



Transcript

Current Challenges Facing the Iraqi Healthcare System

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Dr Shakir Jawad Al-Ainachi:

Thank you, Dr Heymann. Good afternoon everybody. First of all, I'd like to thank Chatham House and the Iraqi embassy for giving me the chance to be here and to speak in front of you. I believe what I'm going to be talking about does not touch only the 30 million Iraqis' lives, but it's a lesson learned and probably this will help us understand more what the future is carrying for us and this year.

Just to start with my disclaimer, this presentation does not represent the US Department of Defence or the US Government views. It's my personal academic research that I'm doing.

And just to start with history, just to make you understand why Iraq became very good at its health. In fact, the development of modern infrastructure in Iraq was based on the British presence in Iraq after the occupation of Iraq between 1917 and 1932.

The infrastructure of Iraq was developed and in 1917, electricity was introduced to Baghdad, clean water and the modernisation of the main hospital in Baghdad. The Ministry of Health was established in 1921 and it was closed after three years and then restarted again.

Baghdad University, Ahlulbait University was also created in 1924, and then Baghdad University in 1957. And Baghdad College of Medicine in fact was first available or present in 1927 in Baghdad. This is a picture of the first Iraqi Minister of Health, who was also the third dean of the College of Medicine in Baghdad later on.

In 1951, an amazing thing happened in Iraq and Iraq became the model for the Middle East and third world countries in development. When the construction council was created, 70 percent of the country's oil revenues were put aside just to develop capital infrastructure in the country, not related to any ministry. Thirty percent was given to ministries and 70 percent was through a committee who was working on development of airports, highways, dams, electric stations, water treatment stations. Thousands of people were sent outside the country.

I just wanted to demonstrate to you mortality rates, infant mortality and under five mortality and how they dropped over time because of this development. In fact, these were not the achievements of the government after the Republic of Iraq. The foundations were put during Iraq when it was a monarchy and then these people got the advantage of having the outcomes by that time.

Part of that was building 143 hospitals, 1,000 public health clinics, 29 military hospitals. 1980 is the year when the war between Iraq and Iran started. That did not really affect much the development of health outcomes because of the very solid infrastructure that was available.

But in 1991, this is in fact the turning point in Iraq's history. This is what made Iraq as it is right now. It's not the US invasion or the problems and whatever people are talking about in Iraq. The damage in infrastructure that took place because of the Iraq invasion into Kuwait, 22 percent of the electric power capacity, the amenities for water facilities were almost all destroyed. All major industrial capability in the country.

And that made Iraq as it is right now. And we are suffering out of this still. This was followed by the most severe form of the United Nations sanctions and trade embargo for 13 years, and then the occupation took place.

To talk about conflict and health, I think you can see this picture. This is an MRI machine that was in Najaf Hospital in Iraq. I visited myself and in fact this machine pulled me. I was putting a vest on myself and it was a steel vest and this machine pulled, the magnet was still on and I never realised it. It was just like sinking in water. And then my friends pulled me back.

This is just to show you that there is definitely a relationship between conflict and health, but in which direction? Conflict is very much affecting health, but can we find places or evidence that health in fact can affect conflict, can reduce it, can change it?

Just to show you, this is something from outside Iraq. This is Hezbollah influenced chart, and you can see the influence over time. Hezbollah started as a suspicious paramilitary organisation in 1982, but in 1992 it became a legitimate parliamentary group just because it kept on providing social services, and health was one of them.

That very much stabilised the areas where this group was working and it became a model for many. I'm not talking about the intentions, but a model of how health can affect conflict and improve the situation.

Just to show you what the famous RAND Group in the United Nations in Washington DC described the pillars of a successful nation-building effort. And health is one of them. But unfortunately, health is always rated low in prioritisation. Whenever you prioritise which one to start with, everyone is looking into security and I think all of us know now how much security can affect the outcomes. If it's not working as far as people can be afraid of you, but this is not the way to handle things.

If we look over time how the principle is changing, we started in the 50s with conflict and aid and we were looking into economy even and the 90s security and humanitarian interventions, that's showing power. And now capacity-building is what everyone is talking about.

