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### Iraq Health Sector and People's Lives' Challenges. By Mazin Baldawi

This article will shed light partially on one of the most vital and critical life sectors in Iraq, trying to elaborate on its present status, what progress yet achieved, in addition to what are the futuristic requirements of the Iraqi health sector.

#### **Introduction:**

Iraq considered one of the well – known countries for its quality of medical education around the world. Over the 1940s – 1980s, its cornerstones were the educational institutions teaching staff, syllabuses and the teaching hospital attached to medical educational institutions that complied with the international standards.

The qualified graduates of these medical institutions supported by governmental procedures to practice medicine to improve their skills and experiences, allowing them to be assigned for higher ranks and responsibilities around the world, especially in UK and Ireland <sup>(1)</sup>.

This is behind the excellent reputation of Iraq's health sector, particularly staff, and facilities until almost the end of the 1980's among neighboring countries.

In addition, the medical facilities and its linked equipment, ambulances and other staff were extra stars on that reputation's high grade.

#### **Objectives:**

I would like to discuss two main issues in this article as follow:



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1. The dramatic deterioration of the medical sector
2. The futuristic requirements planning

Thenafter, I will be able to conclude what is available in hand, what are we going to rehabilitate and what new requirements are, in terms of health facilities and service types.

### Presentation:

As we know that medical service providers in Iraq, during decades from (30's - 70's) changed gradually from widely public & few private facilities including hospitals, specialists & general clinics to a high flag public sector services provider. The plan controlled by the new governmental socialist leading approach where citizens considered the core of its development and improvement on different aspects mainly including the health sector. It is important to note down here that Iraq population has gradually increased as we can see in 'Figure 1' (2).

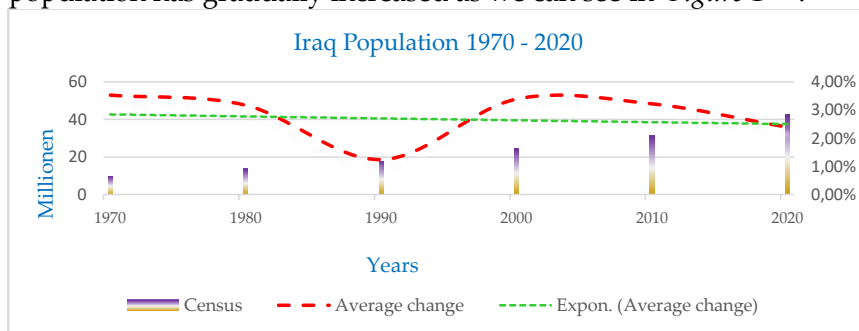


Figure 1

**Kommentiert [HM1]:** Incorrect. Actually, its exactly the opposite. Since Iraq founded as state in 1921, public healthcare services dominated, with some private clinics and hospital in major cities only. In the 1970s and later, the no. and coverage of private clinics increased considerably while new private hospitals were established during in the 1980s and, especially, in the 1990s, upon the deterioration of public health services in general due to the UN sanctions. However, a major change occurred after 2003 with the unrepresented increase in the no., size and coverage of private hospital and specialized medical centers due to the overall deterioration of public health services, particularly in quality reliability, increased demand due to increasing population and the improved income of some population categories.

**Kommentiert [Mazin2R1]:** I have re-wrote this paragraph. Please let me know if there is any request in this regard.

**Kommentiert [HM3]:** Use years only not dates.

**Kommentiert [Mazin4R3]:** OK

Therefore, the government started to expand its health sector by building up new facilities like hospitals and "Public Health Centers" where all people of different economic levels can afford its relatively low fees compared to high cost medical services, including medical checkup and medicine cost provided by the private health sector. However, we



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can have an idea about the capacity of health care system in Iraq during the time from 1970 - 2020 as 'Figure 2' (3) shows below.

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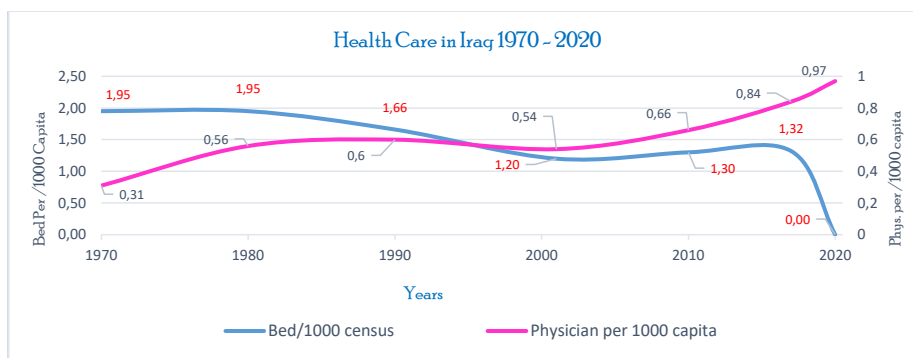


