

Primary health care system in Erbil governorate: An initial qualitative assessment

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Background

- Primary health care (PHC) system is a core component of a country health care system
 - The first place to go for health concerns
 - A wide range of preventive and curative services
- Devastating impact of conflicts on the Iraqi health care system
 - Substantial fall in major health indices
 - Crippled health system struggling to provide services

Rationale

- Desperate need for reorganizing and restructuring PHC services throughout Iraq
- Need for comprehensive assessment of the PHC system
- Previous comprehensive studies of PHC system in Iraq are limited
- Need for a multimodal assessment

Aim of the study

- This study is the first step of a comprehensive assessment of PHC system in Erbil governorate
- The aim is to find out:
 - **Strengths** and **weaknesses** of PHC system
 - **Priorities** and potential **barriers** to change of PHC system
as perceived by the PHC managers, public health professionals and academics

Methods

- Qualitative study
- Based on a self-administered open-ended questionnaire survey
- A purposive sample of 51 PHC managers, public health professionals and academics in Erbil governorate
 - The College of Medicine, the Directorate of Health and 8 PHC centers
- 10th April to 30th November 2010.

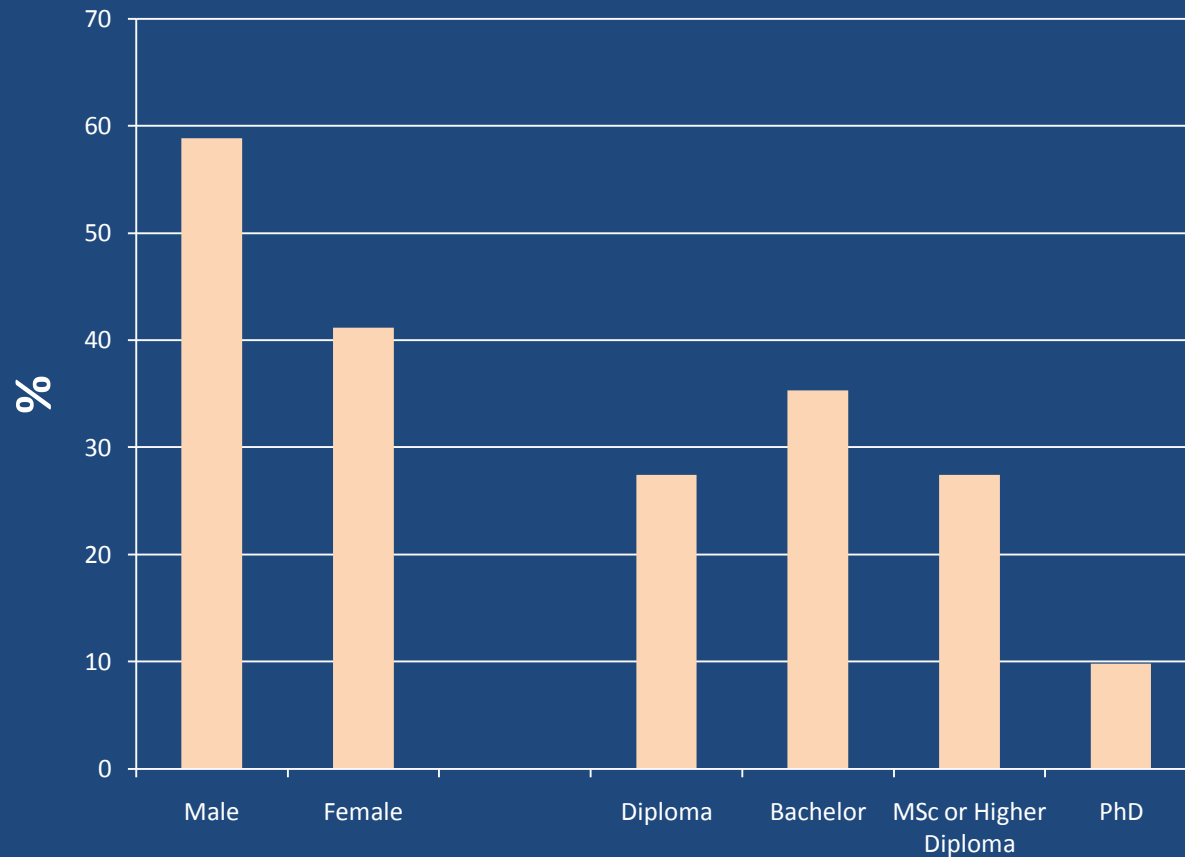
Methods-cont.

