**Country Policy and Information Note**

Iraq: Medical and healthcare issues

Version 1.0

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Preface

Purpose and use

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

It is not intended to be an exhaustive survey of healthcare in Iraq.

The note contains no analysis.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU [European Union] Guidelines for Processing Country of Origin Information (COI)](http://www.refworld.org/docid/48493f7f2.html), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation’s (ACCORD), [Researching Country Origin Information – Training Manual, 2013](https://www.coi-training.net/content/). Namely, taking into account the COI’s relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a [terms of reference](#_Terms_of_Reference) which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the ‘cut-off’ date(s) in the country information section. Any event taking place or report/article published after these date(s) is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of sources and information include:

* the motivation, purpose, knowledge and experience of the source
* how the information was obtained, including specific methodologies used
* the currency and detail of information, and
* whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#_Bibliography).

MedCOI

MedCOI is an Asylum and Migration Integration Fund (AMIF) financed project to obtain medical country of origin information. The project allows 12 European Union member states plus Norway and Switzerland to make use of the services of the ‘MedCOI’ team in the Netherlands and Belgium. The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI project team before it is forwarded to the relevant COI Service.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email [the Country Policy and Information Team.](mailto:CIPU@homeoffice.gov.uk)

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# Analysis

Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on [Human rights claims on medical grounds](https://www.gov.uk/government/publications/human-rights-claims-on-medical-grounds).

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Country information

Updated: 21 March 2019

## Organisation of the healthcare system

* + 1. The DFAT Country Information Report on Iraq, dated 9 October 2018 stated that the Constitution guaranteed health care rights and would maintain public health by means of prevention and treatment. The report detailed a mixture of public and private hospitals with primary health care provision in both, though many facilities were under-resourced and skilled heath workers had moved abroad or to safer areas of Iraq due to decades of conflict. The report further noted that ‘health services are limited, particularly in areas affected by conflict, and areas with large numbers of internally displaced people (IDPs)’[[1]](#footnote-2).
    2. A report produced by the World Bank Group in February 2017 entitled ‘Iraq – Systematic Country Diagnostic’ stated the following:

‘Iraq’s health care capacity has been severely undermined by the effects of various wars, international sanctions, sectarian violence, political instability, and fiscal pressures.

‘Access to health services is limited, and geographical disparities are significant. In the public sector, health services are provided through a network of primary health care centers (PHCC) and public hospitals at very low charges. The PHCCs provide preventive and basic curative services. The main centers are located in urban areas with smaller centers in rural areas. Poor organization and shortages of staff and medications are significant impediments to delivering adequate services in the PHCCs. Despite this, the PHCCs are recognized as very important sources of health care provision, particularly for the poor.

‘For secondary and tertiary care, patients are referred from PHCCs to hospitals, although it is estimated that only about 40 percent of Iraqis have access to these referral services because of the inadequate number and uneven distribution of public hospitals. Secondary and tertiary care are also provided by small private hospitals. Since there are no health insurance schemes in Iraq, the costs of private health care must be met out-of-pocket, which is well beyond the reach of many Iraqis.’[[2]](#footnote-3)

* + 1. The December 2016 joint report produced by the United Nations Assistance Mission for Iraq (UNAMI) and the Office of the High Commissioner for Human Rights (OHCHR) entitled ‘Report on the Rights of Persons with Disabilities in Iraq’ noted:

‘In its 2015 annual report, the Ministry of Health refers to a total of 2,680 Primary Health Care Centres, 1,330 maincentres and 1,350 sub centres. These offer basic integrated and comprehensive services in the preventive and therapeutic fields. An additional 128 centres have been established following the implementation of a new family health care system in 2013. As for secondary and tertiary health care, focusing on curative services and rehabilitation, there are a total of 253 government hospitals, 119 private hospitals and 2,964,696 specialized centres, with a ratio of 8.5 physicians per 10,000 people.’[[3]](#footnote-4).

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Section 2 updated: 21 March 2019

## Cancer

* + 1. In November 2017 the National Oncology Centre at the Al Kadhimiya Teaching Hospital in Baghdad opened with the ‘capacity of 400 beds, three times the current number in Baghdad, and was a national project for all the provinces of Iraq providing treatment and services for cancer patients in terms of diagnosis and follow up with provision of medical services and nursing for patients’[[4]](#footnote-5). Furthermore, in 2007, the Hiwa Cancer Hospital (HCH) opened in the Kurdish city of Salaymaniya and eventually became the second largest public provider of cancer care in Iraq, after the Al- Amal National Cancer Centre in Baghdad[[5]](#footnote-6).
    2. According to an article published in a medical journal in 2016, major cancers in Iraq are 'lung in males, breast in women and leukaemia in children[[6]](#footnote-7)’. Radiation oncology, health education and screening programmes were seen to be of varying accessibility[[7]](#footnote-8).
    3. The same article further noted that: ‘At present, there are 10 cancer centres, 24 Linac [medical linear accelerator, used in external beam radiation[[8]](#footnote-9)], 2 HDR units [High Dose Rate units for treatment of prostate cancer[[9]](#footnote-10)], 25 radiation oncologist[s] (RO), 12 RO residents, 28 physicists (MP) and 40 therapists (RT). There are 2 training programmes for ROs and MPs each. RTs are trained at the “Radiation Institute.” National societies for radiation oncology, clinical oncology and medical physics have been formed in the past 5 years.

‘Radiation oncology in Iraq is making slow progress. Significant challenges remain. These include availability of adequate infrastructure, technology, trained personnel and training programmes. Their availability and further development are complicated by ongoing instability and economic challenges.’[[10]](#footnote-11)

* + 1. A July 2018 report from the Journal of Geriatric Oncology stated that ‘[c]ancer prevalence and geriatric patients (GP) are increasing and about half of the patients with cancer will be offered radiotherapy (RT)’ however ‘longer distance[s] to reach the center was a challenge in some of our GP. Due to [an] inadequate number of RT machines, GP have to wait [a] long time before getting their RT, even for palliative purposes’[[11]](#footnote-12).
    2. A directory of radiotherapy centres across Iraq can be found [here](https://dirac.iaea.org/Data/Operator?country=IRQ).
    3. Some examples of hospitals/clinics that treat cancer (and secondary conditions related to oncology) and pharmacies/clinics that can provide appropriate medication were found on the MedCOI website, and these are listed below:

‘Private Practice, Oncologist, Beirut Street, Baghdad (private facility)

* Treatment: outpatient and follow up by an oncologist.

Al- Amal Teaching Hospital, Al- Karada Neighbourhood, Baghdad. (public facility)

* Treatment: inpatient treatment by an oncologist.

Private Practice, Haematologist, Al- Kindy Street, Baghdad (private facility)

* Treatment: outpatient treatment and follow up by a haematologist/ oncologist.[[12]](#footnote-13)’[[13]](#footnote-14)

Baghdad Medical City, Bab Al Mouazam, Baghdad (public facility)

* Treatment: in- patient treatment by a haematologist[[14]](#footnote-15) In- patient treatment by an oncologist. Diagnostic research; cytological examination of biopsy by pathologist.[[15]](#footnote-16)

Dr. Luay Medical Laboratory, 14- Ramadan Street, Baghdad, (private facility).

