



The Right to Health: An Assessment of Health Sector Governance in the Kurdistan Region – A Case Study of the Garmian Area

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الحق في الصحة: تقييم حوكمة القطاع الصحي في إقليم كردستان - دراسة حالة منطقة كرميان

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مدرس زائر في كلية الحقوق – كليات الشرق العربي ، المملكة العربية السعودية

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Abstract

The right to health is one of the fundamental human rights. The Iraqi constitution recognized clearly the right to health and emphasized on the commitment of the government to safeguard it by providing high standard healthcare services to everyone. Nowadays poor public healthcare services leading to the violation of the right to health in our society. Despite legal recognition still Kurdistan region government not take care about the quality of healthcare services and governing system require reforms to meet health needs. The objective of the study is to examine the role of the government to protect the right to health and analyzing existing legal framework for health sector governance to identify legal gaps, and other health related challenges, especially in public hospitals in Garmian area. The study combined qualitative and quantitative methods, doctrinal approach used to get qualitative data through library-based sources including books, journal articles, reports etc. Furthermore, quantitative data also collected by distributing list of questions through emailing to the special respondents which include

492 lecturers from the Garmian University to evaluate the situation of the healthcare services in Garmian area as a case study. The results of the study indicates that, the right to health not preserved well in particularly in the study area, lack of essential healthcare services is problematic issue for the patients such as insufficient number of doctors, modern devices, building, medicine etc. Therefore, the study recommends to take stepping stone towards the development of the health right protection for everyone, by enhancing healthcare services including sufficient access to medicine, professional doctors consulting, and modern healthcare infrastructure etc.

Keywords: Right to health, Healthcare, Health sector governing, Garmian area, Kurdistan region, Iraq

ملخص

يُعد الحق في الصحة أحد حقوق الإنسان الأساسية، وقد أقرّ الدستور العراقي هذا الحق بوضوح، وأكد على التزام الحكومة بحمايته من خلال توفير خدمات رعاية صحية عالية الجودة للجميع، كما ان القوانين العراقية اكد على حماية هذا الحق ووجب على الحكومة توفيرها للمواطنين وأوضح أن ضعف في هذه خدمات الرعاية الصحية العامة إلى انتهاك الحق في الصحة في مجتمعنا، ورغم الاعتراف القانوني بهذا الحق، لا تزال حكومة إقليم كردستان لا تهتم بجودة خدمات الرعاية الصحية، ويتطلب نظام الحكم إصلاحات لتلبية الاحتياجات الصحية و تهدف هذه الدراسة إلى دراسة دور الحكومة في حماية الحق في الصحة، وتحليل الإطار القانوني الحالي لحكومة قطاع الصحة لتحديد الثغرات القانونية والتحديات الأخرى المتعلقة بالصحة، وخاصة في المستشفيات العامة في منطقة كرميان.

وجمعت الدراسة بين المنهجين النوعي والكمي، والمنهج النظري، للحصول على بيانات نوعية من مصادر مكتبية، بما في ذلك الكتب والمقالات والتقارير وغيرها، كما جُمعت بيانات كمية من خلال توزيع قائمة أسئلة عبر البريد الإلكتروني على المستجيبين الخاصين، ومن بينهم ٤٩٢ استاذًا من جامعة كرميان، لتقييم وضع خدمات الرعاية الصحية في منطقة كرميان كدراسة حالة، و تشير نتائج الدراسة إلى أن الحق في الصحة لم يتوفر ويصان بشكل جيد، لا سيما في منطقة الدراسة، إذ يُمثل نقص خدمات الرعاية الصحية الأساسية مشكلةً للمرضى، مثل نقص عدد الأطباء المتخصصين والأجهزة الحديثة والمباني والأدوية والمختبرات ونقص التمويل ونقص الكوادر الطبية... الخ، لذلك، مما يؤثر سلبيًا على جودة الخدمات المقدمة للمواطنين ويجعلهم غير قادرين على الحصول على الرعاية الصحية اللازمة، لذلك توصي الدراسة باتخاذ خطواتٍ نحو تطوير وحماية هذا الحق للجميع، من خلال تحسين خدمات الرعاية الصحية، بما في ذلك توفير الادوية الكافية و إمكانية الحصول إليها، وتوفير العدد الكافي من الأطباء المتخصصين والكوادر الصحية، والبنية التحتية الحديثة لتوفير للرعاية الصحية.

الكلمات المفتاحية: الحق في الصحة، الرعاية الصحية، إدارة قطاع الصحة، منطقة كرميان، إقليم كردستان، العراق

1. Introduction The right to health care is one of the crucial human rights. The right to health is becoming more widely acknowledged as a basic human right that is necessary for both society advancement and personal well-being. Access to healthcare services, the

highest achievable standard of physical and mental health, without discrimination and challenges based on socioeconomic status, and the fundamental prerequisites for good health, like suitable housing, are all incorporated into this right.¹

The promotion and defense of the right to health is substantially supported by healthcare services. These services include successful process for preventing disease, diagnosis, treatment, and individual rehabilitation. They also cover promoting for public health legislation, education, and the encouragement of healthy behaviors. To minimize inequality, healthcare services should be available, reasonably priced, and of excellent quality, and they should be given to people without discrimination or obstacles depending on their socioeconomic background. Basic access to health services is restricted in many countries due to challenges such poverty, a lack of infrastructure, and insufficient funding. It is the duty of governments and international organizations to guarantee that everyone has access to basic health care services.²

Globally, the WHO Constitution and international conventions such as International Covenant on Economic, Social and Cultural Rights clearly emphasized on health as substantial human right, and providing guidance and legal basis health policy at the national level.³ Human rights instruments such as international conventions serve as a safeguard tool for human rights. At least one international human rights convention that guarantees the right to the highest achievable standard of health has been ratified by every WHO member state. Therefore, a state member is legally obligated to uphold and preserve the rights outlined in a treaty after it has ratified it. Countries must have a human rights-based approach to health in order to fulfill their legally obligated human rights obligations.⁴

In addition, one of the sustainable development goals (SDGs), under 2030 agenda for sustainable development goals dedicated to the health right, which is goal number three, which named “Good health and well-being” to ensure the health lives and promote well-being for all at all ages.⁵ However, based on reports, Iraq and Kurdistan region not providing acceptable quality of health services. For instance, according to the new report for healthcare index of 2025 mid-year, Iraq ranked at 95 over 100 countries⁶, which is indicate poor health services in the country. Furthermore, according to the new report

¹ R. S. Kumar, “Strict Implementation of the Right to Health as a Fundamental Right: Ensuring Universal Access and Equity in India,” *Право i Безнека* 93, no. 2 (2024): 151–162, <https://doi.org/10.32631/pb.2024.2.14>; F. Taş, *Health, Right to Health and Healthcare Services* (2024), 1–10, <https://doi.org/10.69860/nobel.9786053358817.1>.

