



Baghdad 10 March 2019 – In recent years, the Ministry of Health of Iraq has been facing challenges in procuring and making available medicines and medical supplies available in a timely manner to meet the country’s needs. This situation has resulted from a combination of factors, including the protracted crises that the country has undergone including the most recent armed conflict and attacks by armed groups, which led to unprecedented displacement in areas of Ninewa, Anbar, Salah Al-Din and Kirkuk.

The situation has been further aggravated by the sharp drop in oil prices and subsequent severe cuts in the budget allocation for Kimadia, the state company for drugs and medical appliances in Iraq responsible for the acquisition of medicines and medical supplies for the public sector. Other factors blamed for the shortages of essential medicines in the country are linked to the procedures and practices applied by Kimadia for the procurement of medicines and medical supplies which are assessed by many potential suppliers as too complex and time consuming.

In order to find durable solutions to the limited availability of essential medicines and medical supplies, the Ministry of Health, with the support of WHO, organized a 2-day workshop in Baghdad on 25–26 February 2019 to review the current procurement practices used by the Ministry/Kimadia, address identified procurement bottlenecks and share experiences and lessons learnt from other countries. The workshop was facilitated by WHO specialists from the three levels of the Organization (country, regional and Headquarter offices) in different areas of medicine policies and medical supply chain. Participants included 31 Iraqi professionals involved in the procurement chain, representing the Ministries of Health, Finance, and Planning.

The workshop was closed by His Excellency, Dr Alaa Alwan, Minister of Health of Iraq, who provided guidance on issues related to direct invitations to bid, registration of medicines and suppliers, information management and computerization of procurement processes; quantification mechanisms and ways forward to address other identified gaps. Dr Alwan said:

“Quantification depends on programmes in question. Taking the tuberculosis programme as an example, when there is evidence-based knowledge on the number of patients, the issue of quantification would be very easy to solve. There should be an evaluation of terms of contracts used by Kimadia to make them attractive to potential suppliers and manufacturers.” Dr Alwan urged Kimadia to address identified challenges and adopt innovative implementable solutions with an ambition of creating a working environment that can help overcome identified obstacles.

Dr Adham Ismail, acting WHO Representative in Iraq, stressed the importance of having an efficient medical supply chain system which is an integral part of the health system. He stated that, “The pharmaceutical sector is a top priority and every effort must be made to prevent the introduction of low-quality medicines to the market and to streamline the process of registering medicines and companies”. He added that there should be an appropriate financial mechanism that can foster sustained approaches for ensuring availability of medicines to treat high burden diseases, particularly non-communicable diseases, such as cancer, whose incidence is rising in recent years.

The workshop was concluded by developing a plan of action on how identified procurement bottlenecks can be addressed based on recommendations made during the 2-day sessions.

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