# Report card

## Iran

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Obesity prevalence

Adults, 2016

Survey type:Measured
Age:18+
Sample size:31050
Area covered:National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
**Children, 2015**

Survey type: Measured

Age: 10-12

Sample size: 2506

Area covered: Regional

References:

Notes:
Region: Sanandaj, Western Iran. Cut off: WHO 85th & 95th Centile NB. Combined child data estimated. These estimates were calculated by weighting male and female survey results. Weighting based on World Bank Population % total female 2019 ([https://data.worldbank.org/indicator/SP.POP.TOTL.FE.ZS](https://data.worldbank.org/indicator/SP.POP.TOTL.FE.ZS) - accessed 21.10.20)

Cutoffs:
WHO
% Adults living with obesity, 2001-2016

Men

Survey type: Measured

References:


Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Women

Survey type: Measured

References:


Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Adults, 2016

Survey type: Measured
Age: 19+
Sample size: 31050
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2015

Survey type: Measured
Age: 10-12
Sample size: 2506
Area covered: Sub National - City of SANANDAJ
Notes: WHO Cut off 85th & 95th Centile Socioeconomic & Educational status based on self report questionnaire Estimated calculated by World Obesity, not age standardised
Cutoffs: WHO
Overweight/obesity by age

Adults, 2016

Survey type: Measured
Sample size: 31050
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by region

Adults, 2016

Survey type: Measured
Age: 19+
Sample size: 31050
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Children, 2012-2013

#### Survey type:
- Measured

#### Age:
- 6-12

#### Sample size:
- 2195

#### Area covered:
- Regional - Semnan Province

#### References:
- Batool Karimi; Raheb Ghorbani. Overweight and Obesity in the Iranian Schoolchildren. Middle East Journal of Rehabilitation and Health 01/2015; 2(1). DOI: 10.17795/mejrh-24433

#### Notes:
- Overweight is defined as a BMI ≥ 85th percentile and lower than the 95th percentile for children of the same age and sex. Obesity is defined as a BMI ≥ 95th percentile for children of the same age and sex.

#### Cutoffs:
- Other
Overweight/obesity by socio-economic group

Adults, 2016

<table>
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<tr>
<th>Socio-economic Group</th>
<th>Obesity (%)</th>
<th>Overweight (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>2nd</td>
<td>16</td>
<td>51</td>
</tr>
<tr>
<td>3rd</td>
<td>21</td>
<td>46</td>
</tr>
<tr>
<td>4th</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>Richest</td>
<td>16</td>
<td>38</td>
</tr>
</tbody>
</table>

Survey type: Measured
Age: 19+
Sample size: 31050
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
**Children, 2015**

**Survey type:** Measured

**Age:** 10-12

**Sample size:** 2506

**Area covered:** Regional


**Notes:** Sub National - City of SANANDAJ WHO Cut off 85th & 95th Centile Socioeconomic & Educational status based on self report questionnaire Estimated calculated by World Obesity, not age standardised

**Cutoffs:** WHO
Insufficient physical activity

Adults, 2016

References:
Men, 2016

Women, 2016

Estimated per capita fruit intake

Adults, 2017

Survey type: Measured

Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita fruit intake (g/day)
Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured

Age: 25+


Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age:

20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000

Incidence per 100,000

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yemen</td>
<td>0.1</td>
</tr>
<tr>
<td>Iraq</td>
<td>0.6</td>
</tr>
<tr>
<td>Egypt</td>
<td>3.5</td>
</tr>
<tr>
<td>Iran</td>
<td>4.2</td>
</tr>
<tr>
<td>Palestine</td>
<td>5.0</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>5.6</td>
</tr>
<tr>
<td>Jordan</td>
<td>5.8</td>
</tr>
<tr>
<td>Kuwait</td>
<td>6.2</td>
</tr>
<tr>
<td>Syria</td>
<td>6.5</td>
</tr>
<tr>
<td>Bahrain</td>
<td>6.9</td>
</tr>
<tr>
<td>Qatar</td>
<td>7.2</td>
</tr>
<tr>
<td>Tunisia</td>
<td>7.5</td>
</tr>
<tr>
<td>Lebanon</td>
<td>7.8</td>
</tr>
<tr>
<td>Oman</td>
<td>8.1</td>
</tr>
<tr>
<td>UAE</td>
<td>8.4</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>8.7</td>
</tr>
<tr>
<td>Pakistan</td>
<td>9.0</td>
</tr>
<tr>
<td>Sudan</td>
<td>9.3</td>
</tr>
<tr>
<td>Libya</td>
<td>9.6</td>
</tr>
<tr>
<td>Djibouti</td>
<td>9.9</td>
</tr>
<tr>
<td>Morocco</td>
<td>10.2</td>
</tr>
<tr>
<td>Somalia</td>
<td>10.5</td>
</tr>
<tr>
<td>South Sudan</td>
<td>10.8</td>
</tr>
</tbody>
</table>
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).

Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2019

Age: 20-79


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: Upper Middle Income

Health systems 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 are 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. 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%.

Indicators

<table>
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<th>Question</th>
<th>Status</th>
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<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>Defined as disease</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Yes</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Not known</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Lack of political will and interest
- Lack of financial investment and funding for coverage
- Fragmented and/or failing health system
- Lack of multi-disciplinary teams
- Poor health literacy & behaviour
- Cultural norms and traditions

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

Last updated: June 2020