This is just all background information, this is the model the United Nations has put to WHO on building blocks for health systems. And it all revolves around governance, leadership and governance. This is number one issue in my mind. If you don't have good governance at different levels in the government, then the outcomes might not be as good as they are.

This is just to show you the Millennium Development Goals and where Iraq is standing. It's still far in so many places. And Iraq is one of the countries, later on some news came up like Iraq is not one of the countries who are matching very well with the Millennium Development Goals. One of so many countries, it's not only Iraq.

I just want to just pass over these slides very quick. They give details, I have short time to talk so I'm sorry I just cannot discuss all these. Just to go what are the understated challenges facing the Iraqi healthcare system. These are enumerated right now and I'll go through all of them very quick.

Population growth and the accelerated growth of healthcare costs, poorly understood reduction in Iraqi healthcare capacity for 2003. A fragmented system of healthcare provision, which is unfortunately taking place right now in Iraq. Lack of an effective long-term strategic national healthcare plan. And to evolve the integration of primary healthcare sector.

If we look into these, these are based not on projections but these are based on the official census that took place in Iraq. If you look, the population of Iraq in 1957 was only around six million. And in 20 years it jumped to 12 million and then in 20 years 22.5 million. And now 2010, the Iraq parliament elections, the projections were 32 million.

So Iraq is doubling its population every 23 to 24 years. It's a huge problem. How can we finance a system that's doubling? Another country is being added to Iraq every 20 years.

Of course, there's a shift in age groups. We are always having this youth bulge in Iraq and we might end up one day if we improve health indicators into having doubled version of disease. We're still having people dying because of diarrhoeal disease and chest infections. And at the same time, we're going to suffer of people who are getting old enough to have cancer

and heart disease. That's a double burden. In fact, Iraq since 1980 had this problem.

The second factor is the accelerated growth in healthcare costs globally. The whole world is suffering after this. If you see since the year 2000, this is from the Organisation for Economic Co-operation and Development countries, the OECD in fact they were suffering. These are all countries complaining of this problem.

These figures are from 1990 to 2005. If we look 10 years back from 1970 to 2006, the same thing is going on. Iraq is the last one just below the black. In fact, the embargo and sanctions in Iraq and the damage of infrastructure affected the per capita GDP on health. It came down from 4.8 to .8 only in 1996.

Then Oil for Food started, which was full of corruption of course. It didn't very much bring up the country. Now we are spending 8.6, and because of the huge gap that's being created, we are still lagging very much behind.

If we go back to the US, although the US is not a good model to talk about healthcare cost, but you can see from the 60s up till now, the growth is amazing. It's just coming. Now the United States is almost spending 16 percent of its GDP on health. Although it's almost all private.

If you see, in dollar amounts, you can see the trillions, this figure is in trillions. Now it's anticipated in 2018 it's going to be 4.35 trillion dollars. That's how much dollars are spent on health in the United States.

If Iraq wanted to, and this is what Iraq is always dreaming of, if you talk to any Iraqi physician, they would like to have hospitals just like the UK have, the United States have. And they want to develop a clinical model of healthcare system. This is what every Iraqi is looking after.

If we see how much per capita is spent on health in these countries, the United States is spending 7,000 200 per year, 300 almost. Sweden, 3.6. UK, three. The United Arab Emirates, 1,000. And Cuba, chosen because they have embargo, less than 1,000. Oman is 612 and Jordan.

Iraq, in fact, in 2008 the budget that was finalised was 87 dollars per capita. According to the current budget, it's going to be 4.9. If we see if Iraq wanted to spend per capita, just like what these countries are spending, you can see the trillions of dollars that are required. If Iraq wanted to match the United States in only the Ministry of Health would require 232 billion dollars. That's way, way higher than the oil countries' budget.

If you look into the list, Jordan, which is not a very famous country for healthcare, Iraq still needs 16.8 million dollars a year to match Jordan's spending, which is going to be way higher than what Iraq is getting right now. The current budget for Iraq is 4.9.

