

Islamic Republic of Iran : Health Systems Profile

Key health system indicators



Regional Office for the Eastern Mediterranean
WHO-EM/PHC/145/E

Health status

Life expectancy at birth in years	total	72
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	males	154
	females	85
	total	120

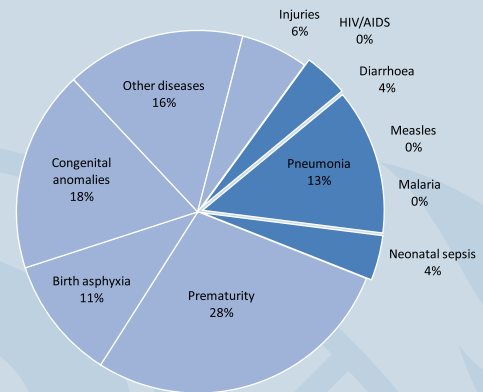
Communicable diseases

Tuberculosis notification rate per 100 000	15
Incidence rate of malaria per 1000 population	1.71
Estimated number of people living with HIV	96000

Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	26	2	14
Physical inactivity	27.1 [26.4-27.8]	47 [46.2-47.8]	37 [36.5-37.6]

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



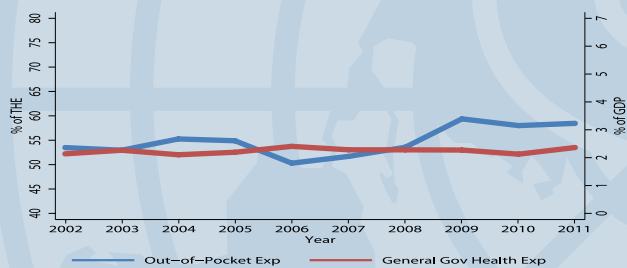
Communicable diseases are estimated to account for 21% of all deaths among children aged <5 years

Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	30.9 [24.5-37.7]	26.9 [21.3-32.8]	28.9 [24.6-33.2]
Raised blood glucose	9.3 [6.5-12.5]	10.5 [7.6-13.7]	9.9 [7.8-12.2]
Overweight	48.8 [43.6-54.2]	61.0 [56.8-64.9]	55.0 [51.6-58.3]
Obesity	13.6 [10.9-16.6]	29.5 [25.7-33.2]	21.6 [19.3-24.0]
Raised cholesterol	49.8 [39.8-60.0]	58.1 [45.3-69.8]	54.1 [45.9-61.9]

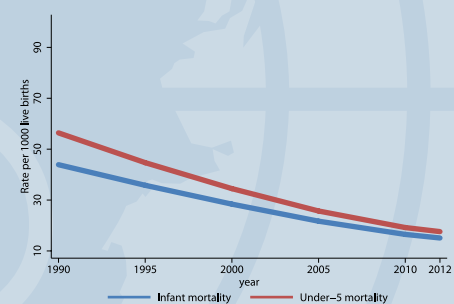
Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2011-2015)
Annual publication/dissemination of ministry of performance report	Yes
High level multisectoral advisory council for health available	Yes

Health system: information

Functioning civil registration and vital statistics

Percentage of births registered	>90
Percentage of causes of ICD death recorded	62
Year most recent use of ICD in mortality classification reported	2010
Year most recent annual health statistics report published	2006

Health system: health workforce

Health workforce per 10 000 population (2011)

Physicians	10.4
Nurses/midwives	32.5
Dentists	3.2
Pharmacists	2

Health professions education institutions

Medical	...
Nursing	...

Percentage of doctors working in rural settings

Percentage of doctors working in rural settings	...
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Health system: service provision

Infrastructure

Primary health care facilities per 10 000 population	3.1
Hospital beds per 10 000 population	1.4

Service delivery

Access to local health services (%)	98
Contraceptive prevalence (%)	77.4
Antenatal care visits (4+ visits) (%)	94
Measles immunization coverage among 1-year-olds (%)	98
Smear-positive tuberculosis treatment success (%)	83
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	(7 ; 2008)
General government expenditure on health as % of GDP (2011)	2.4
Out-of-pocket expenditure as % of total health expenditure (2011)	58.5
General government expenditure on health as % of total government expenditure (2011)	10.1

Health system: technology

Existence and year of last update of published essential medicines list (EML)	No
Existence of a functional national regulatory authority (NRA)	Yes (all HT)
Number of MRI/CT scanners (in public facilities) per million population	Not available

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> • Sustained commitment to health resulted in reform of health system with emphasis on health equity and primary health care • Integration of medical education with healthcare has helped align medical education with service delivery • Family practice programme included in five-year development plan to promote primary health care in rural and urban areas • Functional health management information and disease surveillance systems that allow the production of reliable epidemiological reports • Existence of ehealth insurance schemes that cover over 90% of the population • Effective and large network of frontline community health workers (behrvaz) who provide primary health care services to the rural population • 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 national 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 • The three tiered health delivery system is well integrated structurally • Health expenditure is not overly excessive in comparison with health outcomes 	<ul style="list-style-type: none"> • Share of out-of-pocket expenditure is 58% of total health expenditure, 2.5% of the population faces catastrophic health expenditure, and 1% becomes impoverished annually • Organizationally, decision-making in the health sector is centralized • 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 • Expansion of primary health care network has not kept pace with the growing urban population as well as in some less developed provinces • Insufficient coordination between the primary health care system and curative care financing agencies • Relatively low efficiency and equality in health insurance plans for supporting the referral system
Opportunities	Challenges
<ul style="list-style-type: none"> • Revenues from oil and natural resources can be harnessed to further strengthen health system • 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/active private health sector, if well regulated can play a major role in the provision of 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"> • 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 • Recent financial crisis, sanctions and fluctuations in the price of oil and foreign currency have reduced the fiscal space for the government to reform the social sectors • Unemployment, migration, marginalization, lack of full social insurance coverage
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% • 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 universal health coverage • Decentralize responsibility and authority to the provincial universities based on a decision space analysis • Establish a mature family practice programme by upgrading and reconfiguring the primary health care system to address the changed disease burden and meet the rising expectations of the urban and rural communities • Establish an integrated and comprehensive system for 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 	

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