Treatment:

* laboratory research/ monitoring of full blood count; e.g. Hb WBC platelets.[[16]](#footnote-17)

Central Teaching Hospital, 14 – Ramadan Street, Baghdad, (public facility),

Treatment:

* surgery: specifically, oncological surgery.
* Inpatient and outpatient treatment by a paediatrician.
* Diagnostic imaging by means of integrated PET/CT – scan. Diagnostic imaging by means of MRI.

Al- Amal Private Hospital, Karada Kharej Street, Baghdad (private facility).

Treatment:

* Feeding: tube feeding, oncology: immunotherapy, oncology: nuclear medicine: iodine – 131 metaiodobenzyguanidine (131- MING), Oncology: chemotherapy and radiation therapy.[[17]](#footnote-18)
* Inpatient treatment by an oncologist. Oncology: chemotherapy.[[18]](#footnote-19)

Al- Fayhaa General Hospital, Military Street, Basra (public facility)

Treatment:

* Inpatient treatment by an internal specialist (internist), haematology; blood transfusion, laboratory research/ monitoring of full blood count, e.g. Hb WBC and platelets.

Private practice, Beiha neighbourhood, Basra, (public facility)

Treatment:

* Outpatient treatment and follow up by an internal specialist (internist)
* Outpatient treatment and follow up by an oncologist.
* Outpatient treatment and follow up by a haematologist.

Al- Sadir teaching hospital, Istiklal Street, Basra. (Public Facility)

Treatment:

* Inpatient treatment by an oncologist, haematology; blood transfusion
* Inpatient treatment by a haematologist.[[19]](#footnote-20)

Dr. Khdiar Al Rawiq, Al Sadoon Street, Baghdad. (private facility)

Treatment:

* Outpatient treatment and follow up by an oncologist.[[20]](#footnote-21)

Al Amal General Hospital, Al Andalus area, Baghdad. (public facility)

Treatment:

inpatient treatment by an oncologist. Oncology; chemotherapy. Oncology; radiation therapy.[[21]](#footnote-22)

Availability of medication and location of clinics:

Fawzy Pharmacy, 14- Ramadan Street, Baghdad. (private facility)

* Cyclophosphamide: oncology; cytostatics/ chemotherapy.
* Doxorubicin (brand name Adriamycin): oncology cytostatics/ chemotherapy.
* Vincristine - oncology: cytostatics/ chemotherapy.
* Prednisone- oncology; other.[[22]](#footnote-23)

Baghdad Medical City, Bab Al Moathtam Bridge, Baghdad (public facility)

* Dexamethasone: Endocrinology; hormones: corticosteroids.
* Ondanesetron: Gastroenterology; against nausea/ motion sickness.
* Granisetron: Gastroenterology; against nausea/ motion sickness.
* Metoclopramide: Gastroenterology; against nausea/ motion sickness.
* Palonosetron hydrochloride: Gastroenterology; against nausea/ motion sickness.
* Amoxicillin: infections; antibiotics.
* Ciproflaxacin: infections; antibiotics.
* Amoxicillin + clavulanic acid (combination): infections; antibiotics.
* Fosfomycine: Infections; antibiotics for urine tract infections.
* Nitrofurantoin: Infections; antibiotics for urine tract infections.
* Cortimoxazole (combination of trimethoprim / sulfamethoxazole): infections; antibiotics, sulphonamides/ trimethoprim.
* Sulfadiazine: Infections; antibiotics; sulphonamides/ trimethoprim.
* Trimethoprim: Infections; antibiotics; sulphonamides/ trimethoprim.
* Temozolomide: Oncology; cytostatics/ chemotherapy.

Topotecan hydrochloride: Oncology; cytostatics/ chemotherapy.[[23]](#footnote-24)Al- Mowasat private pharmacy, Al Mishraq, Intersection Basra. (private facility)

* Prednisolone: Endocrinology; hormones corticosteroids.
* Prednisone: Endocrinology; hormones corticosteroids.
* Ondansetron: Gastroenterology; against nausea/ motion sickness.
* Dimenhydrinate: Gastroenterology; against nausea/ motion sickness.
* Metoclopramide: Gastroenterology; against nausea/ motion sickness.
* Filgrastim: Haematopoietic growth factor.
* Immunoglobulin: immunology; immunoglobulins.
* Sulfamethoxazole: infections; antibiotics; sulphonamides/ trimethoprim.
* Trimeoprim: Infections; anti-biotics; sulphonamides/ trimethoprim.
* Etoposide: Oncology; cytostatics/ chemotherapy.[[24]](#footnote-25)

Al Amal private hospital, Karada Kharej, Baghdad.

* Carboplatin: Oncology; cytostatics/ chemotherapy.[[25]](#footnote-26)

Al Amal General Hospital, Al Andalus area, Baghdad (public facility).

* Fulvestrant: oncology; anti-hormones; anti- oestrogens.
* Anastrozole: oncology: anti- hormones; aromatase- inhibitors.
* Exemestane: oncology; anti- hormones; aromatase- inhibitors.
* Letrozole: oncology; anti- hormones; aromatase- inhibitors.’[[26]](#footnote-27)

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Section 3 updated: 21 March 2019

## Dental treatment

* + 1. In May 2017, the US National Library of Medicine, in its publication ‘Dental Education and Oral Health Service in Iraq,’ stated that:

‘Currently there are more than 8500 registered dentists, with the dentist population ratio of 2.6 dentist for every 10000 citizens. This number will be gradually increased because of the new establishment of the dental schools (Government & Private) […] One of the major problems in Iraq is the shortage in the Middle Dental Staffs (Dental Nurses, Hygienist, Dental Oral Hygiene educationist, Dental Technicians).’[[27]](#footnote-28)

* + 1. The College of Dentistry at the University of Baghdad, Al – Jaqriya, Karrada, Baghdad has about 400 dental units offering treatment for almost 1000 patients per day[[28]](#footnote-29). On 1 May 2013, Turkey’s Ishik University opened the largest dentistry faculty in Iraq’s autonomous Kurdish region[[29]](#footnote-30).
    2. The Polish Medical Mission stated in 2018 that it: ‘also continues activities started in 2017 related to dental care for 800 families in Alwand 1 camp in the Diyala Province, funding the operation of a dental unit along with a local dentist.’[[30]](#footnote-31)
    3. A list of dentist facilities in Iraq can be found [here](https://maps.me/catalog/health/amenity-dentist/country-l-rq/).

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Section 4 updated: 21 March 2019

## Diabetes

* + 1. The International Diabetes Federation stated that in 2017, diabetes was prevalent in 7.5% of Iraq’s adult population (1,411,500 cases in 18,738,000)[[31]](#footnote-32). Earlier records taken from Basra and published in the Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy Journal in 2014, also referred to the prevalence of diabetes being ‘very high, affecting one in five adults’[[32]](#footnote-33).
    2. Locations of hospitals/ clinics that treat diabetes mellitus and pharmacies/ clinics of available medication was found on the MedCOI website, and these examples are listed below:

‘Baghdad Medical City, Bab Al Moatham Bridge, Baghdad (public facility)

Treatment:

* Inpatient and outpatient treatment by an endocrinologist (specialist treating diabetes). Inpatient treatment by a dietitian.

