Iraq

General data

POPULATION, 2024
46,042,015

PHYSICIANS/1000 INH, 2020-2022
0.87

Socioeconomic data

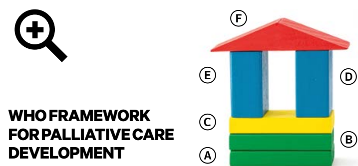
COUNTRY INCOME LEVEL, 2022
Upper middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
126

GDP PER CAPITA (US$), 2023
5,565.13

HEALTH EXPENDITURE, 2021
248.92

UNIVERSAL HEALTH COVERAGE, 2021
59



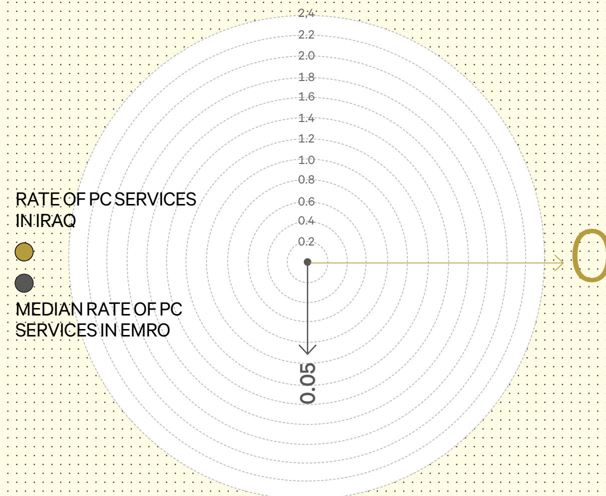
Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
Ⓑ POLICIES
Ⓒ RESEARCH
Ⓓ USE OF ESSENTIAL MEDICINES
Ⓔ EDUCATION AND TRAINING
Ⓕ PROVISION OF PC

Ⓕ Provision of PC (Specialized Services)

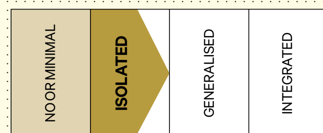
Total number of Specialized PC services: **2**

Rate of PC services per 100,000 inhabitants: **0**

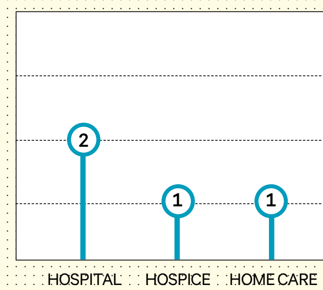
Iraq in the context of EMRO



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

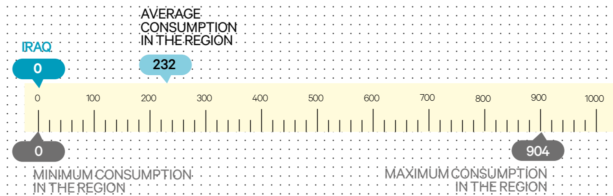
TOTAL NUMBER: **0**

Iraq

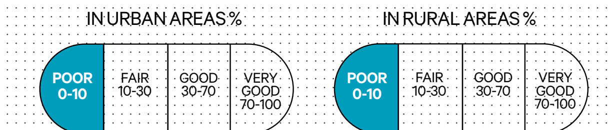
Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **0** S-DDD/MILL INHABITANTS/DAY

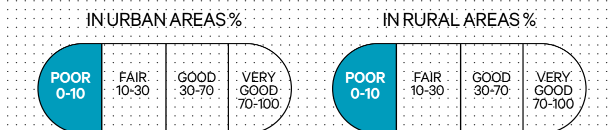
Iraq in the context of EMRO



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 2

National Association: No.
Consultants: Mazin Faisal Farhan Al-Jadiry.
Information was synthesized from scientific and gray literature, assisted by AI tools, and subsequently reviewed and validated by local palliative care experts.

Data collected: January-June 2025.
Report validated by consultants: Yes
Endorsed by National PC Association: N/A
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **0/22**

Nursing schools with mandatory PC teaching: **0/30**

Recognition of PC specialty: 2

Ⓑ Policies

National PC plan or strategy: 1

Responsible authority for PC in the Ministry of Health: 1

Inclusion of PC in the basic health package at the primary care level: 1

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 1

EM Iraq

People & Communities

Indicator	Score	Comment
Ind 1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	2 — Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.	In Iraq, palliative care advocacy has predominantly depended on individual professionals rather than established institutions. Notably, the philosophy of palliative care was introduced into paediatric oncology at Baghdad's Children Welfare Teaching Hospital in 2011. These initiatives, however, lacked structured institutional backing. Iraq has no national palliative care association, advocacy group, clinical guidelines, or regular conferences, and public awareness remains extremely limited. Nevertheless, over the past three years, ongoing training efforts —both online and in-person— have been conducted in paediatric oncology through international collaborations, aiming to build capacity and expand knowledge. While these developments indicate progress, civil society engagement in advocating for palliative care rights remains in an early and fragile phase.
Ind 2 Is there a national policy or guideline on advance directives or advance care planning?	1 — There is no national policy or guideline on advance care planning.	Iraq does not currently have a national policy or guideline addressing advance care planning or medical decisions related to end-of-life care. Formal frameworks to regulate surrogate decision-making or the use of advance directives have not yet been established. The concept of palliative care is still not widely integrated into clinical understanding, and conversations about death remain culturally sensitive and are often avoided. This presents challenges for incorporating advance care planning into routine clinical practice. Additionally, there is no official guidance in place regarding living wills or the legal status of healthcare proxies, highlighting the need for a structured approach to end-of-life decision-making.

