



الله أكبر



Iraq

Obesity Health System Country Report Card

Economic Classification

Upper middle income¹

Iraq has suffered economic strains in recent years after decades of war, political instability and international sanctions. However, the economy is showing signs of improvement.

Health System Summary

Iraq used to have one of the most desirable health systems in the region. However, recent political and economic struggles has left the health system struggling for financing, infrastructure and workforce. Primary care services are typically provided by public health care centres (PHCCs) and public hospitals that tend to be located in urban areas². Patients can then be referred from PHCCs to hospitals for secondary and tertiary care. The government-run public health care system is either free at point of service or charges a low fee. Private health care, paid for out of pocket, is unaffordable for the majority of the population. In 2011, out of pocket expenditure was estimated to be 19.3% of total health expenditure³.

Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?	●
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'?	●
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care.	●
(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Not known)	
At what level of obesity are people usually eligible to access healthcare?	●
(●: BMI ≥30, ●: ≥ 35, ●: ≥35 + co-morbidities or ≥ 40 kg/m ² , ●: not defined or not known)	
Is there a system for training health professionals to recognise, treat and manage obesity?	●
(●: Yes, ●: Partial, ●: No, ●: Not known)	

¹ World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (last accessed 09.11.2018)

² <https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-8-16> (last accessed 15.11.2018)

³ http://applications.emro.who.int/docs/Country_profile_2013_EN_15388.pdf (last accessed 15.11.2018)

Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●

Findings from stakeholders⁴

Overview of stakeholder feedback

The stakeholders explained that the neither the government nor health providers recognise obesity as a disease. Obesity is not considered to be a priority and so there is no investment into it and no government centres for its management. This has left obesity treatment to be provided for in private clinics, where patients have to pay out of pocket. The stakeholders felt that people generally tended to enter the system through private clinics when they had a BMI >30 kg/m² or when they developed complications.

There was said to be no specialist obesity training available. Relatedly, the stakeholders felt that there was a lack of suitably qualified obesity treatment professionals in both urban and rural areas. It was estimated that there was between 20-30 bariatric surgeons in Iraq. There was said to be no treatment recommendations or guidelines for adults or children. Instead, it was reported that bariatric surgeons in Iraq follow the *American Society for Metabolic & Bariatric Surgery* guidelines.

Overall, it was felt that obesity was just not on the agenda in Iraq. However, if funding was made available, it was felt that progress could be made in the next 5 years (perhaps with a few centres dedicated to obesity management). There is said to be no use of technology in obesity management.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in Iraq⁵:

1. Financial barriers
2. An absence of policies and government-led programmes

⁴ Note that this section is based on interviews and/or survey returns from 2 stakeholders.

⁵ In no particular order

3. Lack of obesity clinics available
4. Limited education and awareness of obesity
5. Lack of regulations and legislations concerning the fast food industry
6. Cultural barriers
7. Inadequate numbers of appropriately trained healthcare providers