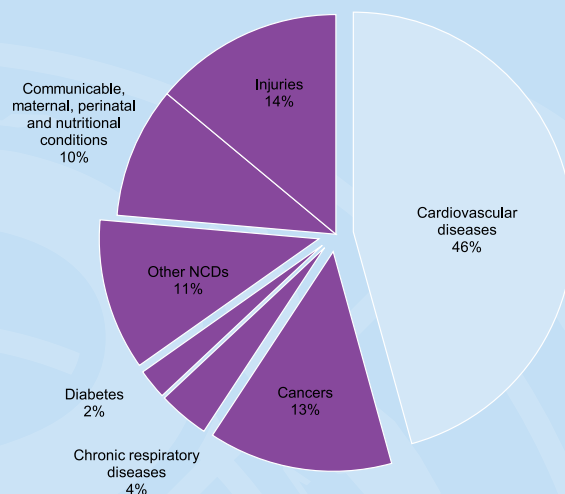


Islamic Republic of Iran: Health Systems Profile

Health status (2015)

Life expectancy at birth in years	total	75.5
	males	74.5
	females	76.6
Maternal mortality ratio per 100 000 live births	total	25

Proportional mortality (% of total deaths, all ages, both sexes)



Communicable diseases (2014)

Tuberculosis notification rate per 100 000	13.3
Incidence rate of malaria per 1 000 population	...
Number of newly reported HIV cases	1688

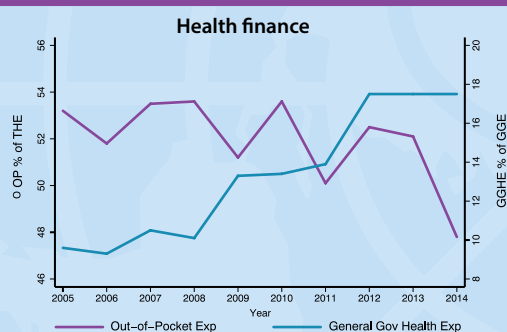
Behavioural risk factors

Estimated prevalence (%)	males	females	total
Current tobacco smoking (2014)*	22.4	1.0	11.7
Insufficient physical activity (2010)	...	...	33.5

Metabolic risk factors

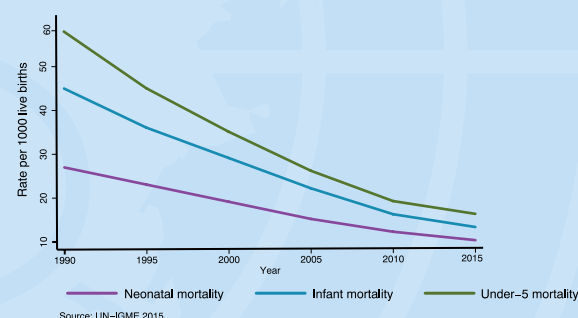
2014 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	20.4
Raised blood glucose	...	...	12.2
Overweight	...	...	62.3
Obesity	...	...	26.1

Expenditure and mortality trends



*GGHE % GGE is the general government health expenditure as % of general government expenditure
**OOP % THE is the out-of-pocket expenditure as % of total health expenditure

Neonatal, infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2010)	88.6
Measles immunization coverage among 1-year-olds (2015)	99.0
Treatment success rate of new bacteriologically confirmed TB cases (2013)	87.0
DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2015)	98.0

Health system: finance (2014)

General government expenditure on health as % of general government expenditure	17.5
Out-of-pocket expenditure as % of total health expenditure	47.8
Per capita total health expenditure at exchange rate (US\$)	351

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	15.1
Nurses/midwives	15.7
Dentists	3.6
Pharmacists	2.3

Health system: information (2012-2015)

Percentage of births registered	95.0
Percentage of deaths registered	82.0

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	96.7
	private	96.7
Number of scanners (in public facilities) per million population ^a	CT	...
	MRI	...

Health system: service delivery (infrastructure) (2015)

Primary health care facilities per 10 000 population (2014)	2.8
Hospital beds per 10 000 population	15.0

