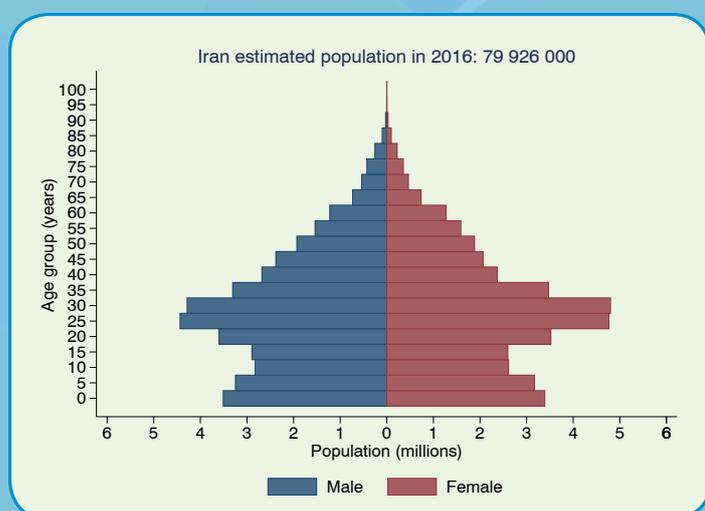




Universal health coverage

Primary health care facilities per 10 000 population (2016)	2.8
Hospital beds per 10 000 population (2016)	17.0
Modern contraceptive prevalence rate (2015)	59
Antenatal care visits (4+ visits) (2015)	96.3
Measles immunization coverage among 1-year olds (%) (2016)	99
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	87
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	99
General government expenditure on health as % of GDP (2014)	3.7
General government expenditure on health as % of total government expenditure (2014)	17.5

Estimated population in 2016



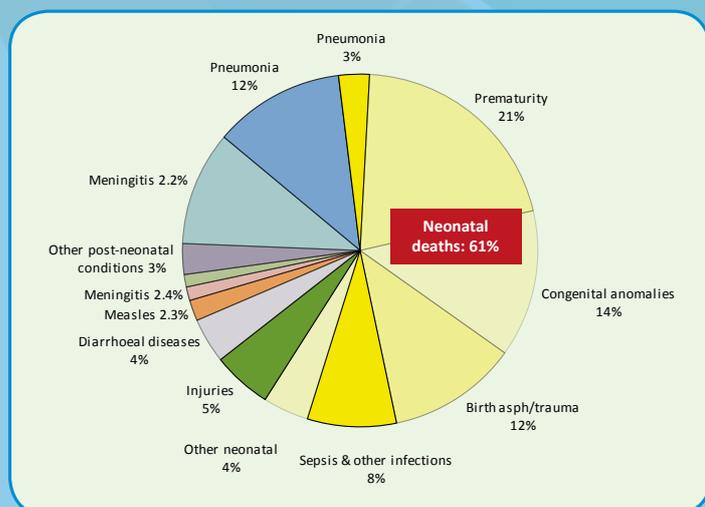
Selected determinants of health

Population living in urban areas (2016)	74
Annual GDP growth (%) (2016)	6.4
Number of refugees ^a (2016)	979 435
Number of internally displaced persons ^b (2016)	0

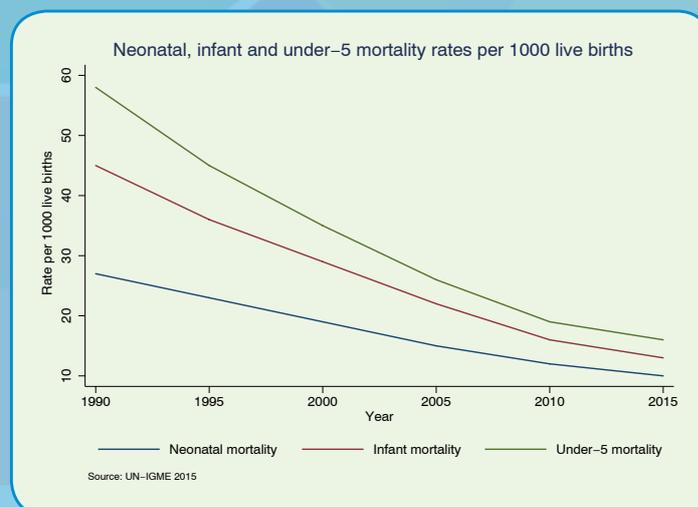
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



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



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2014) % 0.1

Proportion of employed population below the international poverty line (ILO estimate, 2016)

Male %	1.4
Female %	1.0

2 ZERO HUNGER

Children under 5 who are (2013)

stunted	%	6.8
wasted	%	3.0
overweight	%	11.8

4 QUALITY EDUCATION

Literacy rate (15-24 years)

Total % (2016)	95
Male % (2011)	97
Female % (2011)	96

Net primary school enrolment ratio per 100 school-age children (2015)

Total ratio	99
Male ratio	99
Female ratio	98

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015) % 92.1

6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015) % 96

Access to improved sanitation facilities (World Health Statistics, 2015) % 90

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2015)

