



Republic of Iraq

Ministry of Health



National Health Policy

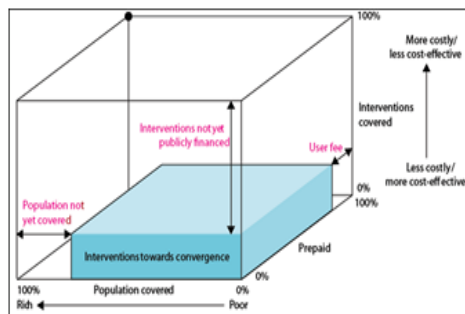
For All Iraqi Citizens

Advancing Universal Health Coverage;
Improving Governance and Leadership;
Building Capacity at all Levels;
Effective Planning and Progress towards
Equitable Allocation of Resources;
Greater Community Involvement
Promoting Accountability at all levels

Universal Health Coverage

needs adequate/supported HRH in the right mix and place

- A. Who to cover;
- B. Which services to cover;
- C. What cost to cover.



Pathways toward universal health coverage

2014-2023

FORWAD



" كلمة السيدة وزيرة الصحة الدكتورة عديلة حمود حسين "

إن رؤية الحكومة ووزارة الصحة العراقية تتجه الى تحسين وازدهار الحالة الصحية للمواطن من خلال تهيئة بيئة تمكينية ونظم صحية قوية حيث يجب أن يكون لجميع المواطنين فرصة تحقيق والمحافظة على أعلى مستوى من الصحة. وتلتزم وزارة الصحة للقيام بكل ما هو ممكن لتعزيز وتشجيع الرفاهية البدنية والعقلية والاجتماعية.

صيغت السياسة الصحية الوطنية من قبل وزارة الصحة بالتشاور والتعاون مع الجهات ذات العلاقة بالقطاع الصحي لتحقيق أقصى قدر من المكاسب الصحية لجميع العراقيين خلال العقد المقبل. وتسعى هذه السياسة الى تحديد المبادئ والأهداف لتحسين صحة السكان والمضي قدماً في عمل القطاع الصحي العراقي نحو التغطية الصحية الشاملة ليتمكن كل مواطن من الحصول بسهولة على خدمات الرعاية الصحية اللازمة وفق معايير الجودة المناسبة والحد من التفاوت في الصحة في جميع أنحاء البلاد. وكذلك توفر وتأسس هذه السياسة إطاراً ونموذجاً للاستثمار والعمل في المستقبل في القطاع الصحي. وسيتم تطوير الخطط الإستراتيجية والتفصيلية والتشغيلية لتنفيذ الإجراءات المحددة في هذه السياسة من خلال تنسيق التنفيذ والمراقبة من قبل الجهات المعنية متعددة القطاعات.

وختاماً اشكر جميع من قام بوضع الصيغة الأساسية للسياسة الصحية الوطنية وكذلك كل من ساهم في مراجعتها وتحديثها من فريق العمل في وزارة الصحة والشركاء الآخرين من ذوي العلاقة ((لجنة الصحة والبيئة في البرلمان العراقي ، الامانة العامة لمجلس الوزراء ، مجلس الوزراء ووزارة الصحة في اقليم كردستان ، الوزارات (التخطيط ، المالية ، التعليم العالي)، النقابات المهنية)) والدعم الفني من قبل منظمة الصحة العالمية.

الدكتورة

عديلة حمود حسين

وزيرة الصحة

Minister of Health

ACKNOWLEDGEMENT

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ABBREVIATION

AOP	Annual Operational Plan
BPHS	Basic Package of Health Services
CBRF	Capacity Building for Results Facility
DHCC	District Health Coordination Committee
DGs	Directors General
DM	Deputy Minister
DPHO	District Public Health Office/Officer
EPI	Extended Programme of Immunization
EPHS	Essential Package of Health Services
EU	European Union
HR	Human Resource
HRH	Human Resources for Health
HSS	Health Systems Strengthening
IFHS	Iraq's Family Health Survey
MDGs	Millennium Development Goals
M & E	Monitoring and Evaluation
MoF	Ministry of Finance
MoHESR	Ministry of Higher Education, Scientific Research
MoH	Ministry of Health
MSH	Management Sciences for Health
NGOs	Non-Government Organizations
NHPW	National Health Policy Workshop
NHS	National Health Strategy
TA	Technical Assistance
TB	Tuberculosis
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

Iraq's national health policy defines the principles, objectives and vision for improving population health and nutrition status and reducing inequalities in health all over the country. The policy provides a framework, concrete foundation and attainable direction for future investment and action in the health sector development. Strategic and detailed operational guidance for implementing the action plans identified in this policy will turn the policy into tangible change accordingly. Implementation will be coordinated, monitored and governed by multi-sectoral stakeholders to deliver change, modernization and the planned health gains.

The Ministry of Health has formed a core technical team representing all the key departments and with the dynamic participation of other relevant sectors like Finance, Planning, Parliament, Professional Associations supported by World Health Organization at Eastern Mediterranean Regional Office as well as WHO Country Office; all those experts have effectively pooled their knowledge and experience into drafting the Iraqi National Health Policy.

Central to the policy directions of the new Iraqi Government is to attain health care goals and overcome systemic challenges particularly what is related to cost and access to quality health care services. Several principles that guide the evolution of health care policy are spelt out in this document. Particularly important is that health is a constitutional right to all Iraqi citizens. Then that the legitimate mandate of the Governments as the overall "legislate, enforce and adjudicate authority for the safety, welfare and public order of everyone within its jurisdiction. The public justice the essential public health programmes like vaccinations promote safety and public order; a network of quality health care providers facilitates the well-being of society by meeting people's physical, social and mental needs.

Public justice in health policy demands that the Iraqi Government work effectively to ensure adequate access to quality health care as a means of preventing intractable burden of disease. This means that governments should ensure that everyone has access to some basic level of "good" health care. The Iraqi health care system should contribute to improving overall health of the population and reductions in poverty related to health expenditures particularly the out of pocket expenditure that reached 41% of the total health expenditures¹. The question is setting the stage for greater equity, improving standards, assuring efficiency and value for money in health care and modernizing the Iraqi health care systems on feasible and sustainable grounds.

The core of the National Health Policy is to move forward the Iraqi health sector agenda towards Universal Health Coverage so that every citizen will have ready access to the needed health care services at the right quality standards. The National Health Policy discussed and analysed during the last few months and further refined during a series of consultation meetings and concluded over a four days high level workshop to reflect the

¹ Ministry of Health; National Health Account (2015); Baghdad, Iraq

strong ownership of the Ministry of Health at central, regional and Governorate levels and raise the major issues, challenges and commitments for scaling up good governance, stewardship, systems strengthening, continued professional development and securing logistics and supplies for health services to meet the needs of the population.

It is within this context that the health policy is being proposed. The policy views health in its broadest sense as a multi-sectoral programme focusing on the physical, social, economic, and balancing the pressing emergency and humanitarian needs of the country with the health sector development and reform dimensions which can bring total health gains to individuals, their families and communities. There is therefore a paradigm shift from curative action to health promotion and the prevention of ill-health; meanwhile health systems modernization and strengthening are eminent in this vision.

The policy argues that a healthy population can only be achieved if there are robust leadership and good governance, adequate financial, human and physical resources in the health sector, improvements in environmental hygiene and sanitation proper housing and town planning provision of safe water provision of safe food and nutrition encouragement of regular physical exercise improvements in personal hygiene immunization of mothers and children prevention of injuries in our work places prevention of road accidents practicing of safe reproductive life. The disease profile and mortality patterns of the country are directly linked to these factors.

The Government and Ministry of Health of Iraq articulated their vision towards a future of a healthy and prosperous Iraq through an enabling environment and strong responsive health systems whereby all citizens should have the opportunity to achieve and maintain the highest level of health and wellbeing. The Ministry of Health is committed to do all what is possible to enhance and promote physical, mental and social wellbeing.

The strategic objectives of MoH are:

1. To scale up progress towards universal health coverage and increase geographical and financial access to basic services;
2. To ensure that people live long, healthy and productive lives without increased risks of injury, disability or financial hardship;
3. To creating and sustain effective and efficient health systems that deliver quality health care services for all;
4. To ensure availability of adequate resources in the health sector and adopt a firm balance of emergency services and health sector development,
5. To reduce the excessive risk and burden of morbidity, mortality and disability, especially among the poor and vulnerable groups;
6. To address inequalities of access to health, populations and nutrition services and health outcomes;

7. To foster closer collaboration and partnership between the health sector and communities, other sectors and private providers.

The national health policy is founded on the principle that health is a multisectoral outcome and as a result all sectors, governmental and non-governmental agencies in society should be responsible for creating those conditions, but the primary responsibility for ensuring the conditions for good health lies with the collective agencies that represent the interests of the population (freely expressed through democratic institutions)—that is, the public authorities and their public administration.

The Government of Iraq and its public institutions led by Ministry of Health (at the national, regional, and local levels), to programme the implementation and monitor progress and challenges along the course of the policy. Therefore, it is important to note that MoH is the primary public institution responsible for developing a national health policy.

Iraq's national health policy is drafted by the Iraqi Ministry of Health in consultation and collaboration with key health stakeholders. The process was guided by the developments, challenges and achievements of health sector over the last few decades and also incorporating evidence and experiences from the region and world-wide scrutinizing what worked and what did not aiming to build on those experiences and maximize health gains for all Iraqis during the next decade.

