



IRAN (ISLAMIC REP. OF)

Iran's stronger performances come in its monitoring and surveillance and budget and financing, while the area of rights and empowerment is weak. The Member Association reports a national diabetes plan has existed since 1978; it was revised in 2003 and implemented from 2004 in rural areas, and 2009 in urban areas.

A moderate proportion (5.6%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



There is a fully implemented national diabetes plan, while implementation of the NCD plan is only partial. Policies to regulate marketing to children and those promoting physical activity are partially enforced and others relating to nutrition are in development. There is a strong cross-Government approach to NCDs.

The health system provides universal and comprehensive services for diabetes care and treatment. The percentage of costs covered is between 50 and 80%. Specialised services are provided to the rural poor and there is limited availability of self-management education.



A framework for the monitoring and surveillance of diabetes exists but is not routinely implemented. It includes all indicators except for availability of essential NCD medicines and technologies and the coverage of services to prevent heart attack and strokes.

The Government allocates specific funding for diabetes, covering prevention, early diagnosis, treatment and prevention of secondary complications.



The Government offers minimal scope for engagement and has taken no action on rights.

Global Monitoring Framework:
No information available.



IRAN at a glance (IDF Diabetes Atlas, 2013)

Adult population (20-79) in 1000s	52,145.45	Diabetes expenditure / person with diabetes (USD)	471
Diabetes cases (20-79) in 1000s	4,395.93	Diabetes related deaths (20-79)	38,002
Diabetes raw national prevalence (%)	8.43	Number of people with undiagnosed diabetes (20-79) in 1000s	2,197.96

THE GLOBAL DIABETES SCORECARD TRACKING PROGRESS FOR ACTION

- 🎯 IDF's Global Diabetes Scorecard is designed as a powerful tool for advocacy on behalf of people with diabetes – to highlight areas of good practice and identify areas for more effective action.
- 🎯 It measures governments' response to diabetes in key areas: national plans and policies, health systems, monitoring and funding for diabetes as well as rights and engagement.
- 🎯 It tracks government progress on international commitments to reduce premature deaths from diabetes and other NCDs.
- 🎯 IDF Member Associations have used their knowledge and views to provide the data to score countries from red, through amber and yellow, to green.
- 🎯 It identifies that internationally more efforts must be put into preventive policies, financing for diabetes and rights for people with diabetes.



INTRODUCTION TO THE MIDDLE EAST AND NORTH AFRICA REGION

The Middle East and North Africa Region (MENA) is one of the global diabetes hotspots. Across the Region, more than one in ten people have diabetes - approximately 35 million people. In the next two decades, the number of people with diabetes is expected to almost double.

Faced with a challenge on this scale, governments in MENA will need to provide services and programmes for prevention in order to stem the rising tide of diabetes.

According to the data from IDF Member Associations in MENA, the majority of countries in the Region are making progress in responding to diabetes; however, a third of countries obtain a red score. About half of the countries achieve a moderate score for national policies and plans, with the rest falling at the lower end of the spectrum, pointing to a need to expand and strengthen diabetes policies.

Policies on prevention need significant strengthening. More than half of countries do not have preventive nutrition policies and a third have no physical activity policies. Policies

regulating marketing to children are limited or not enforced. In the majority of countries diabetes self-management education is limited and in no country is such education reported as being an integral part of diabetes care.

Health system policies are the strongest performing area in the MENA countries with all countries scoring orange or higher. The status of monitoring and surveillance systems varies across the Region, with some countries achieving a high score, but the majority are achieving a low to moderate rating.

The majority of countries are providing some funding to respond to the diabetes challenge and score in the middle of the spectrum for their budgeting and finance policies. However, the sixth edition of the IDF Diabetes Atlas reports that only 2.5% of global health expenditure on diabetes is spent in the MENA Region.

Fewer than half of the countries in the Region have adopted the Global Monitoring Framework for NCDs to date.

11

MENA countries provided their input to this survey

73%

report having a national diabetes plan (full or partial implementation)

0

countries report integrated diabetes self-management education

36%

report not having any physical activity policies