

## What we do

### » Community engagement and healthy cities

In 2019, 75.39% of the population of Islamic Republic of Iran lived in cities. Cities are major sources of greenhouse gas emissions and air pollution and urbanization has been associated with a higher prevalence of unhealthy lifestyles and noncommunicable diseases (NCDs). Hence, community engagement in health and well-being is becoming increasingly important in addressing these priority public health issues. Islamic Republic of Iran was the first country in the Region to pilot the Healthy Cities Programme in 1991, and today it is one of the countries with the highest number of registered cities (22 cities in 9 provinces).

The WHO country office supports the promotion and expansion of healthy cities and related programmes and facilitates intersectoral collaboration, engages communities and provides leadership for health through:

- building long-term capacity to promote healthy cities through a national Healthy Cities Network;
- providing technical support to national and local authorities to create healthy, safe and resilient living environments;
- building capacity for professionals at national and local levels in health and non-health sectors for planning and implementing the Healthy Cities Programme, including intersectoral collaboration and community engagement; and
- facilitating collective knowledge generation and experience sharing at the global and regional level. This means bilateral learning from the good practices in Islamic Republic of Iran and other Member States in this Region and beyond.

## What we have achieved

- [Accreditation and recognition of the first healthy city](#) which is also the first awarded city in a middle-income country in the Region and the establishment of the first National Healthy Cities Network in the region were results of WHO's efforts on political advocacy, capacity-building, national empowerment, technical support and organizational commitment.

- High-level political advocacy and bilateral knowledge exchange between Islamic Republic of Iran and Greece, and WHO regions of the Eastern Mediterranean and Europe were made by 4-day high-level mission visiting Athens and the world's prominent healthy city network in Greece organized by the country office in Islamic Republic of Iran. The Health Cities Programme in Islamic Republic of Iran moved into a new arena after the [first inter-regional consultation workshop on HCP and national networking](#), led by the WHO country office with the contribution of Greece, Turkey, WHO Regional Office for the Eastern Mediterranean and Europe, and experts from Islamic Republic of Iran and the

participation of the Ministry of Health and Medical Education. The capacity of 10 nominated cities, nominated by the Ministry for inclusion in the programme were strengthened by [four-week online interactive workshop](#) p, based on programme guidance and enriched by the results of consultative workshop and discussions with regional offices and the European Healthy City Network. As a result, today, 10 new healthy cities have registered and launched their programme after successfully completing a round of training, which is a phenomenal result in producing political commitment toward national development and urban health.

- In addition, and as parts of this process, several capacity-building sessions have been conducted for policy-makers, national and local authorities, and university professionals on the core principles and visions of healthy cities and beyond, including adopting the Health-in-All-Policies approach and building resilient communities.

## What is next

- Advocating for and supporting the healthy settings approach by positioning the newly established National Healthy Cities Networks and its new actual/potential members. This includes quarterly network meetings, national workshops and training for members or interested cities.
- Tailored consultations and technical support provided through on-site workshops and virtual assessments for cities in different stages of programme development to prepare them for evaluating, awarding and ensuring the long-term and sustainable implementation of the programme.
- Supporting evidence-based planning for healthy cities and advocating for the establishment of a local knowledge hub for urban health.
- Strengthening platforms for regional collaboration and knowledge-sharing.

## What we do

### » Social determinants of health

The social determinants of health are the non-medical factors that influence health outcomes. In 2007, Islamic Republic of Iran piloted the Urban Health Equity Assessment and Response Tool, developed by the WHO Centre for Health Development in the Tehran municipality. This helped paint a clear picture of the socioeconomic situation by assessing 65 indicators regarding physical environment, human and social development, economics, governance, health and nutrition.

The Report of the Commission on Social Determinants of Health in the Eastern Mediterranean Region was launched in a global event on 31 March 2021 attended by officials from Member States and then a regional meeting was conducted to roll out the SDH commission report on 7

September 2021. The Minister of Health and Medical Education of Iran launched an action on implementation of SDH in Iran on 26 April 2022 by advising United Nations agencies on establishing a working group and developing an action plan to address the social determinants of health, under the leadership of the Supreme Council for Health and Food Security, during the ministerial meeting with the heads of United Nations agencies and international partners on World Health Day 2022.

The WHO country office aims to promote an approach where social determinants of health are documented and addressed through evidence-based decision-making and robust intersectoral collaboration, which includes:

- providing technical support for an assessment of the social determinants of health, identifying and documenting success stories at a local level in which health is addressed across various sectors;
- promoting a multisectoral approach towards working with vulnerable populations and addressing health risks;
- building the capacity of decision-makers and various professionals on initiatives and tools to address the social determinants of health; and
- mobilizing grants and international donations to address social vulnerabilities and health in the population (the elderly and people living with disabilities).

### **What we have achieved**

- Securing international funds (over US\$ 800 000) for promoting inclusive access to quality health care services for the elderly and people living with disabilities residing in long-term care facilities across Islamic Republic of Iran
- Ensuring multisectoral strategic direction and leadership of crosscutting projects that address multiple aspects of socioeconomic vulnerabilities and health, for the first time, a national steering committee was established in 2021 and has been meeting since with members across the health and social protection sector, professional associations and civil society groups for elderly and people living with disabilities. In addition, the steering committee is extending support to the implementation of the United Nations Country Team Action Plan on Disability Inclusion.

### **What is next**

- WHO will be leading cross-sectoral working groups and developing an action plan to address the social determinants of health.
- WHO is procuring and providing equipment, developing guidelines, training caregivers and establishing capacity-building platforms to ensure access to improved services and lower risks in more than 30 long-term care facilities with coverage of more than 5000 residents (older people and people with disabilities) and improving quality of life and well-being by providing

assistive technologies for about 7000 persons in or outside long-term care facilities, as the expected result of the project to promote inclusive access to quality health care services for older people and people living with disabilities.

- WHO is advocating for and providing technical support in developing policies and practices across sectors to address health risks through a multisectoral approach (e.g. health of older people, school health, etc.)

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