

Summary report on the

**High-level consultation on  
health system strengthening  
for members of the  
Iraqi parliamentary committee  
on health and environment**

Cairo, Egypt  
9–10 May 2012



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## **1. Introduction**

A high-level consultation on health system strengthening for members of the Iraqi parliamentary committee on health and environment was held by the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt on 9–10 May 2012. Twenty-five parliamentarians attended the consultation, which was the first of its kind held at the Regional Office. The objectives of the meeting were to:

- develop a better understanding of the Iraqi health system;
- identify the role of parliamentarians in supporting appropriate legislation to improve health outcomes in Iraq;
- work together to address health challenges and improve health services and health outcomes;
- identify legislative requirements to ensure the equitable distribution of health services throughout the urban and rural areas of the country, and for all the population, especially the most disadvantaged; and
- identify and address the challenges and opportunities offered by the current decentralization programme being implemented by health and other sectors.

The consultation was inaugurated by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who emphasized the need for strengthening health systems in the changing public health landscape, where epidemiological patterns of disease were shifting and new players emerging. Robust political commitment, equitable resource allocation and a renewed focus on human resources were needed to address such challenges. He emphasized WHO commitment to consolidate the health system in Iraq and to help overcome the negative impact of the past decade of crisis.

## **2. Summary of discussions**

The starting point for discussions was the message that the concept of the “health system” refers to more than the capacity of the Ministry of Health. “Health in all policies” is an approach that moves towards shared governance for health and well-being. A body such as a high national health council, headed by the Ministry of Health and including other relevant ministries, is needed to review policies that have an impact on health.

Participants pledged full support for the vision of healthy society which is based on a health system that is fair, equitable and in line with international standards. Participants noted that the health and environment committee had not received any recommendations for legislation from the Ministry of Health, and said that this would be discussed with the Ministry.

It was stated that in Iraq, consideration was being given to merging the Ministry of Health and the Ministry of Environment, especially to deal with environmental exposures due to war and weapons. Participants requested more information on environmental issues, especially anti-personnel mines and waste products containing radioactive materials, to help them in drafting legislation on public health risks. They also expressed concern about the scarcity of information on drinking-water safety, waste recycling and safe sanitation. Environmental health issues need more attention, and technical support is needed from WHO to strengthen related capacities of ministries of health, defense and environment.

Iraq has a history of support for an effective public health system delivering services throughout the country to all sectors of the population in a fair and equitable manner. However, the past decade has been one of constant crisis, which has had a negative impact on the health system and

on health outcomes. In addition, Iraq (as other countries in the Region) is facing new challenges such as new and emerging diseases and the rise of noncommunicable diseases which are now responsible for over half of all deaths in the Region. Globalization means that no country faces these challenges alone.

Participants reviewed some of the health challenges currently facing Iraq. Health indicators, particularly life expectancy, are not at the level of other countries with similar socioeconomic development. Maternal and child mortality rates continue to be high despite improvements over the past 8 years, and child malnutrition persists. In 2011, 30 000 typhoid cases were reported, indicating a serious problem with access to safe water and sanitation. There is a double burden of both noncommunicable disease, especially diabetes, and communicable diseases, particularly tuberculosis. The presence of landmines and health effects of depleted uranium in post-conflict areas are ongoing environmental health issues.

Current government spending is unbalanced, with more spent on security than on health and education combined. As well, public sector spending on health is skewed more towards hospitals and non-investment budget. More than 37% of the public sector funds are spent on medicines, which points towards limited efforts in the area of rational use of medicine and pharmaceutical management. 23% of the population is poor, living on less than US\$2 a day. The blurred boundary between the public and private sector, with many health providers working in both sectors, is likely to have an adverse impact on public provision and to increase inequalities.

Discrepancies between figures produced by the Ministry of Health, other agencies and population-based surveys pose problems for the health information systems and are confusing for policy-makers. Birth and death registration needs to be improved. The national blood transfusion service in Iraq has been supported and upgraded by WHO. However, routine

work is not always automated and manual techniques, which are inherently unsafe, are used. There are almost 14 000 thalassaemia cases receiving blood in Iraq.

Discussions emphasized that the health system does not exist in a vacuum, and its problems are shared by other sectors. Political problems, including polarization and bureaucratic bottlenecks, impede efficiency in management and delivery of health services. Intersectoral action is required to ensure that all sectors consider the impact of their policies on health. For example, the Ministry of Health needs to liaise with the Ministry of Higher Education to ensure that the cadres trained meet the country's needs. Weaknesses in the health system are in part a consequence of economic sanctions in place since 2003 and lifted in December 2010. Security problems persist; however, it is worth noting that morbidity and mortality for road traffic injuries and mortality are now higher than those for terrorism.

A number of opportunities were identified for improving health in Iraq:

- Increased national oil revenues, which provide resources for a relatively high per capita expenditure on health, \$215 per capita;
- Good access to health care for most of the population;
- 80% of health care provided by the public sector: effective, accessible and equitable;
- Strong health workforce, although geographical distribution and skill mix could be improved;
- Commitment by government and development partners to Iraq public sector modernization initiative;
- Availability of updated health intelligence and data from the recent health sector performance assessment and functional review study; and
- Extension of primary health care through the family practice model, which provides a basic package of health services, integrates



noncommunicable diseases and mental health in primary health care, provides incentives for staff in rural areas and is responsive to public concern about quality of health services.

The Regional Office and the Ministry of Health have developed a country cooperation strategy and conduct regular operational planning exercises which define policies, activities and expected results of collaboration between Iraq and WHO.

Participants agreed to think seriously about the kind of a health system needed in Iraq. A number of options and models are available: a system that is entirely public and free at the point of delivery, a private system based on pre-payment schemes, some mix of public and private services that relies on contracting out to private or non-profit organizations. WHO should be included in these discussions. For Iraq, WHO favours a system paid for by general taxation and free at the point of delivery. Decisions made now about the future shape of the Iraqi health system will be binding on Iraq for years to come.

### **3. Recommendations**

1. Develop a clear vision and roadmap for health system reform, and obtain political consensus among partners and players. The reform should draw on the Iraq public sector modernization programme and other health system strengthening initiatives. An evidence-based national health policy would be an appropriate means to provide the vision and roadmap.
2. Update national public health laws, and strengthen the regulatory capacity of the Ministry of Health. In this regard collaboration and communication needs to be further strengthened between the Ministry focal points and members of the committee.
3. Endorse existing national medicine policy and health care technology policy, supported by an independent National Review Authority, and

review the administrative and functional structure and role of Kimadia in the procurement and delivery of medicines and medical technology.

4. Strengthen the health system through the following actions:
  - Establishing and expanding the family practice programme to deliver primary health care services with the aim of achieving universal health coverage
  - Developing strategies for building institutional capacity to train family practice teams
  - Supporting health system strengthening as a platform to implement priority public health programmes such as those for noncommunicable diseases, communicable diseases and maternal and child health
  - Developing a national strategy to strengthen national health information systems, using information technology for data collection, processing and dissemination, and promoting use of data at all levels.
5. Improve aspects of health financing with a focus on:
  - Increasing investment in health (currently estimated at 4.6% of GDP)
  - Keeping out-of-pocket payment to less than 20% of total health expenditure
  - Promoting efficiency in the areas of strategic purchasing and financial management.