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THE HEALTH SITUATION IN IRAQ 2009

AIMS AND OBJECTIVES

- ❑ The principle objective of the health system is to ensure that the healthcare needs of all Iraqi citizens are met with;
 - ❑ Accessible
 - ❑ High quality services, safe services
 - ❑ Free of charge.

- ❑ Question: Is there a health system in place to achieve all of this?

BACKGROUND STATISTICS

Total population size	32326011
Size of Iraq	450,000 KM ²
Expected GDP for 2008	\$ 60,000,000
Population Growth Rate	3.4%
Crude Birth Rate	37.5/1000 population
Crude Death Rate	4/1000 population
Total Births per year	1215194
Total number of widows	> 1,000,000
Total number of orphans (who lost fathers)	4.2 million
GDP per capita 1989	\$ 3190
1995	\$ 450
2009	\$ 2000
Health Expenses of GDP	6.5%

Total Expenditure per capita	\$ 140
Total Government expenditure as a percentage of Total Health expenditure	51.8%
Life expectancy	58 years
Total number of Government Hospitals	220
Total number of Government Beds	36,850
Total number of Private Hospitals	100
Total number of Private Beds	2,611
Average Hospital stay	2.9 days
Total number of PHC	2170 51% of which managed by doctors
Hospital Case fatality rate	7-8%

VITAL STATISTICS

Job title	Number of Employees
Doctors 2009	22396
2003	19500
Doctors lost since 2003	8,000 (1,650 graduates per year)
Dentists	4864
Pharmacists	5376
Nurses 75 % male, no change since 2003	44201
Paramedics	49175
Health Care Assistants	2,538
Administrative and Technical	62613

A COMPARISON OF DATA

Data	Prior to 2003	2007
Number of communicable diseases; Diphtheria	17/year	6/year
Whooping cough	7849	5916
Measles	9,081	30321
Typhoid Fever	29,000/year	49113
Hepatitis	11,818 / year	6200
Leishmaniasis	5,603	3630
Toxoplasmosis		533
Rubella		72
Hydatid Cyst		991
Brucellosis		5,783
Rabies		24
Viral Meningitis		230
Bacterial Meningitis		784 (+ 43 Meningococcol Meningitis)
Hepatitis		(B)1834, (C)678, (E) 21
Presentations with diarrhoea		7-10,000/day
Poliomyelitis		0 cases recorded
Malaria	100,000	24
Bilharzia	Endemic	32
Haemorrhagic Fever		3
Confirmed HIV positive cases 49, the least world wide		
TB infection rates		110/100,000 cases

Figures for 3009

Total number of consultations	71065719- 65% conducted by PHC
Total number of operations in hospitals	1069538
Total number of Laboratory tests	36301357
Total number of image test	7038938
Total number killed by terrorists	4030
Total number injured by terrorists	15450
Total admissions	2768950
Caesarean section rates In Gov. Hosp	19.16%
Caesarean section rates In Private Hosp.	80.4%

Achievement since the change

Data comparison	Prior to 2003	2009
Mortality rate of children <5	128/1000	30/1000
Maternal Mortality rate	294/100,000	84/100,000
% of deliveries attended by trained personnel		88.5%
% of antenatal care coverage upto the 5 th visit		40/100