The policy was developed through a dynamic participatory process and followed the WHO health systems components namely; governance and stewardship, financing health, human resources for health, health information system, health service delivery, medical technology and pharmaceuticals. The policy covers ten year from 2014 to 2023 with the overarching ambition to achieve universal health coverage for all the Iraqi population equitably and cost effective.

INTRODUCTION

Health is a multisectoral social sector that is affected by all sorts of determinants; economic, political cultural, environmental and others. Iraq has been subject to a rapidly changing and complex geo-political and socio-economic context that has impacted upon the health status and health systems alike. The Ministry of Health has embarked on setting the national health policy particularly to influence the health systems' response to the external environment and regulate the dynamics that determine health services and ultimately health status of the population. The World Health Organization has worked very closely with the technical teams of the Ministry of Health from the very inception phase of policy making throughout the consultations, provided technical assistance and guidance until the production of the final version of the Iraqi national health Policy.

The health system in Iraq has been exposed to exceptional challenges and damages during the last two decades. The infrastructure was compromised and many of the skilled health professionals have fled the country leaving behind the population with inadequate access to the basic health care services they need. The burden of disease, in 2012, attributable to communicable diseases is 19.1%; non-communicable diseases are 61.6% and injuries are 19.2%. The share of out-of-pocket spending was 36.5% in 2013 and density of health workforce in 2014 for physicians was 0.61 physicians per 1000 population.

The public health issues facing the country are presented in the following sections: communicable diseases, non-communicable diseases, promoting health across the life course, health systems and preparedness, surveillance and response. Each section focuses on the current situation, opportunities and challenges faced and the way forward. In addition, several trends in population dynamics and in selected health indicators are analysed to provide policy-makers with evidence and forecasts for planning.

Taking into account the country complex context, as well as the regional and global contexts, the Ministry of Health, in collaboration with all the health stakeholders, analysed and mapped out a process to develop this first ever Iraqi national health policy to guide the country's health strategy and future investments and development in health. According to the World Health Organization, an explicit health policy can achieve several things: it defines a vision for the future; it outlines priorities and the expected roles of different groups; and it builds consensus and informs people²³

The process started with a situation analysis of the current health and health sector status, health determinants, the organisation, management and functionality of the health systems. Based on the outcome of the situation analysis, a framework was prepared to assess the gaps identify Government priorities taking into consideration the current and foreseen resources available and trends in the social determinants of health; the National Health Policy has been developed.

² World Health Organization. Health Policy, accessed 22 March 2011.

³ Harvard School of Public Health, Department of Health Policy and Management About Health Care Policy, accessed 25 March 2011.

The strategic direction of improving human capital makes health central to the development goals of the Government of Iraq. Only a healthy population can bring about improved productivity and subsequent increase in GDP, and by doing so ensure economic growth. Hence the old adage “a healthy population is a wealthy population”.

The high level of participation from the Ministry of Health, Council of Ministers, Parliament, Professional Associations of Physicians, Pharmacists and Dentists, supported by World Health Organization of Iraq Country Office as well as the Eastern Mediterranean Regional Office in a highly participatory dynamics that incorporated excellent contributions and set timeframe to finalize the National Health Policy for the next decade. The thematic groups suggested what policy options could be included in the new policy. These options were also discussed and consensus was built through national stakeholder and regional consultation meetings.

The policy and health sector priorities are based on achievements of the Ministry of Health during the past years and what work remains to truly transform the health system to better meet the needs of all the population on a planned roadmap towards universal health coverage. It is always hard to generate priorities for health at times of emergencies because all illnesses, diseases and humanitarian needs should be on high priority.

The national health policy is a living document and as such flexibility is endorsed so that regular monitoring and review will be undertaken at regular intervals and corrective measures will be pursued as deemed necessary so that the overall pathway of the policy leads Iraq to achieve universal health coverage for all citizen with equity, quality and cost effectiveness.

SITUATION ANALYSIS

Macroeconomic, political and social context:

Iraq is facing complex challenges and still recovering from long periods of conflict and political turmoil. While modernization of the public sector remains a top priority, limited focus on good governance is affecting the implementation of laws, provision of services and effective management of the country's resources. The Iraq Five Year National Development Plan 2013–2017, reflected the shift in perspective and approach to development, strengthening a democratic and consultative political base, reforming governance and administration and optimizing the utilization of national natural and human resources.

The context in Iraq should be seen as one of the most complex in the region. Particularly the reality of decades of wars and conflicts has dramatically exhausted the health and social sectors capacity to deliver the quality and coverage of services needed by the population. Over and above an estimated 2.9 million Internally Displaced Persons (IDPs) in need of immediate and prolonged humanitarian and health care support from the stretched and fable health care system in the country.

Demographic Context

Iraq's population growth has jumped between 1970 (10 million) and 2014 (more than 36 million) and the United Nations Population Division estimates that by 2030, it will have reached almost 50 million. Currently, the Iraqi population present a broad-based youthful age composition, with 39% under the age of 15 years. Children under 5 represent 13% of the population. Over two thirds (69.6%) of the population live in urban areas. Baghdad has the highest urban population (93%) and Diyala the highest rural population (56%). Though fertility rates have decreased in the past decade, fertility in Iraq remains high with a total fertility rate of 4.7 and a population growth rate of 3%. The average life span is 73.1 years; 71.9 for males and 74.4 for females.

The continued insecurity and armed conflict has resulted in exceptional pressure on the health systems through the growing number of IDPs and mounting humanitarian needs particularly in Nainawa, Salaheddin, dyala, Anbar and Kerkuk Governorates⁴. Since January, 2014, 2.9 million people have fled their homes and presently 8.2 million people in Iraq require immediate humanitarian support. 6.9 million Iraqis need immediate access to essential health services and 7.1 million access to water, sanitation, and hygiene assistance⁵. The situation is bad, really bad, and rapidly getting worse", said WHO Director-General Margaret Chan in her keynote address to launch a new humanitarian response plan for Iraq in June 2015.

⁴ Ministry of Planning. 2014. IDPs Survey. Baghdad, Iraq.

⁵ The Lancet. 2015. Volume 385, No. 9985, p2324, 13 June 2015

Socio-economic Indicators:

Iraq's unprecedented population growth, with its youth/adolescent bulge, is of concern from a social, economic and health perspectives. The sharp drop of oil prices was a shocking to an economy that is 93% of the national income comes from oil. The latest household survey (2012)⁶ has found that 19.9% of the population are under the poverty line. High unemployment rates of 18% overall that is highest among women (32%) and youth (30%)⁷. Limited economic opportunities and poor service delivery, coupled with forced migration, all have a negative impact on health and well-being of the people of Iraq and adversely affect the country's ability to achieve the MDGs. There are remarkable disparities between rural and urban population in terms of economic opportunities and access to social services including health.

Prevailing insecurity and terrorism aggravated since January 2014 and June 2015 with Anbar crisis and ISIS attack on Mosul respectively and subsequent spread of armed opposition groups activities to other governorates with pressure on an already weakened health system. Reliance of the economy on one single commodity (oil) with price fluctuation exposes the government to enormous pressure in financing health and social services. It is believed that private sector can contribute in many ways to health sector development if the regulatory framework and investment legislations are modernized to make this possible. Finally, it is overall perceived that there has been increasing levels of social vulnerability that needs a new dynamic policy to address it for the needy Iraqi population.

Health status of the population:

The drop of health indicators during the 1990s has been reversed showing steady improvement in the Iraqi health status. Under-5 mortality for example is currently 21.7 per 1000 live births and infant mortality rate is 17.3 per 1000 live births. The immunization rate during the first year of life has reached 64% and for tetanus toxoid for pregnant women is 40%. The Ante Natal Care visits with at least once has reached 63% while the ANC rate for at least four visits per woman remain low (35%) and the Post Natal Care visits is 61%. Maternal Mortality Ratio is 30 per 100,000 live births and 87% of women deliver with skilled births attendants; of which 77.7% in health care institutions – both public and private. Prevalence of contraceptive use is very low (5%) with low access to contraceptive commodities through public facilities while it is available through expensive in the private sector.

Burden of communicable diseases:

Despite the critical security situation, communicable disease prevention and control have remarkable progress. This was largely attributed to the good surveillance system in place.

⁶ Iraq Household Survey (2012).

⁷ World Bank (2014). Republic of Iraq Public Expenditure Review: Toward More Efficient Spending; Washington DC.

However, due to the armed conflict and poor environmental health conditions particularly in IDPs' camps and the damage of water supply and sewerage system since 2003, the incidence of water-related infectious diseases has risen. Contaminated water supply, unsafe sanitation and poor hygiene practices are the main causes of the spread of water-borne infections. Currently, an unacceptable percentage of drinking-water samples fail quality checks, and raw sewage is discharged directly into rivers.

In urban areas; 72% of the population in Iraq have access to the network of safe drinking water compared with only 47% in rural areas with a national average of 65%. Out of the 1.4 billion cubic meter of waste water from Baghdad alone; only 34% is treated while the rest is drained directly into rivers and the likes with enormous hazards on health and safety. As for sanitation services, it was documented that only 30 % of the population have access to sanitary disposal of waste water.

The heavy burden of the IDPs' health needs was demonstrated through spiking rise of infectious diseases including water borne, air born, skin diseases and mental illnesses.

