REVIEW ARTICLE

Iraqi New Medical Journal July 2017;3(2)

Healthcare Resources in Iraq: challenges and proposed solutions

"Health services is one of human rights " *WHO declaration 1948*

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ABSTRACT

Financial resources and expenses are the most important obstacle any health system in the world faces nowadays. Living amid a rapidly expanded health expenses and depleted financial resources makes open budget no longer existed even in rich countries.

In countries like Iraq where unstable political and social situations cast a hard shadow on every aspect of life including health budget, judicious management of health finance is very crucial. Augmentation of financial resources is required by searching new revenues other than the national budget, which is usually dependent on international price of crude oil. Imposing taxes or fees for some health services on people who are economically competent tends to be mandatory. Providing and augmenting health financial resources should be intermingled with a plan to distribute these resources. This plan should depend on three principles; setting priorities, defining our economic status, and considering the social heritage and socio-cultural principles.

Key words: Health care resources, Health demands.

Iraqi New Medical Journal July 2017;3(2)

PREFACE

Iraq was the cradle of civilization; it was the land where first letter and word in the world were written, first known manuscript of laws was pronounced by Hammurabi about 2000 B.C, and early medical system and qualified hospitals were established.[1] However, it has been subjected to waves of distortion and destruction that succeeded to hinder the progression but never erase its contribution in global civilization. Health care are always the victim for these destructive waves and it is the time to reconsider our situation, using the scientific thinking in planning for the future.

The Health Care system in Iraq: Resources, Cost and Charges:

Resources: The resources for the health services in Iraqi budget are mainly allocated from the overall national budget.[2] In 1990, the budget was 3.72% of the Gross Domestic Product (GDP), reduced to 0.9% in 1995 and 0.81% in 1997. The overall spending on health has increased considerably in 2004 to almost a billion US dollar. Much of it has been used to supply the increased salaries for healthcare professionals and civil servants and increasing spending on pharmaceuticals. Operating expenditures received much less attention for example in 2002 it was only 50 million US Dollars.[3]

Over the next 10 years, the allocated health budget has witnessed a great fluctuations depending on the international oil price and the security situation of Iraq which impose a state where a great deal of the national budget was allocated to support the military recruitment of the country's resources against terrorism.

In order to save the health budget from these indispensable fluctuations we need to search for new and more consistent resources of these are:

1. ***Taxes***; it should be collected in a fair way and progressively increased depending on the total income. This can minimize its burden on

those who have low income, which should be protected by a network of social protection. Many countries, even rich ones, have adopted such a system like Sweden.[3]

2. ***Charges and fees***: Some health services provided by private wards or hospitals run by the Ministry of Health should be provided for fees.

Cost and expenses: The budget of Iraq's Health System aims to meet the expenses of salaries[3] about one half of operating expenditures of the Ministry of Health (MoH) went for salaries and incentives of the healthcare providers, buying medicines and medical consumables, and maintenance and reconstruction. Training and development, and promotion of health management have received a limited financial support during the 1990s.

Charging system: Health services including offering all medicines in public hospitals and primary health centres are provided nearly free so far. However, in 2016 MoH has started a very limited system, although it is still subjected to evaluation and re-assessment, by which hospitals and primary healthcare centres charge their clients for some of the health services they are providing to cope for the tremendous drop in the national health budget. However, many has been excluded from this system like beneficiaries of the social protection network, families of the military personnel, … etc)

The medical services in Iraq during the 20th century were overall free with few and limited exceptions. The Iraqi governments since the foundation of Iraq as a country in 1920s took the responsibility of providing free health services. The drivers were political and accounted for the overwhelmingly poor population[4] in this extremely rich country. Despite the drawbacks this system has, all the successive governments in Iraq, whatever their political background was, have kept the same health systems for different reasons.

Worldwide, such socialist system has many challenges like neglecting personal incentives, which is a major drive for excellence and innovation; in addition to the emergence of a private sector to subsidize public one. With time, health financial resources were depleted amid exponential increase in the demand of health services and its cost. The results would be, without any doubt, not only falling short of providing drugs and necessary equipment but also salary of healthcare providers and investment in human training and development which are as important as providing drugs and other treatments. Therefore, it is always important to make a balance between the public needs of those who get the benefit of healthcare and the needs of healthcare providers themselves.

Distribution of health care resources:

There are facts that should be taken in considerations in planning for distribution of resources of any healthcare system, these are:

FIRST: PRIORITIES

1. Reconstruction of the deteriorating infrastructure and improving the function of the health system.[1]
2. Responding to the severe shortages in providing pharmaceuticals and other basic supplies.[1]
3. Developing a balanced system of human resources for health, in terms of numbers, quality, and distribution to get an optimal performance.[1]

SECOND: ECONOMIC STATUS

Quality of health services correlates well with the economic status of a society i.e. improvement of economic status and standards of living in a society raises health budget and improving the quality of services provided and vice versa. This is clearly shown in Iraq, most of the achievements made in the last few decades in terms of building big hospitals and providing good health care has coincided with era of raising economy as in 1970s and early 1980s.

General policies for distribution of resources of healthcare system:[5] Health care resources in any country are usually distributed according to one or more of the following policies:

1. **Libertarian**; resources are distributed according to market principles (individual choice conditioned by ability and willingness to pay, with limited charitable care for the destitute).
2. **Utilitarian**; resources are distributed accord-

ing to the principle of maximum benefit for all.

