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Health Sector

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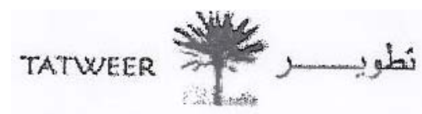

Paper framework

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Section I: Strategies related to the health sector

A - United Nations assistance strategy for Iraq (2008 – 2010)

This strategy aims to support and improve the performance of the health sector in Iraq and to achieve equity in providing essential health services, improve the drug policies and the development of health insurance system, also it supports the Primary Health Care system as a substitute to the hospital based system. This strategy aims to increase the investment in the health sector and promotion of health and nutrition programs to achieve the delivery of health care services focusing on the poorest targeted group of population

B - National Development Strategy (NDS) 2007-2010

Short term strategies include the following:

1- Strengthening managerial capacity
2- Development of new norms and standards for rehabilitation and construction
3- Meeting urgent needs
4- Mobilization of resources and increase pledges to the health sector
5 - Training and capacity-building

Medium term strategies:

Health sector reform and ensure provision of primary, secondary and tertiary health care

C - Country Cooperation Strategy (CCS), WHO-GOI 2005-2010

Main Objectives:

- Change the health system approach in Iraq from hospital based to a decentralized and mutli sectoral model
- Develop Health system
- Respond to urgent needs
- Strengthen partnership between the public and private sectors
- Improve quality and safety of water and food
- Provide psychosocial support through primary health care services.

Long-term strategies

1) Focus on primary health care

2) Develop a comprehensive and decentralized health system,

* Development of national medicine policies, supporting supplies and equipment for the production of medicines, development of a strong system for monitoring the quality control of medicines according to standards
* Updating the health information system
* Strengthening maternal and child health care (Ante-natal, natal and post natal)
* Strengthening expanded programme of immunization against communicable diseases

D - Millennium Development Goals (MDGs) 1990-2015

The following are the most important indicators of MDGs that need to be achieved during the period 1990-2015.

Millennium Development Goals Indicators 1990- 2015

Indicator	Baseline	Baseline Year	Latest figure	Year (for latest figure)	Target for 2015
Proportion of underweight children under five year of age (%)	9.0	1991	7.6	2006	4.5
Mortality rate of children under five per 1,000 live births	62.0	1990	41.0	2006	21.0
Infant mortality rate per 1,000 live births	50.0	1990	35.0	2006	17.0
Proportion of food insecurity among population (%)	11.0	2003	15.4	2005	5.5
Proportion of children aged one year immunized against measles (%)	80.0	1990	75.0	2005	100
Maternal mortality ratio per 100,000 live births	117.0	1990	84.0	2006	29.0
Proportion of births attended by skilled health attendants	50.0	1990	89.0	2006	100
Percentage of condom used (out of contraceptive prevalence rate)	0.7	2000	1.1	2006	10.0
Proportion of population at risk of malaria who has taken preventive measures against malaria and treatment	Treatment 18.3 Prevention 7.4	2000	Treatment 18.3 Prevention 7.4	2000	Treatment 100 Prevention 100
Incidence rate of malaria per 100000 of population,	26.8	1995	0.1	2006	0
Prevalence and mortality rates of tuberculosis per 100,000 population	2.0	2000	12.4	2006	0
Percentage of TB cases detected and treated under DOTS	86.0	2000	86.0	2000	100
Percentage of population having interrupted access to potable drinking water source in urban and rural (%)	Total/81.3 Urban/96.3 Rural/47.1	1990	Total/81.3 Urban/96.0 Rural/45.9	2007	Total/90.6 Urban/98.2 Rural/73.6
Percentage of population utilizing improved sewage disposal in urban and rural (%)	Total/71.5 Urban/95.0 Rural/48.0	1990	Total/83.7 Urban/89.6 Rural/70.3	2007	Total/96.3 Urban/100 Rural/88.9

**Source:* *Iraq Ministry of Planning and Development Cooperation, Central Organization for Statistics and Information Technology/Monitoring Millennium Development Goals (MDGs) January 2008*

Section II: Situation analysis of health in Iraq

1- Primary health care

A- Primary health care centers (PHCC)

Maternal and child health care services are provided through PHCCs and pediatric and maternity hospitals.
The number of PHC centers increased during the period 2002-2007 at a rate of 1% only, which is considered low compared to the previous years, especially in 2006 in comparison with the baseline year (6%). The number of pediatric and maternity hospitals was 20 in 2002 with a total number of 29,097 beds and the situation or these hospitals remained as it is till 2006. While, the total number of beds declined to (4931) with a lower growth rate of (-35.8%).