Typhoid fever, a waterborne and foodborne disease, is endemic in Iraq. Hot weather and the frequent interruptions of electricity and water supply during the summer months have resulted in increased incidence. As a result, numerous interventions were implemented to prevent and control outbreaks. Cholera is also endemic in the country. Following a large outbreak in 2007, smaller scale outbreaks were also reported in 2008, 2009 and 2010.

In 2011, 9248 cases of tuberculosis were reported, with a notification rate of 28 cases per 100 000 population. No indigenous malaria cases have been reported in Iraq since 2008. The last indigenous case due to *P. falciparum* was reported in 1969, while the last two local cases due to *P. vivax* were recorded in 2008. The cumulative number of HIV/AIDS cases registered from 1986 up to 2007 was 269. Although the prevalence of HIV is currently less than 0.1% of the population, there is a need for improving public awareness about HIV transmission.

There has been remarkable improvement in the Expanded Programme on Immunization (EPI) despite lack of security, poor access and sub-standard primary health care services. Although the Ministry of Health is using its own resources for purchase of all vaccines and supplies, UNICEF and WHO support is still needed to bridge gaps. More than 56% of primary health care centres provide immunization. The EPI surveillance system works well and more than 90% of the reporting sites provide regular and timely data. Hib, rotavirus and pneumococcal vaccines were made available to all eligible children in 2011. More efforts are needed to ensure that all hospital maternity wards and health centres have delivery facilities and trained staff to give BCG and Hepatitis B first dose at birth. The immunization programme has a robust surveillance system and committed staff but needs further capacity building, particularly in the area of forecasting.

Burden of non-communicable diseases:

Non-communicable diseases account for 44.3% of mortality in Iraq. Chronic illnesses such as heart disease, stroke, cancer, respiratory diseases and diabetes are the leading causes of mortality in Iraq. According to Iraq Family Health Survey (IFHS) 2006/2007, the most frequently reported chronic conditions are high blood pressure (41.5 cases per 1000 population), diabetes (21.8 cases per 1000), joint diseases (18.6 cases per 1000), heart disease (12.0 cases per 1000) and gastrointestinal disease (11.2 cases per 1000). The chronic non-communicable diseases stepwise risk factor survey 2006 showed that 41.4% of the adult population (aged 25–65 years) suffered from raised blood pressure, 10.8% had hyperglycaemia, and 37.7% had hyper-cholesterolaemia. The survey also showed that 66% of the adult population was overweight and 33% were obese. Smokers constituted 21.9% of the adult population while 90.5% of the population had low fruit and vegetable consumption and 56.7% had low levels of physical activity. The 2008 Global Youth Tobacco Survey results showed that 7.4% of students aged 13–15 years in Baghdad had ever-smoked cigarettes (males 7.4%, females 6.8%).

The non-communicable disease unit at the primary health care department of the Ministry of Health is engaged in prevention and control of non-communicable diseases. A national action plan for the prevention and control of non-communicable diseases in line with the global and regional plans has been developed and being implemented. The integration of non-communicable diseases into primary health care centres has been successful and is gradually moving towards 50% coverage. At this stage the focus is on hypertension and diabetes.

The mental health programme has been active since 2003 with multiple sources of donor funding. Many high level international and national forums and conferences have been held on mental health and policies and strategies to deliver quality mental health services have been discussed and developed. The national mental health strategy developed for the period 2008–2013 needs to be reviewed and updated. Psychosocial care and support to address posttraumatic stress disorders are grossly inadequate, particularly given the intensity and the frequency of traumas faced by Iraqis since 1980. Six trauma centres have been established: two in Baghdad, one in Mosul, one in Basra, one in Dahuk and one in Diwaniyah. Based on various surveys, it is estimated that the prevalence of mental disorders among the population is 35.5%¹², while the treatment gap for management of mental disorders is estimated at 94%.¹³

In 2007, the Ministry of Health reported 1794 deaths due to road traffic crashes. Sentinel sites have been established in northern and central Iraq in efforts to develop injury surveillance, violence prevention and treatment and rehabilitation programmes. Preliminary reports from these sites suggest that the leading causes of injuries registered at emergency rooms for the period 2007–2008 were traffic crashes (17.3%) and domestic accidents (17.2%).

Maternal and child health:

Improvement of women's health is articulated in the Ministry of Health's strategic plan for 2014–2018. Reproductive health services deteriorated sharply immediately after the 2003 conflict, but have since made a gradual recovery. However, access to reliable data on reproductive health remains somewhat limited. Estimates for maternal mortality vary widely, with a national average of 30 maternal deaths per 100 000 live births. Marriage at young age is prevalent in some parts of the country, although fertility rates have decreased in the past decade.

The total unmet need for contraception is high, and evidence of male involvement in fertility control is largely lacking. Family planning services are offered in less than 5% of primary health care centres and family commodities are rarely available except through private pharmacies at a high cost. Although the rate of first-visit to antenatal care facilities is relatively high, the percentage of pregnant women who follow the recommended number of visits (four visits and above) is still low (35%). The same is true for postnatal coverage (61%). It is reported that 22.3% of births occur outside health institutions, with 22% of deliveries at high risk and in need of advanced medical support.

The under-5 mortality rate was 21.7 per 1000 live births in 2014, with wide disparities between governorates. Because of unsanitary environmental conditions, unsafe water supply and poor hygiene practices, there is a high incidence of diarrhoeal diseases. Diarrhoeal and acute respiratory infections, compounded by malnutrition, account for two-thirds of deaths among children under 5 years of age. A Multiple Indicator Cluster Survey (MICS) carried out in 2012 showed acute malnutrition (wasting) at 7%, underweight at 8% and chronic malnutrition (stunting) at 22%. The exclusive breastfeeding rate was 25.1%. Based on available data, the prevalence of anaemia among women of reproductive age (15–49 years) is estimated at 35.5%, and 38% among pregnant women.

Iraq is faced with significant environmental challenges with decades-long drought, desertification, flooding, manmade disasters including conflict and deterioration of the physical infrastructure. The government has identified environment as a priority within the national development plan, in order to meet international treaty obligations and to ensure that its plans for economic and human development include environmental considerations. As a consequence of the environmental situation, Iraq is the only country within the immediate region to show a decline in access to improved drinking-water sources from 1990 to 2006 (from 83% to 89%). The Baghdad Sewage Administration estimates that of the nearly 1.4 billion litres of wastewater/sewage generated daily in Baghdad city, only 34% is treated. The rest remains untreated and is disposed of directly into rivers and waterways, with severe implications for public health and the environment. Waterborne diseases are widespread due to contamination of drinking-water. Sustainable access to sanitation and safe water is poor, with 21% of households unable to access an improved water source and 16% without an improved source of sanitation. Disposal of hospital waste remains a major issue with a direct bearing on the health sector.

Health systems and services:

The Iraqi health sector faces considerable and complex challenges. These challenges encompass the demand for improving access to quality health services by transforming the hospital-oriented system to a primary health care model, overcoming recurring shortages of essential medicines, dealing with budget deficits, rehabilitation of infrastructure, training and deployment of human resources. In any health system there is a dual focus on the individual (health care system) and on public health measures and interventions the target of which is a specific population group or the population at large (public health system). Both sub-systems have been affected by the prevailing circumstances in Iraq.

Service delivery:

The health care delivery system in Iraq has historically been a hospital-oriented and capital-intensive model with less emphasis on preventive measures. The Ministry of Health is the main provider of health care, both curative and preventive. The private sector also provides curative services. About half the health centres are staffed with at least one medical doctor. The rest have trained health workers (medical assistants and nurses).

The Ministry of Health has a network of health care facilities which in 2014 comprised 2632 primary health care centres, out of which 37 centres deliver family health care. In addition, the Ministry operates 257 public hospitals of various levels and a group of specialized health care centres. Public health care facilities are not equitably distributed across governorates and between rural and urban populations. While medical services in the public sector hospitals are free apart from nominal charges, many people choose to seek care in the private sector health centres to avoid longer waiting times in the public facilities and adverse perceptions of quality.

The private health sector plays an important role in delivering personal health care, in part due to the omnipresent “dual practice” – health staff employed in the public sector and working privately inside and outside government facilities. The total number of private hospitals in 2014 was 111, many of which are small and mainly concentrated in Baghdad. The main concern in service delivery is the quality of publicly provided services. Bed occupancy rate in public hospitals was recorded as 58.7% in 2014 with an average 2.7 days stay per in-patient.

Coverage: Universal health coverage is the national objective and the core strength of the Iraqi national health policy. All Iraqi citizens have the right to access health care services with minimal financial contributions.

Access: On average citizens seeking health care services can reach a health facility with 20 minutes. This can extend to 32 minutes for those living in remote rural areas. Among the main barriers to access health care services is the shortage of skilled health workers.

Quality: It is documented by the IPSM project that the quality of primary health care services is better in public facilities than private.

Equitable distribution: In principle health care resources are distributed according to the population density and distribution in the country. It is not unique to Iraq that district and central specialized hospitals and skilled health professionals are located more in big cities and fewer are in rural districts and remote villages.

Health Financing:

The WHO has provided technical assistance and guidance to the Ministry of health in producing the National Health Account (NHA) for 2012 that was released recently. The NHA revealed that Total Health Expenditure (THE) in Iraq reached ID 10,000 billion; 58.5% of which came from the Government sources. The Ministry of Health is the biggest financing agent of health sector expenditure, followed by the 41.1% was out of pocket i.e. private sector contributions. Other ministries contributions account for less than 3.2% and only a small fraction of THE; came from donor (0.4%).

