General Introduction and Research Framework

Erasmus University Rotterdam

1.1 BACKGROUND AND STATEMENT OF THE PROBLEM

In recent years, the right to health has played a prominent role in international, regional and national human rights laws and policies. Medical care is an important component of the right of everyone to an adequate standard of living which is recognised by the Universal Declaration of Human Rights (1948).[1] However, sixty-nine years after the adoption of this Declaration, based on recent figures, approximately two billion people still do not have access to primary healthcare. Millions are suffering from illnesses that are either preventable or treatable with existing medicines. Moreover, due to a lack of access to primary healthcare, many children die or grow up stunted in the developing world.[2] These facts indicate that the realization of the right to the highest attainable standard of physical and mental health (hereafter, right to health) has not been achieved in many areas of the world. According to the International Covenant on Economic, Social and Cultural Rights (ICESCR), states are required to realise this right progressively.[3]

In 2004, the High Commissioner for Human Rights announced that the achievement of the right to health is the most important worldwide social goal. This goal is a distant one for millions of people throughout the world, particularly for the poor; for them, this goal is even becoming increasingly remote.[4] Currently, while people are demanding that their rights be respected, protected and fulfilled, governments are struggling to strike a balance between their human rights obligations and available resources. Today more than ever before, the question of how the right to health can be fully realized is receiving attention. Advancements in the realization of the right to health depend upon both national provisions and how international standards are applied in a particular national context.[5] Human rights treaties constitute standards that should be applied within the domestic systems of countries and a set of norms for the conduct of both states and non-state actors with respect to the rights. States should adopt national health strategies and plans of action for the realization of the right to health and should establish national mechanisms to monitor their progress. Realization of the right to health should be progressive; that is, factors affecting

1 Universal Declaration of Human Rights1948, art 25
2 World Health Organization (WHO), *World Medicines Situation* (WHO 2004) 61
3 International Covenant on Economic, Social and Cultural Rights 1966, art 12
4 Office of the UN High Commissioner for Human Rights, *Resolution 2004/27: The right of everyone to the enjoyment of the highest attainable standard of physical and mental health* (2004) para2
5 UN Committee on Economic, Social and Cultural Rights, *General Comment no. 9 ICESCR: The Domestic Application of Covenant on Economic, Social and Cultural Rights* (1998) para 4

negatively fulfilment of the obligations should be identified, and people's enjoyment of their rights should be improved.[6]

Once a state ratifies an international human rights treaty, its compliance with the provisions of the treaty should be assessed and monitored. States are required to submit periodic reports related to the realization of economic, social and cultural rights (ESCRs) to the Committee on Economic, Social and Cultural Rights (CESCR). Based on these reports, the Committee provides Concluding Observations that address shortcomings and contain recommendations for the better realization of the rights in a given country. This report-based monitoring system provides a great deal of qualitative information for improving the realization of rights; however, the reports are of poor quality and often outdated. Moreover, they are not easily analysable or comparable over time. Because of the limited duration of monitoring sessions, it is not possible to review the reports in detail.[7] In addition, states consider this monitoring system as a part of the international accountability process rather than as a tool for detecting problems and promoting national solutions.[8] Therefore, to understand the level of realization of the right to health, country reports are not sufficient. They should be supplemented with assessment studies using human rights impact assessment tools. These types of studies can increase awareness of problems related to the equal enjoyment and exercise of rights. They help to identify the causes of the problems and might generate political commitment to take action in order to improve the realisation of the rights.[9]

In this study, the conduct of the Islamic Republic of Iran (hereafter, Iran) in the realization of the right to health is assessed. Iran is the 16th largest country in the world, with an area of 1.648.000 square kilometres. It is a middle-income country located in the Middle East. According to the 2016 census, the population of Iran was 79.926.270, and the annual population growth rate was 1.24%. Approximately 30% of Iran's population is younger than 30, and 6.5% of the population is older than 65.[10] According to the World Health Organization (WHO), life expectancy at birth for men and women was 74 and 77 years, respectively, in 2015. Iran's total

6 UN Committee on Economic, Social and Cultural Rights, *General Comment no. 14 ICESCR: The Right to the Highest Attainable Standard of Health (*2000) paras 53-55

7 Heymann J. McNeill, K. Raub, A. 'Assessing Compliance with the Convention on the Rights of the Child Indicators of Law and Policy in 191 Countries'[2014] International Journal of Children's Rights 22 (3) 425-445

