

Kurdistan Regional Government – Iraq Ministry of Health

The International Congress on Reform and Development of the Health Care System in Kurdistan Region - Iraq



Health Care Public VS Private Dr. Taha Mahwi Feb., 2011

Public Health Care

- The Definition of Public Health Care ranges across the world.
- In Britain the "National Health Service" exists which provides free health care to any resident of the U.K. and it is funded through taxes.
- In Mexico however the government subsidizes health care making it affordable for all Mexican citizens.
- The worlds oldest public health care system comes from Germany originally created in 1884.

Private Health Care

- Private Health Care differs across the world.
- In Canada private health care is whatever the public health care system does not cover.
- In the United States private health care is the primary source of health care available a recent statistic from the United States Census Bureau showed that atleast 85% of Americans have private health care insurance either through their employers or out of their own pocket.



Origins of Public Health Care in Canada

- Health Care in Canada began in 1946 when the government of Saskatchewan passed an act that allowed a majority of the population to receive free health care.
- Pioneered by Tommy Douglas the Premiere of Saskatchewan at the time he was later dubbed "The Father Of Modern Health Care"
- In 2004 Tommy Douglas beat out the likes of Terry Fox and Pierre Elliot Trudeau in CBC Contest and was named "The greatest Canadian Ever"

Origins of Health Care in Canada (Cont'D)

- In 1966 the federal government passed "The Medicare Act" that helped provide funds to provinces across Canada to help establish a Medicare system a first of it's kind in Canada.
- In 1984 the federal government passed another act called "The Canada Health Act" building upon "The Medicare Act" the act entailed specific requirements the provinces must meet in order to receive federal funding.

Health Care in Canada

- In 2005 alone Canada spent \$142 Billion Dollars on Health Care accounting for 10.2% of the Gross Domestic Product (GDP).
- \$98 Billion of that was spent on Public Health Care comes from federal and provincial governments across Canada.
- An estimated \$43 Billion of the 142 Billon Dollars spent comes from the private health care sector.
- The amount of \$ spent on Health Care averages federally to \$4,411per person.

Today

- Last year The Federal Government spent a record total of \$181.9 Billion on Public Health Care making it the biggest expenditure in the federal budget.
- The Canadian Institute for Health Information reports that this is a \$9.5 Billion dollar growth from last year and this total is only expected to grow.



Health Care in the U.S

In 2008 The U.S Government spent 2.3 Trillion on Health Care accounting for 16.2% of United States GDP.

The average amount of health care per person is \$7,681.

The United States is placed in 38th place by the World Health Organization in terms Life Expectancy and 37th worldwide in terms of quality of care.

Discussion: U.S. Vs Canada

- Unlike Canada The United States does not guarantee health care to its citizen it helps to provide affordable care instead.
- Both Countries are often compared in terms of health care systems.
- Both G7 member states, Canada ranks 11th world wide in terms of overall life expectancy as the United States ranks 37th.
- The United States spends more per person on health care funding yet the quality of health care is poorer than that of Canada.



Worldwide

- Cuba a country with a GDP of only \$108 Billion yet rivals the United States in terms of life expectancy, Cuba (77.45 years old) United States (78.11).
- Japan has the best overall health care in the world as determined by the World Health Organization. Japan also has a universal health care system.



In a survey for choosing health care system for public &private sector among health care workers in the 3 Kurdistan governorates, the analysis showed the following:

(Physicians 506 physician)

Degree	public sector	privates sector	mixed
consultant	57 (11%)- ≥ 10 million	13 (3%)	8 (2%)
specialist	96 (19%) - 8 million	72 (4 40/)	E4 (400/)
	72 (14%) - 5 million	73 (14%)	51 (10%)
General practitioner	15 (3%) - ↑ by 200%	1	7 (1%)
family doutor	12 (2%) -4 million	0	0
total	342(68%)	90 (18%)	74 (14%)

Dentists (202 dentist)		
Public sector	private sector	mixed
14 (7%)- ≥ 10 million	36 (18%)	42 (21%)
94 (47%) - 4 million		
16 (8%) BDS- 3 million		
total: 124		

dentist's assistant: 34 -2 million

College nurses: 14: ↑ by 200 %

medical assistant (804 medical assistant)		
public sector	private sector	mixed
656 (82 %) 1 million or ↑ by 100%	42 (5%)	106 (13%)

Lab. Assistant :109	
public sector	private sector
98 (90%) - ↑ by 200 %	11 (10%)

Radiographers :43	
public sector	private sector
35 (81%) : ↑by 200 %	8 (19%)

nurses: 46 :↑ by 400000 ID	
Others 134	
public sector	private sector
129 (96%) ↑by 150 %	5 (4%)

Total: 1964		
public sector	private secotr	mixed
1499 (76%)	217 (11%)	248 (13 %)

Recommendation from the sector of Public-private partnership for the February conference of the ministry of health: Seeing the results of this new survey we recommend the following before thinking of separating the 2 sectors:

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• For public sector:

- Upgrading & improving the public hospitals so that it can cop with any increase in the number of patients asking for health in these hospitals.
- Employment through contracts, so that the hospital can end such contract when the employee can not work to the standards that hospitals need from him.
- Decentralization policy so that hospital can have the right to spend a reasonable budget to buy its requirements from employees, equipments, drugs & others.
- Working in public hospitals should be from 8 AM- 5 PM with one hour rest in the mid of the work& after that on calls for 5 days/week, but the working days of every one should not exceed 11 hours/day to avoid exhaustion.

- Establishing the insurance system with change in the health care prices & health care workers salaries accordingly.
- The salaries of doctors & paramedics should be to a level that they can not think of leaving the public sector to go to private work.
- Development of workers encouraging system & self-financing system so that 20% of the revenues will go to government ,30% for buying new equipments, 40% for health workers & 10% for the best health workers.
- Monitoring & follow up of the public sector will be by the ministry of health & DOH.

• For private sector:

- Private hospitals & services should serve for 24 hours daily & should have emergency services.
- Private hospitals & facilities should have their own residents; juniors & seniors in collaboration with public services.
- Consultants & specialists should select to work either in public or private sector, but both services can consult the other sector when needed for the sake of patients.
- Developing the insurance system to involve this system also in addition to out of pocket paying for those who select this type of payment.
- Private health facilities should be up to date & could be regarded for teaching purposes including medical students, after being evaluated by medical universities for that purpose.
- Government should support private health sectors specially for energy supply & taxing issues.

Supervision of this sector should be by Medical Associations or Syndicate.

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Recommendations: For Iraqi Kurdistan & Iraq:

- Increase the health budget to fulfill the demand for the new health system, that involves a good percentage of the GDP (gross domestic product).
- A mixture of public & private health system is unavoidable for the next few years at least, before separating the 2 systems.
- **•** What had been started in Sulaimani is a good start including:
- The consultation clinics.
- > The PCI & Cardiac surgery center.
- > The gastroenterology center.



- Extend the above policy to include other disciplines.
- Develop a system for rewarding those working full time in public sector.
- Encourage private sector to develop in health areas not affordable by the public sector.
- Develop a justice health insurance to involve all according to the employment status & salaries.
- Develop a system for licensing the foreign doctors allowed to work in Iraq according to international standards, country needs & neighbouring countries policy.

Develop a system for CME for all doctors & paramedics to include the policy of at least 1 training course for every one/year.