

# **IRAQ: FACT-FINDING MISSION TO BAGHDAD**

## **IN FEBRUARY 2019**

### **Mental Health Issues and Their Treatment in Iraq**

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17.6.2019

Fact-finding Mission Report

Country Information Service

## Introduction

This report has been prepared as part of the European Union's FAKTA project, which has received funding from the EU's Asylum, Migration and Integration Fund (AMIF)<sup>1</sup>. Two researchers of the Finnish Immigration Service conducted a fact-finding mission to Baghdad in February 2019. The purpose of the journey was to gather information on the following topics:

- Returns to home regions previously occupied by ISIS.
- Availability of protection by the authorities and governance of the areas focusing on the governorates of Al-Anbar, Salah al-Din, Diyala, Nineveh and Baghdad.
- Mental health issues and their care in Iraq
- Single questions concerning Iraqi documents, etc.

This report addresses mental health issues and their treatment in Iraq. Separate reports will be published on the availability of protection by the authorities and governance of the areas as well as returns to home regions.

A total of 20 interviews took place during the mission. The researchers interviewed representatives of the UN organisations and international, national and local organisations, researchers and Iraqi authorities. In Finland, representatives of the Finnish Immigration Service also interviewed an individual who had worked in an international position. Most of the respondents wanted to remain anonymous in the mission reports. Mental health issues were the main topic of four of the interviews.

This report offers an overview on mental health issues and their treatment in Iraq. The researchers on the fact-finding mission and the writers of this report are not medical professionals or experts in psychiatry. The availability of a single therapy method or medical substance is not discussed in this report. If this type of information is needed, it can be found on the MedCOI, the medical database of country of origin information.<sup>2</sup>

Baghdad was the destination of this fact-finding mission. Thus, the interviewees did not possess as comprehensive knowledge of the state of the mental health care in the Kurdistan region of Iraq as they did on the situation in the areas under central governance. During the course of the interviews, it was not always completely clear whether the respondent was referring to Iraq as a whole or only the governorates under central governance.

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<sup>1</sup> Development Project for fact-finding mission practices on country of origin information 2017–2020.

<sup>2</sup> The MedCOI project of medical country of origin information is funded by the EU's AMIF Fund. The participant countries can submit questions to the project team on the availability and accessibility of a medical treatment or medication on a case-by-case basis. The project team will then forward the questions to the partners or physicians who work in the country of origin and have agreed to provide information.

The mission offered a good opportunity for building a contact network composed of international and national actors such as international organisations, authorities, non-governmental organisations (NGOs) and researchers. The network of contacts will be helpful in the future when information about the situation in Iraq is needed for the needs of supporting decision-making at the Finnish Immigration Service.

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### Information on the report

The report by the Finnish Immigration Service's Country Information Service is based on the European Union's quality guidelines for analysing country information as well as guidelines for fact-finding missions. The report is based on carefully selected sources. The report makes use of the interviews conducted during the fact-finding mission and, where necessary, it has been supplemented with written source material. The amount of the source material use is limited, and the report is not exhaustive. To obtain an exhaustive picture about the matter at hand, the report should not be used in decision-making alone but supplemented with other sources. The absence of an event, person or organisation from the report does not imply that it never occurred or that the person or organisation did not exist. The report is based on independent research and analysis by the Country Information Service. The Country Information Service is responsible for the contents of the report. The perspectives and statements presented in the report do not necessarily represent the opinion of the Finnish Immigration Service, nor should the report be regarded as a legal estimate or political statement.

## 1 General information on health care in Iraq

In the 1980s, Iraq had a modern health care system, and the country was among the first countries to adopt the Alma Ata Declaration,<sup>3</sup> which emphasised the availability of public basic health care services to all citizens<sup>4</sup>. The deterioration of the health care services began in the latter half of the 1980s and has continued ever since due to wars and economic sanctions.<sup>5</sup> Iraqi population's access to basic health services in the public sector has also decreased due to the financial problems and shortage of professional health care staff in the country.<sup>6</sup>

The population of Iraq totalled approximately 40.2 million people in July 2018.<sup>7</sup> According to the *Humanitarian Needs Overview* (16/12/2018) by UNOCHA, the UN Office for the Coordination of Humanitarian Affairs, 5.5 million people in Iraq have no access to health care.<sup>8</sup>

According to a comparative analysis published by the WHO (World Health Organization) in 2017, there were approximately 8.4 physicians and 19.4 nurses/midwives per population of 10,000 in Iraq. There were 13 hospital beds per the same number of people.<sup>9</sup> Most of these numbers fall short of those in Jordan, Iran, Saudi Arabia and Kuwait.<sup>10</sup>

The population growth in Iraq is rapid. According to Abdul Zahra al-Hindawi, a representative of the Ministry of Planning, the annual population growth rate is 2.6 per cent. The population growth puts pressure on how the public services are organised. Ahmed Zahab, a researcher of social science from the University of Baghdad says that in order to cope with the needs of the growing population, 70 new hospitals and 4,000 new schools are needed in Baghdad alone. The Iraqi population is young, and the elderly make up only 3 per cent of the population according to Iraq's Central Statistical Organisation.<sup>11</sup>

More substantial investments have been made in the treatment of physical than mental health issues in Iraq.<sup>12</sup> According to one of the interviewees, treatment of physical illnesses is more advanced in Iraq than mental health care. The interviewee comments that the general hospitals have the key devices, laboratory testing facilities and instruments needed. Many governorates have units that specialise in certain physical illnesses, such as cancer. Investments have been allocated more to the treatment of physical illnesses, because they have more direct fatal consequences if left untreated.<sup>13</sup> There is a continued shortage of certain pharmaceuticals and medical devices. The health care infrastructure is inadequate. There is a shortage of certain medical professionals, mental health professionals in particular.<sup>14</sup>

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<sup>3</sup> Representative of a local NGO (C) 19.2.2019.

<sup>4</sup> WHO [undated]a.

<sup>5</sup> Representative of a local NGO (C) 19.2.2019; EPIC/Schweitzer, Matthew, 7.3.2017.

<sup>6</sup> WHO [undated]b.

<sup>7</sup> CIA 20.5.2019.

<sup>8</sup> UNOCHA 16.12.2018, p. 33.

<sup>9</sup> WHO 2017, p. 14, 16.

<sup>10</sup> The equivalent numbers are 14.1, 18.9 and 14 in Jordan; 11.4, 18.7 and 17 in Iran; 23.9, 57.0 and 22.3 in Saudi Arabia; and 29.0, 65.0 and 20.4 in Kuwait. Source: WHO 2017, p. 14, 16.

<sup>11</sup> Al Monitor/Zeed, Adnan Abu 13.10.2018.

<sup>12</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019; representative of an international NGO (C) 20.2.2019.

<sup>13</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>14</sup> Representative of a local NGO (C) 19.2.2019.

According to a representative of an international organisation, the problems of the mental health care sector include poor quality of the services, their insufficient availability and hard accessibility. There are also issues relevant to medication. Abuse of drugs/medicinal substances is a growing issue.<sup>15</sup>

To some degree, organisations cover for the lack of public services in mental health care. One of the interviewees says that when the organisations first started offering their services in Iraq, their first priority was to organise other types of services than mental health care. At first, the organisations focused on water, food and organisation of certain health services, such as reproductive health issues. Later, the organisations have also started to offer services in the field of mental health care.<sup>16</sup>

Out of the major NGOs, at least the following are engaged in mental health care activities: International Medical Corps (IMC)<sup>17</sup>, Heartland Alliance<sup>18</sup> and Médecins Sans Frontières (MSF)<sup>19</sup>. This report, however, concentrates on the mental health care services offered by the public sector and the work of the organisations is only described in the extent that it came up during the mission.

