

Islamic Republic of Iran: Health Systems Profile

Health status (2013)

Life expectancy at birth in years	total	74.0
	males	72.0
	females	76.0
Maternal mortality ratio per 100 000 live births	total	23.0

Communicable diseases (2014)

Tuberculosis notification rate per 100 000 population	14.0
Incidence rate of malaria per 100 000 population	...
Number of newly reported HIV cases	1491.0

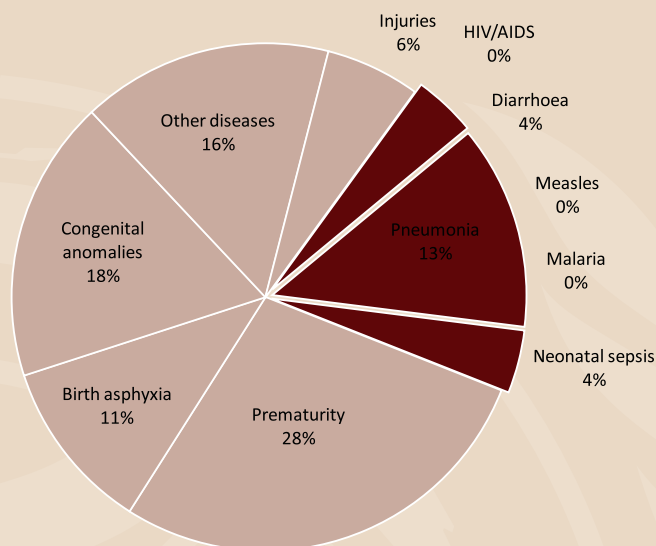
Behavioural risk factors

Prevalence (%)	males	females	total
Current tobacco smoking (2011)*	1.0	22.4	11.7
Insufficient physical activity (2008-)	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

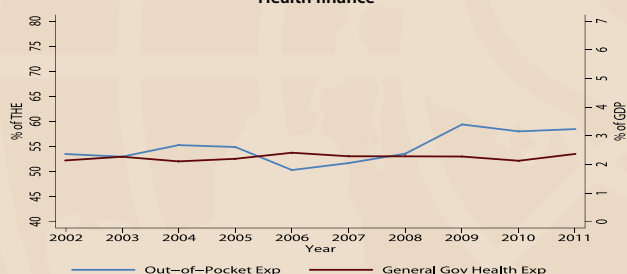
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

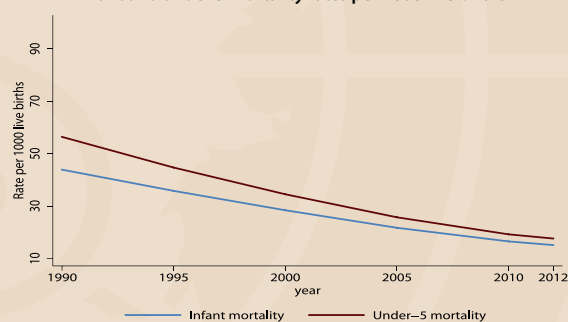
Expenditure and mortality trends

Health finance



*GGHE%GDP is the general government expenditure on health as % of gross domestic product
**OOP%THE is the out-of-pocket expenditure as % of total health expenditure

Infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2013)	88.6
Measles immunization coverage among 1-year-olds (2014)	99
Treatment success rate of new bacteriologically confirmed TB cases (2014)	87
DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014)	99

Health system: finance (2013)

General government expenditure on health as % of general government expenditure	17.5
Out-of-pocket expenditure as % of total health expenditure	52.1
Per capita total health expenditure at exchange rate (US\$)	432

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

Percentage of births registered	0.95
Percentage of causes of death recorded	0.82

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 ^c	CT	...
	MRI	...

Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population	2.8
Hospital beds per 10 000 population	15

... No data available

^a International Classification of Diseases

^b Gross domestic product

^c 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 2105

Strengths	Weaknesses
<ul style="list-style-type: none"> • Sustained commitment to health resulted in additional funds to implement the health system transformation program and extend coverage to additional 9.2 million people in 2014/15 • Co-payment for hospital services decreased from 38 to 8%; over 95% of drugs and consumables made available at point of care in hospitals; more than 97% of required medicines are available in public hospitals • Increased in patients' satisfaction for public hospital services • Availability of infrastructure for integration of medical education with healthcare that can align medical education with service delivery • Family practice programme included in five-year development plan and piloted in two provinces with active involvement of private sector • Existing communicable disease surveillance systems allows management and control of the emerging diseases • Policy of self-reliance has resulted in most basic vaccines being manufactured within 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 • Developed national hospital emergency preparedness plan and hospitals safety assessment with positive impact on hospital care management 	<ul style="list-style-type: none"> • Partially functioning referral system between primary health care facilities and hospitals • Limited access to specialized outpatient care in the public sector except in the large cities • Weak data collection and analysis from the private sector with lack of e-information system especially in hospitals • Appropriate provider payment methods not being used to ensure efficiency and quality of care at the secondary and tertiary level • Family medicine training programs are not well established despite commitments in national plans • Substantial reduction in share of out of pocket payment at the outpatients level not yet be documented • Insufficient coordination between the primary health care system and curative care and financing agencies • There is little information on the private sector, including both private providers and private insurers, limited regulations and oversight • There is little information on quality of care and consumer satisfaction
Opportunities	Challenges
<ul style="list-style-type: none"> • Commitment to health is one of the main priorities for the current Government • Government additional and sustained allocation to health can be harnessed to further strengthen health system as experiences in health system transformation plan for hospital care in 2014 • Target youth through 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 primary, secondary and tertiary care • Strengthen partnership with UN agencies through UNDAF as it is coinciding with the fifth five-year national development plan 	<ul style="list-style-type: none"> • Increasing rates of risk factors among population in the past three decades has led to predominance of non-communicable diseases especially cardiovascular diseases and cancer in recent years. • Public insurance organizations are disease oriented rather than health oriented • The multiple insurance systems lead 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 54 million population) with high burden of noncommunicable diseases and road traffic injuries • Unemployment, addiction, high rate of divorce, migration, marginalization, lack of full social insurance coverage • Expansion of people-centered integrated health services in urban areas
Priorities	
<ul style="list-style-type: none"> • 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 the Health Transformation Plan • The provider payment methods needs to be reviewed to improve efficiency and ensure quality of care • Design ONE national plan for people-centered integrated health services in urban areas • Strengthen multisectoral collaboration among different stakeholders under the stewardship of the Ministry of Health and Medical Education to harmonize health care, improve equity in health care financing, tackle social determinants and achieve UHC • Expansion of primary health care network to the suburbs and slum areas considering the growing urban population • Decentralize responsibility and authority to the provincial universities based on a decision space analysis • Design and establish an integrated, comprehensive and sustainable system for communicable and non-communicable diseases surveillance, monitoring and evaluation of health outcomes • 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 • Consider piloting home-based care schemes instead of prolonged hospital care in view of the ageing population and increasing chronic disease burden • 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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