



**Kurdistan Regional Government – Iraq
Ministry of Health**

**The International Congress on Reform and
Development of the Health Care System in
Kurdistan Region – Iraq
2-4 Feb. 2011 , Erbil**



Health Sector Reform (HSR)

Dr. Abdullah Saeed Abdullah

Chairman of HSR Congress

E-mail: delovan91@yahoo.com

Overview

- Current Health Care Situation in Kurdistan Region
- Health System Shortfalls
- Strategic Goals of MOH
- Strategy for Reform



Current Health Care Situation in Kurdistan Region

Reform &
Development
of the Health
Care System
in Kurdistan
Region - Iraq

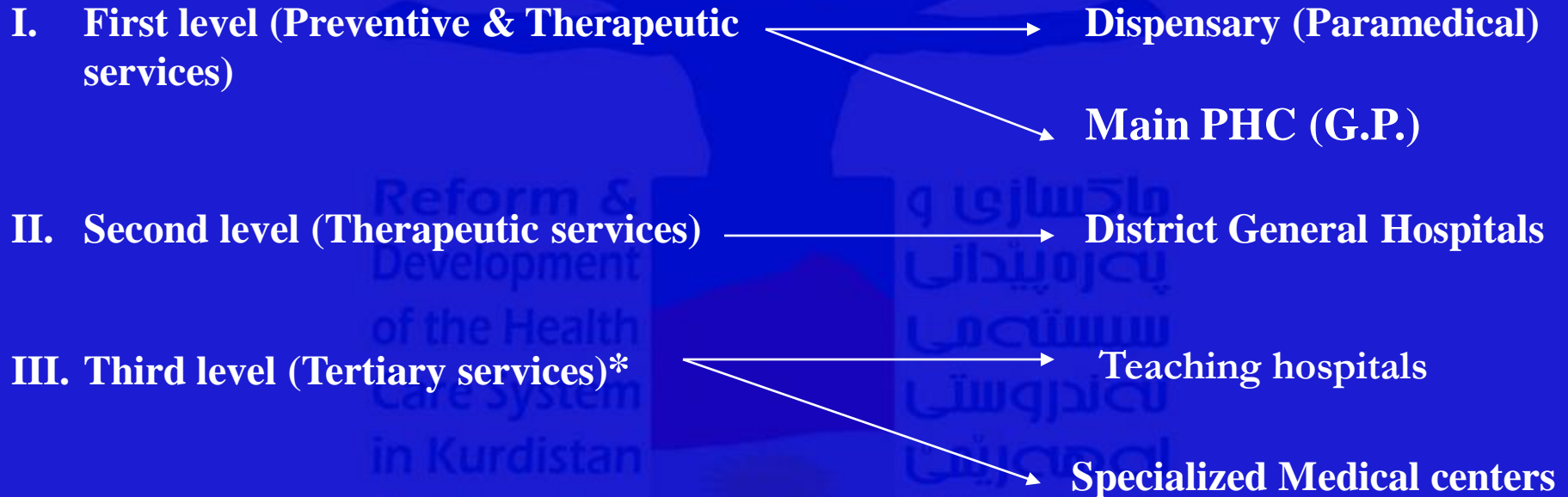
مجلس الوزراء
الكويتي
سيستة
كويتي
له هاري
كويتي - عراق

اصلاح وتطوير نظام الرعاية الصحية في اقليم كردستان - العراق

Main Features of the Existing Health Care System

- ❖ Total responsibility of the State, represented by MOH, in providing all the necessary facilities that ensure the rights of every citizen to have a status of complete physical, mental and social wellbeing, as stated in the constitution.
- ❖ No clear health policies
- ❖ Minimal community participation in the policy making decisions and cost sharing
- ❖ Inability to meet needs of the community
- ❖ Hospital oriented, doctor centered care
- ❖ Poor managerial process
- ❖ Lack of emphasis on cost effectiveness of public health services

Levels of Health Care



*advanced diagnostic and curative services in all medical and surgical fields

Notes:

- 1- The patients can directly visit all above facilities for preventive and emergency service.
- 2- There is a patient referral system from first to third level.