Private practice, Palestine Street, Baghdad, (private facility)

Treatment:

* Outpatient treatment and follow up by a dietitian.

Private practice, Al- Harithya Street, Baghdad, (private facility).

Treatment:

* Outpatient and follow up by an endocrinologist.’[[33]](#footnote-34)

Paediatrics: Child’s Teaching Hospital, 14 Ramadan Street, Baghdad. (public facility).

Treatment:

* Inpatient and outpatient and follow up by an endocrinologist.
* Inpatient and outpatient by treatment by a paediatrician (and one specialized in metabolic diseases).

Al- Mundaa Company, Al- Sadoon Street, Baghdad (public facility)

Treatment:

* Medical devices and internal medicine: blood glucose self-test strips for use by patient.

Private Practice including Paediatrician and Endocrinologist and Ibrahim Laboratory, and Dr. Luay Ibrahim Laboratory Centre, 14 – Ramadan Street, Baghdad (private facility)

Treatment:

* Outpatient treatment and follow up by a paediatrician.
* Outpatient treatment and follow up by an endocrinologist, laboratory research of blood glucose.[[34]](#footnote-35)
* Outpatient treatment and follow up by internal specialist (internist). Laboratory research of blood glucose (inc: HbA1C/glyc.Hb)[[35]](#footnote-36)

Private Practice, Al Kindy Street, Baghdad (private facility)

Treatment:

* Outpatient treatment and follow up by an endocrinologist, ophthalmology; laser treatment of diabetic retinoptherapy.[[36]](#footnote-37)

Azadi public hospital Sul-Kirkuk Road, Kirkuk (public facility)

Treatment:

* Inpatient treatment by an internal specialist (internist), laboratory research of blood glucose, laboratory research of renal/kidney function (creatinine, ureum, proteinuria, sodium, potassium levels), laboratory research of blood glucose (incl: HbA1C/ glyc.Hb)

Dar Al Hikma Private Hospital, Nearby Kirkuk Governor Office, Kirkuk (private facility)

Treatment:

* Inpatient treatment by an internal specialist (internist).

Private Practice, Physicians Street, Kirkuk (private facility).

Treatment:

* Outpatient treatment and follow up by an internal specialist (internist).
* Outpatient treatment and follow up by a paediatrician. Outpatient treatment and follow up by an ophthalmologist. (laser treatment of diabetic retinopathy).[[37]](#footnote-38)

Availability of medication and location of clinics:

Fawzy Pharmacy, 14 Ramadan Street, Baghdad (private facility)

* Acarbose: diabetes: oral/ tablets
* Ethambutol, isoniazid, pyrazinamide, rifampicin: Infections; tuberculosis, leprosy.[[38]](#footnote-39)

Salwa private pharmacy, Hai Al Jameaa, Baghdad (private facility).

* Liraglutide: diabetes; blood glucose lowering injections, other than insulin.
* Gliclazide, metformin: diabetes; oral/ tablets[[39]](#footnote-40)

Jawhart Al Harthea, private pharmacy, Al Kindy Street, Baghdad (private facility)

* Insulin: rapid acting [2-5 hr] insulin as part like Novorapid for diabetes
* Insulin: ultra-long acting [42hr] insulin degludec for diabetes
* Metformin: diabetes; oral/ tablets
* Ianreotide, pegvisomant: endocrinology; hormones; hypothalamus hormones.’[[40]](#footnote-41)

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Section 5 updated: 21 March 2019

## Disabilities

* + 1. The United States Department of State Human Rights Report for Iraq, covering 2018 and published in April 2019 noted ‘The Ministry of Health provided medical care, benefits, and rehabilitation, when available, for persons with disabilities, who could also receive benefits from other agencies, including the Prime Minister’s Office. The Ministry of Labor and Social Affairs operated several institutions for children and young adults with disabilities. The ministry maintained loans programs for persons with disabilities for vocational training.’[[41]](#footnote-42)
    2. The Office of the High Commissioner for Human Rights (OHCHR) and the United Nations Assistance Mission for Iraq (UNAMI) December 2016 in their report on the Rights of Persons with Disabilities in Iraq noted:

‘Health care centres cover preventive and treatment services, including in the case of persons with psycho-social disabilities and persons with disabilities who require high level of support. Such centres sometimes work simply as safe houses or shelters for persons with disabilities, and they can be administered publicly under the Ministries of Health and Labour and Social Affairs or privately. While reliance on international health aid has been progressively complemented by local assistance (such as the manufacturing of adaptive equipment, prosthetics and artificial limbs), the quality of the latter is still considered poor and unsuitable.’[[42]](#footnote-43)

* + 1. The report continued:

‘Respondents to the UNAMI/OHCHR questionnaire acknowledged that there were some healthcare services available for persons with disabilities in Iraq, but that they seemed to have decreased over time, and were mostly available in larger urban centres. Typically, they tended to focus on persons with physical disabilities, whom they provided with wheelchairs, prosthetic limbs, crutches, physical therapy and hearing aids, often obtained ‘after going through a long routine and losing money on transportation’.

‘Very limited psycho-social support services seem to be available, and are mostly offered by private institutes, although at a cost that is prohibitive for many families. For instance, one NGO pointed to private institutions patients with autism and Down syndrome charging up to USD 250 monthly for their services.

‘Organizations working with persons with disabilities indicated a shortage in the numbers of specialized health centres in districts and sub-districts and a need to increase the number of medical centres for osteoarthritis, joint pains and loss of limbs. They also stressed that specialized training was lagging behind demand. NGOs reported that there was only one centre for plastic limbs and medical cushions in Baghdad and one specialized hospital for persons with disabilities with spinal cord injuries. Also, there was only one factory producing prosthetic limbs in al-Anbar, located in Falluja, despite the large numbers of people in need. Limited availability and/or low quality of specialized equipment, particularly in those centres dealing with extreme impairments, was also a concern.’[[43]](#footnote-44)

* + 1. As approximately 10 million landmines exist, the Rehabilitation and Social Reintegration Centre in Sulaymaniyah has specialised in physiotherapy, the production of prosthesis for disabled patients, and the vocational training of outpatients to support social reintegration[[44]](#footnote-45).

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Section 6 updated: 21 March 2019

## Eye conditions and diseases

* + 1. A study published in the Middle East African Journal of Ophthalmology in 2011 indicated that cataracts were the leading cause of blindness followed closely by advanced diabetic retinopathy (tractional retinal detachment or severe vitreous haemorrhage) and primary open-angle glaucoma. The study indicated that most patients were of low socioeconomic status. The journal went on to say that the Iraqi Ministry of Health reported that more than 150 specialist ophthalmologists were working in government hospitals throughout the country[[45]](#footnote-46).

