

## RESEARCHED AND COMPILED BY THE REFUGEE DOCUMENTATION CENTRE OF IRELAND ON THE 27 AUGUST 2024

---

### DISCLAIMER

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. All COI Query Responses are compiled in line with the Common EU Guidelines (2008) and the EUAA Methodology (2023). This response is not and does not purport to be conclusive as to the merit of any particular claim to international protection. Please refer to all documents cited.

---

### COI QUERY RESPONSE

#### IRAQ – INFORMATION ON ACCESS TO HEALTHCARE

A report issued by the *Office of the United Nations High Commissioner for Human Rights (OHCHR)* in August 2024 states that: “The Committee is concerned about reports that members of ethnic and ethno-religious groups, particularly Roma, and people of African descent face barriers in their enjoyment of the right to health, in particular with regard to access to health-care services, due to the inadequate and limited infrastructure in areas inhabited mainly by them. It is also concerned about reports of discriminatory treatment by medical personnel against them as well as on reports of high rates of infant mortality (arts. 1-2 and 5).”<sup>1</sup>

The *Human Network For Health and Humanitarian Affairs (HUMAN)* in July 2024 reported that: “Ethnic minorities often live in underdeveloped regions with limited access to healthcare facilities. For example, areas predominantly inhabited by Yazidis and Turkmen have fewer hospitals and clinics compared to Arab-majority regions. Economic disparities further exacerbate access issues, with minorities frequently lacking the financial resources to afford private healthcare. Minorities are forced in certain circumstances to pay bribes to access healthcare services. Some healthcare workers of extremist ideologies occasionally engage in racist behaviours with patients and other staff from ethnic and religious minorities.”<sup>2</sup>

The *United Nations Office for the Coordination of Humanitarian Affairs (OCHA)* in June 2024 notes that: “While overall health findings were relatively positive at the national level, some data variations suggest potential gaps. In terms of services provided by the nearest functional hospital, most households reported access to emergency services (96%), pediatric services (93%), surgical services (89%), and maternity services (88%). The comparison between in-camp and out-of-camp IDPs

---

<sup>1</sup> Office of the United Nations High Commissioner for Human Rights (OHCHR) (23 August 2024) Committee on the Elimination of Racial Discrimination: Concluding observations on the combined twenty-sixth and twenty-seventh periodic reports of Iraq (Advance unedited version)

<sup>2</sup> Human Network For Health and Humanitarian Affairs (HUMAN) (4 July 2024) Report: Racial Discrimination and the Right to Health for Ethnic Minorities in Iraq

highlights greater barriers and needs faced by in-camp households, despite the presence of health centers within existing camps. The most cited challenge when attempting to access health services was the "High cost of medicines or treatment", reported by 81 per cent of in-camp and 57 per cent of out-of-camp households."<sup>3</sup>

This report further states that: "Schools within the camps are understaffed and overcrowded, while health services are inadequate, with residents often necessitating outside referrals that the majority, however, cannot access due to movement restrictions."<sup>4</sup>

The *US Department of State* International Religious Freedom Report in June 2024 mentioned that: "Authorities have routinely restricted movements of displaced persons throughout the country. Sunni Arab households displaced in 2017 into the East Mosul camps were prevented from returning to their areas of origin due to a lack of civil documentation; insufficient coordination among government, KRG, and local authorities to remove legal obstacles and rebuild destroyed housing; and lack of acceptance by local communities. These movement restrictions severely limited IDP access to livelihoods, education, health services, and basic citizen rights."<sup>5</sup>

The *Danish Immigration Service* in June 2024 points out that: "Iranian Kurds in KRI have the same access as the local Iraqi Kurds to public and private health facilities. Public healthcare facilities charge every patient a small fee (approximately 50 cents or 500 IQD) for health services. In addition to this, emergency services are free of charge; and basic treatment for most diagnosis is available. According to information on accessibility of medical treatment in KRI from EUAA MedCOI database, various specialist treatments in KRI are available in private and/or public health facilities. Most recent reports from KRI stipulate that specialist treatment by a pulmonologist (lungs), internist, gastroenterologist (digestive tract), and otorhinolaryngology (ear, nose and throat) is available. The list is not exhaustive. A source interviewed by the delegation noted that some more complicated treatments are not available in the KRI, and the patient will need to travel abroad to access this treatment. The services provided by public healthcare facilities are perceived to be poor in quality and there are long queues for treatments. Waiting times for surgery can reach a year."<sup>6</sup>

