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The right to health in I.R. IRAN

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Introduction:

Iran has a population of over 68 million people and is located in the Middle East. Iran's neighbours to the East and North-East are: Afghanistan, Pakistan and Turkmenistan and to the West and North-West are: Iraq, Turkey, Armenia and Azerbaijan.[1]
After the Iranian revolution of 1979, the Iranian government started paying particular attention to the right to health and to the accessibility of health care services for its population. This all began by emphasising the right to health and health care in the new constitution of I. R. Iran. Principle 29 recognises the right of all citizens to health and equal access to health services under Islamic principles.[2] This emphasis had had a good practical outcome, namely the government's focus on providing basic necessities for the enjoyment of the right to health and healthcare by the Iranian people. In order to implement World Health Organisation's programme on "Primary Health Care" (PHC), Iran created a system of PHC, Financed by the public budget. PHC is a delivery system provided by the Ministry of Health and Education (MOHME) and is a primary source of access to health and health care.[3]

Legal commitment to a right to health:

The human rights in Iran have two common concepts. The first concept is the worldwide definition of human rights which is illustrated in international agreements. The second concept comes from Islamic Sharia and traditions. The two concepts however, are interpreted differently and parts of them have not been accepted by the government. That is mainly because the two concepts share similar views in some areas and contradict each other in other areas. Nowadays, it is an important issue for

[1] The world fact book, at https://www.cia.gov/cia/publications/factbook/geos/ir.html, accessed 20 April 2007
[2] The Constitution of the Islamic Republic of Iran, at http://www.servat.unibe.ch/law/icl/ir00000_.html, accessed 20 April 2007
[3] Health Financing Reform in Iran : Principles and Possible Next Steps, A report Prepared for: Social Security Research Institute, Health Economic Congress, Tehran, Islamic Republic of Iran, October 30-November 1, 1999, at http://www.who.int/nha/docs/en/Health_financing_reform_Iran_principles_next_steps.pdf, accessed 20 April 2007

the human rights experts in the country to find a way for the reconciliation of these two concepts while preserving and continually improving citizen's human rights.[4]
In terms of the worldwide accepted concept of human rights, there are numerous human rights conventions which have recognised the right to health. Iran is a party to most of these conventions. Some of the most important ones are: the International Convention on Economic, Social and Cultural rights (ICESCR), the International Convention on the Elimination of All Forms of Racial Discrimination (CERD) and the Convention on the Right of the Child (CRC). One of the main conventions that have not been ratified by Iran is the Convention on the Elimination of All forms of Discrimination against Women (CEDAW).[5] This convention is one of the cases of contradiction between Sharia's concept of human rights and the universal concept of human rights.
Iran is also a party to some important health-related civil and political human rights conventions which includes the International Covenant on Civil and Political Rights (ICCPR).[6] In addition Iran has signed the Universal Islamic Declaration of Human Rights (adopted by the Islamic Council in 1981) which refers to the right to medical care as part of the right to social security (Article XVIII).[7]
In terms of national laws and regulations there are numerous national regulations with regard to the right to health. However, the most important reference to the right to health is in the constitution of I.R. Iran. Article 29 guarantees all citizens the right to health care. Also in the constitution, food security is mentioned and is considered as one of the basic priorities for the wellbeing of citizens. For the purpose of guaranteeing food security the constitution also emphasises agricultural development, environmental protection and the eradication of poverty.[8]

The organisation of the Iranian health care sector

The Ministry of Health and Medical Education (MOHME) through its network of health institutions and Medical departments is in charge of the largest healthcare delivery network in Iran. MOHME is responsible for the provision of healthcare services through its network, medical insurance, medical education, supervision and regulation of the healthcare system in the country, policymaking, production and distribution of pharmaceuticals, and research and development. In addition to MOHME, the Medical Service Insurance Organisation (MSIO) is a parallel body created to act as a relief foundation as well as an insurance organization.[9]

[4] United Nations common country assessment for the Islamic Republic of Iran, at http://www.undp.org.ir/reports/npd/CCA.pdf, accessed 20 April 2007
[5] Office of the United Nations High Commissioner for Human Rights, status of ratifications of the principal international human rights treaties, at http://www.unhchr.ch/pdf/report.pdf, accessed 20 April 2007
[6] Idem
[7] Universal Islamic Declaration of Human Rights, at http://www.alhewar.com/ISLAMDECL.html, accessed 20 April 2007
[8] United Nations common country assessment for the Islamic Republic of Iran, at http://www.undp.org.ir/reports/npd/CCA.pdf, accessed 20 April 2007
[9] Health care in Iran, From the free encyclopedia of Wikipedia, at http://en.wikipedia.org/wiki/Health_care_in_Iran, accessed 9th May 2007

Health policy and expenditure

According to data released in 2001 the total health expenditure of Iran as a % of GDP is 6.5.[10] More recent figures have , however, not been published by the government or related organisations. The most recent analysis goes back to 1996; at the time 5.7 percent of Iran's GDP was spent on health which is 101 US Dollars per capita. The 1996 analysis shows that Iran's per capita GDP is almost one percent more than the ratio of other countries with similar income and is less than the Persian golf states and more than the regional average. The public share of the total health spending in Iran is 2.4% (if the data are correct). It is less than the percentage of public share in the countries in the region and in countries with the same income as Iran. When we compare per capita spending in Iran with other countries the per capita health spending in Iran is the same as in other countries with a similar income rate.[11]

Public and private health care expenditure

According to the analysis released in 1996 health expenditure consists of 10% of the government's spending and 5.3 % of household expenditure. Assuming that NPISH[12] are public then the public share is something around 2.4% of GDP. This accounts for about 42% of total health expenditure. However if we put NPISH expenditure into private health expenditure, the result is quite different. In this case the public share would be about 1.8% of GDP. In other words it would be 32% of total health spending.