- The questionnaire addressed the participants' view on:
 - The strengths, problems, priorities and barriers to change of the PHC system
- The questionnaire used 7 open items
 - Open items were used to allow study participants to better express their viewpoints.
- The qualitative data analysis comprised thematic analysis.

Results

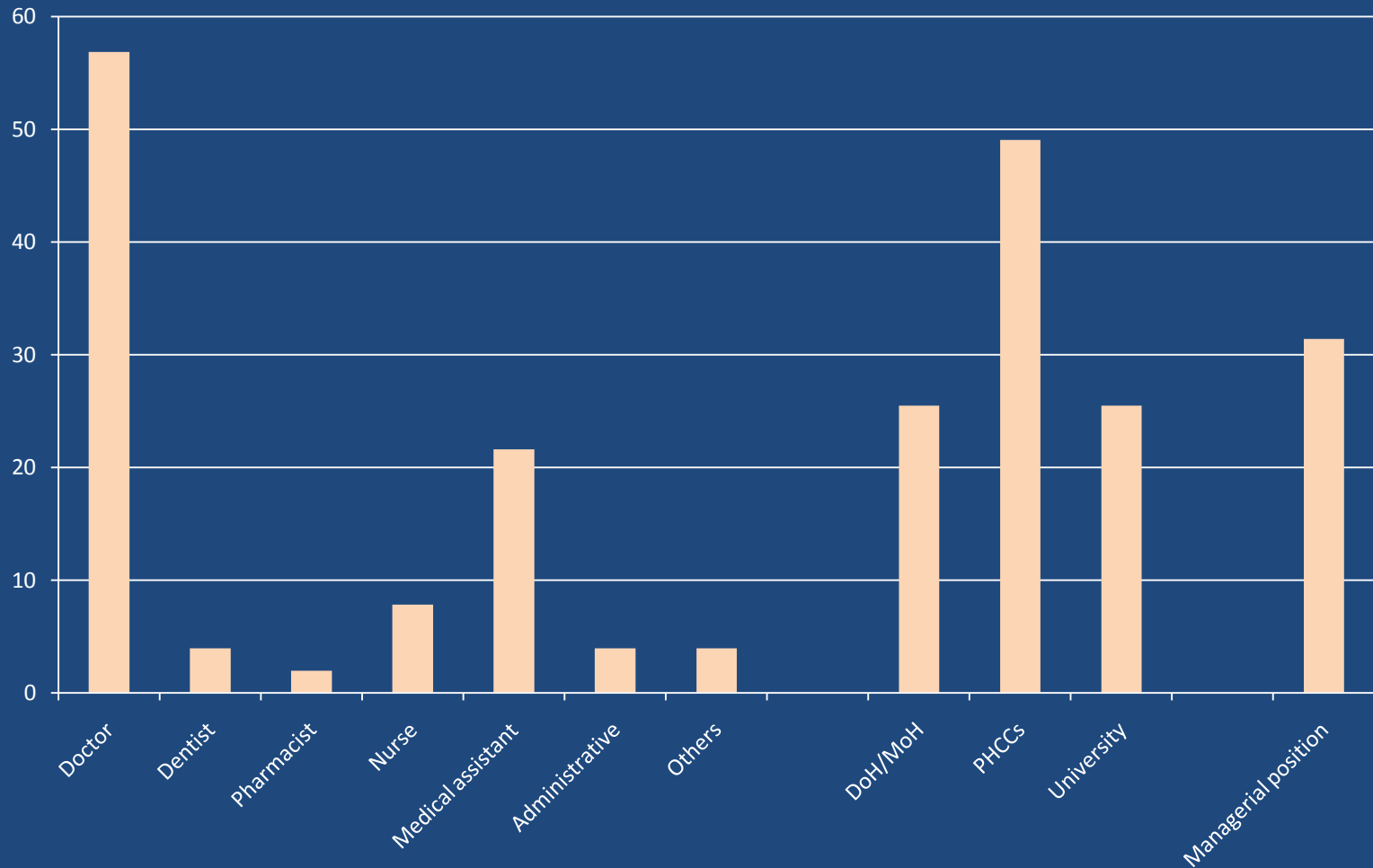
Demographic and professional characteristics of the respondents (n=51)

