In the Name of God

National Strategy & Plan of Action on Social Determinants of Health & Equity

Islamic Republic of Iran

Dr Gholamreza Heidari

National Focal Person on SDH

May 2006
Islamic Republic of Iran at a glance
Islamic Republic of Iran

Area: 11,648,648 km²

Population: Total: 64,645,280

Urban: 67%

Administration:
Provinces: 28
Districts: 278
Villages: >6,600

47°7'N 33°E

97°5'N 33°E

9°

5°

99°33'
## Some Socio-Economic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population annual increase (%)</td>
<td>1.24</td>
</tr>
<tr>
<td>Population / Square Mile</td>
<td>107</td>
</tr>
<tr>
<td>Crude birth rate (%)</td>
<td>1.63</td>
</tr>
<tr>
<td>Contraceptive prevalence</td>
<td></td>
</tr>
<tr>
<td>All Methods (%)</td>
<td>74</td>
</tr>
<tr>
<td>Modern Methods (%)</td>
<td>56</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>2</td>
</tr>
<tr>
<td>EPI coverage (%)</td>
<td>97</td>
</tr>
</tbody>
</table>
### Some Socio-Economic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>28.6</td>
</tr>
<tr>
<td>Maternal mortality rate (per 100’000 live births)</td>
<td>37.4</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>71</td>
</tr>
<tr>
<td>Male</td>
<td>69</td>
</tr>
<tr>
<td>Population 15-49 with HIV / AIDS (2003)</td>
<td>0.1</td>
</tr>
<tr>
<td>GNI PPP per capita (US$)</td>
<td>6690</td>
</tr>
</tbody>
</table>
Changing the pattern of Under 5 Mortality Rate during the last 3 decades in Iran (1970-2000)
The trend of change in neonatal and child mortality rate (1-59 months) in rural population according to vital horoscope among the years 1988 - 2002.
Decomposing socio-economic inequality in infant mortality in Iran
Social equity

There are some gaps:

- Some social conditions between men and women such as: employment rate or access to high level jobs.

- Differences which exist among the different parts of country in accessing to the resources

- Some deprived provinces which suffer from basic socio economic needs in their ordinary life.

- Social marginalization and immigration from rural areas to urban have made problems for the society as well as social exclusion, high rate of accidents and injuries (road traffic) and others.
Since August 2005:

- Iran hosted the 4th meeting of the CSDH in Jan 2006 attended by 18 out of overall 20 commissioners, high-level policymakers, and representatives from civil society and knowledge networks. The University College of London and the WHO Secretariat were also represented in this meeting.

- Obtaining political commitment from the Supreme Leader, the President and Parliament. All expressed their full support and commitment towards the objectives of the Commission and highlighted them as national priorities.
Major Achievements

- Addressing the SDH as one of the national priorities in Health High Council.

- A multi-disciplinary team has been established from focal points to formulate the national strategy, assist in coordinating, synchronizing, and catalyzing learning between different sectors in order to sustain longer-term action on SDH within the country.

- Strengthening interest in social determinants and developing a common vision and understanding of priorities among stakeholders.
Major Achievements

- Organizing series of workshops and meetings to advocate for greater equity in those spheres of social and economic life that impact on health inequities. The outcome of these workshops was mostly government sectors recognized the need for dual action for health through both health services and socio-economic policies that focus on equity.

- Formation of civil society forum and active participation of civil societies in most of SDH activities.

- Translation and distribution of SDH solid facts for stakeholders.
Outlines of National SDH Strategy

Main Goals:

To formulate a health and equity oriented policies in all of the ministries and organizational level, as well as considering social determinant of health as a cross-government priority in all planning procedures.
Salient Features of SDH Strategy

- Political will at the highest level;
- Clear concept of social justice and equity to ensure effective and sustainable action;
- National wide coverage;
- Institutionalization and accountability;
- Develop solid evidence base;
- Advocate the inclusion of SDH in national programmes and policies;
- Inclusive of different regional variations;
- Foster community participation and ownership;
- Promote intersectoral cooperation and partnerships with civil society organizations and other stakeholders;
- Promote exchange of knowledge and know-how.
Significant themes of SDH in Iran

- Early child care
- Social exclusion
- Employment conditions
- Urban settings
- Health systems
- Priority public health conditions
- Measurement and evidence
- Women empowerment and gender mainstreaming
- Socially determined lifestyles and behaviours
- Health inequities due to conflicts and emergencies
SDH priorities for Action

- To continue raising the awareness and build greater understanding and a common vision within the health sector, across government and civil society.

- To build the national and medical universities capacities on social determinants.

- To prepare country strategies for SDH and equity

- To Develop equity indicators and targets for all government sectors
SDH priorities for Action

- To establish mechanisms for technical exchange and sharing experiences with other countries through the knowledge networks

- To conduct evidence-based researches

- To Advocate and make documentation

- To monitor the interventions
Challenges

- Knowledge gaps i.e. how to identify and trace the “causal pathways” through which these determinants affect health outcomes;

- Data on some social determinants are scarce;

- Revisit intersectoral collaboration among relevant public sector organizations.
Expected technical support from WHO at country level & CSDH

- Assist in:
  - Building the national capacities on SDH and technical exchanges;
  - Facilitating in conducting evidence-based researches;
  - Developing equity indicators, targets and monitoring tools;
  - Linking national civil societies and KN with regional and international bodies.