² Taş, *Health, Right to Health*, 4.

³ I. V. Kaduha, “The Right to Health Care in the System of Social Human Rights,” April 19, 2024, <https://doi.org/10.24144/2307-3322.2024.81.3.47>.

⁴ World Health Organization, “Drinking-Water,” September 13, 2023, <https://www.who.int/news-room/fact-sheets/detail/drinking-water>.

⁵ United Nations, “Goal 3: Ensure Healthy Lives and Promote Well-Being for All at All Ages,” United Nations Sustainable Development Goals, accessed July 2025, <https://sdgs.un.org/goals/goal3>.

⁶ Numbeo, “Health Care Index by Country,” accessed June 30, 2025, https://www.numbeo.com/health-care/rankings_by_country.jsp.

(2024), the number of cancer cases has been increased by more than 100% within last decade in the Kurdistan region of Iraq. As the report presented in 2013 from 100,000 one hundred thousand people, only 73 of them have cancer, while latest report on 1 November, 2024, show that, this number growing to 151 cases for each 100, 000 one hundred thousand people in the region.¹ Recently, Director of “Public Health Directorate of Sulaymaniyah” said that, “Our imported foods have high risks of cancer due to violation of law and regulations of health and safety by our traders”².

However, healthcare institutions in Garmian have faced challenges in providing health services to people especially in Garmian villages, based on new report over 435 villages exist in Garmian area, from this, only 59 health centers exist, these centers have encountered with inadequacy of healthcare staffs, limited medicine and services.³ Therefore, the objective of the study is to examine the role of the government to protect the right to health and analyzing existing legal framework for health sector governance to identify legal gaps, and other health related challenges especially in public hospitals in Garmian area. The study combined qualitative and quantitative methods, to collect library-based data and field work-based data to address the healthcare problems in particularly in the study area.

The study divided into five sections, section one which is for the introduction about the topic of the study as a general overview, section two dedicated to introducing the methods and approaches that been adopted to conduct the study, while section three is for the analysis and discussion, this section include some subsections, which are: Legal framework for protecting the right to health ; International conventions on the right to health; Iraqi constitution; Iraqi public health law No.89 of 1981; Health sector governance in the Kurdistan region of Iraq ; Public Facility: Concept, Definition and main principles; The Rights of Patients in the Kurdistan Region of Iraq, and Assessment of the public healthcare services in Garmian Administration Area. Furthermore, the section four is for the indication and discussion of the finding of the questionnaire approach, and the last section is for conclusion of the study.

2. Methods

The study used qualitative and quantitative methods by combining both doctrinal and quantitative approaches, to get qualitative and quantitative data from primary and secondary sources. Doctrinal sources include different sources such as journal article, books, reports etc., furthermore, structured questionnaire also distributed also by emailing questionnaire to 492 lecturers from Garmian university as a pioneer group in Garmian area,

¹ Rudaw, “Statistics of the Ministry of Health: Within 10 Years, the Number of People with Cancer Increased by More than 100%,” *Rudaw*, November 2, 2024, <https://www.rudaw.net/sorani/health/02112024>.

² Rudaw, accessed July 10, 2025, <https://www.rudaw.net/english>.

³ Radio Deng, “Report about Problems of Services in Villages of Garmian,” *Radio Deng*, April 2025, accessed July 11, 2025, <https://radiodeng.net/6881>.

from these 492 lecturers we received 111 responses (The percentage of responses is approximately 22.56% ($111/492 \times 100 = 22.56\%$). These respondents were chosen to answer the research questions regarding the quality of healthcare services in Garmian area. Note Worthing, from the number of the emails (492) that the study shared the questionnaires with them, some (about 20 emails) of them not active or not delivered due to technical issues.

Garmian area, it is an administrative region within the Kurdistan Region of Iraq, The region includes some disputed areas between the Kurdistan Regional Government and the central government, The region includes the districts of Kalar, Kifri, Chamchamal and Khanaqin, These areas are affiliated with the governorates of Sulaymaniyah, Diyala and Kirkuk. Its area is 6,829 km², which constitutes 9.2% of the total area of the Kurdistan Region of Iraq.¹

3. Analyses and discussion

It is crucial to evaluate the legal basis for the protection of the right to health. Therefore, the study attempts to highlight the foundation of the right to health through discussion of the international conventions and national legal framework.

3.1 Legal framework for protecting the right to health

The study looks at the legal basis for preserving the human right to health, therefore, it is necessary to shed lights on international conventions and declarations in this regard, then discuss the national framework beginning from Iraqi constitution and health legislation.

3.1.1 International conventions on the right to health

The right to health has been recognized by international treaties as a fundamental right to every human being. These international conventions such as the “International Covenant of Economic, Social and Cultural Rights(1966)², Elimination of All Forms of Racial Discrimination (1965),³ International Convention on the Elimination of All Forms of Discrimination Against Women (1979)⁴, Convention on the Rights of the Child (1989),⁵ International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families(1990),⁶Convention on the Right of Persons with Disabilities (2006)^{7, 8}.

3.1.2 Iraqi constitution

¹ Ibrahim Qasim Darwish Balani, “Garmian Administration: A Study in Administrative Geography,” *Al-Mustansiriya Journal for Arab and International Studies*, no. 26 (2016).

² Article 12.

³ Article 5-e- iv.

⁴ Articles 11-1, (f), 12 and 14(2)(b).

⁵ Article 24.

⁶ Article 28,43(e) and 45-(c).

⁷ Article 25.

⁸ World Health Organization, “Human Rights,” *World Health Organization*, December 2023,

<https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>.

Following the international protection, at the national level states recognized the right to health in their constitution as human right. Iraqi constitution recognized the right to health and stated that,

*“Every citizen has the right to health care. The State shall maintain public health and provide the means of prevention and treatment by building different types of hospitals and health institutions”*¹

This provision despite the recognition of the right to health, also emphasized on the duty of the government to protect public health, and take steps to prevent disease and treatment through the establishment of hospitals and other health services institutions. Furthermore, the constitution also allowed to build hospitals and health services institutions by individuals and private sectors, as stated that,

*“Individuals and entities have the right to build hospitals, clinics, or private health care centers under the supervision of the State, and this shall be regulated by law.”*²

Although, Iraqi constitution recognized the right to health and obliged the government to provide healthcare services yet, has based on data from World Bank in 2021, the country the highest rate of out-of-pocket expenditure, comparing to its neighborhood countries with 58% of the current health expenditure. For comparison, out-of-pocket expenditure of Iran is 35.83%, Jordan 30.67%, Turkey 17.49%, Saudi Arabia 14.37%, and Kuwait 10.82%.³

3.1.3 Iraqi public health law No.89 of 1981

Based on the first article the right to health recognized as a human right and the duty of the government highlighted to provide it to everyone. As stated, that,

*“Complete health, physically, mentally, and socially, is a right guaranteed by society for every citizen, and the state must provide the necessary requirements for enjoying it in order to enable them to participate in building and developing society.”*⁴

This law also emphasized on the protection of the health right for every citizen from the childhood to elderly people through various ways and mechanisms. Furthermore, the law mentioned to the responsibility of the Ministry of Health (MoH) to manage health sector successfully to provide *health service to the people*. Article 2 stated that,

“The Ministry of Health is responsible for organizing work in the health sector and taking the necessary measures to complete its tasks. It is specifically responsible for: Firstly - Preparing a precise plan and

¹ Iraqi constitution, 2005, Para1, Article 31.

