

Iran: Obesity Health System



Economic classification



Upper Middle Income¹

Health system summary

The Iranian health system has undergone several reforms in the past few decades. Currently, there is considered to be universal coverage of primary care services, but there is continued challenges for secondary and tertiary care. Primary care is fully financed by the government. The “Health Network System” was established in 1986 to increase access to primary care, and now health networks are accessible to all and provide basic preventative and treatment services mostly free of charge. The fact that public coverage extends only to primary care is relatively unique.

The ‘Universal Health Insurance Act’ of 1994 resulted in improved insurance coverage for secondary and tertiary care - 95% of the population was considered to be covered by 2014.² There are 4 main insurance organisations; one for employees of the formal private sector and their dependents, one for government employees, the self-employed, students and others, one for military personnel and finally, one for those with low-income. Criticisms of the insurance system include the multiple risk pools and differing benefit packages, resulting in great fragmentation. Out of pocket expenditure in Iran is estimated to be 50%.³

Does Iran’s government define ‘Obesity as a disease’?



Does Iran’s healthcare provider(s) define ‘Obesity as a disease’?



In practice, how is obesity treatment largely funded?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



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Obesity prevalence

29.8%	15.3%
Women	Men
10.0%	13.0%
Girls	Boys

Overweight prevalence

35.0%	38.3%
Women	Men
23.3%	25.4%
Girls	Boys

Key prevention policies

- ⇒ Front of packet traffic food-labelling
- ⇒ Jointly developed healthy diet guidelines for schools by Ministry of Health & Education
- ⇒ Regulation of soft drink advertising

Summary of stakeholder feedback*

It appears that obesity is high on the agenda in Iran. Stakeholders reported that the Ministry of Health is currently trying to raise awareness through education, with obesity health education provided in schools, hospitals and public places. Other prevention efforts noted included mandatory food labelling, but it is acknowledged that more needs to be done. Overall, it was agreed that the Ministry of Health and civil society in Iran were making a concerted effort to inform people about obesity and its effects on health.

There is also said to be some action at the healthcare provider level. At the primary care level, there are obesity services available and health education in the form of brochures. At the tertiary level, it was claimed that most hospitals had obesity clinics where there was a focus on treatment rather than prevention. It appears that a whole range of obesity treatment is covered by social insurance. However, stakeholders reported that in practice, treatment is paid for by insurance *and* out of pocket payments.

It was reported that it is fairly straightforward to enter the health system in Iran (although access is poorer in rural areas). In primary care, nutrition counselling is said to be available to all and from primary care, general practitioners can refer individuals onto tertiary care. This referral process however is said to not be well-established. There was no consensus on the BMI level that obesity treatment was started in Iran.

There is no specialist training in obesity medicine in Iran, except for a single obesity surgery fellowship. Obesity treatment is said to be most often left to endocrinologists.

**Based on interviews/survey returns from 5 stakeholders*

Perceived barriers to treatment



Lack of political will and interest



Lack of financial investment & Lack of funding by government



Fragmented and/or failing health system



Lack of multi-disciplinary teams



Poor health literacy & behaviour



Cultural norms and traditions

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.2019)
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4818990/> (last accessed 30.10.2019)

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