The Iraq Ministry of Health has classified the governorates according to the mental health care services available in them.<sup>20</sup> According to the Ministry of Health, the poorest class contains mostly governorates that have suffered from the ISIS conflict.<sup>21</sup> The interviewee did not specify the classification of the governorates in more detail, but it was mentioned that at least the governorates of Nineveh and Kirkuk are classified in the bottom category. Additionally, it appears that the governorates of Al Anbar, Diyala and some governorates in the south of the country are classified as 'poor', because national and governorate instructions put forth that non-governmental organisations should offer mental health services in these governorates in addition to Nineveh and Kirkuk.<sup>22</sup> Even though progress has taken place in the mental health services, the current level of services remains insufficient, because mental health problems are so widely spread.<sup>23</sup>

In each of the 18 governorates, the administration of health care services is managed by a Directorate of Health. In the governorate of Baghdad, there are two directorates.<sup>24</sup> Each governorate also has a department that manages the administration of mental health services.<sup>25</sup> The districts of the Directorates of Health have been divided further into 118 health districts. Each district covers approximately 200,000–300,000 people.<sup>26</sup>

There is an inter-administrative agency in Iraq in the mental health sector, the High Commission for Mental Health. The Commission engages in strategic planning and preparation of operational politics in the mental health care sector. WHO, the United Nations health organisation, supports the Commission in its contribution to achieve Iraq's sustainable

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<sup>15</sup> Representative of an international organisation (G) 19.2.2019.

<sup>16</sup> Representative of a local NGO (C) 19.2.2019.

<sup>17</sup> IMC [undated].

<sup>18</sup> Heartland Alliance [undated].

<sup>19</sup> MSF [undated].

<sup>20</sup> Representative of a local NGO (C) 19.2.2019.

<sup>21</sup> Representative of a local NGO (C) 19.2.2019.

<sup>22</sup> Representative of a local NGO (C) 19.2.2019.

<sup>23</sup> Representative of an international organisation (G) 19.2.2019.

<sup>24</sup> MedCoi 2017.

<sup>25</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 19.2.2019.

<sup>26</sup> MedCoi 2017.

development goals (SDG) and universal coverage of health care.<sup>27</sup> WHO's global action plan (GAP) for 2013–2020 is called the Mental health action plan<sup>28</sup>. One of its goals is to reduce deaths caused by early, non-communicable diseases, including mental illnesses, by 30 per cent. At present, it seems that many countries, including Iraq, will not be able to meet the goals set by WHO. WHO has requested its members to prepare plans for 2020–2023 on how to achieve the goal of universal coverage of health care and accelerate the achievement of the sustainable development goals.<sup>29</sup>

The costs of health care in Iraq, both in the public and private sector, are in most cases directly paid for by the Iraqi people. The use of public funds to subsidise the services of the public sector has decreased in comparison to the past.<sup>30</sup> Health care insurances offered by insurance providers are not customary in the country. They have usually been offered to people working in certain sectors only, for example in banking services. People have started to show rising interest towards health insurance policies. The national insurance company of Iraq offers the most comprehensive insurance schemes. There are also some smaller private insurance companies that have been in operation since the times of the Ba'ath Party and, consequently, have extensive experience in the field. These insurance companies work in cooperation with international insurance companies.<sup>31</sup>

## 2 Mental health issues in Iraq

The prevalence of mental health problems in Iraq has not been documented. According to a representative of an international non-governmental organisation, it is similarly unestablished whether mental disorders, such as depression, are more common today than they used to be before the conflict. There is no reason to believe that there are fewer mental health issues in Iraq than in other countries, but the number of mental health professionals is considerably smaller in Iraq than in the other countries in the region, with the exception of Syria.<sup>32</sup> The prevalence of post-traumatic stress disorder (PTSD) has not been investigated, but the interviewee thinks that the matter should be explored, because PTSD is a very common disorder.<sup>33</sup> International Business Times (issue 04/10/2017) writes that PTSD symptoms have become increasingly common in Mosul because of the ISIS conflict.<sup>34</sup> People often fail to understand that this type of a stress reaction is a mental disorder, which means that it is very typical not to seek help.<sup>35</sup> According to one of the interviewees, approximately one in five people suffer from some type of mental health issue.<sup>36</sup>

A representative of an international NGO comments that depression, addiction and suicide rates are all growing across Iraq. This does not affect only the internally displaced persons (IDPs), even though they are a group with whom the issue has been particularly highlighted.<sup>37</sup> According to the information received by UNOCHA, the number of suicides and suicide

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<sup>27</sup> Representative of an international organisation (G) 19.2.2019.

<sup>28</sup> WHO [undated]c.

<sup>29</sup> Representative of an international organisation (G) 19.2.2019.

<sup>30</sup> Representative of an international organisation (G) 19.2.2019.

<sup>31</sup> Representative of a local NGO (C) 19.2.2019.

<sup>32</sup> Representative of an international NGO (C) 20.2.2019.

<sup>33</sup> Representative of an international NGO (C) 20.2.2019.

<sup>34</sup> International Business Times/Keefa, Josh 4.10.2017.

<sup>35</sup> Representative of an international NGO (C) 20.2.2019.

<sup>36</sup> Representative of an international organisation (G) 19.2.2019.

<sup>37</sup> Representative of an international organisation (G) 19.2.2019.

attempts by those affected by the conflict have increased.<sup>38</sup> In his interview in the AI Monitor, Ahmad al-Thalab, a researcher from the University of Baghdad states that research data shows high suicide rates among women and girls in particular.<sup>39</sup>

Several interviewees remarked that while ISIS brought mental health issues into the wider attention, they date to an earlier time.<sup>40</sup> A person born in 1980 for example, has experienced the eight-year Iran–Iraq War, the Gulf War of 1991, the economic sanctions imposed on Iraq for several years, the 2003 war, the civil war in the mid-2000s, and after these, the ISIS conflict and its consequences.<sup>41</sup>

### 3 Three-tier system of services; the roles of outpatient care and institutional care

Mental health services have been divided into three steps: primary mental health care in the health care centres, some of which also offer mental health care services, secondary mental health care and tertiary mental health care.<sup>42</sup> Tertiary mental health care means inpatient care by the special health care services.<sup>43</sup>

Secondary health care was defined to mean care available in the largest general hospitals that are also tasked with teaching responsibilities. One of such teaching hospitals in Baghdad is located in Kadhimiya. There is a psychiatrist at these secondary-level hospitals, but there are very few psychiatrists.<sup>44</sup> Furthermore, some of the general hospitals have units specialised in mental disorders,<sup>45</sup> but it was impossible to determine, based on these interviews, whether these hospitals are considered to constitute a part of secondary mental health care. In all, secondary care was considered “not well-established”.<sup>46</sup> This report looks at the services offered by the health care centres and the tertiary mental health care services offered as inpatient care in specialised hospitals in separate chapters.

It was brought up that there are 34 clinics specialised in mental health care in Iraq. The interview gave the impression that the clinics are confused about what belongs in their tasks.<sup>47</sup>

According to a representative of an international organisation, mental health care services in Iraq tend to focus on institutional care, which is problematic. The goal is to decrease the reliance on secondary and tertiary health care and to shift the focus more on the basic health care. According to the interviewee, more attention should be paid to community-oriented outpatient care, but this would require major investments in secondary care. There are many local efforts to develop new types of services for outpatient care. Setting up some kind of day centres that will offer services is one of the goals. At present, many outpatient

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<sup>38</sup> UNOCHA Iraq 16.12.2018, p. 31.

<sup>39</sup> AI Monitor/Zeed, Adnan Abu 6.6.2019.

<sup>40</sup> Representative of an international organisation (G) 19.12.2019; Representative of a local NGO (C) 19.2.2019.

<sup>41</sup> Representative of an international organisation (G) 19.2.2019.

<sup>42</sup> Representative of a local NGO (C) 19.2.2019.

<sup>43</sup> Representative of a local NGO (C) 19.2.2019.

<sup>44</sup> Representative of a local NGO (C) 19.2.2019.

<sup>45</sup> Representative of an international organisation (G) 19.2.2019.

<sup>46</sup> Representative of an international organisation (G) 19.2.2019.

