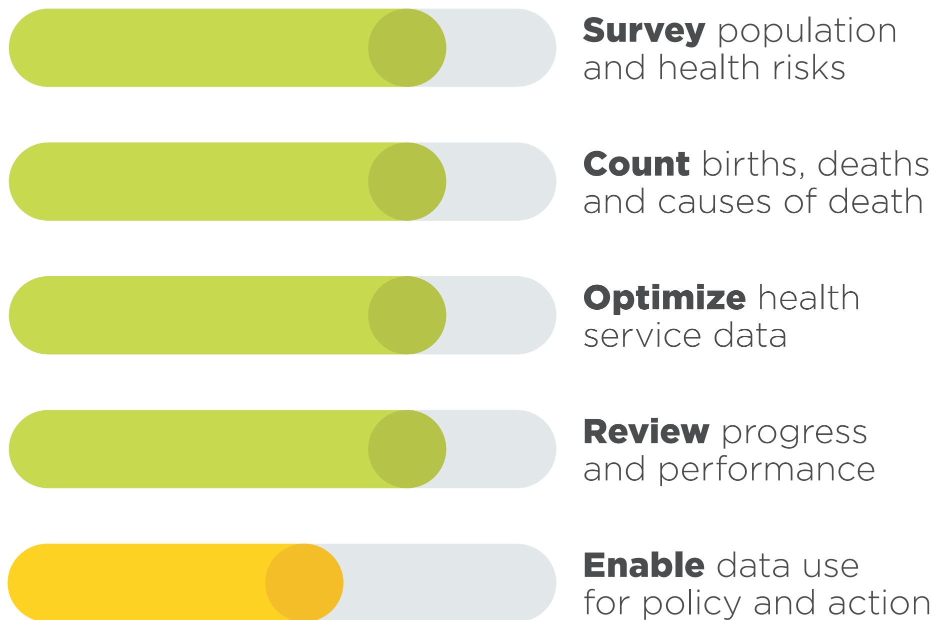
SCORE for Health Data Technical Package

Assessment Summary

for Iran (Islamic Republic of)

DATA FROM 2013-2018



LOWER CAPACITY HIGHER CAPACITY

UPDATED MARCH 15, 2021

World Health Organization

World Health Organization

Availability of latest data to monitor the health-related SDGs

98% of indicators have data available to monitor the health-related SDGs

One data point over the last 5 years

indicator	2013	2014	2015	2016	2017	Any year
1. MATERNAL MORTALITY RATIO (PER 100 000 LIVE BIRTHS)	●	●	●	●	●	●
2. PROPORTION OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL	●	●	●	●	●	●
3. NEONATAL MORTALITY RATE (PER 1000 LIVE BIRTHS)	●	●	●	●	●	●
4. UNDER-FIVE MORTALITY RATE (PER 1000 LIVE BIRTHS)	●	●	●	●	●	●
5. NEW HIV INFECTIONS (PER 1000 UNINFECTED POPULATION)	○	○	●	○	○	●
6. TUBERCULOSIS (TB) INCIDENCE (PER 100 000 POPULATION)	●	●	●	●	○	●
7. MALARIA INCIDENCE (PER 1000 POPULATION AT RISK)	●	●	●	●	●	●
8. HEPATITIS B SURFACE ANTIGEN (HBSAG) PREVALENCE AMONG CHILDREN UNDER 5 YEARS	●	○	○	○	○	●
9. REPORTED NUMBER OF PEOPLE REQUIRING INTERVENTIONS AGAINST NTDS	●	●	●	●	●	●
10. PROBABILITY OF DYING FROM ANY OF CVD, CANCER, DIABETES, CRD BETWEEN AGE 30 AND EXACT AGE 70	●	●	●	●	●	●
11. SUICIDE MORTALITY RATE (PER 100 000 POPULATION)	●	●	●	●	●	●
12. TOTAL ALCOHOL PER CAPITA (≥ 15 YEARS OF AGE) CONSUMPTION (LITRES OF PURE ALCOHOL)	●	●	●	●	○	●
13. ROAD TRAFFIC MORTALITY RATE (PER 100 000 POPULATION)	●	●	●	●	●	●
14. PROPORTION OF MARRIED OR IN-UNION WOMEN OF REPRODUCTIVE AGE WHO HAVE THEIR NEED FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS	●	●	●	●	●	●
15. ADOLESCENT BIRTH RATE (PER 1000 WOMEN AGED 15-19 YEARS)	●	●	●	●	●	●
16. ANTENATAL CARE, FOUR OR MORE VISITS (ANC4)	●	●	●	●	●	●
17. ANTIRETROVIRAL THERAPY (ART) COVERAGE	●	●	●	●	●	●
18. CARE-SEEKING BEHAVIOUR FOR CHILD PNEUMONIA	○	○	●	○	○	●
19. CERVICAL CANCER SCREENING AMONG WOMEN AGED 30-49 YEARS	●	●	●	●	●	●
20. DENSITY OF PSYCHIATRISTS (PER 100 000 POPULATION)	●	●	●	●	●	●
21. DENSITY OF SURGEONS (PER 100 000 POPULATION)	●	●	●	●	●	●
22. HOSPITAL BEDS PER 10 000 POPULATION	●	●	●	●	●	●
23. HOUSEHOLDS WITH AT LEAST ACCESS TO BASIC SANITATION	●	●	●	●	●	●
24. MEAN FASTING PLASMA GLUCOSE (mmol/L)	○	○	○	●	○	●
25. POPULATION AT RISK SLEEPING UNDER INSECTICIDE-TREATED NETS FOR MALARIA PREVENTION	●	○	●	○	○	●
26. PREVALENCE OF NORMAL BLOOD PRESSURE, REGARDLESS OF TREATMENT STATUS	○	○	○	●	○	●

