Preface

Purpose and use

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

It is not intended to be an exhaustive survey of healthcare in Iran.

The note contains no analysis.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the Common EU [European Union] Guidelines for Processing Country of Origin Information (COI), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), Researching Country Origin Information – Training Manual, 2013. Namely, taking into account the COI’s relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a terms of reference which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the ‘cut-off’ date(s) in the country information section. Any event taking place or report/article published after these date(s) is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the bibliography.
**MedCOI**

MedCOI is an Asylum and Migration Integration Fund (AMIF) financed project to obtain medical country of origin information. The project allows 12 European Union member states plus Norway and Switzerland to make use of the services of the ‘MedCOI’ team in the Netherlands and Belgium. The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI project team before it is forwarded to the relevant COI Service.

**Feedback**

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email [Country Policy and Information Team](mailto:Country.Policy.Information.Team@ec.europa.eu)
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Analysis

Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach Articles 3 and / or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on Human rights claims on medical grounds.

Country information

Section 1 updated: 09 August 2019

1. Overview of the healthcare system

1.1.1 The American Iranian Council (AIC), 'a nonprofit and nonpartisan educational organisation' with the goal 'of furthering dialogue and understanding between the United States and Iran' stated the following in an August 2018 article entitled 'Industry Spotlight: Healthcare 2018':

‘Although Iran’s 1979 revolution is known primarily for having transformed the country into a conservative Islamic theocracy, it also led to significant, progressive reforms on the country’s approach towards healthcare. The Islamic Republic’s constitution declares access to medical care a right for all citizens, and over the past three decades, Tehran has made notable investments in expanding health coverage nationwide, to good effect.

'Iran spends about 7% of its GDP each year on health services and has an estimated 954 hospitals, 3,700 clinics and 6,400 rehabilitation centers. About 60% of Iran’s hospitals are state controlled with the remainder run by private companies or non-governmental organizations, including charities.'

1.1.2 The same AIC article further stated:

‘Over the past 30 years, Tehran has established some 17,000 “health houses” across the country to provide primary healthcare to traditionally underserved rural communities. As a result, today about 90% of Iran’s 23 million rural residents have free access to services such as general consultation, vaccinations, medication and neonatal assistance. In 2014, President Hassan Rouhani launched the Health Reform Plan, also known as ‘Rouhanicare,’ which extends health insurance coverage to all Iranians. Rouhanicare recipients can have as much as 90% of their treatment costs covered by the state.

‘Iran’s healthcare investments have had a recognizable impact on the country’s quality of life. Under-five and maternal mortality rates have nearly halved since 1990, about 98% of infants receive tetanus and measles immunizations; malaria cases have decreased 99% since 2005; deaths of children under age five also decreased 89% since 1980; tuberculosis cases

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1 AIC, ‘History’, Undated, url
2 AIC, ‘History’, Undated, url
have decreased by almost 60% since 2000, and overall life expectancy in Iran increased by four years since 2000. At 76 years, it is six to eight years higher than the Middle East/North Africa regional average.\(^4\)

1.1.3 An undated review of the structure of the health sector in Iran produced by the Organization for Investment Economic and Technical Assistance of Iran (OIETAI) stated:

‘Three fundamental pillars support Iran’s highly centralized healthcare sector: public and governmental entities, private providers, and NGOs.

‘…Nearly every decision made regarding the sector’s goals and policies is made by the Ministry of Health and Medical Education (MOHME), which exercises the executive responsibility for health care within the framework of the Iranian government. MOHME has the legal authority to oversee, license, and regulate the activities of the private health sector.’\(^5\)

1.1.4 An article published by AIC on 29 August 2018 entitled ‘Myth vs Fact: Iran’s Health Care’ stated:

’Iran’s health care system includes both public and private organizations. The government’s focus on expanding health care in recent years has made public facilities the main provider for health care for primary, secondary, and tertiary health services, especially in rural areas. Additionally, in public facilities, the government subsidizes some services, such as prenatal care and vaccinations. Separately, the private sector covers secondary and tertiary health services, mostly in urban areas. Although private facilities tend to offer slightly higher quality care, they are also more expensive than public facilities. Finally, in Iran many Non Governmental Organizations (NGOs) offer care for more specialized issues, such as diabetes or childhood cancer.’\(^6\)

1.1.5 The 29 August 2018 article published by AIC stated:

‘One of the most important parts of Iran’s health care system is the Primary Health Care program. The Constitution of the Islamic Republic of Iran, established following the 1979 Revolution, includes a constitutional mandate to provide universal access to basic health services in Article 29. Subsequently, to address the vast divergence of health care access between rural and urban areas, the Primary Health Care (PHC) program was created in the 1980’s. Prior to the establishment of this program, Iran’s rural population faced a severe lack of health care infrastructure and were forced to travel large distances to receive basic care. Public health indicators illuminated the inequality, as the rural population faced far higher infant mortality rates and maternal mortality rates, and lower levels of vaccination than urban residents. Since the formation of the PHC, Iran’s health care coverage and public health have greatly improved.’\(^7\)

1.1.6 The same source stated the following regarding the structure of the PHC programme in rural areas:

\(^5\) OIETAI, ‘Health’, Undated, url
\(^6\) AIC, ‘Myth vs Fact: Iran’s Health Care’, 29 August 2018, url
\(^7\) AIC, ‘Myth vs Fact: Iran’s Health Care’, 29 August 2018, url
'The primary access point for rural residents to obtain health services is through health houses. A health house is a small medical facility that provides basic health services to the surrounding rural community. Most facilities include at least two medical personnel, common pharmaceuticals, and basic medical equipment. There are over 17,000 health houses in Iran, or approximately one for every 1,200 residents. By contrast, according to the Statistical Center for Iran, there were a total of 773 hospitals in Iran in 2006, or the equivalent of one for every 92,100 residents. Thus, health houses have significantly decreased the average distance rural residents are required to travel in order to receive medical care. Behvarz, or trained medical workers, care for the residents in the area. Typically, behvarz handle vaccinations, family planning services, maternal health care, and child health care. They also record public health data and promote health education in the community. Each health house has at least one male and one female behvarz. Although the duties of the behvarz are usually divided by gender, with the male behvarz typically working outside the health house and female behvarz working inside the health house, all behvarz, regardless of gender, are trained to handle all duties.

'Most importantly, the behvarz are chosen from their respective communities, and thus are well acquainted with the community and local sensitivities. This improves the ability of the behvarz to obtain thorough and accurate public health information and reach community members effectively. The behvarz are trained at the district level, with tuition covered by the government in return for at least four years of service at their respective health house. The government also provides financial support to students training to be behvarz.

'More complex health issues are referred to rural health centers. There is approximately one rural health center for every 7,000 residents, which are staffed by physicians, health technicians, and administrators.'

