

**ASSESS THE LEVEL OF HEALTH SERVICES IN IRAQ****\*Naeemah Mohsin Ali**

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**ABSTRACT**

The objective of the current research is to assess the level of health services in Iraq. The results showed that the rate of improvement in the level of health care in Iraq is not commensurate with the level of increase in the share of the health sector from the general budget and per capita share. It is proposed that a change is made in the current health financing system and the proposed alternative systems. The broad scope of private investment in health care should be allowed, thus allowing the private health sector to play a distinctive role as one of the proposed alternatives to participate in financing and providing the service. Especially in the case of a partner in the public sector for health care, which ensures the improvement and development of the

health service, with the need to begin serious application of social health insurance to workers in the government sector as a first stage of transition towards Expand the use of private health insurance provider for health services (especially those with limited income) with the need to keep the government funded for low-income universal coverage system to ensure justice and access Mama income and unable to pay for health care, similar to the rest of the groups capable.

**KEYWORDS:** Assessment, Health Services, Iraq.**First: the problem of research**

The health services in Iraq have suffered from deterioration after being one of the best health services available in the region. This deterioration is manifested in various forms, including the emergence of what can be called the "double burden of disease." While communicable diseases continue to be a major cause of disease and death, Non - communicable diseases are also major causes of death. The health sector is also facing increased pressure to meet the needs of rehabilitation and construction of health institutions that have lost some of their

capabilities during the past period. The increasing pressure on the Iraqi health sector is the increasing number of elderly and the increasing number of disabled and those injured in terrorism.

In light of these pressures and increasing demands on health services in Iraq and the development and improvement of their level, another issue related to the extent of the contribution of health care funding to the current status of the health service levels of deterioration or its ability to meet the challenges faced by the Iraqi health sector to develop and improve The level of its services, especially if we know that the expenditure on the health sector in Iraq is at (5%) of public government spending and that Iraq applies the principle of comprehensive and free health care funded by the government, for many decades, and it is still a case unchanged (except for a certain period) The nineties when the direct fulfillment of some minor fees from users of services), financing. Iraq. sector. (2004).

The problem of current research lies in raising the following question:

What is the level of evaluation of health services in Iraq?

### **Second: The importance of research**

Recently, there has been a growing interest in the development of health care by finding additional ways and resources to finance the sector to enable it to meet priority needs and improve the level of health services. This requires strong administrations to rebuild health systems, which also leads to the need to "strengthen and develop existing departments and develop the scientific capabilities of human resources through mobilization of available resources." The importance of research stems from the importance of finding or experimenting with alternative financing systems that are efficient and effective, With the importance of preserving the government source of funding as a main source of the government sector.

### **Third: The objective of the research**

The aim of the research is to assess the level of health services in Iraq.

### **Fourth: The hypothesis of research**

The research proceeds from the hypothesis that:

Continuous and systematic evaluation procedures affect the level of health services in Iraq.

**Previous studies**

1- The study of the World Health Organization in 2005, 58/20 entitled "Sustainable Health Financing, Comprehensive Coverage, and Social Health Insurance."

She studied the types of financing policies in all areas of health financing methods, methods of collection of amalgam, how to collect aludel for distribution of potential risks, as well as the study of what services are offered or purchased, and how to pay the providers' fees.

The study also noted that the objectives of a funding policy may vary but are shared by the need to generate sufficient income to provide health, improve efficiency in service delivery or reduce expenses, and one of the financial risks involved in obtaining care and ensuring the cost of care among people and receiving the services they need. The most important conclusions of the study are:

- There is no specific mechanism of funding for health funding that can be recommended for application in all circumstances.

The main recommendations made by the study are

Make improvements in efficiency -

Inequality in revenue collection methods -

- Reliance on health funding funds as an essential part of health care funding sources
- To preserve the values of society and its collective goals

2 - Study: Alaa Al-Din Alwan, 2004 entitled (Health in Iraq),

The aim of the study is to shed light on the challenges faced by the health sector in Iraq, with a brief history of the damage caused by the health sector, the background of funding for health care, its impact on the level of service provided since 1990 to 2004, and the political situation and its impact on the health reality As well as the importance of self-financing in the provision of high-quality health services and the provision of additional financial resources that have been used in the development of the health sectors applicable to the self-system. This study has also summarized the need to use alternative options to finance health care expenditures, such as taxes, social security, direct payment of wages and the possibility of combining two or three options together in a single system. The main recommendations of the study are:

1. The need to maintain comprehensive coverage of all citizens as one of the strengths of the Iraqi health system and to maintain government allocations as a major source of funding.