If we see the budget and how it's been redivided in Iraq, look into the red highlight. The total budget is 72 billion. And health is getting 4.9 billion. That's 6.8, sorry I mentioned 8.6 a few minutes ago. If you look exactly where, what money is in fact for development? It's only .9 billion dollars for development. The rest of the money is going to go for salaries and buying medications and running costs of hospitals.

If you see this thing, last year the money that was on development, on capital development, was only 125 million dollars. This is an achievement, 450 percent in fact, that Minister of Health was able to get more money. But this is a country, .9 billion dollars is spent on one hospital in the United States.

So it's amazing how much the gap is wide and how very difficult it is to catch up on clinical model of health.

Let's look into maternal mortality ratios, not rate, ratios. There are 100,000 live births in 2008, and it's referenced down, Iraq was the highest among the countries in the region. If you compare Iran, Turkey, Syria, Jordan, and Saudi Arabia, Iraq was the highest.

Infant mortality rates from 2010, this is based on the CIA World Factbook. Still, Iraq is the highest in the region. If we look into this, the graph to the left is showing these countries, Japan, Germany, Switzerland, UK and USA and their infant mortality rates. On the right side, you can see the number of MRI machines in those countries. And you can definitely see there is no correlation in development of infant mortality rates, whatever MRIs you get or have. It's not correlated; these are not matching.

Let's see what Minister of Health is buying right now. They are importing, that was in the newspaper and that's the reference below, 46 CT scans, 39 MRI scans and 16 cardiac cath labs. This is what the Minister of Health is buying. It's required, I know.

But primary healthcare, this is a model of hospital that Iraq is building right now and 10 places and 10 governor rates. It cost 150 million. If you multiply this times 10, it's going to be 1.5 billion, which is higher than the .9 billion dollars that I just mentioned as the development for Iraq.

Iraq, USAID, United States government development agency, is spending 5 million dollars on capacity-building on health promotion. Sixty to 80 million in

their big project, the Iraqi primary healthcare. You can compare how much is spent on primary healthcare and how much is spent on secondary and tertiary on the clinical model. The government is going in that direction still, because this is what the Iraqis understand of healthcare.

If we look to this, I'm not showing this to tell Iraq is like this right now. It's much improved; the condition is much better. But you can still see views like these in Iraq. This is a picture from one of the neighbourhoods in Baghdad.

If you look to this picture, the public health problem here is not the duty of the Ministry of Health. So when we need to talk about development of health in a country, we should not speak about medicine. Medicine is different than health. Medicine is a small component of development of health. It's something else.

The other thing is the poorly understood, or the overlooked reduction in healthcare capacity. The Iraqi authorities right now are, in fact, talking about development of health. If you ask anyone how much there was reduction in health capability of the country after 2003, nobody tells you exactly how much.

This is a calculation of how much. In fact, the Ministry of Health was providing 73 percent of healthcare in Iraq before 2003. The military healthcare system based off the number of beneficiaries of the system was providing 20 percent. And the private healthcare sector was providing seven percent based on the number of beds.

Unfortunately we couldn't match them all together on the same scale. There's no data in Iraq to speak about. So this was roughly made just to show you how much.

After 2003, the disbandment of the Department of Defense, the Ministry of Defense, nobody looked into the healthcare providers. That was all gone. The hospitals were looted. Out of 31 hospitals, only seven survived. And the 18,000 providers were integrated into the Ministry of Health and a programme we started.

At that time, only four percent of the military health capacities stayed in the country. If we mix this with the Ministry of Health, it's going to be 77. And the seven percent private healthcare stayed and the gap is minus 16 percent of healthcare was in Iraq. The Ministry of Health was providing health through only 84 percent of its previous capacity. Not Ministry of Health, sorry, the public health sector.

That made the Ministry of Health to stretch itself so that it can match the need. So the services were down just to be enough for everyone.

