

Concluding observation Committee on Economic, Social and Cultural Rights E/C.12/IRN/CO/2 para 16

Full recommendation:

The Committee recommends that the State party take steps to ensure universal access to health insurance, providing for coverage for a minimum essential level of benefits to all individuals and families, including access to health facilities, goods and services on a non-discriminatory basis; provision of essential drugs; access to reproductive, maternal (prenatal as well as post-natal) and child health care; and immunization against the major infectious diseases occurring in the community.

Assessment using Impact Iran human rights indicators¹

According to the Iranian Constitution, all persons should be seen as equal, and their right to health care should be respected evenly. However, this protection is only extended to ‘citizens of the nation’ and only grants rights to women in so far as they are consistent with the principles of Islam. Article 3 states: “(...)the government of the Islamic Republic of Iran has the duty of directing all its resources to the following goals: [...] the planning of a correct and just economic system, in accordance with Islamic criteria in order to create welfare, eliminate poverty, and abolish all forms of deprivation with respect to food, housing, work, health care, and the provision of social insurance for all”. Likewise, Article 29 establishes that “Every person is entitled to the enjoyment of Social Security. This covers retirement, unemployment, old age, being laid off, being without a guardian, casual misfortune, accidents, and occurrences giving rise to the need for health services and medical care and treatment, through insurance, etc.”²

To improve the health system, Iran’s government has been carrying out the Health Sector Evolution Plan (HSEP) or Health Reform Plan (HRP) since 2014.³ HSEP programs have been implemented in part through an expansion of health insurance coverage to provide free basic health insurance to all Iranian uninsured individuals.⁴

Article 148 of the Labour Code compels employers to provide insurance for their workers under the Social Security Act to cover physical damages including medical expenses and compensation for lost wages. Family members of insured workers are also eligible to receive health insurance from the social security organization. However, because Iranian law considers the man the head

¹ ESCR.9.1.S.3; ESCR.9.1.P.1; ESCR.9.1.O.1, ESCR.9.1.O.2, ESCR.9.1.O.4

² Iran Chamber

Art. 29, Ch III http://www.iranchamber.com/government/laws/constitution_ch03.php

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5971176/>

⁴ https://www.ijhpm.com/article_3089_1d34bb997a3eff9edd74ae857015e550.pdf

of the household, the family of a female employee can only benefit from her health insurance when she provides for him or when her husband is unemployed or disabled.⁵

The State Social Security Organization is the main provider of social services in Iran, including access to healthcare through insurance programs. The Iranian Health Insurance Organization (IHIO) was established in 2012 with the merger of several health care organizations.⁶ All non-private healthcare provision is overseen by the IHIO making it responsible for the majority of insurance claims and all of those under HSEP programmes. The IHIO is in charge of improving health services in the country, but there is no evidence of an efficient mechanism to receive complaints regarding right to health.⁷

In most circumstances outside of state-assisted sex changes, psychotherapy and psychological consultation are not covered by any public or private insurance, nor through any support programs.⁸ Although the National Health Transformation Plan, established in 2013, has expanded the number of people having access to the national health insurance scheme and reduced health care expenses, the plan does not specifically reference persons with disabilities or disability-related healthcare services.⁹ Although Iran's government provides health care to people with disabilities, there are services that are not covered like dentistry, occupational therapy, and speech therapy.¹⁰ Since there are financial barriers due to affordability, this could represent an obstacle for persons with disabilities to fully exercise their right to health on an equal basis with others.¹¹

Refugees are now permitted to access healthcare through their identification cards issued in 2010 by the Bureau for Aliens and Foreign Immigrants Affairs (BAFIA). The identification cards guarantee access to healthcare to thousands of Afghan refugees.¹²

The national immunization program of Iran has played an important role in steps toward the control, elimination and eradication of infectious diseases. However, there are challenges regarding both diseases covered by the program and the type of vaccine or route of delivery. One

⁵ <https://www.hrw.org/report/2017/05/25/its-mens-club/discrimination-against-women-irans-job-market>

⁶ <https://www.rrk.ir/Laws/ShowLaw.aspx?Code=971>

⁷ State Welfare Organization of Iran

<http://en.behzisti.ir/news/13608/Introduction-of-State-Welfare-Organization-of-Iran>; Center for Human Rights in Iran

<https://www.iranhumanrights.org/2018/06/drr-state-welfare-organization-complaint-mechanism/><https://www.iranhumanrights.org/2018/06/drr-state-welfare-organization-complaint-mechanism>

⁸ https://www.hrw.org/sites/default/files/accessible_document/iran0618english_i_am_equally_human.pdf

⁹ https://www.hrw.org/sites/default/files/accessible_document/iran0618english_i_am_equally_human.pdf

¹⁰ Iranian Journal of Public Health

<http://ijph.tums.ac.ir/index.php/ijph/article/view/16534>

¹¹ UNHCR (A_HRC_37_24)

https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session37/Documents/A_HRC_37_24.docx; HWR

<https://www.hrw.org/report/2018/06/26/i-am-equally-human/discrimination-and-lack-accessibility-people-disabilities-iran>