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Section 7 updated: 21 March 2019

## Gastroenterological conditions

* + 1. The Gastroenterology and Hepatology Teaching Hospital in Baghdad was established in 1995 as a centre for training and delivers advanced Gastro Intestinal Tract (GIT) services. The hospital provides inpatient treatment of local GIT diseases, liver diseases and related complications, bowel diseases as well as diarrheal diseases. The Iraqi Society of Gastroenterology and Hepatology is based at the hospital[[46]](#footnote-47).
    2. Publications of medical case studies by Scientific Research Publishing (SCIRP),[[47]](#footnote-48) an Open Access academic publisher, indicated that various different types of treatment is available in the Kurdistan Region of Iraq (KRI) at the Kurdistan Centre for Gastroenterology and Hepatology, Sulaymaniyah.
    3. Some examples of hospitals/clinics that treat Gastroenterological conditions and pharmacies/clinics that can provide appropriate medication were found on the MedCOI website and these are listed below:

‘Al – Amal private hospital near Bared Square, Dhi Qar Governate (private facility)

Treatment:

* Inpatient and outpatient treatment by an internal specialist (internist)
* Laboratory research of liver function (PT, albumin, bilirubin, transaminases: ASAT (=SGOT), ALAT (=SGPT).[[48]](#footnote-49)

Al – Rashad Teaching Hospital, Al- Rasafa Neighbourhood, Baghdad (public facility)

Treatment:

* Gastroenterological care/ treatment such as tube feeding.

Digestive Centre- Baghdad Medical City, Bab Al Moatham Bridge, Baghdad (public facility)

Treatment:

* Inpatient treatment by a gastroenterologist.

Private gastroenterologist practice, Al- Harithya Neighbourhood, Baghdad (private facility)

Treatment:

* Outpatient treatment and follow up by a gastroenterologist.[[49]](#footnote-50)

Hawler Private Hospital, 100 M. Street, Erbil, (private facility)

* Inpatient and outpatient by a gastroenterologist.[[50]](#footnote-51)
* Surgery: specifically, gastrointestinal surgery.

Private Practice, 100 Meter Street, Erbil (private facility)

* Diagnostic imaging by means of a oesophago- gastro duodenoscopy
* Gastroenterological emergency treatment in case of rupture of oesophageal varices.[[51]](#footnote-52)

LST Private Clinic, Italian Village 1, Building 809, Erbil (private facility)

Treatment:

* Inpatient, outpatient and follow up by a gastroenterologist

Dr. Mohammed Yahea Shafeeq’s Clinic, Iskan Street, Erbil (private facility).

Treatment:

* Diagnostic imaging by means of endoscopy.

Medya Diagnostic Centre, 60 Meter Street, Erbil (private facility).

Treatment:

* Diagnostic research: faecal calprotectin; stool test for intestinal inflammation/ disease activity.

PAR Private Hospital, 60 Meter Street, Erbil (private facility)

* Inpatient, outpatient and follow up by a gastroenterologist.
* Diagnostic imaging by means of a oesophago – gastro duodenoscopy.[[52]](#footnote-53)

Availability of medication and location of clinics:

Life Support Team (LST) Private clinic, Italian Village – Villa 809, Erbil (private facility).

* Prednisolone; gastroenterology: anti- inflammatory.[[53]](#footnote-54)
* Misoprostol; Gastroenterology: stomach medication.
* Omeprazole; Gastroenterology: stomach medication.[[54]](#footnote-55)

Amer Pharmacy, Doctors Street, Erbil (private facility)

* Sucralfate; Gastroenterology: stomach medication.’[[55]](#footnote-56)

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Section 8 updated: 21 March 2019

## Gynaecology/Obstetrics

* + 1. The Iraqi Society of Obstetrics & Gynaecology (ISOG) is based at the Medical Societies Building in Baghdad[[56]](#footnote-57). The Department of Gynaecology and Obstetrics Branch at Al Nahrain University was founded in 1987 specialising in training students through clinical sessions, lectures, skills laboratory and periodic evaluation and was seen to be linked to the Iraqi and Arab Board of Medical Specialties[[57]](#footnote-58).
    2. On 8 May 2018, The United Nations Population Fund (UNFPA) noted in an article, ‘A survivor from behind hospital doors,’ that it has been ‘supporting Al-Qaim hospital since early December 2017, providing a fully equipped Mobile Delivery Unit (MDU) and directly contributing financial and logistical support to the reproductive health team of one gynaecology specialist, three medical assistants, three midwives and support staff’, which, by the first quarter of 2018 resulted in the assistance of 378 normal deliveries[[58]](#footnote-59).
    3. An article by UNFPA on 27 August 2018 noted that European Union funding supported emergency obstetric care in: ‘Six hospitals in Telafar, Hawija, Qaim, Hammam Aleel, Qayarra and Shirqat, Basic Emergency Obstetric Care, in four facilities in Beiji, Ana, Qayarra airstrip and Sunoni, five reproductive health clinics in Jadaa, Salameya and Hamman Al-Aleel camps, and 26 RH clinics in West Anbar, West Ninewa, North Salahuddin and Kerbala.’[[59]](#footnote-60)

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Section 9 updated: 21 March 2019

## Heart disease

* + 1. According to the latest World Health Organisation (WHO) data published in 2017, coronary heart disease deaths in Iraq reached 32,589 or 18.50% of total deaths, and ranked 19th in the world[[60]](#footnote-61). The Institute for Health Metrics and Evaluation (IHME) rated ischemic heart disease as the second highest cause of death in Iraq in 2017, after conflict and terror[[61]](#footnote-62).
    2. The Iraqi Centre for Heart Disease website stated that it provides diagnostic, therapeutic, medical and surgical services for all patients suffering from diseases of the heart and blood vessels[[62]](#footnote-63).
    3. In 2017, Dr. Novick of Novick Cardiac Alliance stated that his team of cardiac surgeons and medics in paediatrics had worked in 6 hospitals located in 5 different cities throughout Iraq over the past 8 years. He said that his programme in Karbala, central Iraq had flourished and that the team had been able to provide life-saving heart surgery for over 1,000 children in Iraq. Its website further noted that it was the only organisation providing ‘paediatric heart surgeries in Iraq’[[63]](#footnote-64).
    4. Some examples of hospitals/clinics that treat cardiac conditions and pharmacies/clinics that can provide appropriate medication were found on the MedCOI website, and these examples are listed below:

‘Kirkuk

Azadi Teaching Hospital, Sulaymaniyah – Kirkuk Road, Kirkuk (public facility)

Treatment:

* Inpatient, outpatient and follow up by a cardiologist.
* Diagnostic imaging: ECG (electro cardio gram; cardiology).

Ibn Al- Baytar Public Hospital, Nasir Street, Baghdad (public facility)

Treatment:

* Cardiology, maintenance and follow up of a pacemaker.
* Cardiology, placement of ICD (Implantable Cardioverter Defibrillator)
* Inpatient treatment by a cardiologist.
* Cardiac surgery; open heart surgery.
* Diagnostic imaging by means of Holter monitor/ ambulatory ECG device (cardiology).
* Cardiac surgery; coronary artery bypass grafting (CABG), Bypass.
* Cardiac surgery; PTCA/PCI; coronary angioplasty including follow up.
* Inpatient treatment by a cardiac surgeon.
* Diagnostic imaging: EGC (electro carido gram; cardiology).