From a previous study that was conducted in 2003 by MoH (Dr. Naira Al Awqati, it was noted that the indicator (PHC centre/ population in the year 2007) was reported to be under the standard level of 10000 person / PHC center. Also, for the distribution of health workers in PHC centers and MCH care, the study shows the same result.

B – Reproductive Health Services

There was a decline in the percentage of deliveries attended by skilled birth attendants (MoH/ vital health statistics department and COSIT 2006) between 2004-2006. According to MICS-3 it was 88.5%.
Contraceptive prevalence among married women age 15-49 reached 43.5 % according to (MICS-2) 2000 and increased to 49.8 % (MICS3). Antenatal care coverage, by any visit, is 83.8% (MICS-3 2006)

The health services with regard to the availability of health care during pregnancy (13%) of families are deprived from services according to the map of deprivation 2006.

The percentage of home deliveries were 34.3%, the highest proportion of deliveries were in hospitals (urban:70% and 55.1% in rural areas) and the highest proportion of was reported among those women with secondary and higher education (76.6 %) in comparison to illiterate women and housewives (46.8%). The percentage of deliveries by skilled birth attendants is (88.5%) according to the results of the MICS-3 (2006)

C- immunizations against childhood diseases

MICS-2 results (2000) showed that the Proportion of fully immunized children aged 12 - 23 months vaccinated against childhood diseases was (70.3%) in comparison to the MICS-3 results for 2006 (38.5%) which showed decline by almost one third.

The statistical annual report for 2007 issued by the Ministry of Health, Directorate of Planning and Resource Development 2007,showed that the percentage of children vaccinated for MMR during NID is (93.5%). vaccination of polio vaccine (% 92.5%) during the first round and for the second round is(100%).

D- Malnutrition

Malnutrition is common among Iraqi children aged (6 months to 5 years), general malnutrition by (12%) and acute malnutrition (8%) of the same age group. The rate of chronic malnutrition was (33%). Among the food unsecure households, children aged (12-23) months are at risk of malnutrition, (9 %) .of the children suffer acute malnutrition. Children aged (6 - <12 months) suffer of wasting (13%), and affects children age (12-23) months by a rate of (12%), according to Iraq Living Conditions survey (ILCS 2004).
According to the deprivation Map and living standards 2006, the proportion of children under 5 who suffer from stunting is (18%), malnutrition(9 %) and under weight (7.6%) (MICS-3 2006).

E- Childhood mortality

The estimated probability of death among Iraqi children who were born during the years 2000-2005 before completing 40 days of age is (18%) (ILCS 2004), while ESCWA estimated the same indicator by more than (10 %) in 2003. The average life expectancy at birth was (61) years, depending on UNDP report (2003) with an estimated deprivation map index of the 2006 by (60.7)years.

The Children under five mortality rate is (41)per 1000 live birth, and the infant mortality rate according to MICS-3 is (35) per 1000 live birth, and the neonatal mortality rate is (23) per 1000 live birth.

According to the results of IFHS(2006/7) which showed a gradual increase in the estimated in indirect child mortality under the age of 5 years from (48.8 to 58.9)per 1000 live birth in gradual between the years 2001 – 2005 with an increase in infant mortality rate for the same period (34.2 to 41.4) per 1000 live births. The direct neonatal mortality rate in 2003 – 2005 from(19.9 to 23) per 1000 live birth and infant mortality from (33.3 to 42.1) per 1000 live birth for the same period.

F-Maternal death

The fifth goal of the Millennium Development Goals is to reduce maternal mortality by three quarters during (1990- 2015). Maternal mortality ratio reached 117/100,000 live birth in 1990, it dropped to 193 (ILCS 2004) and to 84 per 100,000 Live births (IFHS 2006).

