Islamic Republic of Iran: Health Systems Profile

Health status (2016)

Life expectancy at birth in years
- Total: 75.7
- Males: 74.6
- Females: 76.9

Maternal mortality ratio per 100 000 live births (2015)
- Total: 25

Communicable diseases (2017)

Tuberculosis notification rate per 100 000
- 11.0

Incidence rate of malaria per 1 000 population
- ... (No data available)

Number of newly reported HIV cases
- 2049

Behavioural risk factors

Estimated prevalence (%)

- Current tobacco smoking (2015)*
  - Males: 19.3
  - Females: 0.7
  - Total: 10.0

- Insufficient physical activity (2016)
  - Males: ...
  - Females: ...
  - Total: 33.2

Metabolic risk factors

Estimated prevalence (%)

- Raised blood pressure (2015)
  - Males: ...
  - Females: ...
  - Total: 19.7

- Raised blood glucose (2014)
  - Males: ...
  - Females: ...
  - Total: 12.1

- Overweight (2016)
  - Males: ...
  - Females: ...
  - Total: 61.6

- Obesity (2016)
  - Males: ...
  - Females: ...
  - Total: 25.8

Health system: service delivery (infrastructure) (2016)

Primary health care facilities per 10,000 population
- 2.8

Hospital beds per 10,000 population
- 15.6

Health system: selected coverage interventions

- Antenatal care visits (4+ visits) (2015)
  - 96.3

- Measles immunization coverage among 1-year-olds (2017)
  - 99.0

- Treatment success rate of new bacteriologically confirmed TB cases (2016)
  - 86.0

- DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2017)
  - 99.0

Health system: selected coverage interventions

- General government expenditure on health as % of general government expenditure
  - 17.5

- Out-of-pocket expenditure as % of total health expenditure
  - 35.0

- Per capita total health expenditure at exchange rate (US$)
  - 295

Health system: workforce (2016)

- Percentage of births registered
  - 88.0

Health system: information (2012-2015)

- UHC index (2017)
  - 65.0

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
  - CT: 9.5
  - MRI: 3.8

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
  - 35.0

- Per capita total health expenditure at exchange rate (US$)
  - 295

... No data available

*Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment.

World Health Organization / Regional Office for the Eastern Mediterranean - Health System Country Profile, 2016
### Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Iran 2016

#### Strengths
- 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 9 million people up to 2017.
- The HTP was evaluated by WHO in which all aspects of UHC were reviewed, and substantiated a number of national achievements in; financial protection, service expansion, population coverage and public health outcomes.
- Share of OOPs decreased from 58.6% to less than 36% after HTP implementation.
- Supreme Council for Health and Food Security (SCHFS) was reactivated, led by the President of the country and membership of relevant stakeholders.
- A comprehensive urban health care delivery programme is currently being introduced as part of the HTP. The programme is based on a Family Practice approach and will serve the population's health needs, especially in the fringes of big cities.
- In 2016, WHO participated in a high-level review mission of the national situation concerning non-communicable diseases (NCDs) and the country was subsequently nominated to 'fast track' work on NCDs prevention and control. WHO also supported the development of national standards for 16 frequently used food items and the implementation of a new food labelling standard which covers more than 80% of packaged products. In 2017, Iran was recognized as the top country in NCD prevention by WHO NCD monitor at the UN General Assembly due to high level of leadership and commitment shown by MoHME and other policy making institutions.
- For better performance of public hospital capacity building programme for almost 600 hospital managers in public sector conducted.
- The Family Medicine Residency Programme was established in collaboration with the American University of Beirut in 15 University of Medical Sciences.
- Individual and family electronic health record at primary health facilities at urban and rural areas of the entire country was set up.
- Multi-Sectorial National Antimicrobial Resistance Plan and in the strengthening of International Health Regulations core capacities developed Policy of self-reliance has resulted in 95% of medicines and most basic vaccines being manufactured in 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.

#### Weaknesses
- 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
- 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.

#### Challenges
- Sustained financing for continuity of HTP implementation more gaining efficiency in health system and cost containment of the plan.
- Increasing rates of risk factors among population in the past three decades has led to predominance of NCDs especially cardiovascular diseases and diabetes in recent years.
- Recent decision of the US to exit Iran nuclear deal; its full impact is currently uncertain, tensions and risks have greatly increased and are not only of national, but also of regional and global concern. It is likely to have a major impact on health and well-being of the people of the I.R. Iran.
- Institutionalization of inter-sectoral collaboration for health development.
- High risk of natural disaster and hazards such as periodic droughts, floods and earthquakes.
- The recent rapid devaluation of the Iran Rial will effect also the health sector. Iran still needs to implement multi-sectorial Joint External Evaluation (JEE) as an important component of International Health Regulation (IHR) monitoring and evaluation framework.
- Negative impact of air pollution in big cities and sand storms 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
- Achieving UHC five year before the SDG target by 2025.
- 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 need 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.
- Need for fundamental changes in health research and education to reengineer service provision in line with the Social Determinants of Health approach.