Displaced Cancer Patients in the Kurdish Region of Iraq

SKELTON Mac, MULA-HUSSAIN Layth Y. I., NAMIQ Kadham Faruq, SALEEM Mohammed, THAWRAT Raman

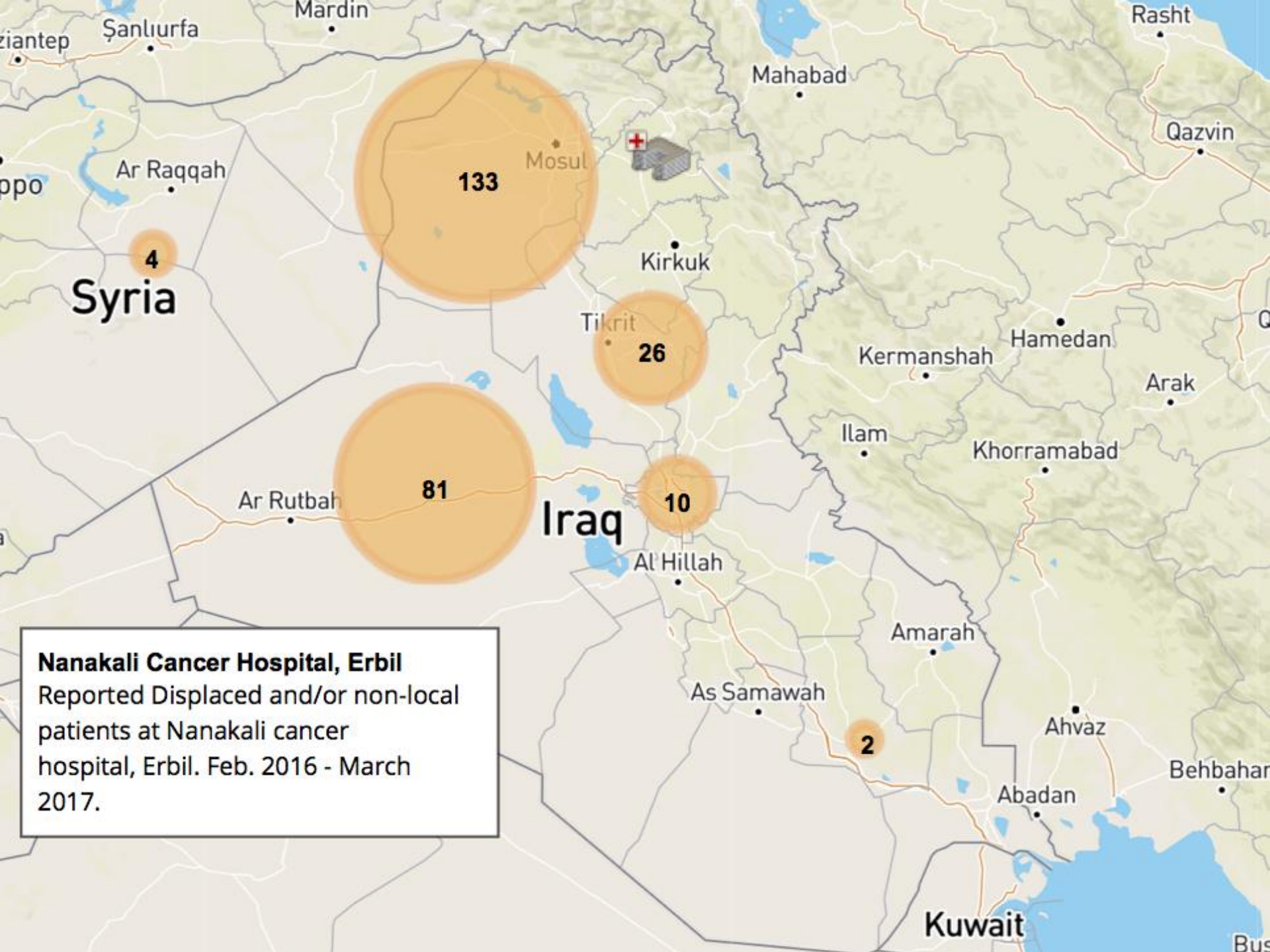
Mac Skelton

Johns Hopkins University

& American University of Beirut

Overview

- Since the rise of ISIS and opposing militias in 2014, over 1 million internally displaced Iraqis have moved the Kurdish Region of Iraq (KRI), which consists of Dohuk, Erbil, & Sulaymaniyah provinces. Based on 75 mixed qualitative/quantitative interviews with displaced persons undergoing treatments in Erbil and Sulaymaniyah, this study examines how displacement impacts access to cancer care.


