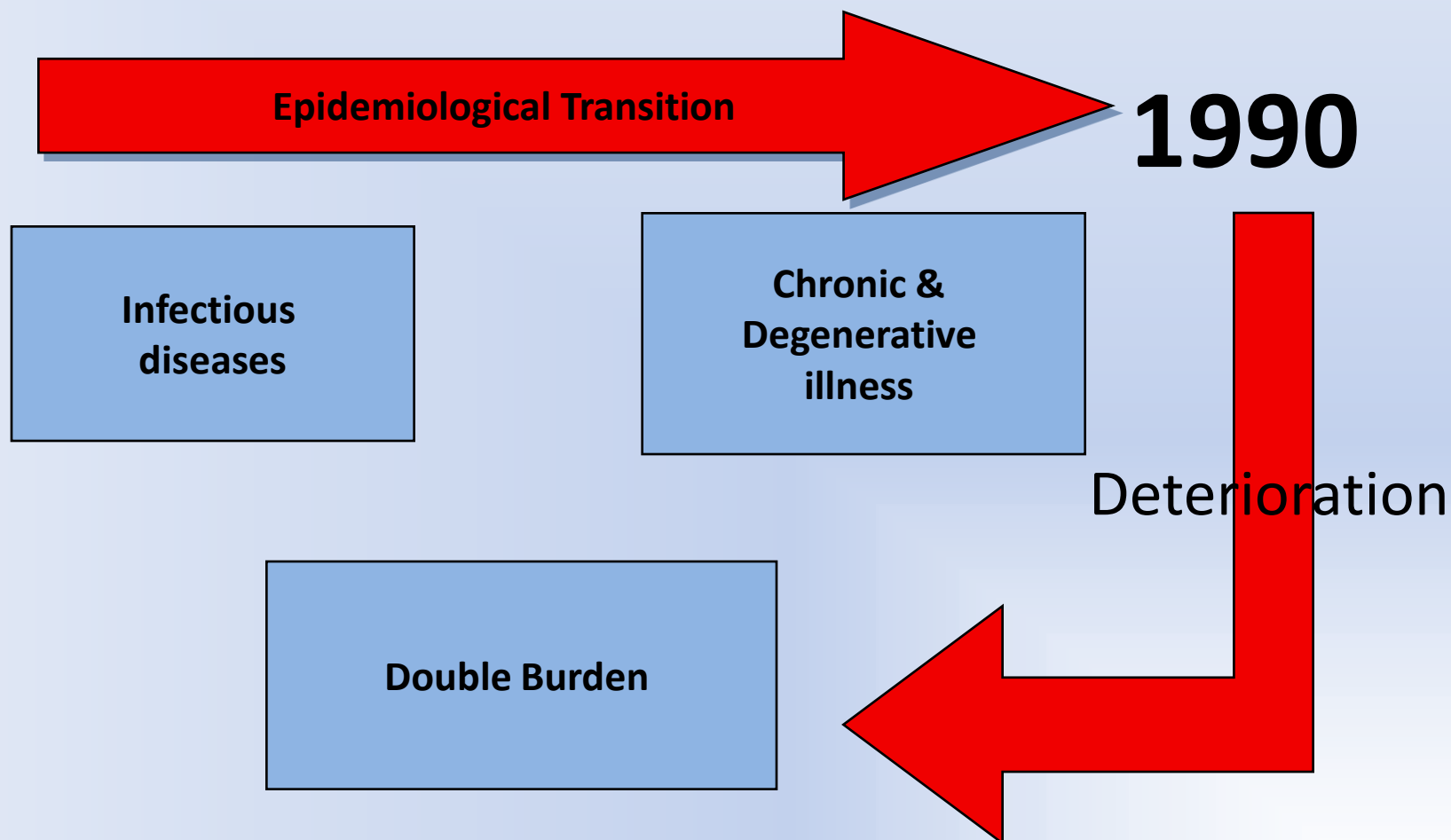
Period: August 1990 – 29/8/2002

(Iraqi authorities?)

http://www.moheet.com/show_news.aspx?nid=26344&pg=39



Health status:



2003 Liberation/ occupation





Hospitals and PHCs looting, April-May 2003



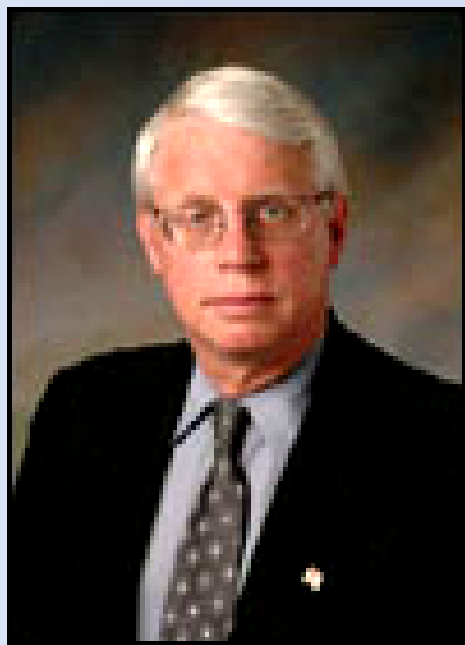






Public Health Crisis

Health Administrations Changes



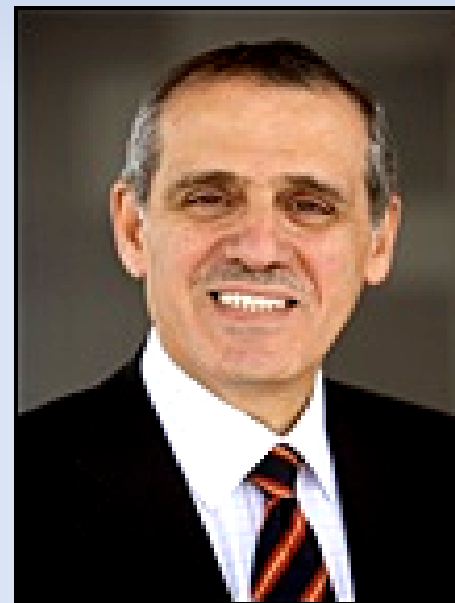
James K. Haveman Jr.

