

Access to health care for Afghan immigrants and refugees: an ethico-legal analysis based on the Iranian health law system

Farzad Zakian Khorramabadi¹, Vahid Moazzen², Alireza Parsapour³, Amirhossein Takian⁴, Abbas Mirshekari⁵, Bagher Larijani⁶, Ehsan Shamsi Gooshki^{7}*

1. Ph.D. Candidate in Medical Ethics, Medical Ethics and History Research Center, Tehran University of Medical Sciences, Teharn, Iran.
2. Visiting Professor, Department of Public and International Law, Faculty of Law, Farabi campus, University of Tehran, Tehran, Iran.
3. Assistant Professor, Medical Ethics and History Research Center, Tehran University of Medical Sciences, Teharn, Iran.
4. Professor, Department of Global Health and Public Policy, School of Health, Tehran University of Medical Sciences, Teharn, Iran.
5. Assistant Professor, Faculty of Law and Political Science, University of Tehran, Teharn, Iran.
6. Professor, Institute of Endocrinology and Metabolism, Tehran University of Medical Sciences, Teharn, Iran.
7. Associate Professor, Medical Ethics and History Research Center, Tehran University of Medical Sciences, Tehran, Iran; Lecturer, Monash Bioethics Center, Monash University, Melbourne, Australia.

Abstract

The right to health is an internationally recognized and established human right with a long history of appreciation, indicating that governments should guarantee the highest possible level of access to health and provide health-care services with no discrimination based on nationality, race, gender, language or religion. The present study explored this topic using an analytic-descriptive approach. We reviewed related laws, policies and other available documents with the aim to investigate the ethico-legal aspects of Afghan refugees' and immigrants' access to health care and the challenges in in this regard within the Iranian health law system.

According to the results of this study, the Iranian health law could be interpreted to include all Afghan immigrants in the country's public health system as a legal commitment. In addition, while basic and primary health coverage is available for all Afghan immigrants in Iran, provision of other medical and rehabilitative health services to documented and undocumented immigrants follow different methods.

In order to alleviate the current situation, we recommend strategies such as supporting policy changes intended to register undocumented immigrants, which naturally results in an increase in their access to health care.

Keywords: *Immigrant; Health equity; Access to health care; Right to health care; Bioethics.*

***Corresponding Author**

Ehsan Shamsi Gooshki

Address: No. 23, 16 Azar St., Keshavarz Blvd., Tehran, Iran.

Postal Code: 1417863181

Tel: (+98) 21 66 41 96 61

Email: shamsi@tums.ac.ir

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Introduction

Health is one of the most critical assets of any human that allows us all to enjoy life the way we want. No matter the cause, poor health can result in physical and mental weakness and may also impact the social and even spiritual aspects of people's lives (1). Concerning the value of health, Welfare argued that illness not only decreases well-being but also deprives a person of freedom and takes away the possibility of fulfilling responsibilities and obligations as an agent (2). Therefore, to enhance the quality of citizens' lives, governments not only should ensure that the needs of all citizens are met regardless of economic, social and cultural aspects, but should also cater to the needs of immigrants and refugees.

The important question that comes to mind is, "What is the extent of the government's responsibility regarding the financing and provision of health-care services?" The government's responsibility to ensure the right to health care depends on the availability of resources, and each country's performance should be evaluated based on its economic and cultural contexts. The concept of territory and citizenship increases the complexity of service provision, and

some questions that need to be answered in this regard include: "Are governments solely obliged to provide health care in their territories and to their citizens?" "Should this obligation apply to all persons residing in a territory?" and "Should nationals living abroad also be covered?". According to international documents, the obligations of governments are not limited to their territories and citizens, i.e., they are responsible for all human beings. In other words, according to at least some interpretations of international documents, governments are obliged to respect the right to health and health care for those living in lands other than their motherland, or foreign nationals residing in their territories (3).

