

Iraq: Obesity Health System



Economic classification



Upper Middle Income¹

Health system 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.²

Does Iraq's government define 'Obesity as a disease'?



Does Iraq's healthcare provider(s) define 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



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Obesity prevalence

42.6%	25.6%
Women	Men
4.1%	8.8%
Girls	Boys

Overweight prevalence

30.6%	33.1%
Women	Men
19.4%	18.5%
Girls	Boys

Key prevention policies

⇒ Nothing of note.

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*

Perceived barriers to treatment



Lack of political will, interest and action



Lack of financial investment and funding for coverage



Cultural norms and traditions



Poor health literacy & behavior



Stigma

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.19)
2. <https://apps.who.int/iris/bitstream/handle/10665/331953/WHOEMHST245E-eng.pdf> (last accessed 26.05.20)

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