The Total Health Expenditure represented 4.2% of the Gross Domestic Product (GDP) and the per capita health expenditure was US\$ 270. The NHA also reflected the sharp increase in the health investment plan from ID 35 billion in 2008 to ID 516.9 billion in 2012. Despite the impressive increase in health expenditures over the recent years, the budget allocated to health remains relatively low compared with the average expenditures in countries with proportionate income levels to Iraq. In addition, most of the increase in the health budget allocations is consumed in the rising salaries of health workforce rather than a net contribution to health services improvement or the investment plans. The biggest share of health expenditures goes to salaries of the large health workforce (47%); followed by pharmacies of the Ministry of Health accounting for 30% of total health care expenditure. In general, health care expenditure in Iraq is primarily spent on curative.

It is noted that the Iraqi health budgeting model is a traditional incremental one that does not reflect strategic reform measures or evidence based budgeting arrangements like those in dynamic financing systems. Also the current Iraqi health financing system lacks a coherent pre-payment financial health protection trends towards sustainable universal health coverage and social protection of the population.

Health workforce:

Approximately 47% of the Ministry of Health budget is allocated for human resources. Despite the relatively high numbers of health workforce in the health system (32 doctors, nurses and midwives per 10,000 population), the proportion of funds allocated to personnel in total Ministry of Health expenditure is lower than the average of middle-income countries. In 2014, according to the Ministry of Health's annual report of 2014, Iraq had 274,515 health workers. The density of physicians per 10,000 population in 2014 is 8. The density of nurses per 10,000 population is 24 leaving the ratio of nurses per physician at 3:1. The majority of nurses (53.6%) graduated from nursing high schools of the Ministry of Health. 34% of midwives were working in Ministry of Health facilities. The remaining 66% worked in the private sector, and only 66% were certified. The production of health workforce is coordinated by two major partners: the Ministry of Health and Ministry of

Higher Education and Scientific Research. The Ministry of Health manages nursing high schools and midwifery high schools. The education and training of various categories of health professionals is carried out in the public sector, where education is free. There is no education policy or pre-service education strategy to guide the country's health workforce production. There is no database on pre-service qualifications or in-service training completed by staff.

Health technologies and pharmaceuticals:

Medicines and other health technologies encompass a wide range of critical input in the health care industry. Since 2003, the state-run company Kimadia distributes medicines and other health technology-related supplies to the public sector. Health and biomedical technologies, including pharmaceuticals, constitute the second major input in the provision of health care services. Access to medicines and health technology are among the indicators of health system responsiveness.

Health information system:

The health information system supports all health system functions and building blocks and is often considered as a proxy for the level of development of the health system. Data are collected through the national information system and supplemented by population-based surveys, vital registration system and health research.

The routine information system is part of the main activities of the health management information system, which deals with three types of data records:

- 1) Health and disease records (including surveillance);
- 2) Health service records; and
- 3) Resource records.

Another health-related population-based data source is the vital registration system, which the Ministry of Health coordinates with the Ministry of Interior at national and subnational levels. To date, evidence based decision making, planning and management of health activities remain inadequate in Iraq and needs strategic investment and strengthening of the health information system and the capacity at national and subnational levels.

Health infrastructure:

Iraq is blessed with a good network of health facilities at primary, secondary and tertiary levels. This wealth of national and highly technical infrastructure is in various standards of quality, performance and maintenance. The Ministry of Health envisions the future where medical technology and state of the art equipment will shape up the status of the Iraqi health and well-being. The national target for bed capacity is to reach 1.5 beds per 1000 population. Establishing new hospitals of various capacity and specialization is in the plan of implementation. The health investment plan needs to keep pace of the rapidly growing population as well as the depreciation rate of existing in-patient facilities. Equally strategic

is the need to develop and strengthen the maintenance systems to preserve and sustain the health infrastructure in a cost-effective approach.

Health governance:

The Ministry of Health plays the leading role in health development through the formulation of a national vision, policies and strategic health planning and management. The Ministry is constitutionally mandated to provide the necessary health care services in partnership with the private sector and to guarantee health and social security to all citizens. The function of standard-setting, an important element of health governance related to the quality of health care services, is relatively weak in Iraq. National accreditation standards for centres were prepared in June 2010 with technical support from International Medical Corps. However, the accreditation system is still in ‘pilot’ stage.

A. Key documents used for policy development and strategic planning include:

- a) The Strategic plan of the Ministry of Health;
- b) The national development plan;
- c) The population policy;
- d) The roadmap for health sector reform;
- e) Various specific health strategies;

B. Decentralization:

Based on law number 21 for the year 2008 amendment number 19 for the Governorates Council; the Ministry of Health will activate specialized technical working groups to discuss, analyse designation and delegation of authorities across the system aiming to transform the centralized health care management system into a more decentralized one.

C. Legislations:

With the forward looking of this document; there is a need for a comprehensive review of all existing health related legislations and legal frameworks in order to respond to the aspirations and strategic needs of the Iraqi population for better health and health care services. One of the major areas highlighted in this document is the regulatory capacity of the Ministry of Health and the need to give it even greater emphasis and support. The capacity is be capable of analysing the needs and to formulate appropriate health policies, guidelines, legislations for health and health care fit for purpose in Iraq.

D. Licensing:

The standards and mechanisms used for regulating health professions are complex and relatively out of date in Iraq. Professional associations are currently entrusted with the licensing authority for professional practices of different cadres in public and private sectors alike. However, there is no mechanism in place to monitor performance, improve competencies and institutionalize continuous professional development.

E. Accreditation:

The core concept of accreditation is the recognition that there are levels of quality below which patient care should be prohibited. If a service provider is unable to provide such fundamental resources as adequate hygiene, stable power and water supply and qualified physician and nursing care, it should not be allowed to remain open. Accreditation in Iraq is at its beginning and it is not yet institutionalized.

Goal and Purpose of Accreditation are:

- Provide recognition and reward to those hospitals that demonstrate they are evaluating and improving the quality and safety of care;
- Allow future financial rewards to those who succeed in becoming accredited;
- Continuously improve the quality of health care and services;
- Enhance public confidence in their health care;
- Improve national pride in the health care system;
- As a mechanism to renew licensing.

The Ministry of Health is determined to enhance quality of health care services through accreditation and licensing in a systemic and sustainable approach.

Health system challenges:

- Planning is constrained by the political and insecurity context in parts of the country. It needs to be evidence-based and clarify what is strategic and what is short term interventions;
- The re-emergence of vaccine preventable diseases like poliomyelitis - after 14 years of a polio-free status - is a major set-back to the sector capacity;
- Iraqi high population growth rate poses a serious additional constrain to the sector;
- Brain drain of skill health professionals not only in rural areas but even urban and high level positions leads to shortage of skills base and overall capacity to serve the population;
- The on-going conflict in multiple locations in Iraq exacerbates the system challenges and diverts Governments resources from health and social services to defence and related costly mandates;
- Accountability and transparency are weak and need be deeper in the organizational context and culture of good governance;
- Regulation of the health service delivery mechanisms is weak in the public and private sectors.
- Decentralization in the health care delivery system has been addressed to certain degree in national legislation; however, implementation of these mechanisms presents major challenges.

- The budget-making process faces issues in preparation and in passage by the legislature. Disbursement of funds in a timely and predictable manner is a major challenge. Also noted the limited absorption capacity in the sector;
- Lack of resource allocation capacity and effective financial management needed to speed up implementation of programmes and projects;
- Stronger national capacity is needed to identify alternate means of health financing, such as social insurance, prepaid options, risk-pooling mechanisms and targeting vulnerable communities, in order to move towards universal health coverage.
- The quality of care in both the public and private sectors in Iraq is far from desired levels. Effective standards and an accreditation system for health service providers is urgently need to be put into place.
- The dual practice model (civil servants working in the private sector) in Iraq is a major management issue leading to the unavailability of adequate health staff in public sector facilities. This adds to the problem of inequitable distribution of human resources for health across the country.
- There is no integrated information system that brings data from across different information subsystems in Iraq.
- Management of health technology is weak, starting from needs assessment to selection, procurement, maintenance and disposal.
- An effective medicine policy is needed which includes regulation, rational use and equitable access.

National Health Policy

The key objective of the Iraqi national health policy is to create the conditions and enabling environment that ensure good health for the entire population. The Policy recognizes the challenges of consolidating the principles of the previous health policy in community involvement, improved health services provision, access and equity while addressing the different dimensions of reforms that are taking place in the Public Sector.

The national health policy is founded on the principle that health is a multisectoral outcome and as a result all sectors, governmental and non-governmental agencies in society should be responsible for creating those conditions, but the primary responsibility for ensuring the conditions for good health lies with the collective agencies that represent the interests of the population (freely expressed through democratic institutions)—that is, the public authorities and their public administration.

The Government of Iraq and its public institutions led by Ministry of Health (at the national, regional, and local levels), to programme the implementation and monitor progress and challenges along the course of the policy. Therefore, it is important to note that MoH is the primary public institution responsible for developing a national health policy.

Since the Health Policy is a living document and dynamic, interactive in nature, the Ministry of Health would like to welcome positive and constructive comments and contributions from all stakeholders. The comments will be used for the regular review and monitoring of the policy implementation, which will be undertaken after ten years of life time of this policy.

VISION

The Government of Iraq's vision is towards a future of healthy and prosperous Iraq whereby all citizens have the opportunity to achieve and maintain the highest level of health and wellbeing.