It can be argued that universal health coverage (UHC) is a significant element in measuring the realization of social justice in health systems. It has two dimensions: health care (providing sufficient services) and population coverage (health care for all). In this regard, paying special attention to particular and vulnerable groups, including immigrants and foreign nationals, is necessary (4). Studies point to the poor status of respecting the legal, economic and social rights of immigrants

worldwide, also indicating that in many cases, they do not have a permanent living area or sufficient access to suitable health care (5, 6). Various international documents emphasize everyone's right to enjoy the highest attainable standard of physical and mental health without any discrimination, and oblige governments to respect the rights of those living in their territories regardless of race, skin color, gender, language, religion, political opinion, national or social origin, wealth and so on (7). In addition to the requirements of two well-known international binding covenants, that is, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), the United Nations Human Rights Committee also recognizes the full protection of refugees and immigrants, especially those who are undocumented:

“States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services” (8)

Iran has been the host of millions of Afghans for over four decades. Unlike several other countries, the Iranian government has implemented initiatives

to improve refugees' and immigrants' access to health care, primarily using limited domestic resources. In response to the health needs of immigrants and refugees, and through implementation of the Health Transformation Plan and the country's path to achieving UHC, Iran has launched new policies from 2014 to 2022 which at least indirectly expanded social insurance, improving access to, and the quality of, health services for refugees (9). There is evidence indicating the higher prevalence of many diseases among Afghan immigrants and refugees in comparison to Iranians. This reflects the importance of increasing immigrants' access to health care in the context of public health and paying attention to immigrants' and refugees' right to health (10). In July 2023, the Iranian Minister of Interior stated that more than 5 million Afghan immigrants live in Iran and announced the government's plan to establish a national immigration organization with the aim of organizing immigrants and establishing a coherent and strong structure (11).

Despite the general commitment of the Iranian government to providing health-care services to all individuals without discrimination (12), the position of Iran's health law system regarding providing health and medical services to Afghan

immigrants is not clear. This article aims to evaluate the laws and regulations in the Iranian legal system as well as the international commitments of the Iranian government in this field to address the fundamental question of whether the government has any legal responsibility to provide health care to Afghans. It also attempts to identify the existing challenges and shortcomings and to provide macro policy suggestions to Iranian health policymakers accordingly.

Methods

In this article we used an analytic-descriptive approach to explain the results of a non-systematic review of related laws, policies and documents. The relevant laws in the Iranian legal system that have been examined in this study are listed in Table 1. In addition to examining the laws, we conducted a (non-systematic) literature review of articles, books and theses, as well as the official reports published by various organizations, to determine the ethical and legal norms, the performance of the stewards, and the health status of the immigrants and refugees. The criteria for the selection of articles included: 1) describing a public health policy, program or intervention, and the current situation of immigrants and refugees.

2) providing a theoretical or practical framework and an ethical or legal analysis of a policy or program for the health services of refugees and immigrants.

Results

After reviewing the mentioned documents including the related laws and regulations in the Iranian legal system (Table 1) and the related literature, three main issues were discussed: the right to health for foreign nationals according to the Iranian statute law, the status of health coverage and treatment of immigrants in the Iranian health-care system, and identification of challenges and obstacles to universal health coverage for Afghan immigrants in the Iranian health system.

1) Ensuring the right to health for Afghan immigrants according to the domestic laws of Iran

The majority of laws related to the right of Afghan refugees and immigrants to health in the Iranian legal system are summarized in Table 1. As can be seen, the right to health for immigrants and refugees is well supported in the higher laws of Iran. Also, the country is a member of international conventions related to refugees and immigrants. Concerning national laws, it can be argued that in most cases, there is no difference between Iranians and refugees or immigrants, including in terms of health.

Table 1. Documents and rules related to the rights of Aghan refugees to health in the Iranian legal system.

