

COMMENTARY

Challenges to the Iraqi Health System Call for Reform

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ABSTRACT

The Iraqi public health system has faced major challenges over the last four decades. Recurrent armed conflicts and political instabilities have resulted in service delivery that is of poor quality. This essay identifies the main challenges facing the Iraqi public health system and proposes a plan to initiate the process of addressing these challenges. Calls to action mandate a realistic assessment of the challenges posed by the current situation. Building on an understanding of these challenges and creating an environment to support evidence-based health system reform holds promise for creating a healthy future.

Key Words: Healthcare, Governance, Quality, Iraq, Armed conflicts

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Background

The Iraqi public health system was formed in the early 1920s in response to a post-World War I mandate from the British government.¹ In 1952, the Iraqi Ministry of Health (MOH) was formally established and throughout the 1960s and 1970s, the Iraqi health system evolved into one of the most advanced health systems in the Middle East.¹ However, the last four decades brought major challenges that have crippled Iraq's ability to respond to the public health needs of its population. A number of armed conflicts during this time have affected the quality of healthcare and overall security: the Iran-Iraq War (1980-1988), the First (1990-1991) and Second (2003-2011) Gulf Wars, and the ISIS crisis (2014-to today). Despite the high death toll of these wars, Iraq's population continues to grow at a steady rate as a result of low modern contraceptive use and total fertility rate of 4.1 children per woman.² Rapid population growth adds additional strain to the Iraqi health system, making it difficult to respond to the basic health needs of a population that has outstripped its available health resources. In addition to armed conflict and population growth, in the early 1990s Iraqi Kurdistan became an autonomous region, responsible for forming a separate MOH,³ adding further complexity to the system as the two systems are independent. As a result, issues such as

lack of trust, communication and coordination arose which impacted providing health services in many regions in the country.

The combination of these many challenges is exacerbated by a healthcare workforce that is largely absent. In public healthcare facilities, nurses and physicians are often absent in favor of seeing clients in their personal practice.⁴ A high rate of absenteeism contributes to workforce shortages and has resulted in service delivery that is consistently unavailable or inaccessible, inequitably distributed, and of exceedingly poor quality. This article seeks to outline the main challenges facing the Iraqi public health system and proposes a plan of action to initiate the process of addressing these challenges.

The present health system structure

The Iraqi MOH is responsible for providing access to healthcare for all Iraqi citizens since its establishment in 1920 and under Iraqi constitution, mainly articles 32 and 33, which obliges the government to ensure universal right to health care for the population.⁵ The public healthcare sector offers free services to Iraqi citizens through a network of hospitals and primary healthcare centers (PHCCs). The PHCCs provide preventive and basic curative services. PHCCs are designated as type A, B, or C, depending on their size and available services. The largest PHCCs, type A, are located in urban areas and managed by doctors. Smaller PHCCs, types B and C, are located in rural areas and managed by nurses and community health workers. The number of PHCCs per 10,000 people is 0.7.⁶ Iraq has 1.9 hospital beds per 1,000 people.⁷ Healthcare is financed primarily from oil revenues. Healthcare expenditures are 6.5% of the total national budget.⁶ The private healthcare sector is growing and has the capacity to supplement