2. Find other ways to provide additional resources to the health sector.
3. The need to focus on obtaining a better return by the government to improve management and improve the efficiency of performance.
- 3- The study of Robert B. Zoellick (2008), Head of the Albany Aldouley Group, entitled "Modernization of the Multilateral System and the Markets."

The United Nations, governments, non-traditional donors, the private sector and the civil society) to cooperate with each other to confront economic crises from multiple economic systems, to seek new financing tools and to develop partnerships with others These include the health systems to be supported and the promotion of innovative solutions and procedures such as funding for the results-based approach, working methods with the private sector and the civil society to move more quickly to support countries that are undergoing crises or implementing new systems.

The most important recommendations that I have reached are to improve the alignment between the governance of Albany Aldoli and the realities of reality and move faster to support countries that are experiencing crises.

- 4- Study: Montréal Economic Corporation, 2005, entitled "The use of private insurance for health care financing" on the financing of health services.

I spoke about the inability of the Government of Iceland or any government providing comprehensive health services (from tax revenues) to continue the overall coverage of the coming years as a result of growing demand for health care and the resultant increase in the average ages, increasing numbers of elderly and economic development, (90%) of the country's total expenditure, and compared the funding of government services in Canada and the rest of the Americas. The study reached a number of conclusions:

1. In the future of the villages, taxes will not be able to finance the growing demand for health care and insufficient funding.
2. The importance of health insurance as a source of diversity for the health service.

-Study: BIAC, org 2005, Title of private health insurance (private health insurance). The study also examined the study of the private health insurance policies in the health care system and the study of the private lines of private insurance and its future and future role as a public-private partnership approach in the health care sector. The study also confirmed that

the objectives of health institutions may seem difficult to investigate in the private sector. The most important recommended in the study is- :

1. A CO-Corporation policy should be followed to successfully pursue work.
2. The need to use the private health sector to help the public health sector overcome the problems it faces, namely, the scarcity and limited funding resources, as well as the problems of the increasing demand for health care, and in particular, the study stressed that the private sector is the source of continuous safety and improvement in the level of health services.

### **Theoretical framework**

Indicators for assessing the quality and quality of health care system services: Indicators of the level of services of the health care system :-

The concept of the level of health-care services for any health system means "the availability of services that meet the full health needs of all citizens, comprehensive and fair coverage, fair and affordable prices for the State and the citizen, and a significant improvement in people's lives." (WHO, 2007: 2).

The World Health Organization (WHO) and UNICEF have developed a number of indicators on the basis of which health systems are evaluated in terms of the level of services and health performance. This is not a health issue, because it is a comprehensive subject and requires many types of research. Health systems and the impact of sources of funding on the level of health service or not, and the most important of these indicators are:

1. Infant mortality rate: - The number of deaths per year "of infants under one year of age for every 1,000 children born alive and the rate reflects the probability of death during the period between birth and the completion of the first year of age multiplied by 1,000.
2. Under-five mortality rate: - The average annual number of deaths of children under five years of age per 1,000 live births over the past five years. The rate reflects the probability of death during the period between birth and the completion of the fifth year of life exactly multiplied by 1,000 UNICEF This rate is one of the most important indicators that reflect the state of health.
3. Life Expectancy: - which are indicators directly related to the level of health care of any country.
4. The proportion of health expenditure: - The proportion of expenditure on hospitals and health centers, the purchase of medicines, and the health and salaries of workers attributed to total government expenditure or GDP.

5. Human resources and level of coverage: - Number of doctors, dentists, nurses, nurses and midwives authorized per 10,000 population (WHO, 2007: 2).

For example, UNICEF adopts the under-five mortality rate as an indicator of the state of health of countries, while WHO relies on life expectancy at birth as an indicator (WHO, 2007: 20).

But most of the applied literature used to use mortality indicators to explore the most important determinants of the state of health at the level of countries and linking it to the average per capita income and the share of public expenditure in the health sector of GDP as the most explanatory variables (Ghazali, 2003: 11).

## **Second: Quality of Health Service**

### **1. The concept of quality of health service**

Quality is defined by the concept defined by the American Quality Association that quality is "the body or the overall characteristics of a good or service that reflects its ability to meet explicit and implicit needs." (Al-Tai, Qadada, 2008: 29).