Mardin
Şanlıurfa
ziantep
Rasht
Mahabad
Qazvin
Ar Raqqah
ppo
Mosul
133
4
Syria
Kirkuk
Tikrit
26
Hamedan
Kermanshah
Arak
Ilam
Khorramabad
81
Ar Rutbah
Iraq
10
Al Hillah
Amarah
As Samawah
2
Ahvaz
Behbahan
Abadan
Kuwait
Nanakali Cancer Hospital, Erbil
Reported Displaced and/or non-local patients at Nanakali cancer hospital, Erbil. Feb. 2016 - March 2017.

Questions

- Over the course of displacement, where do Iraqi cancer patients establish residence?
- Where do they undergo treatments?
- What are the factors contributing to these decisions?

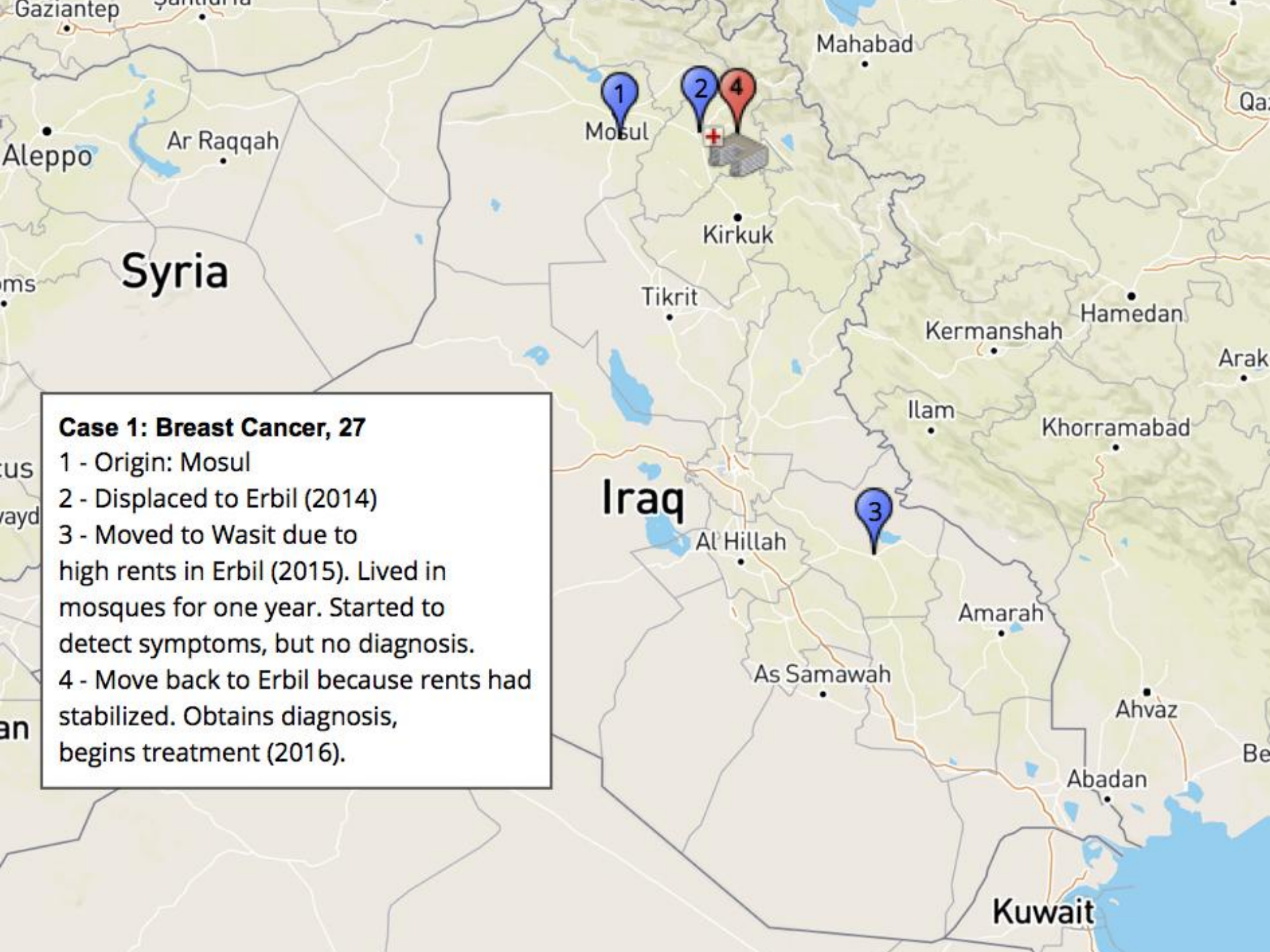
Methodology

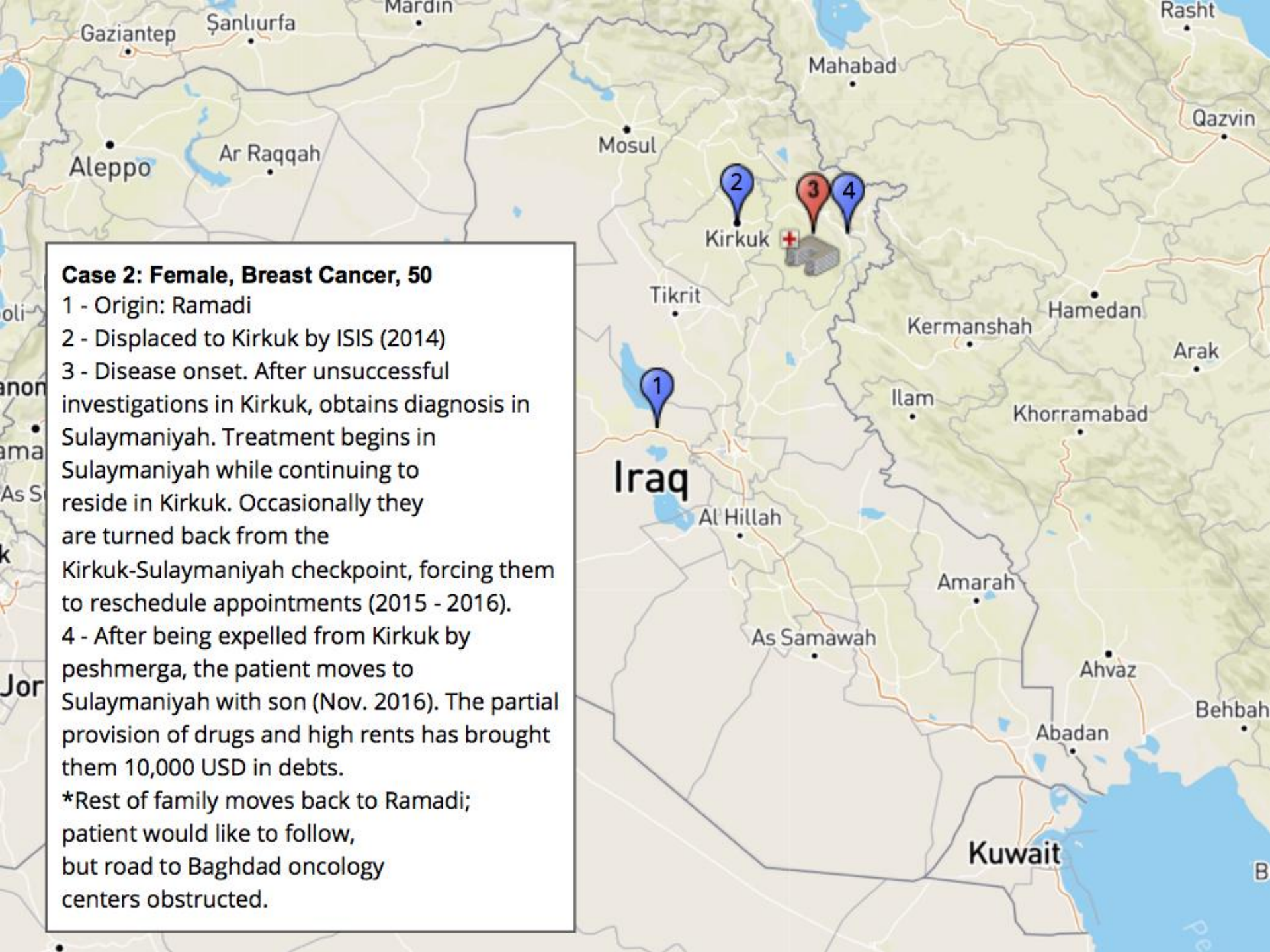
- Conducted 75 interviews with patients and/or caregivers at public oncology centers in Erbil and Sulaymaniyah. The survey instrument includes two matrices:

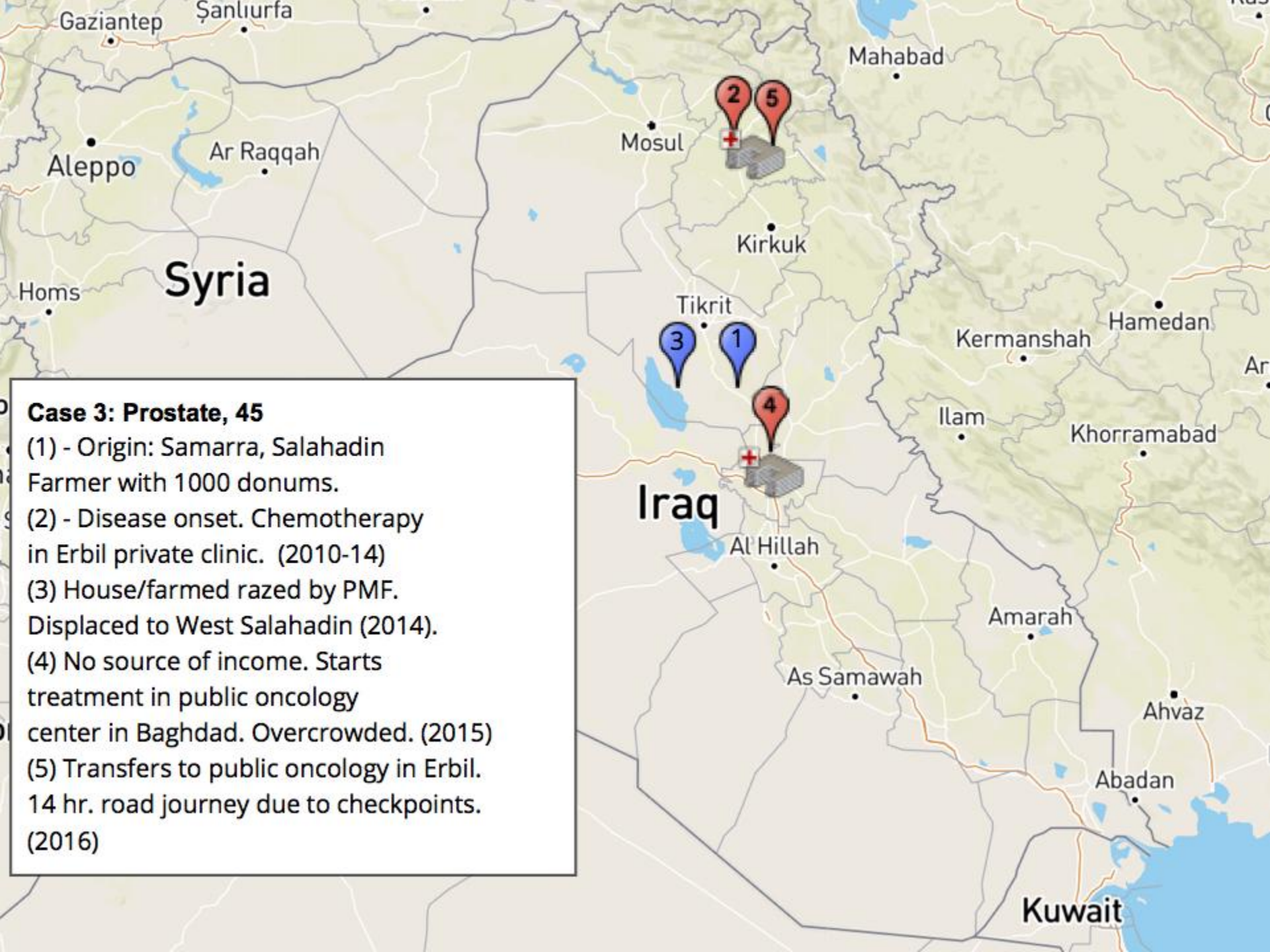
- One matrix tracks the care-seeking itinerary
  - Locations of all hospitals and clinics from onset of symptoms to the present
  - Treatments/examinations at each location
  - Costs at each location
  - Time period at each location