Policies

Indicator	Score	Comment
Ind 3 3.1. There is a current national PC plan, program, policy, or strategy.	1 — Not known or does not exist.	Iraq currently does not have a national palliative care plan, programme, or policy. There is no standalone strategy, and palliative care has not yet been integrated into broader national health frameworks, including those focused on cancer, non-communicable diseases, or HIV. At present, services are primarily limited to isolated institutional initiatives, without formal coordination or policy direction from national authorities. Consequently, there are no established indicators or measurable targets in place to monitor progress. The absence of a structured implementation framework reflects the early stage of palliative care integration within the national health system, highlighting a key area for future development.
3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.	1 — Not known or does not exist neither standalone nor is included in another national plan.	
3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	1 — Not known or does not exist.	
Ind 4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	1 — Not at all.	Palliative care services are not currently included in Iraq's package of priority health services at the primary care level. Palliative care is not part of the national essential health package and has yet to be integrated into the delivery of primary healthcare. At present, no decree or legal provision is in place or under development to support the inclusion of these services, and palliative care is not mentioned in the General Health Law. This reflects an early stage in the integration of palliative care within the broader health system, with no identified recent initiatives to incorporate it into essential health service packages or establish a formal legal framework for its provision.
Ind 5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	1 — There is no authority defined.	Palliative care services are not yet included in Iraq's package of priority health services at the primary care level. At present, palliative care is not part of the basic health services covered under Universal Health Coverage (UHC), nor is it integrated into the structure of primary healthcare delivery. No decree or legal framework has been identified to support its inclusion, and the General Health Law does not currently reference palliative care. This reflects the early phase of integration into national health planning. While recent reports do not indicate progress in this area, they also highlight a clear opportunity to initiate structured efforts toward incorporating palliative care into essential health packages and establishing a formal legal foundation for its development.
5.2. The national authority has concrete functions, budget and staff.	1 — Does not have concrete functions or resources (budget, staff, etc.).	

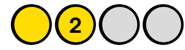
COUNTRY REPORTS

EM Iraq

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

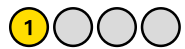


Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There are currently no recurring national congresses or scientific meetings specifically dedicated to palliative care in Iraq, and the country does not yet have a national palliative care association to support ongoing scientific exchange. Nonetheless, important capacity-building efforts in paediatric palliative care have taken place between 2022 and 2024 through collaboration with WHO/EMRO and the ICPCN. These included a virtual policy meeting in October 2022 and an onsite workshop in April 2024 focused on opioid access and regulation, with the participation of Ministry of Health officials and key stakeholders. While these activities reflect growing engagement at the policy level, the establishment of a sustained scientific platform remains an area with potential for further development. Individual professionals have contributed significantly through participation in international events, laying the groundwork for future national initiatives.

Ind 7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Minimal or nonexistent number of articles published on the subject in that country.

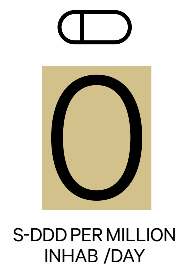
Palliative care research in Iraq remains at a nascent stage. Over the past five years, there has been a notable absence of peer-reviewed publications from national institutions specifically focused on this field. No dedicated research groups, formal forums, or regular scientific conferences have been established to promote scholarly activity in palliative care. Despite the lack of structured funding and institutional support, some initial contributions --such as a situational report published in 2017 by a leading clinician --have laid the groundwork for future academic engagement and the development of national research capacity.

Medicines

Ind 8

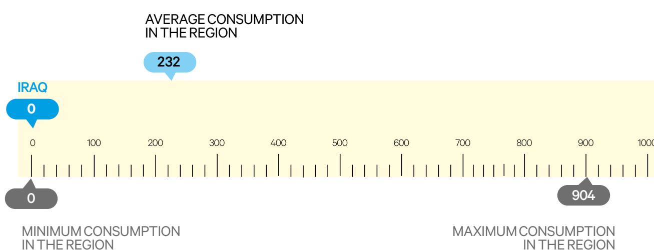
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.



S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION

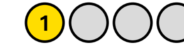


EM Iraq

Medicines

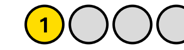
Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

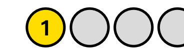


Poor: Between 0% to 10%.