MISSION

The Ministry of Health is committed to do all what is possible to enhance and promote physical, mental and social wellbeing for all the Iraqi population through dynamic, responsive, modern, effective, efficient and sustainable health systems. The Government adopts the Universal Health Coverage approach through a broad base family health model that delivers quality services for all Iraqi population regardless to their financial or social status.

HEALTH SECTOR OBJECTIVES

The goal of the health sector – of a healthy and prosperous Iraq - will be achieved through the pursuit of the following interrelated and mutually reinforcing objectives:

1. To scale up progress towards universal health coverage and increase geographical and financial access to basic services;
2. To ensure that people live long, healthy and productive lives without increased risks of injury, disability or financial hardship;
3. To creating and sustain effective and efficient health systems that deliver quality health care services for all;
4. To reduce the excessive risk and burden of morbidity, mortality and disability, especially among the poor and vulnerable groups;
5. To address inequalities of access to health, populations and nutrition services and health outcomes;
6. To foster closer collaboration and partnership between the health sector and communities, other sectors and private providers.

The Ministry of Health aims at enhancing effectiveness and efficiency of the Iraqi health systems so that it promotes health of individuals and the society as a whole through creating the enabling environment, provision of the systems, resources, guiding principles and strategies that secures the attainment of the maximum health outcomes for all the population.

GUIDING PRINCIPLES

The following principles are adopted to create the enabling environment of the Iraqi health policy:

- 1. Health is a right for all Iraqi population:**
Access to health is a constitutional right for all Iraqi population;
- 2. Equity:**
Every citizen has equitable opportunity to attain health without discrimination of race, gender, geographical or socio-economic status;
- 3. Accessible and sustainable quality health care services for all:**
Provision of attainable resources and interventions that guarantee effective and efficient delivery of quality health services that the country can afford and sustain;

4. Decentralization:

The Government of Iraq adopts and systematically promotes the necessary reform measures that make authority and responsibility for health services effectively respond to community needs in a more dynamic, participatory and accountable approach. This demands a new governance model and a redistribution of roles, responsibilities, authorities and resources over the period of this policy framework appropriate to the Iraqi existing and foreseen socio-economic and political context;

5. Accountability:

The Government and Ministry of Health are committed to promote greater transparency and clarity in decision making within the health sector so that responsibility and accountability are promoted as a positive organizational culture. This will enable monitoring and evaluation and overall sector productivity to grow;

6. Family Health is the model to pursue and promote by Iraqi health sector:

The Ministry of Health will expand and deliver family health care services as a comprehensive system that meets the needs of all the population. The system is strategically tailored to entail preventive, diagnostic, curative and public health services specific for the Iraqi health and health care needs;

7. People have the right for safe medical practice:

This is an ethical and legislative right that the Ministry of Health is committed to promote sector wide;

8. Promoting professionalism:

Health providers belonging to diverse professional groups are well valued, protected, professionally and holistically developed and motivated. This is a prerequisite to deliver the highest level of professionalism, performance and quality of care to the whole nation;

9. Partnerships:

Effective collaboration and partnerships are essential for maximizing the collective delivery of health to all the population. The Ministry of Health is the custodian and constitutional leading public authority to drive the health agenda but it is not the only sector that contributes to health of the nation. As such the Ministry of Health is and will partner with all relevant public, non-Governmental, national and international institutions to synergize for health and health care delivery in Iraq;

ASSUMPTIONS

The national health policy is formulated based on the following assumptions:

1. The Government of Iraq will continue to be the chief financier of health and health care and human resources development;
2. The Government of Iraq will increase financial allocations to health and the health sector over the next decade from Government revenues and sources to sustain implementation of this policy;
3. The Government will continue to promote decentralization of public sectors and civil services including health sector and services and support it with the necessary legislative frameworks and reforms;
4. The Government will support and promote private sector engagement and investments in health in an effective complementary and partnership framework that add value to health sector effectiveness and performance.

DURATION OF THE POLICY

The National Health Policy of the Government of Iraq will guide the health development of the country for next 10 years (2014-2023). Continuous and rigorous monitoring and evaluation will be conducted regularly on the implementation of the Policy.

PRIORITIES

This is a ten years vision of the Ministry of Health that is articulated in line with the priorities of the national development plan; with particular emphasis on the following areas:

1. Strengthen health sector **governance** at all levels supported by an enabling organizational and administrative environment;
2. Promote effective and efficient use of all available financial **resources**. Expand financial risk protection through innovative financing mechanisms based on adequate prepayment arrangement while ensuring efficiency, transparency and sustainability;
3. Plan, train and make available competent and adequate number of skilled, motivated and supported **health workforce** to manage health services with gender perspective at all levels. Build capacity of human resource at all levels in management and clinical health care services delivery;
4. Ensure the availability of medicines, reagents and medical supplies and infrastructures;

5. Reduce the **burden of disease**, communicable, non-communicable, maternal and child mortality and increase life expectancy;
6. Ensure provision of **essential package of health care services** that is based on the family health model. Quality improvement is a major dimension across the board and Universal Health Coverage is the sector's overall strategic objective;
7. Improve **quality of care** in line with the international standards and best practices;
8. Scale up **maternal, reproductive and child health** care services;
9. Strengthen **life-saving medicines, crises management and safe blood transfusion** services. Improve health and social support services for the disabled with rehabilitation and support services;
10. Facilitate the promotion of **environmental health** and sanitation, promotion of adequate nutrition, control of communicable diseases and treatment of common conditions;
11. Enhance **mental health** care and effective management of drugs abuse and addicts recovery services;
12. Support to **private sector** investments in health and health care services within a robust strategy and regulatory framework;
13. Effective **community participation** and promotion of philanthropy in health care.

National Health Policy Specifics

Iraq's national health policy is drafted by the Iraqi Ministry of Health in consultation with key stakeholders. The process was guided by the developments, challenges and achievements of health sector over the last few decades and also incorporating evidence and experiences from the region and world-wide scrutinizing what worked and what did not aiming to build on those experiences and maximize health gains for all Iraqis during the next decade.

The policy was developed through a dynamic participatory process and followed the WHO health systems components namely; governance and stewardship, financing health, human resources for health, health information system, health service delivery, medical technology and pharmaceuticals.

1. GOVERNANCE AND ORGANIZATIONAL POLICY:

- 1.1 The MoH is the national authority mandated with health sector policy formulation and setting strategic directions that responds to health needs of the population;
- 1.2 The MoH will expand and promote decentralization in an incremental and phased approach so that responsibilities and authorities will be transferred from central MoH to Directorates of Health guided by capacity, resources and performance;
- 1.3 Organizational reviews and provision of new organizational structures at difference levels will be pursued over the next years in a gradually phased approach. Modernization of health sector infrastructures and systems – within a decentralized governance approach - will endeavor to make the best use of available specialized and communication technologies to facilitate and enhance effective decision making for greater efficiency and improve universal access to quality health care services;
- 1.4 The stewardship role of the MoH will be strengthened at central, regional and governorate levels. Effective monitoring and supportive supervision will be streamlines within the decentralization governance approach to ensure effective and sustainable high performance;
- 1.5 The MoH is the prime regulatory authority for all health related activities and standards of health products and services. Modernizing health sector for better performance demands legislative reviews and proposals of new acts/laws that the MoH will pursue in collaboration with the stakeholders involved aiming to support essential reform measures adopted in this policy;
- 1.6 The role of private sector will continue to grow within a transparent and well regulated partnership framework.

2. HEALTH SERVICES DELIVERY:

2.1 Health services levels:

The MoH mandate is to improve, promote and sustain health status through expanding access to social and health protection, promoting affordable services for every citizen and eliminating health inequality in all possible ways. Particularly for the poor and vulnerable, the existing safety nets will be further improved and consolidated to ensure wider access to public health care services. The existing health infrastructures location and functionality as a result of insecure and conflict situations should be addressed for increasing access particularly by vulnerable groups. This will call for health services planning to be need-based.

Iraqi health services delivery system is classified into three main levels, namely; primary, secondary and tertiary levels of care. The MoH have identified family health model as its strategic choice for reform. Family health approach is founded on an integrated model of health care services that include preventive, diagnostic, curative and rehabilitation inter-linked services that are integrated through a well-defined referral protocol.

2.1.1. Primary health care:

An essential preventive, basic diagnostic, curative and promotive services supported by effective community participation in planning and decision making are provided through a network of primary health care facilities, mobile clinics and well trained health teams following well defined clinical protocols and services quality standards. Community involvement and active participation in PHC entails identification of problem areas, planning, implementation, monitoring and evaluation of health care services.

Multisectoral collaboration is important through involving other sectors such as Water, Agriculture, Education and Ministries that impact on health.

Empowerment through decentralization of health services to regions, governorates and districts need effective coordination, implementation, supervision and provision of quality health care to the community;

2.1.2. Secondary health care:

Secondary health care services are provided to patients referred from primary health care facilities both public and private. This is largely through general

hospitals, maternal and child care hospitals and emergency care centres. Often those services are available around the clock 24/7. Those centres also provide specialized training opportunities and clinical research.

Secondary care services are integrated collection of cost effective interventions that address the main diseases, injuries and risk factors in Iraq;

2.1.3. Tertiary health care:

These highly advanced clinical services are delivered through specialized medical centres and tertiary hospitals that are well equipped and operated by highly skilled medical professionals. Patients who need tertiary health care services are often referred by secondary health care service providers based on clearly defined clinical guidelines. Tertiary centres also provide highly specialized training and research opportunities and their strategies are intimately linked with the non-communicable disease burden.

