



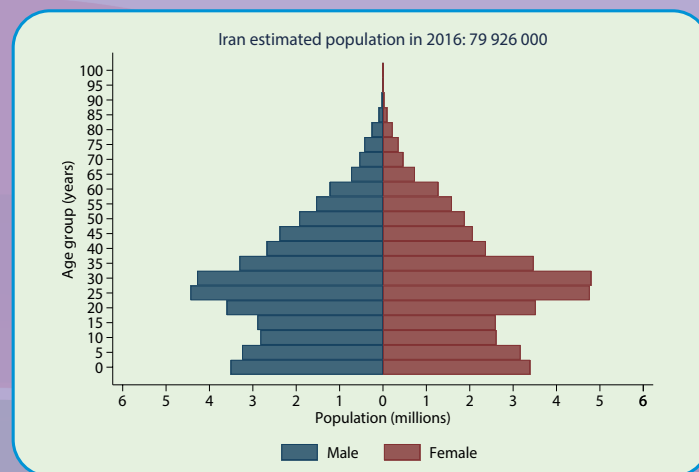
## Universal health coverage

UHC service coverage index (2017)	72
Primary health care facilities per 10 000 population (2018)	3.5
Hospital beds per 10 000 population (2018)	16.2
Demand for family planning satisfied with modern methods (%) (2017)	77.3
Antenatal care visits (4+ visits) (%) (2015)	96.3
Measles immunization coverage among 1-year olds (%) (2018)	99
Tuberculosis treatment success rate and relapse TB cases notified (%) (2017)	86
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2018)	99
Out-of-pocket expenditure (OOPS) as percentage of current health expenditure (CHE) (2016)	38.8
Domestic General Government Health Expenditure (GGHE-D) as % of General Government Expenditure (GGE) (2016)	22.6

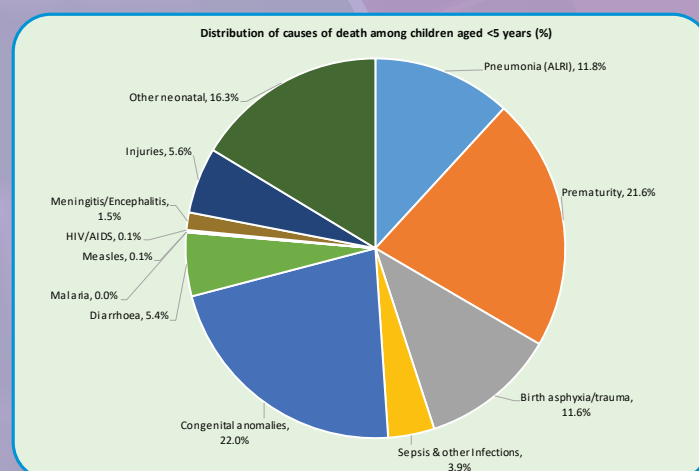
## Selected determinants of health

Population living in urban areas (%) (2018)	74
Annual GDP growth (%) (2017)	3.8
Population growth rate (%) (2016)	1.2
Children aged < 5 years with pneumonia symptoms taken to a healthcare provider (%) (2010)	75.9

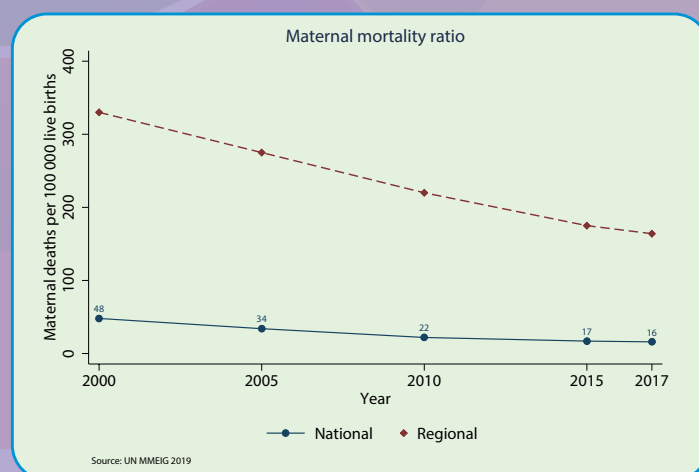
## Estimated population in 2016



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



## Trends in estimates of maternal mortality ratio



# Selected SDGs health-related indicators\*

## 1 NO POVERTY

Population below the international poverty line (2017) % 0.2

Proportion of employed population below the international poverty line (ILO estimate, 2019)

Male %	0.0
Female %	0.0

## 2 ZERO HUNGER

Children under 5 who are (2017)

stunted	%	4.8
wasted	%	4.3
overweight	%	2.9

## 4 QUALITY EDUCATION

Literacy rate (15-24 years) (2016)

Total %	97
Male %	97
Female %	96

Net primary school enrolment ratio per 100 school-age children (2016)

Total ratio	99
Male ratio	99
Female ratio	98

## 7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (Global Health Observatory, 2017) % >95

## 6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2018) % 95

Access to improved sanitation facilities (World Health Statistics, 2018) % 98

## 8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2019)

Total %	12.0
Male %	10.1
Female %	20.1

## 11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) ( $\mu\text{g}/\text{m}^3$ ) (WHO/CEHA, 2016)

Total	35.1
Urban	...