8 United Nations Children's Fund (UNICEF) Innocenti Research Centre, *the General Measures of the Convention on the Rights of the Child the Process in Europe and Central Asia, For Every Child Health, Education, Equality, Protection, Advance Humanity* (UNICEF 2006) 35

9 Ibid

10 Statistical Centre of Iran, 'Population Statistics 2017' (Statistical Centre of Iran, 2017) <https://www.amar.org.ir> accessed 12 May 2017

expenditure on health was 6.9% of the Gross Domestic Product (GDP) in 2014.[11] In addition to recognition of the rights to health and social security in its Constitution, Iran has several laws and policies on health and the right to health. This country has a countrywide health services network that has had a respectable outcome related to improving the health situation of Iranians in recent years. Through expansion of the health insurance system and a significant reduction in patients' share of healthcare expenditure, Iran has improved affordability of health services. However, long boundaries with countries in conflict, international isolation, war, and international economic sanctions have significantly affected the welfare of Iran's population.[12]

Iran ratified the ICESCR in 1975 and committed to the Covenant's obligations with no reservations. Iran has a constitutional provision stipulating to the applicability of international treaties in national law.[13] Few studies have addressed the situation of the right to health in Iran's laws and practice. In order to increase awareness about the situation of the right to health, and probable gaps and inequalities in people's enjoyment of this right, and to provide recommendations for the better realization of this right in Iran more studies are needed.

1.2 RESEARCH OBJECTIVES, QUESTIONS AND OUTLINE

This research is based on an analysis of the legal framework of the right to health in Iran and the country's conduct in realization of this right. Ratifying human rights treaties creates boty entitlements for the country's population and binding obligations on states. The aim of this study is to gain insight into national health laws and the actual access of people to health facilities, services and products to ascertain the strengths and weaknesses of Iran in guaranteeing the right to health. It also includes identifying gaps and barriers in providing equal access to everyone. Based on these findings, recommendations for improving national laws and policies in order to enhance the enjoyment of the population of the right to health can be provided. Iran has been chosen for this case study for five reasons. First, this country is a developing country that, similar to other developing countries, is seeking to become more socially and economically advanced. The transition process can have a direct effect on the realization of the rights of population.[14] Second, this country has been

11 World Health Organisation (WHO), 'Statistics of Iran 2017' (WHO 2017) <http://www.who.int/countries/irn/en/>accessed 12 May 2017

12 United Nations Children's Fund (UNICEF), *Annual Report for Iran 2012 (MENA)* (UNICEF, 2012) 1

13 Iran's Constitution 1979, art 77

14 Horowitz, Sh. Schnabel, A. *Human Rights and Societies in Transition; Causes, Consequences, Responses* (United Nations University Press 2004)13

targeted by comprehensive international economic sanctions, resulting in less access to resources for realization of the rights. Third, Iran is an Islamic country that shares values and traditions with other Islamic countries which in some cases such as equality of men and women in their rights are in contrast with international standards of human rights. Four, Iran is located in the Middle East, which is one of the world's most conflict-prone regions and its political leaders frequently have been critical of Western models of political liberalism.[15] Finally, Iran has frequently claimed that the reports of the UN Special Rapporteurs and experts on the situation of human rights in this country were not reliable because they showed the situation to be worse than it actually was.[16] These all make Iran a special country for studying human rights. The results can be helpful for realisingthe right to health in countries with similar conditions, for example developing countries, countries under the pressure of economic sanctions, countries in the Middle East and Islamic countries.

The main questions of the study are first, whether the national laws and policies of Iran are compatible with international human rights laws related to health and second, whether the current means of protecing the right to health are sufficient in this country (based on human rights impact assessment frameworks). This study is divided into several chapters that address the following research questions.

- According to international health and human rights laws, what is the right to health and what are the related obligations of states?

To assess whether the conduct of a country is sufficient to realize the right to health, there is a need to identify the subjects of the assessment; health, right to health and obligations of the country. The WHO has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[17] The definition provided by the ICESCR for the right to health is "the right to the highest attainable standard of physical and mental health".[18] This definition requires clarification because it does not show exactly that to which people are entitled based on the right to health nor what the resulting obligations of states are. The purpose of chapter 2 is to review the formulation of the right to health in human rights treaties in order to contribute to an improved implementation of this right in Iran. After providing a review of human rights in general, various aspects of the right to health and states' obligations concerning this right are explained.