1.1.7 The article stated the following regarding the structure in urban areas:

'In urban areas, there is a similar structure with health posts providing preliminary and basic health care and health centers handling more complex health issues. However, since nearly 75 percent of Iranians live in an urban area, urban areas necessarily have a higher density of health care personnel than rural areas. Although the government has worked hard to eliminate the disparities in coverage between urban and rural areas, urban areas still have better health resources. The 773 hospitals in Iran are located primarily in cities, making access to specialized health issues easier for urban residents. Moreover, the private sector is nearly completely focused in urban areas, so urban residents have the advantage of choosing between public and private facilities.

'Still, urban-rural differences in major, basic public health indicators, such as neonatal mortality rates and infant mortality rates, have nearly been eliminated due to the success of the Primary Health Network. In 1974, the infant mortality rate in rural areas was double that of urban areas, yet by 1996, the infant mortality rate of rural and urban areas was almost identical.

8 AIC, ‘Myth vs Fact: Iran’s Health Care’, 29 August 2018, url
Therefore, while urban areas still see improved health care access for more serious or complicated health matters, the disparity between urban and rural health care for basic healthcare has dramatically declined over the past 40 years thanks to the health house model.'

1.1.8 The same source also stated that:
‘Health concerns too complex for the rural and urban health centers are referred to the district health centers. Along with the district general hospitals, the district health centers are managed by the district health network. Furthermore, each province has a university of medical studies which have specialized schools and teaching hospitals. There are 41 public medical universities with numerous specialized schools and teaching hospitals. The entire medical system is overseen by the Ministry of Health and Medical Education (MOHME).

‘It is important to note that the MOHME integrates health care and medical education into one organization and system. This approach began in 1985 in order to improve coordination of medical care and education. Although some support this integration saying it has increased medical education’s focus on objective based learning, critics say it has politicized medical education, negatively affecting independent training for medical students. Regardless, such integration has made it easier to place medical students at appropriate health houses, to improve the connection between health houses and their communities.’9

1.1.9 An article published by Tehran Times in March 2019 entitled ‘Health NGOs to be supervised, supported: minister’ stated:
‘The Ministry of Health will support all non-governmental groups (NGOs) active in the health sector, Health Minister Saeed Namaki has said.

‘All NGOs making efforts to offer healthcare services will be directly supervised and supported by the ministry, IRNA news agency quoted Namaki as saying on Monday.

‘Supervising and supporting NGOs will most importantly help them in obtaining necessary permits in providing healthcare services to the public, Namaki added.

‘Moreover, in case NGOs make investments the ministry will provide them with medical equipment at government rate, he highlighted.

‘According to IRNA news agency there are 723 NGOs active in health sector. Additionally 422 charity institution as well as 4 national network including NGOs active in fields such as HIV/Aids, cancer, addiction, and rehabilitation services are up and running in the country.’10

2. Cancer treatment (oncology)
2.1.1 An article published by Tehran Times in January 2019 entitled ‘National campaign to fight cancer launched in Iran’ stated:

9 AIC, ‘Myth vs Fact: Iran’s Health Care’, 29 August 2018, url
10 Tehran Times, ‘Health NGOs to be supervised, supported: minister’, 4 March 2019, url
'In early January, head of the Iranian Pediatric Hematology and Oncology Society, Hassan Abolqasemi, announced that currently, there is an estimated 900,000 cancer cases in Iran and 110,000 new cases are diagnosed each year. He also said that gastric, breast, lung and brain cancers are the most common cancers in the country.

'Deputy Health Minister Reza Malekzadeh said in April 2018 that “population-based cancer registry of the Islamic Republic of Iran” shows a cancer incidence rate of 158 per 100,000 of the population and 143 per 100,000 of the population (excluding non-melanoma skin cancer) in 30 provinces of Iran annually.

'The database indicates that the rate for all cancers (excluding non-melanoma skin cancer) for men and women combined was 182 per 100,000 in 2012 which means that the rate of cancer in Iran is well below the world average, he highlighted.'

2.1.2 MedCOI found that the following treatments are available in the following hospitals:

- **Inpatient treatment by an oncologist**
  - Imam Khomeini Hospital, Tehran (public facility)
  - Kasra General Hospital, Tehran (private facility)
  - Shohadaye Tajrish Hospital, Tehran (public facility)
  - Arad Hospital, Tehran (private facility)
  - Shariati Hospital, Tehran (public facility)
  - Shahid Moddaress, Tehran (public facility)

- **Outpatient treatment and follow up by an oncologist**
  - Imam Khomeini Hospital, Tehran (public facility)
  - Kasra General Hospital, Tehran (private facility)
  - Shohadaye Tajrish Hospital, Tehran (public facility)
  - Shariati Hospital, Tehran (public facility)
  - Shahid Moddaress, Tehran (public facility)
  - Shohada Hospital, Tehran (public facility)

- **Chemotherapy**
  - Shariati Hospital, Tehran (public facility)
  - Imam Khomeini Hospital, Tehran (public facility)
  - Shohadaye Tajrish Hospital, Tehran (public facility)

- **Radiation therapy**
  - Shariati Hospital, Tehran (public facility)

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11 Tehran Times, ‘National campaign to fight cancer launched in Iran’, 18 January 2019, [url](#)
- Imam Khomeini Hospital, Tehran (public facility)
- Shohadaye Tajrish Hospital, Tehran (public facility)
- Kasra General Hospital, Tehran (private facility)

- **Hyperthermia cancer treatment**
  - Shariati Hospital, Tehran (public facility)
  - Imam Khomeini Hospital, Tehran (public facility)
  - Shohadaye Tajrish Hospital, Tehran (public facility)
  - Kasra General Hospital, Tehran (private facility)

- **Oncological surgery**
  - Shariati Hospital, Tehran (public facility)
  - Imam Khomeini Hospital, Tehran (public facility)
  - Milad Hospital, Tehran (public facility)

- **Radioactive iodine therapy**
  - Imam Khomeini Hospital, Tehran (public facility)
  - Shohadaye Tajrish Hospital, Tehran (public facility)
  - Imam Hossein Hospital, Tehran (public facility)
  - Taleghani Hospital, Tehran (public facility)
  - Milad Hospital, Tehran (public facility)

- **Transplantation of bone marrow including pre and after care**
  - Shariati Hospital, Tehran (public facility)
  - Imam Khomeini Hospital, Tehran (public facility)
  - Milad Hospital, Tehran (public facility)

2.1.3 An article published in May 2019 by Tehran Times entitled ‘Free health facility for cancer patients under construction’ stated:

‘A free specialized care center for cancer patients will start operation by the end of the current [Iranian calendar] year (March 2020), said Fatemeh Hashemi, the head of Charity Foundation for Special Diseases.

‘The Charity Foundation for Special Diseases is a public NGO entity, mostly supporting patients with chronic and terminal diseases such as cancer, multiple sclerosis (MS), kidney diseases, diabetes, thalassemia and hemophilia.