<sup>47</sup> Representative of an international organisation (G) 19.2.2019.

services customers have to go to hospitals to receive care instead of primary-level services.<sup>48</sup> The establishment of two day centres is under way. The interviewee did not mention where these day centres will be located. The day centres would be meant for the transition phase from inpatient care back to the community.<sup>49</sup>

The interviews left the impression that medication is the primary method of treatment of mental health issues.<sup>50</sup> None of the four interviewees mentioned that psychotherapeutic services would be commonly available, and the profession of a psychotherapist was never even mentioned. Only one of the psychiatrists interviewed mentioned that psychotherapy is offered for the patients at the hospital where the interviewee works.<sup>51</sup> One of the interviewees, a representative of an organisation, mentioned that Finland and some other countries are valued in Iraq for the development of different forms of therapy, including music and art therapy, and their application in stress management.<sup>52</sup>

## 4 Human resources at the mental health care sector

It was noted that mental health care professionals are divided into three professions on the basis of the services they are allowed to offer:

- Psychiatrists, who are medical doctors specialised in psychiatry. These professionals have the most specialised training and can offer specialised health care services in the secondary and tertiary level of health care services. Psychiatrists are allowed to prescribe medication.
- Psychologists. Psychologists are not allowed to prescribe medication. The specialised profession of a clinical psychologist, with the permission to prescribe medications, does not exist in Iraq.
- General practitioners or family doctors, some of whom have taken courses in mental health care. They work in basic health care or secondary health care services.<sup>53</sup>

The number of mental health care professionals in Iraq has not been documented.<sup>54</sup> According to all the interviewees, the key problem of mental health care services is the shortage of professionals in the field.<sup>55</sup> It was stated that there is a shortage of psychiatrists<sup>56</sup>,

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<sup>48</sup> Representative of an international organisation (G) 19.2.2019.

<sup>49</sup> Representative of an international organisation (G) 19.2.2019.

<sup>50</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019; Representative of a local NGO (C) 19.2.2019; Representative of an international organisation (G) 19.2.2019; Representative of an international NGO (C) 20.2.2019.

<sup>51</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>52</sup> Representative of a local NGO (C) 19.2.2019.

<sup>53</sup> Representative of a local NGO (C) 19.2.2019.

<sup>54</sup> Representative of an international NGO (C) 20.2.2019.

<sup>55</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019; Representative of a local NGO (C) 19.2.2019; Representative of an international NGO (C) 20.2.2019; Representative of an international organisation (G) 19.2.2019.

<sup>56</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019; Representative of a local NGO (C) 19.2.2019; Representative of an international organisation (G) 19.2.2019.

clinical psychologists<sup>57</sup>, “psychological social workers”, nurses and other mental health care professionals.<sup>58</sup>

The whole country has approximately 100–200 psychiatrists employed in the public sector.<sup>59</sup> According to a representative of an international organisation, there is one psychiatrist in the country per 300,000 people, which is insufficient considering the needs.<sup>60</sup> According to the MedCOI medical databank, there are approximately 400 psychiatrists in Iraq in all (including the private sector), whereas the current need would be 5,000 psychiatrists.<sup>61</sup> Some governorates have only one psychiatrist.<sup>62</sup> The records indicate that the governorates of Salah al-Din<sup>63</sup> and Anbar<sup>64</sup> had only one psychiatrist each. The only psychiatrist of the Anbar governorate works at the hospital in Ramadi three to four mornings a week. The psychiatrist resources of the governorate were equally limited before the conflict.<sup>65</sup> Some of the psychiatrists have not received sufficient training to treat all types of mental disorders or a large number of patients.<sup>66</sup>

Individuals trained as psychologists are not usually employed in health care services in the public sector. Psychologists work in other types of positions in the public sector, as school psychologists for example. The private health care sector similarly gives precedence to psychiatrists over psychologists.<sup>67</sup> According to one interviewee, there are approximately 50–80 clinicians or psychologists engaged in patient work in the country.<sup>68</sup> It was not determined during the interview what this estimate means in detail.<sup>69</sup>

Some GPs have been trained to identify and classify mental health issues and their symptoms in accordance with WHO's Mental Health Gap Action Programme (mhGAP)<sup>70,71</sup> This training takes one to three weeks. It was mentioned that this training is a temporary measure that was implemented because it will take a long time for mental health care to be normalised as an area of specialisation in the public sector.<sup>72</sup> The fast courses for GPs are carried out in the governorates of Salah al-Din,<sup>73</sup> Anbar and Erbil.<sup>74</sup>

In addition to the shortage of human resources in the sector, many of the interviewees mentioned that the professionals do not have sufficient training or experience to meet the needs.<sup>75</sup> Social workers and nurses who work in mental health care services would need further training so that they could improve professionalism in their work.<sup>76</sup> Courses have been

<sup>57</sup> Representative of a local NGO (C) 19.2.2019.

<sup>58</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>59</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>60</sup> Representative of an international organisation (G) 19.2.2019.

<sup>61</sup> MedCOI 2017.

<sup>62</sup> Representative of a local NGO (C) 19.2.2019.

<sup>63</sup> Representative of a local NGO (C) 19.2.2019.

<sup>64</sup> Representative of an international NGO (C) 20.2.2019.

<sup>65</sup> Representative of an international NGO (C) 20.2.2019.

<sup>66</sup> Representative of a local NGO (C) 19.2.2019.

<sup>67</sup> Representative of a local NGO (C) 19.2.2019.

<sup>68</sup> Representative of an international NGO (C) 20.2.2019.

<sup>69</sup> Representative of an international NGO (C) 20.2.2019.

<sup>70</sup> Representative of an international NGO (C) 20.2.2019.

<sup>71</sup> Representative of a local NGO (C) 19.2.2019; Representative of an international NGO (C) 20.2.2019.

<sup>72</sup> Representative of an international NGO (C). Interview on 20/02/2019.

<sup>73</sup> Representative of a local NGO (C) 19.2.2019.

<sup>74</sup> Representative of an international NGO (C) 20.2.2019.

<sup>75</sup> Representative of a local NGO (C) 19.2.2019; Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019; Representative of an international organisation (G) 19.2.2019.

<sup>76</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital. 21.2.2019.

organised for primary health care staff under the Ministry of Health, but not enough courses have been available.<sup>77</sup>

The health care services in Iraq mostly concentrate in cities.<sup>78</sup> Approximately 75 per cent of doctors, pharmacists and nurses have left their jobs after 2003.<sup>79</sup> The interviewees suggest that there are so few health care professionals because so many professionals have left the country<sup>80</sup>, the mental health care issues remain taboo<sup>81</sup>, the emphasis on other special disciplines by the Ministry of Health<sup>82</sup> and the high risk factors in the sector<sup>83</sup>. Doctors and other health care professionals are kidnapped. According to a representative of an international organisation, kidnapping is a risk for anyone with any money.<sup>84</sup> Some people in Iraq continue to observe traditional practices of tribal justice alongside state legislation. If a physician fails to prevent a patient's death, his/her own life could be threatened. It was mentioned that this tribal threat is common and applies to both male and female physicians.<sup>85</sup> During the fact-finding mission, there was a campaign intended to show support for a young medical practitioner in Kirkuk after he was physically attacked and suffered serious injuries in the aftermath of the death of an elderly patient of his.<sup>86</sup>

Graduates of the six-year programme at medical school usually turn away from psychiatry as their area of specialisation, because mental health problems remain a taboo in Iraq. Individuals suffering from mental health issues do not want to be stigmatised in the eyes of their community, and this is why they often try to hide their problems and prefer not to seek treatment.<sup>87</sup>

Pay cuts have affected public sector doctors, at least in the Kurdistan area of Iraq. According to an article in the New Humanitarian (12/10/2016), the monthly pay of a doctor has been cut down to approximately USD 500 at the largest public hospital in the city of Erbil in Iraqi Kurdistan. This is approximately USD 2,000 less than before the ISIS conflict. In the evenings, doctors work in the private sector.<sup>88</sup>

## 5 Health care centres and their mental health care services

### 5.1 Overview of health care centre services

An undated report by the WHO states that there are 1,185 primary health care centres (PHCC) with a physician in Iraq and 1,146 PHCCs with only mid-level workers.<sup>89</sup>

During the fact-finding mission, a representative of an international organisation provided slightly higher numbers in an interview. According to the interviewee, there are

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<sup>77</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>78</sup> MedCOI 2017.