¹² Refugee Documentation Center <https://www.refworld.org/pdfid/4c3d86e42.pdf>

study states that “a considerable burden of disease is attributable to rotavirus, Hib, pneumococcus, influenza and varicella, and vaccines are available with known profiles of efficacy / effectiveness against these diseases.”¹³ For example, data collected from sentinel hospital-based surveillance indicates that over half of all admissions for diarrhea are related to rotavirus.¹⁴ Yet insurance currently does not cover known and effective vaccinations for diseases such as rotavirus, Hib, pneumococcus, influenza and varicella.¹⁵

During the last two decades, the Iranian authorities had implemented legislation to expand access to healthcare services. With the implementation of HTP (a multidimensional policy in health promotion that aims to enhance service quality), health insurance was expanded to 10 million people who did not previously have insurance. Over 92% of the Iranian population is now covered by at least one insurance scheme.¹⁶

The Iranian authorities provide temporary identification cards and medical insurance to accepted refugees on the same basis as its own citizens; however, undocumented immigrants, such as Afghans, are deprived of medical insurance and care.¹⁷ In Iran, as of 2016, all registered Afghans became eligible to apply for public health insurance. Newly insured Afghans can now receive the same health services as Iranian citizens. Unfortunately, health insurance access for undocumented Afghans available. Despite the available health insurance for Afghans which cover the basic maternity care, it appears that the majority of Afghan women do not have health insurance and overall utilization of such services is not adequate to meet the healthcare needs of the population. Reasons for underutilization by the population include financial constraints, lack of affordable care including adequate prenatal care, personnel behavior, transportation issues, stigma and discrimination, cultural concerns, and legal and immigration issues. The reports from ministry of health (MOH) implicate higher prevalence of perinatal complications in Afghan population. This mainly attributed to the inadequate prenatal care during pregnancy. The financial constraints and lack of affordable health insurance with adequate coverage of prenatal care services, particularly the diagnostic and screening tests, were the most frequent reported obstacles by Afghan women.¹⁸

In 2012, the government announced that health insurance companies were required to cover the full costs of sex reassignment operations. The State Welfare Organisation does cover the costs for mandatory psychological consultation necessary for sex changes as well. However, some forms of transition-care have been labelled as cosmetic rather than medical by insurance

¹³ *Id.*

¹⁴ *Id.*

¹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3667923/>

¹⁶ So Near, So Far: Four Decades of Health Policy Reforms in Iran, Achievements and Challenges, Arch Iran Med. October 2019;22(10):592-605

¹⁷ UNHCR

<https://www.unhcr.org/en-us/news/stories/2019/7/5d31d63a4/refugees-need-medical-care-iran-health-care-programme-lifesaver.html>

¹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7201652/>

companies, allowing them to deny coverage for those treatments. The government itself offers a limited amount of assistance for services such as gender-confirmation surgeries and hormone therapies.

However, these funds are limited and government officials decide who qualifies for assistance on a case by case basis.¹⁹ The Vice President of Social Relations of the SWO stated that the organization helps patients with some of the costs of the surgery, but the financial assistance is not significant when compared to the costs of surgery.²⁰

Beyond the provision of insurance, sanctions and banking restrictions impact the state's ability to provide a minimum level of healthcare benefits, especially with regard to the "production, availability and distribution of medicines, pharmaceutical equipment and supplies".²¹ "There is a documented, significant rise in the price of medicines and the depletion of available stocks, combined with the risk of corruption and smuggling" linked to imposition of sanctions by the United States in November of 2018.²² While most medicines are produced domestically, Iran relies on the import of raw materials for the production of medication. The lack of availability of stable imports has seriously hindered domestic production of medicines. By June 2019, imports of medical supplies had fallen by 60 per cent as compared to September 2018 before the sanctions had been implemented. The Minister of Health has expressed concern that importers and manufacturers may be compelled to purchase alternative or lower-quality products, which could pose health risks for patients.²³ In May 2018, Ehsan Bodaghi, a journalist with Iran Newspaper, the government's official news outlet, tweeted that his wife had experienced severe complications after a Caesarean section and was told by a family member who is a doctor that "the complications were likely caused by non-standard anesthesia being used because of sanctions and a lack of adequate medication."²⁴

Iran has made strides towards extending health insurance to a larger percentage of the population through its Health Reform Plan. However, a significant number of individuals, especially undocumented refugees, still lack health insurance. Even for those who are covered by insurance, that insurance does not provide the minimum essential level of benefits to all individuals and families.

Recommendation Status:

This recommendation has been **PARTIALLY** implemented.

¹⁹ <https://qz.com/889548/everyone-treated-me-like-a-saint-in-iran-theres-only-one-way-to-survive-as-a-transgender-person/>

²⁰ <https://www.en-hrana.org/iranian-medical-insurances-do-not-cover-the-charges-related-to-gender-reassignment-surgery?highlight=%27insurance%27>

²¹ <https://www.hrw.org/report/2019/10/29/maximum-pressure/us-economic-sanctions-harm-iranians-right-health>

²² https://www.ohchr.org/Documents/Countries/IR/Report_of_the_Special_Rapporteur_on_the_situation_of_human_rights_in_the_Islamic_Republic_of_IranA4361.pdf

²³ *Id.*

²⁴ <https://www.hrw.org/report/2019/10/29/maximum-pressure/us-economic-sanctions-harm-iranians-right-health>