

HEALTH SYSTEM TRANSFORMATION IN THE ISLAMIC REPUBLIC OF IRAN: AN ASSESSMENT OF KEY HEALTH FINANCING AND GOVERNANCE ISSUES

Edited by Justine Hsu, Reza Majdzadeh,
Iraj Harirchi and Agnès Soucat

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CHAPTER 4

Public voice and participatory governance in the health sector: status quo and way forward

DHEEPA RAJAN
MOHAMMAD HADI AYAZI
MAZIAR MORADI-LAKEH
NARGES ROSAMI-GOORAN
MARYAM RAHBARI
BEHZAD DAMARI
ALI ASGHAR FARSHAD
REZA MAJDZEDEH

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KEY MESSAGES

This review took place in 2017 and 2018 within the context of implementation of the 2014 Health Transformation Plan (HTP). The impetus for reviewing participatory governance of the health sector in the Islamic Republic of Iran was the specific emphasis given in the HTP on social affairs; with it came the need to gain more insight into which participatory platforms in health work well and which work less well and why. Findings are grouped into three areas of participatory governance.

Organized forms of public engagement: civil society, civil society organizations, non-governmental organizations (NGOs), community-based organizations (CBOs), charities, etc.:

- Definitions, and with it, mandates, are blurred between the different types of civil society organizations in the Islamic Republic of Iran, bringing with it a certain level of duplication and fragmentation.
- Civil society organizations can be formal, semi-formal, and informal but those categories are fluid and can change according to the specific action taken in the health sector.
- Civil society plays a mediating role between the people, the Government and service providers.
- The creation of the Deputy Ministry for Social Affairs within the Ministry of Health is a crucial factor in providing an enabling environment for participation.

Participatory governance mechanisms available to the public:

- Formal citizen participation in health programmes was initially focused heavily on programme support and implementation rather than input into evaluation or decision-making. This has begun to change.
- Civil society networks, call centres and local, regional and national health assemblies are being supported and encouraged by the Government, demonstrating increasing recognition of the value of participatory governance in health programming and decision-making.
- The National Health Assembly is a potential opportunity for de-fragmenting participation, as it brings together the various, uncoordinated formal, semi-formal and informal structures working towards improving population health.
- A more formal legal framework may be required to ensure that participation becomes part of the health sector's *modus operandi*.

Intersectoral collaboration:

- The Secretariat of the Supreme Council for Health and Food Security, dedicated and resourced to foster multisectoral collaboration, is appreciated as highly relevant and useful to concretizing intersectoral work streams.
- A common understanding of multisectoral action is still needed across sectoral actors; this could help stimulate more joint projects and joint budgets.

INTRODUCTION

Given the emphasis on participation and social affairs in the 2014 Health Transformation Plan, the World Health Organization (WHO), the Ministry of Health and Medical Education (MoHME) and the National Institute of Health Research (NIHR) of the Islamic Republic of Iran identified a critical need to better understand the status of existing participatory processes in the health sector. The idea was to gain an in-depth insight into where the real challenges lie and into what works well enough to scale up. The ultimate objective is to chart a path forward to improve health governance in the country, one of the key elements in further advancing towards the goal of universal health coverage in a sustainable, efficient and equitable manner.

This chapter thus focuses on participatory governance mechanisms in the Iranian health sector, specifically examining how public voice is taken into consideration into health sector policy-making and implementation. Based on these findings, options for strengthening and institutionalizing public participation in health are proposed, in view of enabling the Health Transformation Plan to reach its objectives of 'socialization as an underlying principle of all health-related work in the Islamic Republic of Iran (1).