15 Forsy, P. D. *Human Rights in International Relations* (2nd edn, Cambridge University Press, 2006) 148-149

16 Iranian Foreign Ministry Spokesman, 'UN human rights reports on Iran are unreliable' (IRIBNEWS 2018) <http://www.iribnews.ir/fa/news/2047405≥ accessed 25 August 2018

17 Constitution of the World Health Organization 1948, Preamble

18 International Covenant on Economic, Social and Cultural Rights, supra note 3, art 12

A very important issue that might affect complete realization of the right to health is justiciability. It influences the views of governments concerning their obligations with respect to this right; a justiciable right is more likely to be recognized. Without judicial support, provisions related to such a right might not be considered as legal obligations. The answers to the questions of whether this right can be enforced by judicial authorities, and whether a country failing to undertake its obligations related to the right to health should be accountable to international and national authorities depend upon whether this right is justiciable. Chapter 3 addresses the justiciability of the right to health in the international human rights legal system. (The results of this part of the study was published in the Iranian Journal of Medical Law in 2016.)[19]

- Are the current means for the protection of the right to health sufficient in Iran?

International laws on the right to health have established standards that should be incorporated into national laws. Chapters 4, 5 and 6 aim to investigate, with respect to both these laws (which are applicable to Iran) and national laws, what Iranians are entitled to and the resulting obligations of Iran's government. The answers to these questions will show whether the national health laws and policies of Iran are compatible with the provisions of international human rights laws. Realization of the right to health depends upon the political, demographic and socio-economic situation of a country. This chapter depicts the situation of the right to health and its underlying determinants in Iran.

Events such as war and international economic sanctions adversely affect the socio-economic situation of people's lives and call for new policies for the protection of rights. A part of the study that compares the effects of international economic sanctions on selected countries showed that such sanctions negatively affected the health of people.[20] Iran has been subjected to international economic sanctions for several years. Chapter 5 addresses the effects of the sanctions on Iranians' right to health and the obligations of the state and the international community in protection of rights. In the period of sanctions, the welfare and living standardsof Iranians decreased and their access to the necessities of life such as food, healthcare and medicine became limited. The results of this part of the study were published in the International Journal of Health Policy and Management in 2018.[21]

19 Kokabisaghi, F. 'Justiciability of the Right to Health in the International Legal System' [2016] Iran J Med Law 10(37) 7-33.

20 Kokabisaghi, F. 'Economic Sanctions as Determinants of Health' [2017] Shiraz E-Med J18(Suppl)e58662

21 Kokabisaghi, F. 'Assessment of the Effects of Economic Sanctions on Iranians' Right to Health by Using Human Rights Impact Assessment Tool: A Systematic Review' [2018] International Journal of Health Policy and Management 7(5) 374–393

A necessary principle for the realization of the right to health is to consider this right in all development plans, laws and policies of states. Very often, national laws and policies directly and indirectly affect the right to health. As an example, a change in a country's resource allocation or establishment of a new production technology can affect the health of the environment or workers. In another case, a change in welfare policies of a country and removing subsidies can affect access of the poor to the necessities of life. Chapter 6 aims to answer the question of whether the new population policies of Iran respect people's right to health. Those policies limit access to family planning services and contraceptives and provide incentives for having more children. In this chapter, health and human rights aspects of the new policy are analysed and recommendations for protecting people's health and human rights are provided. The results of this part of the study were published in the Journal of Public Health Policy 2017.[22]

- What are the rights of vulnerable groups to health both in law and in practice in Iran?

One of the important principles related to ESCRs, including the right to health, is that everyone, free from any type of discrimination, should enjoy his/her fundamental human rights. State parties to the ICESCR should provide the essential means for vulnerable disadvantaged groups and individuals to enjoy their rights. Women, children, people living with a disability, minorities and refugees might be examples of vulnerable groups. There are several international treaties and national laws and policies concerning the rights of these groups. The related laws and situations of two groups of the population, namely, women and children living in Iran, are analysed in Chapters 7-9. Several sub groups of women and children such as refugees, the disabled and the poor are also included. The reasons for choosing these two groups are given in the next paragraphs.