² Ibid, Para 2, Article 31.

³ World Bank, “Out-of-pocket Expenditure (% of Current Health Expenditure),” *World Development Indicators*, World Bank Group, accessed May 12, 2025, <https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS>

⁴ *Iraqi Public Health Law No. 89 of 1981*, article 1.

providing the necessary material and human resources to ensure the provision of comprehensive health services. Secondly - The optimal use of the workforce in the health sector by maintaining the necessary number and the required level to implement the health plan for each institution, and paying attention to training them, updating their information, ensuring their stability in their job positions, and benefiting from the latest scientific and technological achievements.”

In addition, the law encourages the Ministry to coordinate with other relevant institutions to achieve its objectives and provide health services to the people.¹

However, the MoH should perform the health censorship through its institutions to guarantee following the the rules of health, safety and environment in public places. As stated, that,

“Ensuring the availability of health conditions and regulations in public places is a protection for the health and safety of citizens and the environment. It is the duty of the owners of public establishments and those responsible for them to meet these health conditions and regulations. Accordingly, health monitoring is carried out by the Ministry of Health's agencies throughout the nation continuously, day and night, to ensure the implementation of the provisions of this law.”²

In addition to that, the law requires accomplishment of the health license by the project or places before its establishment to guarantee following the health and safety standards and rules. As the article 33 claimed that,

“It is not permissible to establish or open any public place, whether it belongs to the socialist, mixed, or private sector, except after obtaining a health license from the relevant health authority, which is specified in the regulations for public places subject to the provisions of this law.”³

3.1.4 Health sector governance in the Kurdistan region of Iraq

The study looks at the governance of the health sector in the Kurdistan region, to evaluate the quality of health services and identify obstacles. Therefore, the study sheds light on the concept and definition of the public sector, and the main principles for public institution's management. Then analyze the legal commitment of the Ministry of Health (MoH), later on analyze practically gained primary data from the study participants in the study area regarding the daily health issue when visiting public health institution. Thereby, the study will discuss these two points in the following sections.

A. Public Facility: Concept, Definition and main principles

The concept of the public facilities is one of the crucial topics of the administrative law, and considered by some of the scholars as a foundation of this law, and measure for identifying the specialization of administrative judiciary, therefore, since 1873 when the

¹ Ibid, article 3.

² Ibid, article 32.

³ Iraqi Public Health Law No. 89 of 1981, article 33.

issuance of the ruling in the famous case named “Blanco” in France, the public facility concept became as a significant subject under the administrative law.¹

Regarding the definition of the public facilities, the scholars divided into two directions, some of them rely on the formal standards of the public facilities, which is define public facilities as a institute or organization or public interest that works to provide services and essential needs to the people, this definition related to the administration or administrative institution, while some others depending on the objective standards, which is focuses on the activities and services that done by the administration with the objective to provide basic needs and services of the public, under the supervision of the state.² Generally public facilities “Refer to those essential facilities that need to be provided to everyone. Some important examples of essential public facilities include healthcare, sanitation facilities, educational institutions, public transport, and so forth.”³

In addition, there are several principles that is necessary for governing the public facilities. These principles recognized by the scholars and courts as a fundamental in order to provide public services and needs continuously to everyone. These principles are “Principle of the Regular Operation of Public Facilities, The principle of the public facility's ability to change and development, and the principle of equality in benefiting from public facilities”.⁴ In brief, the first principle is means, the public facilities should provide these services continuously not just for one time or day, but the nature of these needs and services require regular access without being delaying or turning of.⁵ Therefore, based on this principle the law and regulations authorize the governments with some power and privileges to protect public rights, for instance, public employees should work every day, not lift their works in any situation without official permission. Thus, any violation by the public employees of their duties, will make them responsible and may face penalties by the government. However, the second principle means that, the public facilities should flexible and changeable based on the needs of society and socioeconomic development of society, to meet the needs of people the government

¹ Zana Raouf HamaKarem and Dana Abdulkareem Saeed, *Public Principles of the Administrative Law*, 2nd ed. (Yadgar Library Publisher, 2020), 150.

² HamaKarem and Saeed, *Public Principles*, 150; Essam Abdel Wahab Al-Barzanji, Ali Muhammad Badir, and Yassin Al-Salami, *Principles and Provisions of Administrative Law* (Baghdad: Al-Sanhouri Library, 2015), 230-234.

³ GeeksforGeeks, “What Are the Public Facilities?” *GeeksforGeeks*, accessed July 2, 2025, <https://www.geeksforgeeks.org/what-are-the-public-facilities/>.

⁴ Maher Saleh Al-Alawi Al-Jubouri, *The Intermediate in Administrative Law* (Mosul: Ibn Al-Atheer Publishing House, 2012), 193; Najib Khalaf Ahmed Al-Jubouri, *Administrative Law* (Yadgar Publishing Library, 2018), 179; HamaKarem and Saeed, *Public Principles*, 159.

⁵ Mazen Lilo, *Administrative Law Lands* (Duhok: Duhok University Press, 2013), 116–18; Muhammad Ali Jawad, *Principles of Administrative Law* (Beirut, Lebanon, 2010), 78; Fawzi Habish, *General Administrative Law: The Heroes of Exceeding the Limits of Authority and Administrative Acts*, 1st ed. (Beirut, Lebanon: Modern Book Foundation, 2011), 286.

should change the public facilities in terms of the management style, nature, size etc.¹ Meanwhile, the third principle focus on the constitutional principle which is equality of citizens in their rights and duties without any discriminations. Therefore, based on the last principle, everyone should get benefit from the public facilities equally, simultaneously, equality not only include benefits it also includes duties of people whether by paying fees of services or having any legal requirements to be approved to access benefits and services from public facilities.