No.	Title	Section	Description
1	Constitution of the Islamic Republic of Iran - 1989 (13)	Article 3 - Paragraphe 9 Article 3 - Paragraphe 12 Article 29 Article 43 - Paragraph 1	1. Eliminating all deprivations in the field of health and insurance 2. Eliminating undue discrimination and creating fair facilities for all 3. The universal right to benefit from social security and insurance 4. Providing basic needs: housing, food, clothing, hygiene, etc.
2	General health policies - 2014 (14)	Paragraph 1 of Article 110 of the constitution	Providing educational, research, health and rehabilitation services based on Islamic human principles and values and institutionalizing these principles in the society
3	Law on joining the International Convention on Civil and Political Rights - 1975 (15)	Article 2	1. Eliminating discrimination among the people living in territories of member states 2. Obliging each member state to recognize the rights mentioned in the Covenant
4	Law on joining the International Convention on Economic, Social and Cultural Rights - 1975 (16)	Article 12	1. Ensuring the right to enjoy the highest attainable standard of physical and mental health by member states 2. Adopting various interventions to ensure the mentioned rights a) Reducing the rate of stillbirth and promoting children's growth b) Improving environmental health and industrial health in all respects c) Prevention and treatment of epidemic/endemic, job-related, and other diseases d) Creating appropriate conditions to establish medical institutions and providing medical assistance to the public in case of illness
5	Law on the third five-year national economic, social and cultural development plan of Iran - 2000 to 2005 (17)	Article 180	Establishment of the Executive Coordination Council of Foreign Nationals
6	Law on the fourth five-year national economic, social and cultural development plan of Iran - 2004 (18)	Article 91, Paragraph J	All foreign nationals are obliged to have an insurance policy to cover possible accidents and illnesses during their stay.
7	Law on the fifth five-year national economic, social and cultural development plan of Iran - 2011 to 2016 (19)	Article 28, Paragraph J	All foreign nationals are obliged to have an insurance policy.
8	Law on the sixth five-year national economic, social and cultural development plan of Iran - 2017 to 2021 (20)	Article 70, Number 5	Having a health insurance policy is mandatory for all foreign nationals, including refugees and immigrants.
9	Law on punishment for individuals who refuse to help victims or to eliminate life-threatening risks - 1975 (21)	Single-Clause Bill	Penalties for refusing to help victims and people at risk
10	Law on the goals and tasks of the Ministry of Education - 1987 (22)	Article 10, Paragraph 10	The tasks defined for the Ministry of Education to take the necessary measures to provide, maintain and promote the physical, mental and social health of students all around the country in collaboration with the Ministry of Health and Medical Education (in line with the right to education of immigrant children)