About 30-35 percent of the government's health expenditure is through Primary Health Care which is completely financed by the government's budget. SSO however, produces about 30 percent of earnings for a different kind of social security and health benefits. Seven percent of this percentage comes from employees and about twenty percent from employers and three percent is paid by the government. Nine percent of the total thirty percent of SSO's earnings goes straight into the health account. The government's payment is used for the MSIO deficit. With the approval of MSIO's high council and the government the monthly premium for MSIO is 7,920 Ryals[13] which covers the fund for employees of the government, households in rural areas and "others" (for example students). However the exact premium that each individual pays is totally dependent on the kind of fund that is used by that individual. For example the government's employees pay about thirty percent of the premium and the payment of the rest lies with the government. For rural households however, the government is responsible for the payment of the total amount of the premium. Students and clergies, for example, who fall within the category of "others", have to pay between twenty to thirty percent of the premium. The responsible body for the payment of the rest is the institution in which the person studies or works. Finally, the people who are in the self-employed category have to pay the full amount of their premium.[14]

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[10] World Health Organization, Iran's page at http://www.who.int/countries/irn/en/, accessed 20 April 2007
[11] Health Financing Reform in Iran : Principles and Possible Next Steps, page 4
[12] Non-Profit Institutions Serving Households
[13] Iran's currency
[14] Health Financing Reform in Iran : Principles and Possible Next Steps, Page 4

Availability, accessibility, acceptability and quality of health care services:

On the basis of UN Comment No. 14 on the right to the highest attainable standard of health, governments are to ensure the availability, accessibility, acceptability and quality of health care services. Accessibility has four overlapping dimensions: non-discrimination, physical accessibility, economic accessibility (affordability), and information accessibility. Specifically in relation to private health care providers the UN Comment No. 14 states that countries are obligated to ensure that privatisation of the health sector does not constitute a threat to the availability, accessibility, acceptability and quality of health care services.[15]

Availability, accessibility, affordability and quality of health care services

Physical accessibility:

With regard to the accessibility of healthcare services, physical access to healthcare in Iran is assessed as satisfactory. For the purpose of establishing the provisions of Primary Health Care (PHC) a structural system of health networks has been created by the Iranian government.

However, despite the government's efforts to create a health network the access to healthcare services and also the availability of healthcare services is restricted in remote areas of the country which are mostly the less developed areas. These areas are also in danger of natural disasters and have been experiencing some during the past decades. This of course doubles the government's difficulties for the establishment of a proper health network.[16]

Affordability:

One of the main factors in determining the level of affordability of health care services is to look at the situation of health insurance and to assess the extent of its coverage, and the ways in which it operates. There are two sections which offer health insurance to Iranian citizens which are generally known as the public and the private sector. They offer different degrees of health insurance in order to achieve the standards for the proper affordability of health care services.

Iranian health insurance system:

"There are two major health insurance organizations in the Islamic Republic of Iran; the Organization of Social Security which covers approximately 15 million people and the Health Services Insurance which covers approximately 6 million. An additional 3 million people are covered by insurance funds. According to the health insurance law (Act number 29), the government is responsible for the health and

[15] United Nation's Economic and Social Council, Second periodic report: Jordan. 23/07/98. E/1990/6/Add.17. (State Party Report), at paragraph 86, available at: http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/E.1990.6.Add.17.En?Opendocument , accessed 20 April 2007

[16] Health care in Iran, at http://en.wikipedia.org/wiki/Health_care_in_Iran, accessed 20 April 27, 2007

social security of the people. Of approximately 60 million people, about 40% are covered by insurance organizations or insurance funds that only supply treatment services".[17]

Although the health insurance system is a well established system in Iran there are still parts of the population who suffer from the poor affordability of health care services. There are several reasons for this, but one of them is the failure of the health insurance system to adequately cover some sections of the population.

One of the main problems of the health insurance system in Iran can be identified as 'double coverage', i.e. the fact that persons are covered by two health insurances. This negatively affects the performance of health insurance organisations. Another problem is the lack of consistency in the per capita expenditure of insurance organizations in Iran[18].

Every year the insurance High Council suggests an individual premium which has to be approved by the Cabinet. This individual premium works differently for different groups of people. For example, the government pays 70 percent of the premium for its employees while they pay 30 percent of their premium. In the case of rural house holds the government pays the entire premium while non-rural households should pay 100 percent of their premium. On average about 70 percent of the health premium is paid by the government and the remained 30 percent is paid by individuals.