Demographic Indicators – Kurdistan Region / Iraq

Indicator	Value
Area in Square Meters	40,643 km ²
Total population (2007)	4,910,742
% urban population	72%
Crude Birth rate per 1000 population	32
Crude death rate per 1000 population	9
% population growth rate	3.4%
% population below 15	37%
% population 65 and over	4.2%
% dependency ratio	78
Total fertility rate per women	3.8

Mortality Indicators – Kurdistan Region, Iraq

Indicator	Value	Target
Under 1 year mortality rate	35/1000 live birth*	MDGs***/reduce by two thirds
Under 5 year mortality rate	41/1000 live birth*	MDGs/reduce by two thirds
Maternal mortality ratio	47/100000 live births**	MDGs/reduce by three quarters

* MCI survey Iraq- Kurdistan 2006;

** Iraq- Kurdistan family health survey 2007;

*** MDGs= Millennium Development Goals

Health Care Providers in Kurdistan Region

- Public sector : Many health services are nearly free of charge.
- Private sector : This sector is growing up by local & international investments .
- Public Private partnership (PPP) – Mixed system

Public Health Sector

- ❖ 70%-80%
- ❖ It is funded by the government
- ❖ The public health sector provides its preventive, curative and emergency services through a network of PHCs and public center & hospitals.
- ❖ Cost of curative services ranges from almost nil to 15,000 ID for super major surgeries.
- ❖ Preventive health services are free of charge.
- ❖ There are special support for vulnerable groups like poor people, disabled, students, war victims, & those with chronic Dis. congenital anomalies, mental diseases & cancers.

Private Health Sector

- ❑ 20%-30%
- ❑ Health services are delivered through private clinics, centers and hospitals.
- ❑ Costs are covered by clients directly (out of pocket).
- ❑ Sectors size is expanding by local and international investments.
- ❑ Currently, there are 67 small private hospitals and specialized centers in Kurdistan Region compared to 86 public ones.

Availability of Health Services

- The health sector in Kurdistan Region has witnessed in the past two decades an increase in health infrastructures to provide the health services in remote (rural) areas even though they are of suboptimal quality.

Year	Hospitals		PHCs	Medical Teaching Institutions*
	No.	Beds		
1991	27	3476	163	1
2010	86	6196	847	18*

Medical, dental, pharmacy, and nursing schools and technical Institutions; * 2008 data

Role of Human Resources for Health (HRH)

- The functioning and growth of health systems depends on the availability of human resources.
- Key factor in achieving population health outcomes.



Availability of Human Resources for Health *(Cont.)*

- Although the number of health workforce has increased, still it has not reached the target. For e.g. the number of physicians increased from 701 to 4297 between 1991 and 2008, but still there is a shortage.

Indicator	Value	Target
Physicians*	0.7/1000 population	2/1000
Dentists*	0.1 /1000 population	0.5/1000
Nurses	1.1 / 1000 population	2/1000
* RAND presentation (unpublished report)		



Health Care System Shortfalls in Kurdistan Region

Development
of the Health
Care System
in Kurdistan
Region - Iraq

پەرزە پێدان
سیستەمی
تەندروستی
له هەرێمی
کوردستان - عێراق

اصلاح و تطویر نظام الرعاية الصحية في اقليم كردستان - العراق

1. Failure to Meet the Increased Population Health Demands

Resulted from:

- High population growth rate (3.4%) with a population doubling time in Kurdistan region of 20 years
- Expected increase in the aging population (increase in life expectancies)
- Epidemiological health transition evident in an unprecedented increase in prevalence of non-communicable diseases
- The rapidly growing environmental pollution and problems with its health consequences (poor liquid & solid waste treatment, low coverage of safe drinking water, draught & desertification, air pollution & sand storms).