Same case further treatment in Baghdad-Private Practice, Beirut Area, Baghdad, (private facility).

* Outpatient treatment and follow up by a cardiac surgeon.[[64]](#footnote-65)

Availability of medication and location of clinics:

Same case from Kirkuk- further treatment- Fawzy Pharmacy, 14 – Ramadan Street, Baghdad (private facility).

* Apixaban; cardiology: anti blood clotting.

Kirkuk pharmacies

Farag Drug Store, Doctor’s Street, Kirkuk (private facility)

* Dabigatran; cardiology: anti blood clotting.
* Ramipril; cardiology: anti hypertension: ACE inhibitor.
* Enalapril; cardiology: anti hypertension: ACE inhibitor.
* Metoprolol; cardiology: anti hypertension; betablockers.
* Atenolol; cardiology: anti hypertension; betablockers.
* Bumetanide; cardiology: anti hypertension: loop diuretics.
* Furosemide; cardiology: anti hypertension: loop diuretics.
* Spironolactone; cardiology: anti hypertension: potassium – saving diuretic.
* Triamterene; cardiology: anti hypertension: potassium – saving diuretic.
* Isosorbide mononitrate; cardiology: for angina pectoris/ ischaemic heart disease, nitrates.
* Isosorbide dinitrate; cardiology: for angina pectoris/ ischaemic heart disease, nitrates.
* Atorvastatin; cardiology: lipid modifying/ cholesterol inhibitors.
* Simvastatin; cardiology: lipid modifying/ cholesterol inhibitors.[[65]](#footnote-66)

Baghdad pharmacies.

Salwa Private Pharmacy, Al Jamiaa Street, Baghdad (private facility).

* Acetylsalicylic acid; cardiology: anti blood clotting: antiplatelet aggregation.
* Clopidogrel; cardiology: anti blood clotting: antiplatelet aggregation.
* Enalapril; cardiology: anti hypertension: ACE inhibitor.
* Isinopril; cardiology: anti hypertension: ADE inhibitor.
* Bisoprolol; cardiology: anti hypertension: betablockers.
* Spironolactone; cardiology: anti hypertension potassium – saving diuretic.
* Sotalol; cardiology: for heart rhythm disorders.
* Atorvastatin; cardiology: lipid modifying/ cholesterol inhibitors.
* Simvastatin; cardiology: lipid modifying/ cholesterol inhibitors.[[66]](#footnote-67)

Kurdistan Region of Iraq (KRI) - Erbil

Hawler Private Hospital, 100 Meter Street, Erbil (private facility)

Treatment:

* Inpatient treatment by a cardiologist.
* Cardiology, placement of ICD (Implantable Cardioverter Defibrillator).
* Inpatient treatment by a cardiac surgeon.

Life Support Team (LST) clinic, Building 809, Italian Village, Gulan Street, Erbil.

* Outpatient treatment and follow up by a cardiologist.
* Cardiology, follow up of ICD by cardiologist.
* Diagnostic treatment and follow up by a cardiac surgeon.

LST pharmacy- availability of medication:

* Ramipril; cardiology: anti hypertension; ACE inhibitor.
* Lisinopril; cardiology: anti hypertension; ACE inhibitor.
* Metoprolol; cardiology: anti hypertension; betablockers.
* Carvedilol; cardiology: anti hypertension; betablockers.
* Nebivolol; cardiology: anti hypertension; betablockers.
* Torasemide; cardiology: anti hypertension; loop diuretics.
* Bumetanide; cardiology: anti hypertension; loop diuretics.
* Furosemide; cardiology: anti hypertension; loop diuretics.
* Eplerenone; cardiology: anti hypertension; potassium – saving diuretic.
* Spironolactone; cardiology: anti hypertension; potassium – saving diuretic.
* Triamterene; cardiology: anti hypertension; potassium – saving diuretic.’[[67]](#footnote-68)

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Section 10 updated: 21 March 2019

## Hepatitis

* + 1. The World Health Organisation (WHO) noted that out of the hepatitis A to E groups, hepatitis A had increased from 1802 cases in 2009 to 4473 in 2014, however WHO noted that the country was a low endemicity country for hepatitis B and C[[68]](#footnote-69).
    2. In 2017, WHO published the Iraq Hepatitis Country Profile detailing national policies and guidelines towards funding, treatment and administration infrastructure which can be found [here](http://www.emro.who.int/images/stories/asd/Hepatitis_profiles/Iraq_Hepatitis_Profile.pdf?ua=1).
    3. Examples of some locations of hospitals/clinics that provide treatment of hepatology (liver diseases) were found on the MedCOI website, and these are listed below:

‘Baghdad

LST Private Clinic, 14 – Ramadan Street, Baghdad (private facility)

Treatment:

* Laboratory research of liver function (PT, albumin, bilirubin, transaminases: ASAT (=SGOT), ALAT (=SGPT).
* Outpatient treatment and follow up by an internal specialist (internist)

Private Practice Hepatologist, Al – Harthia Street, Baghdad (private facility).

* Outpatient treatment by a hepatologist.

Baghdad Medical City, Bab Al Moatham Bridge, Baghdad (public facility).

* Inpatient treatment by a hepatologist.[[69]](#footnote-70)

Kurdistan Region of Iraq- Erbil

LST Private Clinic, Italian Village Villa 809, Erbil (private facility)

* Outpatient treatment and follow up by a hepatologist.

Zheen Private Hospital, Oeshawa Qazi Street, Erbil (private facility).

* Inpatient treatment by a hepatologist.’[[70]](#footnote-71)

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Section 11 updated: 21 March 2019

## HIV/AIDs

* + 1. In an updated 2019 publication of HIV/ AIDS by the World Health Organisation (WHO), it was noted that Iraq was considered to be a country with a low-level epidemic of HIV/AIDS with the prevalence of HIV being less than 0.1% of the population. WHO stated that between 1986 and 2014, half the official reported HIV cases were Iraqi nationals, half were foreigners, with the majority being male and between the ages of 15 and 29. Of these reported cases, 57% were infected by blood transfusion and blood products and there were no reported cases due to injecting drugs, sex work or men having sex with men[[71]](#footnote-72).
    2. WHO continued by saying that: ‘There is no national strategic plan on HIV and AIDS in place, but a draft plan has been developed and is awaiting final endorsement by the authorities. The current annual plan of the National AIDS Centre includes the following areas of focus: surveillance; prevention of transmission; medical treatment and social care; training of health service staff; health education; research; monitoring and evaluation of the programme; and coordination and partnerships.’[[72]](#footnote-73)
    3. A report in Niqash in 2012 stated that between 2008 and 2012 the Ministry of Health recorded that HIV cases in the KRI had risen from 2 to 107 due to foreigners entering the area from outside. The report stated that ‘the regional policy on this is clear: any foreigners wishing to stay in Iraqi Kurdistan longer than ten days must have a blood test. Similar to many other countries in the region, anyone found to have HIV is then deported.’[[73]](#footnote-74)

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Section 12 updated: 21 March 2019

## Kidney diseases

* + 1. Some examples of hospitals/clinics treating kidney diseases (nephrology) and pharmacies/clinics that can provide appropriate medication were found on the MedCOI website and are listed below:

‘Baghdad. Hospitals and treatment.