<sup>79</sup> MedCOI 2017.

<sup>80</sup> Representative of a local NGO (C) 19.2.2019; Representative of an international company 20.2.2019.

<sup>81</sup> Representative of a local NGO (C). 19.2.2019.

<sup>82</sup> Representative of an international NGO (C) 20.2.2019.

<sup>83</sup> Representative of a local NGO (C) 19.2.2019.

<sup>84</sup> Representative of an international company 20.2.2019.

<sup>85</sup> Representative of a local NGO (C) 19.2.2019.

<sup>86</sup> Representative of a local NGO (C) 19.2.2019.

<sup>87</sup> Representative of a local NGO (C) 19.2.2019.

<sup>88</sup> The New Humanitarian (previously IRIN News) 12.10.2016.

<sup>89</sup> WHO [undated]a.

approximately 2,650 health care centres in Iraq at present, and the intention is to increase this number. Fifty-one per cent of the PHCCs employ a person trained as a medical doctor whereas the services are provided by other types of professionals in 49 per cent of the health care centres. Approximately one thousand PHCCs are operated by health assistants, without physicians. Approximately 1,450 of all the health care centres are central health care centres with medical doctors and nurses, and they offer high-class level of services, the interviewee says.<sup>90</sup>

According to the medical database MedCOI, the following services are offered by the health care centres that are not classified as central health care centres: Prenatal and children's services, assistance in normal childbirth, information, education and communication activities, vaccinations, some curative services, some basic medication and selected laboratory services. The central health care centres feature a wider selection of services. In addition to the aforementioned, they offer care of contagious and non-communicable diseases, mental health care, first aid services, dental care and a more diverse selection of the most important medication and laboratory services than the smaller health care centres.<sup>91</sup>

The health care centres are open for everyone and treatment can be sought regardless of the patient's domicile. No referral is needed to transfer from a health care centre in the home region to another health care centre in another location.<sup>92</sup> On the other hand, the interviewee stated that anyone who needs a referral can get one.<sup>93</sup> According to IOM, a client will only need a personal ID and money to access health care.<sup>94</sup>

The infrastructure and capacity are insufficient in approximately one in four of the health care centres.<sup>95</sup> Many health care centres, in the rural areas in particular, are in a poor condition and lack qualified staff. The health care centres in cities are better equipped, but this does not mean that there would be personnel who can operate the equipment. The health care centres are also very busy. They are usually open from Saturday to Thursday from 8.30 a.m. to 12.30 p.m. The doctors and nurses only work a few hours a day and their pay is very poor. They then go on to work in the private sector in the afternoon. It is common that the facilities lack cold storage facilities for medication or vaccines that would need to be in cold storage. It can take two to three hours to travel to a health care centre in the rural areas, in the mountains or the marshlands.<sup>96</sup>

## 5.2 Health care centres that offer mental health services

Theoretically, the approximately 2,650 health care centres in the country guarantee that no-one lives too far from a health care centre. However, very limited services are offered in the smaller towns and villages. In cases where psychiatric expertise is required, patients have to turn to the services located in the governorate centres to seek treatment. A representative of an international organisation explained that even though there are health care centres

<sup>90</sup> Representative of an international organisation (G) 19.2.2019.

<sup>91</sup> MedCOI 2017.

<sup>92</sup> Representative of an international organisation (G) 19.2.2019.

<sup>93</sup> Representative of an international organisation (G) 19.2.2019.

<sup>94</sup> IOM & Bundesamt für Migration und Flüchtlinge 2018, p. 3.

<sup>95</sup> Representative of an international organisation (G) 19.2.2019.

<sup>96</sup> MedCOI 2017.

“everywhere” in Iraq, specialised services are not universally available. This is particularly true for mental health care services.<sup>97</sup>

Approximately 900 of the health care centres have a unit that offers mental health care services. Special tasks concerning mental health care services have been assigned for these 900 health care centres, including the prevention of mental health problems, mental health care services at schools, programmes for victims of domestic violence, community orientation (including IDP camps), examinations and therapy. These 900 health care centres do not cover all areas of Iraq. Approximately half of them have a separate room where a client can discuss his/her matters in private. In the other half, meaning approximately 450 health care centres, mental health care has been integrated with other services, and a customer's privacy cannot be guaranteed. According to a representative of an international organisation, approximately half work well, and the other half “like this and that”.<sup>98</sup>

The health care centres that offer mental health care have been divided into classes A, B, and C. The following factors are used as the basis of the classification:

- Is there a psychologist at the health care centre?
- Does the patient have an opportunity to discuss his/her matters with the psychologist in a separate room or only in the common client facilities?
- Other services and equipment at the health care centre, including power supply<sup>99</sup>

## 6 Psychiatric hospitals and psychiatric units at general hospitals

### 6.1 Psychiatric hospitals

There are four hospitals specialised in psychiatry in Iraq. Two of these are located in Baghdad: Al Rashad and Ibn Rushd.<sup>100</sup> The other two are located in Diwaniya, in the governorate of Al-Qadisiyah, and Sulaymaniyah in the Iraqi Kurdistan.<sup>101</sup> The hospital in Diwaniya was described as primitive.<sup>102</sup> None of the interviewees described the services offered by the hospital in Sulaymaniyah.

The larger of the Baghdad hospitals, the Al Rashad Psychiatric Hospital, has about 1,200 hospital beds that are constantly occupied, and there is a waiting list for the hospital. The hospital mostly admits people with chronic schizophrenia. Patients come to Al Rashad from all the governorates. This is the only hospital in the country that offers long-term institutional care for schizophrenic patients.<sup>103</sup> Approximately 70 doctors work at the Al Rashad Psychiatric Hospital.<sup>104</sup>

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<sup>97</sup> Representative of an international organisation (G) 19.2.2019.

<sup>98</sup> Representative of an international organisation (G) 19.2.2019.

<sup>99</sup> Representative of a local NGO (C) 19.2.2019.

<sup>100</sup> Representative of an international organisation (G) 19.2.2019; Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>101</sup> Representative of an international organisation (G) 19.2.2019.

<sup>102</sup> Representative of an international organisation (G) 19.2.2019.

<sup>103</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>104</sup> Representative of an international NGO (C) 20.2.2019.

The mental disorders treated at the smaller Ibn Rushd Psychiatric Hospital include schizophrenia, psychosis, different types of anxiety disorders, post-traumatic stress disorder, and alcohol, methamphetamine and substance addictions. Child patients usually suffer from mental retardation, autism, ADHD or anxiety disorders. There are 64 hospital beds at Ibn Rushd. Additional 100–150 clients of the outpatient clinic visit the hospital daily. Four rooms are used for outpatient clinic patients' appointments.<sup>105</sup>

It was brought up that the infrastructure of the psychiatric hospitals in Baghdad is insufficient. The buildings of both Al Rashad and Ibn Rushd hospitals are old and Ibn Rushd at least is in need of a refurbishment.<sup>106</sup> Most hospital buildings in Iraq were originally built as general hospitals. According to one interviewee, there is a need to build new hospitals that would be designed to be used as psychiatric hospitals.<sup>107</sup>

In theory, anyone who needs the services can seek treatment at a psychiatric hospital.<sup>108</sup> Some groups lack the opportunity to seek treatment, however, for example people with limited means, without safety nets as well as some minorities.<sup>109</sup> Travelling within the country can be an additional challenge. When travelling from one governorate to another, an individual can be required to present a written evidence for the purpose of the journey. A document from the hospital can be used as such evidence. Travelling without documents is risky.<sup>110</sup>

