PHC country profile

Islamic Republic of Iran

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

PHC Measurement &Improvement

System/structure

Governance

A comprehensive national health sector policy, strategy or plan with goals and targets that includes all three components of a PHC approach exists and has been updated (2018)

Adoption of a Health-in-All-Policies approach and existing mechanism for multisectoral governmental coordination (2018)

Inclusion of indicators on relevant social, economic, environmental and commercial determinants of health in national health policies, strategies and plans (2018)

Finance

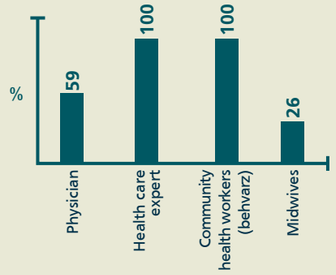
$169.8 PHC expenditure per capita in US$ (2018)

30% Percentage of domestic general government health expenditure on PHC from total GGHE-D. (2018)

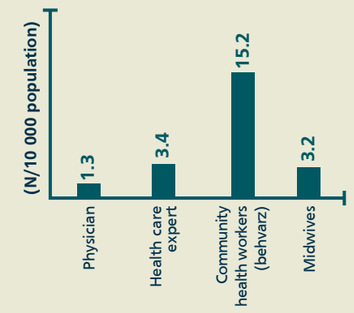
Inputs

Health workforce

Percentage of health workforce in PHC care by occupation (2018)



Density of PHC by occupation (2018)



Health information systems

Presence and use of unique patient identifiers (2018)

Use of patient health records follow a patient through their encounter with the health care system (2018)

Infrastructure

0.7 % Percentage of population that have to travel more than 5 km or 1 hour to arrive at PHC facility
Ministry of Health and Medical Education (Deputy for Public Health) 2018

Processes

Model of care

Percentage of patients who are registered at PHC facilities (2018)

95%

8.4% Percentage of cases referred to secondary care

Gatekeeper role for general practitioners/family physicians[1]

Formal process exists for referrals

Quality processes

100% Percentage of facilities that monitor patient experience

Empowerment and engagement

Community/patient participation in facility management meetings

Outcomes

Effective coverage and quality of care

Percentage of hospital admissions for ambulatory care sensitive conditions

Average availability of 5 tracer reproductive, maternal, newborn and child health (RMNCH) services

Empowerment and engagement

Percentage population who believe decision-making is inclusive [SDG 16.7.2]

%

Equity

Under-5 mortality by residence
(MOHME (Deputy for Public Health) 2017)

Urban	Rural	
14	20	per 1000 live births

Percentage coverage of RMNCH services by mother's education
(DHS report 2018)

Impact

Financial protection

0.5% Percentage of population with impoverishing health expenditure

Mortality

Maternal mortality ratio [3.1.1]
(UN-MMEIG 2017)

16 per 100 000

Premature noncommunicable diseases (NCD) mortality [3.4.1]
(MOHME (Deputy for Public Health), 2017)

13 per 10 000

Country context

GDP per capita
(PPP current international $)
$14 536
(World Bank, 2017)

Population living in poverty
(Under $1.90 int'l dollars/day)
0.3%
(World Bank, 2017)

Life expectancy at birth
76 Years
(WHO, 2016)

REFERENCE KEY

Yellow fill indicates a Vital Signs Profile indicator

Purple fill indicates an SDG indicator. The numbers included in brackets refer to an SDG indicator number. Standard reporting sources or accepted United Nations estimates should be used.