2.2 Essential package of health services:

The MoH is reviewing and developing the essential package of health services at the three levels – primary, secondary and tertiary – to effectively respond to the burden of communicable and non-communicable diseases, reproductive, mental and emergency medical services. Family health model is adopted as the national approach for health care services throughout Iraq. The MoH is developing evidence based standards of health care service delivery and operationalizing a set of clinical protocols that aim at provision of high quality standards health care services to all.

MoH is committed to strengthening District Health Services so that essential clinical and public health packages are provided so that the burden of disease, crude death rates, maternal and infant mortality are reduced, and life expectancy is increased;

MoH is also strengthening Referral System that it is efficient and cost effective from the household/community level to the tertiary care level;

2.3 Designation of catchment areas:

In line with the family health model, the population is organized into clusters of health care users attached to designated service providers on geographical basis. Those clusters are referred to as catchment areas.

Organizing beneficiaries is critical for access to the needed services particularly for the poor and vulnerable population. The majority of the poor and specifically

the rural poor suffer from a higher burden of preventable conditions. The MoH will increase resource allocation to address these cost effective interventions, while at the same time join hands with other stakeholders, the communities and development partners to reorient the services to be more responsive to the needs of the population, and specifically targeting the indigent and the vulnerable groups.

2.4 Emergency services:

The Government of Iraq is responsible for developing effective emergency medical services, with the essential infrastructure and systems led by the Ministry of Health and supported by relevant sectors in a coordinated and integrated approach. Ensure preparedness of all emergency related entities for prompt and effective response and make the best use of evidence and available technology.

The Government is to pursue and sustain a robust emergency and disasters information system to provide up to date information that can be collated, analyzed for decision support and dissemination on regular basis. Emergency information mapping is to be institutionalized and population at risk are to be promptly identified and analyzed with reference to demographic, cultural, and socio-economic data sheet.

The MoH is to develop and sustain emergency specific guidelines and train all relevant workforce and institutions on the health impact of emergency situations and natural disasters aiming to enhance preparedness for effective response. Surveillance system should be well in place. Community participation is also to be encouraged and supported in the process.

2.5 Safe blood transfusion:

The MoH organizes and put the guidelines and specifications that ensure safe and sustained blood transfusion services in a systemic approach. Guidelines and quality standards are in line with the regional and international standards. Organizational structures and the legislative framework of the national blood transfusion system is the mandate of the MoH and should be strictly clear in terms of roles, responsibilities, resource allocations, well communicated nationwide and effectively operationalized to guarantee the highest quality and safety levels.

2.6 Rehabilitation services:

The MoH promotes physical and mental rehabilitation services for all the population in need with particular emphasis on the disabled or those who have special health care needs.

Support is provided to enhance prosthetic and supplementary aids industry making the best use of available technology and building capacity for the relevant institutions and personnel.

The MoH will establish linkages, partnerships with centres of excellence inside and outside Iraq to build and sustain capacity in this highly technical area.

2.7 Mental health:

Enhance and promote mental health care services in an integrated approach so that it is incorporated in primary, secondary and tertiary health care services packages. Also important is to promote community participation and support to mental health care. Clinical protocols will be updated so that preventive, diagnostic, curative and rehabilitative mental health care services are enforced.

2.8 Health promotion and environmental safety:

The MoH in partnership with relevant stakeholders will collaborate to enhance environmental safety. This entails effective and robust interventions for containing and minimizing environmental pollution of all kinds possible. This will also ensure access to safe drinking water and effective sanitary services. It is also important to improve industrial health and safety standards all over Iraq. The MoH will also invest in promoting healthy lifestyle as a critical strategy for prevention and control of Non-Communicable Diseases (NCDs).

- Partnership mechanisms and linkages between the Ministry of Health and health-related sectors need to be strengthened;
- The Ministry of Health will develop a stronger health advocacy role and presence for influencing policies and actions of other sectors and stakeholders including nongovernmental organizations (environment, nutrition, human rights, gender, etc.). Communicable diseases;
- MoH will continue to scale up gains made in communicable disease prevention and control in general and minimizing the occurrence of public health threats due to communicable diseases. Non-communicable diseases, healthy lifestyles and mental health;

- Non-communicable disease prevention and control are to be integrated into the agenda of the national development plan. This will facilitate the adoption of integrated policies and programmes by all sectors with a role in the prevention and control of non-communicable diseases;
- A multisectoral approach is to be developed for promoting healthy lifestyles, such as tobacco control and engaging in a healthy diet and physical activity.

2.9 Nutrition:

Balanced food quality, safety and adequate nutritious value and supply, is important and essential for the maintenance of physical and mental health.

It is fundamental for a good nutritional state to enable individuals, and families to lead socially and economically productive lives and contribute towards national economic development.

Vitamin A, protein, iron, folate, iodine and trace elements are among the key nutritious elements that health sector is concerned with.

MoH in collaboration with other sectors shall:

- The Government of Iraq shall ensure political commitment to prevention and reduction of malnutrition in all its forms and support actions aimed at promoting food security to all Iraqis;
- The Government shall promote best nutrition practices and effective care of vulnerable groups including children, pregnant women, IDPs and allocate adequate human and financial resources to ensure implementation;
- MoH shall promote appropriate child feeding practices including optimal breastfeeding and adequate complementation;
- MoH shall develop micronutrient deficiency control guidelines in line with WHO EMRO's nutrition strategy, ICN-2 recommendations and best available practices;
- MoH shall ensure detection and early treatment of nutrition disorders;
- The Government shall ensure the quality and safety of food at all stages of production, handling, processing, distribution, storage and preparation;
- MoH shall strengthen surveillance and Nutrition Information Systems at the community, district, regional and national levels.

3. HEALTH FINANCING

The mechanisms by which health financial resources are raised, pooled and allocated, and the way services are paid for, all have a major impact on access to health care and, in turn, on efforts to alleviate poverty through attainment of the highest level of health status.

- 3.1 The Government shall ensure availability of adequate financial resources for a prepaid package of essential health interventions so that the services are made available to all Iraqi population. MoH shall finance national health plans towards universal health coverage. The Government of Iraq shall continue to be the chief financer of health and health care and human resources development;
- 3.2 MoH shall develop and expand social and health protection, promoting affordable services for every citizen so that population are protected against catastrophic health expenditure. MoH will develop the mechanisms appropriate to the Iraqi's socio-economic and political context;
- 3.3 The MOH shall develop a health financing strategy that will guide the financing of the entire health sector. The MOH shall periodically review all its financial sources, collection mechanisms and financial allocations while measuring health outcomes in order to ensure efficiency and cost effectiveness of service delivery;
- 3.4 The MoH shall put in place mechanisms to strengthen health financing systems at all levels so that all services financing dynamics and transactions including infrastructure, human and material resources are provided in a transparent, efficient and cost-effective manner;
- 3.5 The MOH shall formulate and periodically review and update resource allocation formulae for equitable and timely disbursement of funds to all governments and health facilities as well as ensuring financial decision making and best practices including regular internal and external financial audits;
- 3.6 MoH will ensure continued capacity building of the health financing, costing, actuarial skills, social health insurance and health economics functions within its related Departments at central and governorate levels and will institutionalize national health accounts in collaboration with health stakeholders particularly the World Health Organization;

4. HUMAN RESOURCES FOR HEALTH:

Human resources for health (HRH) are the backbone of service delivery in the health sector. Creating an appropriately skilled, highly motivated, client focused health workforce is critical for Iraq to attain its ambition of ensuring an enabling environment, in which all the Iraqi population has the opportunity to reach and maintain the highest attainable level of health through highly skilled, supported and motivated health workforce within well-functioning health systems.

- 4.1 MoH shall continue to build capacity of Departments of Human Resources for Health at central and sub-national levels and provide them with the essential infrastructure, institutional arrangements, human capital with the essential skills particularly leadership and systems that enable them to effectively plan and manage the health workforce nation-wide;
- 4.2 The MoH shall strategically forecast and plan the HRH needed at all level, taking into account the multiplicity of professions and skills mix; service delivery facilities and providers (public, private and NGOs); population health needs and their growth; and geographical distribution. The MoH in collaboration with its partners shall develop, resource, implement and monitor health workforce strategic plans effectively;
- 4.3 The MoH shall work collaboratively with MoHESR to plan, resource and implement the medical/health education programmes that are tailored to local needs and shall ensure equitable production of an adequate and appropriately skilled health workforce to provide health services at all levels of the health care delivery while fulfilling national and international quality and accreditation requirement;
- 4.4 The MoH in collaboration with the MoHESR shall plan and oversee the type, and quality of training institutions, clinical and non-clinical programmes, registration and re-certification through collaboration with health professional authorities, governing bodies, and other stakeholders;
- 4.5 The MoH shall develop and review guidelines for admission, academic progress, completion and certification of health training institutions to ensure compliance to the highest attainable training quality standards;
- 4.6 The MoH in collaboration with its partners shall harmonize the recruitment and deployment criteria of the health workforce to reduce turnover and ensure continuity of care;
- 4.7 The MoH in collaboration with relevant government sectors shall periodically review the conditions of service (salary, housing, professional advancement, contractual obligations, involvement in decision making, recognition of staff contribution and other incentives) and develop appropriate recruitment and retention strategies both for national and expatriate health workers within the public sector;

- 4.8 The MoH shall ensure that all data generated in pre- and in-service training, recruitment, deployment and migration of health workers shall be captured, stored in a database, analyzed, and interpreted for decision-making and to inform future national policy direction. g) The MOH shall ensure that the IHSP incorporates the Health Workforce Strategic Plan outlining the right number of staff, with the right skills, is in the right place to deliver the package of services;
- 4.9 The MoH shall develop and periodically update staff norms/skills-mix by care level based on research including users' views to ensure well informed pre-service training, and efficient recruitment and deployment of the health workforce and to ensure uninterrupted provision of essential health services;
- 4.10 The Government shall promote the formation of, and strengthen professional associations and unions to ensure well informed involvement in decision making and amicable settling of disputes

5. INFRASTRUCTURE:

Infrastructure refers to physical structures, management offices, etc. The main emphasis is the need to standardize health facility infrastructure by level of care and local need. It is essential to ensure progressive continuity of care through effective referral systems. MoH will ensure that health infrastructures are adequate and equitably distributed to meet the unique needs of health services, taking into account architectural, engineering, safety, and environmental standards as well as local need.