11	Law on establishment of the Ministry of Health and Medical Education - 1988 (23)	Article 1, Paragraphs 2 and 7	Paragraph 2: Providing and promoting public health programs Paragraph 7: Providing facilities for everyone to enjoy health care
12	Law on Labor Insurance and Technical Protection and Occupational Health for employees and foreign nationals, applicable to both revolutionary and civilian institutions - 1990 (24)	Single-Clause Bill	Implementation of all laws and regulations related to technical protection and occupational health for all foreign nationals is mandatory.
13	Law on management of free trade-industrial zones of the Islamic Republic of Iran - 1993 (25)	Article 12	Ensuring the availability of regulations about the occupation of human resources, insurance, social security and issuance of visas for foreign nationals.
14	Disciplinary regulations concerning trade unions and professional violations of related medical professions -1999 (26)	Article 2	The task of applying the maximum possible effort by medical professionals regardless of nationality, race, religion, and socio-political and economic status of patients
15	Law on the Foreign Exchange Savings Board regarding Patients' Treatment - 1999 (27)	Article 3, Paragraph A	The obligation to pave the way for treatment of all patients within the country rather than send them abroad for medical procedures. According to the term "all patients within the country", it can be argued that immigrants are also subject to this law.
16	Regulations on the rate and resources of job-related accidents insurance for nationals of member countries of the Convention No. 19 of the International Labor Organization - 2001 (28)	Article 1	Providing insurance coverage against job-related accidents for nationals of all member countries
17	Law on the regulation of the government's financial instructions - 2001 (29)	Article 29	Obliging medical universities to admit all foreign national patients and charging them based on medical tariffs of the MoHME
18	Patients' rights charter of Iran - 2009 (30)	First Chapter	All patients have the right to receive health services without any discrimination, including ethnic, cultural, religious, disease and gender.
19	Comprehensive law on providing services to veterans - 2013 (31)	Paragraphs A, B, C and D	Accepting patientd based on concepts such as veteran, martyr, prisoner of war and disabled, and consequently expanding these concepts to immigrants
20	Permanent decrees on development programs - 2016 (32)	Article 4	All foreign nationals residing in the country must have an insurance policy for accidents and diseases.
21	The general ethical guidelines for medical professionals who are a member of the Medical Council of the Islamic Republic of Iran - 2018 (33)	Article 4 Article 6 Article 7 Article 50	1. Ethical prohibition of any measure that violates the rights of other citizens 2. Hippocratic oath and commitment to providing health care to all humans without any discrimination 3. Refraining from any act that may indicate insult, humiliation and labeling toward ethnicities and social groups, while fully respecting the dignity of individuals, social norms and public literature 4. Prioritizing vulnerable groups and observing fairness and justice among patients
22	Instruction mentioned in Clause 5, Paragraph (B), and Article 70 of the sixth Five-Year Development Plan Act - 2020 (34)	Instruction	Determining premiums, vulnerable persons and service packages for foreigners residing in the country

<p>23 Guidelines on how to implement Article 30 of the Law on the government's Financial Regulations, Deputy for Treatment Affairs of the MoHME - 2020 (35)</p>	<p>Article 2, J Non-acceptance of injured persons, including foreigners residing in the country, is a violation of the law.</p>
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2) The status of health service coverage for Afghan refugees and immigrants living in Iran

Provision of essential health care to Afghans is done almost entirely by the Ministry of Health and Medical Education (MoHME) and includes vaccinations, reproductive health, maternal and child health, essential medicines and family planning. UN agencies including the United Nations Higher Commissioner for Refugees (UNHCR) only marginally contribute in this regard. Following a memorandum of understanding among the Bureau for Aliens and Foreign Immigrants Affairs (BAFIA), the Iranian Health Insurance Organization, and the MoHME, all documented Afghans with a refugee card (since 2015) are entitled to receive health insurance benefits similar to Iranians, which include inpatient and paraclinical services (e.g., medicines, physical examinations, radiological services and so on.). From 2019 to 2020, the premium fee for 92,000 registered vulnerable refugees and their families, including those suffering from special diseases, has been fully covered by UNHCR. Meanwhile, all documented immigrants also could enroll in a

health insurance policy by paying the premiums, similar to Iranians (36). Concerning health centers that provide services to immigrants and refugees, a total of 22 'health posts' and 'immigrant guesthouses' have been providing assistance to these groups all around the country since 2021, according to the UNHCR. The type of health care available to foreign nationals including pregnant women, the elderly, adults, children and adolescents is similar to those available to Iranians. In terms of provision of health-care services, the findings indicate that the existing health insurance policies cover all the costs for a limited number of documented Afghan refugees who suffer from special diseases or belong to vulnerable groups; these include patients with hard-to-treat conditions or those suffering from mental and physical disabilities, children of Iranian widows married to Afghan nationals, female-headed households, impoverished people, families in which the main provider is older than 65 or is unable to work due to medical conditions or disabilities, Afghan citizens married to Iranian women, and single men and women over the age of 75. In the above-

mentioned cases, the Iranian government covers half of the monthly premium fees, and the expenses for these efforts are mostly supplemented by the UNHCR (10).