Senior Advisor to Iraqi Ministry of Health

11 Ministers in
5 years



Dr. Khodeir Abbas,



Dr. Ala'din Alwan



MOH / Operation Centre, locked for political reasons

April 2005 - Dec. 2007

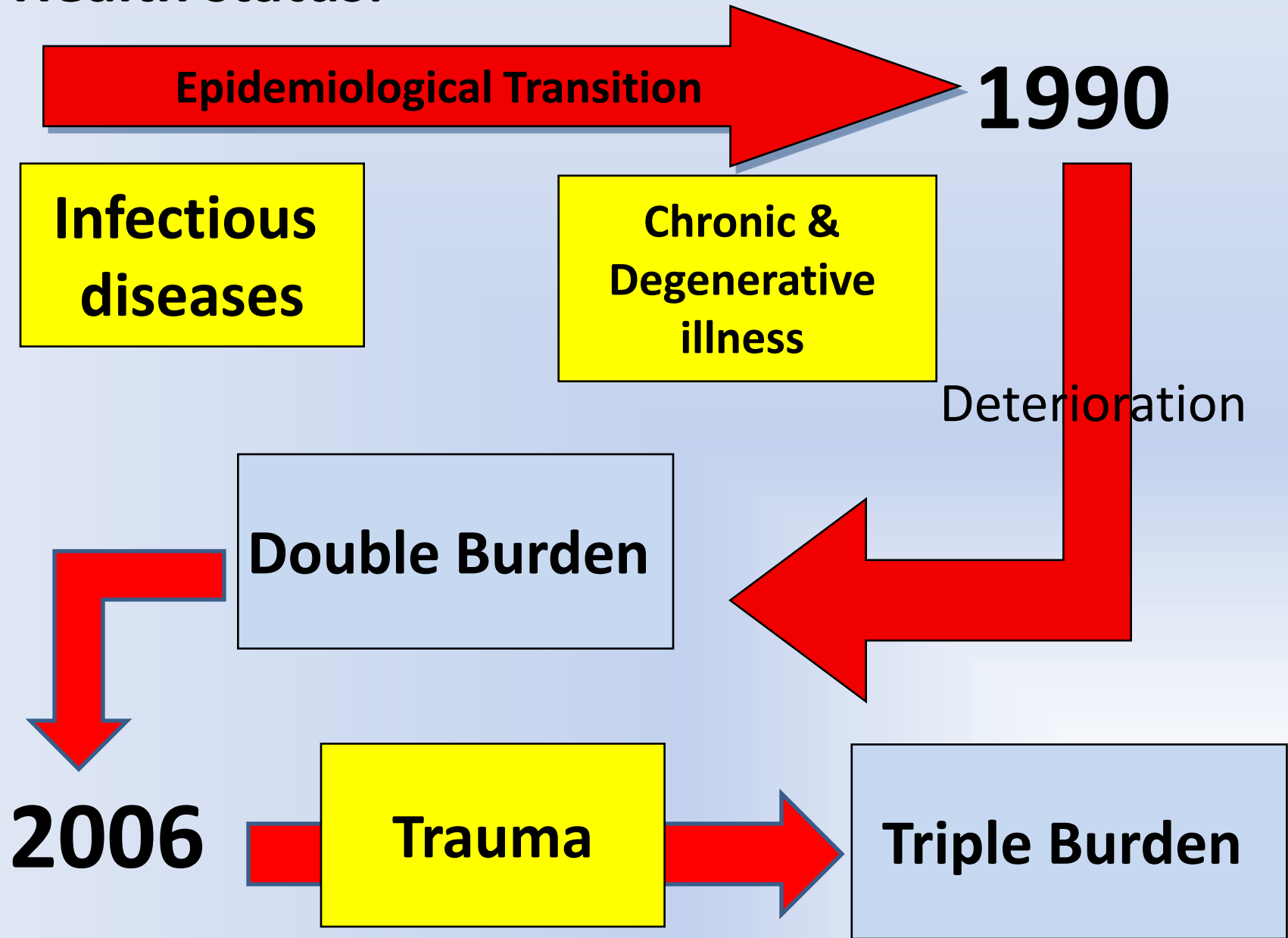
MOH Under Sadder

April 2005 - Dec. 2007

**Violence in its
maximum level
nationwide**



Health status:





Direction???



- **Iraq War troop surge of Jan. 2007.**
- **New Iraqi Minister of Health Dec. 2007.**
- **Dramatic improvements, yet with Cautious optimism. ... All Sadr sleeping cells still in MoH, waiting!**
- **Provincial Elections January 2009 , promising ?**
- **New Government elections by end of 2009 could be a turning point in Iraq's history.**





Basic Background information:

WHO 1948: Health: State of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the **fundamental rights of every human being** without distinction of race, religion, political belief, economic or social condition.

WHO 1953: stressed the need to strengthen the basic health services through the establishment of a network of health centers and sub-centers, as close to the people as possible. The concept of auxiliary health workers, to be trained and deployed particularly in rural areas, to provide basic health care was advocated.



Health care infrastructure development in mid 20th century

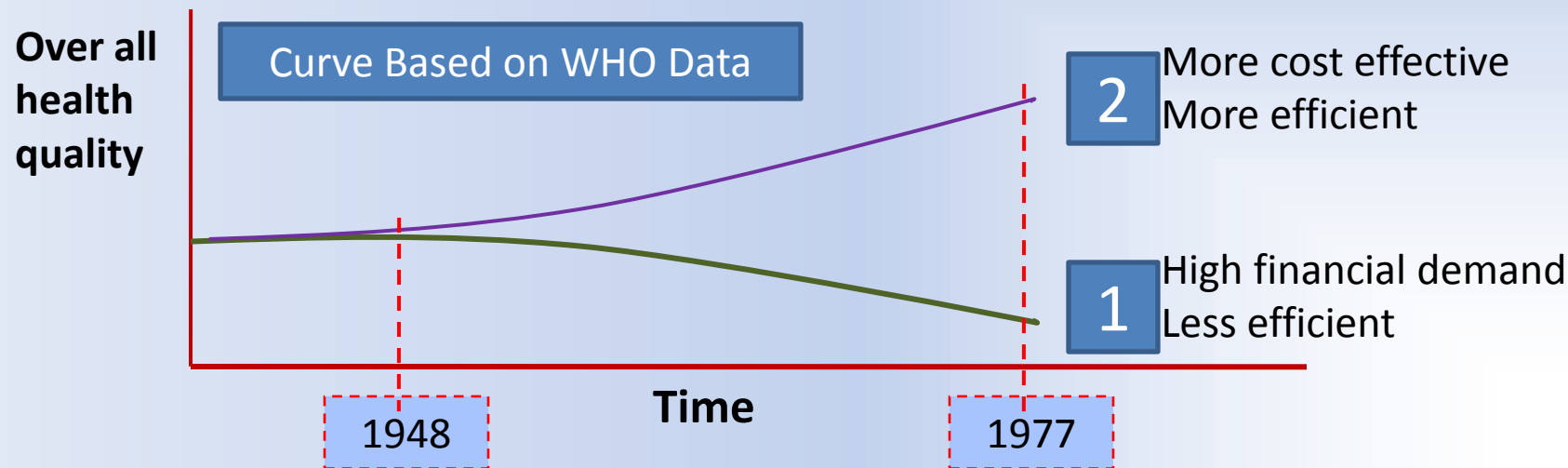
2 Major models:

1

Medical care through hospitals in urban centers with concentration of manpower and resources (provider-Receiver)

2

comprehensive care :promotive, preventive, curative and rehabilitative (Population based)



Pillars of a successful reconstruction health plan

(RAND Corporation)

- Economic Stability
- Education
- Security
- Basic Infrastructure
- Governance



Challenges:

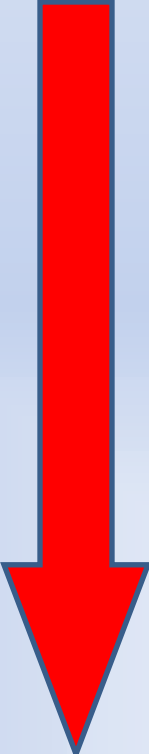
- Iraq’s National economic and political structure.
- Nationwide infrastructure development.



The World Health Organization's ranking of the world's health systems.

<http://www.photius.com/rankings/healthranks.html>

| <u>Rank</u> | <u>Country</u> | |
|-------------|----------------------|-------|
| 190 | Myanmar | Worst |
| 103 | Iraq | |
| 39 | Cuba | |
| 37 | United States | |
| 27 | United Arab Emirates | |
| 23 | Sweden | |
| 18 | United Kingdom | |
| 8 | Oman | |
| 1 | France | Best |



Ranking of some countries by GDP (PPP) per capita

PPP= purchasing power parity \$US.

| Country | Rank | GDP (PPP) |
|----------------|-------------|------------------|
| Zimbabwe | 194 | 200 |
| Iraq | 125 | 3,600 |
| Jordan | 112 | 5,000 |
| Cuba | 70 | 12,700 |
| Oman | 48 | 20,400 |
| UK | 23 | 37,400 |
| Sweden | 17 | 39,600 |
| UAE | 14 | 40,400 |
| USA | 8 | 48,000 |
| Liechtenstein | 1 | 118,000 |



Total Expenditure on Health as % of GDP 2000-2005: Total expenditure on health as a percentage of gross domestic product is the total of government, third party (such as employer and insurance) , and out-of-pocket individual amounts spent for health care in each country, as a percent of the country's gross domestic product.

http://www.photius.com/rankings/total_health_expenditure_as_pecent_of_gdp_2000_to_2005.html

| Rank | Location | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|------|----------|------|------|------|------|------|------|
| 2 | USA | 13.2 | 13.9 | 14.7 | 15.1 | 15.2 | 15.2 |
| 12 | Jordan | 9.4 | 9.6 | 9.3 | 9.3 | 10.1 | 10.5 |
| 25 | Sweden | 8.2 | 8.6 | 9 | 9.1 | 9.2 | 9.2 |
| 41 | UK | 7.2 | 7.5 | 7.6 | 7.7 | 8 | 8.2 |
| 55 | Cuba | 6.2 | 5.9 | 5.9 | 5.8 | 5.7 | 7.6 |
| 156 | Iraq | 1.1 | 1.1 | 1.3 | 3.2 | 5.2 | 4.1 |
| 183 | UAE | 3.1 | 3.7 | 3.3 | 3.1 | 2.8 | 2.6 |
| 184 | Oman | 3 | 3 | 3.1 | 3.1 | 2.9 | 2.5 |