2. Failure to Have Sustainable Financial Resources

- Global and local increase in the cost of health services due to use of highly sophisticated diagnostic technologies and therapeutic services
- Inadequate government allocation for health sector (MOH was No.6 priority in 2009 budget)
- Rapidly increasing economic inflation
- No cost sharing of public sector beneficiaries

3. Failure Resulted from Political Situations and Health Policy

1. Weak political willingness and commitment to reform process
2. Old legislations of health sector
3. No clear health policies
4. Unorganized different health providers to prevent duplication in health service provision and conflict of interests
5. Rationale expansion of the private health sector

4. Other Challenges

- Hospital oriented and doctor centered health care
- Shortage and unequal distribution in health workforce
- Poor health information system (HIS) and information technology (IT)
- Weak monitoring and evaluation of health system performance
- Reluctance of some health workers to any step to reform
- Rationale use of medications

The logo features a central figure with arms outstretched, holding a white dove in the right hand and a sun in the left. The figure is set against a background of the Kurdistan Region flag. Below the figure is a circular emblem containing a globe and a crescent moon. The emblem is surrounded by text in Arabic and English. The English text reads 'Development of Health Care System in Kurdistan Region - Iraq'. The Arabic text reads 'تطوير نظام الرعاية الصحية في إقليم كردستان - العراق'.

Strategic Goals of Ministry of Health

Development
of Health
Care System
in Kurdistan
Region - Iraq

تطوير
نظام
الرعاية
الصحية
في إقليم
كردستان - العراق

تطوير نظام الرعاية الصحية في إقليم كردستان - العراق

Goal 1

Improve health system performance in term of access, equity, efficiency quality, and sustainability especially for the poor people , by:

- Primary care as a backbone of health system
- Health prevention and promotion
- Family Medicine Model
- Citizen Centered Care

Goal 2

Modernizing governance in health policy, management and financing:

- Definition of Government health philosophy
- Setting health policies
- Strategic plan of MOH
- Good governance and managerial process
- National health account (NHA)
- Health insurance(Social/Private)
- Public sector beneficiaries cost sharing

Goal 3

Coordinating with national and international donors, NGOs and the *private sector* for health care services delivery.

Intersectorial coordination with health related partners as: MoHE, MoE, MoP, MoF, MOI, etc...

Goal 4

Developing the health information system (HIS) and information technology (IT) for data collection and analysis

Reform &
Development
of the Health
Care System
in Kurdistan
Region - Iraq

پاکسازی و
بهره‌پیدایی
سیستم‌های
تندرستی
له‌هاریفی
کوردستان - عراق

اصلاح و تطوير نظام الرعاية الصحية في اقليم كردستان - العراق

Goal 5

Developing and implementing a strategic plan for development of human resources for health (HRH) in term of quantity, distribution, and quality, through:

- ▶ On job training
- ▶ Job plan
- ▶ CME
- ▶ CPD

Goal 6

Revitalization of the pharmaceutical sector policy:

- ✿ Review essential drug list
- ✿ Rational drug use



Strategy for Reform

Development
of the Health
Care System
in Kurdistan
Region - Iraq

پێڕه‌ پێدان
سیستهم
تهدروستی
له ههرێف
كوردستان - عێراق

اصلاح و تطویر نظام الرعاية الصحية في اقليم كردستان - العراق

Reform (1)

- 1- Reform is a process of changes in policy by government to improve the performance of the health sector & keep people healthy.
- 2- Health sector reform (HSR) is part of more extensive reforms in governance and other social services.
- 3-Reform is an ongoing process
- 4-Socio-economic deterrents is vital for any reform process.

Reform (2)

Coordination between *MOH-KRG* and *Federal MOH* for health sector reform (*HSR*) in Kurdistan Region is very important, because health sector reform is part of joint *UNDP* and Iraq Public Sector Modernization (*I-PSM*) Program.

Note : partners for health sector are; UNDP, WHO, MOH

Plan for Reform

❖ Preparatory phase : 6-12 Month

- Write a draft of key aspect of reform at the end of this HSR congress.
- Issuing key legislations for reform by MOH-KRG
- Capacity building of MOH staff for reform

❖ Consolidation phase: (5 Year Plan)

- Lesson learned in the initiation phase can be fashioned in the systems, policies and regulations of MOH.
- Ensure that people will be able to receive the needed health services.
- Conduct an ongoing outcome evaluation of the proposed reform steps.

Main Pivots of This HSR Congress

1. Health economics
2. Health policy and management
3. Accreditation of health facilities
4. Public-private partnership
5. Health referral system
6. Pharmaceutical management



Thank You