

Is Iraq Ready to Self-Sustain Its Health System?

Irak Kendi Sağlık Sistemini Sürdürmeye Hazır mı?

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

Key Words : **Health system, Iraq, Post war**

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

Anahtar Sözcükler: **Sağlık sistemi, Irak, Savaş sonrası**

Now that, time is moving in dropping the levels of troops in Iraq, in addition to the security building status, other services that had been under guidance of the international agencies since the initiation of the war has to be relooked upon by the Iraq national authorities and public, among which health care stays as one of the most important challenges, to encourage progress. In spite of the political differences in the Iraq parliament, with unified planning, continuous assessment and information sharing as common goals, health services and policy will be ably managed, in this post-conflict state, as the reconstitution and reconstruction of stability unveils itself. This commentary is written on the need to remind insights to the health care professionals or the workforce the routes to be followed for the establishment of new foundations of health-care systems in Iraq (1). The Iraq war is now over with its surges on security, politics, tensions, casualties, humanitarian crises and human rights abuses. The exit strategy has been announced and the provincial elections have been successfully managed in 2009. Since the transfer of power from 'Coalition Provincial Authority' (CPA) to In-

terim Iraq Government in 2004, Iraq, once again became a sovereign country. 'United Iraq Alliance' that won the most number of seats in the parliament in 2005 led by Al-Maliki gave priority to the security issues as faced with sectarian violence under economic crisis. But what is the condition of the health sector? During the phase of transition, according to WHO estimates on 2007, the conditions of health deteriorated in Iraq with the GDP per capita; 1457 USD and the total expenditure on health (per capita); 59 USD annually. The general government expenditure on health as % of total health expenditure is 74.4%, with ministry of health budget totaling to 3.4% of government budget. With the primary health care indicators designating requirement of aid from all involved for progress, it should be noted that the life expectancy and mortality rates have also deteriorated with major increases in reported cases of pulmonary tuberculosis, cholera, measles and meningitis (2). So, what should be the issues of concern and how should the future health plans be schematized? To start with, it is time to conclude that the conflict associated disaster and the military ope-

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rations phase is almost over and now it is the stage for reconsideration of health care planning, re-organization and re-evaluation. To mention planning, it is a future-oriented, systematic process of determining directions, setting goals and taking actions to reach them. Gaps that exist between public expectations and how institutions, the whole health sector of government or the society actually functions may point to inadequate planning or lack of planning, in addition to possible poor leadership or implementation. It is crucial to consider planning as a political process but in addition to that it is also a social and technical process. It is also essential to recognize that, all participatory planning takes place in the context of the organizational culture and history of relationships between the planning partners (both as organizations and individuals). Complications and conflicts may often arise over disagreements on the scope of planning, strategies and specific actions necessary to achieve goals. Conflicting economic incentives and politics of planning may complicate the process. However, in our case of Iraq, obviously, the National Ministry of Health needs to take an initiative to invite to and coordinate actions and participants from sub-organizations to foresee a National Health Plan and submit this to the government to be discussed in the parliamentary commissions and finally, the general assembly to confirm that it is economically feasible and implementable. Probably a Comprehensive Health Planning Act or a National Health Planning and Resources

Development Act may need to be passed from the Iraq parliament to give a kick-start to these to be coordinated activities. During this progress, the Health Agencies may need to be restructured according to the evolving needs of the health status in Iraq. Certainly, as in the case of 1980's and 90's in the United States, a categorical planning will need to be evaluated by the debating parties of the parliament for the efficient utilization of market for-

ces and institutional versus community based strategies. Use of information within the framework of scientific methodology will be required for accurate and precise vision as well as mathematical approaches for cost models as well as quality assurance and quality improvement efforts to be emphasized. Finally, the categorical plan based on organizational structure will need to be integrated to the annual and long term budgets with emphasis on cost-containment, resources allocation or the last but not the least with external financing options. The guideposts, benchmarks and models of methodology may be reviewed from previous work but will also be contributed by local experts taking insights from WHO country cooperation strategies. Certainly, improving planning in the future will depend both on leadership and technical skills to reestablish the credibility of national health services. Beyond planning, advocacy for policy development, both by political action and non-governmental players will secure sustainability, progress and evaluation of planned health actions. This will be achieved through the national legislative apparatus as well as at the provincial level and via the private associations, health care organizations and health professionals. The health agenda setting is key to initiating policy development process. The formal policy agenda is defined as those issues to which policymakers will pay attention and take action. Thus, the first step in any policy development process is to get an issue on the formal policy agenda. Two of the most commonly used strategies for getting an issue on the policy agenda include; gaining inside access to decision-makers in the policy arena and organizing an outside initiative through grass-roots mobilization or coalition building to call the issue to the attention of policymakers. These agenda setting strategies can be used alone or in combination (3). Even though in other country examples, there have been previous difficulties faced in getting Health issues in the Natio-

nal policy agenda, discussing, the policies proposed incrementally including key factors influencing health insurance coverage with a notion of economic and social outcomes will facilitate the design of successful strategies for prevention policies as well as provision of mobilization of service oriented task forces and supporters, for new opportunities and accountability. Quality issues are also important for medical care delivery and initiatives should be encouraged to improve total quality in health services. Still, evaluation and public health informatics integration are issues of significance. Evaluation of health programs and policies is fundamental for public health. Building and maintaining an effective health care system requires programs and policies that promote health and prevent disease in an effective and efficient manner. Evaluation is a process designed to collect and analyze information to determine program performance and to improve it. The process involves a variety of concepts, methods and analytic schemes to determine whether it is appropriately designed to meet the targeted need, whether the program is implemented as planned and whether the program actually does help people in need at a reasonable cost without undesirable side effects. Hence, evaluation is used to assist in health program planning, program quality assurance and improvement in addition to new policy development. In planning an evaluation, the evaluator (National Ministry of Health) collaborates with other stake holders as State Statistical Institution to assess annual health indicators to decide on the purposes, focus and specific models to guide data collection during the process of analysis. Finally, the process, outcomes and impacts on health status will be perceived as quality of care and quality of life. Some aspects will be addressed using social science research models. In addition to goal-based special case evaluations, evaluations of country interventions are also at the core of health evaluations. According to co-

untry cooperation strategy for WHO and Iraq for the period 2005-2010, in accordance with the current country programme and policy framework a strategic agenda of priorities have been

set with implications at different levels. Now, it is the responsibility of the national officials and members of the international community to support all actions for regaining equity by

participating in actions for directing and coordinating authority for health, with leadship and agenda provisions in Iraq with an ethical promotive and preventive approach (4,5).

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