Gender and education of respondents

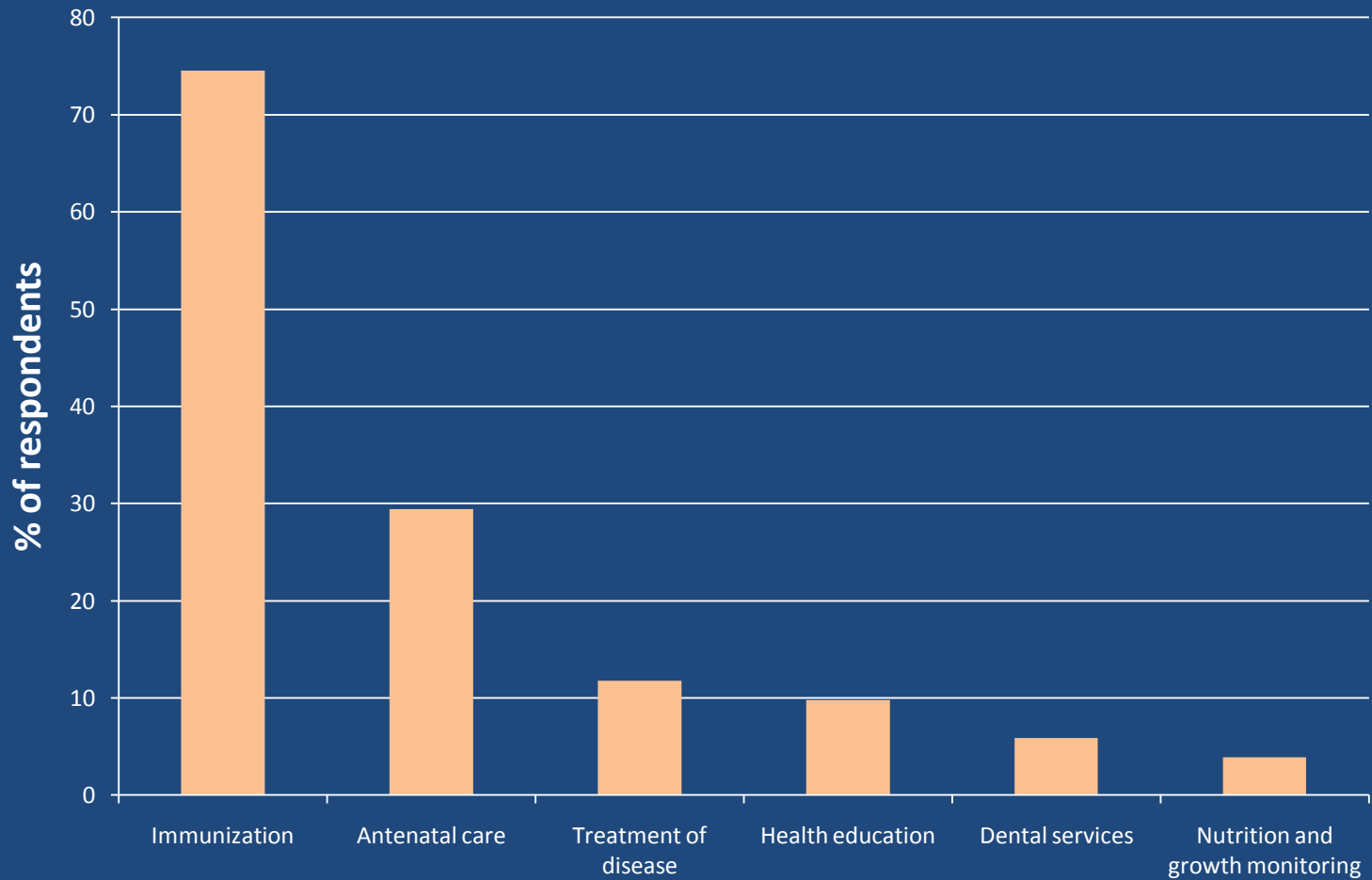


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