Figure 2

As well-known Iraq was engaged in a long eight - year' war with Iran that drained its economy, where most of people did not foresee the war economical drain impact as both civil and military health sectors were engaged in dealing with the war's burden requirements. A real deterioration in the health facilities, laboratories, ambulances, no. of physicians and other staff. This in correlation with other factors causes a huge impact on Iraq health sector.

However, the available health centers and hospitals were in somehow capable to handle the people's & military needs, but it has started to deteriorate in the 1990's on, when the sweeping economic sanctions were imposed on Iraq by the U.N on Aug 6 1990 (4) after the invasion of Kuwait.

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Later, to mitigate the humanitarian impact of the sanctions, Iraq and the UN set up the “Oil for Food Program” OFFP) in 1995 to allow Iraq sell oil in the world market in exchange for food, medicine, and other humanitarian needs for ordinary Iraqi citizens. So, the resources made available under the OFFP were very limited to rehabilitate the damages inflicted in public service sectors, particularly healthcare, where the government couldn’t achieve any rehabilitation or renovation plans.

In the up mentioned ‘*Figure 2*’ we can figure out a simple comparison between the available beds per 1000 capita, vs. the available physicians per 1000 capita “Physicians (per 1,000 people) in Iraq”<sup>(5)</sup> irrespective of the medical service quality provided by those physicians or health facilities.

Looking at the population increase compared to the available physician per 1000 capita (Iraq has 0.97) leads to the conclusion that Iraq is having a crucial lack of medical services considering that Malaysia, for instance, has 2.29, Oman has 1.77, Germany has 4.43, Chile has 2.84 respectively in 2020. So, this matter should take priority in planning to address the below mentioned aspects:

1. Assessing Iraq health care system which includes:
  - a. No. of hospitals and health care centers
    - i. Quality of service of these institutions
  - b. Geographical distribution of healthcare facilities and their supporting services capacity and capability
  - c. Availability of ambulances, including:
    - i. No. of vehicles available
    - ii. Overall status
    - iii. Operational fuel consumption
    - iv. Maintenance cost
    - v. Efficiency in life – saving situations
    - vi. Is the no. of vehicles available is enough or needs to be increased?
    - vii. Others



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- d. Equipment's efficiency and technical specifications
- e. Others
2. Assessing the service providing conditions, as in most cases people head to a hospital or a health center to be cured out or deal with an incident, so we have to assess:
  - a. Time to reach the closest healthcare point
    - i. Traffic jams
    - ii. Ambulance's service time range (going to a call to bring back a patient in).
    - iii. People on the road cooperation in this regard, especially in traffic jam situations
    - iv. First aid capability and quality
    - v. others
  3. Type of roads, their status and the ease to reach call points and back to the medical service providing facilities.
  4. Medical staff efficiency and experience, especially those on board of ambulances
    - a. education level
    - b. Training schedules and personnel updated database
    - c. Compliance with rules and regulations
    - d. Subjective and objective trends
    - e. Ability to use electronic communication and instructional implementations.
    - f. Others

Regarding what has been mentioned above in addition to other points and issues that should be considered in the final conclusions and discussions to reach the best solutions to provide medical services to the people in need. There are several reasons and ways that people in charge of the health sector should be creative, especially in large cities, regarding:

1. Limited available spaces in urban areas to build up new healthcare facilities.
2. Roads and streets capacity and capability to handle emergency vehicles, particularly in traffic jams.



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### 3. Health facilities locations and the service providing capabilities.

Therefore, we have to think of how to reach people who need health assistance services instead of waiting them to come over to a facility, when this could be too late.