Total %	11.1
Male %	9.3
Female %	19.5

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)

Total	41.6
Urban	40.2

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015) 0.1

*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	74.5	76.6	75.5
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	25
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	10
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	13
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	16
Tobacco use among persons 15+ years (%) (2015)	19.3	0.7	10.0
Overweight (18+ years) (%) (2014)	...	...	62.3
Obesity (18+ years) (%) (2014)	...	...	26.1
Raised blood pressure among persons 18+ years (%) (2014)	...	...	20.4
Raised blood glucose among persons 18+ years (%) (2014)	...	...	12.2
Raised cholesterol among persons 18+ years	...	...	...
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	15
Cancer incidence per 100 000 (2012)	...	...	127.7

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Health and SDGs at a glance in Islamic Republic of Iran



Voluntary National Review

Completed in 2017: <https://sustainabledevelopment.un.org/content/documents/14994Iran.pdf>

National Focal Point for 2030 Agenda

Director General for International Environmental and Sustainable Development Affairs

National Focal Point in Ministry of Health for health-related SDGs

Dr Aliasghar Farshad

1. How is the Islamic Republic of Iran incorporating the 2030 Agenda into its development policy and planning?

The Management and Planning Organization (MPO) is the highest authority in the government responsible for national development policy and planning. The twenty-year vision of the Islamic Republic of Iran, 1404 Vision Document, was provided and approved by the highest levels of decision-making at the beginning of 2000s. In addition, the sixth Five Year National Development Plan (2016-2021) was developed by the government and endorsed by the parliament. The National Committee for Sustainable Development (NCSDD, established in 1994) was transformed into the main body for coordinating and reporting all measures, policies and programmes related to the implementation of the SDGs at the national level.

The sixth National Development Plan is available here (in Farsi): <http://www.mporg.ir/FileSystem/View/File.aspx?FileId=ccd382df-13d3-459f-a691-008611f18a80>

More information on the sixth National Development Plan is available here (in Farsi): <http://dolat.ir/detail/281959>

2. How is the Islamic Republic of Iran incorporating SDG 3 targets in health policy, strategy, and planning?

The Health and Food Safety High Council (HFSHC), chaired by the President, is the highest inter-sectoral forum for health policy making. The secretariat of HFSHC is the Ministry of Health and Medical Education (MoHME). Nine other ministries and organizations are members as inter-sectoral and inter-ministerial bodies for planning and implementation of Health in All Policies (HiAP). In MoHME, a Deputy of Social Affairs was established as an indication of a significant shift towards social determinants of health, HiAP and SDG implementation. The department has promoted a HiAP approach while working with other sectors. All departments of MoH have developed their national strategies in line with the sixth Five Year National Development Plan which is aligned with SDGs as well. Benchmarking and trend analysis of health related SDGs in the Islamic Republic of Iran has been conducted by the MoHME with technical support from WHO.

3. Are there any major partnerships in the Islamic Republic of Iran for advancing the 2030 Agenda?

The adoption of the SDGs coincides with a broad national effort to integrate and mainstream environmental and sustainable development elements contained in the sixth National Five Year Development Plan, President Rouhani's "Environment Government", and the General Environmental Policies of the Supreme Leader. In response to the adoption of the 2030 Agenda and in line with its recommendations and actions to implement the SDGs at the national level, the government of the Islamic Republic of Iran undertook a process of reviewing and reforming relevant existing institutions in 2015. The first and crucial step was the rearrangement of the inter-ministerial coordination mechanism. For this purpose, the National Committee for Sustainable Development (NCSDD, established in 1994) was transformed into the main body for coordinating and reporting all measures, policies and programs related to the implementation of the SDGs at the national level. During the work on the Voluntary National Review (VNR), stakeholders included the Sustainable Development Steering Council, the Parliament, local governments and communities, academia, municipalities, civil society and private sector.

4. Are there any major partnerships in the Islamic Republic of Iran for advancing the health-related SDGs?

The UN Development Assistance Framework (UNDAF) 2017-21 was developed in alignment with the SDGs, including the health pillar as one of the most important outcome areas. Through advocacy and technical support, the UN Country Team has contributed to the development of the first Voluntary National Report of Iran in 2016. The National Health Assembly was launched by the president on February 2017 with leadership of the MoHME and contribution of all stakeholders.

5. Has the Islamic Republic of Iran reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

In the fifth and the sixth Five-year National Development Plan, 2011-2015 and 2017-2021 respectively, there is clear focus on universal health insurance coverage, universal access to health care and quality of care, for which pay for performance has been emphasised. In addition, the stewardship and oversight role of the MoHME has been mentioned. In addition, the Health Transformation Plan (HTP) produced by the MoHME in 2014 in order to pursue Universal Health Coverage by 2025. The HTP has been evaluated by WHO two times, in 2015 and 2016, and the policies and interventions have been reoriented and aligned towards achieving UHC accordingly.