In general the key problems with the Iranian health insurance system can be identified as: firstly, the lack of standard definitions for the major concepts of health insurance amongst organisations operating the health care system. Secondly, there is no clear distinction between "insurance" and "financial" assistance. This causes difficulty in breaking up the expenditures of health insurance organisations. Last but not least there is the problem of record keeping by health insurance organisations that lack the individuals' utilisation rates (total available work time). [19]

International Assistance

After the strong earthquake, of Bam in the Southern province of Kerman which resulted in 30,000 death and 75000 homeless, a donor conference in Bam was launched to address the needs of the destroyed city and to gather international aid for the reconstruction of the city. The IFRC[20] assessed the costs as $42 million and the UN appealed for $31 million for relief and rehabilitation. 60 countries pledged to give financial assistance to Iran.[21]

Putting aside the emergency situations like the Bam earthquake, the main international assistance to Iran in the field of health is the financial assistance to the government in order to run projects such as the Sewerage Project, the Second Primary Health Care and the Nutrition Project, the Environmental Management, Water Supply and Sanitation Project, and the Urban Upgrading and Housing Reform Project. For the

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[17] S. Asefzadeh, Rethinking the health services insurance system: a new model for Iranian railroad households, Eastern Mediterranean Health Journal, Volume 5, Issue 3, 1999, Page 515-525, at http://www.emro.who.int/publications/emhj/0503/10.htm, accessed 12th May 2007.

[18] Health Financing Reform in Iran : Principles and Possible Next Steps, Page 5,15

[19] Iran national health accounts, at http://www.who.int/nha/docs/en/Iran_NHA_report_english.pdf, accessed 20 April 2007

[20] International Federation of the Red Cross

[21] USAID from the American people, Iran, at http://www.usaid.gov/iran/, accessed 20 April 2007

purpose of carrying out these projects the World Bank has so far lent Iran $791 million so far.[22]

Also during 2004 and 2005 the MOHME[23] received a sum of $16 million from GFATM[24] to carry out programs for the prevention and treatment of HIV/ AIDS.[25]

General health of the population:

According to the rankings released by the World Health Organisation Iran's health level has been assessed as 93rd in the world. There has been a considerable improvement in the situation of health care for Iranians during the last twenty years. One of the main reasons for this improvement is the establishment of PHC. This caused the rates of child and maternal mortality to plummet significantly and the rates of life expectancy at birth to go up remarkably. According to the data released in 2002 the total value of Iran's health and medical sector is $240 billion. It has been predicted that this number will rise to $310 billion by 2007. The improvement of health outcomes in Iran has made the country exceed the regional average. The key to this success has been Iran's "Master Health Plan". This was adopted in the 1980s and was carried out for a period of 17 years. The plan gave priority to basic curative and preventive health services rather than focusing on complicated hospital based treatment. Also the plan paid extra attention to the population groups who were at the highest risk and those living in deprived areas. The effective delivery of the plan resulted in identical health care services in rural areas and urban areas.[26] It is, however, claimed that remote areas of the country are still in need of a more proper health service such as access to specialist doctors or better equipped hospitals.

Health-related information

The Health Information Centre (HIB) is the sub organisation of the Ministry of Health. This is an organisation specialised in health education and providing information to the general public. HIB has a strong collaboration with the WHO and runs a network called Iranian information for health. Dr Zilnski, the consultant to the WHO in his visit to HBI expressed that he was amazed by the development of the organisation and its activities during the past 8 years. Dr Najib Alshorbaji, the regional head of the WHO's medical information centre, also pointed out that the HBI is the only health information centre which works along with WHO and that its success is very important for WHO's future collaboration with other countries.[27]

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[22]The World Bank, Country brief, Iran, at http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/MENAEXT/IRANEXTN/0,,menuPK:312966~pagePK:141132~piPK:141107~theSitePK:312943,00.html, accessed 20 April 2007

[23] Ministry of Health and Medical Education

[24] The Global Fund to fight AIDS, Tuberculosis and Malaria

[25] The Global Fund to fight AIDS, Tuberculosis and Malaria, at http://www.theglobalfund.org/en/funds_raised/commitments/, accessed 20 April 2007

[26]The World Bank, Country brief, Iran, at http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/MENAEXT/IRANEXTN/0,,menuPK:312966~pagePK:141132~piPK:141107~theSitePK:312943,00.html, accessed 20 April 2007

[27] Ministry of Health and Medical Education, deputy of information technology, at http://www.hbi.ir/, accessed 20 April 2007

Women's health

Iran is not a party to the CEDAW. However it is a party to the ICESCR and according to paragraph 21 of the General Comment on the Right to Health in Article 12 ICESCR, one of the major global goals for promoting women's right to health should be lowering maternal mortality.[28]

Access to health care during pregnancy and delivery / maternal mortality

In data released in 2001 maternal mortality were rated as 33[29] per 100,000 live births.[30] About 80 percent of pregnant women aged 15 to 49 who have been living in urban areas and 73 percent of women resident of rural areas have been seen by a health specialist at least twice during their pregnancy. Trained professional are available for 86 percent of births in Iran. Among the 14 percent of women who are not seen by a professional during delivery the number of women living in rural areas is six times higher than the women who live in cities.[31]

There is a compulsory immunisation against Diphtheria and Tetanus for pregnant women in Iran. Data revealed by a multiple indicator cluster survey show that in 1997 about 77 percent of pregnant women were immunised against Tetanus. With regard to infertility treatment the first in-vitro fertilisation (IVF) unit in Iran was opened in 1989 in Yazd. The first IVF baby was born in 1990. Now more than 22 public sector IVF units are in operation as well a number of private sector units which are highly active in this area.[32]

The key challenges that Iran faces to improve women's health are: firstly; improving malnutrition and maternal health deficiencies (such as low iron and calcium intake), secondly; the prevention of certain contagious diseases, thirdly; improving treatment facilities for infertility, fourthly: adequate health care services for elderly women, fifthly; organising sufficient reproductive health programmes for young women.[33] With regard to the 14 percent of births which are not attended by a trained health professional the government needs to implement plans in order to guarantee that 100 percent of births are attended by a trained health professional in the country.

