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Healthcare Systems Administration

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Overview of the Iraqi Healthcare System

Iraq's healthcare system has evolved through several phases — from a highly centralized public model before 2003 to a fragmented system influenced by conflict, population growth, and economic instability. The Ministry of Health (MoH) is the main provider, supported by the Kurdistan Regional Ministry of Health, private clinics, and non-governmental organizations (NGOs).

The system operates under a dual structure: a government-funded network of hospitals and primary healthcare centers (PHCCs), and a growing private sector providing outpatient and specialized care. Despite extensive physical infrastructure, inequities remain between urban and rural areas.

Organizational Structure of Iraq's National Health System

The Iraqi Ministry of Health oversees health policy formulation, planning, and service delivery. It is organized into central directorates (e.g., Planning, Public Health, Medical Operations, and Technical Affairs) and 20 governorate-level health directorates responsible for implementation. In the Kurdistan Region, health directorates in Erbil, Sulaymaniyah, and Duhok coordinate with the regional Ministry of Health.

Hospitals, PHCCs, and specialized centers operate under the supervision of these directorates. The structure mirrors a traditional hierarchical model, where decision-making and budgeting are centralized, limiting local autonomy.

National Health Policies and Governance

Articles 30–33 of the Iraqi Constitution affirm citizens' rights to healthcare and social welfare. The National Health Strategy aims to achieve Universal Health Coverage (UHC), strengthen primary care, and modernize hospital management.

Governance challenges include fragmented planning, overlapping roles between ministries, and limited regulatory oversight of private providers. Efforts to improve transparency and decentralization are ongoing through collaboration with WHO and the World Bank.

Healthcare Infrastructure and Service Delivery

As of 2024, Iraq has more than 300 public hospitals and over 2,600 PHCCs nationwide. The system provides general, teaching, and specialty services, yet suffers from uneven distribution and outdated equipment.

Private facilities (around 170 hospitals) contribute to service delivery but are small in capacity, averaging fewer than 25 beds each. Most admissions are short-term, focusing on surgeries or deliveries. Meanwhile, more than 15,000 private clinics operate, often staffed by public-sector physicians after official hours.

Table 1. Hospital Beds per 1,000 Population (2024 Estimates):

Country	Hospital Beds/1,000 People	Source
Iraq	1.4	World Bank (2024)
Jordan	1.8	WHO EMRO (2024)
Egypt	1.6	OECD Health Statistics (2024)
Saudi Arabia	2.2	WHO (2023)
Global Avg.	2.9	World Bank (2024)

Health Financing and Expenditure

Iraq lacks a national health insurance system; thus, most healthcare is funded through general taxation and out-of-pocket payments. Public expenditure on health represents about 5% of GDP, below the regional average. High out-of-pocket costs, particularly for medications and diagnostic services, create barriers for low-income populations.

WHO and World Bank recommend diversifying funding sources through health insurance, risk-pooling mechanisms, and performance-based financing. Piloting such schemes could help protect vulnerable households from catastrophic spending.

Health Workforce and Training

Iraq's healthcare workforce includes approximately 34,000 physicians, 70,000 nurses, and 22,000 pharmacists (MoH 2024). However, distribution is uneven, with shortages in rural and conflict-affected areas. Migration of skilled professionals remains a serious issue, with many seeking employment abroad due to low salaries and security concerns.

Recent reforms emphasize expanding nursing schools, introducing continuing education programs, and digitalizing professional licensing.

Public Health Indicators and Epidemiology

Life expectancy in Iraq reached 72.5 years in 2024, with females outliving males by approximately 4 years. Infant mortality has declined to 21 deaths per 1,000 live births, but maternal mortality remains higher than regional averages.

Iraq faces a double burden of disease — communicable diseases such as cholera and measles outbreaks, alongside non-communicable diseases including cardiovascular disease, diabetes, and cancer. WHO reports that NCDs now account for over 60% of all deaths in Iraq.

Primary Health Care and Preventive Strategies

Primary Health Care (PHC) is the cornerstone of an efficient health system. Iraq's PHC network includes nearly 2,700 centers, but many lack sufficient staff and medical supplies. Expanding PHC coverage is essential for improving equity and reducing hospital overload.

Preventive health strategies — vaccination programs, health education, maternal and child health initiatives — are supported by WHO and UNICEF. However, irregular funding and regional disparities hinder effectiveness.

Challenges and Strategic Priorities

Major challenges include inadequate financing, centralized governance, human resource shortages, outdated facilities, and weak data systems. Strategic priorities involve modernizing infrastructure, investing in primary care, reforming health financing, and strengthening information systems.

Comparative Analysis with Regional Systems

Compared to neighboring countries, Iraq spends less on healthcare per capita and has fewer health professionals per population unit. For instance, Jordan and Saudi Arabia have implemented successful e-health systems and national insurance programs that Iraq can learn from.