Is Iraq Ready to Self-Sustain Its Health System?

Irak Kendi Sağlık Sisteminde Sürdürmeye Hazır mı?

Sabahattin Kocadağ, Ayşegül Akbay Yarpuzlu

This observation is a commentary on the legislation, planning and social advocacy phases of self-sustainability in post-war/occupancy Iraq trying to deliberalize from international community.

Key Words: Health system, Iraq, Post war

Bu gözlem, savaş/ignal sonrası Irak ta yeniden yapılanma sonrası uluslararası örgütlerden bağımsızlaşan sağlık sisteminin yerel sürdürülebilirliği için gereken yasama, planlama, sosyal savunuculuk temaları üzerine bir yorumdur.

Anahtar Sözcükler: Sağlık sistem, Irak, Savaş sonrası

Now that, time is moving in dropping the levels of troops in Iraq, in addition to the security building status, other services that had been under guidance of the international agencies since the initiation of the war has to be relooked upon by the Iraq national authorities and public, among which health care stays as one of the most important challenges, to encourage progress. In spite of the political differences in the Iraq parliament, with unified planning, continuous assessment and information sharing as common goals, health services and policy will be ably managed, in this post-conflict state, as the reconstitution and reconstruction of stability unveils itself. This commentary is written on the need to remind insights to the health care professionals or the workforce the routes to be followed for the establishment of new foundations of health care systems in Iraq (1). The Iraq war is now over with its surges on security, politics, tensions, casualties, humanitarian crises and human rights abuses. The exit strategy has been announced and the provincial elections have been successfully managed in 2009. Since the transfer of power from ‘Coalition Provincial Authority’ (CPA) to Interim Iraq Government in 2004, Iraq, once again became a sovereign country. ‘United Iraq Alliance’ that won the most number of seats in the parliament in 2005 led by Al-Maliki gave priority to the security issues as faced with sectarian violence under economic crisis. But what is the condition of the health sector? During the phase of transition, according to WHO estimates on 2007, the conditions of health deteriorated in Iraq with the GDP per capita; 1457 USD and the total expenditure on health (per capita); 59 USD annually. The general government expenditure on health as % of total health expenditure is 74.4%, with ministry of health budget totaling to 3.4% of government budget. With the primary health care indicators designating requirement of aid from all involved for progress, it should be noted that the life expectancy and mortality rates have also deteriorated with major increases in reported cases of pulmonary tuberculosis, cholera, measles and meningitis (2). So, what should be the issues of concern and how should the future health plans be schematized? To start with, it is time to conclude that the conflict associated disaster and the military ope-
Development Act may need to be passed or a National Health Planning Act or a National Health Planning and Resources

Development Act may need to be passed from the Iraq parliament to give a kick-start to these to be coordi- nated activities. During this progress, the Health Agencies may need to be rest- ructured according to the evolving needs of the health status in Iraq. Certo- inly, as in the case of 1980’s and 90’s in the United States, a categorical plan- ning will need to be evaluated by the debating parties of the parliament for the efficient utilization of market for- ces and institutional versus commu- nity based strategies. Use of informa- tion within the framework of scientific methodology will be required for accu- rate and precise vision as well as mat- hematical approaches for cost models as well as quality assurance and qua- lity improvement efforts to be empha- sized. Finally, the categorical plan ba- sed on organizational structure will need to be integrated to the annual and long term budgets with emphasis on cost-containment, resources alloca- tion or the last but not the least with external financing options. The guide- posts, benchmarks and models of meth- odology may be reviewed from previ- ous work but will also be contributed by local experts taking insights from WHO country cooperation strategies. Certainly, improving planning in the future will depend both on leaders- hip and technical skills to reestablish the credibility of national health ser- vices. Beyond planning, advocacy for policy development, both by political action and non-governmental players will secure sustainability, progress and evaluation of planned health actions. This will be achieved through the na- tional legislative apparatus as well as at the provincial level and via the private associations, health care organizations and health professionals. The health agenda setting is key to initiating poli- cy development process. The formal policy agenda is defined as those issues to which policymakers will pay atten- tion and take action. Thus, the first step in any policy development process is to get an issue on the formal policy agen- da. Two of the most commonly used strategies for getting an issue on the policy agenda include: gaining inside access to decision-makers in the polity arena and organizing an outside initi- ative through grass-roots mobilization or coalition building to call the issue to the attention of policymakers. The- se agenda setting strategies can be used alone or in combination (3). Even thou- gh in other country examples, there have been previous difficulties faced in getting Health issues in the Natio- nal policy agenda, discussing, the poli- cies proposed incrementally including key factors influencing health insur- ance coverage with a notion of econo- mic and social outcomes will facilite- te the design of successful strategies for prevention policies as well as provi- sion of mobilization of service oriented task forces and supporters, for new op- portunities and accountability. Qual- ity issues are also important for medi- cal care delivery and initiatives should be encouraged to improve total quality in health services. Still, evaluation and public health informatics integration are issues of significance. Evaluation of health programs and policies is funda- mental for public health. Building and maintaining an effective health care system requires programs and policies that promote health and prevent disease in an effective and efficient man- ner. Evaluation is a process designed to collect and analyze information to de- termine program performance and to improve it. The process involves a va- riety of concepts, methods and analy- tic schemes to determine whether it is appropriately designed to meet the targeted need, whether the program is implemented as planned and whether the program actually does help peo- ple in need at a reasonable cost witho- ut undesirable side effects. Hence, eval- uation is used to assist in health pro- gram planning, program quality assur- ance and improvement in addition to new policy development. In plan- ning an evaluation, the evaluator (Na- tional Ministry of Health) collaborates with other stake holders as State Statis- tical Institution to assess annual health indicators to decide on the purpo- ses, focus and specific models to gui- de data collection during the process of analysis.Finally, the process, outco- mes and impacts on health status will be perceived as quality of care and qua- lity of life. Some aspects will be address- ed using social science research mod- els. In addition to goal-based speci- al case evaluations, evaluations of co- try interventions are also at the core of health evaluations. According to co-
Country cooperation strategy for WHO and Iraq for the period 2005-2010, in accordance with the current country programme and policy framework a strategic agenda of priorities have been set with implications at different levels. Now, it is the responsibility of the national officials and members of the international community to support all actions for regaining equity by participating in actions for directing and coordinating authority for health, with leadership and agenda provisions in Iraq with an ethical promotive and preventive approach (4,5).

REFERENCES


5 Dingfelder S. F. The military’s war on stigma. Monitor on Psychology 2009; Volume 40, No. 6 June.