

Iraq



Health systems

Economic classification: **Upper Middle Income**

Health systems summary

Recent political and economic struggles have left the Iraqi health system – that was among the most desirable in the region in the 70s and 80s - weakened by lack of financing, poor infrastructure and insufficient human resources. Primary care services are typically provided in public health care centres (PHCCs) and ‘health units’ that are distributed around the country. Patients can then be referred from PHCCs to hospitals for secondary and tertiary care. The government-run public health care system has historically been free at point of service or at very low cost. Private health care, on the other hand, is primarily paid for out of pocket.

Health financing in Iraq has, however, drastically changed over the last 50 years due to its major economic and political challenges. There has been a notable shift from a welfare state model to one that includes more user charges. In 2016, out of pocket expenditure was estimated to be 78.5% of total health expenditure, a percentage that has dramatically increased over the years.

Indicators

Where is the country’s government in the journey towards defining ‘Obesity as a disease’?	No
Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?	No
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Yes
In practice, how is obesity treatment largely funded?	Out of pocket

Perceived barriers to treatment

Lack of political will,
interest and action

Lack of financial
investment and
funding for coverage

Poor health literacy
and behaviour

Cultural norms and
traditions

Stigma

Summary of stakeholder feedback

Stakeholders reported that neither the government nor health providers recognise obesity as a disease. Obesity is not considered to be a priority given the wider challenges and so there is little to no investment into it, despite the government conducting surveys to assess disease prevalence.

In the public system, obesity medication is unavailable, bariatric surgery is not covered and there are no government centres or clinics dedicated to its management. As a result, there is no typical clinical pathway for people living with obesity and obesity treatment is usually provided for in private clinics where patients must pay out of pocket. It was said that most only receive treatment when they developed complications.

There is no specialist obesity training available in Iraq and thus a lack of suitably qualified obesity treatment professionals in urban and rural areas. It was estimated that there are between 20-30 bariatric surgeons across the country.

Stakeholders reported there to be no treatment recommendations or guidelines for adults or children. Instead, it was said that bariatric surgeons in Iraq follow the American Society for Metabolic & Bariatric Surgery guidelines. It is noted, however, that there are 2015 guidelines for the treatment and management of obesity in primary care that are clearly not circulated among obesity professionals.

Based on interviews/survey returns from 5 stakeholders

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