Worldwide, women are more likely to suffer from discrimination and have low socio-economic conditions that make them particularly vulnerable in health terms. Many health risks such as domestic violence and genital mutilation are borne more by women than by men. Women's illiteracy or lack of health information, their obligation to live and work in unhealthy situations, and their unequal access to resources are the result of inappropriate governmental policies with respect to women. In addition, other issues that originated in particular social attitudes, such as boy child preference adversely affect women's health.[23] States are required by the ICESCR to

22 Kokabisaghi, F. Right to Sexual and Reproductive Health in New Population Policies of Iran [2017] Public Health Policy 38(2) 240-256

23 World Health Organisation, *Women and Health: today's evidence tomorrow's agenda* (WHO 2009) XI

remove inequalities and combat such prejudices and discrimination against women and girls by using all necessary means.[24] Chapter 7 is on women's right to health in law and practice in Iran. In this part, the totality of women's right to health and the gaps in and barriers to the complete realization of this right are discussed. This part of the study was published in the International Journal of Health Planning and Management in 2019. The study continues with a chapter that addresses an important aspect of women's right to health: the right to control their own health and body.

According to General Comment no. 14 ICESCR, everyone has a right to control his/her health and body and to be free from interference. States are required to prevent third parties from limiting people's access to health services.[25] In Iran, male guardians play an important role in the access of married women to some of their rights, including the right to health and social security. In promoting women's right to health, respecting human dignity, which is assumed as respect for autonomy, freedom of choice and participation, is very important. Addressing these values in national laws and policies, and at the level of individuals and health professionals, can significantly affect the enjoyment of women of the right to health.[26] Chapter 8 addresses the role of male guardians in women's access to health services in Iran. It was published by the International Journal of Law, Policy and the Family in 2018.[27]

The suffering of children from maltreatment such as exploitation, violence, and harmful cultural practices is a matter of international concern. Based on international human rights laws, states should protect children and prevent third parties from endangering the health of children or limiting their access to healthcare. In addition, parents without essential means should be supported by the states to provide an adequate standard of life for their children.[28] Approximately 22 million children live in Iran; they constitute almost 28% of the population.[29] In recent decades, children's survival and health have improved considerably. The main causes of children's diseases and disabilities have been eliminated or controlled in Iran.[30] For state parties to the Convention on the Rights of the Child (CRC), it is essential to ensure that

24 UN Committee on Economic, Social and Cultural Rights, *General Comment no. 16 ICESCR: The Equal Right of Men and Women to the Enjoyment of All Economic, Social and Cultural Rights (*2005) para19

25 General Comment no. 14 ICESCR, supra note 6, para 8

26 Ibid at 50

27 Kokabisaghi, F. The Role of the Male Guardian in Women's Access to Health Services in Iran [2018] International Journal of Law, Policy and the Family 32(2)230-249

28 UN Committe on the Rights of the Child, Convention on the Rights of the Child 1989, art 19&27

29 United Nations Children's Fund, *The State of the World's Children Report 2015 (Statistical Tables)* (UNICEF, 2015) 38

30 Health Policy Council of Ministry of Health and Medical Education of Iran (MOHME), *Achievements, Challenges and Future of Health System of Iran* (MOHME, Tehran 2010) Summary

domestic legislation is compatible with the Convention's principles and provisions.[31] Chapter 9 examines the right of different groups of children living in Iran to health and the underlying determinants of that right. The aim of this part is to determine the extent to which national laws and policies on children's right to access healthcare are congruent with international human rights standards. The gaps in providing equal access to healthcare for children are discussed, and recommendations for improving the realization of children's right to health are given. The results of this part of the study was published by the Journal of Law and Medicine in 2016.[32]

- What are the necessary steps that Iran should take to improve the realization of the right to health?

According to General Comment No. 14 of the ICESCR all health facilities, services and products should be available, accessible and acceptable to everyone and should be of good quality (AAAQ).[33] In the last chapter, based on the findings of the previous chapters and a review of the health system of Iran, the country's practice of providing AAAQ health facilities, services and products is analysed. Based on that analysis, recommendations for improving domestic laws and their implementation to better reflect international standards of the right to health are provided.

