### Health status

<table>
<thead>
<tr>
<th>Life expectancy at birth in years</th>
<th>total</th>
<th>72</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult mortality rate (probability of dying)</td>
<td><strong>males</strong></td>
<td>154</td>
</tr>
<tr>
<td>between 15 and 60 years</td>
<td><strong>females</strong></td>
<td>85</td>
</tr>
<tr>
<td>per 1000 population</td>
<td><strong>total</strong></td>
<td>120</td>
</tr>
</tbody>
</table>

### Communicable diseases

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis notification rate per 100 000</td>
<td>15</td>
</tr>
<tr>
<td>Incidence rate of malaria per 1000 population</td>
<td>1.71</td>
</tr>
<tr>
<td>Estimated number of people living with HIV</td>
<td>96000</td>
</tr>
</tbody>
</table>

### Behavioural risk factors

#### 2008 estimated prevalence (%)

<table>
<thead>
<tr>
<th></th>
<th>males</th>
<th>females</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current daily tobacco smoking</td>
<td>37 [36.5-37.6]</td>
<td>47 [46.2-47.8]</td>
<td>27.1 [26.4-27.8]</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>27.1 [26.4-27.8]</td>
<td>47 [46.2-47.8]</td>
<td>37 [36.5-37.6]</td>
</tr>
</tbody>
</table>

### Metabolic risk factors

#### 2008 estimated prevalence (%)

<table>
<thead>
<tr>
<th></th>
<th>males</th>
<th>females</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised blood pressure</td>
<td>30.9 [24.5-37.7]</td>
<td>26.9 [21.3-32.8]</td>
<td>28.9 [24.6-33.2]</td>
</tr>
<tr>
<td>Raised blood glucose</td>
<td>9.3 [6.5-12.5]</td>
<td>10.5 [7.6-13.7]</td>
<td>9.9 [7.8-12.2]</td>
</tr>
<tr>
<td>Overweight</td>
<td>48.8 [43.6-54.2]</td>
<td>61.0 [56.8-64.9]</td>
<td>55.0 [51.6-58.3]</td>
</tr>
<tr>
<td>Raised cholesterol</td>
<td>49.8 [39.8-60.0]</td>
<td>58.1 [45.3-69.8]</td>
<td>54.1 [45.9-61.9]</td>
</tr>
</tbody>
</table>

### Expenditure and mortality trends

#### Health finance

- General government expenditure on health as % of GDP (2011): Not available
- Out-of-pocket expenditure as % of Total Health Expenditure (THE): 10.1
- General government expenditure on health as % of total government expenditure: 2.4

#### Infant and under 5 mortality rates per 1000 live births

- Infant mortality rate: 120
- Under-five mortality rate: 85

### Health system: information

- Functioning civil registration and vital statistics: Yes (2011-2015)
- Percentage of births registered: >90
- Percentage of causes of 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: service provision

- Access to local health services (%): 77.4
- Antenatal care visits (4+ visits) (%): 94
- Measles immunization coverage among 1-year-olds (%): 98
- Smead-positive tuberculosis treatment success (%) (by year): 83

### 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
<table>
<thead>
<tr>
<th>Health System</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
</table>
| **Strengths** | • 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 e-health insurance schemes that cover over 90% of the population  
• Effective and large network of frontline community health workers (behvaz) 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 | • 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** | • 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 | • 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 |
| **Challenges** | • 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 |