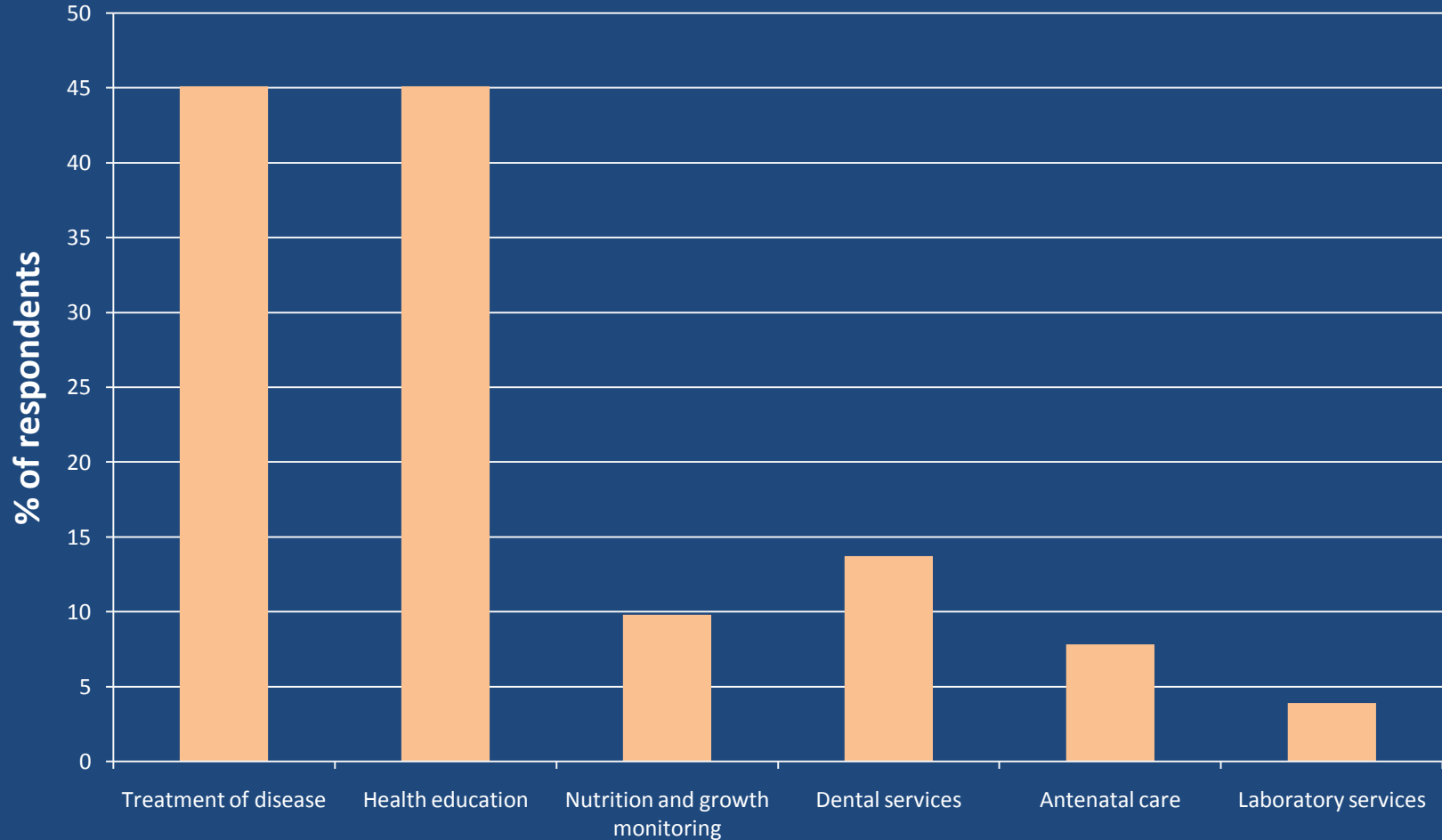
Professional characteristics of respondents



