World Health Organization

Country Cooperation Strategy at a glance

Iran (Islamic Republic of)

This map is an approximation of actual country borders.

Total population (2007)[1]	70 495 782
% under 15 (2007)[1]	24
Population distribution % rural (2005)[2]	32
Life expectancy at birth (2005)[2]	71.6
Under-5 mortality rate per 1000 (2005)[2]	25.1
Maternal mortality ration per 100 000 live births (2005)[2]	25
Total expenditure on health as % of GDP (2007)[3]	6.8
General government expenditure on health as % of general government expenditure (2008)[3]	84
Human Development Index Rank, out of 177 countries (2008)[4]	84
Gross National Income (GNI) per capita (ppp International $) (2007)[5]	3470
Adult (15+) literacy rate (2002)[2]	82
Adult male (15+) literacy rate (2002)[2]	87
Adult female (15+) literacy rate (2002)[2]	77
% population with access to improved drinking water source (2002)[6]	93
% population with improved access to sanitation (2002)[6]	84

Sources:
1 Statistical Center of Iran, 2008
2 Demographic, Social and Health Indicators for Countries of the Eastern Mediterranean, 2008
3 National Health Accounts
4 UN Human Development Report 2007/2008
5 World Bank, World Development Indicators
6 Human Development report 2005

Established in 1979 following the Islamic Revolution, the Islamic Republic of Iran is a middle income country covering 1 648 000 km², of which less than a quarter is arable land. A country highly vulnerable to natural disasters - earthquakes, flooding and drought - and conflict in two neighbouring countries have contributed to chronic disaster conditions. The family planning programme was suspended after the Revolution resulting in a huge rise in fertility and population growth rates, doubling the population between 1979 and 1991 (31 million births). This challenged the stagnant economy. After revival of the programme in 1989, fertility rates fell and by 2000 they were around replacement level. Further economic pressure arises from relatively low foreign investment and the influx of large numbers of illegal immigrants and refugees particularly from Iraq and Afghanistan (2.35 million in 2001).[a]

HEALTH & DEVELOPMENT

Health status has improved over four decades. The Ministry of Health and Medical Education (MOHME) finances and delivers primary health care (PHC). Recent remarkable developments in the health sector, such as establishing health networks to ensure provision of PHC services, resulted in improvement in various health indicators. However, considerable disparities remain; over 8-10% of the population is not covered by any insurance scheme and has to pay directly. Restricted access and low service availability in the less developed provinces (Sistan and Baluchistan) result in poor health indices compared to the rest of the country.

Communicable disease morbidity and mortality have decreased, accounting for only 1.9% of all deaths in 1999.[b] Hepatitis C is a common cause of chronic liver disease and there are high rates of mother-to-child transmission of hepatitis B with high fatality rates. The estimated number of HIV-positives is greater than 30 000 with 700 AIDS cases; intra-venous drug use and needle sharing account for 62% of transmissions; 8-9% is infected through sexual contact; for 30% the mode of transmission is unknown.

Maternal and child health have improved but malnutrition and low-weight births are higher than average in rural areas.

Noncommunicable diseases and accidents are increasing, accounting for 24% and 18% of all deaths respectively. Cardiovascular disease, hypertension, degenerative and stress-related disorders contribute to more than 45.7% of adult deaths. Accidents account for 14.8% of adult deaths, 8.9% due to traffic accidents.

Mental health disorders and substance abuse are highly prevalent (21.9%), particularly in females (25.9% versus 14.9% in males); this is reflected in the numbers seeking professional assistance and the amount of psychotropic drugs used. Major depression and generalized anxiety are common morbidity causes. Drug-related deaths increased by 70% in 2003 compared to 2002.[c] Suicides represent 1.61% of deaths and homicide and violent deaths 0.98%.

Emergency preparedness and response are vital in a country prone to natural disasters which claim lives, cause damage to infrastructure and threaten socioeconomic development. The earthquake in Bam (December 2003) caused 29 000 deaths.

Economic challenges. The increased birth rate in 1979-1991 affected the economy and reduced per capita gross domestic product (GDP). Current challenges include high unemployment, due to entry of this birth cohort into the job market. In 2001, unemployment was particularly high in those aged 15-24, 35% in men and 40.6% in women; a recent labour survey found that the rate has decreased to 11.2% in men and 22.5% in women.[d] The entry into marriage and family formation of the cohort will cause increased demand for housing and generate a second wave of increased fertility rates.

a Ministry of Interior, Bureau for Aliens and Foreign Immigrants. *Census of foreign citizens living in Iran: preliminary data*. Teheran, 2001.
b Naghavi M. *A profile in mortality in 18 provinces (of Iran)*. Teheran, Tandis Publications, 2003.
c Secretariat of Drug Abuse Control. *Glance at the function of drug abuse control.* Teheran, Office of the President, Islamic Republic of Iran, 2004.
d Statistical Centre of Iran, *Household survey on the characteristics of employment and unemployment.* Teheran, Statistical Centre of Iran Populations, 2004