B. Legal Responsibility of the Ministry of Health (MoH) in Kurdistan Region of Iraq

Ministry of Health Law No.15 of 2007 in Kurdistan region of Iraq is one of the main health related laws that enforced in Kurdistan region. The law clearly highlighted legal frame for health service in the region. Article number 2 listed the main tasks and commitment of the Ministry of Health (MoH), these commitments almost the same as the tasks of the MoH based on Iraqi Public Health Law No.89 of 1981 as mentioned above. It is recognized the citizen's right to health, as stated,

*“First: Preparing the necessary requirements that ensure citizens' right to enjoy complete health fitness, physically, mentally, and psychologically, and to care for it.”*²

Furthermore, the ministry also responsible to establish and manage health institutions, and take procedures to provide health service to the people. As stated, that,

*“Secondly: The establishment, management, and follow-up of preventive and therapeutic health units and their development in the region.”*³

In addition, the ministry also authorized to other health related tasks and commitments in the region to ensure access to a proper health service for everyone, “for instance; Caring for primary healthcare services, including maternal and child care, school health, family health, and elderly health. Combating communicable diseases, controlling them, and preventing their spread.” Furthermore, the law requires the ministry to coordinate with other related governmental agencies including the ministry of Environment (MoE) and Ministry of Labor and Social Affairs (MoLSA) “Para 5, Article 2 stated; Coordination with the Ministry of Environment to protect, improve, and develop the environment, maintain its components, and work to prevent pollution. Para 6 , Article 2, stated; Coordination with the Ministry of Labor and Social Affairs to care for the health and safety of workers in labor projects, to improve their health status and protect them from hazards, occupational diseases, and work-related injuries, and to establish controls, specifications, and conditions related to it, as well as to ensure the safety of the work site and monitor the implementation of those controls, specifications, and conditions.”⁴

¹ Suleiman Muhammad al-Tamawi, *Principles of Administrative Law: A Comparative Study*, Book Two (Cairo: Dar al-Fikr al-Arabi, 2014), 96; Muhammad Taha Hussein al-Husayni, *Book Two, Part Two* (Beirut, Lebanon: Zain al-Haqiqa Publications, 2017), 69–72.

² Ministry of Health Law No.15 of 2007 in Kurdistan region of Iraq, article 2.

³ Ibid, Para 2, Article 2.

⁴ Ministry of Health Law No.15 of 2007 in Kurdistan region of Iraq, article 2.

Nevertheless, the law also highlighted other crucial responsibility of the MoH regarding growing health awareness, providing medications, and necessary medical equipment's. "Para 7, Article 2, stated; Raising health awareness among citizens in cooperation with relevant authorities through all media outlets. Para 8 stated; Providing medications, supplies, and various medical equipment necessary for delivering medical, preventive, and therapeutic services, supervising community clinics, providing necessary medical devices for individuals with disabilities, and opening medical laboratories.

The Ministry also responsible to prepare and enhance health staffs and workers. "Para 9, Article 2; Preparing health and professional support cadres, enhancing the efficiency of workers in the health sector, and developing health studies and medical education." Additionally, the ministry also should pay special attention to peoples who have special needs. As stated in Para11, Article 2: "Caring for people with special needs from health, physical, and mental perspectives."¹

However, the ministry also has other responsibilities, regarding supervising the manufacturing and importing of medicines according to the medical standards. ²On the other side, the law highlighted the necessary to work toward reforming health care system in the region. " as stated in Para 13, Article 2 that: Working to change the current healthcare system to a contemporary healthcare system in a manner that fits the development of Kurdish society and the available financial resources." Another point that come under the commitments of the MoH is the development of private health sectors to assist public health services in the region, as the provision stated that, "Supporting the private medical sector to contribute to providing treatment services to alleviate the financial and technical burden on official health institutions and subjecting it to the supervision and control of the ministry etc."³

Another health-related issue which has strong relation with the right to health is the environmental pollution. Therefore, the right to safe and clean environment it has fundamental effects on the right to health. Pollution causes death about 9 million people every year, corresponding to 1 in 6 deaths globally including 1.4 million premature deaths annually due to water pollution.⁴ For instance, polluted water causes human disease including diarrhea, cholera, dysentery, typhoid and polio, including the deaths of 395 000 children aged under 5 years, therefore, if these water born risk addressed this could be avoided each year.⁵

Based on Law No.15 (2007) for the Ministry of Health in Kurdistan Region of Iraq has the legal responsibility to take preventative actions to protect public health from transmissible diseases in the Kurdistan environment.⁶ The law clearly mentions for the

¹ Ibid.

² Ibid, Para 12, Article 2.

³ Ibid, Para 14, Article 2.

⁴ Richard Fuller et al., "Pollution and Health: A Progress Update," *The Lancet Planetary Health* 6, no. 6 (2022): e535–e547, [https://doi.org/10.1016/S2542-5196\(22\)00090-0](https://doi.org/10.1016/S2542-5196(22)00090-0).

⁵ World Health Organization, "Drinking-Water."

⁶ Para 4 Article 2.

coordination between the MoH and the Environmental Protection and Improvement Board(EPIB) to protect and improve the environment and prevent its pollution.¹ Despite these legal provisions, the MoH still has not effectively enforced them. The MoH is legally responsible for the lack of modern technical equipment and sufficiently trained experts to treat all types of healthcare wastes using appropriate methods. The MoH should, via certain enforcement mechanisms (such as licensing, monitoring, and administrative penalties), prevent medical waste pollution to the Tanjero River. But the lack of enforcement of such mechanisms and poor coordination had worsened the said problem.

C. The Rights of Patients in the Kurdistan Region of Iraq

The region has other health legislations that is consider critical to protect health right of people. For instance, Law No. (4) of 2020, the Law on the Rights and Duties of Patients in the Kurdistan Region – Iraq. This law is significant for identifying duties and rights of patients in the Kurdistan region, the law and its instruction “Instruction No. (4) of 2022 for the Enforcement of the Law No. (4) of 2020, the Law on the Rights and Duties of Patients in the Kurdistan Region – Iraq”, clearly emphasized on these rights and duties of patients to be considered by the health institutions in the region. Article 2 of the law listed the objectives of the law, which is clearly highlighted the protection of the public rights through the protection of patient’s right and identifying their duties. (), furthermore, second para of the same article also emphasized on the protection of the basic health rights of people in the region regarding access to the best health services.²

In addition, based on Article 3 of the Instruction No. (4) of 2022, which is issued to expediate the implementation of the law No.4 of (2020), the health institutions whether public or private should protect the rights of patient based on human right standards and those highlighted in the region’s law. Further, it is also asked to put the list of these rights and duties clearly in the language that understandable for the patients by all public and private healthcare institutions in the region.³

As highlighted above that the Ministry of Health have legal responsibilities to provide health services to the people in the region based on the health standards. The study attempts to bring some of these key responsibilities to the discussions by evaluating such services and health situation in the region in Garmian Area through spreading a questionnaire among teachers of the Garmian University.

D. Assessment of the public healthcare services in Garmian Administration Area

To examine the role and responsibility of the Ministry of Health regarding providing the health services to the people through public institutions, the study conducted field work to gain responses and perspectives from the respondents. The respondents of the study

¹ Para 5 Article 2.

² Law No. (4) of 2020, the Law on the Rights and Duties of Patients in the Kurdistan Region – Iraq, Para 2, Article 2.

