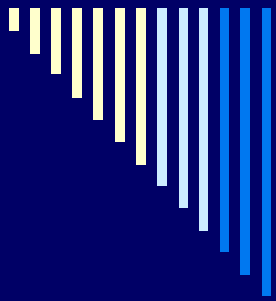




Health empowerment in Kurdistan of Iraq

**French – Kurdistan
Health Committee**



Introduction

2 parts

- I. Key issues
- II. Main suggestions to improve the situation



I. Key issues

- Current health situation
- Institutional analysis
- Organisational analysis
- Economical analysis
- Health issues

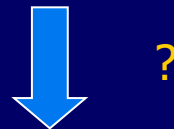


Current health situation in Kurdistan

- A mixed picture: balance between healthcare utilisation and health indicators ?
 - Relatively high infant and maternal mortality rate, low life expectancy

But

- Health coverage quite good with infrastructures to population, number of physicians to population, and use of services including hospital, satisfactory



Access to primary care is inadequate, unequal for the whole population, specially for disadvantaged people

- The rising burden of cardiovascular diseases and other non-communicable diseases (Cancer, diabetes...)
- Mental health problems



Institutional approach (1)

- Organisation is highly compartmentalised
- Relation between KRG's MOH and central MOH is not clear (Decentralisation)
- Other institutional actors:
 - The parliamentary Commission
 - The doctor's syndicate
 - Pharmacists' Board
- Health policy: No global strategies



Institutional approach (2)

- ❑ Little or no means of monitoring and anticipating investments
- ❑ Human resources are not subject to any planning (according to needs)
- ❑ System functions according to the expressed demand and not to defined needs
- ❑ A lack of management and accountancy skills
- ❑ No economic evaluation or information system



Organisational approach

- Primary health care sector: 1.6 health consultations per person (outpatient centres)
- Hospital health care: rather old, but sufficient to treat everybody
- Private health sector: financed by out-of-pocket payments
- System works on a part – time basis



Economical approach

- Human resources: there will be 1 doctor for 1,000 inhabitants (2,000 doctors currently trained)
- Financial means:
 - Health spending: 63\$ per inhabitant for 2008 but 147\$ for 2009
 - To keep building hospitals and health centres without evaluating what already exist



Health issues

- Patients have limited importance in the healthcare system
- Medical care quality
 - Quality is not evaluated (no standards)
 - Public system provides health care to all, free of charge
 - Private sector does not fulfil its medical goal
- Strategies needed
 - Regulation of private health sector and public one in a certain way
 - Articulate public and private sectors



II. Main suggestions

According to 5 axes



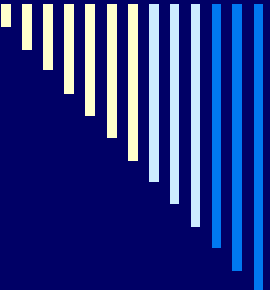
Suggested improvement

- Institutional reform
- The patients' positioning in the health system
- Prevention of non communicable diseases
- Articulation of the public and private sectors
- Financing



1. Institutional reform

- ❑ Implementing and operating health facilities
- ❑ Monitoring investments and human resources
- ❑ Building a system according to health needs
- ❑ Accountability of the public health sector
- ❑ Develop economic evaluation



2. The patients' positioning in the health system

- ❑ Citizens' and patients' rights should become as a key starting point of health policy
- ❑ Promoting education
- ❑ Reducing inequities in health, in gender
- ❑ Civil society should become involved in health policy-making
- ❑ A need for increasing trust in public health facilities
- ❑ Increasing doctor-to-patient confidentiality is essential



3. Prevention of non communicable diseases

- Promoting health
 - Addressing the major changes in lifestyles to promote better health and reduce the risk factors for chronic diseases and accidents.
 - Targeting children and teenagers
- Establishing an effective health information system
- Strengthening surveillance of health determinants, major risks, disease morbidity and mortality.



4. Articulation of the public and private sectors

- To promote public / private complementarities
 - The regulatory standard guideline for behavioural change
 - Readjusting the public / private competition
 - Acting upon demand (promote quality care, patients' rights)
- Accreditation (quality principle)



5. Financing

- Health insurance system (too early)
- One must know what has to be paid and how much
 - Standard measuring tools to determine what is being produced
 - The value of what is produced and rates to bill



Conclusion (1) short-term concerns

- ❑ To reform institutions
- ❑ To train staff to management, to public health...
- ❑ Patients' rights, women's rights
- ❑ Prevention of non-communicable diseases
- ❑ To continue to improve mortality trends for infant and mother



Conclusion (2) mid-term concerns

- Gender equality and empower women
- Sanitary control (Food and water)
- Creation of a cost recovery system in the public sector



Conclusion (3) long-term concerns

- Health insurance system
- A national health system for all Iraq



Final conclusion

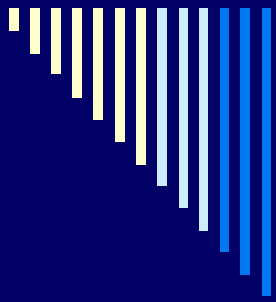
All suggestions made are coherent with
those formulated at
The Iraq Health Investment summit
19-20 February 2009
Istanbul, Turkey



One thing for sure...

...In Kurdistan, there is
not so much to do to
improve health
system





THANK YOU