

Iraq: Health Systems Profile

Health status (2016)

Life expectancy at birth in years	<i>total</i>	69.8
	<i>males</i>	67.5
	<i>females</i>	72.2
Maternal mortality ratio per 100 000 live births (2015)	<i>total</i>	50

Communicable diseases (2017)

Tuberculosis notification rate per 100 000 population	20.0
Incidence rate of malaria per 1 000 population	...
Number of newly reported HIV cases	96.0

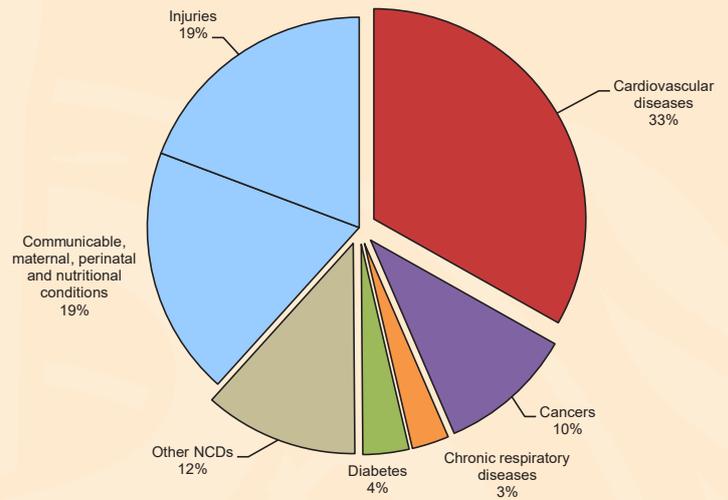
Behavioural risk factors

Estimated prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Current tobacco smoking (2015)*	...	...	...
Insufficient physical activity (2016)*	...	...	52.0

Metabolic risk factors

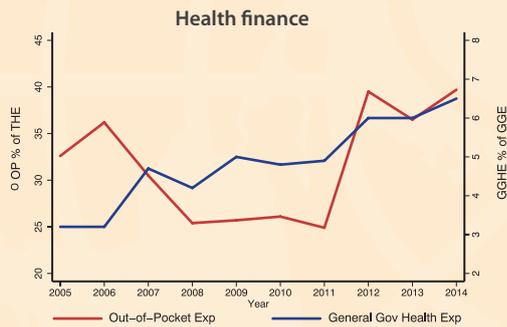
Estimated prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Raised blood pressure (2015)	...	...	25.2
Raised blood glucose (2014)	...	...	17.4
Overweight (2016)	...	...	64.6
Obesity (2016)	...	...	30.4

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



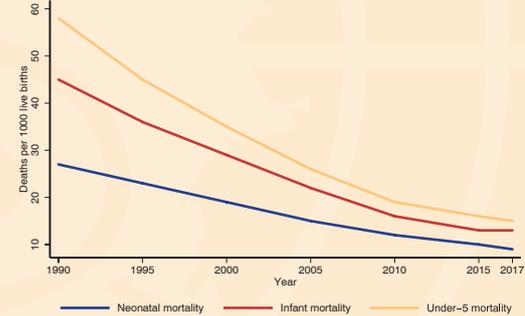
Total deaths: 167,000
NCDs are estimated to account for 62% of total deaths.

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



Source: UN-HGME 2018

Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2015)	49.6
Measles immunization coverage among 1-year-olds (2017)	85.0
Treatment success rate of new bacteriologically confirmed TB cases (2016)	93.0
DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2017)	85.0

Health system: finance (2016)

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 (2017)

Health workforce per 10 000 population		
Physicians	9.4	
Nurses/midwives	17.3	
Dentists	2.8	
Pharmacists	3.3	

Health system: information (2012-2015)

Percentage of births registered	...
Percentage of deaths registered	78.0
Universal Health Coverage	
UHC index (2017)	63.0

Health system: medicines and medical devices (2017)

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) (2017)

Primary health care facilities per 10 000 population	0.7
Hospital beds per 10 000 population	13.2