Al- Karama Teaching Hospital, Near Sheikh Marouf Square, Baghdad (public facility)

* Nephrology; hemodiafiltration (combination of haemodialysis and hemofiltration).
* Nephrology; chronic haemodialysis
* Inpatient treatment by a nephrologist.

Ibn Al- Nafis General Hospital, Al- Andalus Area, Baghdad (public facility)

* Surgical placement of a shunt through jugular vein for haemodialysis.
* Surgical placement of an arterial shunt for haemodialysis.

Al – Janin Private Hospital, Karada Inside Street, Baghdad (private facility)

* Transplantation of kidney including all pre- and after care.

Private Practice, Al – Kindy Street, Baghdad

* Outpatient treatment and follow up by a nephrologist.

Medical laboratory, 14 – Ramadan Street, Baghdad.

* Laboratory research of renal/ kidney function (creatinine, ureum, proteinuria, sodium, potassium levels).

Availability of medication- pharmacy

* Fawzi Private Pharmacy, 14 Ramadan Street, Baghdad (private facility)
* Sodium bicarbonate; nephrology: medication to treat acidosis
* Sevelamer; nephrology: phosphate binder: not calcium and not aluminium containing.
* Lanthanum carbonate; nephrology: phosphate binder: not calcium and not aluminium containing.
* binding medication.
* Calcium polystyrene sulphonate; nephrology: potassium binding medication.[[74]](#footnote-75)

Kurdistan Region of Iraq- Erbil. Hospitals and treatment

Zheen Private Hospital, Peshawa Qazi Street, Erbil (private facility)

* Nephrology: acute haemodialysis.
* Nephrology: chronic haemodialysis (3 times a week).
* Transplant of kidney including all pre- and after care.
* Availability of medication- pharmacy

LST Private Clinic, Italian Village- Villa 809, Erbil (private facility)

* Sevelamer; nephrology: phosphate binder: not calcium and not aluminium containing.’[[75]](#footnote-76)

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Section 13 updated: 21 March 2019

## Liver diseases

* + 1. A ‘causes of death’ website cited the number of deaths from liver disease as about 1 of 156 deaths in Iraq, and that in 2017, the rate was calculated at 0.64%[[76]](#footnote-77).
    2. For more information on liver disease treatment see [Hepatitis](#_Hepatitis).

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Section 14 updated: 21 March 2019

## Malaria

* + 1. The World Health Organisation (WHO) undated report titled ‘Iraq- Malaria’ noted that ‘The last 2 indigenous malaria cases were reported in Iraq in 2008. In 2014, 2 imported cases of malaria were diagnosed in Iraq among non-national individuals. In 2015, another 2 imported cases were reported; one was national and one non-national’[[77]](#footnote-78).
    2. The report further stated:

‘Despite the critical situation in Iraq, great progress has been made in the field of malaria. Currently, Iraq is in the process of developing national strategy for malaria for 2016–2020. The main priorities for keeping the country malaria-free include:

* strengthening disease surveillance and vigilance;
* use of appropriate vector control interventions when needed;
* updating national antimalarial drug policy to include artesunate injection for treatment of severe malaria cases;
* provision of free diagnostics and antimalarial medicines, including rapid diagnostic tests for areas where malaria microscopy of assured quality is not available;
* monitoring and evaluation;
* and human resource development, particularly training or refresher courses for physicians and laboratory technicians on malaria treatment and diagnosis. There is also a need to procure medicines for the management of detected malaria cases.[[78]](#footnote-79)

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Section 15 updated: 21 March 2019

## Mental health

* + 1. The Office of the High Commissioner for Human Rights and the United Nations Assistance Mission for Iraq December 2016 in their report on the Rights of Persons with Disabilities in Iraq noted:

‘The psycho-social health sector in particular is perceived to lack specialized and trained staff and is under-resourced. This is the result of increased poverty, due to the conflict, the international sanctions regime during the 1990s, as well as the targeting of medical and paramedical professionals during 2003-2008, which led to a “brain-drain” of specialized health professionals, including in this particular field…

‘Very limited psycho-social support services seem to be available, and are mostly offered by private institutes, although at a cost that is prohibitive for many families. For instance, one NGO pointed to private institutions patients with autism and Down syndrome charging up to USD250 monthly for their services’.[[79]](#footnote-80)

* + 1. A publication, ‘Iraq’s quiet mental health crisis,’ published on 5 May 2017 by Education for Peace in Iraq Centre, highlighted that ‘Iraqi society today has been shaped by recent history of political repression, punctuated by wars, episodic violence and internecine conflict during which basic service provision and institutional capacity diminished’.[[80]](#footnote-81)
    2. The same source further noted that there are ‘mental health care practitioners across northern Iraq, who struggle to meet overwhelming needs with limited resources. Today, there are only 80 practicing psychologists in Iraq and Iraqi Kurdistan, working alongside a limited number of psychiatrists. Managing overwhelming need for psychosocial care options has pushed local and international organizations to, in some instances, employ under-qualified practitioners who lack the training to treat severe trauma. Many doctors study mental illness from a theoretical standpoint, rather than gain practical skills like case management, doctor-patient ethics, or emergency care for traumatized individuals’[[81]](#footnote-82).
    3. The same report went on to conclude that ‘As Iraqi policymakers look to rebuild their country after three years of brutal urban conflict and manage over 3 million displaced civilians, provision of mental healthcare is not a priority’[[82]](#footnote-83).
    4. On 2 April 2018, Medecins Sans Frontieres noted how much impact war had had on the psychological and emotional well-being of people in Iraq and that it sends its own teams of qualified medical doctors, psychologists and counsellors to ‘provide vital care and support for moderate to severe cases, including Post Traumatic Stress Syndrome (PTSD), depression, schizophrenia and severe anxiety’[[83]](#footnote-84). On 10 April 2017, the Seattle Times commented on the rise of PTSD cases including pressures faced by psychiatric care in post Daesh war-torn Mosul[[84]](#footnote-85) as did Medecins Sans Frontieres on 15 June 2017 for the province of Anbar[[85]](#footnote-86).
    5. Some examples of hospitals/clinics that provide treatment and medication for mental health conditions were found on the MedCOI website:
* ‘Paranoia schizophrenia and psychosis with 24/7 care in Al- Rashad Hospital in Al Sadr City, Baghdad.[[86]](#footnote-87)
* Post-Traumatic Stress Disorder (PTSD) and suicide threat- Ibn – Nidhal Street, Baghdad (public facility), Psychiatric private practice, Al- Maghrib Str, and at Al – Kindy Street, Baghdad (private facilities) and the General Practitioner Private Practice, Baghdad (private facility). A variety of medication was listed as being available at Fawzi Private Pharmacy, 14 Ramadan Street, Baghdad (private facility).[[87]](#footnote-88)
* Borderline personality disorder, substance abuse, alcohol abuse and hard drug user (cocaine, heroin)- Ibn Alrushud Hospital, Al Andulus Street, Baghdad (public facility), and private practices Jedar Centre, Baghdad, Rabab Ataa, Al Jedar Street, Baghdad and Al – Maghrib Street, Baghdad. MedCOI noted that medicines for the addictions were not available at Fawzi Private Pharmacy or Salwa Private Pharmacy, Al – Jamiah Street, Baghdad.’[[88]](#footnote-89)