³ Instruction No. (4) of 2022 for the Enforcement of the Law No. (4) of 2020, the Law on the Rights and Duties of Patients in the Kurdistan Region – Iraq, Para 1, 2, Article 2.

include a special group of lecturers at the University of Garmian, this group was chosen because university lecturer is more aware about the health rights as a pioneer group of society. Therefore, after approval from the university, both researchers shared the list of questions to the lecturers through official email of the university, the email was provided a declaration to the respondents about the objective of the study, researchers and link of the google form to response the questions.

4. Results and findings

Based on the questionnaires that shared through the emails with 492 respondents of lecturer from Garmian University, the total of 111 responses was received. The percentage of responses is approximately 22.56% ($111/492 \times 100 = 22.56\%$). As presented in Figure 1 that female respondents are only about 26.1% (29 respondents) while male respondents are 73.9% (82 respondents).

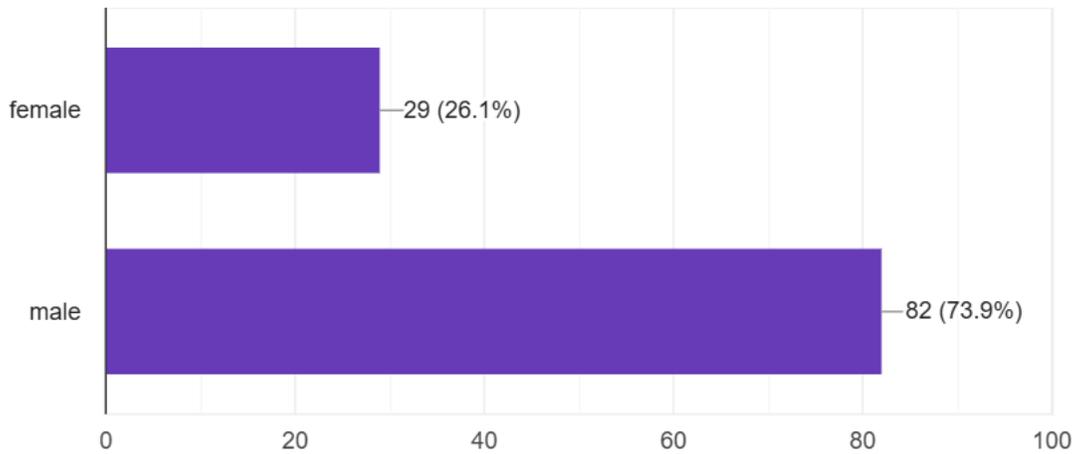


Figure 1. Gender Distribution of Study Respondents

The study questionnaire includes list of questions that require from the respondents answering by sharing their views, experiences towards health-related issues in Garmian area. Therefore, the study will present these questions and the responses based on the finding. The question number one was; “What type of health institution you visited last time? Public or Private?” this question highlights to what extent people visit public or private healthcare institutions. Based on the responses (Figure 2) only 32.4% visitors (36 respondents) went to public health institutions, while most (75 respondents) of the respondents (67.6%) indicated that last time they visit to private healthcare institutions to get health services. Based on this result, we may conclude that if health services were available in good quality in government health institutions, they would not have visited private health institutions in such large numbers, instead of public health institutions.

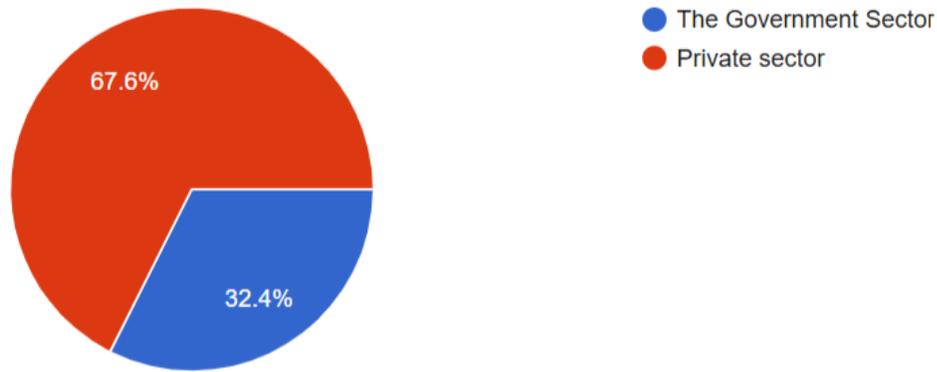


Figure 2. What type of health institution you visited last time? Public or Private?

in addition, question number 2 was “. What are the health problems in Garmian”, here the respondents allowed to choose more than one answer. This question to list out the main health related problems in Garmian area. For this question five options were provided (See Figure 3), based on the responses the main health problems in the study area were, lack of professional doctors (68.5%), lack of medicine (48.6%), lack of advanced laboratories (55%), and lack of healthcare building (55.9%) respectively. While 3.6% (4 respondents) were said they don’t know about this question. Therefore, to address this problem, the Ministry of Health must increase the number of specialist doctors in the region, provide the necessary medicines, increase advanced laboratories, and build new healthcare branches.

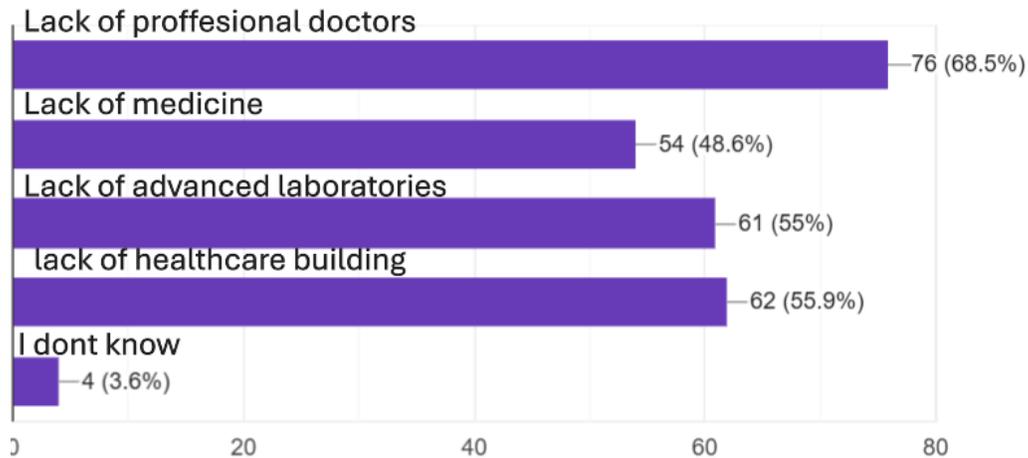


Figure 3. What are the health problems in Garmian (You choose more than one answer)

However, several questions were dedicated to evaluate the way how doctors, nurses and other health workers deal with people especially patients when they visit public hospitals

in Garmian. The question number four was specially about the doctors as stated in this question “How doctors deal or interact with you as a patient, when you visit public hospitals in Garmian?”, based on the responses 57.7% rated at medium, 36% have chosen respectful, while 5.4 % said that, doctors deal with patients in a bad way, and 0.9% (only 1 respondent) said very respectful (See Figure 4).

