

International Diabetes Prevention and Control Foundation

Executive Summary

1. This report reviews the public education situation regarding the prevention and control of non-transmitted diseases in Iran. Based on its researches our organization concludes that although in the past and particularly 2010 onwards the Islamic Republic of Iran tried in all aspects to remove education inequalities within society and has tried to apply its commitments towards the MDG and continue efforts to be committed to raise living standards through the people's further enjoyment of economic, social and cultural rights and expansion of the development of health services especially in deprived regions, nevertheless the subject of not enough and timely information dissemination regarding introduction to transmitted and non-transmitted diseases, their prevention and control, is a deep and rooted problem which requires further attention. This report deals with the introduction of the comprehensive scientific health map and the development of the Islamic Republic system of Iran map, and foreseeing the extensive participation of nongovernmental and charity organizations in these two documents towards the presentation of necessary education on the subject to various groups and ultimately recommendations are given for Iran's move towards the more complete implementation of the abovementioned programmes and also response to the recommendations presented in the first round of the UPR on Iran.

Some of the recommendations are:

2. The accurate implementation of the development of health system plan by creating necessary basis for the partnership of nongovernmental and governmental organizations for further utilization of existing not enough resources.
3. Request from the Iranian government to create further space for the activities of NGOs which professionally work on the subject with foreseeing executive solutions in the development of health system plan.
4. Request for sharing of international experiences of other governments involved on the subject.
5. Creation of enforceable mechanism for civil servants and their families to take courses on the subject through different training techniques.
6. Presentation of relevant education through text books in different stages of education.

About us:

7. The International Diabetes Prevention and Control Foundation is a nongovernmental charitable organizations which was founded in 2005 under the supervision of the National Welfare Organization and inspiration from religious teachings, and beliefs of good intentioned of benefactors and its board of founders; and by development of services in this regard this Foundation supports, provides assistance, prevention, control, treatment,

education and raising public awareness and by utilization of new methods, provides extensive services in serving the public particularly patients.

8> Presently the Foundation shaped under the support and teachings from health supporters and benefactors through generous guidance, and is active through the endeavours of honorary members and benefactors and supporters of health with respect to human dignity.

9. This Foundation is determined to provide the needed services to patients through the setting up of medical, educational, cultural and sports centres and also in interacting with experienced therapists, medical centres under contract and respected supporters by applying the promotion of sustainable health and reduction of households expenses to do the best it can.

Pivotal recommendations:

10. This report is prepared on the basis of the below recommendations which were made in Iran's first round of the UPR in 2010:

11. Increasing access to hygiene and education services (Cuba)

12. Continuation of innovative measures for guaranteeing attention towards economic, social and cultural rights during political development (Bolivia)

13. Continuation of measures regarding the 20 Year Development Perspective Plan to reach inclusive and sustainable development (Lebanon)

14. Coordination of efforts for effective promotion of the enjoyment of economic, social and cultural rights (Libya)

15. Continuation of efforts for the implementation of the MDG particularly access to medical services (Qatar)

16. Continuation of efforts to raise living standards through further people's enjoyment of economic, social and cultural rights and expansion of social services coverage, particularly in rural regions (Kuwait).

The situation of recommendations in the past, present and satisfactory future:

17. The subject of the spread of transmitted and non-transmitted diseases, is a subject that with a change in the food consumption patterns of Iranian families towards ready made and full of calorie foods have alarmingly increased over the recent years. Also attention to this, multiplies the importance of the subject and the fact that a population explosion that originated in the eighties, is now about to cross the middle age boundary and unfortunately neglect of provision of necessary education to this large population group which is the current and the next few years workforce, has faced them with a high risk of catching transmitted and non-transmitted diseases (such as diabetes, blood pressure, cancer and heart diseases). And this is while a large group of the population are faced

with serious risk factors in this regard, the most important of which are obesity, incorrect nourishment patterns, mental pressures, various pollutions such as air pollutions (caused by substandard fuels as a result of sanctions imposed against Iran which prevent high quality clean fuels from getting imported), soil, water and food contaminations as a result of the unbalanced use of pesticides and chemical fertilisers, and most important of all lack of enough knowledge of the general public in the prevention of these ailments and diseases.

18. With the incapability and lack of health infrastructures in the country presently any form of reform programmes for the improvement of the health situation in the country will be faced with problems, therefore the implementation of any type of reform programme requires changes in the structure and the creation of necessary infrastructures.

19. With a careful and professional look at all aspects of health and related fields, if the development of the Islamic Republic system of Iran map is implemented carefully, it can remove concerns regarding health particularly in the prevention education section and increase the health knowledge of the society.

20. Health experts believe that the only way to improve the health situation in the country is with an all sided cooperation of relevant legislative, monitoring and executive bodies and the participation of the people.

Data collection method:

21. For the presentation of an over all picture of if the development of the Islamic Republic system of Iran map, the International Diabetes Prevention and Control Foundation has applied a practical method based on personal research findings, interviews with knowledgeable individuals and also the use of published documents on the subject have been used.

Advancements:

22. Fortunately we must say that in the field of the development of the health system a lot of work was done last year, and in the event of their correct implementation most of the faults and problems that the Iranian society is presently faced with will be removed.

23. The development of the Islamic Republic system of Iran map which is based on the Islamic Iranian health model and on the recommendations of the Minister of Health, Treatment and Medical Training and in accordance with article 138 of the constitution of the Islamic Republic of Iran was ratified by the Cabinet of Ministers on 15 April 2012 in letter number 047971T/10362.

24. This map in fact covers a collective of activities in the health field of the county which include health, treatment, training, research and technology. With the drawing of this map the main and developmental policies of health have been determined and it is hoped that by getting legitimacy by the high ranking officials, balances continue in policies/; which will certainly raise the health standards. Methodically this document is drawn up in the

way of seeing the future, and therefore is made up of different parts for which it has take two years to draft.