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Section 16 updated: 21 March 2019

## Musculoskeletal conditions

* + 1. CPIT was not able to find information on the treatment of musculoskeletal conditions at the time of writing in the sources consulted in compiling this note – see [bibliography](#_Bibliography) for full list of sources. However, Shifa Hosptital has been listed by the UK Government website (see [here](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679687/Iraq_Medical_Facilities_List_including_Kurdistan_January_2018.pdf)) as specialising in bone and skeletal diseases.

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Section 17 updated: 21 March 2019

## Neurological conditions

* + 1. It was noted that treatment for neurological conditions were available at the Department of Neurology, Baghdad Teaching Hospital[[89]](#footnote-90), Baghdad.
    2. The American Journal of Clinical and Experimental Medicine published a scientific medical report in May 2018 which stated that Multiple Sclerosis (MS) was the most disabling neurological condition in young adults in Iraq after trauma[[90]](#footnote-91).
    3. In May 2016 the World Neurosurgery Journal published an article on Neurosurgery Capacity in the KRG and noted that:

‘The medical infrastructure of Iraqi Kurdistan, a semiautonomous region in the northern part of Iraq, lags disproportionately behind relative to the otherwise booming industrial advances of the region. Although neurosurgical training is available, the local population lacks trust in its own neurosurgeons. Medical facilities suffer from a lack of basic resources, such as high-speed drills, intracranial pressure monitoring, and stereotaxy to care for neurosurgical patients.

‘Since 2012, American volunteer neurosurgeons have delivered lectures and mentored local neurosurgeons in performing neurosurgical procedures. Over the last 4 years, the visiting neurosurgical team has seen hundreds of patients in consultation and performed more than 50 complex cranial and spinal operations jointly with local neurosurgeons.’[[91]](#footnote-92)

* + 1. Neurological conditions found on the MedCOI website were mainly found to be linked to other conditions, however hospitals providing neurological treatment and medication are stated below:

‘Hospitals:

Al – Ulom Al- Asabia Hospital, Sader al- Qano, Baghdad (private facility).

LST Medical Company, 14 Ramadan Street, Baghdad (private facility).

Treatment:

* Care for the physically handicapped: long term institutional around the clock care.

Saint Raphael Hospital (Al – Rahebat) Karada District, Karada Dakil Street, Baghdad (private facility).

Treatment:

* Inpatient, outpatient and follow up by a neurologist.
* Home assistance/ care at home by a nurse.

Availability of medication:

Saint Raphael Hospital (Al- Rahebat), Karada District, Karada, Dakil Street, Baghdad (private facility).

* Levetiracetam; neurology: antiepileptics.
* Ethosuximide; neurology: antiepileptics.
* Topiramate; neurology: antiepileptics.[[92]](#footnote-93)

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Section 18 updated: 21 March 2019

## Paediatrics

### General Paediatrics

* + 1. Some examples of hospitals/clinics that provide general paediatric treatments are listed below:

‘Hospitals and treatment:

Ibn Al- Haitham General Hospital, Al – Wehda Neighbourhood, Baghdad (public facility)

* Inpatient treatment by a paediatric ophthalmologist.

Private Practice Paediatric Ophthalmologist, 14- Ramadan Street, Baghdad (private facility)

* Outpatient treatment and follow up by a paediatric ophthalmologist.

Central Child Public Hospital, Al – Iskan Neighbourhood, Baghdad (public facility).

* Inpatient treatment and follow up by a paediatric oncologist/ immunologist.
* Diagnostic imaging by means of MRI
* Inpatient treatment by a hepatologist
* Inpatient treatment by a paediatrician.
* Diagnostic imaging by means of computed tomography (CT scan).
* Diagnostic imaging by Doppler ultrasound/ sonography.

Private Practice Paediatric Oncologist/ immunologist, Al – Maghrib Street, Baghdad (private facility)

* Inpatient treatment and follow up by a paediatric oncologist/ immunologist.

Private Practice Paediatric Oncologist/ Immunologist, Al- Maghrib Street, Baghdad.

* Outpatient treatment and follow up by a paediatric oncologist/ immunologist.

Private Practice Hepatologist, Abu Al- Taieara, Baghdad (private facility).

* Outpatient treatment and follow up by a hepatologist.

Private Practice Oncologist, 14 Ramadhan Street, Baghdad (private facility)

* Outpatient treatment and follow up by an oncologist.

Dr. Luay Medical Laboratory

14 – Ramadan Street, Baghdad (private facility)

* Laboratory research of viral load for Hepatitis C
* Laboratory research of HCV anti- body in case of Hepatitis C
* Laboratory research of HCV RNA test (hepatitis C)
* Laboratory research of liver function (PT, albumin, bilirubin, transaminases: ASAT (=SGOT), ALAT (=SGPT).’[[93]](#footnote-94)
  + 1. In Dahuk, 25 October 2016, The World Health Organisation (WHO) detailed the opening of a new neonatal intensive care unit at Heevi Paediatric Hospital with capacity for nine patients:

‘WHO, in collaboration with Dahok Directorate of Health, Sassari University and Associazione Italiana per la Solidarietà tra i Popoli (AISPO) opened a neonatal intensive care unit at Heevi Paediatric Hospital on 12 October 2016 in Dahok.

‘The new 9-bed capacity unit was established as part of a wider project coordinated between WHO, Dahok health authorities and the generous support of the U.S. Foreign Disaster Assistance (OFDA) and the Government of Kuwait to scale up the capacity of the hospital and ensure the delivery of quality services to internally displaced persons (IDPs), Syrian refugees, and the host community in the governorate.’[[94]](#footnote-95)

* + 1. In November 2017, Medecins Sans Frontieres (MSF) in their publication, Crisis Update, stated that they had expanded their maternity, new-born and paediatric care at Nablus Hospital in west Mosul. They also said that they had a team in Zummer catering for normal delivery of babies, ante- and prenatal consultations, basic emergency obstetrics and a small paediatric unit[[95]](#footnote-96).

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### Paediatric cancer

* + 1. A publication by ecancer medical science, on 24 May 2016, stated that reports from the Children’s Welfare Teaching Hospital (CWTH) in Medical City Baghdad, childhood cancers and leukaemia continued to be referred as a long- term health crisis, with numbers increasing. They continued by saying that although services were free, they were somewhat limited. The journal said that all childhood cancers were treated except for brain tumours where suitable treatment facilities could not be accommodated and that there were challenges for medical staff due to a shortage of doctors and oncology nurses[[96]](#footnote-97).