The report further points out that: "Hospitals are low on medicines, and according to an International Humanitarian Organisation, a doctor at a public hospital is usually required to assess 20 patients an hour. These factors lead to general distrust in public hospitals and drive many to seek treatment in the private healthcare sector. This perception was corroborated by an academic study in Erbil, stating that most patients prefer private clinics or hospitals since those facilities are perceived by the patients to have better access to specialists (in particular for chronic diseases such as hypertension), better quality and quantity of medicines, and laboratory testing. Private healthcare services are, however, expensive."<sup>7</sup>

In June 2024 the *Cairo 52 Legal Research Institute* states that: "Despite the existence of this policy, Iraqi transgender individuals have reported that the Committee responsible for diagnosis does not actually exist, making it challenging to obtain a diagnosis and begin the transition process. This is due to a lack of qualified and understanding psychiatrists who have knowledge of the complexities surrounding transgender identities and lack biases based on socioreligious beliefs. Furthermore, the limited number of physicians willing to provide follow-up hormonal replacement therapy, the initial

---

<sup>3</sup> United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (30 June 2024) Iraq Humanitarian Transition Overview 2024 (June 2024), p.7

<sup>4</sup> *ibid*, p.13

<sup>5</sup> US Department of State (26 June 2024) 2023 Report on International Religious Freedom: Iraq, p.12

<sup>6</sup> Danish Immigration Service (25 June 2024) Iranian Kurds in the Kurdistan Region of Iraq, p.14

<sup>7</sup> *ibid*, p.14

medical step in transitioning, poses a significant barrier for similar reasons. As a consequence, transgender individuals in Iraq who desire gender-affirming healthcare often opt to initiate hormonal replacement therapy in their own homes and subsequently pursue surgeries in neighboring countries such as Iran or Turkey, where such procedures are available. However, even those who possess the privilege of completing their medical transition encounter difficulties in obtaining legal recognition of their gender from the government. Although the Ministry of Health guidelines advocate for including a civil servant in a committee dedicated to facilitating legal gender recognition post-surgery, the Committee does not presently exist. Moreover, acquiring gender-affirming healthcare through government hospitals is exceedingly challenging.”<sup>8</sup>

The same document mentioned that: “A prime example of this is the 2022 murder of Doski Azad, an influential transgender woman, seemingly labelled an “honour killing” by the media. As of now, her brother, the primary suspect, has not been apprehended and is believed to have fled the country. This episode epitomizes the prevalence of intersectional violence targeting transgender individuals in Iraq, beginning with limited access to gender-affirming healthcare and extending to obstacles encountered in securing legal gender recognition, as well as encompassing violence both in society and within families.”<sup>9</sup>

A report issued by the *European Union Agency for Asylum (EUAA)* in May 2024 notes that: “Individuals who meet all these requirements are generally able to regularise their residency in Baghdad, to rent an apartment, to access employment, public and private hospitals (however, they cannot access public healthcare centres in their neighbourhood) as well as tertiary education.”<sup>10</sup>

The same document mentioned that: “Regardless of their place of origin and ethno-religious profile, all Iraqis have access to public education and health services in Sulaymaniyah.”<sup>11</sup>

The *Protection Consortium of Iraq* in May 2024 points out that: “Access to services such as health care, education, and government social safety net schemes remain inadequate and inequitable for remaining IDPs.”<sup>12</sup>

In March 2024 *Human Rights Watch* reported that: “Human Rights Watch is concerned about inadequate shelter, including in detention centers for both adults and children, as well as insufficient food, water, healthcare, economic support, and other rehabilitation and reintegration assistance for those whom it has brought home.”<sup>13</sup>

---

<sup>8</sup> Cairo 52 Legal Research Institute (22 June 2024) Iraqi Proposed Amendments to Criminalize Transgender People are Neither Islamic nor Constitutional, p.3