According to a local non-governmental organisation, women cannot be admitted to the hospital as patients without an escort, for example a family member who is authorised to escort her to the hospital. Usually this family member is the husband. A woman can only be released from the hospital if picked up by the person who took her there, even if the patient is well. This is a problem especially for women who suffer from domestic violence.<sup>111</sup>

## 6.2 Psychiatric units at general hospitals

Alongside psychiatric hospitals, there are units that treat mental disorders in the general hospitals of each governorate.<sup>112</sup> The establishment of these began after 2003.<sup>113</sup> It was stated that there are approximately 20 of these units.<sup>114</sup> It was estimated that only two of all the (public) hospitals in all the governorates work in full force.<sup>115</sup> The psychiatric units at the general hospitals are probably very small, because it was mentioned that there are under ten beds for psychiatric inpatients at the Medical City general hospital in Baghdad. There are 18 hospital beds for these patients at the hospital in Yarmouk.<sup>116</sup> In Anbar, there are no inpatient beds in the psychiatric unit of the hospital.<sup>117</sup> Mental health disorders remain, to a

<sup>105</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>106</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>107</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>108</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>109</sup> Representative of a local NGO (C) 19.2.2019.

<sup>110</sup> Chatelard, G. In EASO 2/2019a, p. 19.

<sup>111</sup> Representative of a local NGO (C) 19.2.2019.

<sup>112</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019; Sadik, Sabah & Abdulrahman, Saad & Bradley, Marie & Jenkins, Rachel 03/2011. Original source: Sadiq S, Al-Jadiry M. Mental health services in Iraq. *International Psychiatry* 2006; 3:11–13.

<sup>113</sup> Sadik, Sabah & Abdulrahman, Saad & Bradley, Marie & Jenkins, Rachel 03/2011. Original source: Sadiq S, Al-Jadiry M. Mental health services in Iraq. *International Psychiatry* 2006; 3:11–13.

<sup>114</sup> Representative of an international organisation (G) 19.2.2019.

<sup>115</sup> Representative of an international organisation (G) 19.2.2019.

<sup>116</sup> Representative of an international NGO (C) 20.2.2019.

<sup>117</sup> Representative of an international NGO (C) 20.2.2019.

certain extent, a taboo in Iraq. According to the interviewee, the hospitals usually clearly indicate the telephone numbers of their specialists, but the psychiatrist's telephone number was left out at least in one of the hospitals.<sup>118</sup> It remained unclear whether the psychiatric units at the general hospitals are classified as secondary care, which was described as not well established.<sup>119</sup>

## 7 Basic health services in the most challenging areas of the formerly “conflict-ridden governorates”

The availability of health care services varies greatly across the country. According to one interviewee, there are no problems with access to basic health care (physical illnesses) or the quality of services in Baghdad. There are several general hospitals of good quality in the city. However, there are fields that are not similarly up to standard in Iraq, like physical therapy.<sup>120</sup> Concerning Basra, it was mentioned that the general hospitals in the region do a good job, but many of them have been or still are damaged.<sup>121</sup>

According to the *Humanitarian Needs Overview* by UNOCHA (16/12/2018), it is estimated that 5.5 million people in Iraq will not have access to health care in 2019. In 2018 the corresponding figure was 7.6 million.<sup>122</sup> The map enclosed in the overview suggests that the greatest need is in the western parts of the country as well as the south.<sup>123</sup> The governorates of Nineveh, Anbar and Salah al-Din in particular have people in need of physical and mental rehabilitation services.<sup>124</sup> A representative of a local non-governmental organisation similarly states that mental health services are needed in particular in the areas freed from ISIS occupancy and the south of the country where, according to the source, people still have not recovered from the 1991 conflict.<sup>125</sup>

According to the view of a representative of an international organisation, it is usually possible to access the most basic primary health care services (treating physical conditions) in the areas freed from ISIS, but the quality and quantity of the services should be increased. The increase in volume means that more staff and infrastructure will be needed. People will also need financial support in order to use the services without unreasonable difficulties.<sup>126</sup>

According to one of the interviewees, it is not unlikely that an Iraqi person will tell you that it is difficult to access treatment for mental health issues. You will be able to access treatment if you live in Baghdad or another major city and have the money to pay for it. According to the source, it is not impossible for ordinary Iraqi people to access treatment, there are no obstacles as such, but the system is weak. The quality decreases the closer you get to the conflict-ridden areas.<sup>127</sup>

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<sup>118</sup> Representative of a local NGO (C) 19.2.2019.

<sup>119</sup> Representative of an international organisation (G) 19.2.2019.

<sup>120</sup> Representative of an international NGO (C) 20.2.2019.

<sup>121</sup> Representative of an international organisation (G) 19.2.2019.

<sup>122</sup> UNOCHA 16.12.2018, p. 34.

<sup>123</sup> UNOCHA 16.12.2018, p. 33 [map].

<sup>124</sup> UNOCHA 16.12.2018, p. 35.

<sup>125</sup> Representative of a local NGO (C) 19.2.2019.

<sup>126</sup> Representative of an international organisation (G) 19.2.2019.

<sup>127</sup> Representative of an international NGO (C) 20.2.2019.

## 7.1 Nineveh governorate

According to the Ministry of Health of Iraq, 32 per cent of the hospitals in the governorate of Nineveh and 14 per cent of the health care centres were demolished.<sup>128</sup> A lot of infrastructure has been destroyed in Mosul, for example five to six large hospitals. These hospitals continue to offer some services. Small operating theatres have been set up in temporary buildings.<sup>129</sup> One of the organisations manages a project that supports the Ministry of Health and the governorate authorities in the reintroduction of public mental health services.<sup>130</sup> One of the interviewees mentioned that there is a psychiatric hospital in Mosul.<sup>131</sup> It remained unclear whether this is a (temporary) hospital managed by one of the organisations.

The general hospital in Qayara was destroyed in the conflict. Repair work has been carried out, but it has not been completed yet. The renovation work is scheduled to be completed by the end of 2019. After this, the hospital must be provided the required equipment and staff has to be hired to work there. This can easily take one to three years.<sup>132</sup>

In the region of Sinjar, a public hospital is in operation only partly. It is estimated that it will take one to five years before the government will have repaired the infrastructure and hired staff for the hospital so that its operations will be running normally.<sup>133</sup> According to an article on the New Humanitarian news site (16/03/2018), the general hospital of Sinjar used to receive 270–300 patients a day just a few weeks earlier, but the number of patients was cut in half after the government introduced a new price list. Even though the appointment fee of 2,000 dinars (equals approximately €1.53<sup>134</sup>) and the prescription fee of 1,000 dinars (approx. €0.77<sup>135</sup>) seem modest, they are too much for many people in the regions where people can hardly afford food.<sup>136</sup>

According to the non-governmental organisation source interviewed, the security situation is unstable in Baiji, Tal Afar, Sinjar, and Hatra. In Baiji and Hatra basic health care services are only offered by some organisations.<sup>137</sup>

In some cases, free-of-charge mental health care is more readily available for people living in IDP camps than for local residents. This is because non-governmental organisations present at the camps can offer mental health services with the help of international funding. It was reported that it is easier for IDPs to receive services than people returning to Mosul or Tal Afar.<sup>138</sup> The situation of such internally displaced persons is not especially poor regarding health services. As a human rights issue, the IDP camps can become a source of great concern.<sup>139</sup>

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<sup>128</sup> UNOCHA 16.12.2018, p. 33.

<sup>129</sup> Representative of an international NGO (C) 20.2.2019.

<sup>130</sup> Representative of an international NGO (C) 20.2.2019.

<sup>131</sup> Representative of an international NGO (C) 20.2.2019.

<sup>132</sup> Representative of an international NGO (C) 20.2.2019.

<sup>133</sup> Representative of an international NGO (C) 20.2.2019.