- The second matrix tracks the displacement journey
  - Locations of residence
  - Type of residence (camp, house, etc.)
  - Time period

- The interviews also include a qualitative section to ensure patients and caregivers have the opportunity to explain their displacement and cancer care experience.


Gaziantep
Mahabad
Aleppo
Ar Raqqah
Mosul
Kirkuk
Syria
Tikrit
Hamedan
Kermanshah
Ilam
Khorramabad
Iraq
Al Hillah
Amarah
As Samawah
Ahvaz
Abadan
Kuwait
1
2
3
4
Case 1: Breast Cancer, 27
1 - Origin: Mosul
2 - Displaced to Erbil (2014)
3 - Moved to Wasit due to high rents in Erbil (2015). Lived in mosques for one year. Started to detect symptoms, but no diagnosis.
4 - Move back to Erbil because rents had stabilized. Obtains diagnosis, begins treatment (2016).


Gaziantep
Şanlıurfa
Mardin
Rasht
Mahabad
Qazvin
Aleppo
Ar Raqqah
Mosul
2
3
4
Kirkuk
Tikrit
Hamedan
Kermanshah
Arak
1
Ilam
Khorramabad
Iraq
Al Hillah
Amarah
As Samawah
Ahvaz
Behbah
Abadan
Kuwait
Case 2: Female, Breast Cancer, 50
1 - Origin: Ramadi
2 - Displaced to Kirkuk by ISIS (2014)
3 - Disease onset. After unsuccessful investigations in Kirkuk, obtains diagnosis in Sulaymaniyah. Treatment begins in Sulaymaniyah while continuing to reside in Kirkuk. Occasionally they are turned back from the Kirkuk-Sulaymaniyah checkpoint, forcing them to reschedule appointments (2015 - 2016).
4 - After being expelled from Kirkuk by peshmerga, the patient moves to Sulaymaniyah with son (Nov. 2016). The partial provision of drugs and high rents has brought them 10,000 USD in debts.
*Rest of family moves back to Ramadi; patient would like to follow, but road to Baghdad oncology centers obstructed.