2- Secondary and tertiary health care

The number of hospitals increased for the period between the year 2002 and 2007 with a growth rate of 0.4%, while growth rates were higher during the years 2004,2005 and 2006. During the baseline year 2002, the number of private hospitals decreased while that for governmental hospitals increased. The number of public health clinics dropped between 2002 and 2007 with a minus growth rate of 0.41 %, it was higher during the period 2004 to 2006 in comparison to 2002. The number of beds increased during the period between 2002 and 2007 with a growth rate 1.4%, while number of inpatients also raised during 2003-2006 and dropped in 2007 by 0.9% in comparison with 2002. In the reverse of that the number of out patients dropped gradually during that period reaching its lowest level in 2007 with a growth rate of (-) 19.6 %. The number of health workers at health facilities increased during 2002-2007 for doctors and dentist by a growth rate of 7.5 % and 9.0 % respectively. The number of pharmacist increased gradually by 17.3 % during this period. In general, the number of medical staff increased for the same period by (9%). Paramedical staff numbers

including nurses also increased by 26.2% during the same period. The same applies for pharmacies, laboratories and ambulances which showed increases in their rates by 2.5% and 4.2% respectively.

Service levels can be pointed through comparison to population and competency index. The indicator doctor/1000 person reached the level of 0.4 in 2002 and rose slightly to 0.6 per 1000 population and sustained over the period 2003-2007. These levels were not meeting the required standards of one doctor per 1000 person at minimum. There was a decrease in the dentist/population index for the year 2007 as compared to the baseline year 2002, and the pharmacists/population index begun to decline reaching the lowest in 2007.

It seems that the index of doctor/nurse is not within the required level because this was less than one doctor per one nurse during that period. Also the indicators of physician/paramedical staff and nurse/1,000 population have not reached the required standard which is 4. The index of population/hospitals increased in 2007 from the baseline in 2002, which indicates the overload on hospitals. The same applies for the public clinics. The population/beds index and the bed occupancy rate increased gradually.

A- Pharmaceutical sector

The National pharmaceutical industry was contributing about 30% of the domestic consumption of drugs before 1990. After, many drug factories were forced to reduce the production of drugs like Samarra Drug Industries.
Therefore, drug rationing measures were taken through the implementation of the identification card system for people affected by chronic diseases. The number of people receiving this card in 2005 was 658,507 and increased to 706,709 in 2006 which represents a percentage of 2.8%.??? (7.3%)

B - Diseases

Non communicable chronic diseases:

The results of national survey on risk factors for the NCD in 2006 showed that the prevalence of Diabetes Mellitus was 10.4%, Hypertension 40.4%, and overweight and obesity 66.9% within the age group of 25-65 years. The percentage of people with high cholesterol in blood was 37.5% and that for smokers was 21.9%.

According to IHSES survey, the prevalence of chronic diseases reached 10.2%, with higher percentage in females, and higher in urban than rural areas. The highest percentage among non communicable diseases was hypertension followed by diabetes. The percentage of deprived families, according to the indicator of chronic diseases with the presence of health problems is 12%.

The prevalence of cancer cases increased steadily and the number of reported cancer cases during the period 1995-1997 was between 8,000-9,000. This number increased up to 7,822 cases in 2003. The diagnosis often occurred at later stages of the disease when the treatment will be almost not effective.

IFHS 2006/2007 showed that 55% of respondents experience a state of tension and nervousness and a high percent of them were women.

Communicable Diseases

After 1990, there was increased incidence of communicable diseases like respiratory infections, measles, mumps, diarrhea, typhoid fever and leishmaniasis (Baghdad Boil) and the immunization programs were hindered.

Pneumonia was one of the most infectious diseases that were reported in Iraq during 2006 (94,994 cases) followed by chicken pox (29,907 cases) and typhoid fever (26,301 cases).

The incidence rate of malaria per 100,000 population decreased from 26.8% in 1995 to 0.03% in 2006, according to MoH statistical reports.

The incidence rate of Tuberculosis per 100000 increased from 2% in 2000 to 12.4% in 2006. The incidence rate of Diphtheria was 0,003 per 100000 population in 2007. While that for Whooping cough was 2.6% and for Measles 0.4, for Rubella 0.04 and Mumps 1.38.

The number of cases of viral hepatitis was 15,462, and the highest number of clinical type is 9,599 with a rate of 62.1%, followed by type A. ***(Original text in Arabic not clear)***

The number of people having AIDS was 2 cases in 2005 and increased to 5 cases in 2006.

Disability

The percentage of persons with disabilities according to IHSES data was 2.8% with a proportion of 3.4% in males and 2.3% in females. There was no difference in percentage of disability between rural and urban areas, 2.6 % and 2.8 % respectively.