Dollar amount spent on health per capita/year

Country **\$/Person of population /Y** **Iraq's matching/ for 29M/Y**

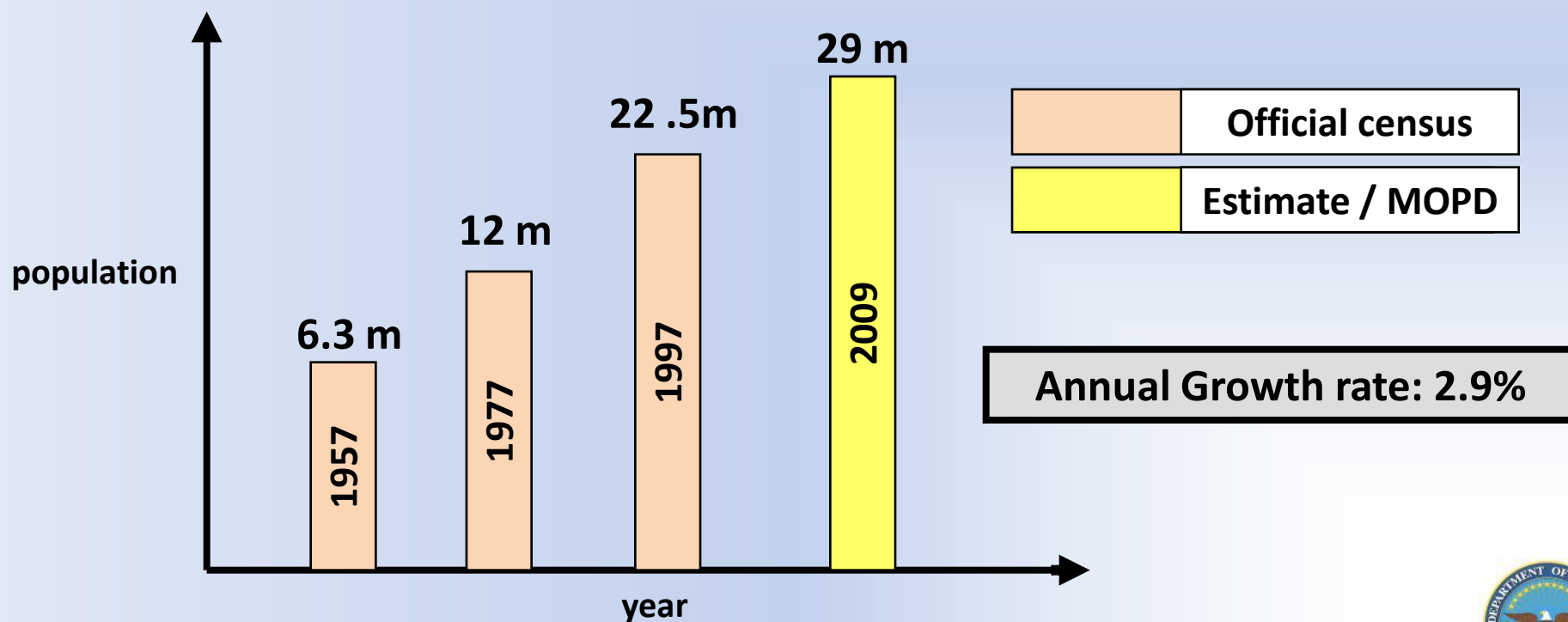
| | | |
|--------|---------|-----------------|
| USA | 7,296 | 211.584,000,000 |
| Sweden | 3,643.2 | 105,652,800,000 |
| UK | 3,066 | 91,980,000,000 |
| UAE | 1,050.4 | 30,461,600,000 |
| Cuba | 965.2 | 27,990,800,000 |
| Oman | 612 | 17,748,000,000 |
| Jordan | 525 | 15,225,000,000 |
| Iraq | 163 | 4,765,000,000 |



Challenges

Iraq doubles its population every 20 years !!!

Population growth



Countrywide Security and Medical facilities security



Challenges

Management of Health sector

- Weaknesses:
- No formal health policy.
- No rational process of strategic planning.
- No evidence based decision making.
- No available data (Health Information System)
- Lack of in-depth experience.



Challenges

- Limited capacity in management, Budgeting & Finance
- There is top down decision making with little consultation.
- Monitoring & evaluation is not available.
- Lack of regulatory mechanisms.
- Health education.



Challenges

- Technology gap.
- Medical logistics (KIMADIA)
- Donors coordination.
- Ignoring the private health sector in future planning.
- Corruption

**Politicization
??**



Challenges

Providers

- No regulatory authority on medical practice!
- No role for medical specialty societies.
- Lack of accreditation & licensing system
- No significant attempts to improve knowledge & skills of Health workers.
- **NO efficient CME, CPD Programs**



Points to be considered during planning for health in Iraq:

- Developing Capacity in management and financing.
- Understanding the Role of Private healthcare sector as a part of the national health plan.
- Military health system (integration of resources), stop doing parallel systems, develop one national system.
- Regulatory authorities on practice should be by independent body NOT by ministry inspection.
- Health education, accreditation and credentialing.
- Research based data collection to develop policy.
- Brain drain proper management.
- Role of local governments (LGs) within a national strategic plan (education of LGS on priorities)



Outcome???



THANK YOU