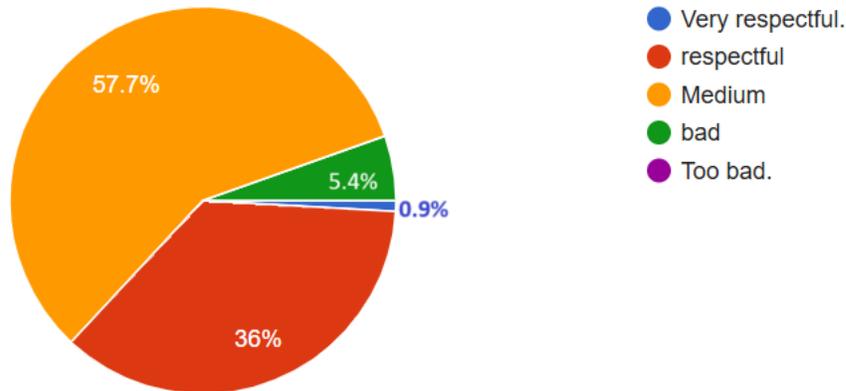


Figure 4. How doctors deal or interact with you as a patient, when you visit public hospitals in Garmian

In addition, regarding nurses and other health workers, the respondents shared almost same view about the way that they deal with the patients in public hospitals. As showed in Figure 5, 57.7% have chosen medium, 35.1% said respectful, 4.5% said they deal badly, and 2.7% (only 3 respondents) said very respectfully.

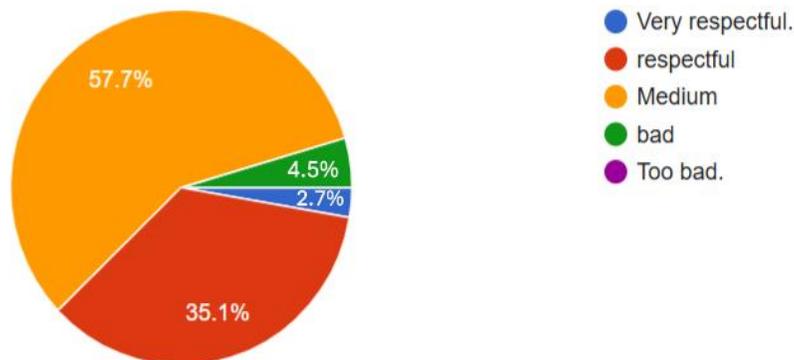


Figure 5. How nurses and health workers interact with patients in public hospitals?

Moreover, other issue that the study asked the respondents, was about the obligation of the doctors to adhere official work hours. The 6th question was “To what extent do doctors adhere to official working hours in public hospitals?”, as presented in Figure 6, only 0.9% (1 respondent) said that, the doctors adhere their work hours very well in

public hospitals, meanwhile, 34.2% rated at medium , 27.9% said bad, 21.6% said well, and 15.3% also said too bad regarding the doctors adherence to stay in their work place during official work hours in public hospitals. Therefore, these issues require attention, because doctors also are public employees and must follow the law and regulation regarding their duties including staying in their work place during work hours.

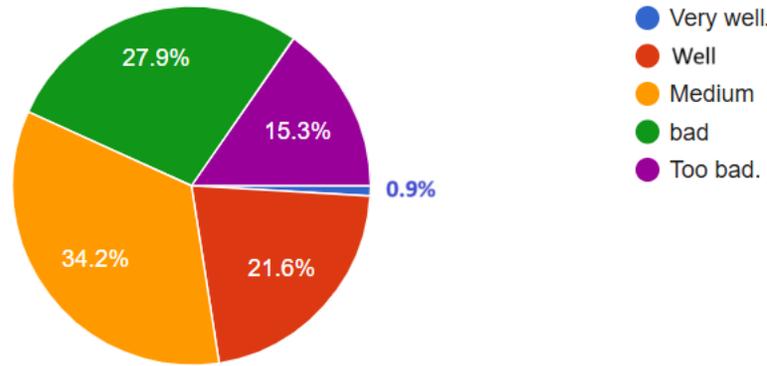


Figure 6. To what extent do doctors adhere to official working hours in public hospitals? To delve into the details and identify the problems that faced by people in public hospitals, the study asked the respondents another question, which is “Did it happen to you when you visited public hospitals? here allowed to the respondent to choose more than one answer. As can be seen from Figure 7, main situation that faced by the respondents when they visiting public hospitals (77.5%), followed by other problems which were lack of medicine (67.6%), lack of testing and screening devices (50.5%), another issue was doctors, nurses and other health worker their work due to protest boycott (43.2%), employees also absent cause problem sometime for the people (36%) (Figure 7).

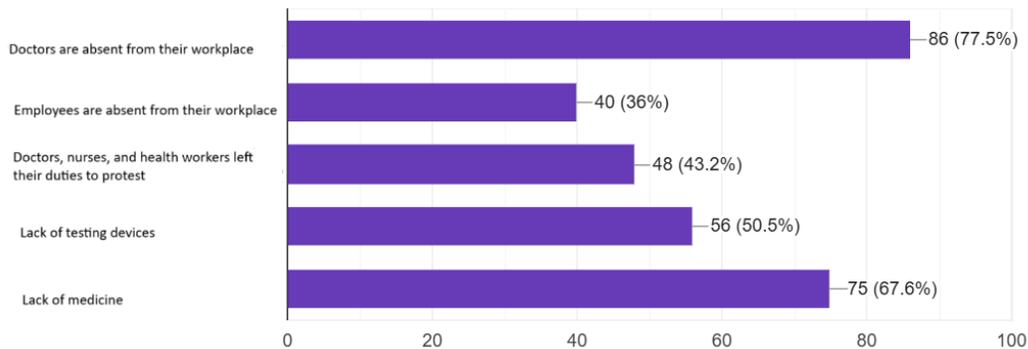


Figure 7. Did it happen to you when you visited public hospitals? (May choose more than one answer)

However, the study also focused on other crucial issue which the right of patients in public health institution in Garmian. Therefore, the study asked respondents to evaluate public hospitals in this regard, as the question stated that, “To what extent are patients' rights protected in public health hospitals in Garmian?” as visualized in Figure 8, five options were given to the respondents, but no one have chosen the highest options which

is the best situation of patient's right, in other words, main portion of the responses said that, right of patients have medium situation (40.5%), while the second highest responses (34.2%), said that, patient's right has bad protection, followed by those who said patient's right has well protection(14.4%), and 10.8% (12 respondents) have the opinion that, patient's right has very bad protection and respect in public hospitals. Meanwhile, based on the law and regulation (as mentioned above), patient's right should be protected very well and doctors, nurses and other workers must respect the right of patients, however, these issues should be taken it into consideration (Figure 8).