PROGRESS ACHIEVED

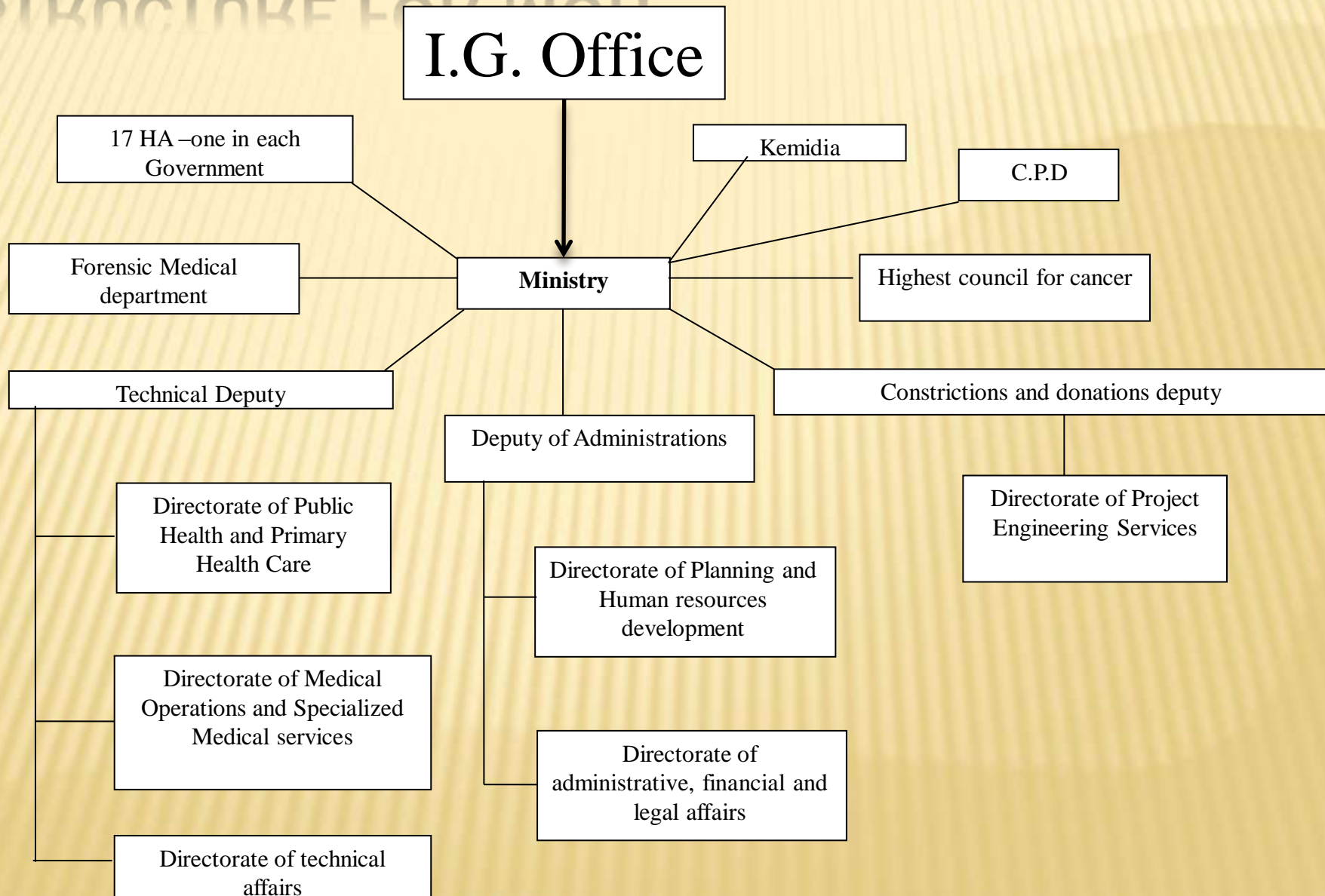
- ❑ Avian Flue;
 - ❑ 2003: one affected, whilst outbreak present in neighbouring country
 - ❑ 2006: 24 cases of cholera (Nag mild cases)
 - ❑ 2007: Northern region outbreak of Cholera with 4,650 cases and a further 139 cases recorded in the rest of Iraq.

IMMUNIZATION DATA



Immunization	Pre-2003	2007
BCG		95%
DPT- triple vaccine		73%
Measles		83%
Hepatitis B (For the 'at-risk' group)		72%
MMR		68.4%

STRUCTURE FOR MOH



STRUCTURE FOR MOH



- ❑ Factors obstructing us to achieve the objectivity:
- ❑ Do we have a health system to achieve the above objectives???
- ❑ The health service continues to be a hospital centred service
- ❑ The PHC cover has a limited role in the health service
- ❑ Covers 2/3 of the 70 million annual consultations by 2000 PHCs
- ❑ 1/3 of consultations covered by the 220 hospitals

STRUCTURE FOR MOH...CONT

- ❑ In the PHC, each doctor will usually see 120 patients a day, usually within the first three hours.
- ❑ This means each patient will have 2-3 mins of consultation time. (No appointment system)
- ❑ Documentation is primitive or absent
- ❑ The distribution of doctors and other staff within the PHC is uneven
- ❑ There are no protocols or local guidelines for common diseases or conditions
- ❑ The infrastructure of the PHC is run-down and out-dated

STRUCTURE FOR MOH...CONT

- ❑ There is no budget for building maintenance or equipment.
- ❑ There is a gross shortage of medical equipment.
- ❑ The referral system needs restudy
- ❑ There is no GP system
- ❑ There is no evaluation or assessment system, for staff or programmes.
- ❑ None of the employees adhere to the official working hours for PHCs, at best four hours
- ❑ There is no clear training programme



EFFECTS OF SECURITY

- ❑ The security problem has had a major impact on the programme

- ❑ Internal displacement;
 - ❑ 2,000,000 people
 - ❑ Mostly living in camps
 - ❑ At increased risk of health problems, poor sanitation, lack of clean water, food and shelter
 - ❑ Increased demand on limited resources