And the problem of population growth. The country of Iraq increased its population by 7.5 million since the invasion, since 2003. And that's the population of Jordan plus one million. So you can imagine, another country has been added to Iraq since 2003. And this is not a problem that is going to stop. If you look, so Ministry of Health had to stretch itself more to provide services. This is going on. Now you can see the number, it's still growing.

So this is a list of the hospitals and how many beds we lost, 5,300 to 5,700, only 1,100 left. And these were integrated into the Ministry of Health. The net loss is this minus this.

And the other problem Iraq is not very much looking at, unfortunately, is that the public healthcare system is being fragmented right now. When we were in Iraq in 2003 when everything started, we had an agreement with the coalition provisional authority to unify the public healthcare system.

There will be no parallel public healthcare systems. And the military healthcare system was put as part of the Ministry of Health. So whenever a person in uniform wanted to get healthcare, they can go to the Ministry of Health facilities except for field medicine which had its own developments. Which was not very much impacting the healthcare.

Unfortunately right now, the Ministry of Defense is trying to create 1,000 beds and the resources will be taken from the already very crippled system in Iraq. The police Ministry of Defense and Ministry of Interior is trying to have its own healthcare system. Teaching hospitals are being now negotiated by the Ministry of Higher Education. They are trying to create their own. Then presidents and Department of Justice are trying also to hire physicians to take care of the prisoners.

So the system is going to be fragmented into multiple, parallel healthcare systems under public funding. Which is going to be very much difficult to manage in case of resources, cost effectiveness and equity of services. There are certain world models like France and Israel who are doing fabulous with one unified system. They are rated very high in their healthcare.

This is what they are trying to do, to get one quarter at least of healthcare system under different public sectors.

Let's look into the women in the health workforce. Women's share of wage and employment outside of agriculture fell from 11 percent to seven percent between 1990 and 2008. That's very frightening. And just 18 percent of

women aged 15 years and older participate in the labour force and 26 percent of them are illiterate.

Iraq is targeting a 50 percent share of non-agricultural wage work for women by 2015, based on the Millennium Development Goals. And it's very difficult to achieve. Nursing is one of the fields that Iraqi healthcare is complaining of. This is the woman doctors as percentage of total doctors. Iraq is matching many countries, like Italy, Norway. There's not a problem with women physicians.

But in nursing, this is a picture from class 1937 Baghdad School of Nursing. This is when the school started. You can see the way they dressed, the way they sit. And they were taking classes on how to eat and protocols of eating.

If you compare this with this picture, you can see how difficult it is now to practice nursing. It's not a reputable job. It's not a job that people would like their daughters or wives to go through. Unfortunately it's not very much looked at in the country. Female nurses are only 21.7 percent of the total number of nurses in Iraq. Unfortunately the percentage has dropped down, but it's 21.7 percent. It's a male nursing country, which is not the usual.

There is lack of process for integration of private healthcare and international strategic plan. Just let me show you, a hospital that is still taking approvals by the Ministry of Health. It's a private hospital.

This is when water is cut off. This is how surgeons wash their hands and they use regular soap. This is a [inaudible] machine, a [inaudible] machine that's still used in that hospital. And these are pictures that are not old.

This is the steam steriliser, 1966. That's still used. If you look into these hospitals, they look fancy from outside. This is a Second World War defibrillator, I believe. This is a monitor, and this is a suction machine.

In fact, the public health sector, the hospitals of the Ministry of Health now have very beautiful anaesthesia machines. But the private sector is still using these because they are cheaper. Patients, when going to private hospitals, they see this set up very nice and clean. But when they go to operating rooms, they are asleep, they don't know what's going on.

This is where cost is built up. This is how they manage their costs. They provide very old equipment that might stop at any time. This is a patient, if you look down in the right corner, there is a patient with this machine on. This is not a picture from a museum. This is a real surgery.

Our challenges in Iraq, our weakness is that there is no formal healthcare policy yet. No formal long-term objectives and goals. And there is no rational process of strategic planning. It's strategic planning, yes there is, but it's not based on rationale.

No evidence-based decision-making because there is no data and there are no pools of data in the country. No available data, and lack of in-depth experience. If you talk to any Iraqi official now of their experience, unfortunately you don't know you are not very much knowledgeable of.