Present
Absent
Not available or not reported
Not available or not reported

INTEGRATED SERVICES/PRIMARY HEALTH CARE

System/structure

Governance

- Presence of UHC legislation inclusive of PHC
- Equity mainstreamed in health policy
- Existence of regulatory authorities for (health workforce, facilities, essential medicines and products) for both public and private sectors
- Presence of quality improvement and assurance processes in the national health plan
- Participatory governance structures

Finance

Government health spending as percentage of GDP	4.4%
PHC expenditure as percentage of current health expenditure	37.7%
Domestic general government expenditure on PHC as percentage of PHC spending	30%
Other sources of PHC expenditure (out of pocket, donor, etc.) as percentage of total PHC expenditure	70.1%

Inputs

Health workforce

Percentage of primary care workforce specialized in family practice (by occupation)

Physician	Health care expert	Midwives	Behvarz
83%	14%	84%	100%

Proportion of health workforce in PHC who have received minimum continuous professional education according to national requirements in the last year: 100%

Vacancy rate in PHC

Physician	Health care expert	Community health workers (behvarz)	Midwives
19%	33%	23%	57%

Health information systems

Percentage of births registered	98%
Percentage of deaths registered	89%
Explicit adoption of a set of PHC indicators for monitoring and evaluation	
Inclusion of section on PHC performance in annual health sector reporting	
Percentage of public sector PHC that reports performance data	100%
Presence of a comprehensive individual patient record	
Presence of a comprehensive family record	
Is there a functioning electronic health information system (eHIS) in the country?	
Percentage of PHC facilities using an eHIS	98%

Infrastructure

Percentage of PHC facilities with adequate water, sanitation and hygiene:

urban	rural
80%	86%

Percentage of PHC facilities with rooms with auditory and visual privacy for patient consultations

Comprehensive health services

Centre	Health house	Health post
75%	88%	48%

Percentage of PHC facilities with communication equipment	100%
Percentage of PHC facilities with access to computer with email/internet access	98%
Percentage of PHC facilities with standard precautions for infection prevention	N/A
Percentage of PHC facilities with all infection control items	N/A

Medicines

Percentage of PHC facilities with correlated package of services	
Proportion of facilities in which essential medicines are available (no stock outs in one year)	100%

Supplies

Percentage of PHC facilities with standard priority diagnostics and equipment available: 100%

Processes

Model of care

Annual outpatient department utilization rates per capita	4.1%
Percentage of PHC facilities that can provide mental health services	100%

Number of consultations per health worker (physician, nurse, etc.) per day

Physician	Dentist	Midwife	Mental health expert	Behvarz	Health care expert	Nutrition expert
35	5	58	10	19	27	15

Management/quality improvement

Evidence-based national guidelines/protocols/standards exist for the management of all priority causes of morbidity and mortality	100%
Professionalized management at PHC level	N/A
Proportion of facilities with up-to-date performance reports in the last 6 months to 1 year	100%
Percentage of PHC facilities with systems to support quality improvement	5%

Outcomes

Effective coverage/quality of care

Percentage of adverse events reported (immunization/medication)

Immunomodulators	Antineoplastic	Antibiotic	Analgesic
N/A	N/A	N/A	N/A

Percentage of PHC prescriptions that include antibiotics in out patient clinics	70%
Percentage of PHC prescriptions that include injectable medicines	27.6%
Percentage of registered hypertension patients with blood pressure <90/140 at last 2 follow up visits	82.5%
Percentage of registered diabetic patients with fasting blood sugar controlled at last 2 follow up visits/A1C <7%	35%
Percentage of registered NCD patients with 10 years cardiovascular risk recorded in the previous year	19.8%
Percentage of women who delivered and received at least once postnatal care visit within the first 40 days	95.3%
Percentage of substance users, including tobacco users, in receipt of brief intervention	N/A
Percentage of children under 5 that had weight and height measured in the previous year	63%

Children under 5 who are stunted, wasted, overweight, obese

Stunted	Wasted	Overweight	Obese
4.8	4.3	2.9	0.6

Children under 5 with diarrhoea receiving ORS	85%
Exclusive breastfeeding 0-5 months (%)	47.4%
Cervical cancer screening rates	7.2%
Measles-containing-vaccine second-dose immunization coverage	98%
Diphtheria-tetanus-pertussis (DTP3) immunization coverage	99%
Average availability of services for 3 tracer communicable diseases (STI, TB, HIV)	100%
Average availability of diagnosis and management of 3 tracer NCDs (diabetes, chronic respiratory disease, cardiovascular disease)[2]	N/A
Care seeking for suspected child pneumonia	75.9%