<sup>134</sup> <https://valuuttamuunnin.com>

<sup>135</sup> <https://valuuttamuunnin.com>

<sup>136</sup> The New Humanitarian 16.3.2018

<sup>137</sup> Representative of a local NGO (C) 19.2.2019.

<sup>138</sup> Representative of an international NGO (C) 20.2.2019.

<sup>139</sup> Representative of an international NGO (C) 20.2.2019.

## 7.2 Salah al-Din governorate

There is only one psychiatrist working in the public sector in the whole governorate of Salah al-Din.<sup>140</sup> There is one general hospital in Baiji, but other than that, there are very limited health care services available.<sup>141</sup> One interviewee explains that the isolated and guarded village of Farhatia near Samarra could be called the village of people with connections to ISIS. There are shortcomings in the availability of reproductive health services in the area.<sup>142</sup> In the district of Shirqat, especially in the eastern part of the district, there are a lot of landmines and explosives.<sup>143</sup>

## 7.3 Kirkuk governorate

According to the Iraqi Ministry of Health, 35 per cent of the health care centres in the governorate of Kirkuk are not in operation at present.<sup>144</sup> There is only one general hospital in the Hawija region in the Kirkuk governorate.<sup>145</sup>

## 7.4 Anbar governorate

According to the Iraqi Ministry of Health, 17 per cent of the hospitals in the governorate of Anbar are not working at full capacity.<sup>146</sup> One interviewee mentions that at the time when residents were fleeing the ISIS conflict in great numbers, there was approximately one doctor per 50,000 residents in Anbar.<sup>147</sup> One psychiatrist is working in the public sector in Anbar, in Ramadi, which is the administrative capital of the governorate.<sup>148</sup> In Anbar, there are no inpatient beds in the psychiatric unit of the hospital.<sup>149</sup> A non-governmental organisation offers some services by a psychologist/psychiatrist and some inpatient beds for urgent cases.<sup>150</sup>

# 8 Costs of services and medication for consumers

Information from 2017 suggests that the monthly salary in Iraq averaged USD 200–2,500 (€179.30–€2,241.21<sup>151</sup>), the unemployment rate was 14.8 per cent and no unemployment benefits exist.<sup>152</sup> According to the MedCOI database, unemployed people, underprivileged widows, orphans or people with permanent disabilities can receive a monthly benefit that is paid once in three months. For a person living alone this benefit is 105,000 dinars (€80.51<sup>153</sup>), a

<sup>140</sup> Representative of a local NGO (C) 19.2.2019.

<sup>141</sup> Representative of a local NGO (C) 19.2.2019.

<sup>142</sup> Representative of a local NGO (C) 19.2.2019.

<sup>143</sup> Representative of a local NGO (C) 19.2.2019.

<sup>144</sup> UNOCHA 16.12.2018, p. 33.

<sup>145</sup> Representative of a local NGO (C) 19.2.2019.

<sup>146</sup> UNOCHA 16.12.2018, p. 33.

<sup>147</sup> Representative of an international organisation (G) 19.2.2019.

<sup>148</sup> Representative of an international NGO (C) 20.2.2019.

<sup>149</sup> Representative of an international NGO (C) 20.2.2019.

<sup>150</sup> Representative of an international NGO (C) 20.2.2019.

<sup>151</sup> <https://valuuttamuunnin.com>

<sup>152</sup> IOM & Bundesamt für Migration und Flüchtlinge 2018, p. 5.

<sup>153</sup> <https://valuuttamuunnin.com>

family of two 210,000 dinars (€161.02<sup>154</sup>), a family of three 315,000 (€241.53<sup>155</sup>) and a family of four or more people 420,000 dinars (€322.04<sup>156</sup>).<sup>157</sup>

Whether an individual has the means to pay for health care services affects the availability of services more than it used to. A representative of an international organisation says that a study has been completed recently on the division of health care service costs. Previously, the families were responsible for about 30 to 35 per cent of the health care costs. At the moment, families pay 70 per cent of the costs themselves, which is a major burden for Iraqi people. There is no social insurance system that would subsidise the costs. At the same time, the government claims that 18 to 20 per cent of the citizens live below the poverty line. Measures have been taken to create a social insurance system. Even though the overall situation in the country is better at present than it was during the ISIS conflict for instance, when there were more internally displaced persons, the situation of certain groups has not improved. It is estimated that there are one million widows in the country at present.<sup>158</sup>

The data on MedCOI from 2017 indicates that one public sector appointment with a psychiatrist is either free of charge or will cost from 10,000 to 25,000 dinars (€7.67–19.17<sup>159</sup>), with the price at 25,000 dinars in the private sector.<sup>160</sup> An article on the New Humanitarian news site (16/03/2018) explains that the government introduced a new pricelist on hospital appointments and prescriptions. The new appointment fee is 2,000 dinars (approx. €1.53<sup>161</sup>), and a writing a medical prescription now costs 1,000 dinars (approx. €0.77<sup>162</sup>).<sup>163</sup>

The interviewees explain that an inpatient day in a public hospital costs 5,000 dinars<sup>164</sup>, or approx. USD 4<sup>165</sup> (€3.57–3.83<sup>166</sup>). The patient can be charged extra for examinations and medication.<sup>167</sup>

According to a psychiatrist working at the Ibn Rushd Psychiatric Hospital that offers both inpatient and outpatient care, the four-dollar inpatient day fee of the hospital covers everything from medication to three meals a day.<sup>168</sup>

It was noted that the medication is expensive for patients. Unlike some other types of medication, psychopharmaceuticals must often be taken for long periods of time.<sup>169</sup> Non-governmental organisations usually do not compensate for mental health therapy, because they are pressured to offer services that are more visible and understandable to the general public. The churches that offer these services are not always capable of keeping a steady supply of medication. There was a mention that a church has organised a collection of funds for medical therapy for elderly Christian people suffering from mental health problems.<sup>170</sup>

<sup>154</sup> <https://valuuttamuunnin.com>

<sup>155</sup> <https://valuuttamuunnin.com>

<sup>156</sup> <https://valuuttamuunnin.com>

<sup>157</sup> MedCOI 2017.

<sup>158</sup> Representative of an international organisation (G) 19.2.2019.

<sup>159</sup> <https://valuuttamuunnin.com>

<sup>160</sup> MedCOI 2017.

<sup>161</sup> <https://valuuttamuunnin.com>

<sup>162</sup> <https://valuuttamuunnin.com>

<sup>163</sup> The New Humanitarian 16.3.2018

<sup>164</sup> Representative of an international NGO (C) 20.2.2019.

<sup>165</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>166</sup> <https://valuuttamuunnin.com>

<sup>167</sup> Representative of an international NGO (C) 20.2.2019.

<sup>168</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>169</sup> Representative of a local NGO (C) 19.2.2019.

<sup>170</sup> Representative of a local NGO (C) 19.2.2019.

According to one of the interviewees, security staff working at the customs sometimes take bribes, which leads to the increase in the price of medication even if its original consumer price was reasonable.

## 9 Obstacles to seeking and receiving treatment

There are difficulties associated with identifying mental health problems. Iraqi people often do not understand that they suffer from mental health problems. Without treatment these problems manifest themselves as anxiety, depression, smoking, alcohol abuse and suicides.<sup>171</sup> On the other hand, families often mistake spasticity, a state where muscles are constantly contracted, for a mental health problem. Treatment is not always sought for family members suffering from such conditions; instead, they are kept in hiding at home.<sup>172</sup> There are often superstitious beliefs associated with mental health problems. People turn to witches, not Western medicine, for treatment in these matters.<sup>173</sup>

Mental health problems continue to carry a stigma in Iraq.<sup>174</sup> This issue is on the decrease in the country thanks to factors like awareness building/programmes targeted to address this cause.<sup>175</sup> According to the experiences of one interviewee, mental disorders that can be linked to traumatic experiences suffered during the conflict are considered more acceptable than others.<sup>176</sup> The interviewees estimate that the approach to mental health problems is gradually improving.<sup>177</sup>

Symptoms are still hidden and treatment not sought because of the stigma, which means that the problems grow worse over time.<sup>178</sup> It was noted that the problems of women and girls are hidden in particular.<sup>179</sup> Some families are ashamed of family members with mental health issues and this is why they choose not to help them to seek treatment.<sup>180</sup> A husband can prevent his wife from seeking help at a hospital.<sup>181</sup> The view of a representative of a local non-governmental organisation is that domestic violence has a major negative impact on the physical and mental health of women. Women could tell their doctors things they will not tell other authorities. An operational model where services organised for female victims of domestic violence are referred to as health care services has proved to be a success. The community can have a more positive attitude towards such services.<sup>182</sup>

The mental health services are open to everyone. Access to services is not restricted due to reasons like belonging to a tribe, living in a remote area or because of gender.<sup>183</sup> The problem is that some of the services are of poor quality and the resources of professional staff

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<sup>171</sup> MedCoi 2017.