Three priorities for study were identified by the MoHME: organized forms of public engagement, including civil society, civil society organizations, NGOs, community-based organizations and charities; participatory governance mechanisms available to the public; and intersectoral collaboration. The objectives of the review within these three priority areas were therefore:

- Organized forms of public engagement, including civil society, civil society organizations, NGOs, community-based organizations, charities, etc.: to assess the current situation of health-related NGOs, philanthropic activities and the role of charities in translating public voice to action and community-based action in health
- Participatory governance mechanisms available to the public: to assess the status of public participation in health policies and programmes, the status of available participatory governance mechanisms and their functionality and bottlenecks and opportunities for improved and systematic engagement of people on health sector issues
- Intersectoral collaboration: to assess the status of intersectoral collaboration in health policy and programmes and to gain insight into the link between intersectoral collaboration and participatory policy-making in view of a mutual strengthening of both initiatives

REVIEW METHODOLOGY

The study is based on a literature review and key informant interviews. Co-authors coded and analysed the interview transcripts.

LITERATURE REVIEW

A literature review of published documents was undertaken in Farsi and English. For the English-language review, the following databases were searched: Cochrane, Google Scholar, JSTOR, Project Muse, and PubMed. The search terms included “Iran” combined with each of the following terms: participation; community health; participatory governance; participatory health governance; social participation; citizen consultation; citizen participation; community participation; community engagement; social engagement; patient participation; health; community health; health care; health system; health policy; public health; health decision making; health policy making; health promotion; community health planning; health education.

On Google Scholar, the number of hits generated with the above search terms was over 1000. The sorting function ‘sort by relevant’ was used to narrow down the number of hits on the search engine algorithm. The abstracts of the top 40 articles were thoroughly screened and reviewed for inclusion or exclusion. On Cochrane, the top 30 articles were screened. Many of these were already duplicates from the Google Scholar database. On JSTOR, 20 abstracts were thoroughly screened and reviewed. Many of the articles found were not duplicates from previous databases searched. From PubMed, 35 abstracts were thoroughly screened and reviewed; all other PubMed hits were duplicates of articles from the Google Scholar and Cochrane databases. On Project Muse, only a few hits were found and deemed not relevant for inclusion into the study. On the other search engines, most hits were duplicates; those which were not were duly included in study.

In total, 54 documents were deemed to be relevant for full-text review. The selection criteria were:

1) the studies are in English; 2) the studies must contain one or more search terms. The full-text

documents were then reviewed for relevance with the study objectives. 34 were thus discarded, mainly based on a lack of a link to the country, the health sector, or participatory mechanisms. 20 English-language articles were finally included into the study. Four additional English-language articles were added in as suggestions from the Iranian team. All English-language articles’ references were reviewed in an attempt to extract more references from the relevant documents. The reference mining led to the review of 190 further abstracts. From the abstracts read, 29 were deemed relevant for full-text review. Of the 29 articles read in full-text, 8 documents were deemed relevant to be included in the study.

In parallel, the Iranian team reviewed Farsi-language articles in the following database: health.barakatks.com. The equivalent Farsi search terms for ‘people’, ‘participation’, and ‘health’ were used (people: مردم; participation: مشارکت; health: سلامت). 1232 hits came up, and the article titles were reviewed for relevance with the topic at hand. 65 articles were thus selected, and their abstracts reviewed. From the abstracts, 29 articles were selected for full-text review. 10 articles were deemed relevant for further scrutiny. These 10 articles’ abstracts were translated so that the WHO team could review them in English. A joint decision was made between WHO and the Iranian team to include the full-text version of 3 of those Farsi articles based on relevance to the study objectives. One additional Farsi article was added to the 3 for inclusion into the study after mining the references of the 3 Farsi articles. Hence, the total reviewed articles were 36 (Box 4.1).

All 32 English-language documents were reviewed using the study objectives as a framework for analysis. The preliminary findings were presented to a government-led health sector stakeholder group in Tehran in October 2017. Based on the feedback and ensuing discussion, it was decided to add the Farsi-language literature review (mentioned above) and do primary qualitative data collection to fill knowledge gaps.

Box 4.1: Articles included in literature review

IN ENGLISH

Ahmadian M, Abu Samah A. A model for community participation in breast cancer prevention in Iran. *Asian Pac J Cancer Prev*. 2012; 13:

Ahari SS, Habibzadeh S, Yousefi M, Amani F, Abdi R. Community based needs assessment in an urban area; a participatory action research project. *BMC Public Health*. 2012;12:161.