1.3 METHODOLOGY

To perform this study, a qualitative case study design involving a structured document review of relevant laws, policy documents and articles was undertaken. Two sets of literature were studied; the first set was about Iranians' enjoyment of their right to health and the gaps in and barriers to equal access to healthcare. The data were collected from research databases including EBESCO, PubMed, Web of Science, Scopus, Emerald, Elsevier, Cochrane library, Hein online, J Store, Project Muse, Science Direct Springer, Wiley Online Library, Oxford Journals, Embase, SID, and Google Scholar by searching keywords, including "health", "healthcare", "access to healthcare", "medicine", "right to health", "Iran", "human rights", "women", "children" and "economic, social and cultural rights". Supplementary data was acquired by cross checking the reference lists of previously accessed articles and searching the official web pages of Iran's government and the United Nations' health and

31 UN Committee on the Rights of the Child (CRC), *General comment no. 5 CRC: General measures of implementation of the Convention on the Rights of the Child* (2003) para1

32 Kokabisaghi, F. 'Equity in Access to Healthcare for Children: Domestic Implementation of the International Human Rights Law in Iran' [2016] Medicine and Law 36(2)59-80

33 General Comment no. 14 ICESCR, supra not 6, para 12

human rights committees and organizations such as the WHO, the United Nations Children's Fund (UNICEF), the United Nations Development Program (UNDP), the International Labour Organization (ILO), the UN Refugee Agency (UNHCR), the World Bank Group and reports provided by Iran, UN officials and NGOs . The content of the collected papers and documents was analysed in-depth to find evidence of the realization of the right to health in Iran.

The second set of data was about the legal obligations of Iran concerning Iranians' right to health. To identify the gaps in the application of international standards of the right to health, comparing them with Iran's laws is necessary. To acquire relevant international human rights laws and treaties, electronic databases, including the United Nations Treaty Collections and the United Nations Official Document System were scrutinized. In this study, international health and human rights laws refer to laws enacted by the UN Committees and organizations that have an effect on Iran because of their ratification by this country or due to Iran's membership in the legislative organization, such as the ILO and WHO. National law includes Iran's Constitution, legislation and policies related to health and underlying determinants of health. The national laws were acquired from Iran's Parliament Research Centre and the law collection of the Ministry of Health and Medical Education.

To analyse the collected data, appropriate tools are needed. A variety of different scholars, experts and institutions have adopted or developed different tools and techniques for assessing and monitoring the realization of economic, social and cultural rights, and examining whether international provisions have been entered into the domestic legal order and whether public policies have met the purpose and objectives of these rights. Assessment of a country's conduct in fulfillment of the right to health is more complex than simply adopting a set of indicators from the health field. Merely counting cases of maternal mortality is not sufficient to know what should be done to prevent it, as an example. In addition, broad recommendations that merely call for more investment in resources to improve the situation of rights are not helpful to governments. The amount of GDP allocated to the health sector is insufficient to ensure the access of everyone to necessary healthcare. For the assessment of a country's compliance with international human rights treaties, at least two overlapping dimensions of rights should be considered: the extent to which people are (not) enjoying their right to health and the extent to which the government is (not) meeting its obligations regarding everyone's right to health.[34]

34 Yamin, AE. 'The Future in the Mirror: Incorporating Strategies for the Defence and Promotion of Economic, Social and Cultural Rights into the Mainstream Human Rights Agenda' [2005] Human Rights Quarterly 27(4)1200-1244

The conceptual and methodological framework developed by the United Nations Office of the High Commissioner for Human Rights (OHCHR) for the assessment of states' conduct in the realization of international human rights includes three parts: structur, process and outcome. The OHCHR undertook an extensive review of the literature and practices of international and national organisations about monitoring systems for developing this framework in 2006. It has been validated by interviewing experts, piloted by relevant committees and improved in collaboration with UN entities. It is suggested to be used at the country level for translating universal human rights standards into indicators.[35] The structural part is related to the ratification of the treaties, the adoption of legal means and the provision of basic institutional mechanisms for the realization of rights. The process part is related to the incorporation of international standards in domestic laws and policies. Process connects the government's programs to milestones in the realization of rights such as the availability, accessibility, acceptability and quality of health facilities, services and products (AAAQ).[36] The national policy of a state should be supported by programs of action for the realization of rights and by relevant benchmarks to hold the state accountable for implementing the programs.[37] In this framework, national legal provisions are examined at three levels: constitutional, national legislation and policies. A constitution shapes a country's legal framework and defines the rights of the people living in the jurisdiction of a country. National laws frame the governing areas, and national policies determine how to implement national laws.[38] Outcome captures the actual realization of a right. Indicators of health status, evidence of discrimination and disparities, and the situations of disadvantaged and vulnerable groups are essential for the evaluation of a state's compliance with its human rights obligations.[39]