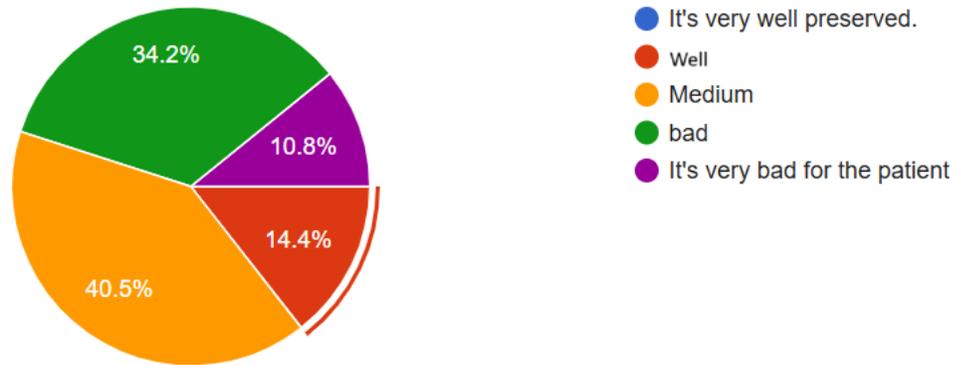


Figure 8. To what extent are patients' rights protected in public health hospitals in Garmian?

On the other hand, the study also asked the respondents about the public health sectors management, to get their views and responses about whether the managers selected based on the skills and qualification or not, thus, the question was, "Are the managers of health-related institutions selected based on professionalism, expertise, and skills?". As presented in Figure 9, only 4.5% (5 respondents) said "Yes", while 42.3% (47 respondents) said "No", and 53.2% (59 respondents) said they do not know about this question.

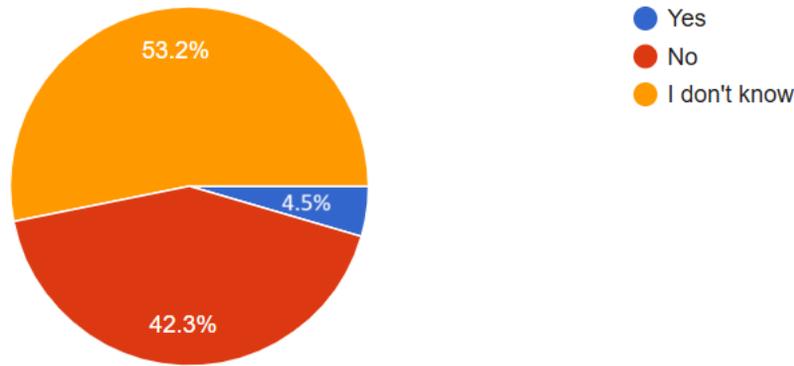


Figure 9. Are the managers of health-related institutions selected based on professionalism, expertise, and skills

In addition, the study asked about legal responsibilities and legal procedures against who violate law and regulation in public hospitals, whether doctors or other health workers, the question was “Is there an interrogation of doctors and health workers, in the event of a violation of the law and negligence in the performance of their duties?” As the responses presented below, 40.5% (45 respondents) of respondents said that, there were no accountability and legal prosecution against violators, while some of them 7.2% (8 respondents) said that, yes, there will be accountability, and most of the respondents 52.3% (58 respondents) have chosen the option said “I do not know” (Figure 10).

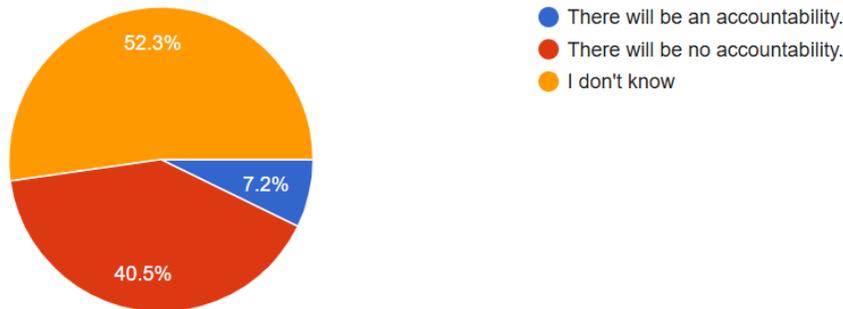


Figure 10. Is there an interrogation of doctors and health workers, in the event of a violation of the law and negligence in the performance of duties and duties?

However, the study asked about the necessary of reforming law and regulations that related to the health sectors governing, as can be seen below (Figure 11), most of the respondents (79.3%) said, yes, the law of the health sectors requiring development, meanwhile, only some of them (1.8%), said such reform not necessary, and 18.9% of the respondents have chosen that “I do not know”. Therefore, based on that, the development of the healthcare legislations is one of the main concerns by the respondents of the study as a key to reform the health sectors in the region.

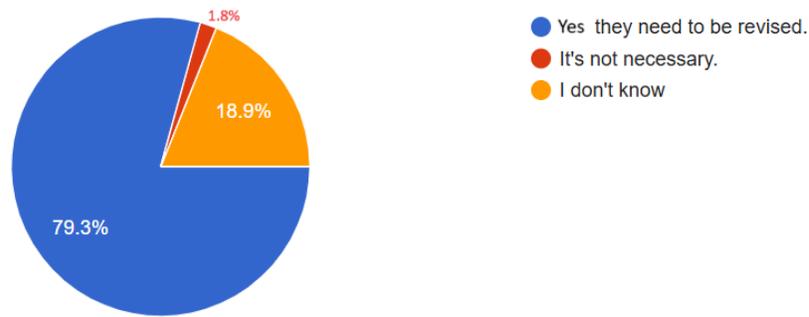


Figure 11. To what extent are the law of the health sector requiring reform and development

Regarding the services of the public hospitals in Garmian area, the study asked the respondent another question which was “To what extent are treatment and medication sufficiently provided to patients in public hospitals?”, the responses show that public hospitals has shortage of medicine and proper treatment that provide to the patients in the study area, as the main category of responses were “ Bad” by 35.1% (39 respondents), followed by responses with medium “30.6%”, too bad 27.9%”, good “5.4%”, and only one respondent have chosen “ very good “0.9%”(Figure 12).