Access to reproductive health services and information:

On the basis of paragraph 34 of the General Comment on the Right to the Health, States should refrain from limiting access to contraceptives and other means of

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[28] Office of the High Commissioner for Human rights, International Covenant on Economic, Social and Cultural Rights, at http://www.unhchr.ch/html/menu3/b/a_cescr.htm, accessed 20 April 2007.
[29] WHO/UNICEF/UNFPA estimates the MMR as 78 per 10 000 live births.
[30] World Health Organization, Islamic Republic of Iran, partnership in action, report for 2004-2005 biennium, at http://www.emro.who.int/iran/InformationCentre.htm, accessed 21 April 2007
[31] Human development report of the Islamic Republic of Iran, 1999, at http://www.undp.org.ir/reports/hdr/e-NHDR.pdf, accessed 22 April 2007
[32] Idem
[33] World Health Organization, Islamic Republic of Iran, partnership in action, report for 2004-2005 biennium, at http://www.emro.who.int/iran/InformationCentre.htm, accessed 21 April 2007

maintaining sexual and reproductive health-related information, including sexual education and information.[34]
In 1994, the international conference on population and development (ICPD) defined reproductive health as "a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its processes". [35]
In the context of reproductive health the main challenges that Iran faces are implementing standardised international protocols for pregnancy, delivery and post delivery services, giving sufficient information to mothers to be, on the effects of pregnancy and delivery on mothers and babies, to improve the number of midwives and the quality of services offered by them to mothers, and finally to enhance the quality of reproductive health which includes services for family planning and increasing awareness amongst adolescents with regard to issues arising of reproductive health.[36]
The issue of abortion as one of the factors of reproductive health has been seriously considered by the MOHME. However there is no data available on unsafe abortions and illegal abortions in Iran.[37]
According to data released in 2000 regarding contraceptive methods used by married Iranian women, 55 percent of married women living in urban areas and 57 percent of married women living in rural areas used modern contraceptive measures. This consisted of 1 percent use of Norplant, 5 percent male sterilization, 5 percent injections, 10 percent condoms, 15 percent IUDs, 31 percent female sterilization and 33 percent use of pills. Also about 22 percent of married women living in urban areas and 10 percent of women living in rural areas relied on traditional contraceptive measures. In total 67 percent of married women living in rural areas and 77 percent of married women living in urban areas used contraceptive measures.[38]

HIV/AIDS

On the basis of paragraph 34 of the General Comment on the Right to the Health, States should refrain from limiting access to contraceptives and other means of maintaining sexual and reproductive health-related information, including sexual education and information.[39]
According to the latest data revealed by MOHME in December 2005 there are 11, 930 HIV positive people in Iran. The people who are HIV positive are generally identified through triangular clinics and different medical surveillances. The majority are injecting drug users. All 30 provinces of Iran have reported cases of HIV positive and this shows that HIV is widespread throughout the country. From the 11, 930 people figure released by officials 94.6 percent are male and 5.4 percent are female. Injecting drug users are about 61.5 percent of this figure. 7.6 percent of reported cases of HIV

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[34] UN General Comment on the Right to the Highest Attainable Standard of Health, adopted 11 August 2000, UN Doc. E/CN.12/2000/4, available at http://www.unhchr.ch, accessed 21 April 2007
[35] International conference on population and development, Cairo, Egypt, September 1994, at http://www.un.org/popin/icpd2.htm, accessed 22 April 2007.
[36] The first millennium development goals report 2004: achievements and challenges, Islamic Republic of Iran, at http://www.un.org.ir/Pub_Gallery/Publications/mdg/Iran_MDGR_2004.pdf, accessed 22 April 2007
[37] Idem
[38] Iranian Ministry of Health and Medical Education et al, Demographic and Health Survey, Iran 2000, Preliminary Draft, Tehran: Iranian Ministry of Health and Medical Education, 2002.
[39] General Comment on the Right to Health, (see note 39)