Based on the findings, provision of health services to documented immigrants follows a different method (Table 3). Primary Health care (PHC) services are free for all immigrants, either documented or undocumented. As undocumented immigrants cannot enroll in a health insurance program, there is no cost coverage policy for them, but hospital social workers usually assist uninsured Afghan patients in paying their hospital bills and they usually receive noticeable discounts from public hospital administrators. Concerning secondary and tertiary services, all documented immigrants with a health insurance policy can receive such services by paying the copayments,

but those without a health insurance policy should pay all the costs (37).

The COVID-19 vaccination program was an important milestone for the registration of Afghan immigrants in Iran. According to the vaccination program, all Afghans including undocumented immigrants became eligible for receiving the vaccine (38). As a recent intervention, in May 2022, the Bureau for Aliens and Foreign Immigrants Affairs asked all Afghan immigrants to refer to Government office counters to register in the census plan. They were informed that those who did not register would be categorized as non-authorized immigrants and would be deprived of all public services. Table 2 shows the current status of health service coverage in Iran for immigrants and refugees depending on their residence status.

Table 2. Current status of health service coverage in Iran for immigrants and refugees.

Type of Service	PHC	Hospital Care	Rehabilitation Services
Immigrant Status			
Documented immigrants with a migration card (Refugees)	- No cost, similar to Iranians	- Those with a UNHCR and MoHME health insurance policy can receive hospital services by paying the copayment; otherwise, the patient should pay all the costs.	- Those with a UNHCR and MoHME health insurance policy can receive hospital services by paying the copayment; otherwise, the patient should pay all the costs
Documented migrants with work permits	- Similar to Iranians (i.e., all services are free)	-Those with a private health insurance policy can receive hospital services by paying the copayment; otherwise, the patient should pay all the costs.	-Those with private insurance coverage can receive all services for free; otherwise, the patient should pay all the costs.

Undocumented migrants	-Similar to Iranians (i.e., all services are free)	The patient should pay all the costs related to hospital services. However, hospital social workers usually assist uninsured Afghan patients in paying their hospital bills and they usually receive noticeable discounts from public hospital administrators.	The patient should pay all the costs related to therapeutic rehabilitation services. However, hospital social workers usually assist uninsured Afghan patients in paying their hospital bills and they usually receive noticeable discounts from public hospital administrators.
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3) *Challenges and barriers to realizing universal health coverage for Afghans in Iran*

In spite of the sanctions that have been imposed on the country for years, Iran has been providing health-care services to millions of Afghan residents for more than four decades. While the policies have been generally generous and focused on achieving equity in providing health care to Afghan immigrants, the Iranian health system has been facing challenges at the individual, organizational and social level. Communication barriers, socioeconomic characteristics and the low health literacy of Afghan immigrants (which place this population in the lower economic deciles of the society) are among the main reasons for these challenges at the individual level; lack of insurance coverage, lack of a screening system to examine immigrants when crossing the border, and certain legal and regulatory barriers are major factors that contribute to organizational challenges; and finally, the negative attitudes of some Iranians toward Afghan immigrants create social-level challenges

(37) (Table 3). Investigating the experiences of Afghan women concerning childbirth revealed instances of mistreatment in the form of discrimination, high costs of care and lack of health insurance coverage (39).

Since 2016, all registered Afghan refugees have been able to apply for health insurance benefits similar to Iranians, but there is no program for those who are not registered. While it seems that the health benefits determined for Afghans cover pregnancy services, some Afghan women do not utilize this service, which could be due to reasons beyond the health-care system, such as various cultural and economic factors. Also, some secondary services for pregnant women, such as screening and pre-labor ultrasound, are not covered in some facilities and hospitals (40).

In addition, several studies have reported higher rates of infectious diseases such as tuberculosis and malaria, mental disorders and addiction among immigrants in Iran (41, 42).

Table 3. Challenges and barriers to realizing universal health coverage.

