

Iraqi Kurdistan health system from medical professionals' perspectives: challenges and priorities for improvement

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Conflict and Health 2010, 4:19

<http://www.conflictandhealth.com/content/4/1/19>

Background

The major objective of a country's health system is to assure the health of the general public through offering good quality and prompt services according to the needs of the population.

The health system needs to go through a process of continuous changes and improvement in order to be able to cope with different changes in the health and population environments and to appropriately respond to different challenges and needs.

Background

The health care system in Iraq adopts a hospital-oriented and capital-intensive model that requires large-scale imports of medicines and medical equipment.

In the 1970s and early 1980s, Iraq witnessed spectacular social and economic development leading to the development of an efficient health system that was considered one of the best in the Middle East region.

This period was associated with improvements in several critical health outcomes. However, the capacity and performance started to deteriorate during the 1980s and the 1990s as a result of two wars and economic sanctions leading to serious decline in indicators of population

health outcome to levels comparable to some of the least developed countries

Background

With its establishment in early 1990s, the MoH of Iraqi Kurdistan Regional Government followed the basic organizational structure and system of the Iraqi MoH.

In the public sector, the health services are provided through a network of primary health care (PHC) centers and hospitals where services are provided at very low charges to all people with equal chance for access. However, this has led to overuse of health services and overcrowding of health facilities with their adverse effects. The significant devastation of the health system in Iraqi Kurdistan by the events of the last few decades together with latest demographic, political and economic evolutions have made the necessity for adopting a new health care system increasingly recognized.

Background

- Medical professionals have important role and power in adopting and running health-care systems
- Therefore, their views on efficiency of such system and needs for any changes are very critical and constitute a cornerstone for any health system improvement

Background

- Improvement of health system in Iraqi Kurdistan:
 - the events of the last few decades have significantly devastated the health system
 - the necessity for adopting a new health care system is increasingly recognized since 2004.
- Research that had examined the medical professionals' perception of the health system in Iraqi Kurdistan region is scarce

Aim

To examine the health system in Iraqi Kurdistan region from medical professionals' perspectives and try to define its problems and priorities for improvement

Methods

- Self-administered questionnaire
- The study was carried out in 5 hospitals and 8 PHC centers located in Erbil city.
- The 5 hospitals were purposively selected as they contain a large number of medical professionals of different professional characteristics.
- Out of 14 main PHC centers in Erbil city, 8 were selected to be included in the study and these were purposively selected to represent sectors of different socioeconomic levels in Erbil city

- A convenience sample of 250 medical professionals (physicians, dentists and pharmacists) in Erbil governorate
- Medical professionals who have been engaged in direct patient care in the selected hospitals and PHC centers were selected
- All the medical professionals available in these hospitals and PHC centers on the day of visit were selected

- The questionnaire was developed based on a small scale open-end questionnaire survey of medical professionals, literature review and experts opinion
- The questionnaire included 4 items;
 - Rating of the quality of services and availability of resources in the health institutions,
 - View on different aspects of the health system,
 - The perceived priority needs for health system improvement,
 - Gender and professional characteristics of the respondents

Results

- Response rate: 209/250 (83.6%)
- Gender and professional characteristics:
 - Females: 40.7%;
 - Profession:
 - Physicians: 63.6%
 - Dentists: 20.1%
 - Pharmacists: 16.3%
 - Place of work:
 - Hospitals: 86.6%
 - Health centers: 13.4%
 - Personnel in management position: 18.2%.

Results

The response rate to the survey was 83.6%. A high proportion of respondents rated the different aspects of services and resources in the health institutions as weak or very weak including the availability of the required quantity and quality of medicines (68.7%), the availability of sufficient medical equipment and investigation tools (68.7%), and the quality of offered services (65.3%). Around 72% of respondents had a rather negative view on the overall health system.

Results

The weak role of medical research, the weak role of professional associations in controlling the system and the inefficient health education were identified as important problems in the current health system (87.9%, 87.1% and 84.9%, respectively).

The priority needs of health system improvement included adoption of social insurance for medical care of the poor (82%), enhancing the role of family medicine (77.2%), adopting health insurance system (76.1%) and periodic scientific evaluation of physicians and other health staff (69.8%).

Respondents' rating of different services and resources in the working health institutions

Health institution aspects	Scale [%]						
	Negative view			Positive view			
	Very weak	Weak	Total	Satisfactory	Good	Very good	Total
Offered services	21.7	43.5	65.2	24.6	10.1	0.0	34.8
Availability of required quantity and quality of medicines	32.2	36.5	68.8	22.6	7.7	1.0	31.3
Medical equipment and investigation tools	29.3	39.4	68.8	22.6	8.2	0.5	31.3
Availability of sufficient number of nurse and other health care workers	12.1	23.7	35.7	32.4	24.2	7.7	64.3

Respondents' rating of different aspects of the health system

Health system aspects	Scale [%]						
	Negative view			Positive view			
	Very weak	Weak	Total	Satisfactory	Good	Very good	Total
Overall health system	24.0	48.1	72.1	22.6	5.3	0.0	27.9
Government fund allocation for health	19.6	47.4	67.0	22.2	10.3	0.5	33.0
Salary of medical professionals	12.1	31.1	43.2	32.0	23.3	1.5	56.8
Role of private sector	17.2	38.4	55.6	28.3	15.7	0.5	44.4
Role of health education	40.5	44.4	84.9	12.7	2.4	0.0	15.1
Role of professional associations	57.4	29.7	87.1	9.4	3.0	0.5	12.9
Role of medical research	54.4	33.5	87.9	8.3	3.9	0.0	12.1

Priority needs for health system improvement as identified by the respondents

Health system aspects	Priority need	Some need	No need	Don't know
	(%)	(%)	(%)	(%)
Social insurance for medical care of the poor	(82.0)	(15.6)	(1.5)	(1.0)
Enhancing the role of family medicine in the health system	(77.2)	(19.4)	(1.9)	(1.5)
Adopting health insurance system	(76.1)	(17.4)	(2.5)	(4.0)
Periodic scientific assessment of physicians and staff	(69.8)	(22.4)	(6.3)	(1.5)
Better role for MOH and professional associations in controlling private sector	(61.5)	(29.5)	(5.0)	(4.0)
Minimizing the gap between urban & rural health services	(58.2)	(35.8)	(3.5)	(2.5)
Public-private systems dissociation	(50.5)	(27.0)	(15.0)	(7.5)
Privatization of hospitals	(37.5)	(24.0)	(33.5)	(5.0)
Privatization of PHC services	(26.5)	(36.3)	(29.9)	(7.4)

Conclusion

- Medical professionals were generally unsatisfied with the different aspects of the health system
- A number of problems and different priority needs for health system improvement have been recognized that require to be studied in more details.

Thank you