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Section 19 updated: 21 March 2019

## Support for children with hearing, speech and language difficulties

* + 1. On 22 January 2015, the World Health Organisation (WHO) stated that they and: ‘the Kurdistan Regional Government have provided cochlear implants to 20 internally displaced and refugee children in Iraq between the ages of 1 and 6.

‘The support is part of a larger WHO disability prevention and reduction project targeting internally displaced persons (IDPs), refugees and affected host communities in Dohuk. This ongoing project focuses on three main components: 1) the correction of the hearing impairment; 2) vision correction; and 3) restoration of mobility among emergency-affected populations.’[[97]](#footnote-98)

* + 1. In the same publication, WHO said that some children were identifiable for cochlear ear implants, that some had already undergone surgery, and that it was: ‘also working with the Ministry to strengthen the ear, nose and throat (ENT) departments in Duhok governorate to provide surgeries for IDPs and refugees.’[[98]](#footnote-99)
    2. One example of a child diagnosed with expressive language disorder and mixed receptive-expressive language disorder needing speech and physiotherapy and rehabilitation (day care) was found on the MedCOI website. The two-year-old received treatment at the Paediatrics Public Hospital, Cornish Neighbourhood, Kirkuk (public facility), a private practice, on Doctors Street in Kirkuk and the Azadi Public Teaching Hospital, Sulaimaya Road, Kirkuk (public facility)[[99]](#footnote-100).
    3. Another example of paediatric care and special schooling for children with hearing impairments was found on the MedCOI website and is cited below:

‘Al- Bashaier Specialist Academy for Speaking and Hearing Impairment, Al – Mansour- Near of Al- Maamoun Mosque, Baghdad (private facility)

Treatment:

* Paediatric care such as special schooling for children with hearing impairment.

Central Child General Hospital, Al- Iskan Neighbourhood, Baghdad (public facility)

Treatment:

* Inpatient treatment by a child psychologist.
* Inpatient treatment by a paediatrician.

Child Psychologist Private Practice, 14 Ramadan Street, Baghdad (private facility)

Treatment:

* Outpatient treatment and follow up by a child psychologist.

Speech Therapist Private Practice, 14 – Ramadan Street, Baghdad (private facility)

Treatment:

* Outpatient treatment and follow up by a speech therapist

Baghdad Medical City, Bab Al Mouazam, Baghdad (public facility)

Treatment:

* ENT: hearing aid including repair and replacement.
* Inpatient treatment by an ear nose and throat (ENT) specialist.’[[100]](#footnote-101)

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Section 20 updated: 21 March 2019

## Tuberculosis (TB) and other lung diseases

### Tuberculosis (TB)

* + 1. In 2015, the World Health Organisation (WHO) stated that: ‘TB is a public health priority in Iraq. The country is among 7 of the countries of the Region [Eastern Mediterranean Region] with a high burden of TB, and accounts for 3% of the total number of cases. There are an estimated 20 000 TB patients in Iraq. Estimated deaths due to TB are more than 4000 annually…

‘One achievement for TB in 2015 was development of a national strategic plan 2015–2019. The plan intends to improve case detection, expand the DOTS (Directly Observed Treatment-Short course) strategy to remote unreached districts, expand contact tracing, increase collaboration with the private sector, as well as involve communities in TB-related activities.’[[101]](#footnote-102)

* + 1. Tanaffos, a journal of respiratory diseases, including TB, published a detailed analysis of cases registered in treatment centres in 2010. The study found that the ‘incidence of TB is still high in the Iraqi Kurdistan’ and whilst most cases observed were successfully treated ‘there are areas needing improvement especially record-keeping and patient follow-up during and after treatment.’[[102]](#footnote-103).

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### Asthma

* + 1. A 2009 scholarly study published in the Journal of Rural and Tropical Publish Health noted that:

‘Environmental exposure and lifestyle factors are important in the development of asthma in Iraqi children aged 11 to 14 years. Both indoor and outdoor environmental exposures may play a role in the aetiology of childhood asthma, including exposure to herbicides, pesticides, wood/oil smoke, animals and the farm environment. The combined effect of atopy, tobacco smoke and breast-feeding may modify the relationship between various risk factors and asthma.’[[103]](#footnote-104)

* + 1. In a study conducted by a pulmonologist at the Baghdad Teaching Hospital in 2012 on the prevalence of risk factors in Iraqi adult asthmatics, it was concluded that the following were the most common risk factors reported by asthmatics:
* High body mass index.
* Exposure to an environment of house mite inhabitancy.
* Family history of atopy.
* History of allergic diseases.
* Gastro- intestinal symptoms suggestive gastroesophageal reflux disease.
* Allergic rhinitis and sinusitis[[104]](#footnote-105).
  + 1. Some examples of hospitals/clinics that treat Asthma and associated conditions and pharmacies/clinics that can provide appropriate medication were found on the MedCOI website and these are listed below:

‘Baghdad Medical City Hospital, Bab El Moazzam, behind the Ministry of Health, Baghdad (public facility)

Treatment:

* Inpatient treatment by a pulmonologist.
* Medical devices pulmonology: oxygen therapy with device and nasal catheter.
* Medical devices pulmonology: oxygen therapy with O2 pressure tank.

Private Practice, Beirut Street, Baghdad (private facility)

* Outpatient treatment and follow up by a pulmonologist.

Availability of medication- pharmacy.

Salwa Private Pharmacy, Hai Al- Jamea, Baghdad (private facility)

* Beclomethasone + formoterol (combination); pulmonology: anti- asthmatics.
* Salbutamol; pulmonology: anti- asthmatics.
* Formoterol; pulmonology: anti- asthmatics.
* Formoterol + budesonide (combination); pulmonology: anti- asthmatics.
* Beclomethasone; pulmonology: anti- asthmatics: inhalation corticosteroids.
* Budesonide; pulmonology: anti- asthmatics: inhalation corticosteroids.
* Theophylline; pulmonology: COPD (Chronic Obstructive Pulmonary Disease) medication.
* Aminophylline; pulmonology: COPD medication.
* Codeine; pulmonology: medication against coughing.
* Noscapine; pulmonology: medication against coughing.’[[105]](#footnote-106)

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# Terms of Reference

A ‘Terms of Reference’ (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the [country information section](#_Country_information_1). The Home Office’s Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

* + Organisation of the healthcare system
  + Medical conditions

Cancer

Dental treatment

Diabetes

Eye conditions and diseases

Gastroenterological conditions

Heart disease

Hepatitis

HIV/AIDs

Kidney diseases

Liver transplants

Malaria

Mental health

Musculoskeletal conditions

Neurological conditions

Paediatrics

Support for children with speech and language difficulties

Tuberculosis (TB) and other lung diseases

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# Version control

Clearance

Below is information on when this note was cleared:

* version **1.0**
* valid from **7 May 2019**

Changes from last version of this note

First version in CPIN format/template.

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