## Iraq





#### System/structure

### Governance

A comprehensive national health sector policy, strategy or plan with goals and targets that includes all three components of a PHC approach exists and has been updated



Adoption of a Health-in-All-Policies approach and existing mechanism for multisectoral governmental coordination

Inclusion of indicators on relevant social, economic, environmental and commercial determinants of health in national health policies, strategies and plans



### **Finance**



PHC expenditure per capita in US\$

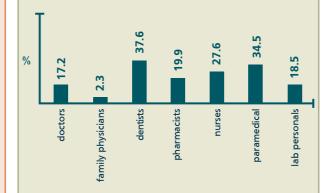


Percentage of domestic general government health expenditure on PHC from total GGHE-D.

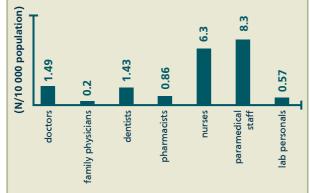
#### Inputs

### Health workforce

Percentage of health workforce in PHC care by occupation (ASR, 2019)



Density of PHC by occupation (N/10,000 population) (ASR, 2019)



### Health information systems

Presence and use of unique patient identifiers (MOH)

Use of patient health records follow a patient through their encounter with the health care system



### Infrastructure



Percentage of population that have to travel more than 5 km or 1 hour to arrive at PHC facility

#### **Processes**

### Model of care

Percentage of patients who are registered at PHC facilities





Percentage of cases referred to secondary care

Gatekeeper role for general practitioners/family physicians (primary care department/MOH)



Formal process exists for referrals (primary care department/MOH)



## **Quality processes**

### Percentage of facilities that



monitor patient experience<sup>1</sup> (Health Facility Survey, 2017)

### **Empowerment** and engagement

Community/patient participation in facility management meetings

#### Outcomes

## **Effective coverage** and quality of care

Percentage of hospital admissions for ambulatory care sensitive conditions<sup>2</sup> (ASR, 2019)

per 100 000



Average availability of 5 tracer reproductive, maternal, newborn and child health (RMNCH) services (MOH, 2018)

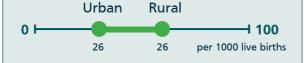
### **Empowerment** and engagement

Percentage of population who believe decision-making is inclusive [SDG 16.7.2]

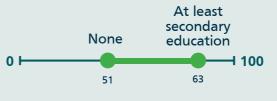


### ប៉ុំដំ Equity

Under-5 mortality by residence (MICS6, 2018)



Percentage coverage of RMNCH services by mother's education (MICS6, 2018)



#### **Impact**

# **Financial protection**



Percentage of population with impoverishing health Expenditure

### Mortality

Maternal mortality ratio [3.1.1] (ASR, 2019)

per 100 000

Premature noncommunicable diseases (NCD) mortality [3.4.1]

21.3% (regional core indicators

### **Country context**

GDP per capita (PPP current international \$)

\$ 11 332.1

(World bank data, 2019)

Population living in poverty (Under \$1.90 int'l dollars/day)

(World bank data, 2012)

Life expectancy at birth

**71.4** Years

#### REFERENCE KEY



Yellow fill indicates a Vital Signs Profile indicator







Not available or not reported

Not available or not reported

#### INTEGRATED SERVICES/PRIMARY HEALTH CARE

#### System/structure

#### **Governance**

Presence of UHC legislation inclusive of PHC Equity mainstreamed in health policy

Existence of regulatory authorities for (health workforce, facilities, essential medicines and products) for both public and private sectors

Presence of quality improvement and assurance processes in the national health plan



#### Finance \

Government health spending as percentage of GDP PHC expenditure as percentage of current health expenditure

Domestic general government expenditure on PHC as percentage of PHC spending

Other sources of PHC expenditure (out of pocket, donor, etc.) as percentage of total PHC expenditure

#### Inputs

#### Health workforce >

Percentage of primary care workforce specialized in family practice (by doctors)

Proportion of health workforce in PHC who have received minimum continuous professional education according to national requirements in the last year Vacancy rate in PHC for family physicians

#### **Health information systems**

Percentage of births registered 98.8% Percentage of deaths registered 94.1% Explicit adoption of a set of PHC indicators for monitoring and evaluation Inclusion of section on PHC performance in annual health sector reporting Percentage of public sector PHC that reports performance 57.1% Presence of a comprehensive individual patient record 6% Presence of a comprehensive family record 6% Is there a functioning electronic health information system (eHIS) in the country?<sup>3</sup> 46% Percentage of PHC facilities using an eHIS

#### Infrastructure >

Percentage of PHC facilities with adequate WASH N/A Percentage of PHC facilities with rooms with auditory and N/A visual privacy for patient consultations Percentage of PHC facilities with communication N/A equipment

Percentage of PHC facilities with access to computer with
email/internet access

Percentage of PHC facilities with standard precautions for infection prevention

Percentage of PHC facilities with all infection control items



N/A

N/A

#### Medicines **¬**

Percentage of PHC facilities with correlated package of

Proportion of facilities in which essential medicines are available (no stock outs in X time frame)

### N/A

N/A

#### Supplies **\**

2%

N/A

N/A

13.7%

N/A

**57.8**%

Percentage of PHC facilities with standard priority diagnostics and equipment available

N/A

1.6%

48%

#### **Processes**

#### Model of care

Annual outpatient department utilization rates per capita Percentage of PHC facilities that can provide mental health services

Number of consultations per health worker (physician, nurse, etc.) per day<sup>4</sup>

> 0.6% 16.5% Physicians Nurses dentists

#### Management/quality improvement

Evidence-based national guidelines/protocols/standards exist for the management of all priority causes of morbidity and mortality Professionalized management at PHC level