#### **Conclusion and Recommendation:**

My suggestion, which I mentioned years ago on one of the health sector's officials Facebook page, saying in a comment about "Al Nasiriyah Hospital" (which was then widely and repeatedly mentioned in the media as 400 - bed hospital), saying that having many hospitals is not a good indicator illustrating the health sector status because:

1. Hospitals with higher no. of beds indicate that there is a need for patients to spend longer time there.
2. This may indicate that the health system is weak and incapable to cure out a persistent disease despite its type.
3. This can indicate low-level capabilities, qualifications and experiences of medical staff, starting with doctors to nursing staff, technical laboratory and maintenance staff.
4. May indicate a polluted environment that is causing health problems to the people where they have to spend long time to cure out.
5. Others

Therefore, I suggest in this regard that Iraq should adopt innovative approaches instead of the traditional ones that require establishing health facilities like hospitals and health centers to cope up the increasing burden and cope with aspects:

1. Creating small health service points to provide first aid, especially for elderly people who have:
  - a. Cardio-vesicular and diabetic problems.
  - b. Some types of injuries
  - c. Bone fractures
  - d. Difficult pregnancy and birth cases



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- e. Other life crucial matters
2. Opening self-employed venture for medical services, including licensed companies and personnel by the ministry of health in cooperation with one or more of Medicine colleges in Iraq and other related institutions, as:
  - a. Existing homes can be licensed points to provide such services and pinned on maps.
  - b. Companies should have up - to - date licenses and responsible of their qualified employees in terms of health services providing.
  - c. The personnel should be assessed from time to time (an assessment system should be created) in order to keep firm capable for the mission.
3. It is the time that Iraq should follow other leading countries providing what it named "Motorcycle EMS" <sup>(6)</sup>.
  - a. Countries using this type of supporting service are :
    - i. There was a life guard service on beach in California 1915
    - ii. New south wales -Australia 1993, in Victoria 2012
    - iii. Brazil using it since 2000
    - iv. Germany using it since 1983
    - v. Ghana since 2020
    - vi. Hong Kong since 1982
    - vii. India, Japan, Kenya 2015, Malawi, Poland Portugal since 2014, Serbia 2011, South Africa, Southern Sudan 2009, Tanzania, Uganda, UK, USA 1994, and Zambia.
  - b. I witnessed the services on the roads during my visit to Singapore <sup>(7)</sup> in 2016 and 2017.
  - c. This service can be operated through:
    - i. Motorcycle licensed personnel in terms of using the motorcycle to reach the aid calling point ASAP.
    - ii. Personnel should be high-qualified and licensed with health care background and experience.



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- iii. The main advantage of this way is to avoid traffic jams and save lives in place instead of transferring cases to hospital or similar. <sup>(8)</sup>
- iv. Offering the most important point in such case that is the time ticking to save lives and increased chances for survival. <sup>(9)</sup>

Health sector officials and parliamentarians must introduce, regulate and achieve this type of service ASAP because it can be done in a short time as there are available factors in this respect and we can cross over some other present real-time problems like:

1. Partially solving the unemployment problem of Iraqi youth
  - a. Working personnel can charge patients or the government for their services
  - b. Companies of this type of service can create a subscription hub for interested people of their services in advance:
    - i. It is an optional aspect, but it relies on the company's reputation.
    - ii. It will help patients to be on the priority list in a case call
    - iii. Companies will employ different type of people in order to support their operation.
    - iv. They can expand later by franchising to cover other areas
2. Avoiding long time traffic jams, especially large cities, to save lives
3. Creating new supportive economic cycle in Iraq society and help transferring to the open market economy.
4. Creating new method to save people lives
5. Creating save lives combined network supervised by specialists on ground and electronically.
6. Others

This article can be a base for more specific researches in order to achieve the aforementioned objectives. However, I didn't talk about a linked





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service to the “Motorcycled EMS” here to avoid verbosity; however, it is important to mention that “Helicopters” is a linked services to this article, but it is more costly and requires a bigger and wider infrastructure.

### **Implications:**

Using motorcycles in such respect can be useful as well if it will be well-organized and implemented by the Ministry of Interior where such motorcycles patrols can increase the level of security among people as they will send comfortable signals to all those watching them on the streets. Those patrols are not only a traffic police patrols but also the usual police members as many countries are using this type of security and law implementations like: USA, UK, Japan, Netherlands, Norway, Uzbekistan, Vietnam, Slovenia, Poland and others.

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<https://www.macrotrends.net/countries/IRQ/iraq/healthcare-spending>
- 4) [Global Policy Forum, sanctions against Iraq](#)
- 5) [Infographic map, World Bank, physicians per 1000 people](#)
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- 8) Apiratwarakul, K.; Suzuki, T.; Çelebi, İ.; Tiamkao, S.; Bhudhisawasdi, V.; Pearkao, C.; Ienghong, K. “Motorcycle Ambulance” the Policy to Promote Health and Sustainable Development in Large Cities. Preprints.org 2021, 2021070455.  
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