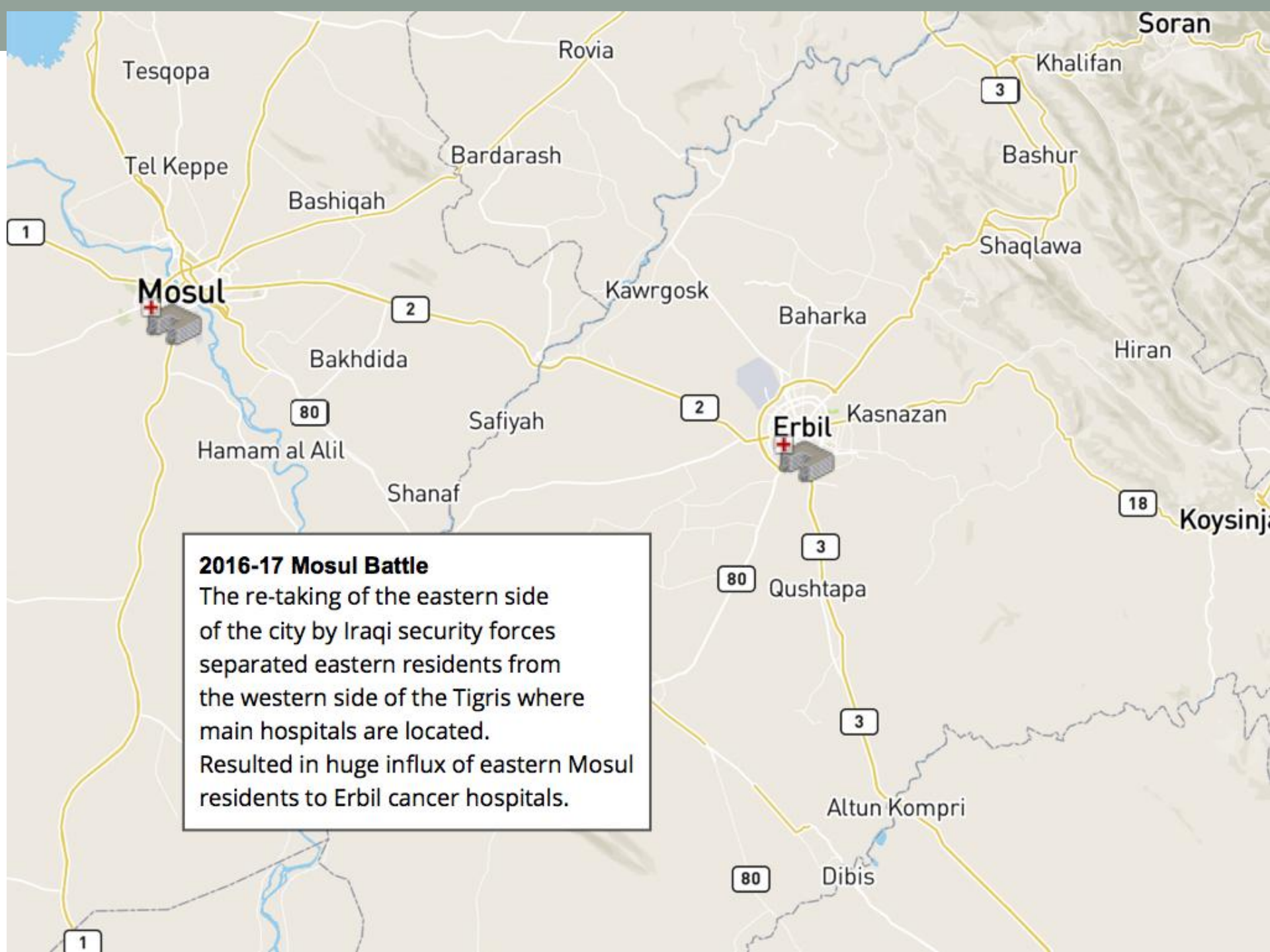
Case 3: Prostate, 45

(1) - Origin: Samarra, Salahadin
Farmer with 1000 donums.
(2) - Disease onset. Chemotherapy
in Erbil private clinic. (2010-14)
(3) House/farmed razed by PMF.
Displaced to West Salahadin (2014).
(4) No source of income. Starts
treatment in public oncology
center in Baghdad. Overcrowded. (2015)
(5) Transfers to public oncology in Erbil.
14 hr. road journey due to checkpoints.
(2016)

Case 4: Male, 50, Colon

1 - Origin: East Mosul. During the ISIS occupation patient was obtaining chemotherapy in West Mosul, but all pharmaceuticals were purchased in pharmacies at a premium, smuggled in from Turkey (2015-17). Sold all family gold, a car.

2 - After the liberation of east Mosul, he went through security screenings in order to board a WHO ambulance for referral to Erbil. In Erbil he has been informed that medications will be at their expense. He is residing in a hotel "for as long as I need medication."


Soran
Rovia
Khalifan
Tesqopa
3
Bardarash
Bashur
Tel Keppe
Bashiqah
1
Shaqlawa
Mosul
Kawrgosk
2
Baharka
Hiran
Bakhdida
80
Safiyah
2
Erbil
Kasnazan
Hamam al Alil
Shanaf
18
Koysinj
3
80
Qushtapa
2016-17 Mosul Battle
The re-taking of the eastern side of the city by Iraqi security forces separated eastern residents from the western side of the Tigris where main hospitals are located.
Resulted in huge influx of eastern Mosul residents to Erbil cancer hospitals.
3
Altun Kompri
80
Dibis
1

Matrix patterns

Quantitative data (75 respondents)

Tracking treatment & residence (since displacement)

- Cities/towns undergone chemotherapy, radiotherapy or another cancer-specific treatment: 1.29
- Cities/towns cancer-specific treatment AND pre-diagnosis investigations, therapies: 1.93
- Cities/towns taken up residence: 1.44