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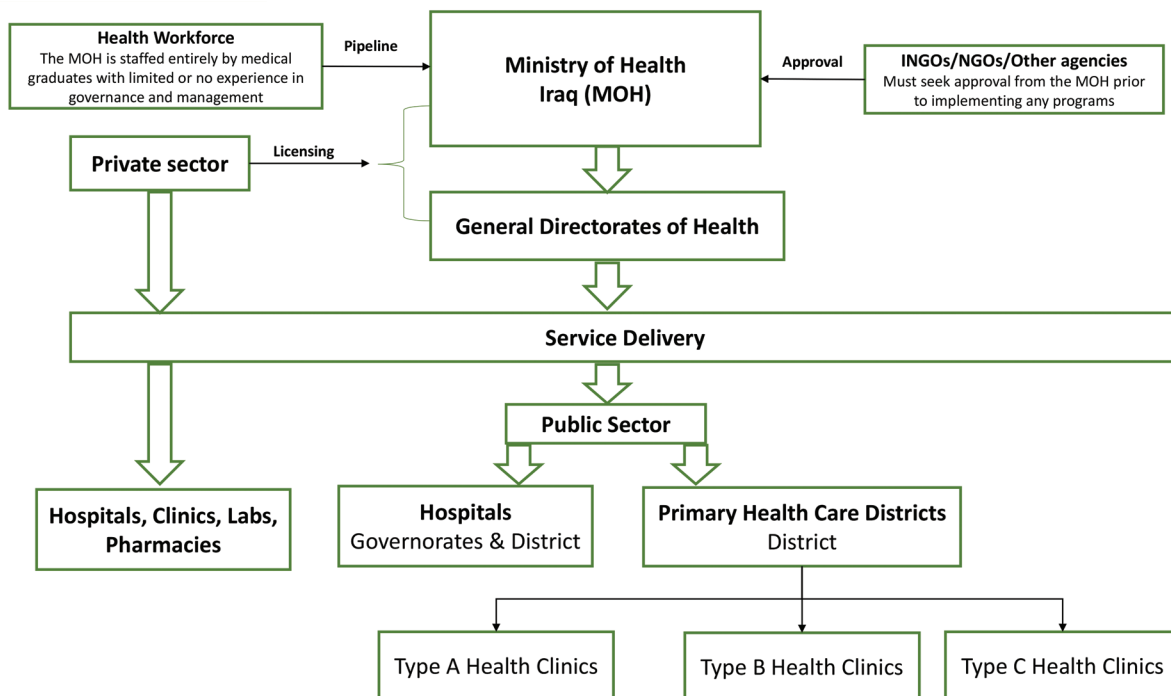


Figure 1. The Iraqi health system

public sector services, especially in curative care, but is largely unregulated.⁴

The health system has national, governorate and districts levels (figure1).

Governance challenges

Effective governance is critical to improving health sector performance and achieving universal health coverage.⁸ The governance of the Iraqi health system has proven ineffective. Among the challenges to effective governance of the Iraqi health system are its complexity, lack of skilled and experienced manpower, bureaucratic policies and practices, systemic corruption and lack of accountability.³ Key policy makers and program managers are all clinical practitioners, primarily physicians, with little training and or experience in governance or management. In addition, governing bodies are primarily preoccupied with administrative issues and paperwork, leaving little bandwidth or protected limited time for monitoring and evaluating the current healthcare policies and practices. Personal political backgrounds and affiliations of individual appointees, when in conflict with public health goals, may further compromise the effectiveness of health system governance.

Current policies and guidelines for governing and leading the public health system in Iraq are incompatible with this complex reality.⁹ The current system has become politicized, complicated to manage, and carries a heavy burden from decades of inefficiency and a sharp lack of accountability. Governing bodies and the MOH leadership are disadvantaged by a lack of technical knowledge and necessary resources for reform. Furthermore, the healthcare workforce has little incentive to support

changes to a system that is personally lucrative.

Challenges to evidence-based decision-making and high-quality service delivery

Evidence-based decision-making is not common practice in the Iraqi health system. In the backdrop of various challenges, the Iraqi health system has largely been dominated by the lifesaving emergency interventions/emergency medicine/ tertiary level care. As a result, many policy-makers perceive high-quality service delivery as a luxury rather than an urgent need, making it difficult to prioritize evidence-based decision-making. Even within agencies tasked with quality monitoring, the execution and maintenance of quality measures is often perceived as “asking too much” of the staff. Those measures initiated by outside donor organizations usually collapse once international actors depart.

In addition, there is a scarcity of country-specific data to guide and develop sound policies. This lack of an evidence-based approach is impeding policy makers and program managers from addressing pressing and complex challenges in the Iraqi health system. Barriers to establishing an evidence-based approach include: a lack of knowledge and awareness of the process of decision-making, a lack of financial resources and technical capacity, a lack of political will, resistance to change among those policy-makers service providers benefiting from the current system and a dearth of professionals who advocate and mentor for these approaches. In addition, programs usually require time to be developed, tested, piloted, and implemented; and after that, such efforts might require several more years to show effect.