The American Institute has defined the request as "(a) the potential reinforcement of health outcomes and products of health services provided to the people and the population that are consistent with current professional knowledge". (Bakri, 2005: 211).

### **2 Quality dimensions in the health service**

It is difficult to assess the service because it is intangible, so how can individuals not see it or feel it or touch it as it does in goods? So that the consumer can not evaluate them easily before purchasing them, and the "characteristics" of the quality and external characteristics such as color, size, durability, shape, etc. The services, including health, instead have the quality of experimental or reliability based on experience and experience (such as satisfaction, Pleasure, grief, and pain), qualities that can be assessed through the use and consumption of the health service (Bakri, 2005: 211).

However, the evaluation of the health service provided is based on its quality or degree and there are five indicators and are based on the evaluation: (Kotler, 1997: 478).

a. Reliability: - The ability to perform in the achievement of what has been determined in advance and accurately and represents this dimension (32%) of the relative importance in quality compared to other dimensions.

B. Responsiveness: This is the real assistance in providing service to the customer. This dimension represents 22% of the relative importance in quality.

C. Assurance: - Employees are knowledgeable, capable and confident in providing service. This dimension represents 19% of relative importance.

Empathy: - The degree of care and personal attention to the customer and represents this dimension by (16%) of the relative importance.

E. The tangibles: - The capabilities and facilities of equipment, equipment, air and communication equipment. This dimension represents 16% of the relative importance.

### **3-Quality Measurement of Health Services**

Most of the researches and surveys indicate that patients are prepared to accept low or medium quality health services. The quality of health needs to be measured to show the need for continuous improvement in the quality of service provided, which is one of the competing priorities in the health organizations' work strategy. (Bakri, 2005: 226). (The health service system consists of three main components:

a. Input (input): - Human resources and resources (finance, buildings, and equipment.

b Processes: - Diagnostic, treatment and management processes.

Outcomes: - Results of services received by the patient, service providers, community, and percentage of the population with access to service easily.

Assess the level of services for the health care system in Iraq.

The main purpose of any health system is to improve the health of individuals. Its main task is to provide health services. The evaluation of the level of health services depends on the analysis of the statistical indicators of life and the analysis of indicators of the quality of health services.

First: Analysis of the statistical indicators of life-related to the determination of the state of health:

- Among the most important statistical indicators adopted by the international health organizations to assess the level of health services are the infant mortality rate and child mortality rate and the average life expectancy.

### 1. Infant mortality rate

The meaning of infants: They are newborns and those under the age of one year, and this indicator is at the top of the criteria that determine the health status in any population community (Ghazali, 2003: 11). The decline in this indicator means the provision of health services at a good level, but the rise in the decline in the level of health service provided. Table 3.1 shows the infant mortality rate in Iraq per year for every 1,000 children born alive for the period 2002-2008 compared to the base year at a rate of the year 2000.

**Table (3-1)\*: Infant mortality index for the period (2002-2008).**

year	The rate of the infant's mortality
2000 the basic year	93
140,5	2002
107,9	2004
107,9	2006
93,33	2008

The infant mortality rate expresses the probability of death during the period between birth and completion of the first year of life multiplied by 1000. Table (3-1) shows, comparing growth ratios that there are:

- 1 - A rise of 47.5% between 2000 and 2002.
2. A decrease of 32.6% between 2002-2004.
3. The rate of the average between 2004-2006 and 107.9%.
- 4- a decreasing rate of 14.63% between 2006 and 2008. (Total statistics of the Ministry of Health for the period from 2000 to 2006).

- We conclude from this that there is a continuous decline in the state of health according to the infant mortality index for the period 2002-2008 compared to the year 2000 compared with the increase in this percentage.

### 2- Child mortality rate below 5 years

The average annual number of deaths of children under five years of age per 1,000 children born alive during the first five years. The rate reflects the probability of dying during the period between birth and the completion of the fifth year of life exactly multiplied by 1000. The most important indicator of health status adopted by the World Health Organization is the infant mortality rate. UNICEF considers the mortality rate of children under the age of five to be the most important indicator of the health status of society (Al-Ghazali, 2003: 10).



Table (2-3) shows the mortality rate of children under five years of age (2002-2008) compared to the rate fixed for 2000.

year	Average of mortality under age of five years
2000 the basic year	121
2002	204
2004	130,6
2006	130,6
2008	18,02

-The mortality rate of children under the age of (5) years clearly indicates the picture of the health situation and is calculated by the number of deaths of children under the age of five years for every 1000 live births.