Asadi-Lari M, Sayyari AA, Akbari ME, Gray D. Public health improvement in Iran – lessons from the last 20 years. *J R Inst Public Health*. 2004;118:395–402.

Asadi-Lari M, Farshad AA, Assaei SE, Vaez Mahdavi MR, Akbari ME, Ameri A, et al. Applying a basic development needs approach for sustainable and integrated community development in less-developed areas: report of ongoing Iranian experience. *J R Inst Public Health*. 2005;118:474–82.

Assai M, Siddiqi S, Watts S. Tackling social determinants of health through community based initiatives. *BMJ*. 2006;333(7573):854–6.

Bagherian R, Bahaman AS, Asnarulkhadi AS, Shamsuddin A. Factors influencing local people's participation in watershed management programs in Iran. *Am Eurasian J Agric Environ Sci*. 2009;6(5):532–8.

Bahraminejad N, Ibrahim F, Riji HM, Majdzadeh R, Hamzah A, Mohammadi NK. Partner's engagement in community-based health promotion programs: a case study of professional partner's experiences and perspectives in Iran. *Health Promot Int*. 2014;30(4):

Barati Z, Abu Samah B, Ahmad N. Sense of community and citizen participation in neighborhood council in Iran. *J Am Sci*. 2012;8(1):

Behdjat H, Rifkin SB, Tarin E, Sheikh MR. A new role for women health volunteers in urban Islamic Republic of Iran. *Rev Santé Médit Orient*. 2009;15(5):

Damari B, Riazzi-Isfahani S. Achievements and future path of Tehran municipality in urban health domain: an Iranian experience. *Med J Islam Repub Iran*. 2016;30:323.

Damari B, Chimeh EE. Public health activist skills pyramid: a model for implementing health in all policies. *Soc Work Public Health*. 2017;

Eftekhari MB, Falahat K, Dejman M, Forouzan AS, Afzali HM, Heidari N, et al. The main advantages of

community based participatory health programs: an experience from the Islamic Republic of Iran. *Global J Health Sci*. 2013;5(3):

Eftekhari MB, Mirabzadeh A, Forouzan AS, Dejman M, Afzali HM, Djalalinia S, et al. A qualitative study of community-based health programs in Iran: an experience of participation in I. R. Iran. *Int J Prev Med*. 2014;5(6):679–86.

Falahat K, Eftekhari MB, Malekzfali H, Forouzan AS, Masoumeh Dejman. Governance in community based health programmes in Iran. *J Pak Med Assoc*. 2013;63:211.

Ghaumi R, Aminee T, Aminae A, Dastoury M. An analysis of the structural factors affecting the public participation in health promotion. *Glob J Health Sci*. 2016;8(8):

Hoodfar H. Volunteer health workers in Iran as social activists: Can “governmental non-governmental organizations” be agents of democratization? London: Women Living under Muslim Laws (Occasional Paper No. 10); 1998.

Hoodfar H. Health as a context for social and gender activism: female volunteer health workers in Iran. *Popul Dev Rev*. 2010;36(3):487–510.

Javanparast S, Baum F, Labonte R, Sanders D, Heidari G, Rezaie S. A policy review of the community health worker programme in Iran. *J Public Health Policy*. 2011;32(2):263–76.

Javanparast S, Baum F, Labonte R, Sanders D. Community health workers' perspectives on their contribution to rural health and well-being in Iran. *Am J Public Health*. 2011;101(12):

Javanparast S, Baum F, Labonte R, Sanders D, Rajabi Z, Heidari G. The experience of community health workers training in Iran: a qualitative study. *BMC Health Serv Res*. 2012;12:291.

Khodaparasti S, Maleki HR, Jahedi S, Bruni ME, Beraldi P. Enhancing community based health programs in Iran: a multi-objective location-allocation model. *Health Care Manage Sci*. 2017;20(4):465–99.