To analyse the data in this study, the conceptual framework developed by the OHCHR has been used. In this respect, the state of ratification of international human rights treaties by Iran, the existence of related national laws and institutions and the current level of the right to health were examined. In some chapters, human rights impact assessment tools are also used. For example, in the parts about the right to sexual and reproductive health in the new population policies of Iran and the role of male guardians in the access of women to health services, the Health Rights

35 Office of the UN High Commissioner for Human Rights, *International Human Rights Instruments, Report on indicators for promoting and monitoring the implementation of human rights* (HRI/MC/2008/3, 2008) p3-4

36 The Office of the United Nations High Commissioner for Human Rights (OHCHR), *Report on Indicators for Monitoring Compliance with International Human Rights Instruments* (U.N. Doc. HRI/MC/2006/7, 2006) 21-26

37 Office of the UN High Commissioner for Human Rights, supra note 35 p8

38 Heymann J. McNeill, K. Raub, A. supra note 7

39 Leary, V.A. 'The Right to Health in International Human Rights Law' [1994] Health and Human Rights1 (1) 25-56.

of Women Assessment Instrument (HeRWAI) is used. The basis of the instrument is the international legal human rights framework. The instrument assesses the effects of laws and policies on women's right to health by comparing what should have been done based on international and national human rights laws, with what actually happened. In another part of the study about Iranians' right to health during the sanctions period, the Human Rights Impact Assessments (HRIA) tool is used. The aim of this tool is to identify every inconsistency between legal human rights obligations and other national and international obligations. To acquire the necessary data to apply this tool, a systematic review of the literature was performed. In Chapters 7-9 which addresss the situation of the right to health among vulnerable groups including women and children, the legal framework of accessibility (non-discrimination, physical accessibility, affordability and information availability) determined by General Comment no. 14 of ICESCR is used. According to this document, health services should be provided on the basis which is geographically and economically accessible to everyone and there is no discrimination of any type. Moreover, information concerning these services should be available to all.[40]

In this study, General Comments (GCs) are referred as authoritative legal sources. GCs interpret rights mentioned in a particular human rights treaty. They provide directions for proper implementation of human rights. There are different views on legal relevance of GCs. Some commentators regard them as valuable indications of the content of rights and states' obligations. They do not consider them as having a legal value. Others believe GCs have practical authority because they provide an important body of knowledge and experience in relation to the rights from the angel of a representative treaty. Many others admit that GCs have significant legal weight. According to them, "a committee is the most authoritative interpreter of the treaty it monitors and that state parties are not free to disregard a treaty body's interpretation with which they disagree, despite its non-binding nature."[41] Drafting of GCs is a participatory process that involves multiple interest groups of different context such as NGOs, academics and states' representatives. GCs contribute to the formation of customary international law to shape state practice.[42]

40 General Comment no.14 ICESCR, supra not 6, para 12

41 Mechlem, K. 'Treaty bodies and the interpretation of human rights' [2009] Vand. J. Transnat'l L., 42, 905-945

42 Ando, N. *General Comments/Recommendations* (Max Planck Institute for Comparative Public Law and International Law 2010)15

1.4 LIMITATIONS OF THE STUDY

In addition to academic literature, in this study official data provided by the government of Iran and international health and human rights organisations are used. However, in general, the government's data on the economic, social and cultural rights and development situation suffers from limited coverage and delayed publication in Iran. Little data on these issues have been collected and published. Occasionally, the data collected by different national institutions are out-of-date, inadequate, contradictory or different. The reports of international organizations suffer from the same limitations.[43] Nevertheless, they should not be excluded from the study because they provide insights that might take a long time to get into scholarly sources. In addition, for some sorts of information, such as the number of child workers in the country, official reports of the government might be the only source. Collection of such data usually is beyond the capabilities of individual researchers and institutions. To minimize the study limitations, different data sources were scrutinised and the priority was given to the more recent academic data.

Final note: Chapters 3 and 5-9 are based on publications in international peer reviewed journals and can thus be read independently. The articles are presented as they were published in the journals. The author has attempted to include links between different published parts. However, each journal required an introduction to the subject of the study, such as the right to health, so there are repetitions in some parts of this book.

43 World Health Organisation (WHO), *Country Co-operation Strategy for WHO and Iran* (WHO Country Office in Iran 2004) 30