● AVAILABLE ○ NOT AVAILABLE

indicator	2013	2014	2015	2016	2017	Any year
27. TB EFFECTIVE TREATMENT COVERAGE	●	●	●	●	●	●
28 AND 29. PROPORTION OF A COUNTRY'S POPULATION WITH LARGE HOUSEHOLD EXPENDITURE ON HEALTH AS A SHARE OF HOUSEHOLD TOTAL CONSUMPTION OR INCOME (>10% OR >25%).	●	●	●	●	●	●
30. AGE-STANDARDIZED MORTALITY RATE ATTRIBUTED TO HOUSEHOLD AND AMBIENT AIR POLLUTION (PER 100 000 POPULATION)	●	●	●	○	○	●
31. MORTALITY RATE ATTRIBUTED TO EXPOSURE TO UNSAFE WASH SERVICES (PER 100 000 POPULATION)	●	●	●	○	○	●
32. MORTALITY RATE FROM UNINTENTIONAL POISONING (PER 100 000 POPULATION)	●	●	●	●	●	●
33. AGE-STANDARDIZED PREVALENCE OF TOBACCO SMOKING AMONG PERSONS 15 YEARS AND OLDER	●	●	●	●	●	●
34. DIPHTHERIA-TETANUS-PERTUSSIS (DTP3) IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS	●	●	●	●	●	●
35. MEASLES-CONTAINING-VACCINE SECOND-DOSE (MCV2) IMMUNIZATION COVERAGE BY THE NATIONALLY RECOMMENDED AGE	●	●	●	●	●	●
36. PNEUMOCOCCAL CONJUGATE 3RD DOSE (PCV3) IMMUNIZATION COVERAGE AMONG 1-YEAR OLDS	○	○	○	○	○	○
37. TOTAL NET OFFICIAL DEVELOPMENT ASSISTANCE TO MEDICAL RESEARCH AND BASIC HEALTH SECTORS PER CAPITA (USD)	●	●	●	●	●	●
38. DENSITY OF DENTISTRY PERSONNEL (PER 1000 POPULATION)	●	●	●	●	●	●
39. DENSITY OF NURSING AND MIDWIFERY PERSONNEL (PER 1000 POPULATION)	●	●	●	●	●	●
40. DENSITY OF PHARMACEUTICAL PERSONNEL (PER 1000 POPULATION)	●	●	●	●	●	●
41. DENSITY OF PHYSICIANS (PER 1000 POPULATION)	●	●	●	●	●	●
42. AVERAGE OF 13 INTERNATIONAL HEALTH REGULATIONS CORE CAPACITY SCORES	●	●	●	○	●	●
43. DOMESTIC GENERAL GOVERNMENT HEALTH EXPENDITURE (GGHE-D) AS PERCENTAGE OF GENERAL GOVERNMENT EXPENDITURE (GGE) (%)	●	●	●	●	●	●
44. PREVALENCE OF STUNTING IN CHILDREN UNDER 5	●	●	●	●	●	●
45. PREVALENCE OF OVERWEIGHT CHILDREN UNDER 5	●	●	●	●	●	●
46. PREVALENCE OF WASTING IN CHILDREN UNDER 5	●	●	●	●	●	●
47. PROPORTION OF POPULATION USING SAFELY MANAGED DRINKING-WATER SERVICES (%)	●	●	●	●	●	●
48. PROPORTION OF POPULATION USING SAFELY MANAGED SANITATION SERVICES	●	●	●	●	●	●
49. PROPORTION OF POPULATION WITH PRIMARY RELIANCE ON CLEAN FUELS	●	●	●	●	●	●
50. ANNUAL MEAN CONCENTRATIONS OF FINE PARTICULATE MATTER (PM2.5) IN URBAN AREAS (μg/m^3)	●	●	●	●	●	●
51. AVERAGE DEATH RATE DUE TO NATURAL DISASTERS (PER 100 000 POPULATION)	●	●	●	●	●	●
52. MORTALITY RATE DUE TO HOMICIDE (PER 100 000 POPULATION)	●	●	●	●	●	●
53. ESTIMATED DIRECT DEATHS FROM MAJOR CONFLICTS (PER 100 000 POPULATION)	●	●	●	●	●	●
54. COMPLETENESS OF CAUSE-OF-DEATH DATA	●	●	●	●	●	●

