REBUILDING THE IRAQI HEALTH CARE SYSTEM

Challenges in moving from Emergencies to Development

Dr. Khudair Abbas
Minister of Health
IRAQ

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The Iraqi Health System consists of three main levels:

1. Primary level: composed of Primary Health Care Centers (PHCC) which are distributed all over the country (962 PHCC)

2. Secondary level: consist of general hospitals (152 governmental / 29966 beds) (65 private/ 1890 beds). Private/ Governmental beds = 6.3 %
3. Tertiary level: includes

- (63) specialized centers
- (8) hospitals and rehabilitation centers.
HEALTH MANPOWER

- Physicians : 14459 (Specialists : 4509)
- Dentists : 2718 (Specialists : 257)
- Pharmacists : 2313 (Specialists : 67)
- Nursing staff : 24606 (females : 5365) (males : 19241)
- Paramedics : 34897
REASONS FOR IRAQ HEALTH SYSTEM DECLINE

1. Shift of emphasis in the country budget.
3. Wars.
4. Politicization of economic sanction and the corruption associated with it.
5. War associated events in April 2003.
Ruined Operating theatre: Al Yarmouk Teaching Hospital
CONSEQUENCES

- Decline in **Quality** of healthcare standards.
- Inability to **develop and upgrade** health professionals' skills and knowledge.
- Poor **communication** for both national and international.
- Health facilities **numbers** didn’t match the population needs and demands.
- Violation of citizens’ right to access health services due to **unsafe roads**, prevailing **security** situation, **unpredictability of electricity & water supply** and **poor sanitation**.
Meeting immediate Health Needs

- Implement national health plan.
- Rehabilitating health facilities including (infrastructure, equipment, furniture & the capacity building of health professionals).
- Strengthening the emergency response system and disaster preparedness. Established Emergency Operation Rooms to handle crisis, respond and prepare in Baghdad. Have replicated in other governorates. Contingency Plan initiated.
- Provision of equally distributed human resources all over the country
- Improving the communication between central and peripheral levels vertically and horizontally
Meeting immediate Health Needs

- Improving access to effective primary health care especially child and maternal health with provision of services as close to the client as possible and with the full involvement of community groups (the vulnerable and the un-reached)
- Secure the sustainable distribution of equipment and quality pharmaceuticals.
- Integrate technology into the health care system to improve health and healthy lifestyles.
Strategic Vision

Provision of accessible, affordable, available, safe and comprehensive quality health services of the highest possible standard that is financially sound and founded on scientific principles in order to meet the present and future health needs of the Iraqi people regardless of their ethnicity, geographic origin, gender or religious affiliation.
CHALLENGES

- Impatience of Iraqi people after long suffering.
- Free health services.
- Security issue.
- Fulfillment of donors commitment.
- Current difficulty with Iraq economy.
- Successful implementation the MOH plan of capacity rebuilding.
- Fighting corruption.
- Communications difficulties and poor IT.
- Women issues – access to services, movement, safety etc.
Expectations from WHO ?????

Technical support;
Response in emergencies – The shipment of Medicine and Medical Supplies during recent Crisis and closely working with MHO;
Enhance the support to preparedness strategy;
Create a network of emergency and preparedness experts;
Provide lessons learnt in emergencies and the challenge of sustaining the development of health system;
WHO to advocate for humanitarian face of the UN