Table 1. Short and long-term strategies for addressing current challenges within the Iraqi health system and other similar health systems in the Middle East

Strategies expected to produce results within two years

- Conduct trainings with current policy and decision-makers designed to foster governance and enhance leadership aimed at all levels within the health system.
- Limit licensing of new private facilities; among existing private-sector facilities, create and reinforce transparent regulations for good clinical practice and standards of care.
- Create and widely distribute consolidated handbooks/manuals of medical practices and procedures, in order to promote transparency and consistency in the private sector.
- Create and implement regulations for health professionals to choose either to work in the public or private sector, as opposed to working in both sectors simultaneously.
- Supplement the emphasis on technical and medical training to incorporate management, planning, and finance for all schools of medical education and health affairs.

Strategies expected to produce results within five years

- Nominate health ministers and directors of health directorates with management and policy-making experience and expertise. Identify effective managers from other sectors and nominate them for roles within the MOH leadership. Such leaders will have the bigger picture of the current status of the health system and are less likely to get fixated on the curative mode of management.
- Conduct formative research with key health sector stakeholders to identify the most high priority research gaps. There is a dearth of country-specific evidence to direct policy and programmatic reform. In collaboration with researchers from other universities, conduct formative qualitative and mixed-methods research to identify potentially impactful research questions. Results can inform future interventions designed to build the available evidence base.
- Measure and evaluate all previous reform initiatives to create a comprehensive in-depth analysis of the causal factors impeding reform in Iraq.
- Provide more opportunities (such as continuing medical education, graduate degrees, and job promotions) for the public health workforce and improve their working conditions.
- Create a competency-based ranking system for managers and leaders at all levels.
- Create and conduct annual organizational performance reviews for managers and health professionals at all levels.

The challenge of uncontrolled private sector growth

The public and private healthcare sectors in Iraq differ in terms of governance, funding, and management structure, conveying the impression that the private sector has the capacity to avoid many of the challenges faced by the government healthcare facilities. This impression is misleading; the private healthcare sector in Iraq is expanding rapidly with millions of private facilities, pharmacies, and medical warehouses scattered nationwide, all largely unregulated.¹⁰ Clinicians within these facilities are not held accountable to standards of practice or scientific guidelines. Additionally, the private sector workforce is comprised almost entirely of public sector employees who collect full-time public-sector salaries and benefits while spending the majority of their time in private practice. These providers, whether in their public or

private practice role, are poorly motivated or incentivized to offer high quality care. Those citizens who are unable to pay for private sector care may be unable to access public services due to such high rates of absenteeism while those with the means to pay for private-sector fees may receive extremely poor quality of care – leaving both the wealthy and the poor without access to adequate care.

Steps toward health system reform

In sum, Iraq has fallen far short of their national mandate to provide free universal healthcare for all citizens. Ongoing conflict and instability have made it difficult for the Iraqi government to focus on health system reform and effectively implement interventions to improve quality of care. Reform to the Iraqi health system is required in order to respond to the challenges described above. Appropriate solutions will require realistic strategies. Calls to action should first realistically acknowledge the challenges to health system reform posed by the current situation.

It is well known that short-term strategies, such as training policy and decision-makers and defining and reinforcing regulations, will strengthen governance.¹¹ On the other hand, long-term strategies, such as system performance monitoring to assess progress, are critical for effective reform.¹² **Table 1** summarizes proposed strategies as first steps towards addressing key challenges within the Iraqi health system. These steps are designed to be implemented with technical support from outside agencies, such as the World Health Organization (WHO) and the United States Agency for International Development (USAID). Application of comprehensive and systematic approaches to improve the health system based on scientific evidence and best practices hold promise for creating healthy future generations.

Conflict of Interest: None declared

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