● AVAILABLE ○ NOT AVAILABLE

World Health Organization

Lower Capacity **Higher Capacity**

Survey populations and health risks[1]

System of regular population-based health surveys

Surveillance of public health threats

Regular population census

Count births, deaths and causes of death

Full birth and death registration

Certification and reporting of causes of death

Optimize health service data

Routine facility reporting system with patient monitoring

Regular system to monitor service availability, quality and effectiveness

Health service resources: health financing

Health service resources: health workforce

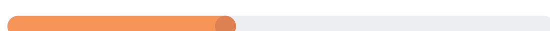
Review progress and performance

Regular analytical reviews of progress and performance, with equity

Institutional capacity for analysis and learning

Enable data use for policy and action

Data and evidence drive policy and planning


Data access and sharing

Strong country-led governance of data

[1] *Scores of the 5 interventions (bolded) are weighted averages of scores of individual subcomponents (elements).*

Survey population and health risks

SYSTEM OF REGULAR POPULATION-BASED HEALTH SURVEYS

A system of regular and comprehensive population health surveys that meets international standards

Number of surveys in 5 years	**9**
Cover major health issues	**10/13** (76,9%)

	Survey name	Year	Covers major dimensions of inequality (# dimensions / sum relevant dimensions)[1]	Aligned with international standards (# / 8 standards)[2]	Funded by government	Survey score %[3]
1	STEPS*	2016	6/6 (100%)	8/8 (100%)	YES	100%
2	HOUSEHOLD INCOME AND EXPENDITURE SURVEY*	2016	6/6 (100%)	7/8 (88%)	YES	95%
3	HEALTH UTILIZATION SURVEY*	2015	6/6 (100%)	7/8 (88%)	YES	95%
4	HEALTH UTILIZATION SURVEY*	2014	6/6 (100%)	7/8 (88%)	YES	95%
5	HOUSEHOLD INCOME AND EXPENDITURE SURVEY*	2014	6/6 (100%)	7/8 (88%)	YES	95%
6	HOUSEHOLD INCOME AND EXPENDITURE SURVEY	2013	6/6 (100%)	7/8 (88%)	YES	95%
7	HOUSEHOLD INCOME AND EXPENDITURE SURVEY	2017	6/6 (100%)	6/8 (75%)	YES	90%
8	MULTIPLE INDICATOR DEMOGRAPHIC AND HEALTH SURVEY (MIDHS)	2015	6/6 (100%)	6/8 (75%)	YES	90%
9	GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY (CASPIAN)	2016	5/6 (83%)	6/8 (75%)	YES	83%

** Only surveys with asterisks contribute to the overall score above.*

[1] Inequality dimensions comprise wealth, education, sex/gender, age, urban/rural and subnational (where relevant).