Overall objectives of this document include:

25 - Increase life expectancy and improvement of the human development variables - Promotion of living quality related to all sided health - Reduction of the burden as a result of important dangerous diseases (particularly cardiac and heart, cancer and addiction) and damages - Raise health knowledge - Improvement of children's health variable - Reduction in the mortality rate of pregnant women and infants and children under 5 - Financial protection households against health costs - Reduction of consequences of social harms - Increase social investment - Reduction of danger levels of manmade and natural disasters in society - Reduction of the error levels caused by health interventions - Reduction of the food insecurities of households - Raising the answerability of the provision of services to the unnatural needs of those that receive services - Reduction in dangerous and important environmental pollutant levels - Drawing the participation of the people and all beneficiary bodies in health oriented activities - Control of tuberculosis, HIV/AIDS, eradication of Malaria, polio, measles and tetanus.

26. In this national document for confronting with one or a number of health issues and or promotion of health, a collective of interrelated services and activities will be drawn up and implemented entitled national development plans. The focal points of these programmes can be the following:

27. The use of connecting health to all nationwide developmental plans, national laws and policies.

28. National programme for the promotion of physical, mental, social and moral health knowledge within society.

29. Development of people's participation in the health system national programme.

30. Culture building and correcting the beliefs of society towards the status of women in decision making and decisionsetting and their role in the health of the family and society

31. National healthy environment programme.

32. The establishment of the family doctor system in all cities and villages

33..Expansion of the provision of long distance health services

34. Qualitative and quantitative development of health insurance

35. Raising the quality control of foods and drinks

36. Control and prevention of obesity in different groups.

37. Strengthening continuous education programmes for services and education providers, while stressing on the use of cyberspace education.

38. Establishment and expansion of cooperation with neighbouring countries for controlling diseases.

39. The development of the health system map is very valuable by itself which will provide the future of the health system, policies, overall objectives and the move towards the realisation of objectives. But in order for this map to become applicable and operational other measures must be taken so that as well as moving in the direction of the objectives, advancement levels, obstacles and difficulties, the implementing managers and the method of supervision of the map implementation operations, orderly control, periodic reports and their contents are all determined.

40. Over the last few years with the multiplication of NGOs involved in the health debate and their concentration on educating people, a relatively better atmosphere has come about in people's and society's understanding of health related subjects, than in the past; subjects such as recognition of diseases, prevention and care methods. Also the participation and cooperation of good willed individuals in this regard has relatively increased over the said time period.

Challenges and difficulties:

41. Despite the mentioned advancements and the promotion of the general atmosphere in this regard, there are still challenges and difficulties in the field which is hoped that with the implementation of the health system development plans (which have been carefully and comprehensively prepared) the country's health problems and challenges are removed.

42. Legal challenge: the volume and quality of the existing laws for the provision of the existing needs of society towards the implementation of the health system development map are in no way in proportion to the foreseen plans and society's needs.

43. Executive challenge: the lack of coordination among health related bodies and the existence of parallel sectors with similar responsibilities and of course unorganized, has caused the implementation of the programmes in practice to face difficulties and of course the lack of seriousness in supervision by supervisory bodies itself has added to the problems.

44. Judicial challenge: the not being of enough standards and support laws in the production of good quality low calorie foods.

45. Social challenge: lack of necessary culture building and education on health.

46. Systematic non-coordination between social networks active on health issues.

47. Lack of public awareness of their own economic social and cultural rights.

Recommendations and solutions:

48. For the purpose of the removal of the stated problems and also more effective actions by Iran towards the accepted recommendation in the first UPR which were mentioned earlier in this report the International Diabetes Prevention and Control Foundation gives the following recommendations:

49. Obligating producing companies and the private sector to cooperate with the health system development map programmes by supporting education programmes and their culture building on prevention and control of diseases.

50. Identification and guiding of public social networks towards the promotion of society's health.

51. Institutionalisation of the structure and process of public participation in planning, implementation and evaluation of health programmes.

52. Compilation and establishment of interdepartmental supervision programme for controlling the causes of non-transmitted diseases.

53. Compilation and establishment of public health guidelines for the prevention of non-transmitted diseases.

54. Identification of individuals under threat of main factors, inductive, and genetic non-transmitted diseases for controlling the factors, taking preventive measures and timely treatment.

55. Implementation of national mental health programmes with an emphasis on life skills (towards the reduction of mental illnesses), raising children and family relationships (the mental and social health of the family), psychological and social support during disasters, prevention from suicide and violence (child abuse, spouse abuse and senior citizens abuse).

56. Expansion of insurance services for preliminary prevention measures, screening and promotion of health.

57. Establishment of an implementation and family doctor system in all villages and cities.

58. Organized allocation of subsidies to the health sector and their organized distribution within the health system.

59. Organization of the participation of health benefactors.

60. Mandatory insurance coverage for health services for all the population.

61. Government's special support for the needy groups (bad head of household women, vulnerable self head of household and heads of household, street children, child labour, suburban children, women and the elderly in other vulnerable groups, deprived pregnant women, deprived infants and children).

62. Adoption of necessary methods for the provision of medicines for special patients who have had difficulties in getting their medications as a result of the imposed economic sanctions)

63. Promotion of the quality of the local standards of food and beverages based on international standards.

64. More professional views of the government towards the child labour problem.

65. Create coordination between the activities NGOs with related governmental institutions.

66. Facilitation of the basis for domestic NGOs optimum benefiting from the experiences of international organizations and also NGOs from other parts of the world.

67. Increase government allocated budgets and also the NGOs share of access to UN programmes and allocated budgets for the promotion of society's health literacy.