Disease presentation before/after displacement

- Disease onset before displacement: 40/75
- Disease onset after displacement: 35/75

Qualitative

Q: What are your main challenges in accessing cancer care? (75 respondents, thematic analysis)

- **Triage & financial implications**: Provision of drugs to IDPs in KRI is varied and unpredictable. Some IDPs receive full coverage; others receive partial; and others receive none at all. Families assume the financial burden of purchasing medications amidst already depleted resources.
  - Removal of incomes / lack of work in KRI
  - Separation from resource-bearing networks
- **Transport**: Unreliable and slow checkpoint access to KRI from surrounding provinces disrupts treatment schedules.
  - Suspicion of residents from ISIS-controlled areas
  - Lack of visible wounds / Referral pathways
  - Transport costs

Qualitative (cont.)

- **Conditions at origin:** Claims of restored oncology centers in liberated areas (e.g., Anbar) are met with great skepticism, particularly as the closest alternative (Baghdad) is often inaccessible.
  - Sanitation of hospitals / broader environmental concerns
  - Moral practices of caregiving

Conclusions

- The shifting realities of security, finances, road/checkpoint access, and the variable availability of public oncology compel IDP cancer patients to piece together residence and treatment across multiple provinces and hospitals. Movement is both a forced condition of displacement and a strategy for accessing care.

- Clinical consultations with displaced patients must include questions about means/conditions of movement.

- Enabling inter-provincial movement and inter-provincial access to oncology services should be a top priority of cancer stakeholders across the KRI and Iraq. To that end, stakeholders can partner with existing efforts of humanitarian organizations working on improving referral pathways for emergency war-wound cases.

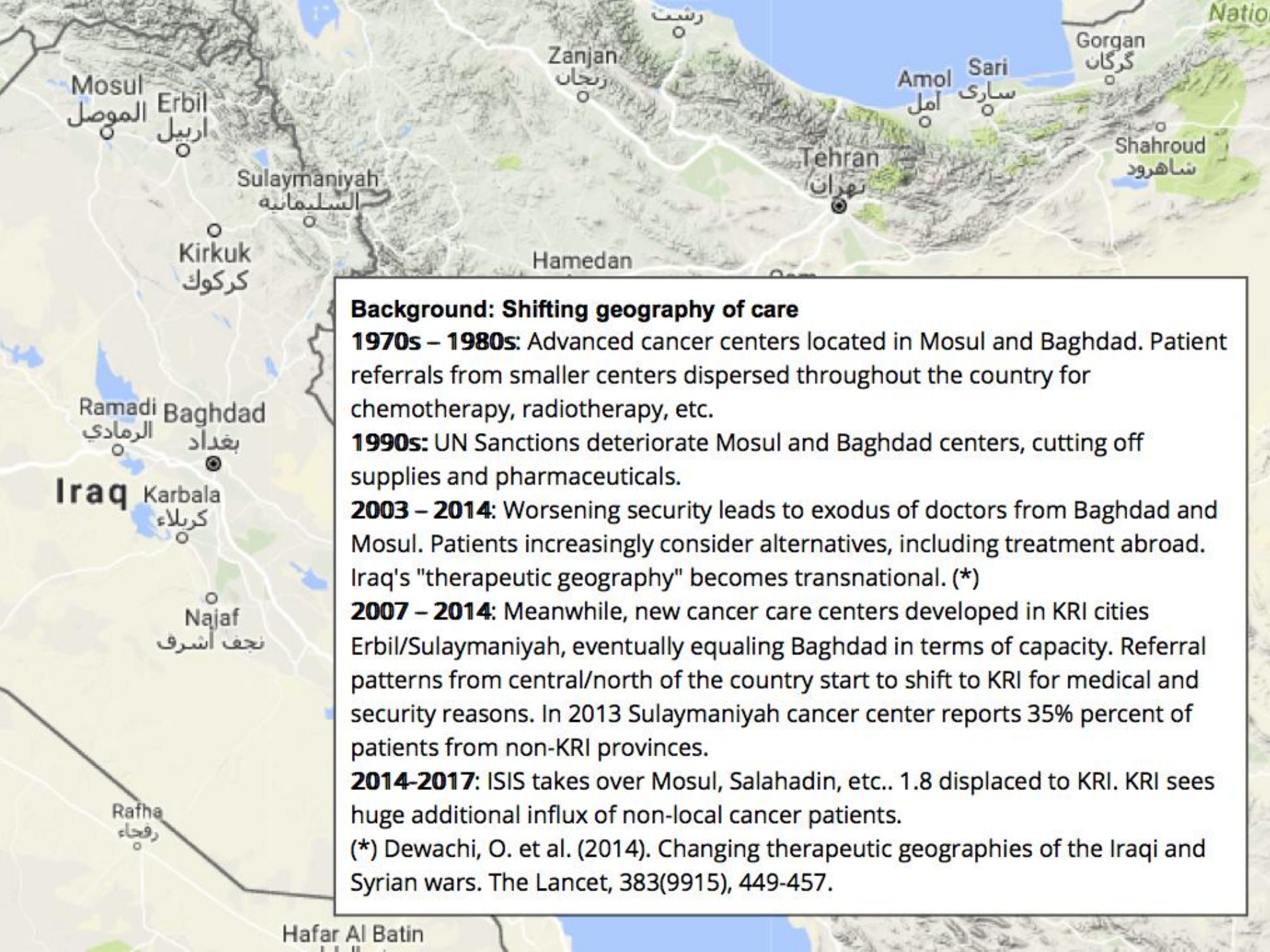
Oncology in Iraq's Kurdish Region: Navigating Cancer, War, and Displacement