[2] International standards include: sample design described, sample size given, sampling errors provided, implementation process described, analysis of data described, data and report available and nationally representative.

[3] Score is a weighted average of 3 components (40% for health topics; 50% for attributes; maximum 10% for number of surveys: 5=10%, 4=9%, 3=8%, 2= 7%, 1=6%), based on the 5 highest scoring surveys.

Underlying responses for each survey

STEPS - 2016

COVERS MAJOR HEALTH PRIORITIES (SELECTED SET OF PRIORITIES)

Priority	Response
FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	●
CERVICAL CANCER SCREENING	●
PREVALENCE OF RAISED BLOOD PRESSURE	●
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	●
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

Item	Response
GOVERNMENT FUNDED	●

COVERS MAJOR DIMENSIONS OF INEQUALITY

Dimension	Response
WEALTH / INCOME	●
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUBNATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

Standard	Response
SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	●
REPORT IS ON WEB	●

● YES - NO DATA **NA** NOT APPLICABLE TO THE SURVEY

HOUSEHOLD INCOME AND EXPENDITURE SURVEY - 2016

COVERS MAJOR HEALTH PRIORITIES (SELECTED SET OF PRIORITIES)

FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	-
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	●

IS FUNDED BY GOVERNMENT

GOVERNMENT FUNDED	●

COVERS MAJOR DIMENSIONS OF INEQUALITY

WEALTH / INCOME	●
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUBNATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	●
REPORT IS ON WEB	-

● YES   - NO DATA   **NA** NOT APPLICABLE TO THE SURVEY

World Health Organization

HEALTH UTILIZATION SURVEY - 2015

COVERS MAJOR HEALTH PRIORITIES (SELECTED SET OF PRIORITIES)

FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	-
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

GOVERNMENT FUNDED	●

COVERS MAJOR DIMENSIONS OF INEQUALITY

WEALTH / INCOME	●
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUBNATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	●
REPORT IS ON WEB	-

● YES - NO DATA **NA** NOT APPLICABLE TO THE SURVEY

World Health Organization

HEALTH UTILIZATION SURVEY - 2014

COVERS MAJOR HEALTH PRIORITIES (SELECTED SET OF PRIORITIES)

FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	-
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

GOVERNMENT FUNDED	●

COVERS MAJOR DIMENSIONS OF INEQUALITY

WEALTH / INCOME	●
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUBNATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	●
REPORT IS ON WEB	-

● YES - NO DATA **NA** NOT APPLICABLE TO THE SURVEY

HOUSEHOLD INCOME AND EXPENDITURE SURVEY - 2014

COVERS MAJOR HEALTH PRIORITIES (SELECTED SET OF PRIORITIES)

Item	Status
FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	-
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	●

IS FUNDED BY GOVERNMENT

Item	Status
GOVERNMENT FUNDED	●

COVERS MAJOR DIMENSIONS OF INEQUALITY

Item	Status
WEALTH / INCOME	●
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUBNATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

Item	Status
SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	●
REPORT IS ON WEB	-

● YES - NO DATA **NA** NOT APPLICABLE TO THE SURVEY

HOUSEHOLD INCOME AND EXPENDITURE SURVEY - 2013

COVERS MAJOR HEALTH PRIORITIES (SELECTED SET OF PRIORITIES)

Item	
FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	-
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	●

IS FUNDED BY GOVERNMENT

Item	
GOVERNMENT FUNDED	●

COVERS MAJOR DIMENSIONS OF INEQUALITY

Item	
WEALTH / INCOME	●
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUBNATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

Item	
SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	●
REPORT IS ON WEB	-

● YES - NO DATA **NA** NOT APPLICABLE TO THE SURVEY

World Health Organization

HOUSEHOLD INCOME AND EXPENDITURE SURVEY - 2017

COVERS MAJOR HEALTH PRIORITIES (SELECTED SET OF PRIORITIES)