were sexually transmitted and the reason for the infection of the remained 30.9 percent is unknown.[40]
UNDP-Iran is one of the major operative organisations in Iran which is in charge of the implementation of international programmes for fighting HIV/AIDS. GFATM also runs a project in Iran that includes different numbers of partners from governmental organisations and non-governmental organisations to private sectors and UN agencies. The project included capacity building workshops and meetings for the purpose of introducing UNDP and GFATM procedures for programming and implementation.
One of the goals of the UN Millennium Development Programme is to halt HIV/AIDS by 2015 and to start reducing the spread of this disease. For the purpose of achieving this target some indicators have been designed to assess the extent of the work done for the realisation of this goal. Indicator 18 assesses the prevalence of HIV/AIDS amongst pregnant women aged 15 to 24. With regard to this indicator in 2003 there have been no cases of a pregnant women infected by HIV/AIDS aged 15 to 24. Indicator 19 assesses the use of condom as a mean of contraception. The rate was reported as 7.99 percent of total population in 2000. As the condom is the only useful contraceptive method for preventing HIV/AIDS, experts believe that the rate of 7.99 is very important in illustrating the process of fighting HIV/AIDS in the country. In view of the fact that Iran has religious norms attached to its cultural and social values there has been no data recorded on the number of condoms purchased by the non-married population. This has resulted in the failure of calculation of high-risk sex especially amongst youngsters. Indicator 19.B has regard to the degree of knowledge that the population aged 15 to 24 has about HIV/AIDS. The rate for this indicator has been raised from 4.09 in 2003 to 8.60 in 2004. Indicator 19.C assesses the percentage of women who themselves or their sexual partners use a contraceptive. The rate has gone up from 64.6 percent in 1991 to 73.8 percent in 2000.[41]
In the legal system of the I.R of Iran there are a number of regulations which are aimed at people who are infected with HIV/AIDS. One of the examples is principal 69 of social security law which indicates that in the event that an insured woman or the wife of an insured man is infected with HIV/AIDS and breastfeeding is harmful for the baby the government is obliged to give appropriate feeding support for 18 months from the birth of the baby. Also under principal 32 of employment law a person whose ability to work has deteriorated because of their infection with HIV/AIDS is entitled to receive a payment equal to the last two months of each year that they have worked. If the infection occurred in the workplace the employer has to pay for the entire process of treatment as well as for compensation and other expenses.[42]

Child health

As mentioned above, Iran is a party to the Convention on the Rights of the Child (CRC). Of particular importance for the purposes of this study is Article 24 CRC, which contains an elaborate and comprehensive provision on the right to health of

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[40] World Health Organization, Islamic Republic of Iran, partnership in action, report for 2004-2005 biennium, at http://www.emro.who.int/iran/InformationCentre.htm, accessed 21 April 2007
[41] The first millennium development goals report 2004: achievements and challenges, Islamic Republic of Iran, at http://www.un.org.ir/Pub_Gallery/Publications/mdg/Iran_MDGR_2004.pdf, accessed 22 April 2007
[42] Women and HIV/AIDS, at http://www.durna.se/qadin_AIDS.htm, accessed 23 April 2007

children.[43] On the basis of this provision, Iran is obliged to ensure that children have access to health services that are accessible and of good quality.

Infant mortality rate

The infant mortality rate has gone down significantly over the past 20 years. It fell from 52.5 per 1000 live births in 1990 to 28.6 in 2000.[44] However Iran still faces major challenges in reducing infant mortality. This includes the incorporation of infant mortality reduction programmes into national health policies, preparing an individual plan for each province with regard to environmental and cultural conditions of each province, putting more cities under the coverage of the IMCI[45] program and improving the conduction of international protocols for both prenatal and postnatal care.[46]

Immunization

In 1983 MOHME initiated an immunisation programme under which infants should be vaccinated at intervals before they are one year old, and be given booster shots after the age of one in order to sustain an immune system. The programme has been a significant achievement in Iran. It continues with a view to further decrease the rate of infant mortality and child disability in Iran.[47] According to the data released in 2005, 99 percent of one year old children were immunised with the BGG vaccine and 95 percent were immunised with the DPT[48] and OPV[49] vaccines. About 94 percent of the one year old children were immunised with the Hepatitis B vaccine and 25 percent of pregnant women immunised with at least two doses of tetanus toxoid.[50]

Prison health

In view of the fact that taking drugs is illegal in Iran, a great number of prisoners in Iran are drug users and drug dealers. On an international scale Iran is among the top six countries with the highest imprisonment rate. The prison rate in Iran is about 526 per 100,000 people. More than 95 percent of prisoners are male which results in the number of prisoners being one percent of the Iranian male population and over one percent of the Iranian adult male population. Between the 2000 and 2001 the number of detainees was assessed as 345,139 of which 70 percent are in prison for drug related offences. However one of the negative results of imprisoning opium users has been the increase in the number of injecting drug users. As most of injecting drug users are poor, the sharing of needles and high-risk behaviour is very common. This has increased the rate of infection with HIV and Hepatitis B and C. Research shows needle sharing is the most common way of HIV/AIDS infection in Iran. To tackle the problem of sharing needles inside prisons the Iranian government has taken a new

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[43] Office of the High Commissioner for Human Rights, Convention on the Rights of the Child, at http://www.unhchr.ch/html/menu3/b/k2crc.htm, accessed 22 April 2007
[44] The first millennium development goals report 2004: achievements and challenges (see note 45)
[45] Integrated Management of Childhood Illness
[46] The first millennium development goals report 2004: achievements and challenges (see note 45)
[47] Human development report of Islamic republic of Iran 1999 (see note 37)
[48] Diphtheria
[49] Poliomyelitis
[50] World Health Organisation, Country profile, Islamic Republic of Iran, at http://www.emro.who.int/emrinfo/index.asp?Ctry=ira, accessed 23 April 2007

approach which is to treat drug users as ill persons and not as guilty. For the drug users who are in prison because of drug offences such as drug dealing the Iranian prison system distribute needles to prevent the sharing of needles in prisons.[51]