- 5.1 The MOH shall develop standardized criteria for infrastructure by level of care, type of health services and specifications and periodically review adherence to technical and safety standards taking into account the architectural, engineering, environmental and cost effectiveness;
- 5.2 The MOH shall review the procedures of construction and procurement, to ensure that it entails appropriate maintenance, provision of adequate training for on asset management including asset registration;
- 5.3 The MOH shall develop and periodically review transparent criteria for distribution of health facility infrastructure based on availability of resources, population, disease burden/pattern and geographical layout;
- 5.4 The MOH in collaboration with other sectors shall ensure that all health facility buildings have the provision for the special needs of users with disabilities;

- 5.5 The MOH shall collaborate with relevant sectors and shall ensure adherence to policies and regulations related to environmental standards.

6. MEDICAL TECHNOLOGY:

The demand for medical equipment and maintenance services has increased dramatically over the past years as a result of advancement in technology and increased complexity and burden of medical conditions. Some equipment is expensive and may be underutilized or of low value for money. Currently equipment is not universally standardized, nor based on the type of service or level of service delivery or disease pattern. Servicing and maintenance standards are also essential to increase the longevity of equipment.

- 6.1 The MOH shall develop standardized criteria for medical equipment by level of care, type of health services and specifications;
- 6.2 The MOH shall select, forecast and procure medical equipment based on standardization criteria and health service needs at all health facilities;
- 6.3 The MOH shall review the procedures of medical equipment procurement, to ensure that it entails appropriate training, maintenance and repair of the equipment by the supplier;
- 6.4 The MOH shall build capacity of medical equipment users so as to attain maximum possible equipment benefits, life span, cost-effectiveness, quality and safety of care;
- 6.5 The MOH shall institutionalize regular inventory of medical equipment to ensure effective planned preventive maintenance;
- 6.6 The MOH shall develop cut-off points for decentralization of procurement and maintenance of some medical equipment in order to reduce inefficiency and interruption of critical health services.

7. PHARMACEUTICALS:

Medicines, vaccines and other medical products are fundamental resources and essential ingredients in the provision of health care services. There is already a comprehensive national medicines commitment for addressing such areas as selection, procurement, storage, etc. Overall, the Government guarantees safety, quality and fair pricing of medicines and health care products available for citizens in need. This National Health Policy will focus on areas that need further emphasis and clarification of critical functions.

- 7.1 The Government shall assess the feasibility of establishing a national authority for food and drugs safety to guarantee and promote population access to safe food and medicines;
- 7.2 The Government shall undertake a comprehensive review of all legislations, regulatory mechanisms and guidelines related to food and medicines and maintain them relevant to the current needs and aspirations;\
- 7.3 The MOH shall review the Essential Medicines List (EML) to match with changes in the EHSP, advancement in medical technology;
- 7.4 The MOH shall ensure the selection, forecasting and quantification of medicines and vaccines in collaboration with needs of the health services;
- 7.5 The MOH shall develop and periodically review a National Medicine Formulary and Standard Treatment Guidelines, and impart training to encourage rational use by the health service providers and their clients at all levels in the health sector;
- 7.6 The MOH shall develop a web-based tracking system for the drug/medicine management system;
- 7.7 The Government shall explore possibilities, through Local Preference Scheme, for collaboration with other countries to promote, where feasible, local production of medicines, vaccines and other medical products;
- 7.8 The Government, through re-engineering the existing Pharmaceuticals Regulatory Unit, shall setup an autonomous independent body as Medicine Regulatory Authority to institutionalize pharmaco-vigilance so as to ensure universal access of quality, efficacious and safe medicines, vaccines, reagents and other medical products through regulating manufacture, import, export, distribution, sale and dispensing of medicines and the sale of related substances including cosmetics.

8. HEALTH INFORMATION:

The MoH shall develop and strengthen this vital domain. Health information concerns availability, completeness and timeliness of data that is used for evidence-based policy, planning and implementation. Data collection, collation, analysis and interpretation require norms, standards and guidelines for it to be efficiently

utilized. For effective monitoring and evaluation of health services and programmes a viable information system is essential.

- 8.1 The MoH is committed to modernize health information management through a rigorous review of the institutional arrangement that should harmonies and link all the key functions and teams including data management units with the aim of reducing duplication and wastage and maximizing effectiveness and efficiency;
- 8.2 The MoH shall build capacity of information planning, systems thinking, data collection, processing, analysis and presentation in user friendly databases and reports for effective utilization;
- 8.3 The MoH shall clarify the roles and functions of different stakeholders in data management in order to minimize duplication and maximize optimal utilization of resources;
- 8.4 The MoH shall strategically and effectively ensure timely, wide and need-based dissemination of data to all stakeholders and develop regulations regarding mandatory reporting of defined information requirements;
- 8.5 The MoH shall endeavor to keep pace with the rapid technological developments and modernize health information system as the foundation of knowledge, evidence and national health archive.

9. RESEARCH:

- 9.1 The Government shall strengthen public health institutional capacity to carry out research on health and health care areas of public interest. The public health leadership at national level is charged with the responsibility of undertaking, coordinating and disseminating health and health care research information. The Iraqi institutions of higher medical education have among other objectives, responsibilities of training various health cadres to conduct research. In addition, the MoH has established a Health Systems Research agenda and action plans to coordinate all health research in the country in accordance with national research priorities;
- 9.2 The MoH will continue to conduct research in priority areas, develop evidence to enhance control of the non-communicable diseases and improve the management of the increasing workload of patients with these conditions. This will include increasingly important areas of injuries and trauma, mental health and substance abuse. The Essential Package of Health Services

includes a strategy to manage non-communicable diseases. As the population pyramid changes with more citizens living longer than before special measures will be elaborated to care for the health of the elderly;

9.3 The MoH will continue to encourage health research covering both Public and Private Sector services which assist the Government and the Community at large to make informed choices regarding health services;

9.4 The MoH shall:

- Formulate national a strategy for health research policies in all countries;
- Build capacity to generate quality research that addresses priority health needs in accordance with the national health priorities and the strategic plan;
- Enhance good governance and establish ethical review committees for health research;
- Promote dissemination and utilization of health research results;
- Enhance communication, collaboration and networking for research activities within Iraq and between Iraq and other countries; and
- Mobilize more resources for health research.

10. EMERGENCY PREPAREDNESS

10.1 The Government is accountable and shall develop a comprehensive emergency preparedness system within a multi-sectoral approach. The Ministry of Health will be appropriately accountable for the health and medical care plan bearing in mind the proactive early warning readiness putting in place lessons learned and best practices;

10.2 A dedicated emergency/disasters information module should be put in place for capturing, storing, analyzing, mapping risks and the vulnerable population including demographic, cultural and socio-economic indicators;

10.3 MoH shall modernize the ambulance services and the fleet of equipped vehicles for effective and responsive lifesaving interventions;

10.4 Upgrade the ambulance and emergency related communication system so that it connects the components of the systems and maximizes its response and impact in saving lives;

10.5 Invest in community participation and volunteering support for emergency preparedness with emphasis on building human capacity and sustainable integrated systems;

11. FORENSIC MEDICINE:

The MoH shall strengthen and effectively regulate the operational framework of the forensic medicine sector. Build institutional and human resources capacity in the technical components of this specialized multi-sectoral discipline in line with the new law number 37 for the year 2013.

12. PARTNERSHIPS & COMMUNITY PARTICIPATION

- 12.1 Effective collaboration and partnerships are essential for maximizing the collective delivery of health to all the population. The Ministry of Health is the custodian and constitutional leading public authority to drive the health agenda within a multi-sectoral approach. As such the Ministry of Health shall enhance effective partnerships with all relevant public, non-Governmental, national and international institutions to synergize for health and health care delivery in Iraq;
- 12.2 The MoH shall develop and scale up voluntary work and community participation in both urban and rural areas. Community participation offers various advantages in health care and development among which are helping communities to develop problem solving skills, making them to take responsibility for their health and welfare, ensuring that the need and problems of the community are adequately addressed, ensuring that the strategies and methods used are culturally and socially appropriate or acceptable and finally it enhances sustainability;
- 12.3 It is the responsibility of the government at various levels to help the community to organize themselves and be involved in their health care and development. There should be well established or institutionalized framework of making sure that people are consulted, persuaded, and given responsibility in decision making under technical and professional guidance of health care professionals.