<sup>172</sup> Representative of a local NGO (C) 19.2.2019.

<sup>173</sup> MedCoi 2017.

<sup>174</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019; Representative of an international organisation (G) 19.2.2019; Representative of an international NGO (C) 20.2.2019.

<sup>175</sup> Representative of an international organisation (G) 19.2.2019.

<sup>176</sup> Representative of an international NGO (C) 20.2.2019.

<sup>177</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019; Representative of a local NGO (C) 19.2.2019.

<sup>178</sup> Representative of a local NGO (C) 19.2.2019; Representative of an international NGO (C) 20.2.2019.

<sup>179</sup> Representative of a local NGO (C) 19.2.2019.

<sup>180</sup> Representative of a local NGO (C) 19.2.2019.

<sup>181</sup> Representative of a local NGO (C) 19.2.2019.

<sup>182</sup> Representative of a local NGO (C) 19.2.2019.

<sup>183</sup> Representative of an international NGO (C) 20.2.2019.

are insufficient. In order to find services of high quality, a person might have to go through significant trouble and need a lot of time and money.<sup>184</sup> A person who lives in a remote area might have to pay not only for doctor's appointments and medical expenses, but also travel costs and accommodation in the city.<sup>185</sup> Treatment in a health care centre can be sought anywhere in the country. The health care centres in Baghdad receive customers from across the country, for instance. The interviewee considers it a good thing that the system is flexible in this sense, but the flexibility is to a great extent due to the fact that sufficient services are not available throughout the country.<sup>186</sup>

People from minority groups have the same access to services as people who are considered ethnical majorities. The representative of an international organisation says that there are no minority groups that do not have access to primary services at all. The interviewee points out that it is the quality of treatment and waiting times that are the issue. If a patient needs more services, for example an ultrasound, they will have to wait before receiving the services and they will need money. In an emergency, if there is a need for urgent surgery for example, a person without funds can get treatment free of charge.<sup>187</sup> The impression gathered from the interview was that belonging to a minority group does not affect the accessibility as such, but because many of the minorities live in conflict-ridden areas, where the overall quality of services is poorer, this can mean that the minorities receive services of poorer quality than on average.<sup>188</sup>

People returning to their home region from IDP camps often receive substandard services. Millions of people have been forced to relocate within the country, and this has caused pressure on the provision of services. The number remains high. When returning to a home region – located in a former conflict area – there is an interruption of services for the time of the relocation, and the services in the home region might not be in operation yet.<sup>189</sup> According to one of the interviewees, some IDPs are reluctant to return to their home regions because too many traumatising incidents took place there.<sup>190</sup>

One interviewee comments that it is possibly more difficult for people who are suspected of ISIS connections to receive care for mental health problems than others. It might be hard to get treatment at the IDP camps specifically for people suspected of connections with ISIS, and there are restrictions concerning visits outside the camp.<sup>191</sup> A representative of an international organisation suggests that victims of terrorism lack the necessary services. The interviewee did not specify this claim in detail.<sup>192</sup>

## 10 Private sector

It was noted that the private sector in the mental health care sector is thriving.<sup>193</sup> The private sector offers high quality services and has skilled physicians.<sup>194</sup> The health care services

<sup>184</sup> Representative of an international organisation (G) 19.2.2019.

<sup>185</sup> Representative of an international organisation (G) 19.2.2019.

<sup>186</sup> Representative of an international organisation (G) 19.2.2019.

<sup>187</sup> Representative of an international organisation (G) 19.2.2019.

<sup>188</sup> Representative of an international organisation (G) 19.2.2019.

<sup>189</sup> Representative of an international organisation (G) 19.2.2019.

<sup>190</sup> Anonymous source 17.2.2019.

<sup>191</sup> Representative of an international NGO (C) 20.2.2019.

<sup>192</sup> Representative of an international organisation (B) 18.2.2019.

<sup>193</sup> Representative of an international organisation (G) 19.2.2019.

offered by the private sector are more expensive than those in the public sector.<sup>195</sup> Those who can afford private services use them, because they do not want to be placed on the long waiting lists of public hospitals.<sup>196</sup>

In a report issued by the European Asylum Support Office (EASO) in February 2019, entitled *Iraq - Key socio-economic indicators* several sources are quoted to state that the doctors working in the public sector for Iraqi central government and in the Iraqi Kurdistan work in the private sector after their working hours.<sup>197</sup> The doctors and nurses only work a few hours a day with poor pay in the crowded public health care centres, and then go on to work in the private sector in the afternoon.<sup>198</sup> This fact makes it more difficult for those who cannot afford to pay for health care to access it.<sup>199</sup> The public sector mostly serves the more disadvantaged population segment.<sup>200</sup>

It was pointed out that the private sector employs mostly psychiatrists, and not that many psychologists.<sup>201</sup> Based on this, the impression was that the private sector similarly offers only little conversational therapy or therapy services. There are 92 private general hospitals in the country. Most of them are located in the major cities, like Baghdad, Erbil and Basra.<sup>202</sup>

Wealthy Iraqis also seek treatment abroad, for example in Turkey, Iran, India<sup>203</sup> or Lebanon<sup>204</sup>. People from southern Iraq in particular head for treatment in Iran. The Iraqi authorities are afraid that the sanctions imposed on Iran will mean that services will no longer be available for foreign citizens. This will increase the pressure on health care services in Iraq.<sup>205</sup>

## 11 Availability and quality of psychopharmaceuticals

According to a representative of an international organisation, there are psychopharmaceuticals available in the country most of the time, but the distribution of medication is strictly regulated. There are confusing and conflicting views on the right of physicians to prescribe psychopharmaceuticals. Health care centres and doctors are sometimes afraid to offer drug therapy, because some guidelines indicate that this is the responsibility of specialised clinics, of which there are not enough. On the other hand, some specialised clinics consider that their responsibilities include prevention and diagnostics only, not actual treatment, which should be offered elsewhere. Sometimes medication is not prescribed to patients due to the fear that it will cause addiction. This has resulted in a situation where people who need medication do not have access to them at times.<sup>206</sup> In other words, a person who needs a certain type of drug therapy can sometimes be left

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<sup>194</sup> Representative of an international organisation (G) 19.2.2019; IOM & Bundesamt für Migration und Flüchtlinge 2018, p. 2018.

<sup>195</sup> IOM & Bundesamt für Migration und Flüchtlinge 2018, p. 3.

<sup>196</sup> Representative of an international organisation (G) 19.2.2019.

<sup>197</sup> EASO 02/2019b, p. 75.

<sup>198</sup> MedCoi 2017.

<sup>199</sup> EASO 02/2019b, p. 75.

<sup>200</sup> MedCoi 2017.

<sup>201</sup> Representative of a local NGO (C) 19.2.2019.

<sup>202</sup> MedCoi 2017.

<sup>203</sup> Representative of an international organisation (G) 19.2.2019.

<sup>204</sup> 1001Iraqi thoughts / Hamzeh, Haddad, 11.5.2017.

<sup>205</sup> Representative of an international NGO (C) 20.2.2019.