Another major health problem with the Iranian prison system concerns the mental health of prisoners. About 52 to 78 percent of prisoners in Iran are dealing with mental illness.[52]
For the purpose of fighting the problems mentioned above the Iranian prison system has created a new form of clinics inside prisons which are called "triangular clinics". These clinics have been created to control HIV/AIDS as well as addiction and sexual diseases. The East Mediterranean office of the WHO has introduced two of these triangular clinics as the best practice of its kind in 2002.[53] Along with these triangular clinics psychiatric centres have been created in prisons in order to improve the mental health of prisoners. However these centres are only available in central prisons of each province of Iran. There have also been different workshops for the staff working in prisons to increase their knowledge of mental health issues.[54]

<u>Mental health</u>**:**

No official data have been published with regard to the prevalence of mental disorders in Iran. However, an epidemiological survey shows that the rate of mental disorder in Iran is something between 11.9 percent and 23.8 percent. A survey published in the British Journal of Psychiatry in 2004 illustrates that about a fifth of the people who were included in the survey and aged 15 years or more have been suffering from mental disorder. According to that survey 10 to 12 million people in Iran suffer from a mental illness or disorder. It should be mentioned that this population group is also in need of mental health care services. In view of the fact that there are 735 practicing psychiatrics in Iran and about 7850 hospital beds for patients with mental illnesses there is an urgent need to enhance the availability of mental healthcare services in Iran.[55]
Since 1985 the last week of October in Iran is named as 'Mental Health Week' which draws attention to mental health across the country. The programmes in 2001 consisted of 245 mental health meetings and seminars and 4100 training sessions and an extensive news coverage in the national media. Also there has been collaboration between MOHME and the ministry of the interior and the Red Crescent Society for designing programmes to improve the mental health situation in Iran. The result of this collaboration also demonstrates that the prevalence of natural disasters such as earthquakes and floods can be linked to reasons of mental illness and mental disorder as most of the times natural disasters end in financial loss and a considerable number of deaths and injuries. As a result a national programme of mental health interventions in natural disasters was prepared and drafted by a study group specialised in this field. In order to put the program into practice, educational

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[51] United Nations common country assessment for the Islamic Republic of Iran (see note 12)
[52] Report on the situation of Drug use and HIV/AIDS in Iran's prisons, at http://www.atgci.org/hmdc/1382/high_risk_diseases_in_prisons.ppt#266,11,اخـتلالات روانـي, accessed 24 April 2007
[53] Iran news agency, at http://www.iraninstitute.com/1383/831125/html/iran.htm, accessed 24 April 2007
[54] Report on the situation of Drug use and HIV/AIDS in Iran's prisons (see note 56)
[55] A. A. Noorbala et all, Mental health survey of the adult population in Iran, British journal of psychiatry, 2004, 104, P 70-73, at http://bjp.rcpsych.org/cgi/reprint/184/1/70, accessed 24 April 2007

materials were published and a group of rescuers were trained according to the standards set out in the draft.[56]

Prevention of child abuse and violence against women is also another factor which guarantees a proper standard of mental health in society. With regard to this issue the Iranian mental health office created a programme with the collaboration of the United Nations children's fund and the WHO. Training sessions for general practitioners and health workers and three research works on prevention of child abuse and domestic violence were two of the important outcomes of the programme. However the Iranian mental health office has still much work to do such as school mental health programmes.

With respect to insanity and related problems there are a variety of laws and regulations in the Iranian legal system. However there is a strong need for a separate Mental Health Act which guarantees the right of psychiatric patients and care workers. Although a disciplinary team which includes experts from the judiciary has been working on a comprehensive review of mental health in Iran and has prepared the first draft of a Mental Health Act the process of amending the Act and representing it to the Parliament needs a greater amount of time and effort.[57]

Persons with disabilities:

UN General Comment No. 5 concerns Persons with Disabilities. According to the General Comment, States are to take positive action to reduce structural disadvantages and to give appropriate preferential treatment to people with disabilities in order to achieve the objectives of full participation and equality within society for all persons with disabilities.[58]

The eight year war between Iran and Iraq left a considerable number of people disabled. One of the main problems for disabled persons in Iran is the architectural and urban design of the buildings and cities and towns which is inconvenient for use by disabled people.[59]

One of the organisations which is in charge of improving the situation of disabled people is the Iranian Welfare Organisation. This organisation was established under principles 3, 21 and 29 of the Iranian Constitution in order to give free service to poor and to protect people with disabilities and to prevent disability in society.

There have been some programmes implemented with the assistance of the University of Social Welfare and Rehabilitation Sciences and the rehabilitation information centre and the ministry of health and education to educate women about the preventable disabilities and also to inform families about the best methods of rehabilitation of children with disabilities.[60] However there is no statistical information available on the web on how successful these programmes have been.