‘According to Hashemi, building the center cost 6 trillion rials (around $142 million) that was collected by donations made to the NGO, IRNA reported on Wednesday.'
“Two sanatoriums for cancer and MS patients are also under construction in cities of Sari and Qazvin. These sanatoriums are particularly built for patients whose families cannot give them the proper care they need,” said Hashemi.

“Another free hospital has also been recently built in Mesgarabad village, on the outskirts of Tehran,” she said.

“Currently, the NGO has free health facilities in Tehran, Rafsanjan, Shahr-e Babak, Bojnurd, Borujerd and Shahrood,” she added.

‘Annually, the NGO gives medical and health care to around 30,000 to 50,000 people, Hashemi remarked.’

2.1.4 Another NGO that provides help and assistance to people with cancer is the Behnam Daheshpour Charity Organization (BDCO). The BDCO website states the following in their ‘What We Do’ section:

‘Based on the principles of honesty, accountability and continuous improvement in planning, Behnam Daheshpour charity organization will always proceed in the path of supporting patients diagnosed with cancer and their families so that by using advanced pharmaceutical and medical facilities and the relief of their medical treatments’ costs being provided, they would be able to fight cancer and continue to live their lives alongside their beloved ones. To make this come true, the organization is facilitating active state-university medical cancer centers.’

2.1.5 The Union for International Cancer Control (UICC) stated the following in their profile of the BDCO, last updated on 22 July 2019:

‘Behnam Daheshpour Charity is a nonprofit NGO founded in 1995…

‘[…] From the date of establishment up to now, the organization has provided services to more than 11,000 patient cases and their families disregarding the age, nationality, gender, type and phase of cancer disease (such as medical subsidies, advanced treatments that are not covered by insurance, extra services and supporting packages including monetary or non-monetary aids, free of charge medicine, educational grants to the patient’s children, hospice services, free food, child support via providing access to children libraries, organizing health feasts, offering individual or group consulting sessions and organizing educational and psychology classes).’

See also Paediatrics for details of treatment for children diagnosed with cancer.

3. Dental treatment

3.1.1 Iran Health Tourism Guide stated that ‘[…] Iran has modern private clinics offering a full range of dentistry treatments.’

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14 Behnam Daheshpour Charity Organization, ‘What we do’, undated, url
15 UICC, ‘Behnam Daheshpour Charity Organization’, last updated 22 July 2019, url
16 Iran Health Tourism Guide, ‘Dental care’, undated, url
3.1.2 The **Global Clinic Rating (GCR) website** listed Iran’s top dentists and dental clinics covering the following treatments:
- Dental crowns.
- Dental implants.
- Dental fillings.
- Root canal treatment.
- Dental veneers\(^{17}\).

3.1.3 A full list of dentists in Iran can be found on the [maps.me\(^{18}\)](https://maps.me/catalog/health/amenity-dentist/country-yrn/?page=6) website.

### 4. Diabetes

4.1.1 The World Health Organisation’s (WHO) 2016 country profile for Iran stated that 10.3% of the population had some form of diabetes. It further noted that Insulin and Metformin were generally available in primary care facilities as well as renal replacement therapy by dialysis. Additionally, the profile stated that basic technologies such as glucose and ketone measurements were also generally available in primary care facilities\(^{19}\).

4.1.2 MedCOI found that the following treatments were available in the following hospitals:
- **Inpatient treatment by an endocrinologist**
  - Shariati Hospital, Tehran (public facility)
  - Shahid Moddaress, Tehran (public facility)
  - Day General Hospital, Tehran (private facility)
  - Shariati Hospital, Tehran (public facility)
- **Outpatient treatment and follow up by an endocrinologist**
  - Shohada Hospital, Tehran (public facility)
  - Milad Hospital, Tehran (public facility)
  - Imam Hossein Hospital, Tehran (public facility)
  - Taleghani Hospital, Tehran (public facility)
- **Blood glucose meter for self-use by patient**
  - 13 Aban Pharmacy, Tehran (public facility)
  - Pharmacy of the Taleghani Hospital (public facility)
  - Pharmacy of the Kasra Hospital (public facility)
  - Helale Ahmar State Pharmacy and many other public pharmacies in Iran (public facility)

\(^{17}\)[https://gcr.org/top/dental/ir](https://gcr.org/top/dental/ir)
\(^{18}\)[https://maps.me/catalog/health/amenity-dentist/country-yrn/?page=6](https://maps.me/catalog/health/amenity-dentist/country-yrn/?page=6)
\(^{19}\)[World Health Organisation (WHO), 'Diabetes Country Profiles: Iran,' 2016, url](#)
5. Eye treatment (ophthalmology)

5.1.1 The Asia-Pacific Academy of Ophthalmology (APAO) stated:

‘The Iranian Society of Ophthalmology (IrSO) was founded by the late Professor M.G. Chams in 1947. All registered ophthalmologists, fellows and residents in training are members of IrSO. Non-Iranian board-certified ophthalmologists can also be registered as associate members.

‘Currently, IrSO has more than 1800 members and 7 subspecialty societies including Cataract and Refractive Surgery, Vitreo-Retinal Diseases, Glaucoma, Orbit and Plastic Surgery, Strabismus, Pediatrics and Uveitis. In addition, 15 out of 31 states in Iran have their own state societies of ophthalmology.

‘The mission of IrSO is to promote progress in ophthalmology and to improve eye care standards in Iran. The international IrSO Congress has been held annually since 1990.’

5.1.2 MedCOI found that the following treatments are available in the following hospitals:

- **Inpatient treatment by an ophthalmologist**
  - Labbafinejad Hospital, Tehran (public facility)
  - Farabi Eye Hospital, Tehran (public facility)
  - Negah Eye Hospital, Tehran (private facility)
  - Noor Eye Clinic, Tehran (private facility)

- **Outpatient treatment and follow up by an ophthalmologist**
  - Labbafinejad Hospital, Tehran (public facility)
  - Farabi Eye Hospital, Tehran (public facility)
  - Negah Eye Hospital, Tehran (private facility)
  - Noor Eye Clinic, Tehran (private facility)
  - Imam Hossein Hospital, Tehran (public facility)

- **Inpatient treatment by a paediatric ophthalmologist**
  - Labbafinejad Hospital, Tehran (public facility)
  - Farabi Eye Hospital, Tehran (public facility)
  - Negah Eye Hospital, Tehran (private facility)

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20 MedCOI, 21 January 2019
• **Outpatient treatment and follow up by a paediatric ophthalmologist**
  - Labbafinejad Hospital, Tehran (public facility)
  - Farabi Eye Hospital, Tehran (public facility)
  - Negah Eye Hospital, Tehran (private facility)22.

6. **Gastroenterological conditions**

6.1.1 The Iranian Association of Gastroenterology and Hepatology (IAGH) website stated:

'The Iranian Association of Gastroenterology and Hepatology (IAGH) was established in 1993 and currently has more than 2000 members, including gastroenterologists, internists and GI fellows. The educational programs and face-to-face interaction and information exchange allows physicians to share knowledge and techniques that can be applied to their future patients. Members are kept informed and up-to-date with the most modern methods used in the diagnosis and treatment of their patients, thereby improving the level of medical care available.'23

6.1.2 The IAGH website also stated that the association has four branches across Iran in Fars, Esfahan, Khorasan and Mazandaran.