Item	Status
FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	-
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	●

IS FUNDED BY GOVERNMENT

Item	Status
GOVERNMENT FUNDED	●

COVERS MAJOR DIMENSIONS OF INEQUALITY

Item	Status
WEALTH / INCOME	●
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUBNATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

Item	Status
SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	-
REPORT IS ON WEB	-

● YES   - NO DATA   **NA** NOT APPLICABLE TO THE SURVEY

MULTIPLE INDICATOR DEMOGRAPHIC AND HEALTH SURVEY (MIDHS) - 2015

COVERS MAJOR HEALTH PRIORITIES (SELECTED SET OF PRIORITIES)

Priority	
FAMILY PLANNING	●
DELIVERY / SKILLED BIRTH ATTENDANCE	●
CHILD IMMUNIZATION	●
CHILD WEIGHT / HEIGHT	●
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	●
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	-
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

Item	
GOVERNMENT FUNDED	●

COVERS MAJOR DIMENSIONS OF INEQUALITY

Dimension	
WEALTH / INCOME	●
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUBNATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

Standard	
SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	-
REPORT IS ON WEB	-

● YES - NO DATA **NA** NOT APPLICABLE TO THE SURVEY

World Health Organization

GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY (CASPIAN) - 2016

COVERS MAJOR HEALTH PRIORITIES (SELECTED SET OF PRIORITIES)

Priority	
FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	●
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

Item	
GOVERNMENT FUNDED	●

COVERS MAJOR DIMENSIONS OF INEQUALITY

Dimension	
WEALTH / INCOME	-
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUBNATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

Standard	
SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	-
REPORT IS ON WEB	-

● YES   - NO DATA   **NA** NOT APPLICABLE TO THE SURVEY

SURVEILLANCE OF PUBLIC HEALTH THREATS

Completeness and timeliness of weekly reporting of notifiable conditions* -

Percentage of public reporting sites that submit weekly report*	-
Percentage of non-public reporting sites that submit weekly report*	-

Indicator and event-based surveillance system(s) in place based on International Health Regulations standards[1]

SPAR, JEE or IHR assessment	**SPAR**
SPAR score	**87%**
National IHR Focal Point functions under IHR	**100%**
Early warning function: indicator-and event-based surveillance	**60%**
Mechanism for event management (verification, risk assessment, analysis investigation)	**100%**

REGULAR POPULATION CENSUS MEETS INTERNATIONAL STANDARDS

Census conducted in last 10 years in line with international standards with population projections for subnational units

Census conducted in last 10 years	**Yes**
Post enumeration survey carried out	**Yes**
Population projections with all disaggregations	-

* *Asterisked items are not included in overall score.*

[1] *Based on either SPAR, JEE assessment or IHR.*

Count births, deaths and causes of death

FULL BIRTH AND DEATH REGISTRATION

Completeness of birth registration	**98%**
Completeness of death registration	**95%**

Core attributes of a functional CRVS system in place to generate vital statistics*

* Legal framework for CRVS: adequate and enforced legislation which states that registration of births and deaths is compulsory	**Framework and SOPs meet best practice and in place**
* The country has sufficient locations where citizens can register births and deaths: proportion of population with easy access	**Full coverage including rural areas**
* Registrars have adequate training	**All registrars have training opportunities**
* CRVS interagency collaboration	
Formally established	Formal interagency committee
Oversees CRVS planning	Extensive oversight role
Includes key stakeholders	All relevant stakeholders
Meets regularly	Frequent meetings
* All data are exchanged electronically from local to regional offices and then to central offices	**Electronic at all levels**
* Data quality and analysis: there are reports that provide evidence of data quality assessment, adjustment and analysis of vital statistics using international standards	**Checks on aggregate data**
* Monitoring of system performance	**Regular monitoring, key indicators at subnational and central levels**
* High quality vital statistics reports have been published in the last five years	**Yes, for 3 or more annual publication cycles**

** Asterisked items are not included in overall score.*

CERTIFICATION AND REPORTING OF CAUSES OF DEATH

Deaths with medical certificate with cause of death (MCCD) and ICD coding as a percentage of total deaths — 90%