Equity

DPT3 immunization coverage	99%
Perceived access barriers due to treatment costs	4%
Perceived access barriers due to distance	1%

Percentage of households with adequate water, sanitation and hygiene: [6.2.1/6.1.1]

Water	Sanitation		
95.3%	Rural 93%	Urban 98.2%	

Percentage of households cooking with clean fuel [7.1.2]	N/A
Percentage of children under 5 years of age who are developmentally on track [4.2.1]	63%
Malaria incidence [3.3.3]	0.73
Physical inactivity in adults	56.4%

Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months [16.1.3]

Child abuse	Domestic violence
0.1%	1%

Use of insecticide-treated bed nets for malaria prevention[1]

Impact

Health status

Adult mortality rate 15–60 years	1.6 per 1000
Adolescent mortality rate	52.9 per 100 000
Under-5 mortality rate	15 per 1000 live births
Infant mortality rate	12 per 1000 live births
Neonatal mortality rate	9 per 1000 live births
Total fertility rate	2.1 per 1000
Met need for family planning [3.7.1]	N/A
DPT3 dropout rate	<1%
TB treatment success	86.2%
Antenatal care quality score based on WHO guidelines	
Antenatal care coverage (4+ visits)	82.8%
Family planning quality score based on WHO guidelines	
Demand for family planning satisfied with modern methods[3]	N/A
Sick child quality score based on IMCI guidelines	N/A
People living with HIV receiving anti-retroviral treatment	91.7%
Prevalence of raised blood pressure (age-standardized estimate)	19.8%

Mortality by cause

Household and ambient air pollution [3.9.1]	35 per 10 000
Road traffic injuries [3.6.1]	19.9 per 100 000
Homicide [16.1.1]	N/A
Suicide rate [3.4.2]	N/A

Causes of death	10%	82%	8%
	Accident	NCD	Communicable diseases

Efficiency

Proportion of caregivers who were given sick child diagnosis			N/A
Proportion of family planning, antenatal care, and sick child visits over 10 minutes			N/A
Provider absence rate	0.01 Doctors	0.01 Midwives	
Adherence to clinical guidelines			
Diagnostic accuracy			
Adequate waste disposal	80% Urban	86% Rural	

Risk factor/chronic disease prevalence

Obesity prevalence	21.3 %
Diabetes mellitus prevalence	10.1%
Hypertension prevalence	26.4%
Tobacco use [3.A.1]	14.1%

Resilience

International Health Regulations core capacity index/joint external evaluation	85.2
Disaster-related death rate [1.5.1]	1.3

Alternative indicators

I Coverage of indoor residual spraying in targeted areas (areas with local malaria transmission value: 75% of targeted areas).

Notes:

1 In Iranian PHC, the family physician acts as the gatekeeper in: 1) all rural areas; 2) cities with population less than 20 000; 3) for only 2 provinces, cities with population over 20 000.

2 Average availability of diagnosis and management of 2 tracer NCDs (diabetes and CVD) value: 100%. They provide basic functions and needs enhancement.

3 The country has requested suppression of indicators related to family planning.

The data presented here are either reported by countries, come from United Nations estimates, or are directly collected from publicly available sources such as demographic and household survey reports.

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“Countries around the world agreed to the Declaration of Astana in 2018, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage.

The Declaration of Astana reaffirms the historic 1978 Declaration of Alma-Ata, the first time world leaders committed to primary health care.

Thus, a well-organized and prepared health system has the capacity to maintain equitable access to high-quality essential health services throughout an emergency, limiting direct mortality and avoiding indirect mortality.”

All data are country reported unless otherwise indicated

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