

Iraq: Health Systems Profile

Health status (2015)

Life expectancy at birth in years	<i>total</i>	68.9
	<i>males</i>	66.2
	<i>females</i>	71.8
Maternal mortality ratio per 100 000 live births	<i>total</i>	50

Communicable diseases (2015)

Tuberculosis notification rate per 100 000 (2014)	23.6
Incidence rate of malaria per 1 000 population	...
Number of newly reported HIV cases	32.0

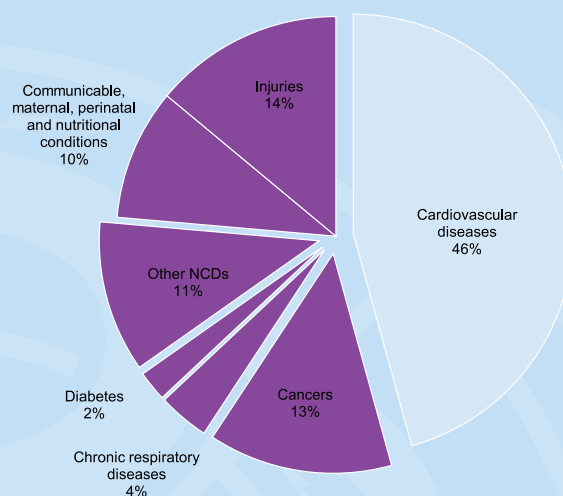
Behavioural risk factors

Estimated prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Current tobacco smoking (2014)*	...	...	...
Insufficient physical activity (2010)	...	...	49.3

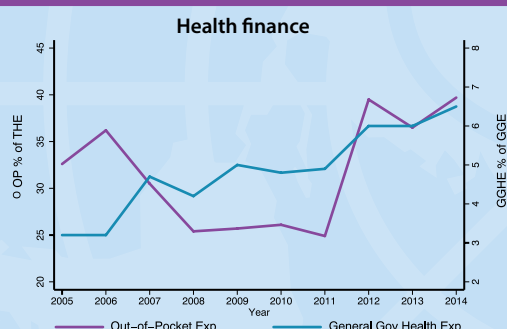
Metabolic risk factors

2014 estimated prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Raised blood pressure	...	...	21.8
Raised blood glucose	...	...	16.8
Overweight	...	...	57.9
Obesity	...	...	23.8

Proportional mortality (% of total deaths, all ages, both sexes)

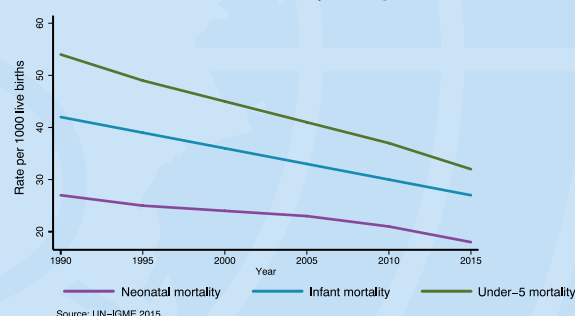


Expenditure and mortality trends



*GGHE % GGE is the general government health expenditure as % of general government expenditure
**OOP % THE is the out-of-pocket expenditure as % of total health expenditure

Neonatal, infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2014)	35.0
Measles immunization coverage among 1-year-olds (2015)	71.0
Treatment success rate of new bacteriologically confirmed TB cases (2013)	88.0
DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2015)	68.0

Health system: finance (2014)

General government expenditure on health as % of general government expenditure	6.5
Out-of-pocket expenditure as % of total health expenditure	39.7
Per capita total health expenditure at exchange rate (US\$)	292

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	8.4
Nurses/midwives	17.8
Dentists	2.2
Pharmacists	2.4

Health system: information (2012-2015)

Percentage of births registered	90.0
Percentage of deaths registered	60.0

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	...
	private	...
Number of scanners (in public facilities) per million population ^a	CT	2.2
	MRI	1.6

Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population (2013)	0.7
Hospital beds per 10 000 population	13.8

... No data available

^a Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Iraq 2016

Strengths	Weaknesses
<ul style="list-style-type: none"> National Health Strategic Plan 2013–2017 is approved and currently being implemented National health policy 2014 – 2023 has been updated and endorsed A well-established network of primary health care facilities (one primary health care centre/10 000–45 000 citizens) with a defined essential package and list of essential drugs A resource of academic and training institutions of medical and health sciences colleges graduating skilled health professionals Government commitment to universal health coverage Rising interest in quality and accreditation of health facilities and medical education for attaining and maintaining high quality standards Government commitment to decentralization for improving access and effective management of health care services Growing importance of the health information system Political will towards reforms and continuous improvement of the health system performance 	<ul style="list-style-type: none"> Centralized decision making processes with limited or no governorate autonomy Inadequate number of specialists who are concentrated in big cities High level of reliance on imports of almost 95% imported medical products Health information system is largely dependent on population-based surveys and needs reforms and significant investments Inequitable distribution of primary health care facilities with large differences between and within governorates The health facility infrastructure is relatively old Quality of care at public sector facilities does not meet the people's expectations of quality standards Lack of performance based financing and hence inefficiency e.g. salaries and incentives of staff are not correlated with employee performance Outdated job descriptions for the majority of staff Generally poor coordination at all levels with inadequate teamwork in place Outdated – and frequently absence of – operational rules, regulations/guidelines and expected performance standards
Opportunities	Challenges
<ul style="list-style-type: none"> Article 31 of the Iraqi constitution mandates the state to protect health and social security Government commitment to Iraq Public Sector Modernization Programme provides opportunities to reform the Iraqi health sector Government interest in scaling up capital investments in health and health care from public and private sources High commitment to ensure that primary health care system is based on the family practice model Endorsement of revised provincial power act law 21 in June 2013 which endorses decentralization in Iraq in 8 service ministries including Ministry of Health Government adoption of innovative technologies and the growing applications in health care services A growing role of civil society and NGOs in health sector 	<ul style="list-style-type: none"> A serious concern on the political and security situation that undermines the plans towards universal health coverage Poor public services like electricity, water supply, waste disposal, and others that have serious health implications A slow judicial proceedings delay new health related legislations High population growth rate, increasing by 3.5% annually and total fertility rate [TFR] is 4.3 The fiscal crisis is adversely impacting health sector in many ways Quality of health professionals' education, and service delivery is a major concern Adverse effect of social determinants particularly the high rate of unemployment in young men and child labour High number of internally displaced persons (over 3.2 million) and a growing number of refugees add enormous pressure on the health system in Iraq The governmental leadership is in need of capacity and skills development and for better planning, management, integration and coordination Climate change and its serious impact on health in Iraq
Priorities	

- Develop a national strategic plan for health workforce including strengthening nursing education
- Finalizing the national nursing and midwifery strategy
- Supporting the national council for accreditation of medical colleges to improve quality of clinical education and training of health professionals
- Finalize and adopt the National Medicines and Health Technology Policy
- Strengthen the health economics unit within the Ministry of Health and implement a new round of national health accounts
- Scale up family health approach programme in all governorates including implementation of the essential package
- Developing evidence based strategic action plan to overcome shortage of the family physicians
- Improve quality and safety of care in hospitals/primary health care centres through clinical governance and/or accreditation programmes
- Define the administrative and functional structure of "Kimadia" and strengthen national regulatory authorities to ensure quality, safety and efficacy that covers all technologies including medicines, vaccines, devices and diagnostics
- Reinforce and invest in the health information systems, including civil registration, risk factor and morbidity monitoring and health systems performance
- Strengthen, supervise and support implementation of the strategic plan of noncommunicable diseases according to Global Action Plan for Control of Non Communicable Diseases