

Iran (Islamic Republic of)

Population (in millions) (2011)	74.8
Country classification (2012)	Upper-middle-income
Gross national income per capita (PPP int \$) (2011)	\$11 420
Total health expenditure as % of GDP (2010)	5.60%
Per capita total health expenditure (PPP int \$) (2010)	\$836.28
Per capita government health expenditure (PPP int \$) (2010)	\$335.61
Life expectancy at birth (in years) (2009)	73
Human Development Index (2011)	0.707
Median age (in years) (2010)	27
Total fertility rate per woman (2010)	1.7

The Government of Iran reports as follows.

National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of hepatitis B and hepatitis C. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, and treatment and care.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: the Viral Hepatitis Unit. It has five staff members. There are 47 full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people who inject drugs, prisoners and people living with HIV.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

Information was not provided on whether the government collaborates with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: B and C, and for the following types of chronic hepatitis: B, C and D.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. The percentage of hepatitis cases reported as "undifferentiated" or "unclassified" hepatitis is not known.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports monthly.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A, hepatitis B and hepatitis C. Information was not provided on whether this is the case for hepatitis E.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target populations include the general population and people who inject drugs. Information was not provided on when the last serosurvey was carried out.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B but did not provide information about a specific timeframe for this.

Nationally, 98% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth. Information was not provided on the percentage of one-year-olds nationally (ages 12–23 months) in a given recent year who received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends single-use and auto-disable syringes for therapeutic injections. Single-

use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education) and on-the-job training.

There are national clinical guidelines for the management of viral hepatitis but they do not include recommendations for cases with HIV coinfection. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge and are not compulsory for members of any specific group.

Publicly funded treatment for hepatitis B and hepatitis C is available to insurance companies.

Information was not provided on the amount spent by the government on publicly funded treatment for hepatitis B and hepatitis C.

Information was not provided on whether any drug for treating hepatitis B or hepatitis C is on the national essential medicines list or subsidized by the government.

Information was not provided on whether the Government of Iran has a need for assistance from WHO in relation to viral hepatitis prevention and control.