Introduction

On October 20, 2016, oncologists gathered in Erbil for the first Best of ASCO Meeting (officially licensed by the American Society of Clinical Oncology [ASCO]) to take place in the Kurdish region of Iraq, which is governed by the semiautonomous Kurdistan Regional Government (KRG).[1] The meeting was one more indication of the gradual progress of the KRG oncology system, which is only 10 years in the making. The KRG and local charities have invested heavily in the public health care and oncology sector during the past decade. Hiwa Cancer Hospital (HCH), located in the Kurdish city of Sulaymaniyah, was opened in 2007 and eventually became the second largest public provider of cancer care in all of Iraq (after Al-Amal National Cancer Center in Baghdad). This commentary will discuss the history and development of public oncology in the Kurdish region of Iraq during the past decade and address emerging trends. In

Nations sanctions (from 1990 to 2003).[3] Sanctions placed severe restrictions on imports and rendered hospital maintenance impossible. Even the nation's top cancer care centers struggled to keep medications and equipment adequately stocked to meet the high volume of patients from across the country.[4] Additional problems developed after the US-led invasion in 2003. Urban warfare blurred the lines between civilian and combatant spaces,[5] which compelled a mass exodus of doctors to neighboring countries.[6]

As conditions of insecurity compromised health care services throughout much of the country between 2004 and 2007,[7] a favorable power-sharing agreement allowed the KRG to enjoy a period of relative political stability and economic growth. Ultimately, these conditions enabled the establishment and development of new KRG cancer hospitals. Many doctors from throughout Iraq



Background: Shifting geography of care

1970s – 1980s: Advanced cancer centers located in Mosul and Baghdad. Patient referrals from smaller centers dispersed throughout the country for chemotherapy, radiotherapy, etc.

1990s: UN Sanctions deteriorate Mosul and Baghdad centers, cutting off supplies and pharmaceuticals.

2003 – 2014: Worsening security leads to exodus of doctors from Baghdad and Mosul. Patients increasingly consider alternatives, including treatment abroad. Iraq's "therapeutic geography" becomes transnational. (*)

2007 – 2014: Meanwhile, new cancer care centers developed in KRI cities Erbil/Sulaymaniyah, eventually equaling Baghdad in terms of capacity. Referral patterns from central/north of the country start to shift to KRI for medical and security reasons. In 2013 Sulaymaniyah cancer center reports 35% percent of patients from non-KRI provinces.

2014-2017: ISIS takes over Mosul, Salahadin, etc.. 1.8 displaced to KRI. KRI sees huge additional influx of non-local cancer patients.

(*) Dewachi, O. et al. (2014). Changing therapeutic geographies of the Iraqi and Syrian wars. The Lancet, 383(9915), 449-457.