

Family medicine and primary health care in Iraq

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Primary Health Care (PHC) in Iraq is based on the principle of "Health for All," which emphasizes equitable access to essential health services at a cost people can afford. Iraq formally adopted PHC as a national strategy following the Alma-Ata Declaration in 1978, after which a wide network of health institutions was established to meet population needs (1).

In earlier decades, PHC services were mainly delivered by general practitioners with basic medical qualifications (1). PHC centers provide maternal and child health care, school health services, adult health care, immunization, infectious disease control, management of common health problems, public health education, screening for specific diseases, and selected clinical interventions (1,2).

Family medicine, as a medical specialty, delivers continuous, comprehensive health care to all individuals regardless of age or sex, with particular emphasis on the family unit. In Iraq, family medicine operates as a core component of primary care (3). The specialty was officially introduced in Iraq in 1995 through the Iraqi Board of Medical Specializations, followed by the establishment of the Arab Board specialization in 2008 (3).

Most postgraduate family physicians now serve in Primary Health Care Centers (PHCCs), while others contribute to administrative and academic sectors. With the introduction of family medicine practice in many PHCCs, improvements such as computerized medical records and referral systems were implemented, although full system requirements for efficient family medicine practice have not yet been achieved (4).

The Aged-Friendly PHC Project was introduced to improve services for older adults. Health workers in these centers receive training to conduct home visits for elderly care and follow-up (5). During the COVID-19 pandemic, several areas in Baghdad adopted home-based follow-up and telemedicine delivered by family physicians, which significantly increased public awareness of the importance of family medicine and its role in supporting individuals and families throughout diverse health challenges (6).

Family medicine also exists academically within undergraduate curricula, typically integrated into community and family medicine departments, though independent family medicine departments have not yet been established (7). Subspecialty components—including mental health, geriatrics, cancer screening, nutrition and aviation medicine—are validated training areas for family doctors. After completing two years of structured training, graduates serve in hospitals or family medicine centers (3).

The Iraqi Family Physicians Society, founded in 2012, collaborates with other medical organizations nationally and internationally through conferences, workshops, and scientific meetings (8). In 2018, Iraq hosted the WONCA East Mediterranean Regional Conference in Baghdad, with participation from Iraqi and international family physicians (8).

In 2024, the Professional Diploma of Family Medicine was launched by the Arab Board of Health Specializations in collaboration with WHO and WONCA EMR to enhance the clinical skills and competencies of practicing physicians (9). The Society of Iraqi Family Physicians currently has 2,300 registered members, including consultants, specialists, and general practitioners. According to the World Health Organization, Iraq requires 10,000 family physicians in the next ten years to meet public health and health insurance demands (9).

Nationally, Iraq has approximately 3,600 PHC centers, corresponding to 0.7 centers per 10,000 population, which remains below the international standard of 2–3 centers per 10,000 population (1). Although family medicine practice does not yet fully cover all aspects of primary care—such as continuity, comprehensiveness, person-centeredness, high quality, and cost-effectiveness—it is still considered essential to any modernization of the Iraqi health system (10).

A major challenge for the Ministry of Health is the full integration of family medicine into all PHC centers, supported by a structured referral system linking primary, secondary, and tertiary care levels and reinforcing the role of the family physician as a gatekeeper (4,10). Additional challenges include increasing the number of family medicine specialists by expanding postgraduate training

capacity and offering incentives to encourage physicians to enter the field (9). Establishing independent family medicine departments in medical colleges and updating curricula are essential steps toward producing graduates with a strong orientation toward family medicine practice (7).

Public education about family medicine and the role of family physicians is also recommended through mass media campaigns and PHC-based health promotion activities (10).

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