Mehryar AH, Aghajanian A, Ahmad-Nia S, Mirzae M, Naghavi M. Primary health care system, narrowing of rural–urban gap in health indicators, and rural poverty reduction: the experience of Iran. In: Conference of the International Union for the Scientific Study of Population (IUSSP), 18–23 July 2005; Tours, France.

Mostafavi H, Rashidian A, Arab M, Mahdavi MR, Ashtarian K. Health priority setting in Iran: evaluating against the social values framework. *Glob J Health Sci.* 2016;9(10):53834.

Motevalian SA, Ali SS, Hussain A. Evaluation of community based initiatives in Islamic Republic of Iran. Report submitted to the World Health Organization, August 2006.

Motevalian SA. A case study on intersectoral action for health in I. R. of Iran: community based initiatives experience (IAH case study: CBI in Iran). Tehran: IAH; 2007.

Office of the Deputy for Social Affairs. The first Millennium Development Goals report 2004: achievements and challenges. Tehran: Management and Planning Organization; 2004.

Pazoki R, Nabipour I, Seyednezami N, Imami SR. Effects of a community-based healthy heart program on increasing healthy women's physical activity: a randomized controlled trial guided by community-based participatory research (CBPR). *BMC Public Health.* 2007;7:216.

Rajabi F, Esmailzadeh H, Rostamigooran N, Majdzadeh R. What must be the pillars of Iran's health system in 2025? Values and principles of health system reform plan. *Iran J Public Health.* 2013;42(2):197–205.

Rifkin SB. Community participation in Iran. Report submitted to the World Health Organization Regional Office for the Eastern Mediterranean; 2005.

Salazar-Volkman C. Civil society, poverty reduction and the promotion of children's rights in Iran. *Child Youth Environ.* 2009;19(2):

Shadpour K. Primary health care networks in the Islamic Republic of Iran. *East Mediterr Health J.* 2000;6(4):822–5.

Squire C. Building organisational capacity in Iranian civil society – mapping the progress of CSOs (Praxis Paper No. 8). Oxford: International NGO Training and Research Centre; 2006.

IN FARSI

Damari B, Moghaddam AB, Shadpoor K, Salarian Zadeh MH, Moghim D. [An urban health management center in cosmopolitan Tehran: a participatory system to promote health equity.] *J School Public Health Inst Public Health Res.* 2015;50(4):13.

Mohammadi Y, Javaheri M, Mounesan L, Rahmani K, Naeini KH, Madani A, et al. [Community assessment for identification of problems in Chahestani region of Bandar-Abbas city.] *J School Public Health Inst Public Health Res.* 2010; 8(1): 21-30.

Tavakol M, Naseri Rad M. [Relationship between social participation and cancer among patients in cancer institute of Tehran.] *Hakim Res J.* 2011;14(3):137–43.

Yazdanpanah B. [Community based participatory research, a model for health promotion.] *J School Public Health Inst Public Health Res.* 2013/28;11(1):

Due to the sparse nature of information gleaned from the literature review, much of the findings as described in further sections of this chapter are taken largely from the qualitative data gathered specifically for purposes of this review:

KEY INFORMANT INTERVIEWS

Key informant interviews and group interviews were conducted in February 2018 in Tehran and Qazvin provinces. Reflections from those interviews, together with the literature review, the October 2017 stakeholder meeting discussions, and subsequent exchanges between WHO, MoHME, and NIHR, helped shape a preliminary coding framework with broad common themes.

All interviews were transcribed into Persian (Farsi) and then translated into English by a certified translator. The analysis team analyzed the English translated transcripts by applying the coding framework to the interview transcripts, then modifying and adapting with additional new themes emerging from the data (deductive-inductive mixed approach).

The analysis was conducted by 4 people with differing institutional identities (1 WHO, 1 MoHME, 1 National Institute for Health Research, 1 independent) to ensure different points of view, and reduce confirmation bias. Each transcript was examined by at least 2 out of the 4 analysis team

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