Table 3.2 shows the following:

- 1- The rate decreased by 73.4 between 2002 and 2004.
- 2- The average rate of (130.6) for the years 2004-2006.
- 3- The low rate of 112.58 for the year 2008. (Statistics Bulletin of the Ministry of Health for the year 2000-2006).

In general, there is an improvement in the mortality rate of children under the age of five years compared with the base year 2000, except in 2002, in which this rate has increased, which can be attributed to several factors that could not be verified by the researcher, imposed on Iraq represented in the scarcity of medicines and medical supplies and the emigration of scientific minds from doctors and medical assistants. Which may explain the reasons for this year's irregularities from the general pattern.

### 3 -Life Expectancy: Healthy Living

It is the number of years that an individual has lived since birth and continues to be in good condition throughout his life with the survival of the dominant causes of death, an important indicator of the overall health level. We can point to the burden of disease, especially non-transitional (chronic) diseases, which are the leading causes of death and low life expectancy of individuals in any society (WHO, 2000: 4).

**Table 3.3: Shows a comparison between life expectancy in Iraq and some Arab countries.**

Ranking of Arab Countries	The first Arab countries	The average age of the individual	World ranking of Arab countries	The first five international countries	The average age of the individual
1	UAE	76,6	50	JAPAN	84,3
2	SAUDIA	73,4	58	AUSTRALIA	81,4
3	BAHRAIN	72,9	61	FRANCE	81,0
4	QATAR	72,7	66	SWEDEN	81,0
5	KUWAIT	71,9	68	SPAIN	80,4
12	SURIA	67,1	115		
15	IRAQ	60,2	120		

THE RESOURCE: World Health Organization. Periodic report on public health. 2007: 6.

-From the data in Table (3-3) it is clear as follows:

1. Lower average life expectancy in Iraq. Compared to the first five countries, in the world ranking with a high average life expectancy in Japan (the first country in the world) 84.3%, while life expectancy in Iraq is 60.2%.
- 2- Iraq ranked among the Arab countries is (15), noting that "the total number of Arab countries is 22, that is, Iraq is in the last sequences.
3. Iraq ranks globally 120 out of 191 countries in the world, noting that its global ranking compared with the global ranking enjoyed by the Arab countries is also lagging behind.

Table (3-4) shows the average age of the Iraqi individual for the period 2000-2008 as an indicator of the health situation in Iraq.

**Table (3-4)\*: The average age of the Iraqi individual for the period 2000-2008.**

Year	The expected average of Iraqi individual
1995 -2000	62,4
2002	64,0
2004	60,4
2006	60,4
2008	2008

-It is clear from the following:

1. Gradually decrease the average life expectancy of the Iraqi individual.
2. The increase in the average age during 2002 is only a departure from the general pattern for the period (2002-2008), which is observed in this year in other indicators and is considered an exception "for the reasons mentioned above.

Table (3-5) shows the ten reasons for the decline in the average age of the Iraqi person (causes of death).

**Table (3-5): Top 10 Causes of Death in Iraq.**

<b>10 Causes of Death in Iraq</b>	<b>Percentage</b>
Cardiovascular diseases	45
diabetes	15
Accidents	14
Tumors	8
renal failure	4
Congenital defects	3
asthma	0,9
Tuberculosis	0,8
brain attack	0,7
diarrhea	0,6

Source: Statistical Bulletin of the Ministry of Health.

-From the data in Table (3-5) it is clear as follows:

1. Cardiovascular disease is the leading cause of death in Iraq (the largest burden of disease), followed by diabetes and then accidents and tumors.
2. The main reason for the decline in the average age of the Iraqi individual is non-transitional diseases (chronic).

"It is clear from the above the low level of health in Iraq, especially in the field of health care for people suffering from chronic diseases, which led to the mortality rate of chronic diseases is the highest among them, which led to a decline in the average age of the Iraqi individual referred to earlier.

Table (3-6) shows the number of chronic diseases in Iraq according to the average per 10,000 population for the years 2007-2008.

The Results of life indicators analysis:

1. The high infant mortality rate (the first year of life), which indicates the current poor health in Iraq for the period (2002-2008).
2. The decline in the average age of the Iraqi individual compared to the Arab countries as the rank of the 15 (15 of the twenty Arab countries) and 115th among 191 countries in the world. This indicates the low level of health care in Iraq.