Proportion of facilities with up-to-date performance reports in the last 6 months to 1 year

Percentage of PHC facilities with systems to support quality improvement<sup>5</sup>

**57**%

**50**%

#### **Outcomes**

#### Effective coverage/quality of care

Percentage of adverse events reported (immunization/ medication)

Percentage of PHC prescriptions that include antibiotics in out patient clinics

Percentage of PHC prescriptions that include injectable medicines

N/A

N/A

N/A

Percentage of registered hypertension patients with blood N/A pressure <90/140 at last 2 follow up visits Percentage of registered diabetic patients with fasting N/A blood sugar controlled at last 2 follow up visits/A1C <7% Percentage of registered NCD patients with 10 years 5.6% cardiovascular risk recorded in the previous year Percentage of women who delivered and received at least **52**% once postnatal care visit within the first 40 days<sup>6</sup> Percentage of substance users, including tobacco users, in N/A receipt of brief intervention Percentage of children under 5 that had weight and height N/A measured in the previous year Children under 5 who are stunted, wasted, overweight, obese 9.9% 2.5% 6.6% Wasted Stunted Overweight Children under 5 with diarrhoea receiving ORS 7 81% Exclusive breastfeeding 0-5months (%) 39% Cervical cancer screening rates **7** 82% Measles-containing-vaccine second-dose immunization N/A

#### Equity **T**

**DPT3** immunization coverage Perceived access barriers due to treatment costs Perceived access barriers due to distance Percentage of households with adequate WASH: [6.2.1/6.1.1] N/A Percentage of households cooking with clean fuel [7.1.2] Percentage of children under 5 years of age who are developmentally on track [4.2.1] Malaria incidence [3.3.3] Physical inactivity in adults Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months [16.1.3] Use of insecticide-treated bed nets for malaria prevention

Diphtheria-tetanus-pertussis (DTP3) immunization coverage 84% Average availability of services for 3 tracer communicable 66.6% diseases (STI, TB, HIV) Average availability of diagnosis and management of **50.9%** 3 tracer NCDs (diabetes, chronic respiratory disease, cardiovascular disease) Care seeking for suspected child pneumonia **44**%

> 7 99% 7 N/A

84%

N/A

N/A

N/A **52**%

7 N/A

#### **Impact**

#### **Health status**

Adult mortality rate 15–60 years	<b>1.9</b> per <b>1000</b>
Adolescent mortality rate	53.8 per 100 000
Under-5 mortality rate	24 per 1000 live births
Infant mortality rate	20 per 1000 live births
Neonatal mortality rate	714 per 1000 live births
Total fertility rate	3.9 children per woman
Met need for family planning [3.7.1]	<b>54</b> %
DPT3 dropout rate	<b>&gt; 9</b> %
TB treatment success	<b>&gt; 93</b> %
Antenatal care quality score based on WHO guidelines	N/A
Antenatal care coverage (4+ visits)	<b>7.39</b> %
Family planning quality score based on WHO guidelines	7 N/A
Demand for family planning satisfied with mod methods	ern <b>54</b> %
Sick child quality score based on IMCI guidelines	N/A
People living with HIV receiving anti-retroviral treatment	<b>744</b> %
Prevalence of raised blood pressure (age-standardized estimate)	<b>25.2</b> %

#### Mortality by cause **▼**

Household and ambient air pollution [3.9.1]	<b>35</b> per <b>10 000</b>
Road traffic injuries [3.6.1]	<b>7</b> 12.8 per 10 000
Homicide [16.1.1]	5.48
Suicide rate [3.4.2]	7 1 per 100 000
Causes of death	
<b>55</b> % <b>17</b> %	28%
NCDs Communicable, mo	ritional

#### **Efficiency**

Proportion of caregivers who were given sick child diagnosis	7 N/A
Proportion of family planning, antenatal care, and sick child visits over 10 minutes	N/A
Provider absence rate	7 N/A
Adherence to clinical guidelines	N/A
Diagnostic accuracy	7
Adequate waste disposal	7 N/A

#### Risk factor/chronic disease prevalence

Obesity prevalence		30.4%
Diabetes mellitus prevalence		17.4%
Hypertension prevalence		25.2%
Tobacco use [3.A.1] <sup>7</sup>	7	20.7%

#### **Resilience**

International Health Regulations core capacity index/joint external evaluation	82 47
Disaster-related death rate [1.5.1]	4.9 per 100,000

#### **Alternative indicators**

Alternative indicators are national indicators which are not exactly the same as a PHCMI indicator but provide similar data. In the case that an alternative indicator is provided and accepted, it will be displayed here.

#### Notes

- A sample of 296 PHCC in non central districts.
- <sup>2</sup> There is no age limit.
- <sup>3</sup> Demographic data and vaccination data only.
- No dissagreagted values for both nurses are paramedicals are almost the same within the Iraqi PHC system.
- A sample of 296 PHCC in non central districts.
- Within the first 6 weeks instead of 40 days.
- 7 Data for +18.

The data presented here are either reported by countries, come from United Nations estimates, or are directly collected from publicly available sources such as demographic and household survey reports.

Jointly developed by: Department of UHC/Health Systems and Department of Science, Information and Dissemination



Countries around the world agreed to the Declaration of Astana in 2018, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage.

The Declaration of Astana reaffirms
the historic 1978 Declaration of Alma-Ata,
the first time world leaders committed to
primary health care.

Thus, a well-organized and prepared health system has the capacity to maintain equitable access to high-quality essential health services throughout an emergency, limiting direct mortality and avoiding indirect mortality.

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All data are country reported unless otherwise indicated