



# **International Congress on Reform and Development of the Health Care System in Kurdistan Region – Iraq**

**Hawler, 2 – 4 February 2011**

**Dr H Khoshnaw & Dr R Amin**

# Content

- **An overview on the congress** (*H Khoshnaw*)
- **End of congress recommendations/actions**  
(*R Amin*)



- **400 delegates**
- **110 from outside Kurdistan (Bahrain, Denmark, Egypt, Jordan, Sweden, UK, Northern Ireland and USA)**
- **50 representing Iraqi Health Ministry**





## **Domains (Pivot Areas):**

- **Health Economics**
- **Health Policy and Management**
- **Accreditation of Health Facilities**
- **Public – Private Partnership**
- **Health Referral System**
- **Pharmaceutical Management**

- **3 – 4 sessions/day**
- **A number of brief presentations in each session.**
- **Panel discussion**





- **Group discussions (each pivot)**
- **Recommendations**





## UK Participants

- **Dr Rizgar Amin**
- **Dr Kader Hassan**
- **Dr Firiad Hawezi**
- **Dr Hero Khoshnaw**
- **Dr Ranj Shawis**
- **Dr Teshk Shawis**
- **Delegation from University of Sheffield**
- **University of Essex**





## **Presentations from the UK:**

- **Job Planning – Medical Staff; How do we do it in the UK (Dr Kadar Hassan).**
- **Medical Registration and Licensing Body is a pre requisite for good medical practice (Dr Rang Shawis)**
- **What can the Kurdish Medical Profession in Diaspora do for the health system in Kurdistan?**



## **Final day:**

- **Recommendations for each domain**
- **Press conference**



# Evaluation of the congress: Organisation



- **Duration and number of the sessions**
  - No parallel sessions/ long days!
  - Too many speakers for each sessions.
- **Communication**
  - Communication with delegates was done in an efficient and professional manner.

# Evaluation of the congress: Content (cont.)



- **Emphasis on moving towards a patient centred health care system.**
- **Primary Care and its expansion.**
- **Exploring alternatives to patients paying out of pocket money (e.g., Health Insurance Schemes ).**

# Evaluation of the congress: Content (cont.)



- **Linking potential reforms in the Health Service to changes in training and regulations for doctors.**
- **Safety and quality of drugs in Kurdistan.**

# Evaluation of the congress: Overall



- **Comprehensive and successful in bringing together a large number of distinguished experts from abroad in addition to the local authorities and medical personnel.**

# Recommendations of the Congress



## General recommendations

1. Review the MoH strategy
2. More equity and justice in provision of health and rights & responsibilities
3. Involvement of the community in the reform process ? Financial contribution
4. Establishment of Higher Committee for Health in Kurdistan
5. Review of the laws and guidelines regarding health provision
6. A system for separating public from private sector
7. Reliance on existing human resources and demarcation of responsibilities
8. More control over the borders (to control import of medicines)
9. More emphasis on prevention
10. A decentralization approach
11. Formation of a special committee to follow up the recommendations
12. Support from the three presidencies
13. Coordination with the MoH in Bagdad in implementing changes across Iraq

# Health Economics



1. Increase in the budget of the MoH (to 10-15%) (tax on cig & alcoh )
2. Involvement of the public in contributing financially
3. Consideration for new legislation for funding health
4. Establishment of private insurance companies/systems
5. Private wards in general hospitals
6. Research into possible ways of changing the health economics in the region
7. Establishment of national health account
8. Encouragement of national and international private sector in establishing private health systems
9. Household surveys to determine the health needs of the population
10. Establishment of social health insurance and private health insurance

# Health policy and Management



1. Establishment of primary health inspector
2. Encouragement and establishment of CME and CPD
3. Increase in the number of GPs and public health doctors
4. Establishment of mobile clinics in rural areas
5. Improvement in standards, status and responsibilities of nurses and health workers
6. Establishment of quality assurance system for evaluation of health personnel
7. Collaboration with other ministries to reduce sudden causes of death (before getting to & inside hospitals)
8. Pharmacovigilance
9. Establishment of health information technology
10. MoH to propose legislation to regulate the function of the MoH, doctors and nurses



# Health Regulations

1. Organization of public sector: licensing, contracting, full time work
2. Organization of private sector
3. Organization of medicine sector/pharmaceutical companies
  - Direct relationship with pharmaceutical company
  - Establishment of import department
  - Establishment of a medicines directorate in the ministry
  - Improvement of quality control of medicines lab

# Health Services Delivery



1. Research into the causes of high referral of patients from peripheral health centers
2. Standardized referral form and procedure
3. Improvement of laboratory/ investigation services
4. Emphasis on family medicine (primary care) system
5. Involvement of the primary care physicians in CME
6. Strengthening relationship between specialists and general physicians
7. In private sector
  - Working hours to be 24 with provision of emergency services
  - Provision of medical services should be of high standard
  - The medical and other health professionals should be working for private sector only
8. Health services should be more primary care and patient centered
9. Improvements in the prevention and health education programmes



- **All presentations are available on:**

**<http://www.duhokhealth.org/en/node/2031>**

***(Dr Abdullah Saeed)***