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[56] Idem

[57] Idem

[58] UN Committee on Economic, Social and Cultural Rights, General Comment No. 5, Persons with Disabilities, available at: http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/4b0c449a9ab4ff72c12563ed0054f17d?Opendocument ,

[59] Gisoo Ghaem et al, research on urban planning and architecture for disabled persons in Iran: establishing design criteria, Independent Living Institute, at http://www.independentliving.org/cib/cibbudapest10.html, accessed 25 April 2007

[60] Tehran Welfare Organisation, at http://www.behzistitehran.org.ir/PreventationFrame.htm, accessed 25 April 2007

In terms of law and regulation there are a handful of regulations that relates to persons with disabilities which mostly focus on financial help to disabled people specially those who are disabled as a result of the 8 years war between Iran and Iraq. Also it focuses on the situation of disabled people at work and provides them with protective measures.[61]

Minorities:

According to Article 13 of the Constitution "Iranian Zoroastrians, Jews and Christians are the only religious minorities recognised and are free to practice their own religions within the limits of law." Article 14 of the Constitution refers to the fair treatment of non-Muslims and stipulates that:

`the Government of Islamic Republic of Iran and Muslims must treat non-Muslims with Islamic Justice and fairness and respect their rights. This does not apply to those who engage in conspiratorial behaviour against Islam and the state of Islamic Republic of Iran.'

Article 19 of the Constitution prohibits discrimination on any grounds and states:

`Iranian citizens of any ethnic and tribal group enjoy equal rights irrespective of race, colour, language, etc.'

Article 20 of the Constitution refers to the rights of citizenship and states:

'All citizens, men and women, are equal before the law and enjoy all human, political, economic, social and cultural rights by observing Islamic rules and regulations.'[62]

As most people who belong to ethnic and religious minority groups live in the deprived areas of the country the government seeks to improve economic, social and cultural conditions for the minority groups of the country on the third and fourth development plan of Iran.[63]
Although Iran has recognised the right of minorities in the Constitution and the majority of ethnic and religious minorities have been getting a fair deal of attention from the government, there are still small parts of religious minorities whose rights have not been recognised by national laws. However in terms of accessibility, affordability and availability of health care services there is no mention of the people who cannot enjoy their right to health. In fact the government is committed to guarantee the right to health of all Iranian citizens no matter their ethnic or religious background.
In terms of refugees in year 2003 about 1.9 million Afghan refugees were living in Iran. In 2004 the Iranian Federation of Red Cross and Crescent with the cooperation of PHC centre of one of the eastern provinces of Iran prepared a program for 20 traditional birth attendants and 60 community health workers. The two organisations also arranged improving the general health situation of the inhabitant of Afghan

[61] University of Social Welfare and Rehabilitation Sciences, Rehabilitation information bank, at http://www.rehabiran.net/ProductDetails.aspx?DbNo=9&TbNo=1, accessed 25 April 2007
[62] The Constitution of the Islamic Republic of Iran (see note 2)
[63] Profile of religious minorities and ethnic and lingual groups in Iran, at http://www.iran-embassy.dk/fa/culteral/aghaliyat%20en.pdf, accessed 26 April 2007

refugees. Also plans for educating 15000 Afghan refugees in the areas of family health, disease prevention, environmental health, first aid and hygiene.[64]
With regard to non-Iranian citizens living in Iran principal 87 of the fourth economic, social and cultural development program of Iran gives credit facility to programs related to setting up insurance companies which aim to give insurance service to non Iranian citizens.[65]

Occupational health:

Iran is a party to 50 ILO[66] Conventions, a number of which are explicitly health-related.[67]
There are two million work units[68] in Iran which cover sixteen million employees. This large workforce creates a challenge for the government in terms of providing environmental and occupational health. One of the main problems with regard to occupational health in Iran is the low number of inspectors (which is about 500) in comparison with the size of the work force. Also, the laboratory facilities for assessing the physical factors in the work place are very poor. With regard to high-risk industries such as mining and non-iron metal works (for example, ceramic and glass), there are approximately 1.2 million employees working in mines and a further 1.3 million work in the non-iron metalwork section. All 2.5 million workers are exposed to silica dust and are in danger of getting silicosis. For the purpose of protecting this large number of employees the government with WHO's technical support has been trying to implement ILO standards with regard to the elimination of silicosis. A major challenge for the government is the lack of inspectors in relation to the large number of employees. Regarding national laws, labour law in Iran has been supporting the workers' rights but there is still little responsibility for employers to comply with health and safety procedures for workers. The poor support of the judiciary in prosecuting those who fail to comply with health and safety regulations of labour law adds to the problem.[69]

Access to safe water and to adequate excreta disposal facilities

In 1996, 94 percent of the Iranian population had access to safe drinking water. The percentage of the population with *sustainable* access[70] to an improved water source

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[64] AFGHAN REFUGEES IN IRAN: WATER SHORTAGE, Appeal no. 05EA007, 14 April 2005, at http://www.ifrc.org/docs/appeals/05/05EA007.pdf, accessed 12th May 2007.
[65] The taskforce for entrepreneurship, Tabriz University of medical science, at http://karafarini.tbzmed.ac.ir/tasvibname/MADEH87.htm, accessed 13th May 2007.
[66] International Labour Organisation, at www.ilo.org .
[67] The Medical Examination of Young Persons (Non-Industrial Occupations) Convention, (C78, 1946), the Radiation Protection Convention (C115, 1960), The Hygiene (Commerce and Offices) Convention (C120, 1964), The Benzene Convention, (C 136, 1971), The Occupational Safety and Health (Dock Work) Convention (C152, 1979), The Chemicals Convention (C170, 1990), the Safety and Health in Mines Convention (C176, 1995), see http://www.ilo.org/ilolex/english/newratframeE.htm , accessed 26 April 2007.
[68] A work unit is the name given to a place of employment in Iran.
[69] World Health Organisation, Islamic Republic of Iran, partnership in action, report for 2004-2005 biennium, at http://www.emro.who.int/iran/InformationCentre.htm, accessed 21 April 2007
[69] Human development report of the Islamic Republic of Iran, 1999, at http://www.undp.org.ir/reports/hdr/e-NHDR.pdf, accessed 22 April 2007
[70] UN Millennium Development Goal No 7 which is "Reduce by half the proportion of people without sustainable access to safe drinking water"

rose from 89.6 percent in 1990 to 93 percent in 2000. Also access to sanitation has been increasing during the last two decades. The proportion of the population with access to sanitation facilities went up from 64.3 percent in 1990 to 82.8 percent in 2000.[71]