And in countries with socialist regimes and in some others

3. **Egalitarian**; resources are distributed strictly according to the need.
4. **Restorative**; resources are distributed in favour of historically disadvantaged personnel.

Resources Allocation: Increasing population and its longevity, in addition to the growing and consistent need for reconstruction and upgrading have resulted in enormous demands that outweigh the available resources. This imbalance leads, even in the richest countries, to a wide and steadily increase in the gap between the desires for better healthcare and the availability of resources to provide health services.

All health systems, regardless of their finance and organization need to employ a mechanism to ration or prioritize finite healthcare resources.[6]

For decades, the problem of how to allocate health care resources in a just and equitable fashion has been the subject of concerted discussion and analysis,[7] with nomination of numerous models of resources allocation (such as the Hippocratic, the Social Service and Business model), yet the issue has stubbornly resisted resolution.

Healthcare rationing or resource allocation, as it is more commonly referred to, takes place at three levels;

At the highest (Macro) level, governments decide how much of the overall budget should be allocated to health; which healthcare expenses will be provided for free and which will require payment either directly from patients or from their medical insurance plans.[8] Also within the health budget how much will go to remuneration for physicians, nurses and other healthcare workers; to capital and operating expenses for hospitals and other institutions; to researches; to education of healthcare professionals; to treatment of specific conditions such as tuberculosis and so on. Government is usually based in its allocation of resources on reports of Ministry of health, Central Statistical Organization and World Health organization. Evidence Based Medicine might be a useful tool in macro allocation as long as it limits the access to drugs and treatments of unproven scientific result is in accordance with this perspective.[8]

At the institutional (Meso) level, which includes hospitals, clinics, healthcare agencies, etc. Authorities decide how to allocate their resources; which services to provide; how much to spend on the staff, equipment, security, and other expenses such as renovations, expansions, upgrading and acquiring new technologies.

At the individual patient (Micro) level, healthcare providers, especially physicians who are considered as gatekeeper to healthcare resources; decide what test should be ordered, whether to refer a patient to another physician or not, whether the patient should be hospitalized or not, whether a brand-name drug is required rather than a generic one, etc. It has been estimated that physicians are responsible for initiating 80% of healthcare expenditures and despite the growing encroachment of managed care, they still have considerable discretion as to which resources their patients will have to access. Synthesis of new perspective for nursing in struggle to allocate healthcare services in fair and just manner[9] is part of this concept.

THIRD: SOCIAL EFFECTS [10]

Social aspect like heritage of a society, its principles, and its activities are important tributaries to affect our choices of a health system and its fine details.[11] For example, it is impossible to ignore the impact of Islam on public relations and on the medical services in Iraq as well as in other Muslims predominant countries. Islamic principles has its influences on people through religious clerks, media and books. This invaluable heritage goes back to the era of Arabic-Islamic civilization with the estimable principles and concepts for the people who used to consider the medical services as a work blessed by God and as a sort of alms. The same is true for some socio-cultural principles. Normans Daniel in his theory of democratic accountability has gone far to ask for approving the health system chosen for a society by a democratic procedure.[8] i.e. People should vote for approving a health system to gain its national support for application.

Based on our experience with health systems applied in Iraq for more than 40 years, we can refer for two important domains in health and how can we improve them taking in consideration the socio-cultural aspect of the Iraqi

community:

1. **Public services**: It is the health services provide by the governmental hospitals.
   - **a.** All healthcare providers working in public sector should be asked to freely choose between either working in the public sector or private one. Working in both of them at the same time, as it is now for decades before, will add a serious conflict when personal and general interests are competing.
   - **b.** Public sector should be designed and equipped with all facilities to make it good competitor for the private one. Competition is not for providing good health services only, though this is a very sacred mission. But also to make a good environment to preserve the human resources already working in and to encourage others from outside this sector, voluntarily, to work in the general hospitals of the public sector. This can be done through re-designing a system of defining the wages of healthcare providers in a scientific way taking in consideration the quality of the healthcare provided, their experience, their real productivity and so on.
2. **Free services**: Although providing health services is part of the responsibilities of any government; however, it needs to be studied and regulated on strong bases and rules:
   - **a.** Poor and low-income people or other vulnerable groups should have a free access to health services. Reports of the Central Statistical Organization and social protection network can be used for this purpose.[12]
   - **b.** When health authority decides to provide private services, it is better to do it in a separate firm. Therefore, instead of having private wards within hospitals, it is better to have a private hospital run directly or indirectly by Ministry of Health. This can avoid the confusion and minimizes the problems or even accusations of unfair management of patients in free wards that may result from this overlapping.

In conclusion the situation of health that we have now in Iraq is a reflection of accumulative faulty and chaotic planning in the past and shaky and unstable present. This has been coincided with a political and social instability that we are living in for more than 40 years. To get out of this mess we have to identify our specific, realistic, and achievable targets in health. These targets should be balanced between available resources and health needs and demands. Setting of priorities, augmentation of resources and its judicious distribution, and getting the benefits of our socio-cultural principles are very essential for planning and designing our health system as soon as possible to guarantee the future.

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Abbreviation list: Before Christ (**BC**), Gross Domestic Product (**GDP**), Ministry of Health (**MoH**), United States (**US**).

Conflict of interest: Authors have nothing to declare.

Funding: Authors received no funds to complete this report a part from self funding.