... No data available

^a Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Iran 2016

Strengths	Weaknesses
<ul style="list-style-type: none"> The pathway of health was defined in upstream policies and endorsed by the Supreme Leader Sustained commitment to health resulted in additional funds towards Health Transformation Plan (HTP) and extension of insurance coverage to additional 10.2 million people in 2014/15 Supreme Council for Health and Food Security (SCHFS) was reactivated, led by the President of the country and membership of 9 ministers and Vice Presidents for multisectoral collaboration to fulfill health in all policies approach National Plan for Prevention and Control of NCDs was approved by SCHFS in 2016 Evidence-based interventions were implemented to bring sugar, salt and oil consumption down among general public, i.e. labeling “green” light and colored markers on food products Share of Out of Pocket Payments decreased from 58.6% to 40.6% along with a reduction in co-payment to less than 3% for inpatient services after HTP implementation More than 2000 new health centers were established in rural and marginalized areas, with active care and early detection of risk factors for NCDs Improved availability of infrastructure for integration to better align medical education with service delivery Family practice programme included in Fifth Five-year Development plan and piloted in two provinces with active involvement of private sector Family medicine education at specialist level began in eight universities nationwide New information system set up to manage the data of service provision in primary health care Medical education reform was designed and implemented to bring workforce in line with national requirements Policy of self-reliance has resulted in 95% of medicines and most basic vaccines being manufactured in the country Well-established performance management system, good manufacturing practices and quality assurance system for the pharmaceutical products Availability of disaster management structure for preparedness and response at national, provincial, and district levels 	<ul style="list-style-type: none"> Partially functioning referral system between primary health care facilities and hospitals Weak data collection and analysis from the private sector Regulations and oversight on the private sector are limited Current provider payment method is based on fee for services, which is a cause of induced demands Share of out of pocket payment is high in outpatient services and there is limited information, regulations and oversight on this service Difficult to address and accomplish the main roots of out of pocket payment, in which is strategic purchasing Information on quality of health care and consumer satisfaction is not available or is not complete. (we have it but not completely) There is an income gaps between private and public providers as well as inside the public sector (levels and groups), due to differences in defined tariffs The rationale of benefit package development is not on the basis of scientific principles Limited information is available in the area of efficiency and effectiveness and the causes of waste of resources Unclear fiscal space for the continuity of healthcare reform and insufficient share of tax contribution to healthcare financing as committed earlier
Opportunities	Challenges
<ul style="list-style-type: none"> Commitment to health is one of the main priorities for the current Government High commitment to global agenda for development, including Sustainable Development Goals (SDGs) Positive and cooperative environment provided as a result of Joint Program of Action (JPOA) and removal of sanctions leading to mutual willingness for foreign investment in the Iranian health system for the renewal of infrastructure and health technologies Great possibility of youth's engagement for effective health promotion programmes as 50% of the population is under the age of 20 with a high level of literacy Well-developed private health sector, if well-regulated can play a major role in the provision of quality primary, secondary and tertiary care as well as health tourism Strong partnership with the UN agencies through UNDAF and its coincidence with the implementation of Sixth Five-year National Development Plan Well-established research capacity and medical education nurtured in service delivery Decentralization of decision making and resource allocation to 57 medical universities and allocating leading role to 10 pioneer universities across the nation Good infrastructure for internationalization of medical universities and global partnership for public health and health diplomacy 	<ul style="list-style-type: none"> Sustained financing for continuity of HTP implementation Increasing rates of risk factors among population in the past three decades has led to predominance of non-communicable diseases especially cardiovascular diseases and diabetes in recent years The multiple insurance systems led to high administrative costs, complex management, and inefficient risk-pooling as well as potentially unlimited liabilities on the Government to cover deficits Institutionalization of intersectoral collaboration for health development High risk of natural disaster and hazards such as periodic droughts, floods and earthquakes Negative impact of air pollution in big cities and frequent sand storms in cities in desert areas Rapid urbanization and its impact on health (72% or 79 million population) with high burden of NCDs and road traffic injuries Social Determinants of Health are still big threats to health Ever-increasing number of refugees due to uncertain regional tensions and its impact on public health's expansion of people-centered integrated health services in urban areas

Priorities

- Document Health Transformation Plan (HTP), its challenges and achievements, to develop a vision, strategy and roadmap to achieve universal health coverage by 2020 with particular focus on reducing the share of out of pocket expenditure to less than 20% through effective implementation and monitoring of HTP
- Support health officials to engage with stakeholders in other sectors, civil society and development agencies in policy dialogue in order to develop and implement national health policies, strategies and plans
- The provider payment methods needs to be reviewed to improve efficiency and ensure quality of care
- Institutionalize and update on a regular basis burden of disease analysis, national health accounts analysis and health system performance assessment to inform evidence-based policy and strategic planning process
- Developing equity-oriented benefit packages
- Consider piloting home-based care schemes instead of prolonged hospital care in view of the ageing population and increasing chronic disease burden
- Optimizing and organizing the way of using current data of health systems
- Promoting clinical pathways development and use
- Need for fundamental changes in health research and education to reengineer service provision in line with the Social Determinants of Health approach

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World Health Organization

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