<sup>206</sup> Representative of an international organisation (G) 19.2.2019.

without it because it does not exist, and sometimes the existing drug therapy is not offered for him/her.

When addressing the theme of availability of medication, the four interviewees mainly focused on the difficulties of importing pharmaceuticals from abroad, and the impression was that the domestic production of pharmaceuticals has a minor role.<sup>207</sup> Before, all the imported pharmaceuticals were tested by the quality control office. At present, the rise in the need of pharmaceuticals and the shortage of testing materials has resulted in a queue of several months at the quality control office. According to a representative of a local non-governmental organisation, pharmaceuticals imported from specific countries have been exempted from the pharmacovigilance procedure, because there is such a big need for these pharmaceuticals in Iraq.<sup>208</sup> The interviewee thinks that the list maintained by the Ministry of Health on the pharmaceuticals for which testing/approval is required should be extended.<sup>209</sup> The list on pharmaceuticals by the Ministry of Health has remained unchanged for a long time due to financial problems.<sup>210</sup>

Poor quality is the biggest overall problem that impacts pharmaceuticals. The problem is due to loosely regulated practices on buying and consuming medical products and the ignorance of people. Pharmaceuticals that are of inferior quality are imported from countries such as India and Turkey. Many customers tend to use these medical products because they are less expensive than products of better quality and the controlled/registered pharmaceuticals. For example, a dose of antibiotics of a well-known Western brand can cost triple the price of antibiotics imported from India or Jordan. In many imported pharmaceuticals, the use-by date has already expired when the products are imported into the country, but these products sometimes pass the customs and are used by people.<sup>211</sup> Untested medical products that are smuggled into the country from abroad are sold directly to consumers by private pharmacies.<sup>212</sup> A representative of a local non-governmental organisation says that smuggled pharmaceuticals are not used in public health care centres and hospitals.<sup>213</sup> Public health care centres do not necessarily have cold storage facilities for medical products and vaccines that need cold storage<sup>214</sup>, which may mean their quality will deteriorate.

The medication used by traditional healers is of the most substandard quality. People are used to being treated by traditional healers or practitioners, who claim to be medical professionals. Chinese traditional medicine is another measure resorted to.<sup>215</sup>

Despite complications due to pharmaceuticals of inferior quality, people still resort to them, because buying untested medical products of poorer quality is less expensive and people are looking for quick fixes for their problems.<sup>216</sup>

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<sup>207</sup> Representative of an international organisation (G) 19.2.2019; Representative of a local NGO (C) 19.2.2019; Representative of an international NGO (C) 20.2.2019; Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>208</sup> Representative of a local NGO (C) 19.2.2019.

<sup>209</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>210</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>211</sup> Representative of a local NGO (C) 19.2.2019.

<sup>212</sup> Representative of a local NGO (C) 19.2.2019.

<sup>213</sup> Representative of a local NGO (C) 19.2.2019.

<sup>214</sup> MedCoi 2017.

<sup>215</sup> Representative of a local NGO (C) 19.2.2019.

<sup>216</sup> Representative of a local NGO (C) 19.2.2019.

The supply of the most important psychopharmaceuticals is usually stable at the Ibn Rushd Psychiatric Hospital. Shortages of some pharmaceuticals occur at times. The hospital can purchase some pharmaceuticals from the market if they are available within the guidelines issued by the Ministry of Health. The hospital is not allowed to buy pharmaceuticals that have not been tested in the Ministry of Health's quality control office.<sup>217</sup>

WHO and UNICEF are allowed to import pharmaceuticals into the country and take them through checkpoints without problems. A representative of one of the organisations described in the interview how the organisation imports most of the medication it needs independently due to the high risk factors posed by counterfeit products and low quality in the local market.<sup>218</sup>

A representative of a local non-governmental organisation says that the organisation must present the security forces a document that indicates they are permitted to transport pharmaceuticals at the checkpoints. The pharmaceuticals must originate in a factory that tests its pharmaceutical products.<sup>219</sup> The checkpoints leading to cities take pharmaceuticals very seriously. It is impossible for the non-governmental organisation to enter the city of Mosul without being checked, for instance.<sup>220</sup>

## 12 Abuse of drugs and prescription drugs, addictions, smuggling

The interviewees say that substance abuse, including the use of drugs, psychopharmaceuticals or alcohol has increased significantly in Iraq.<sup>221</sup> The addiction problem is spreading across the country more and more, but the situation is worse in the south.<sup>222</sup>

Iraq is both a transit country and destination point for illicit drugs and pharmaceuticals.<sup>223</sup> Because there is such urgent need for prescription drugs, they are being smuggled into the country.<sup>224</sup> One interviewee stated that trafficking increased during the ISIS conflict.<sup>225</sup> Drugs are shipped from Iran to Iraqi Kurdistan and through the Basra seaport to Baghdad.<sup>226</sup> According to a representative of a local non-governmental organisation, trafficking pharmaceuticals into Iraq takes place in Kurdistan in particular. These drugs have not been tested and they are sold directly to consumers in private pharmacies.<sup>227</sup> One source claims that the traffickers bribe their way through checkpoints.

Iraq used to offer good hospital and medical services for people suffering from addictions.<sup>228</sup> Most substance abusers now need a permission to enter care.<sup>229</sup> One interviewee explained

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<sup>217</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

<sup>218</sup> Representative of an international NGO (C) 20.2.2019.

<sup>219</sup> Representative of a local NGO (C) 19.2.2019.

<sup>220</sup> Representative of a local NGO (C) 19.2.2019.

<sup>221</sup> Representative of an international organisation (G) 19.2.2019; Representative of an international NGO (C) 20.2.2019.

<sup>222</sup> Representative of an international organisation (G) 19.2.2019.

<sup>223</sup> Representative of an international organisation (G) 19.2.2019.

<sup>224</sup> Representative of a local NGO (C) 19.2.2019.

<sup>225</sup> Representative of an international NGO (C) 20.2.2019.

<sup>226</sup> Representative of an international NGO (C) 20.2.2019.

<sup>227</sup> Representative of a local NGO (C) 19.2.2019.

<sup>228</sup> Representative of a local NGO (C) 19.2.2019.

<sup>229</sup> Psychiatrist of the Ibn Rushd Psychiatric Hospital 21.2.2019.

that anyone suffering from an addiction could face the risk of receiving a hefty fine of 2–5 million dinars (approx. €1,553–3,833<sup>230</sup>) and a prison sentence. The interviewee states that this was unreasonable especially for people who had been hospitalised and become addicted to tramadol<sup>231</sup>, an opioid pain medication<sup>232</sup>, during their hospitalisation.

The inter-administrative High Commission for Mental Health in Iraq is reviewing the legislation and making amendments concerning the care of people with addictions. The Commission seeks to add a binding provision in the law to guarantee a physical examination and hospital care within three months. People with addictions should have an appointment at a clinic treating psychosocial problems at least twice a week. These clinics would be set up for this purpose in particular. A physician at the clinic should prepare a statement on the patient's situation for a court of law after three months of starting treatment. The court could order the patient to attend care in a health institute, which would also be established for this purpose, instead of a prison sentence. The patient should then attend care until the High Commission for Mental Health could issue a statement that the patient has recovered from the addiction.<sup>233</sup>

During the fact-finding mission, in February 2019, this legal reform had not yet entered into force, but the interviewee mentioned that it could enter into force in two or three months. Before entering into force, the reform had to be reviewed to prevent conflict with human rights legislation.<sup>234</sup> If the new law is passed, even more personnel, equipment, infrastructure and medication will be needed.<sup>235</sup>

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<sup>230</sup> <https://valuuttamuunnin.com>

<sup>231</sup> Representative of an international organisation (G). Interview on 19/02/2019.

<sup>232</sup> Lääkeinfo [undated].

<sup>233</sup> Representative of an international organisation (G). Interview on 19/02/2019.

<sup>234</sup> Representative of an international organisation (G). Interview on 19/02/2019.

<sup>235</sup> Representative of an international organisation (G). Interview on 19/02/2019.

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