6.1.3 MedCOI found that the following treatments are available in the following hospitals:

- **Inpatient treatment by a gastroenterologist**
  - Shariati Hospital, Tehran (public facility)
  - Kasra General Hospital, Tehran (private facility)
  - Milad State Hospital, Tehran (public facility)
  - Torfeh Hospital, Tehran (public facility)

- **Outpatient treatment and follow up by a gastroenterologist**
  - Kasra General Hospital, Tehran (private facility)
  - Milad State Hospital, Tehran (public facility)
  - Shohadaye Tajrish Hospital, Tehran (public facility)

- **Inpatient treatment by an internal specialist (internist)**
  - Kasra General Hospital, Tehran (private facility)
  - Milad Hospital, Tehran (public facility)
  - Imam Hossein Hospital, Tehran (public facility)
  - Taleghani Hospital, Tehran (public facility)

- **Outpatient treatment and follow up by an internal specialist (internist)**

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23 Iranian Association of Gastroenterological and Hepatology, 'Home', undated, url
- Day General Hospital, Tehran (private facility)
- Taleghani Hospital, Tehran (public facility)
- Imam Khomeini Hospital, Tehran (public facility)

**Inpatient treatment by a paediatric gastroenterologist**
- Ali Asghar Children’s Hospital, Tehran (public facility)
- Shariati Hospital, Tehran (public facility)
- Mofid Children’s Hospital, Tehran (public facility)

**Outpatient treatment and follow up by a paediatric gastroenterologist**
- Ali Asghar Children’s Hospital, Tehran (public facility)
- Mofid Children’s Hospital, Tehran (public facility)24.

7. **Gynaecological conditions and obstetrics**

7.1.1 MedCOI found that the following treatments are available in the following hospitals:

**Inpatient treatment by a gynaecologist**
- Kasra General Hospital, Tehran (private facility)
- Loghman Hospital, Tehran (private facility)
- Shahid Akbar Abadi Hospital, Tehran, (public facility)
- Taleghani Hospital, Tehran (public facility)

**Outpatient treatment and follow up by a gynaecologist**
- Loghman Hospital, Tehran (public facility)
- Shahid Akbar Abadi Hospital, Tehran, (public facility)
- Hajar Hospital, Tehran, (public facility)
- Akbarabadi Hospital, Tehran (public facility)
- Shahid Labbafinejad Medical Centre, Tehran (public facility) 25.

7.1.2 The Foreign and Commonwealth Office (FCO) produced a list of medical facilities/practitioners in Iran which stated that Pars General Hospital (Tehran), Day Hospital (Tehran), Kasra Hospital (Tehran), Apadana Hospital (Tehran) also provide gynaecology services26.

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24 MedCOI, 11 July 2019 / MedCOI, 18 March 2019
25 MedCOI, 22 June 2018 / MedCOI, 4 September 2017
26 FCO, ‘List of Medical facilities/practitioners in Iran’, last updated January 2016, url
8. Cardiology

8.1.1 A number of medical tourist sites indicate that Iran has highly developed cardiology facilities and treatment. Examples of procedures listed on such websites were:

- Open heart surgery
- Heart transplant
- Aortic valve replacement
- Coronary artery bypass graft (CABG) surgery
- Myectomy
- Aneurysm repair
- Percutaneous coronary intervention (PCI)

8.1.2 MedCOI found that the following treatments are available in the following hospitals in Iran:

- **Inpatient treatment by a cardiologist**
  - Shahid Rajaee Hospital, Tehran, (public facility)
  - Day General Hospital, Tehran (private facility)

- **Outpatient treatment and follow up by a cardiologist**
  - Milad Hospital, Tehran (public facility)
  - Shahid Rajaee Hospital, Tehran, (public facility)

- **Inpatient treatment by a paediatric cardiologist**
  - Bahrami Children Hospital, Tehran (public facility)
  - Shahid Rajaee Hospital, Tehran, (public facility)
  - Shariati Hospital, Tehran (public facility)
  - Day General Hospital, Tehran (private facility)

- **Outpatient treatment and follow up by a paediatric cardiologist**
  - Shariati Hospital, Tehran (public facility)
  - Shahid Rajaee Hospital, Tehran, (public facility)

- **Inpatient treatment by a paediatric cardiac surgeon**
  - Shahid Rajaee Hospital, Tehran, (public facility)
  - Day General Hospital, Tehran (private facility)

- **Outpatient treatment and follow up by a paediatric cardiac surgeon**
  - Shahid Rajaee Hospital, Tehran, (public facility)

- **Cardiac Surgery; paediatric heart surgery**
  - Imam Khomeini Hospital, Tehran (public facility)

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27 Aria Med Tour, 'Heart Treatments in Iran,' undated, url / MedoTrip, ‘Cardiology in Iran’ undated, url
9. Hepatitis

9.1.1 The World Hepatitis Alliance (WHA) website stated that the Iran Hepatitis Network (IHN): ‘is ‘an active non-governmental association with no political and religious interest connecting Iranian and Middle Eastern research centers and researchers active in the field of liver diseases.’29

9.1.2 The WHA also stated that the IHN produces a monthly hepatitis journal with contributions from international authors and has become the prominent journal in the region publishing articles on liver disease. The network holds a biannual international conference of viral hepatitis and liver disease in Tehran as well as national and regional seminars. It also holds workshops to increase the clinical and molecular knowledge of professionals in the field of hepatology and carries out public awareness activities and campaigns30.

9.1.3 MedCOI found that the following medications used to treat hepatitis are available in Iran:

- Peg Interferon Alfa 2a
- Peg Interferon Alfa 2b
- Lamivudine.31

9.1.4 MedCOI found that the above medications used to treat hepatitis can be obtained from the following facilities:

- **Peg Interferon Alfa 2a**
  - 13 Aban Pharmacy, Tehran (public facility)
  - Hilal Ahmar Pharmacy, Tehran (public facility)
  - Vafa Pharmacy, Tehran (private facility)

- **Peg Interferon Alfa 2b**
  - 29 Farvardin Pharmacy, Tehran (public facility)
  - Hilal Ahmar Pharmacy, Tehran (public facility)
  - Vafa Pharmacy, Tehran (private facility)

- **Lamivudine**
  - Hilal Ahmar Pharmacy, Tehran (public facility)

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29 WHA, ‘Iran Hepatitis Network’, undated, url
30 WHA, ‘Iran Hepatitis Network’, undated, url
31 MedCOI, 23 October 2017 / MedCOI, 25 January 2018
10. HIV/AIDS

10.1.1 Radio Farda stated the following in an article published in August 2018 entitled ‘Iran struggles to deal with its AIDS problem’:

‘Despite the government’s pledge to end the AIDS epidemic by 2030, the number of individuals suffering from AIDS/HIV in Iran has been steadily rising.’