Challenges	Barriers
Individual Challenges	<ol style="list-style-type: none"> 1. Communication barriers 2. Socioeconomic characteristics
Organizational Challenges	<ol style="list-style-type: none"> 1. Lack of insurance coverage for all immigrants, mainly undocumented immigrants 2. Lack of a screening system to examine immigrants when crossing the border 3. Legal and regulatory barriers
Social Challenges	Negative attitudes toward Afghan immigrants

Discussion

Based on national laws and regulations, as well as international conventions that Iran has joined, health care and access to social security are well-recognized positive rights that the government is obligated to provide to individuals. According to the Iranian Constitution, all members of the society, regardless of racial, religious, political and cultural considerations, are entitled to enjoy the right to health (43). This is consistent with the egalitarian approach to justice in health-care systems in which one of the most important duties of governments is to guarantee the right of access to the highest level of health services for all people living in the country, also emphasized in numerous international documents. According to this principle, there should not be any discrimination among people living in a country in terms of color, race, language or religion. According to John

Rawls, any health inequality not only threatens a person's physical health but also deprives a person of the opportunity to be active and effective in the society in order to pursue his/her goals and desires (44). Although the Iranian constitution does not directly mention immigrants as “each and everyone in the country”, it is safe to assume that it does not exclude foreign nationals who live in the country, since these rights are not guaranteed only for citizens or Iranians.

From the professional point of view, health-care providers are required to respect all health-care recipients regardless of factors such as nationality, ethnicity and race. According to the Code of Ethics for Medical Professionals any act of discrimination by health-care providers could be professional misconduct resulting in professional punishment (45).

Professional requirements are not the only legal mandate for health-care providers to prevent discrimination; there are other laws and regulations that support the provision of health care to people in need but do not exclude immigrants and foreign nationals.

According to our findings, Afghans have different legal statuses in Iran, which affects their access to UHC. Those who are registered in the UNHCR can receive particular health and social services, and according to a report in 2021 (UNHCR [FACT SHEET]), they have access to essential health care similar to those available to Iranian citizens. Nearly one million documented Afghans are legally allowed to work in Iran and can have a health insurance policy. However, most Afghan refugees who live in Iran are undocumented and there is no accurate estimation of their number. They do not have official registration or refugee cards and consequently cannot access UNHCR support for health-care services (42). We must remember that even those Afghans registered by UNHCR as refugees do not always have equitable access to such support, as the financial resources are not enough to cover the needs of around one million registered refugees in Iran. In the absence of sustainable access to international resources, the burden of the cost of health care for registered and

undocumented Afghans falls directly or indirectly on either the already pressured health-care system of the country or the immigrants themselves, who are financially vulnerable.

The most common problems reported by Afghan refugees are financial problems, lack of affordable health insurance, transportation, stigma, cultural concerns, and legal and immigration issues. The situation is naturally more difficult for unregistered Afghans, as they may refrain from going to public health-care centers due to fear of deportation, although there is no evidence of health-care facilities and professionals reporting patients to the police. As a result, most unregistered Afghans refer to private facilities with higher payment rates unaffordable for the poor, which leads to more limited access to health-care centers and more severe consequences. In this regard, some have proposed to facilitate access of immigrants and unregistered refugees, particularly pregnant women, to health-care services to protect more vulnerable immigrants and their children (39).

Illegal immigrants are an important and complex issue for governments. Before the most recent wave of Afghan migration to Iran, nearly two-thirds of Afghans living in Iran were undocumented. The stress level of this population is on the rise due to persistent fears of disclosure

and deportation. Previous studies reported that undocumented migrants may even ignore their need for psychological, social and medical services to avoid the risk of being deported (45). In all investigations, undocumented immigrants have the lowest utilization rates of health care, which not only is a threat to their health but also endangers the well-being of the society. The unwillingness of undocumented immigrants to receive health-care services can be attributed to fear of deportation, social stigma, and lack of (social and financial) capital. A series of recommendations have been proposed to address this problem, including supporting policy changes to increase undocumented immigrants' access to health care, providing new insurance policies, expanding the safety social net, providing health education to immigrants, and educating undocumented immigrants (46). Afghan nationals have access to different services in Iran depending on their legal status (i.e., having an immigration card, passport and visa, or being undocumented); however, the status of undocumented Afghan nationals is not clear thus far. According to an independent report by the United Nations, undocumented Afghan immigrants can receive health care from non-public (i.e., private) centers, but they have to pay all the costs.