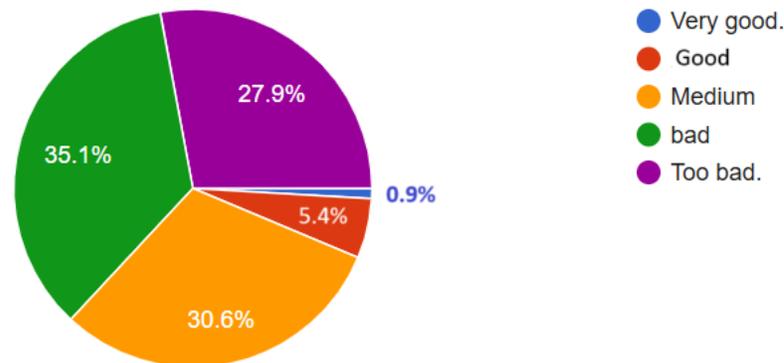


figure 12. To what extent are treatment and medication sufficiently provided to patients in public hospitals?

Moreover, as highlighted above that the Ministry of Health has the legal commitments to manage health sector in the region, one of the significant responsibility is censorship for the healthcare services by public health institutions, therefore, one of the question was “To what extent the rate of monitoring the quality of health services; the medicines and health centers by the Ministry of Health?”, As indicated below in Figure 13 that, main of the responses rated at medium (40.5%), followed by other answers which were, bad (38.7%), too bad (11.7%), good (8.1%), and very good, which is only one respondent (0.9%). This is proof that, the ministry not actively preformed its commitments well regarding monitoring quality of health services.

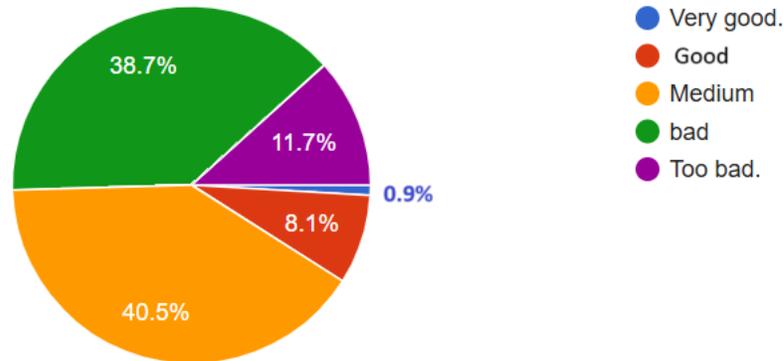


Figure 13. To what extent the rate of monitoring the quality of health services; the medicines and health centers by the Ministry of Health?

Finally, the last two questions were dedicated to get the feedbacks and views from the respondents of the study towards one of the health issues, which lately MoH announced to transfer some of the health services from public to private sector.¹ Therefore, one the question was, “How do you evaluate the Ministry of Health’s decision to transfer laboratory and diagnostic testing services from the public sector to a private company?”, based on the responses, main of the respondents have the opinion that, this is very bad decision by the ministry(55%), followed by other responses which were, bad (23.4%), medium (14.4%), good (6.3), and all right or very good (0.9%)(Figure 14). Therefore, the Council of Ministries and MoH should not implement this decision, instead of privatizing healthcare services manage its duties by providing high quality public health services including laboratory and testing services with affordable fees to citizen.

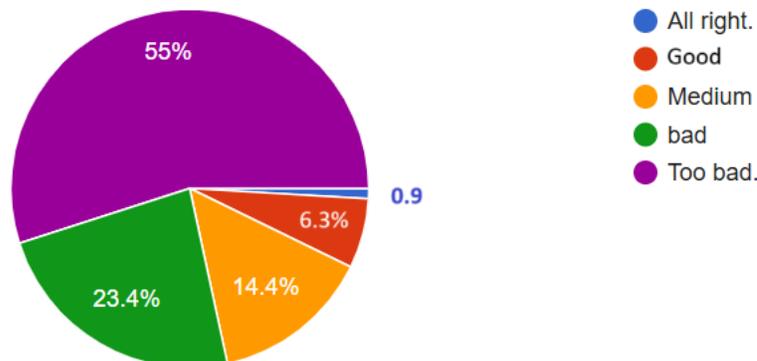


Figure 14. How do you evaluate the Ministry of Health’s decision to transfer laboratory and diagnostic testing services from the public sector to a private company?

¹ Based on Decision number 4443 on 16 September 2024, Presidency of the Council of Ministers of the Kurdistan Regional Government have agreed to contract with the private company named “Bedko for the trading of medical equipment, laboratories, and medical devices”, the contract for 10 years, and the Ministry of Finance and Economy of KRG will fund the project. Based on that, the company will provide laboratories, and medical devices for public laboratories and also conducting testing services at the public laboratories. But the project not enforced yet, may be due to public criticism against the project.

Additionally, the study asked the respondents regarding their opinion about privatization of health services from the public health institutions to private institutions, as the question stated that “ In your opinion, is it appropriate to privatize healthcare services by transferring them from the public sector to private entities?”. In according of the responses, most of the respondents 89.2%(99 respondents), have the opinion which is opposite to such privatization, which is followed by same percentage (5.4%) for two other options were “Yes” and “I don’t know”. (Figure 14). Therefore, most of the people were aware about the right of health and responsibility of the government to protect this right by providing best quality of health care services to everyone.

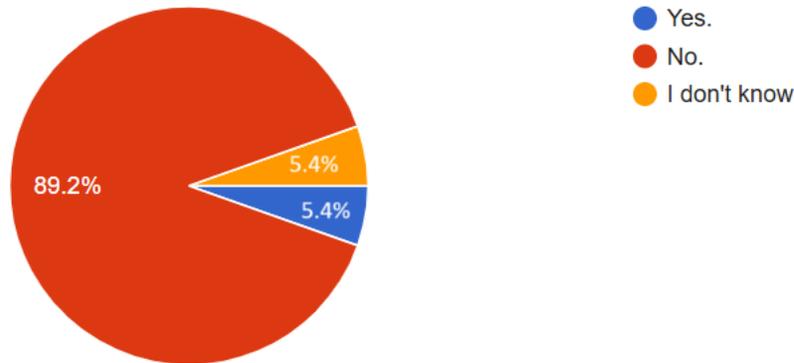


Figure 15. In your opinion, is it appropriate to privatize healthcare services by transferring them from the public sector to private entities?

5. Conclusion

The right to health is one of the critical human rights that recognized under international human right conventions, and national constitutions and legislation. Iraqi constitution, also highlighted this human right to everyone under the article 31. Therefore, Kurdistan region’s law pay attention to this right. However, the healthcare services still face significant challenges in the region, which is due to poor legal framework and lack of responsibility by the government. Based on the study finding in Garmian area, public hospitals suffer from some crucial challenges including insufficiency of professional doctors, nurses, modern technology, medicine and other healthcare services. The Ministry of Health should perform its legal commitments efficiently to provide best quality of health services to everyone. Existing health sector governing require development to meet the people’s need. Therefore, the study recommends to reform health system towards more concern and protection to the health right of people, by prioritizing health sector infrastructure development, providing financial support to the public health institutions especially public hospitals in Garmian area, employment of health workers such as doctors, nurses among others, access to modern laboratory services, and stricter enforcement of health related legislations upon public and private healthcare institutions in the region.

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