‘According to a 2016 survey by the United Nations, there were roughly 5000 new infections between the years 2010 and 2016, adding up to the total of 66 thousand people living with HIV. However, some estimates claim that there may be over 100 thousand Iranians suffering from HIV, highlighting significant discrepancies between official statistics and reality.’

10.1.2 UNAIDS stated the following in its country profile on Iran:

‘The country’s response to the HIV epidemic has reflected the evolving epidemic. Initially focusing on blood safety, the response moved on to launch a pioneering, highly regarded harm reduction programme for people who inject drugs, which has effectively halted progress of the epidemic in this group. The response has now evolved further to focus on other key populations, as well as the elimination of mother-to-child transmission of HIV.’

‘The Islamic Republic of Iran is the only Fast-Track country in the Middle East and North Africa region and its national strategy is structured around the 90–90–90 targets and ending the AIDS epidemic by 2030. The national AIDS programme is channelling its efforts towards bridging the testing and treatment gaps it has identified as well as improving the focus of its prevention programmes.’

10.1.3 MedCOI found that the following treatments are available in the following hospitals:

- **Inpatient treatment by an internal specialist (internist)**
  - Kasra General Hospital, Tehran (private facility)
  - Milad Hospital, Tehran (public facility)
  - Imam Hossein Hospital, Tehran (public facility)
  - Shohada Uni Hospital, Tehran (public facility)
  - Shahid Labbafinejad Medical Centre, Tehran (public facility)

- **Outpatient treatment and follow up by an internal specialist (internist)**

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32 MedCOI, 23 October 2017 / MedCOI, 25 January 2018
33 Radio Farda, ‘Iran struggles to deal with its AIDS problem’, 21 August 2018, [url](#)
34 UNAIDS, ‘Islamic Republic of Iran’, undated, [url](#)
- Milad Hospital, Tehran (public facility)
- Shahid Labbafinejad Medical Centre, Tehran (public facility)
- Imam Khomeini Hospital, Tehran (public facility)

**Inpatient treatment by a HIV specialist**
- Imam Khomeini Hospital, Tehran (public facility)
- Milad Hospital, Tehran (public facility)
- Shahid Labbafinejad Medical Centre, Tehran (public facility)
- Shariati Hospital, Tehran (public facility)

**Outpatient treatment and follow up by a HIV specialist**
- Shahid Labbafinejad Medical Centre, Tehran (public facility)
- Imam Khomeini Hospital, Tehran (public facility)
- Milad Hospital, Tehran (public facility)

**Inpatient treatment by an infectiologist**
- Kasra General Hospital, Tehran (private facility)
- Milad Hospital, Tehran (public facility)
- Shahid Labbafinejad Medical Centre, Tehran (public facility)
- Imam Khomeini Hospital, Tehran (public facility)
- Masih Daneshvari, Tehran (public facility)

**Outpatient treatment and follow up by an infectiologist**
- Kasra General Hospital, Tehran (private facility)
- Milad Hospital, Tehran (public facility)
- Shahid Labbafinejad Medical Centre, Tehran (public facility)
- Imam Khomeini Hospital, Tehran (public facility)

10.1.4 MedCOI found that the following medications (amongst others) are available:

**Antiretrovirals**
- Dolutegravir
- Emtricitabine
- Tenofovir Disoproxil
- Abacavir
- Iamivudine
- Triumeq

35 MedCOI, 19 December 2018
36 MedCOI, 25 January 2018 / MedCOI, 19 December 2018
11. **Kidney diseases**

11.1.1 An article published in September 2018 by the Niskanen Center, ‘a nonpartisan think tank’\(^{37}\) based in the United States stated:

‘An unlikely innovator in organ transplant policy, Iran offers monetary compensation to living donors in order to help supply meet demand, a policy so effective that their kidney transplant waiting list was virtually eliminated within 11 years of implementation.

‘[…] Iran’s experiment in donor compensation dates to the 1979 revolution, a tumultuous event that left its economy struggling. Transplants from cadavers were not yet feasible, so kidney transplants were done between friends and relatives, although black market transactions for kidneys were not uncommon. In response to the pressing shortage, Iran legalized compensating donors in 1988.

‘Receiving a kidney in Iran is relatively simple. Once a recipient is identified, a transplant team searches for a biologically related donor. If no relative is found, they are transferred to the Dialysis and Transplant Patient Association, waiting six months for a kidney from a deceased donor. If no kidney becomes available, they search for a living donor. A donor is required by law to be a healthy young-adult who has the consent of their spouse or parent. Donors are compensated $1,200 from the government, and receive additional payment from the recipient or a non-profit broker.’\(^{38}\)

11.1.2 An article published in August 2016 by Associated Press entitled ‘In Iran, unique system allows payments for kidney donors’ stated:

‘Today, more than 1,480 people receive a kidney transplant from a living donor in Iran each year, about 55 percent of the total of 2,700 transplants annually, according to government figures. Some 25,000 people undergo dialysis each year, but most don’t seek transplants because they suffer other major health problems or are too old.

‘Some 8 to 10 percent of those who do apply are rejected due to poor health and other concerns. The average survival rate of those receiving a new kidney is between seven to 10 years, though some live longer, according to Iranian reports.’\(^{39}\)

11.1.3 MedCOI found that the following treatments are available in the following hospitals:

- **Inpatient treatment by a nephrologist**
  - Kasra General Hospital, Tehran (private facility)
  - Shahid Labbafinejad Medical Centre, Tehran (public facility)
  - Shahid Hasheminejad Hospital, Tehran (public facility)
  - Shahid Modarres Hospital, Tehran (public facility)

- **Outpatient treatment and follow up by a nephrologist**

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\(^{37}\) Niskanen Center, ‘About’, undated, [url](#).

\(^{38}\) Niskanen Center, ‘How Iran solved its kidney shortage, and we can too’, 12 September 2018, [url](#).

\(^{39}\) Associated Press, ‘In Iran, unique system allows payments for kidney donors’, 25 August 2016, [url](#).
- Shahid Labbafinejad Medical Centre, Tehran (public facility)
- Shahid Hasheminejad Hospital, Tehran (public facility)
- Shahid Modarres Hospital, Tehran (public facility)

**Transplant by allograft, including pre and aftercare**
- Shariati Hospital, Tehran (public facility)
- Imam Khomeini Hospital, Tehran (public facility)
- Shahid Labbafinejad Medical Centre, Tehran (public facility)
- Fatemeh Zahra Hospital, Tehran (public facility)

**Transplant aftercare – treatment of graft rejection**
- Milad Hospital, Tehran (public facility)
- Shariati Hospital, Tehran (public facility)
- Fatemeh Zahra Hospital, Tehran (public facility)
- Shahid Labbafinejad Medical Centre, Tehran (public facility)

12. Liver transplants and conditions

12.1.1 An article published in November 2018 by Tehran Times stated:

‘Iran is among the top 10 countries in the world in liver transplantation and ranks first in the region, said Reza Malekzadeh, the deputy health minister for research and technology.