3. Chronic diseases are primarily responsible for the decline in the average age of the Iraqi individual, especially cardiovascular disease is the highest among the causes of death of chronic diseases, which indicates the low level of health care at various levels.

4. Hnak limited height of the average age of the Iraqi individual for the period of 2002 (Table 3.1) shows the rules of engagement, and attributed causes to the expansion of the application of self-financing system to cover all levels of health care led to an improvement in health care has been a visa through the increase in the average Per capita life during 2002 (confirmation of this possibility may require the necessary research).

### **Quality Indicators of Health Services**

The essence of quality in service is to meet the needs and requirements of patients from the health service provided to them, Iraqi hospitals accustomed to the production of health service and delivery to patients without knowing whether this service is satisfactory or not. (Al-Ghazali, 2003: 14).

The measurement of quality of health service is according to the following indicators:

#### 1. In Input-:

A. Financial resources.

B. Human resources.

C Supplies (the family needed for the narcotic and its composition).

#### 2. Process quality indicators (processes)

A. Diagnostic and diagnostic tests.

B Treatment procedures and processes of all kinds.

#### 3- Out Outcomes

The percentage of the population who can access the health service on foot and using regular means of transport without travel.

(A) Result of service received by the patient (rate of population coverage of service providers at different levels.

(B) The rate of use of the means (whether therapeutic or diagnostic) by the beneficiaries.

Results from Analysis of Quality of Service Output Indicators:

- 1- Lack of adequate coverage for all types of health service providers at all levels compared to the required rate of population preparation.
- 2- Lack of adequate coverage only for the level of primary care for health insurance clinics that provide services to the provinces and districts in the provinces and the outskirts of Baghdad.
- 3- A decrease in the number of visitors to the total government health sector in 2004 compared with 2002 and the continued decline in 2008. Despite the increase in health funding for 2004, 2008 than in 2002.
- 4- The rate of decline for 2008 is lower than in 2004, with an increase in 2004 compared with 2002.

## CONCLUSIONS

1. Comprehensive coverage (for example, the British National Health System) as a system that relies on the public budget through taxation and the increasing demand for health care will undoubtedly face shortfalls in health care coverage for the near term. As these systems will have to increase sharply in taxes to ensure coverage of the increase in demand for health care, or that the rate of health expenditure of those systems (90%) of the total expenditure of the country and this affects negatively "on the rest of service sectors and share of public spending.
2. The system of comprehensive health coverage applied in Iraq is the same since the establishment of the modern Iraqi state 1921 and so far.
3. Low indicators of life (universally adopted to measure the level of health service to health systems) in Iraq with high rates of chronic diseases and is responsible for the first decline in the average age of the Iraqi individual, especially cardiovascular diseases. This indicates the low level of health care in Iraq.
4. The percentage of health expenditure in Iraq did not exceed 3.4 for the previous years (ie within the low-income countries), as indicated above. This indicates the low level of health care in Iraq and for the purpose of reaching health expenditure in Iraq to 6% (10-12%). (Despite the increase in health expenditure, the level of health service provided is still low and not in the amount of money spent).

5. Differences in the coverage rates of the medical staff of the population among the governorates of Iraq with low rates compared to the surrounding Arab and regional countries. (Even though their rates are Arab).
6. The decline in clinical coverage in Iraq is the lowest in the Arab world, "with the decrease in the percentage of clinical work as well, which may indicate a number of" points that are not in the interest of health care in Iraq but indicate the low level.
7. There is a tendency to use the specialized means available in public hospitals (to increase them, but their number is insufficient), because of the lack of numbers of workers on them, which makes the beneficiaries of the least number and delay access to the advanced service cheap by others to the length of the waiting lists.
8. The lack of adequate coverage for the various levels of health service providers, where the number of auditors of the governmental sector is low, with the continued decline from 2002-2008. Despite the increase in the level of expenditure as shown in Table 3.10, (Which may be the result of poor performance of the staff, and weak follow-up and control) and there is a need for continuous training on the latest scientific means and be the grant of salaries and incentives based on the output and what is the service and not otherwise.
9. There is a recognition by the health decision-makers in Iraq of the importance of the achievements achieved by the system of self-financing before the Gah because it is an important source of sources of good revenue, in addition to its role in urging workers to compete in providing the best health service and thus verify the patient's satisfaction During the improvement of health service.
10. One of the reasons for the deterioration of the level of health services in Iraq is the low or insufficient funding for it and its foundation on the basis of the state budget.

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