The availability of essential medicines for pain and palliative care at the primary care level in Iraq remains limited in both urban and rural areas. Oral morphine is available only intermittently, while injectable morphine is primarily restricted to hospital settings and is not accessible through primary care services. Other essential palliative care medicines from the WHO Model List —such as amitriptyline, haloperidol, and antiemetics— are not consistently available at the first level of care. Pain management remains largely centralised within oncology units, and no established system is in place to ensure the distribution of palliative care medicines in community or rural settings. Overall, medicine availability at the primary care level is currently low, underscoring a key area for improvement in service accessibility.

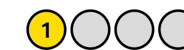
Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

The availability of immediate-release oral morphine (liquid or tablet) at the primary care level in Iraq remains very limited in both urban and rural settings. Access is mostly confined to hospital use, with no structured distribution system in place at the community level. Opioid prescriptions are subject to strict regulations, typically restricted to inpatient settings and requiring authorisation by two physicians. Legal and cultural factors, along with limited training among healthcare providers and gaps in regulatory mechanisms, further restrict the use of morphine in outpatient and primary care contexts. As a result, immediate-release oral morphine is rarely accessible at the first level of care across the country.

EM Iraq

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)

0/22

11.2. The proportion of medical schools with OPTIONAL teaching in PC.

0/22

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).

0/30

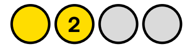
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.

0/30

In Iraq, palliative care has not yet been incorporated as a compulsory subject in undergraduate medical or nursing education. Currently, no medical or nursing schools are known to offer mandatory training in this area, and there is no formal structure for undergraduate or postgraduate instruction in palliative care. Most healthcare professionals gain knowledge through personal experience rather than systematic education. While some elective modules, pilot programmes, and online training opportunities are available --mainly targeting physicians --these remain limited in scope and are not consistently integrated into academic curricula. The need to formally include palliative care in health education is increasingly recognised, presenting a valuable opportunity for future curriculum development.

Ind 12

Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.



There is no process on specialization for palliative care physicians but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities of institutions).

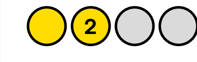
Iraq does not currently have a nationally recognised specialisation process in palliative medicine. While diplomas obtained abroad are acknowledged, there is no formal national system in place for certification or accreditation in this field. At present, academic structures and local training programmes in palliative medicine are not established, and most specialised knowledge is acquired through international training opportunities. Iraqi physicians interested in the field often pursue education and clinical experience in palliative care through centres abroad.

EM Iraq

Provision of PC / Specialized Services

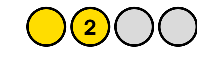
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.



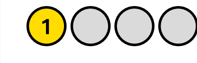
Ad hoc/ in some parts of the country.

13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



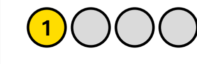
Ad hoc/ in some parts of the country.

13.3. Free-standing HOSPICES (including hospices with inpatient beds).



Not at all.

13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

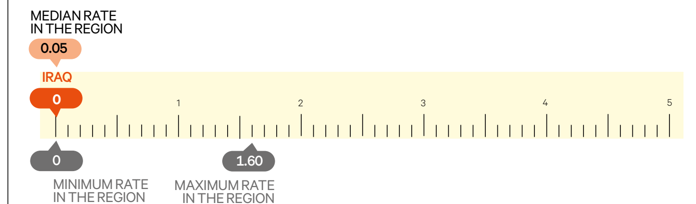


Not at all.

13.5. Total number of specialized PC services or teams in the country.

The provision of specialized palliative care services in Iraq remains limited and unevenly distributed. Currently, only two adult palliative care services have been identified nationwide, corresponding to approximately 0.01 services per 100,000 population. These are concentrated in Baghdad and in one location in the north, without a broader national network. Within the public sector, some hospitals, such as the Children Welfare Teaching Hospital, provide palliative care on an ad hoc basis; however, such services are not routinely available across public or private facilities. Iraq does not yet have free-standing hospices, and there are no established home-based or community-linked palliative care teams. As a result, care is primarily delivered in hospital settings, with limited outreach to homes or primary care centres.

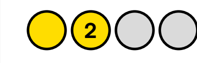
RATE OF SPECIALIZED PC SERVICES/100,000 INH



2 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for <u>children</u> in the country that has geographic reach and is delivered through different service delivery platforms.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

14.2. Number of pediatric specialized PC services or teams in the country.

0 PPC TEAMS

Specialized pediatric palliative care services in Iraq are currently limited to a single initiative based at the Children Welfare Teaching Hospital (CWTH) in Baghdad. Since 2011, palliative care practices have been gradually incorporated within the hospital's pediatric oncology unit, including core elements such as pain management and aspects of psychosocial support for children with advanced cancer. While this represents an important step forward, CWTH does not operate as a stand-alone pediatric palliative care service, and there is no formal multidisciplinary team in place. According to recent reports, no home-based services, regional outreach teams, or community-based programs have yet been established, and pediatric palliative care is not currently available in other cities or within the private sector.