‘Annually, there are at least 500 liver transplantations in the country, indicating a major development in the health sector, Malekzadeh told IRNA on Saturday.

‘In addition to Shiraz as its main center, he said, liver transplant is also conducted in Tehran’s Imam Khomeini Hospital and five other provinces.

‘Around 85% of liver transplants in the country are from brain dead patients, but living-donor transplantation is now happening in Shiraz, he said.

‘In this method, family members can donate a portion of their healthy liver and after transplantation, the partial livers of both the donor and recipient will regain their initial functions.’

12.1.2 A report produced by various authors published in July 2018 by the Archives of Iranian Medicine stated that:

‘During a period of 23 years, 4,485 LTs [liver transplants] were performed at 6 centers in the country. Of these, 4106 were from deceased donors and 379 were from living donors. There were 3553 adults and 932 paediatric recipients. Hepatitis B and biliary atresia were the most common etiologies in adult and paediatric patients, respectively. Overall survival rates at 1, 5, and

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40 MedCOI, 22 May 2019
41 The Tehran Times, ‘Iran among top 10 countries in liver transplant,’ 4 November 2018,' url
10 years were 85%, 77%, and 71% for adults and 76%, 67% and 56% for paediatric patients, respectively.

‘Approval of the brain death law in Iran and coordinated efforts by the transplant centers to build comprehensive LT programs has resulted in the ability to procure more than 700 deceased donors per year with acceptable long-term survival.’

12.1.3 MedCOI found that the following types of laboratory and diagnostic research are available in Iran in the following hospitals:

- **Laboratory research of liver function**
  - Gorgan Private Laboratory, Tehran (private facility)
  - Shariati Hospital, Tehran (public facility)
  - Imam Khomeini Hospital, Tehran (public facility)
  - Kasra General Hospital, Tehran (private facility)

- **Diagnostic research: transient elastography’ test for liver fibrosis**
  - Shariati Hospital, Tehran (public facility)
  - Imam Khomeini Hospital, Tehran (public facility)

- **Diagnostic research in the form of liver biopsy**
  - Imam Khomeini Hospital, Tehran (public facility)
  - Kasra General Hospital, Tehran (private facility)
  - Milad Hospital, Tehran (public facility)
  - Shahid Moddaress, Tehran (public facility)

13. **Malaria**

13.1.1 In 2018, the World Health Organisation (WHO) detailed malaria cases, intervention policies and strategies for the treatment of Malaria in Iran (see [here](http://example.com)) and listed procedures, diagnosis, treatment and the years these were adopted.

13.1.2 MedCOI found that doxycycline, a drug used in the treatment of Malaria, is available in Iran.

14. **Mental health**

14.1.1 An article published on 18 April 2018 by Radio Farda stated:

‘Nearly one quarter of Iranian adults suffer from a mental illness, according a new report issued by Iran’s Health Ministry.

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42 Archives of Iranian Medicine, ‘Liver Transplantation Status in Iran [...]’, 1 July 2018, [url]
43 MedCOI, 18 March 2019
45 MedCOI, 16 July 2018
“On average, more than 23 percent of Iranian adults suffer from some type of mental illness,” Health Ministry Spokesperson Iraj Harirchi announced at a press conference April 16. Although he did not elaborate on the nature of mental illness Iranians are suffering from, he said political, social, and economic “tensions,” along with “negative news” have had a direct impact on the nation’s psychological health.

According to the study, Iranian women are much more likely to be afflicted by mental illness, with 27.6 percent of them suffering from a disorder compared to 19.4 percent of men. He added that one in four Iranians over the age of fifteen have a mild mental illness, and severe mental illness is also present in Iranian society. Mental illness rates vary between 12.8 percent and 36.3 percent depending on the province, with 30.2 percent of people living in Tehran suffering from mental illness.

“The figures point out that one out of every three people living in Tehran is mentally ill” Harirchi said.

In a report issued about a year ago, the Health Ministry’s Office of Social and Psychological Health said more than 12 percent of adult citizens of Iran were suffering from depression, and more than 14 percent from anxiety related disorders.

14.1.2 MedCOI found that the following treatments are available in the following hospitals:

- **Inpatient treatment by a psychiatrist**
  - Mehregan Private Psychiatric Hospital, Tehran (private facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)
  - Maymanat Psychiatric Hospital, Tehran (private facility)

- **Outpatient treatment and follow up by a psychiatrist**
  - Maymanat Psychiatric Hospital, Tehran (private facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)
  - Iran Psychiatric Hospital, Tehran (public facility)

- **Psychiatric long-term outpatient treatment by a psychiatrist**
  - Mehregan Private Psychiatric Hospital, Tehran (private facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)
  - Iran Psychiatric Hospital, Tehran (public facility)
  - Maymanat Psychiatric Hospital, Tehran (private facility)

- **Inpatient treatment by a psychologist**
  - Maymanat Psychiatric Hospital, Tehran (private facility)
  - Mehregan Private Psychiatric Hospital, Tehran (private facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)

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46 Radio Farda, “‘Negative News’ to blame for mental illness […]”, 18 April 2018, [url]
- Rezai Psychiatric Hospital, Tehran (private facility)

- **Outpatient treatment and follow up by a psychologist**
  - Iran Psychiatric Hospital, Tehran (public facility)
  - Mehregan Private Psychiatric Hospital, Tehran (private facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)

- **Outpatient treatment and follow up by a child psychologist**
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)
  - Mofid Children’s Hospital, Tehran (public facility)

- **Psychiatric treatment of PTSD [Post Traumatic Stress Disorder] by means of cognitive behavioural therapy**
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)
  - Maymanat Psychiatric Hospital, Tehran (private facility)
  - Iran Psychiatric Hospital, Tehran (public facility)

- **Psychiatric treatment of PTSD by means of EMDR [Eye Movement Desensitization and Reprocessing]**
  - Iran Psychiatric Hospital, Tehran (public facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)
  - Rezai Psychiatric Hospital, Tehran (private facility)

- **Psychiatric treatment of PTSD by means of narrative and exposure therapy**
  - Maymanat Psychiatric Hospital, Tehran (private facility)
  - Iran Psychiatric Hospital, Tehran (public facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)

- **Psychiatric treatment of PTSD related to sexual violations**
  - Mehregan Private Psychiatric Hospital, Tehran (private facility)
  - Iran Psychiatric Hospital, Tehran (public facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)

- **Psychiatric crisis intervention in case of suicide attempt including gastric lavage / stomach irrigation**
  - Iran Psychiatric Hospital, Tehran (public facility)
  - Maymanat Psychiatric Hospital, Tehran (private facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)