Environmental health

One of the UN Millennium Development goals is a sustainable environment which deals with incorporating the principals of sustainable development with social and economic related policies. The indicators which have been designed to asses the progress of countries in achieving this goal show that 4.5 percent of Iranian land areas are covered by forests.[72] In light of practices such as forest biomass and the elimination of superior species by inferior species a serious concern is raised with regard to the trend of destruction of forests. However the proportion of the forest area under protection and maintenance has risen from 4.58 percent in 1997 to 7.11 percent in 2000. Energy use is also a main factor for determining environmental sustainability. In Iran it has gone up from 0.309 (kilogram oil equivalent) to 0.338 in 2001. Also the production of Carbon Dioxide emissions per capita increased from 4.002 in 1995 to 4.681 in 2001. The same increase has been reported with regard to the use of zone depleting CFCs which was 4.500 in 1995 and went up to 6.179 in 2001.[73]There is no information available on how the government is planning to tackle these increasing figures in the production of environmentally polluting gases and to what extent the measures that has been taken so far were successful.

Remaining health problems

Iran is one of the most vulnerable countries in the world in terms of natural disasters. The earthquake in Bam which left the city with 30,000 dead and a significant number of injured and homeless persons created a sense of need for a stronger focus on preparation for natural disasters.
Iran's medical device[74] market has also suffers from a lack of a coherent regulatory framework.[75]
Although Iran has a great capability for producing pharmaceutical products inefficient monopolies in the pharmaceutical industry have led to a non-competitive market. In order to combat the problem MOHME occasionally issues import permits for those in the private sectors in order to stop illegal sale and the shortage of intermittent pharmaceutical products.[76]

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[71] The first millennium development goals report 2004: achievements and challenges (see note 45)
[72] This data is according to the Food and Agricultural Organization (FAO) definition of forest coverage.
[73] The first millennium development goals report 2004: achievements and challenges (see note 45)
[74] European definition of medical device is: any instrument, apparatus, appliance, material or other article, whether used alone or in combination, including the software necessary for its proper application intended by the manufacturer to be used for human beings for the purpose of: diagnosis, prevention, monitoring, treatment or alleviation of disease and diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap and investigation, replacement or modification of the anatomy or of a physiological process and control of conception, and which does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means, but which may be assisted in its function by such means.
[75] Kavoos Basmenji, Pharmaceuticals in Iran: an overview, Arch Iranian Med, 2004; 7(2): P158-164, at http://www.ams.ac.ir/AIM/0472/021.pdf, Accessed 27 April 2007
[76] Idem

One of the main problems with regard to the assessment of the situation of a right to health in Iran is the limited up to date official data. It is a fact that improving Iran's statistical capacity will undoubtedly help to realise how much work has been done and how much work need to be done in the future to guarantee the right to health of the Iranian citizens.[77]

Overall conclusions

The Iranian legal system has recognised the right to health of the Iranian population by emphasising the right to health in its Constitution and national laws and regulations. Iran also is a party to most of the important international treaties in which the right to health has been recognised.

In order to qualify the approach of the Iranian government with relation to the right to health, it is useful to assess the degree of availability, accessibility and affordability of health care services in the country.

In terms of availability it can be claimed that in Iran the overall improvement in availability of health care services is satisfactory. However the availability of health care services is under pressure due to the economic conditions of the country, combined with rapid advances in medical technology and information technology, the growing expectations from patients regarding the quality of care, and population growth.

Since the creation of primary health care services and the formation of an elaborate health network the accessibility of health services in the country has been satisfactory.

With regard to the affordability aspect of the right to health, the data on the work of the insurance system in the country is neither up to date nor accurate enough. Although a high percentage of people are covered by the insurance system the question as to what extent the system has been efficient in creating an affordable health care system in the country remains unanswered. Also, problems such as double coverage and inconsistency in per capita expenditure of insurance organisations undermine the affordability of health services.

In view of the fact that Iran has more than 68,000 villages there is still much work to do in terms of making health care affordable, accessible and available to the rural population.

Also regarding women's health, as 14 percent of births are not attended by a trained health professional, the government needs to guarantee the accessibility, availability and affordability of trained professionals for those 14 percent of births.

Finally, it is recommended that MOHME create a sub organization for providing statistics with regard to the number of people affected with HIV/AIDS and the number of people with mental illness in Iran. This in fact will help the government to assess the level of outbreak of such diseases and to provide available, accessible and affordable care services in order to prevent further spread of these diseases.

Language editing: Alison Farquhar.

[77] United Nations common country assessment for the Islamic Republic of Iran (see note 12)