## 16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2012-2016) <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 (2018)	74.6	76.9	75.7
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2017 estimate)	—	—	16
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	9
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	13
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	15
Tobacco use among persons 15+ years (%) (2018)	19.3	0.7	10.0
Overweight (18+ years) (%) (2016)	...	...	61.6
Obesity (18+ years) (%) (2016)	...	...	25.8
Raised blood pressure among persons 18+ years (%) (2014)	...	...	19.7
Raised blood glucose among persons 18+ years (%) (2015)	...	...	12.1
Raised cholesterol among persons 18+ years (%) (year)	...	...	...
Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, (%) 2016	...	...	14.8
Cancer incidence per 100 000 (2018)	...	...	141.6

**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, include year(s) and link(s)

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. Hamid Bohlooli, Head of Policy Department of international health and SDGs at Secretariat of SCHFS

Dr Elham Ahmadnezhad, Head of Health Observatory at National Institute for Health Research

## 1. What efforts have been made to agree on national targets for SDG3+?

(Updated data are not yet available)

## 2. How is the country incorporating SDG 3 targets in health policy, strategy, and planning?

One of the national initiatives for incorporating SDG 3 in health policy, strategy and planning is putting tracking the SDGs high on the agenda of the Supreme Council for Health and Food Security (SCHFS). The SCHFS is the highest intersectoral forum for health policy making based on the Health in All Policies approach. This authority has 3 layers of decision making (including the policy meeting chaired by the President, the permanent commission and the technical working groups). Its core function is to systematically analyze challenges threatening population health, setting the agenda and identifying policy alternatives. This intersectoral governance mechanism for health facilitates collaboration with all health and non-health sectors conducive to addressing health related SDGs including universal health coverage (UHC), accelerates the process and improves the quality of intersectoral policy making.

The Secretariat of the council is situated in the Ministry of Health and Medical Education under the direct supervision of the Minister. SCHFS consist of four policy Departments including health governance, healthcare sector, society and health and the international health and SDGs. It is designed to facilitate the inter and intra sectoral collaboration for considering the SDGs achievement required in the policy making processes and content. All technical deputies in the Ministry of Health and Medical Education are responsible for contributing towards achieving SDG 3 in line with the Sixth National 5-Year Development Plan. Also, their policy making processes are supervised by secretariat of SCHFS based on the SDG 3 criteria. Benchmarking and trend analysis of health-related SDGs is conducted by the Ministry of Health and Medical Education with technical support from WHO, as well.

## 3. Are there any major partnerships for advancing the 2030 Agenda?

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 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. A range of stakeholders including the Sustainable Development Steering Council, the Parliament, local governments and communities, academia, municipalities, civil society and private sector participated in developing the first Voluntary National Review (VNR). It has been a while now that the national committee is inactivated.

## 4. Are there any major partnerships for advancing the health-related SDGs?

In response to advancing the health-related SDGs at the national level, the following actions have taken place:

One initiative is the establishment of the policy department of international Health and SDGs in the secretariat of SCHFS. This department is responsible for collecting, aggregating, analyzing and reporting on SDG 3 and other health-related SDGs via multiple intersectoral working groups including nutrition and food security, environmental determinants of health, health tax, Elders, HIV, Physical Activity, Health of civil servants and noncommunicable diseases, early childhood development, women's health, UHC, people's right protection to health and food security. To promote and maintain partnerships for advancing health-related SDGs, an intersectoral platform for monitoring the universal health core indicators is establishing in Secretariat of SCHFS.

Another initiative is the formation of health secretariats in non-health governmental organizations whose policies might have health implications and impact on population health. The aim of this initiative is avoiding negative health impact and improving population health and health equity via steering their sectoral policies along with health sector national policy objectives with special focus on health-related SDGs.

Active participation in other intersectoral supreme councils such as Supreme Council of education and systematic training of the managers of other governmental bodies responsible for health-related SDGs are among other initiatives headed by SCHFS.

## 5. Describe a success story or an example of efforts to accelerate action on the health-related SDGs.

(Updated data are not yet available)

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