- **Psychiatric treatment by means of psychotherapy**
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)
  - Iran Psychiatric Hospital, Tehran (public facility)
  - Rezai Psychiatric Hospital, Tehran (private facility)
- Mehregan Private Psychiatric Hospital, Tehran (private facility)

- **Psychiatric clinical treatment (short term) by a psychiatrist**
  - Maymanat Psychiatric Hospital, Tehran (private facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)
  - Iran Psychiatric Hospital, Tehran (public facility)
  - Mehregan Private Psychiatric Hospital, Tehran (private facility)

- **Psychiatric counselling/medication assistance by a psychiatric nurse**
  - Hosseinzadeh Nursing Services, Kasra General Hospital, Tehran (private facility)

- **Psychiatric clinical treatment in a closed ward/setting (not necessarily forced admittance)**
  - Mehregan Private Psychiatric Hospital, Tehran (private facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)
  - Rezai Psychiatric Hospital, Tehran (private facility)
  - Iran Psychiatric Hospital, Tehran (public facility)

- **Psychiatric forced admittance in case necessary**
  - Maymanat Psychiatric Hospital, Tehran (private facility)
  - Rouzbeh Psychiatry Hospital, Tehran (public facility)
  - Iran Psychiatric Hospital, Tehran (public facility)

14.1.3 MedCOI found that the following medications (among others) are available:

- **Antidepressants**
  - Mirtazapine
  - Trazodone
  - Amitriptyline
  - Duloxetine
  - Venlafaxine
  - Escitalopram
  - Paroxetine
  - Sertraline
  - Vortioxetine
  - Bupropion

- **Antipsychotics**
  - Prothipendyl

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47 MedCOI, 2 May 2019 / MedCOI, 3 April 2019 / MedCOI, 20 April 2018 / MedCOI, 5 April 2018
- Flupentixol
- Levomepromazine
- Clotiapine
- Olanzapine
- Zuclopenthixol
- Haloperidol
- Clozapine
- Aripiprazole
- Risperidone

15. Neurological conditions

15.1.1 An article entitled ‘Historical Perspective of Neurology in Iran’ published on 8 April 2015 by the American Academy of Neurology (ANN) noted that:

‘Currently 55 neurology residents, train annually at 12 residency programs in Iran however, the neurology fellowship programs are limited in number. Conclusions: Our research on the history of Iranian Neurology indicates that although Iranians had a greater understanding of various neurological disorders in the past, currently their role in worldwide neurologic research and training is less prominent. There are approximately 950 practicing neurologists in Iran and the numbers of physicians with neurology sub-specialty training is gradually increasing. Hence, with raising number of neurology training programs and research centres, a brighter future can be expected for neurology in Iran.’

15.1.2 MedCOI found that the following treatments are available in the following hospitals in Iran:

- **Inpatient treatment by a neurologist**
  - Day General Hospital, Tehran (private facility)
  - Milad Hospital, Tehran (public facility)
  - Imam Hossein Hospital, Tehran (public facility)
  - Imam Khomeini Hospital, Tehran (public facility)

- **Outpatient treatment and follow up by a neurologist**
  - Taleghani Hospital, Tehran (public facility)
  - Milad Hospital, Tehran (public facility)
  - Imam Hossein Hospital, Tehran (public facility)

- **Inpatient treatment by a paediatric neurologist**
  - Bahrami Children Hospital, Tehran (public facility)

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49 Khanli et al, AAN, ‘Historical Perspective of Neurology in Iran,’ 8 April 2015
- Shariati Hospital, Tehran (public facility)
- Mofid Children’s Hospital, Tehran (public facility)

• **Outpatient treatment and follow up by a paediatric neurologist**
  - Bahrami Children Hospital, Tehran (public facility)
  - Mofid Children’s Hospital, Tehran (public facility)\(^{50}\).

15.1.3 MedCOI found that the following medications were available for the following neurological conditions:

**Parkinson’s disease**
- Amantadine
- Levodopa + Benserazide (combination)
- Benserazide Hydrochloride
- Bromocriptine Mesilate
- Entacapone
- Levodopa
- Levodopa + Carbidopa (combination)
- Pramipexole
- Rasagiline Mesilate
- Ropinirole
- Rotigotine
- Tolcapone\(^{51}\).

**Epilepsy**
- Valproic Acid
- Valproate
- Clobazam
- Clonazepam (i.v. injection for epileptic attacks)
- Diazepam\(^{52}\).

16. **Paediatrics**

16.1.1 MedCOI found that the following treatments are available in the following hospitals:

• **Inpatient treatment by a paediatrician**
  - Ali Asghar Children’s Hospital, Tehran (public facility)
  - Mofid Children’s Hospital, Tehran (public facility)

\(^{50}\) MedCOI, 22 May 2019 / MedCOI, 11 July 2019 / 
\(^{51}\) MedCOI, 15 May 2019 
\(^{52}\) MedCOI, 7 September 2017
• Outpatient treatment and follow up by a paediatrician
  - Ali Asghar Children’s Hospital, Tehran (public facility)
  - Mofid Children’s Hospital, Tehran (public facility)
• Inpatient treatment by a paediatric pulmonologist
  - Bahrami Children Hospital, Tehran (public facility)
  - Masih Daneshvari, Tehran (public facility)
  - Imam Khomeini Hospital, Tehran (public facility)
• Outpatient treatment by a paediatric pulmonologist
  - Ali Asghar Children’s Hospital, Tehran (public facility)
  - Masih Daneshvari, Tehran (public facility)
  - Imam Khomeini Hospital, Tehran (public facility)
• Inpatient treatment by paediatric physical therapist
  - Akhtar Hospital, Tehran (public facility)
  - Ali Asghar Children’s Hospital, Tehran (public facility)
  - Mofid Children’s Hospital, Tehran (public facility)
• Outpatient treatment and follow up by a paediatric physical therapist
  - Ali Asghar Children’s Hospital, Tehran (public facility)
  - Mofid Children’s Hospital, Tehran (public facility)
  - Shafa Yahyaeeeyan, Tehran (public facility)
• Inpatient treatment by a paediatric orthopaedic surgeon
  - Day General Hospital, Tehran (private facility)
  - Bahrami Children Hospital, Tehran (public facility)
  - Akhtar Hospital, Tehran (public facility)
  - Mofid Children’s Hospital, Tehran (public facility)
  - Shafa Yahyaeeeyan, Tehran (public facility)
• Outpatient treatment and follow up by a paediatric orthopaedic surgeon
  - Akhtar Hospital, Tehran (public facility)
  - Shafa Yahyaeeeyan, Tehran (public facility)
  - Shariati Hospital, Tehran (public facility)
  - Shahid Moayeri Hospital, Tehran (public facility)\(^{53}\)

\(^{53}\) MedCOI, 11 July 2019 / MedCOI, 8 March 2019
16.1.2 The UICC stated the following on their profile of Mahak, an organisation in Iran that supports children with cancer:

‘The Mahak Society to Support Children with Cancer is a non-governmental organisation in Tehran dedicated to helping Iranian children with cancer. It runs an 18000 m2 hospital in the north of Tehran.