LEADERSHIP AND PROFESSIONAL ROLES

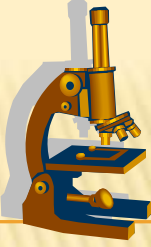


- ❑ There are no job specifications
- ❑ Some of the leaders in the ministry have no qualifications or experience in their field
- ❑ There are no evaluations or assessments for any of the leadership roles
- ❑ There is no effective monitoring system
- ❑ There is no quality assurance or clinical governance of any of the clinical areas

LEADERSHIP AND PROFESSIONAL ROLES

- ❑ Auditing only takes place regarding financial aspects of the work
- ❑ There is a gross shortage in the quantity and quality of health care professionals
- ❑ There is a stigma associated with the nursing profession within society
- ❑ There are no clear job specifications for nurses
- ❑ 1/5 of nurses have more than secondary school qualifications
- ❑ There are no specialist nurses

LABORATORY AND BLOOD BANK SERVICES



- ❑ The first blood bank created in Iraq was in 1950
- ❑ There is one central blood bank in Baghdad
- ❑ There are 17 satellite blood banks in each Health Authority
- ❑ The satellite service has the capacity to;
 - ❑ Take blood from donors
 - ❑ Test blood from a bacterial and serology
 - ❑ Cross matching

LABORATORY AND BLOOD BANK SERVICES... CONT

- ❑ The central blood bank is the only place that can separate blood products and test for sub-groups
- ❑ The working protocols are sub-standard on an international level
- ❑ The equipment in use is old and obsolete
- ❑ New equipment is available but is in need of installation and set up



PHARMACEUTICAL AND MEDICAL SUPPLIES

- ❑ Kemadia is a State-owned company responsible, by law, for the procurement, storage and distribution of all pharmaceutical and medical supplies and equipment.
- ❑ Is this company able to do that?????????

PHARMACEUTICAL AND MEDICAL SUPPLIES

- ❑ The National Pharmaceutical Factory was the first of its kind created in Iraq in 1956
- ❑ Prior to 1990 it used to cover 30% of the country's needs
- ❑ Currently it provides only 10 % of the country's needs
- ❑ Kemadia has been a disappointment for Iraqs' MoH. In 2007 a life-saving list of 105 items was put forward to them. Only 10%of the items were covered by this company, leaving a mass shortage in things like blood bags, sutures, etc

PHARMACEUTICAL AND MEDICAL SUPPLIES

- ❑ There is no procurement plan
- ❑ The employees are inexperienced
- ❑ Many of their contracts are corrupt
- ❑ Warehouses, of which we have 23, some of which are in the 'hot zone'
- ❑ Most are old, badly managed with;
 - ❑ No storage system.
 - ❑ No inventory system
 - ❑ No fire system
 - ❑ No system to monitor health and safety
 - ❑ Minimal security

PHARMACEUTICAL AND MEDICAL SUPPLIES

- ❑ Many of the employees are not qualified and corrupt
- ❑ There is no universal distribution system for the pharmaceutical or medical supplies for all the health authorities all over Iraq
- ❑ Previously we had 50 trucks with fridges, now only 19 are left

INFORMATION SYSTEMS

- ❑ Surveillance for communicable disease is good.
- ❑ Our preparedness for communicable diseases is excellent, and this is portrayed in areas where we have achieved a reduction in the rates of endemic communicable diseases
- ❑ Data collection for non-communicable disease is primitive, undertaken by untrained, unqualified personnel, who do not have an understanding of the data collected.
- ❑ Data eventually is centralised in health authority HQ, then again to the MOH where it is collected, analysed and published

NON-COMMUNICABLE DISEASE



- The ten leading causes of death are;
 1. Cardiovascular disease
 2. Accidents
 3. Malignant Neoplasm
 4. Renal Failure
 5. Diabetes Mellitus
 6. Congenital Malformations
 7. Bronchial Asthma
 8. Pulmonary Tuberculosis
 9. Cerebrovascular Accident
 10. Diarrhoeal disease

FINANCE



- ❑ All Iraqi health Services are free, as stated by the Constitution, since 1958
- ❑ In 1989, the budget for the procurement of pharmaceutical goods was \$500,000,000
- ❑ The entire health service budget in 2002 was \$16,000,000
- ❑ In 2008, the budget is \$2 billion (3% of the GDP)

FINANCE...CONT

- ❑ In the last 12 months doctors wages have increased by 100%
- ❑ The rest of the health care staff wages has seen an increase of 50%
- ❑ As of May 2008, doctors wages have increased again, by 200%
- ❑ An additional increase of 50% to those in the most needed specialities (eg anaesthetists) or those working in remote areas
- ❑ The rest of the staff wages has increased by 100%

REFERENCES

1. MICS Study, By WHO, Iraqi MoH, Iraqi MoP. 2005-2007
2. Statistical information from Registration Department, Planning Department and MoH, 2006-2007



Thank you