Meanwhile, all Afghan nationals, documented or undocumented, can receive PHC-level services for free. Also, they can benefit from health services provided by some NGOs and charities (47). In Iran, undocumented Afghan immigrants have no health insurance coverage and hospital care is also available to them at a higher rate than Iranians. In spite of issues such as mistreatment, discrimination, insufficient health care, delays in going to health-care centers, financial limitations, expensive care and lack of health insurance, the Iranian health system has followed a middle approach called "decent minimum health care" (highest possible health care services) for everyone (48, 49). However, in reality, a large number of patients and other vulnerable groups, including immigrants, are not entitled to a comprehensive welfare system and social security despite their severe needs, which indicates structural defects and problems (50, 51). In conclusion, it can be argued that adoption of international and regional documents and their acceptance at the international level on the one hand, and the government's efforts to enforce domestic laws and obligations mentioned in these documents on the other have attracted the government's attention and efforts to provision of health care. According to the findings on the laws governing health and health-care and

insurance coverage available to Afghan refugees and immigrants in Iran, and despite the existing challenges and shortcomings, a fairly acceptable situation has been achieved regarding health-care services available to non-Iranian nationals through strategies intended to establish PHC and UHC. However, there is a long way before Afghan immigrants can gain a satisfactory level of access to UHC throughout the country (52).

In the discussion about access to health services for Afghan immigrants in Iran, the destructive and harmful effects of economic sanctions against Iran cannot be ignored. These sanctions have directly and indirectly affected the living conditions and the areas of education, health and livelihood of refugees and the capacities of Iran's health system to support them significantly. These destructive effects were clearly visible during the Covid-19 pandemic. Sanctions have also directly affected the transfer of funds intended to provide services to refugees in Iran, especially in the field of health.

On account of the above-mentioned issues and especially the economic sanctions, it seems that there is a need to increase the allocated credits of the UN Refugee Agency in order to serve this population. As regards the provision of medicine and health necessities, cooperation of the United Nations and other support organizations is

essential, and international bodies are called upon to take basic measures.

Conclusions

According to international documents, the obligations of governments are not limited to their territories and citizens; therefore, special attention to minorities and vulnerable groups of societies, including immigrants and foreign nationals, becomes more important. As one of the most vulnerable groups in any society, immigrants often face the greatest health risks and need appropriate and adequate health-care services. Based on the findings of this study, provision of preventive and primary health-care (PHC) as well as medical and rehabilitative services to documented immigrants follows a different method than undocumented refugees, and is conducted with the participation of the UNHCR.

However, despite the emphasis of international organizations, conventions and developments on health policies for immigrants and refugees in Iran and at the international level, there are shortcomings in the Iranian health law system in providing comprehensive health services to this group and the government is facing challenges in providing health care at individual, organizational and social levels. The health sector cannot deal

with all the issues related to health and requires a robust and law-abiding social management that monitors and protects the health of the society and equity in health.

In order to improve the current situation, we recommend strategies such as supporting policy changes intended to register undocumented immigrants, which naturally results in an increase in their access to health care. Measures that could facilitate the registration of illegal immigrants include: amending the existing laws with the aim of removing fear of legal action and deportation; establishing an independent organization to support immigrants in the official structure of the country; setting up an online and accessible system for registering the informations of immigrants; developing new insurance policies; developing particular benefit packages and funds for immigrants and refugees; training programs

intended to improve service provision to immigrants; attracting the immigrants' trust; and training undocumented immigrants to improve their situation.

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Conflict of Interests

The authors have no conflicts of interest to declare.

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