Quality of cause of death[1] — 10-19%

Core attributes of a functioning system to generate cause-of-death statistics*

Attribute	Status
* Legislation for MCCD	**Policy in place**
* ICD compliant MCCD are used	**Partial**
* Medical students trained in correct death certification practices	**None/very limited**
* Statistical clerks trained in mortality coding	**Partial/unofficial**
* Verbal autopsy (if applicable) applied	**Not applicable**
* Data quality assurance and dissemination	**Regular but limited**
* Cause of death statistics available	**Regular with both in- and out-of-facility deaths**

** Asterisked items are not included in overall score.*

[1] Measured as percentage of records with ill-defined or unknown causes of death.

Optimize health service data

ROUTINE FACILITY REPORTING SYSTEM WITH PATIENT MONITORING

Availability of annual statistic for selected indicators derived from facility data

	Data available at national level	Data available at subnational level	Disaggregation by age	Disaggregation by gender	Total score (0-1)[1]
OPD VISITS	●	●	●	●	1
HOSPITAL ADMISSION / DISCHARGE RATES BY DIAGNOSIS	●	●	●	●	1
HOSPITAL DEATHS BY MAJOR DIAGNOSTIC CATEGORY (ICD)	●	●	●	●	1
DTP/PENTA 3 IN ONE YEAR-OLDS	●	●	NA	NA	1
INSTITUTIONAL MATERNAL MORTALITY RATIO	●	●	NA	NA	1
TB TREATMENT SUCCESS RATES	●	●	●	●	1
LOW BIRTH WEIGHT PREVALENCE AMONG INSTITUTIONAL BIRTHS	●	●	NA	●	1
ART COVERAGE	●	NA	●	●	1
SURGERY BY TYPE	●	●	●	●	1
SEVERE MENTAL HEALTH DISORDERS	●	●	●	●	1
NEW CANCER DIAGNOSIS BY TYPE	●	●	●	●	1

● AVAILABLE ○ NOT AVAILABLE **NA** NOT APPLICABLE FOR THIS INDICATOR

[1] *Score is a weighted average based on availability of national and relevant disaggregations (depending on indicator and country context). See* SCORE Assessment methodology *for details.*

Functional facility/patient reporting system in place based on key criteria*

Documented data quality checks for primary care facility data	**Comprehensive**
Documented data quality checks for hospital data	**Comprehensive**
Completeness of reporting by public, primary care facilities	**25%-75%**
Completeness of reporting by public hospitals	**>75%**
Completeness of reporting by private health facilities	**<25%**
* National unique patient identifier system	**Complete**
* Cancer registries for all types of cancer	**Partial**
* Master facility list up to date	**Complete**
* Institutional system of data quality assurance	**Complete**
* Data management SOPs	**Complete**
* Standardized system of electronic data entry (aggregate reporting) at the district or comparable level	**Partial**
* System of electronic capture of patient level health data in primary care health facilities which is standardized and fully interoperable with aggregated routine HIS	**Complete**
* System of electronic capture of patient level health data in hospitals which is standardized and fully interoperable with aggregated routine HIS	**Partial**
* Interoperability - standards based data exchange between systems	**Partial**

REGULAR SYSTEM TO MONITOR SERVICE AVAILABILITY, QUALITY AND EFFECTIVENESS

Well established system to independently monitor health services

Regular independent assessments of the quality of care in hospitals and health facilities	**Regular and established - quality of care**
System of accreditation of health facilities based on data	**Comprehensive**
System of adverse event reporting following medical interventions*	**Comprehensive**

** Asterisked items are not included in overall score.*

HEALTH SERVICE RESOURCES: HEALTH FINANCING

Availability of latest data on national health expenditure

Data available within last five years on public health expenditure	**Yes, all based on standards**
Data available within last five years on private health expenditure	**Yes, all based on standards**
Data available within last five years on catastrophic spending	**Yes, some based on standards**

HEALTH SERVICE RESOURCES: HEALTH WORKFORCE

Health workforce – knowledge of density of cadre and distribution updated annually