There's a big technology gap. Medical logistics is one of the very difficult places. The Ministry of Health is still having donors co-ordination, ignoring private health sector and future planning and corruption and politicisation. These are all well-known.

So points to be considered during planning for health in Iraq, the summary is that there should be an immediate but balanced. Because we don't want to focus very much on primary healthcare and then leave the elderly without any services. It should be balanced and we need to know how to spend our money.

As Iraq is anticipated to improve its health revenues, then we can go and balance. But we should start with primary healthcare.

Developing capacity, management and financing, because if you look into what the Minister of Health is sending, they are sending physicians for training. They don't send managers for training or financial training. Understanding the role of private health sector and overarching national health plan, military health system should be integrated within the public system.

There should be a regulatory authority. Unfortunately, the Ministry of Health is thinking that the ministry inspection is the thing that should be looking after the Ministry. And this is a huge conflict of interest. You cannot monitor yourself. There should be an independent group, like medical societies or specialty groups, that should monitor the practice. Not the Ministry itself.

And health education should be improved. And research-based policy formulation unfortunately is not taking place. There is no research. There is no funding for research at the Ministry of Health.

Brain drain proper management, too, because I heard that the management right now is to provide pistols or guns to physicians. And that's not a way to bring them back. The role of local government is growing. They should be taught on privatisation. In Nasseria, which is the province in Iraq where they

have the highest number of tuberculosis reported cases, and the lowest number of general beds. When the governors had money, they started the Nasseria Cardiac Centre. It's now functioning instead of addressing the real needs.

So is this the function of the Ministry of Health or the government? It's much more. It's the government of Iraq role to manage health. This is a country a disaster is going through. So health is priority and it's not the function of the Ministry of Health.

The way I had, this is my last slide and I'm sorry if I took more than I should be. There should be a definition of a basic health package, which has been defined but funding has been sitting for a year and a half right now. Nobody funded that basic health package.

Translating the package into investment, and this is what we are in. Health support services, we should look into ambulance services, blood banks. The plan should integrate all these things. Public health programmes should be looked at, like surveillance, school health programmes, mental health, immunisation and health promotion. Finally it all should belong to social protection programmes.

I just picked this picture because if we keep on doing the process as we are doing right now, we'll end up like this. We'll be stalled on our backs and cannot turn back to normal.

Thank you very much for giving me the time.

Lt General Louise Lillywhite:

What I'd like to do is to set the basis for discussion and questions, looking at the wider implications of the evolution of the health services in Iraq and explore some of the implications of the current state.

Just to summarise the history as you've outlined it there. Prior to 1991 as we've heard, there was a strong health system in Iraq. It was modern; indeed I saw it in the mid-1980s and would have been quite happy to have been treated in it myself.

It had relatively good morbidity rates. Life expectancy was good. Child mortality data was good. And in Iraq itself, there was relatively high levels of education and literacy. Prior to 1991, we had a strong system.

If we actually look at the period since then, it's probably best to divide it into two, between 1991 and 2003. Then after 2003. Between 1991 and 2003, for various reasons, including two wars and sanctions, there was a major deterioration.

There was damaged infrastructure, there was little investment. The insurgency occurred after the Second Gulf War, and there was a decrease in the objective determinants of health. The number of children immunised dropped something like 10 to 20 percent, for example.

There was an outflow of health professionals from the country. There was a reducing expertise of those professionals who remained because of embargoes on travel and a lack of two-way interchange between health professionals across international borders.

That took us to 2003. 2003, interestingly, there was a major reinvestment. And it was a global reinvestment, probably led by USAID as the major contributor. But there was an investment of something like 600 million dollars into the health service in Iraq. Over the next three years, we saw immunisation going up from about 10 to 20 percent low up to 95 to 98 percent, assuming the data is correct.

There is significant investment in infrastructure. And you outlined some of the US investment in there in your presentation. Indeed, training, the United Kingdom contributed to that training by bringing health professionals here.