<sup>9</sup> Ibid, p.3

<sup>10</sup> European Union Agency for Asylum (EUAA) (22 May 2024) EUAA COI Report - Iraq - Country Focus (May 2024) [2. Key socio-economic indicators for Baghdad and Sulaymaniyah], p.9

<sup>11</sup> Ibid, p.14

<sup>12</sup> Protection Consortium of Iraq (14 May 2024) “Where should we go?” Durable solutions for remaining IDPs in Iraq, p.8

<sup>13</sup> Human Rights Watch (27 March 2024) Iraq: Submission to the UN Committee on the Rights of the Child

## References

Cairo 52 Legal Research Institute (22 June 2024) *Iraqi Proposed Amendments to Criminalize Transgender People are Neither Islamic nor Constitutional*

<https://www.ein.org.uk/members/country-report/iraqi-proposed-amendments-criminalize-transgender-people-are-neither-islamic>

(Accessed on 27 August 2024)

This is a subscription database

Danish Immigration Service (25 June 2024) *Iranian Kurds in the Kurdistan Region of Iraq*

<https://www.ein.org.uk/members/country-report/iranian-kurds-kurdistan-region-iraq>

(Accessed on 27 August 2024)

This is a subscription database

European Union Agency for Asylum (EUAA) (22 May 2024) *EUAA COI Report - Iraq - Country Focus (May 2024) [2. Key socio-economic indicators for Baghdad and Sulaymaniyah]*

<https://www.ein.org.uk/members/country-report/euaa-coi-report-iraq-country-focus-may-2024-2-key-socio-economic-indicators#bookmark607>

(Accessed on 27 August 2024)

This is a subscription database

Human Network For Health and Humanitarian Affairs (HUMAN) (4 July 2024) *Report: Racial Discrimination and the Right to Health for Ethnic Minorities in Iraq*

<https://www.ein.org.uk/members/country-report/report-racial-discrimination-and-right-health-ethnic-minorities-iraq>

(Accessed on 27 August 2024)

This is a subscription database

Human Rights Watch (27 March 2024) *Iraq: Submission to the UN Committee on the Rights of the Child*

<https://www.ein.org.uk/members/country-report/iraq-submission-un-committee-rights-child>

(Accessed on 27 August 2024)

This is a subscription database

Office of the United Nations High Commissioner for Human Rights (OHCHR) (23 August 2024) *Committee on the Elimination of Racial Discrimination: Concluding observations on the combined twenty-sixth and twenty-seventh periodic reports of Iraq (Advance unedited version)*

<https://www.ein.org.uk/members/country-report/committee-elimination-racial-discrimination-concluding-observations-37>

(Accessed on 27 August 2024)

This is a subscription database

Protection Consortium of Iraq (14 May 2024) *"Where should we go?" Durable solutions for remaining IDPs in Iraq*

<https://www.ein.org.uk/members/country-report/where-should-we-go-durable-solutions-remaining-idps-iraq>

(Accessed on 27 August 2024)

This is a subscription database

US Department of State (26 June 2024) *2023 Report on International Religious Freedom: Iraq*  
<https://www.ein.org.uk/members/country-report/2023-report-international-religious-freedom-iraq>  
(Accessed on 27 August 2024)  
This is a subscription database

United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (30 June 2024) *Iraq Humanitarian Transition Overview 2024 (June 2024)*  
<https://www.ein.org.uk/members/country-report/iraq-humanitarian-transition-overview-2024-june-2024>  
(Accessed on 27 August 2024)  
This is a subscription database

### Sources Consulted:

Amnesty International  
BBC News  
Electronic Immigration Network  
European Country of Origin Information Network  
Freedom House  
Google  
Human Rights Watch  
Immigration and Refugee Board of Canada  
Internal Displacement Monitoring Centre  
International Crisis Group  
Lexis Nexis  
Minority Rights Group International  
New Humanitarian  
Online Newspapers  
Refugee Documentation Centre Query Database  
Reliefweb  
United Kingdom Home Office  
United States Department of State  
UNHCR Refworld

### Contact Information

Refugee Documentation Centre  
Legal Aid Board  
48/49 North Brunswick Street  
Dublin 7  
Ireland

Email: [research@legalaidboard.ie](mailto:research@legalaidboard.ie)