Best functioning PHC services



Worst functioning PHC services



Reasons for recognizing the specific PHC services as best functioning

Reason	Response	
	No.	(%)
<u>Immunization (n=38)</u>		
Availability of trained, experienced and committed staff	12	(31.6)
Availability of proper plans and programs	11	(28.9)
Vaccine availability	10	(26.3.2)
<u>Antenatal care (n=15)</u>		
Presence of special unit and trained staff	6	(40.0)
Emphasis on prevention	2	(13.3)
Presence of follow up and monitoring	2	(13.3)

Reasons for recognizing the specific PHC services as worst functioning

Reason	Response	
	No.	(%)
<u>Treatment of disease (n=23)</u>		
Shortage and bad quality medications	14	(60.9)
Irrational use of drugs	5	(21.7)
Overload of doctors by patients (short of time)	3	(13.0)
Lack of provision of enough care to patient due to the private interest of staff	3	(13.0)
<u>Health Education (n=22)</u>		
Lack of special program or plan	16	(69.6)
Lack or shortage of trained or experienced staff	7	(30.4)
Overload of staff by patients	2	(8.7)

Positive aspects in the current PHC system

Positive aspects of PHC	Response (n=35)	
	No.	(%)
Availability of properly working programs (e.g. immunization, antenatal care, surveillance of notifiable diseases and nutrition and growth monitoring)	18	(51.4)
Provision of treatment to most patients especially simple cases, reducing load on hospitals	13	(37.1)
Easy accessibility	7	(20.0)
Low user fees/convenient to poor people	9	25.7
Support from directorate of health and presence of real intentions to improve the primary health care services	2	(5.7)

Problems in the current PHC system

Problems (n=51)	No.	%
Problems with organization and management of the system and lack of monitoring and follow up	27	(52.9)
Shortage or bad quality of medications and supplies	22	(43.1)
Inadequate or uneven distribution of manpower and expertise	18	(35.3)
Inadequate diagnostic and therapeutic equipments	14	(27.5)
Inadequate continuing professional training and development	12	(23.5)
Inadequate emphasis on prevention	10	(19.6)
Overcrowding	8	(15.7)
Staff responsibility and commitment, low motivation/private interest	8	(15.7)
Inadequate wages and/or financial support	5	(9.8)
Population unawareness	5	(9.8)

Priorities for improving the PHC system

Priority areas	Response	
	No.	(%)
Reorganizing services and leadership/including adoption of family medicine practice & public-private sector dissociation	33	(64.7)
Need for more emphasis on prevention and health education	23	(45.1)
Provision of adequate medications, materials and technology	22	(43.1)
Provision of continuing professional training and development	22	(43.1)
Need for experienced and knowledgeable staff including increase number of physicians trained in family medicine	12	(23.5)
Need for more emphasis on monitoring and evaluation and adopting disciplinary actions	10	(19.6)
Improving financial allocation and support	8	(15.7)
Provision of support to staff (incentives, financial)	6	(11.8)
Enhancing computer technology, reporting, statistics	3	(5.9)

Main barriers to the future improvement of PHC system

Barriers	Response	
	No.	(%)
Weak health system and lack of proper planning	20	(39.2)
Lack of health awareness and population unawareness	12	(23.5)
Shortage in budget and wages	10	(19.6)
Political interference and pressure	9	(17.6)
Shortage in manpower, specialties and lack of staff commitment	9	(17.6)
Public-private sector conflict, professional interest and professional rejection	8	(15.7)
Weak technology and infrastructure	6	(11.8)
Corruption (administrative and financial)	4	(7.8)
Weak monitoring, evaluation and disciplinary system	3	(5.9)
Lack of continuing professional development	3	(5.9)

Conclusion

- The current PHC system in Erbil governorate faces enormous problems and requires important improvements in different aspects
- A more comprehensive assessment of this sector involving multimodal methods and targeting different actors in the system including the consumers is a research priority
- The main themes (problems and needs) identified in this study can direct further research on this topic