OPPORTUNITIES	CHALLENGES
• The right to health care for all citizens guaranteed by the Constitution • Health sector reform perceived as a priority for the MOHME • Government control on pharmaceutical pricing and quality assurance; most basic drugs produced locally • Integrated National Disaster Management Plan.	• Lack of institutionalization of evidence -based policy-making within the MOHME and poor governance capacity • Inadequate financing of the health system; reduction of regional inequalities • Poor human resource planning and management; excess production of health professionals and unemployment • Disjointed health information system; poor use of data for stewardship, policy and decision making • Strengthening intersectoral collaboration • Improving economic performance • Exploring the role of the private sector for extending health services at primary, secondary and tertiary levels at realistic cost.

PARTNERS

International bilateral and multilateral partners are active in rapid humanitarian relief assistance in response to disasters rather than in development cooperation. Many resources during relief operations are provided in kind and as cost of emergency services.
Multilateral agencies including the World Bank support the health sector reform.
United Nations (UN) agencies such as UNAIDS, UNDCP, UNDP, UNFPA, UNICEF and WHO work in areas such as strengthening service quality, malnutrition, reduction of inequalities, protection of children in need, refugees, street and working children; provision of better reproductive health services, reducing gender disparities, HIV/AIDS prevention, international partnerships in the fight against illicit drugs.

OPPORTUNITIES	CHALLENGES
• Agreement between the MOHME and WHO for health reform • UN Development Assistance Framework's (UNDAF) main goals to mobilize UN and other international resources for achieving the Millennium Development Goals (MDGs) • World Bank-assisted Second Primary Health Care and Nutrition Project piloting universal basic minimum health services package and better quality of care.	• Emphasis on crisis relief rather than on comprehensive disaster risk management; lack of multidisciplinary approach • Little international contribution to development and insufficient joint financing activities.

WHO STRATEGIC AGENDA (2005-2009)

The partnership between WHO and the Islamic Republic of Iran aims to promote the health and well-being of the population. WHO contributes strategically as policy adviser on technical issues, advocating health promotion policies and providing technical leadership in collaboration with partners in health sector development to make the health system more responsive to the needs of the population and to enhance the stewardship capacity of the MOHME.

• **Promoting health as central to sustainable human end economic development.** Working with relevant national bodies to substantiate the findings of the Commission on Macroeconomics and Health in the national context and to secure additional investments in health. Strengthening the MOHME's advocacy role and formulating multisectoral strategies to address poverty and health.

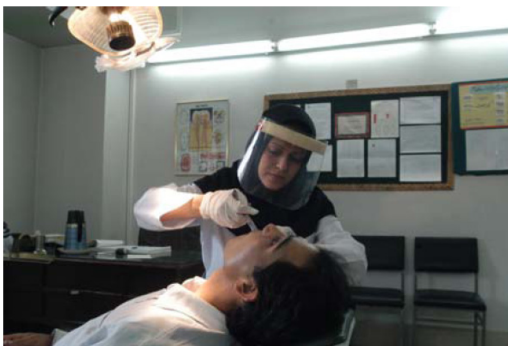
• **Enhancing leadership capacities for reforming the health system.** Strengthening capacity of MOHME in various functions of the health system including policy analysis, health programme planning and health financing, information systems and behaviour change communications.

• **Applying risk-management approaches for effectively dealing with behaviour-related disorders and conditions.** Supporting the MOHME to advocate and participate in multisectoral efforts for creating sustainable healthy environments, promoting mental health and healthy lifestyles; including piloting and testing interventions, scaling up and introducing appropriate legislation.

• **Addressing the unfinished and emerging agenda of communicable diseases.** Assistance for improving surveillance systems and addressing communicable diseases like the increasing HIV/AIDS incidence, hepatitis and emerging diseases; innovative approaches for tackling malaria and tuberculosis among underprivileged groups and in areas bordering Pakistan and Afghanistan.

• **Promoting a culture of research and technological development.** Support the development of an independent expert network to generate research and advocate evidence-based policies; strengthening health information systems and developing the e-health library.

• **Strengthening institutional mechanisms for effective emergency and humanitarian action for health.** Support MOHME to establish and institutionalize the emergency and humanitarian action for health as a regular programme.



ADDITIONAL INFORMATION

WHO country page	**http://www.who.int/countries/irn/en/**
WHO's Department for Health Action in Crises (HAC) country page	**http://www.who.int/hac/crises/irn/en/**
EMRO country profile page	**http://www.emro.who.int/emrinfo/index.asp?Ctry=ira**
I.R.Iran Representative Office's webpage	**http://whoiran.org**

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