

Iraq : Health Systems Profile

Key health system indicators

Health status

Life expectancy at birth in years	total	73
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	males	207
	females	116
	total	160

Communicable diseases

Tuberculosis notification rate per 100 000	28
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	...

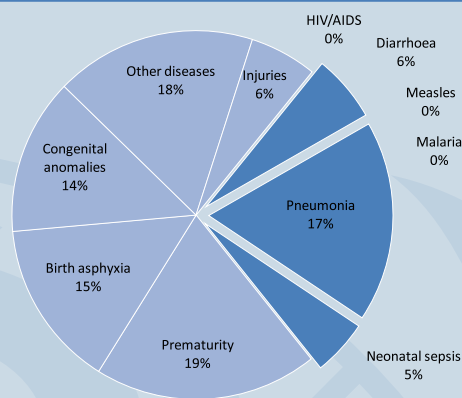
Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	31	4	18
Physical inactivity	62.8 [60.6-64.9]	54 [52.0-55.9]	58.4 [56.9-59.8]

Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	30.1 [17.6-44.0]	28.7 [16.6-41.7]	29.4 [20.4-38.9]
Raised blood glucose	12.7 [7.5-19.3]	12.5 [7.3-19.0]	12.6 [8.8-17.1]
Overweight	62.2 [55.1-68.3]	68.2 [60.9-74.8]	65.2 [60.1-69.8]
Obesity	22.3 [17.2-27.1]	36.2 [29.0-43.6]	29.4 [24.9-33.7]
Raised cholesterol	43.7 [30.2-57.8]	44.1 [26.9-60.9]	44.0 [33.0-55.3]

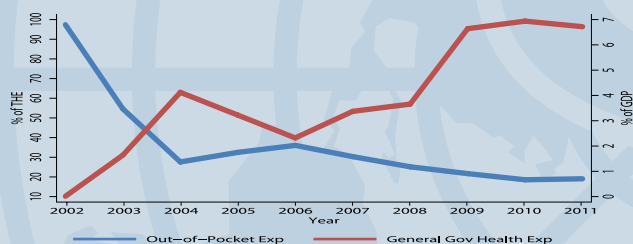
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 28% of all deaths among children aged <5 years

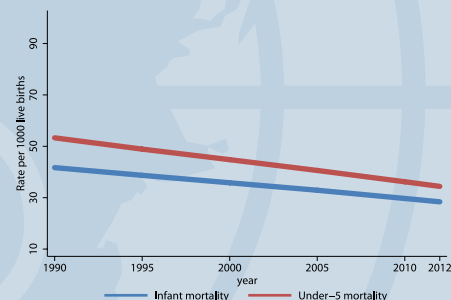
Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2010-2014)
Annual publication/dissemination of ministry of performance report	No
High level multisectoral advisory council for health available	No

Health system: information

Functioning civil registration and vital statistics

Percentage of births registered	95
Percentage of causes of death recorded	50
Year most recent use of ICD in mortality classification reported	2008
Year most recent annual health statistics report published	...

Health system: health workforce

Health workforce per 10 000 population (2011)

Physicians	8.4
Nurses/midwives	16.3
Dentists	2
Pharmacists	2.2

Health professions education institutions

Medical	...
Nursing	...

Percentage of doctors working in rural settings

Percentage of doctors working in rural settings	...
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Health system: service provision

Infrastructure

Primary health care facilities per 10 000 population	0.7
Hospital beds per 10 000 population	13

Service delivery

Access to local health services (%)	86
Contraceptive prevalence (%)	53
Antenatal care visits (4+ visits) (%)	...
Measles immunization coverage among 1-year-olds (%)	83
Smear-positive tuberculosis treatment success (%)	89
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	(1 ; 2008)
General government expenditure on health as % of GDP (2011)	6.7
Out-of-pocket expenditure as % of total health expenditure (2011)	19.3
General government expenditure on health as % of total government expenditure (2011)	10.2

Health system: technology

Existence and year of last update of published essential medicines list (EML)	Yes (2010)
Existence of a functional national regulatory authority (NRA)	Yes (medicines and medical devices)
Number of MRI/CT scanners (in public facilities) per million population	0.5 / 0.8

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> • National Health Strategic Plan 2012–2017 is approved and currently being implemented • National health policy for the next 10 years is currently developed and in its final endorsement steps • First national strategy for nursing and midwifery developed and endorsed • Existing network of primary health care facilities (one primary health care centre/10 000–45 000 citizens) and hospitals • Endorsement of essential basic health service package and Iraqi list of essential drugs within the primary health care centres • Existence of functional centres that are accredited on an international basis, such as the Influenza Centre and National Pharmacovigilance Centre in Baghdad, supported by a network of focal points in most governorates • Continuous annual increments in the budget allocated to the Ministry of Health from central governmental • Availability of medical, nursing and paramedical colleges network distributed throughout all governorates of Iraq 	<ul style="list-style-type: none"> • Centralized decision making processes with limited or no governorate autonomy • High level of reliance on almost 95% imported medical products • Health information systems needs enhancement with heavy reliance on population-based surveys to assess the health situation and monitor trends • Inequitable distribution of primary health care facilities with large differences both between and within governorates • The health facility infrastructure is relatively old • Quality of care at public sector facilities does not meet the required standards • Relying on classical budgeting (based on item budgeting) for the Ministry of Health • The salaries and incentives are not correlated with employee performance
Opportunities	Challenges
<ul style="list-style-type: none"> • The Iraq Public Sector Modernization Programme provides options to reform the Iraqi health sector • Article 31 of the Iraqi constitution mandates the state to protect health and social security • Total health expenditure per capita has increased fourfold over the past 10 years • Private health sector is growing in terms of capital investments and provides opportunities for partnership • High commitment to make the primary health care system based on the family practice model • Government support and commitment for decentralization 	<ul style="list-style-type: none"> • Lack of political stability and security undermines a strategic approach towards universal health coverage • High population growth rate, increasing by 3.5% annually and Total Fertility Rate is 4.3 • Lack of capacity for forecasting and projection of the required workforce in order to meet shortages • Internal and external brain drainage of professional expertise • Need to improve quality of health professionals' education, especially nursing and allied health workers • Adverse effect of social determinants; high rate of unemployment in young men and child labour • High number of internally displaced persons (350 000 internally displaced people in Kurdistan) • The governmental leadership is in need of capacity and skills development and the need for developing an effective job description in addition to insufficient integration and coordination with other development partners

Priorities

- Developing national health policy that provides a vision and roadmap for reforming the health sector over the next decade is in its final steps
- Develop a national strategic plan for health workforce including strengthening nursing education
- Finalize and adopt the National Medicines and Health Technology Policy
- Implement a new round of national health accounts using the new relevant approach
- Strengthen the health economics unit within the Ministry of Health
- Scale up family practice programme in all governorates including implementation of the essential package
- Improve quality and safety of care in hospitals/primary health care centres through clinical governance and/or accreditation programmes
- Develop a system for health professionals' regulation to protect the public from unsafe medical practice
- Define the administrative and functional structure of "Kimadia" and strengthen national regulatory authorities to ensure quality, safety and efficacy that covers all technologies including medicines, vaccines, devices and diagnostics
- Reinforcing health information systems, including civil registration, risk factor and morbidity monitoring and health systems performance
- Strengthening and supervising strategic planning for noncommunicable diseases according to United Nation interventions

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