3-Health related services

Percentage of the population who do not have access to safe drinking water was 16.7% according to MICS 2000. This rate increased to 26.3% for the year 2005. The per capita net ware consumption is reduced from 207.3 cubic meters in 2005 to 187.6 in 2006, a decline rate of 9.5 %. It was noted that the ratio of the deprivation index according to safe drinking water is lower than the ratio of deprivation from other infrastructure indicators and ranged from 32% to 33%. The rate of satisfaction on quality of water was 49%.

Per capita electricity has decreased from 1.33 megawatts/hour in 2002 to 0.99 megawatts/hour in 2006. 85% of Iraqi families suffer from electricity shortage according to the map of deprivation 2006.

The proportion of people not served by sewage network or individual sewage system (septic tank) was 33.2%, northern provinces not included.

However, the percentage of people not served by solid waste collection services for the year 2005 in the urban population was 20.2%. The percentage of households that can not dispose of their solid waste was 70%.

The percentage of people using improved sewage disposal according to MICS2 was 92.5% and 92.3% in 2006 MICS-3. The percentage of households deprived from access to sewage disposal was 43 %.

4- Government expenditure on health

The number of health investment projects between 2005 and 2007 increased by 38.8%. This was accompanied with an increase in the total cost of these projects from 161,298,000 to 1,688,242,000 Iraq Dinars (ID) which is an increase of 946.7%. The annual allocation passed from 55,156,000 to 430,500,000 ID which is an increase of 680% for the two years mentioned.

This means that expenditures during 2005 and 2006 were higher as compared to 2007, 51% for the years mentioned and 6% for 2007. This is because the actual expenditure in those years was spent on compensation and rehabilitation of land abuse and others which raised the expenditure rate.

The current budget

First: There has been an increase in the allocation of recurrent costs for the MoH budget, (except for drug expenditure) during the past 2 years (2006 and 2007) in comparison with 2005 by 3.6% and 21% respectively, This mainly represents allocation for goods, commodities and maintenance services which accounted for 69.8% and 68.2% and 61.5% for the years 2005, 2006 and 2007 respectively. This clear decrease in opposed by rise in the expenses and cost of compensation for employees (salaries, wages and allowances) and other expenses and non-financial assets. But the total recurrent costs compared to the total current government budget decreased in 2006 and 2007 in comparison to 2005 with rates of 4.12%, 3.02% and 3.59% respectively.

Second: A reduction in the allocation of expenditures on medicines between 2006 and 2007 by 16% in addition to the continuous decline in the proportions of these allocations to the current total government budget for the years 2005 and 2006 and 2007 by 2.41%, 1.70% and 1.41% respectively.

Third: Increase in the net current budget of the country for 2006 and 2007 as compared to 2005 with the following rates 41.5% and 1.6% respectively.

Third Section : - Challenges facing the health sector

- Lack of monitoring and quality control measures for the imported food and only 58% of locally manufactured food in Iraq is subjected to food safety regulations (Global report for assessment sanitary and water resources, Geneva, WHO and UNICEF,2000)
- Worsening of potable water supplies and wastewater treatment provided to the client and the leakage of sewage into the rivers and other water sources which lead to spread of water born diseases.
- Immigration of professionals and brain drain.
- Improper distribution of financial and human resources.
- More attention to hospital services and curative care with negligence to preventive care.
- No adoption of the development of the primary health care and sustainable development for this sector.
- Weakness in the waste and disposal system at institutional health facilities and other levels.

- Hospitals are in shortage in the following services: water, electricity, medical and non medical equipment maintenance and medicines.
- The time spent by the doctor per each patient in health centers (2-5) minutes which is not enough to provide good care to client.
- The existence of a national body for the selection of medicines, but the quality control measures are not undertaken as required.
- The health information system is not computerized so as to provide comprehensive information.
- The governmental expenditure on health has been the lowest rates among the countries in the region.
- Low coverage in the vaccination against the targeted childhood diseases.
- High percentages of home deliveries especially in rural areas and mostly among the illiterate women.
- The high prevalence of risk factors of non- communicable diseases which are the major causes of death.
- Lack of a clear, solid and adopted national population policy to reduce child and maternal mortality and disability in addition to the unsteady population growth which will lead to increase burden on health services. This will not be achieved unless there is a solid clear policy and well control to the population growth rate.