	Data available at national level	Disaggregation by age	Disaggregation by sex	Data available subnationally	Data available for public/private facilities	Overall score for cadre
PHYSICIANS	●	●	●	●	●	1
PHARMACISTS	●	●	●	●	●	1
DENTISTS	●	●	●	●	●	1
NURSES	●	●	●	●	●	1
MIDWIVES	●	●	●	●	●	1

National human resources health information system is in place and functional*

* HRHIS tracks number of entrants to the labour market	**Complete**
* HRHIS tracks number of active stock on the labour market	**Partial**
* HRHIS tracks number of exits from the labour market	**Partial**
* HRHIS tracks demographic distribution of health workers	**Partial**
* HRHIS tracks subnational level data of active health workers	**Partial**
* HRHIS tracks number of graduates from education and training institutions	**Complete**
* HRHIS tracks information on foreign-born and/ or foreign-trained health workers	**Complete**

** Asterisked items are not included in overall score.*

Review progress and performance

REGULAR ANALYTICAL REVIEWS OF PROGRESS AND PERFORMANCE, WITH EQUITY

High quality analytical report on progress and performance of health sector strategy/plan produced regularly

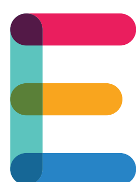
Analytical report produced within last 5 years	Yes
Year of report	2017
All data sources used	Partial
Assesses progress against target	Partial
Inequality, subnational	Partial
Inequality, socioeconomic	Partial
Inequality, gender	Partial
Linking performance to health inputs	Limited
Provides comparative analysis	Partial
Includes subnational rankings	Limited
Performance of hospitals included	Limited
Links finding to policy	Partial

INSTITUTIONAL CAPACITY FOR ANALYSIS AND LEARNING

Institutional capacity in data analysis at national and subnational levels

Involvement of public health institutes*	Strong
Subnational capacity in Ministry of Health or independent institutions*	Strong
Capacity at national Ministry of Health	Strong
Capacity at NBS to:	
Draw sample	Strong
Implement surveys	Some
Analyse	Some

** Asterisked items are not included in overall score.*



Enable data use for policy and action

DATA AND EVIDENCE DRIVE POLICY AND PLANNING

National health plans and policies are based on data and evidence

Indicator	Status
Has a national health sector plan	**Yes**
Includes review of past performance (trends)	-
Includes burden of disease analysis	-
Includes health system strength analysis (response strength)	Partial
Presence of a central unit or function in Ministry of Health for data and evidence to policy translation	**Yes**
Level of output of a central unit or function in Ministry of Health for data and evidence to policy translation	Annual
Coordination function between Ministry of Health and partners*	**Yes**

DATA ACCESS AND SHARING

Health statistics are publicly available

Indicator	Status
Has a national health data portal	**Yes**
Frequency of updating national data portal	Less than annual
Contents of national data portal	Some coverage of health statistics
Navigation ease of national data portal	Moderately difficult
National statistical report available	**Yes**
Statistical report publication frequency	-
Statistical report includes disaggregations	-
Bona fide users have access to HMIS data	**Restricted**
Bona fide users have access to health survey data	**Restricted**
Open data policy	**-**

** Asterisked items are not included in overall score.*

STRONG COUNTRY-LED GOVERNANCE OF DATA

National monitoring and evaluation based on standards

Has a monitoring and evaluation plan	Yes
Includes core indicator list with baselines and targets	Partial
Includes specification on data collection methods and digital architecture	-
Includes data quality assurance mechanism	-
Includes analysis and review process specifications	Partial
Specifies use of data for policy and planning	-
Specifies dissemination of data	-
Specifies resource requirements to implement the strategic plan/policy	Partial

National digital health/eHealth strategy is based on standards

Has a national eHealth strategy	Yes
Includes discussion of health data architecture	Complete
Includes description of health data standards and exchange	Complete
Includes handling of data security issues	Complete
Includes specifications for data confidentiality and data storage	Complete
Specifies access to data	Complete
Specifies alignment/is integrated with national HIS strategy	Complete

Foundational elements to promote data use and access are used*

Legal framework or policies exist for health information systems and are enforced	Well enforced

* *Asterisked items are not included in overall score.*

World Health Organization

SCORE

to reach your health goals

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