‘The organisation was founded in 1991 by Saideh Ghods. She had experienced having a child with cancer and had witnessed first hand the difficulties faced by her child, and pledged that she would set up a center that would act as a sanctuary for children and their families in a similar situation.’54

16.1.3 The Mahak charity website gave details of the activities that it carries out:

‘The charity provides supportive, psycho-social and welfare services to the deprived cancer-stricken children and their families. Support services include social work, psychology and welfare services. In addition, the charity is responsible for collection of donations and humanitarian assistance from people, institutions and organizations. Fundraising activities include donation boxes, membership schemes, advertising and special projects as well as Public and International Relations that keep rapport with volunteers, donors at national and international level.’55

16.1.4 The website further stated:

‘The highly specialized pediatric hospital offers the latest methods and technology in detecting and treating childhood cancer such as Luekemia, Brain tumors, Bone tumors, etc.

‘Our clinical team of physicians, highly skilled advanced practice nurses with expertise in all aspects of care for children with cancer, psychologists, and social workers are collaborating coherently for early detection and tratment [sic] of this catastrophic disease.

‘Therefore, efforts over the last 25 years have resulted in remarkable increase in cure rate of patients with pediatric cancer.’56

16.1.5 The ‘Research’ section of the charity’s website further stated:

‘We strongly believe that "where there is a will there is a way".

‘We bring together the best minds in pediatric research to set the most effective standards and find out the latest methods of prevention and treatment.

‘Numbers of nationally well-known physicians have gathered to improve the health and safety of children by conducting joint workshops, projects, conferences at national and international levels in the field of pediatric cancer.

‘Since promoting research activities advances the knowledge of early detection and treatment of childhood cancer, therefore various researches are conducted by our medical team and our partnerships such as GUSTAV

54 UICC, ‘Mahak, Iranian Society to Support Children with Cancer’, last updated 7 June 2019, url
55 Mahak, ‘What We Do - Charity’, undated, url
56 Mahak, ‘What We Do - Treatment’, undated, url
17. **Ear, nose and throat conditions**

17.1.1 MedCOI found that the following treatments are available in the following hospitals in Iran:

- **Inpatient treatment by an ear, nose and throat (ENT) specialist**
  - Amir A'lam Hospital, Tehran (public facility)
  - Day General Hospital, Tehran (private facility)
  - Loghman Hospital, Tehran (private facility)

- **Outpatient treatment by an ear, nose and throat (ENT) specialist**
  - Amir A'lam Hospital, Tehran (public facility)
  - Loghman Hospital, Tehran (private facility)

- **Specific ENT surgery: tracheotomy including placing of tracheal tube and aftercare**
  - Amir A'lam Hospital, Tehran (public facility)
  - Kasra General Hospital, Tehran (private facility)
  - Milad Hospital, Tehran (public facility)
  - Imam Khomeini Hospital, Tehran (public facility)
  - Shariati Hospital, Tehran (public facility)

18. **Lung diseases**

18.1.1 The World Health Organization’s (WHO) September 2018 factsheet on Tuberculosis (TB) stated that there were 9260 new cases of TB in 2017 in Iran and that 86% of cases registered in 2016 were treated successfully.

18.1.2 MedCOI found that the following treatments are available in the following hospitals:

- **Inpatient treatment by a pulmonologist**
  - Day General Hospital, Tehran (private facility)
  - Imam Khomeini Hospital, Tehran (public facility)
  - Masih Daneshvari, Tehran (public facility)

- **Outpatient treatment and follow up by a pulmonologist**
  - Imam Khomeini Hospital, Tehran (public facility)
  - Masih Daneshvari, Tehran (public facility)

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57 Mahak, 'What We Do - Research', undated, [url](#)
58 MedCOI, 11 July 2019 / MedCOI, 8 March 2019
59 WHO, 'Islamic Republic of Iran Tuberculosis profile', 25 September 2018, [url](#)
- Imam Hossein Hospital, Tehran (public facility)
- Inpatient treatment by a paediatric pulmonologist
  - Mofid Children’s Hospital, Tehran (public facility)
  - Masih Daneshvari, Tehran (public facility)
  - Ali Asghar Children’s Hospital, Tehran (public facility)
- Outpatient treatment and follow up by a paediatric pulmonologist
  - Masih Daneshvari, Tehran (public facility)
  - Ali Asghar Children’s Hospital, Tehran (public facility)
- Diagnostic research in the form of lung function tests
  - Day General Hospital, Tehran (private facility)
  - Masih Daneshvari, Tehran (public facility)
  - Kasra General Hospital, Tehran (private facility)
- Assisted cough techniques; air stacking therapy and training
  - Mofid Children’s Hospital, Tehran (public facility)
  - Ali Asghar Children’s Hospital, Tehran (public facility)
  - Bahrami Children Hospital, Tehran (public facility)

19. Palliative Care

19.1.1 The Indian Journal of Palliative Care (IJPC) in an article in its Jan-March 2018 edition, noted that, with reference to Iran, ‘In the past 6 years, attention to palliative care has increased significantly as a result of the National Cancer Research Network with the support of the Ministry of Health.’

19.1.2 The Tehran Times, in an article dated 19 February 2018, noted that the deputy health minister for nursing had announced that ‘Some palliative care centers will be developed in the country in the next [Iranian calendar] year 1397 (March 2018–March 2019) to serve patients who suffer from advanced cancers…’

19.1.3 BMC Palliative Care, an open access journal, noted in an article dated 6 August 2019 that home-based palliative care in Iran requires government and health system support but ‘there are many charity organizations that provide care to chronic and terminally ill patients’ and that ‘private and charity centers provide home-based palliative care.’

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60 MedCOI, 8 March 2019 / MedCOI, 5 October 2018 / MedCOI, 5 April 2018
61 IJPC, Palliative Care Policy Analysis in Iran: A Conceptual Model, Jan-Mar 2018 url
62 Tehran Times, Iran to set up palliative care centers for cancer patients, 19 February 2018 url
63 BMC Palliative Care, Exploring…perceptions about home-based palliative care…6 August 2019 url
Terms of Reference

A ‘Terms of Reference’ (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the country information section. The Home Office’s Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Organisation of the healthcare system
- Medical conditions
  - Cancer
  - Dental treatment
  - Diabetes
  - Eye conditions and diseases
  - Gastroenterological conditions
  - Heart disease
  - Hepatitis
  - HIV/AIDS
  - Kidney diseases
  - Liver transplants
  - Malaria
  - Mental health
  - Neurological conditions
  - Paediatrics
  - Ear, nose and throat conditions
  - Tuberculosis (TB) and other lung diseases

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Version control

Clearance

Below is information on when this note was cleared:

- version 1.0
- valid from 15 November 2019

Changes from last version of this note

1st version in CPIN format.