... 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 2018

Strengths	Weaknesses
<ul style="list-style-type: none"> National Health Strategic Plan 2014–2018 has been developed and approved; National health policy 2014 – 2023 updated in 2015 and endorsed; National Nursing and Midwifery Strategy and Action Plan 2017-2027 has been developed and currently being implemented; National Reproductive, Maternal, Neonatal, Child and Adolescent Health Strategy 2016-2020 has been developed and currently being implemented; National NCD Strategy 2018-2022 has been updated and currently being implemented; A well-established network of primary health care facilities (one primary health care centre/10 000–45 000 citizens) with a define 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; Government commitment to strengthen Public Private Partnership; Growing importance of the health information system and the development of National eHealth Strategy; Political will towards reforms and continuous improvement of the health system performance. 	<ul style="list-style-type: none"> Lack of institutional preparation and implementation of decentralization law resulting in negative consequences including tension between federating units; Inadequate number of specialists who are concentrated in big cities; Iraq does not have a health workforce plan albeit targets have been set for various categories of health workers in policy documents; Iraq does not have a financing strategy which is important to systematically advance towards extending financial protection to achieve UHC; High level of reliance on imports of almost 95% imported medical products; Non-existence of National Good Governance for Medicines (GGM) implementation plan despite joining the WHO GGM programme in 2010; Weak legal framework and enforcement rules necessary for the Medicines Regulatory Authority (MRA) to effectively resume their regulatory role; Lack of legal provisions in Medicines Act that requires Marketing Authorization holder to monitor safety of their products and report to Directorate any Adverse Drug Reactions. Pharmacovigilance activities are virtually non-existent; Unavailability of legal or regulatory provisions for active monitoring system of medicines' prices, especially at retail sale level; Health information system is largely dependent on population-based surveys and need 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 with large numbers have been destroyed in areas of Mosul, Anbar, and Salahaddin Governorates; 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 Iraqi constitution mandates state to protect health; Government commitment to Iraq Public Sector Modernization Programme provides opportunities to reform the Iraqi health sector; The Government commitment to restoring the delivery of basic social services which can serve as an enabler for IDPs return to their places of origin and contribute to the overall peace agenda. The priorities for service delivery are laid out in the National Plan for Reconstruction and Development (NPRD) 2018-2027 and the National Development Plan of Iraq 2018-2022 which include approaches for health care, education, water and sanitation (WASH) and, given the unprecedented level of damage and destruction to facilities as well as housing, rebuilding infrastructure in Iraq. 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 2013 which endorses decentralization in Iraq in 8 service ministries including Ministry of Health; The Government plans to start decentralizing health services to the Governorate Departments of Health (DOH), as called for in an amendment to Law 19 of 2013 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; Health Sector in Iraq is currently largely focusing on responding to emergencies and ad hoc crises rather using a systematic and proactive strategic planning approach for long term development. 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; Continued volatile and complex security situation is resulting in population movements which are difficult to predict , the difficulty of regular supervision and monitoring due to security concerns, and the loss of expertise High number of internally displaced persons (over 3.2 million) and a growing number of refugees add enormous pressure of 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	
<ul style="list-style-type: none"> Support for decentralization in health; Develop a national strategic plan for health workforce including strengthening nursing education; Technical assistance to ensure consistent high quality and safety of care at different level of service provision; Provision of health services for most vulnerable and those in need of specialized health care, including mental health and psychosocial support, immunization, reproductive, maternal and child health and services for the disabled; Support to ensure health care funding is secured so that universal health coverage is not subject to volatile market fluctuations; Review and update National Health Policy 2014-2023; 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; Developing of a National Health Financing Strategy ; 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, expansion of the family practice approach to achieve UHC and SDGs; Reform pharmaceutical Sector, a pharmaceutical sector assessment is to be undertaken and local production plan needs to be developed; Develop a National eHealth Strategy, 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 NCDs according to Global Action Plan for Control of Non Communicable Diseases. 	

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