Under five mortality decreased significantly, from 53 down to 44 per thousand. That's still very high, as you pointed out. But nevertheless a significant improvement. Now in 2010, there are still problems that we'll come back to in a moment.

But the questions that I think arise from that is, first of all, to what extent did that improved and increased health investment in 2003, which did appear to lead to some quite significant and very rapid improvements in health from what it was before, not to the state that we would like it but nevertheless improvement, to what extent did that actually contribute to the increased stability that we saw in 2006 and '07 and '08?

It would be interesting to know whether that investment has benefited all three major groups in Iraq in all regions. Or whether it was actually concentrated instead in certain areas.

Again, it would be interesting to know whether health in that post-war period became a political issue or not. And if so, what effect it had. Did politicians

talk about it? Or was it just something that was so low down the agenda that nobody actually raised it?

And we know that in the period up to 2003, the Ministry of Health was reputed, rightly or wrongly, to be actually under the control of the 'bad guys', I will use that pejoratively. Which I know had significant implications even for our National Health Service, who I know had great difficulty in actually planning the programme that they eventually implemented.

It would be interesting to know what impact that actually had on actually using health as an investment. And again, it would be actually quite useful to know on the ground amongst the population who the population saw as being responsible for that improvement between 2003 and 2006.

Regardless of who was responsible, who did they see as being responsible? Because often the two things are different. Was it the global community who actually put in the money? Was it the government, through the Ministry of Health? Was the NGOs? Or was it local politicians? Quite interesting to know actually who was actually seen.

But turning to the present. As you yourself said, in principle many of the issues you referred to, the difficulties you faced are faced by the developed nations. Medicine is in danger of becoming unaffordable. How is that going to impact upon nations such as Iraq? It's having an adverse impact, one would argue, on some of the developing nations. And the amount of money the United States spends on health, some argue, is in danger of undermining its economy.

This of course is exacerbated in Iraq by the shortage of health professionals. 34,000 physicians have dropped to 16,000 over the period since the end of the second war. And the number of nurses you've got, you've only got 17,000 nurses. There's normally three nurses for every doctor. So there's a major shortage of nurses as well.

The questions that arise, are the expectations, both from within the population but perhaps from the global community of actually raising the standards of medicine to that of the developed world in the foreseeable future, reasonable? Or what should we be expecting? To what extent should there be external investment or aid actually within somewhere like Iraq?

In many ways, although Iraq actually has poorer indicators of health than its immediate neighbours, they are a lot better than those of Africa and Afghanistan, for example. They are by no means at the bottom of what one might call 'league' of health outcomes.

And should external aid, if it's given, be spent on healthcare? Rather than on education or infrastructure or business? To put it another way, what should be the overall priority given to health?

It's quite interesting when you actually look at what Iraq itself thinks is a priority.

Back in 2008, the latest figures I had figures for, Iraq was only spending 2.7 percent of its GDP on health. Compare that to somewhere like Bosnia, which had actually come out of a conflict period, that were spending 8.8 percent. Indeed, Afghanistan, that's actually in the middle of a conflict, is spending 7.3.

Interesting question, if Iraq prioritises health so low down, what should the the response of the international community be in terms of actually funding something that a country has prioritised low itself?

Is the shortage of nurses a reflection of a changed attitude to women in Iraq? You made the shortage of women even starker when you put it against the shortage of nurses overall. If so, why is this happening? What is the changing attitude and what implications does that have?

Can actually major effort be made externally to help increase the number of nurses and perhaps reverse those societal changes that some feel are not the best?

Finally, the Millennium Goals. You starkly showed the population growth in Iraq. I'm trying to remember, but I don't recall the Millennium Goals saying anything about population growth. We do actually need to ask ourselves, have we got the balance right?

If the Millennium Goals are all about saving lives, but do not on the other hand address population growth, then some would argue that we are leading ourselves into greater problems in terms of healthcare overall. It's all very well improving healthcare for a current population, but if that makes a population so big as to become unaffordable. There may well be a question arising on the Millennium Goals.