13. QUALITY OF CARE:

Quality of care is a vital cross cutting topic that has dramatically evolved in health care systems particularly over the last 2 decades. The primary aims of improving quality standards and safety in health care systems in Iraq is to protect the population from harm and to improve the quality of health service provision. MoH is committed to ensure provision of quality services in both public and private

facilities through relevant systems in place to ensure the essential standards of safety and quality are met, and a quality improvement mechanism that allows health services to realize aspirational or national health developmental goals.

- 13.1 MoH shall develop a national guideline for quality assurance and continuous quality improvement of health care services delivery;
- 13.2 MoH shall mobilize adequate resources including human, financial and material, and systems dedicated to quality systems and safe medical practice;
- 13.3 MoH shall institutionalize accreditation systems as it is recognized as an important driver for safety and quality improvement;
- 13.4 The Government shall attract additional investments in infrastructure, human resource development, and management systems, and resources to fund recurrent expenditures;
- 13.5 The MoH shall institutionalize quality assurance and ensure availability of skilled health professionals dedicated to improving quality of health care services in a systemic and sustainable approach;
- 13.6 The MoH shall also strengthen continuous monitoring and assurance of quality, efficacy and safety of services and medicines, reducing underlying inefficiencies and improving operations management should reflect on improved quality of care.

14. SUPPORTING PRIVATE SECTOR:

The Government will adopt diversified complementary health care financing options, which are sustainable involving **private sector** investments in health and health care services, medical and health sciences education and training in close coordination and under regulatory frameworks of the Ministry of Health and Ministry of Higher Education and Scientific Research. The Government will also encourage and provide operational frameworks for **Public-Private Partnership (PPP)**. PPP is a transparent cooperation and collaboration mechanism between Public and Private Sectors with mutual understanding for a common goal with clearly defined roles. The MoH anticipates that a mutually beneficial cooperation of public and private sectors shall entail jointly mobilizing and sharing resources for development and efficient delivery of well-regulated health services while ensuring accountability to the public they serve. The MoH shall continue to communicate, coordinate and collaborate with the private sector providers in the Health Sector. Health services provided by private sector shall abide to the standards and guidelines set by MoH.

Proposed Strategic Directions for Iraq's National Health Policy

Accelerate progress towards Universal Health Coverage as the overarching objective of National Health Policy of Iraq

Develop a clear roadmap that progressively ensures extending health coverage, access to quality care and protection from financial hardship, to all population in Iraq irrespective of their socioeconomic, geopolitical or ethnic status

1. Ensure financial risk protection for all population groups – including, the poor, vulnerable and those working in the informal sector:

- 1.1 Increase current level of funding for the health sector and diversify the sources of funds by considering alternative financing sources, including: sin taxes, taxes on unhealthy food and others;
- 1.2 Enact necessary legislations to ensure the implementation of the health financing reform, including a UHC law, and advocate for its endorsement by all stakeholders;
- 1.3 Ensure covering all population groups through different prepayment arrangements that include general government revenue and social health insurance;
- 1.4 Implement strategic purchasing approaches and introduce innovative provider payment methods to ensure the delivery of a comprehensive package of health services, which is of good quality and increases efficiency;
- 1.5 Continue generating evidence (thorough health accounting and health financing policy analysis tools; e.g., using OASIS) to facilitate monitoring of progress and evaluation of new policies;

2. Expand people-centred and integrated health care services, based on the principles of primary health care, and responsive to the health needs of the Iraqi population

- 2.1 Adopt family practice as the principal approach for the expansion of health services that are comprehensive, of high quality, and ensure continuum of care;
- 2.2 Implement a comprehensive package of health services that includes promotive, preventive, curative and rehabilitative services and responds to the:
 - increasing burden of non-communicable diseases and their associated risk factors;
 - continuing challenge of maternal and child health
 - emerging and reemerging communicable diseases [such as tuberculosis] including the capacity to respond to outbreaks;

- high burden of mental illnesses in all population groups;
- 2.3 Ensure quality and safety of care at all levels through establishment of a quality assurance programme complemented by an independent health care accreditation programme;
- 2.4 Empower and engage populations by increasing health literacy, involving patients in clinical decisions and promoting self-management and care;
- 3 Enhance production of a motivated health workforce, with the relevant skill mix, equitably deployed and effectively managed:**
 - 3.1 Strengthen the Human Resources Management function of the MoH for effective leadership and governance of the HRH at all levels;
 - 3.2 Develop HRH plans including projections for future needs and monitor and evaluate implementation of plans;
 - 3.3 Build a human resources information system for decision support and effective HRH management;
 - 3.4 Establish strategic partnership between MoH and Ministry of Higher Education for the optimal production of the various cadres of health professionals, and the accreditation of educational programs and institutions;
 - 3.5 Devise incentive systems for a range of HRH issues that improve staff retention, regulate dual practice, minimize out-migration and encourage diaspora to return.
- 4 Strengthen national regulatory capacity to ensure access to and rational use of essential medicines and health technologies:**
 - 4.1 Building capacity of National Regulatory Authority to oversee all aspects of medicines and technologies ranging from registration, assessment, quality assurance, rational use and others;
 - 4.2 Establish a Good Governance for Medicines (GGM) programme that promotes increased accountability and transparency across the pharmaceutical and technology sector;
 - 4.3 Improve the use of medicines by reinforcing generic substitution policies and/or other measures such as information on prescribing and use patterns and standard treatment guidelines;
 - 4.4 Build capacity in health technology assessment, management and regulation to promote rational use and optimize costs;
 - 4.5 Strengthening the national pharmaco-vigilance programme, including post-marketing surveillance, to monitor the adverse events related to the use of medicines, vaccines, and biological.
- 5 Strengthen capacity to effectively undertake essential public health functions and respond to public health emergencies:**

- 5.1 Develop an integrated disease (and risk-factor) surveillance system and use of surveillance data for planning, forecasting, health promotion, communication and knowledge-brokering to ensure evidence-informed policies;
- 5.2 Promote healthy behaviour through Health in All Policies and implement evidence-informed interventions in the areas of road safety, occupational health, and NCD risk factors namely: food, sugar, salt, nutrition and tobacco across the population;
- 5.3 Strengthen human resource capacity in public health at all levels, with specific attention to developing skills in key areas related to health promotion and diseases prevention, surveillance, determinants of health, health information and research;
- 5.4 Strengthen core capacities required under the International Health Regulations (2005) for improving public health preparedness for response to acute emerging health security threats and other natural, man-made and technological hazards.

6 Strengthen health information and research capacity for better and informed decisions:

- 6.1 Improve civil registration and vital statistics as well as cause of death reporting for monitoring health status and outcomes;
- 6.2 Strengthen routine facility based information, including data quality assessment and reporting mechanism;
- 6.3 Build integrated systems and progressively move towards e-health through the architecture of information communication technology and web-based platform;
- 6.4 Report annually on the core list of indicators [proposed by WHO] and strengthen capacity to generate data necessary for accurate and complete reporting;
- 6.5 Build capacity at the institutional level in Iraq to undertake health policy and systems research to respond to the concerns of policymakers as well as to provide evidence for informed decisions.

7 Decentralise authority and responsibility to the peripheral level to improve health system performance:

- 7.1 Decentralise authority and responsibility to health directorates and/or local governments in the governorates of Iraq and map the functions that will be decentralised to the peripheral levels;
- 7.2 Build the capacity of regional managers and provide a supportive environment in order to effectively exercise the newly acquired functions, at the same time reorient the managers at the central level to better comprehend their new roles and responsibilities;
- 7.3 Develop targets and indicators to monitor the outcome of decentralization in terms of improving health system performance and take timely corrective action.

8 Strengthen governance and promote a multi-sectoral approach while ensuring the stewardship function of the MOH:

- 8.1 Strengthen institutional capacity of the MoH at central and sub-central level to translate the updated national health policy into viable interventions and activities;
- 8.2 Establish a multi-sectoral mechanism to promote health in all policies in order to address priority public health problems that requires non-health stakeholders and to tackle the growing inequities through action on social determinants of health;
- 8.3 Strengthen the regulatory function of the MoH by updating laws and regulations related to public health and health services and ensure their enforcement;
- 8.4 Align and coordinate external assistance to ensure that public sector funding and development partners' assistance are aligned and harmonized in accordance with one national plan;
- 8.5 Increase accountability of policymakers, managers and providers in decision making and ensure transparency through making information accessible to citizens and stakeholders.

9 Engage with the non-state actors through partnerships as well as regulatory measures:

- 9.1 Encourage involvement of the private sector in multi-sectoral forums such as the high health council;
- 9.2 Promote partnership with the private sector, for- and not for-profit, especially where it has comparative advantage over the public sector by outsourcing specific tasks;
- 9.3 Introduce measures to regulate the private sector at entry, as well as, by regulating the quality, volume, price and distribution of services being offered.

10 Develop resilient health system that responds to the acute as well as longstanding emergency situations:

- 10.1 Adopt a holistic approach to national health security based on an all-hazard, whole health and multisectoral approach;
- 10.2 Develop, test and adopt (through legislation) comprehensive emergency preparedness and response plans;
- 10.3 Identify and implement mitigation measures to assure continuity of health care during periods of acute emergency;
- 10.4 Adapt the health system to be able to provide a functioning platform for medical surge in the event of an acute emergency;
- 10.5 Develop the capacity of health care providers to effectively participate in the overall community emergency response;

- 10.6 Facilitate support from public safety agencies and community response entities to ensure effective health care system response to major events.