World Health Organization

Country Cooperation Strategy at a glance

Iran (Islamic Republic of)

http:// www.who.int/countries/en/

WHO region	Eastern Mediterranean
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2010-2011)	53
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	98
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	74.5 (Male) 75.5 (Both sexes) 76.6 (Female)
Population (in thousands) total (2015)	79109.3
% Population under 15 (2015)	23.6
% Population over 60 (2015)	8.2
Poverty headcount ratio at $1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	85
Gender Inequality Index rank (2014)	114
Human Development Index rank (2014)	69
Health systems	
Total expenditure on health as a percentage of gross domestic product (2015)	9.1
Private expenditure on health as a percentage of total expenditure on health (2015)	49.3
General government expenditure on health as a percentage of total government expenditure (2015)	17.53
Physicians density (per 1000 population) ()	1.51
Nursing and midwifery personnel density (per 1000 population) ()	1.57
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	9.5 [6.0-14.4]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	15.5 [11.6-21.0]
Maternal mortality ratio (per 100 000 live births) (2015)	17
Births attended by skilled health personnel (%) (2015)	96.4
Public health and environment	
Population using improved drinking water sources (%) (2015)	96.2 (Total) 92.1 (Rural) 97.7 (Urban)
Population using improved sanitation facilities (%) (2015)	92.8 (Urban) 82.3 (Rural) 90.0 (Total)

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

The Islamic Republic of Iran is an upper middle income country with an economy reliant on oil export, with notable financial and technical resources. Iran has gained many health achievements in the past decades and the life expectancy at birth has increased to more than 75 year for both sexes, neonatal mortality rate per 1000 live births has been reduced to less than 10, under 5 mortality rate is 15, and maternal mortality ratio 17 per 100,000 live birth. NCDs including mental disorder and traffic injury are still among the highest rank for cause of death and morbidity.

Iran has a system of health service delivery integrated with medical education. Over 50 medical universities constitute a decentralized network of provincial health authorities overseen centrally by the MOH&ME.

HEALTH POLICIES AND SYSTEMS

The main policy instrument in Iran is the 5- year national economic, social, and cultural development plan. The most recent 6th national plan was launched in March 2017 and the following health directives have been prioritized: universal health coverage and health equity through sustainable resources managed by coordinated insurance schemes; universal physical activity to decrease risks to health with focus on prevention; social justice and reduction in gaps in income deciles through empowerment of vulnerable groups. Health and equal access to health care is a constitutional right of all Iranian citizens. The primary health care network, particularly in rural areas, is a key to realize this right and the reason for improvements in health indicators. Despite the lifting of international nuclear sanctions by UN and EU, for almost 10 years, on January 16, 2016 under the Joint Comprehensive Plan of Action (JCPOA), Iranian banks continue to face protracted difficulties in re-entering the international financial system through correspondent relationships with global banks. The sanctions took a serious toll on the people and economy, which in turn affected the health system in terms of people's access to life-saving and chronic treatment and preventive care.

In 2014, the Ministry of Health and Medical Education (MOH&ME) responded to challenges arising from epidemiological transition and changes in demography, social determinants of health, high out-of-pocket health expenditure and numerous uninsured people, by launching the Health Transformation Plan (HTP), which has focused on key challenges to pursue UHC by 2025 in line with the Supreme Leader's vision to ensure: complete coverage of basic treatment needs through insurance for all, and decreasing out-of-pocket expenditure so that patients' would have no financial concern about their illness. The HTP was recently evaluated by WHO in late 2016, which substantiated many achievements that includes insuring additional 9 million population, as well as, identified options for existing challenges for progress towards UHC. A comprehensive program of urban health care delivery based on Family Practice [FP] approach is being piloted in several provinces, as part of the HTP, especially in the fringes of big cities.

Iran is also in the list of fast-track countries for prevention and control of NCDs. As part of the national NCD prevention and control plan reduced intake of salt, sugar, and fatty acid have been targeted and necessary interventions have been implemented. Regarding communicable diseases, HIV/AIDS related millennium development goal is the only one that was not achieved in Iran. The main concerns in achieving desired targets are case detection and treatment coverage. On the other hand immunization coverage is almost universal, progress towards malaria elimination is significant, and TB program is in the position of initiating eliminating strategy.

COOPERATION FOR HEALTH

WHO works with Universities of Medical Science (UMS), which are not only responsible for medical education but also for health care delivery due to the integrated approach of health system in Iran. Other UN Agencies also contribute to the health section of the new UNDAF 2017-21, which was guided by the goals and targets of the 6th Five Year National Development Plan and SDGs. Four inter-related priority areas emerged in the health section of the UNDAF; Universal Health Coverage (UHC, Prevention and control of Non-Communicable Diseases, Prevention and control of HIV/AIDS and other Communicable Diseases, and Promoting health throughout the course of life.Iran has also taken several initiatives such as G5 and ECO to promote health in countries in and around the Region, which need to be further supported. Several multi-sectoral initiatives have been taken within the country to promote health such as the establishment of high councils for health and food security, environment, social security and insurance to engage other relevant sectors and stakeholders.

World Health Organization

Country Cooperation Strategy *at a glance*

WHO CCS STRATEGIC AGENDA (2010-2014)	
Strategic Priorities	**CCS Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Improving health equity and social determinants of health	Promote actions on the social determinants of health and health equity in line with the recommendations of the WHO Commission on Social Determinants of Health.
	Support government efforts to enhance investment in health development mainly through increasing public spending in order to reduce the burden on individuals and households.
	Facilitate the development of a national surveillance system to monitor health inequities and social determinants of health and to evaluate the health equity impact of policy and actions.
STRATEGIC PRIORITY 2: Strengthening Primary Health care	Assist the MOHME in developing family practice in urban areas and in strengthening family practice in rural areas through retooling of community health workers (behvarz).
	Improve the quality of health services and patient safety.
	Integrate the social determinants of health approach at community level.
STRATEGIC PRIORITY 3: Achieving universal coverage and improving equity in health care financing	Provide technical support to the MOHME and other involved institutions in order to achieve universal health coverage and promote reform of the health care financing system.
	Facilitate the extension of coverage to the population currently uninsured.
	Support the development of the family practice model at primary health care level for the insured population.
STRATEGIC PRIORITY 4: Improving leadership and governance	Strengthen the health policy unit within the MOHME and its links to the other relevant bodies involved in strategic health policy and planning.
	Promote the increased use of analytical tools, e.g. national health accounts, burden of disease assessments and cost-effectiveness analysis of various public health interventions, for strategic planning.
	Strengthen the regulatory capacity of the MOHME in areas such as standard setting, accreditation, public–private partnership and better management of dual practice.
STRATEGIC PRIORITY 5: Strengthening health security	Improve cross-border coordination, particularly for communicable disease control.
	Coordinate and strengthen the surveillance system (emerging and reemerging diseases) including the use of forecasting and predictive techniques.
	Strengthen implementation of the International Health Regulations.
STRATEGIC PRIORITY 6: Managing the demographic and epidemiological transition	Promoting adolescents health to achieve their full potentials in the society. Promote proper strategies and the adoption of healthy life style and avoidance of policies and risky behaviors.
	Promote health and well-being of the elderly population and their social integration in communities.
	Facilitate the wide implementation of strategies for the prevention and care of non-communicable diseases.