Shaping a Health System: a historical analysis of PHC development in Iran

Arash Rashidian MD PhD
Director of Information, Evidence and Research
Eastern Mediterranean Region
World Health Organization
Talk structure

- It is about a story
- Why this story!
- Where/how to start?
- The scenarios, the story tellers, the real life
- How to finish!
WHR 2008: ‘PHC now more than ever’

A return to PHC
Equity achievements

- WHR 2008, p29: “The Islamic Republic of Iran’s progressive roll-out of rural coverage is an impressive example of this model.”
Why study PHC development in Iran?

- The CHWs are the cornerstone of Iran's internationally recognized primary health care (PHC) system (Kruk et al. 2010)

- Iran's PHC system resulted in improving health outcomes, developing the health system and reducing disparities between rural and urban areas (World Health Organization 2008)
Why study PHC development in Iran?

- For LMICs, a model which was:
  - Effective
  - responsive to the needs and expectations of deprived groups
  - not dependant on high cost technologies
  - and can be adapted (Barzgar, Sheikh, and Bile 1997; Hafeez et al. 2011)

- It is inspiring
  - health systems development in difficult conditions (King 1983)
Why study PHC development in Iran?

- And for more developed health care systems, it can also provide value-added lessons

- The development of a chronic disease management model for the deprived areas in the Mississippi delta of the USA (Bristol 2010)

- The role of the School of Public Health, TUMS
Main characteristics of PHC development in Iran

- Policy development in difficult circumstances
  - Political challenges – economic
- Close relationship between academic institutes and policy makers
- Targeted use of research studies to generate the needed evidence for actual decision making
  - Needs assessments, formative evaluations, before-after studies of impact, survey studies
- Detailed planning of national implementation and meticulous delivery
Primary Health Care Network

- District Health Network Management
  - District Health Center
    - Rural Health Centers
      - Health House
      - Health House
      - Health House
    - Urban Health Centers
      - Health Station
      - Health Station
      - Health Station

- General Hospital

- Behvarz Training
Useful references

- King, Maurice (Ed), 1983. The Iranian Experiment in Primary Health Care: The West Azerbaijan Project (Principal investigations, Dr. Amini and Dr. Barzegar et al), School of Public Health, Ministry of Health and Social Welfare, Teheran, Oxford University Press.
Talk structure

- It is about a story
- Why this story!
- Where/how to start?
- The scenarios, the story tellers, the real life
- How to finish!
Primary care expansion in Iran

Training medical auxiliaries in Mashhad (Behdar)

1940

1964
Implementation of Health Corps program
Primary care expansion in Iran

Deliberating over Family Medicine as an approach
Since 1970s

Establishing urban PHC centers since - 1985

1971-1978
Pilot studies of improving access to care in rural areas
Primary care expansion in Iran

Expanding urban PHC health posts
1993

Bam, after the earthquake
2004

2002-3
Health sector reform program for urban FM

Urban family medicine pilots in four districts
Primary care expansion in Iran

- 2005: Rural health insurance and family medicine
- 2008: Parliamentary mandate for family medicine in all cities
- 2011: Cities of 20-50,000
  - Pilots in three provinces

Additionally:
- Included towns of less than 20,000
An yet, a long way to go?

Intention to implement revised urban family medicine nationally
2011-2012

A renewed focused on low socioeconomic areas of large cities
2014

2013
Ongoing pilot urban family practice programs implemented in two large provinces

Arash Rashidian - December 2016 - Islamabad
Talk structure

- It is about a story
- Why this story!
- Where/how to start?
- The scenarios, the story tellers, the real life
- How to finish!
Primary care expansion in Iran: the critical period

1971-1978
Pilot studies of improving access to care in rural areas

Establishing urban PHC centers since - 1985
Talk structure

- It is about a story
- Why the story!
- Where/how to start?
- The scenarios, the story tellers, the real life
- How to finish!
How to study?

- Need to go beyond the usual "input-output" models of assessing interventions
- Disentangle the black-box, understand processes and contextual factors
- A systems thinking approach
Three distinct exploratory pilot projects conducted in early 1970s

- Chongoraloo, Urmia (SPH/IPHR; WHO; MoH)
- Kavar, Shiraz (from 1973, Kavar Village Project, funded by the IDRC)
  - + Marvdasht Mid-level Health Worker Program (from 1973, ‘Behdar’)
- Aleshtar, Khorram-Abad (from 1973, Alashtar Integrated Participatory Development Project OR Selseleh Regional Development Project)
PHC development in Iran – early studies

- Assessed by the MoH and the WHO in 1976 – the Chonghoraloo model was preferred over the others:
- Its practicality – its achievements in terms of health outcomes
Iran’s Chonghoraloo PHC experiment

- Chonghoraloo health research station, part of the IPHR – SPH, Tehran University of Medical Sciences
- Designed in 1971
- Implemented in 1972-1976 – Amini, Barzegar et al
- Modelled based on a rural health care provider; a ‘CHW’ Behvarz
- Rural upbringing, careful selection, evidence based training
- Training modules developed in collaboration with the WHO
Evaluation of Rural Primary Health Care Services in Iran: Report on Vital Statistics in West Azarbaijan

Mohammad Ali Barzegar, MD, MPH, and Abolghassem Djazayery, PhD
Early national adoption (1976-8)

- The evaluation of the three pilots
- Formal selection of the West Azerbaijan’s project
- Rapid implementation start:
  - Behvarzes
  - Health Houses
Re-designing and planning national implementation (1981-4)

- Dr Pileroudi, Dr Shadpour and Dr Espandar
National implementation (1985-96)

- Prof MalekAfzali, Dr Pileroudi, Dr Shadpour and Prof Marandi
Some characteristics of the system

- Governance
- **Financing**
- Human resources
  - Selection processes
  - Training and supervision
- Resources – buildings and equipments
- Vaccines, medicines etc
- Information system
  - 1988: Vital horoscope is introduced
- Service delivery
  - Working hours
  - Prescribing rights
Some characteristics of the system

- Governance
- Financing
- Human resources
  - Selection processes
  - Training and supervision
- Resources – buildings and equipments
- Vaccines, medicines etc
- Information system
  - 1988: Vital horoscope is introduced
- Service delivery
  - Working hours
  - Prescribing rights
"the soul of the Islamic Republic of Iran's health system lies in its most peripheral facility, the health house, which is run by community health workers (behvarz)" (Shadpour 2000).
Some characteristics of the system

- Governance
- Financing
- Human resources
  - Selection processes
  - Training and supervision
- Resources – buildings and equipments
- Vaccines, medicines etc
- Information system
  - 1988: Vital horoscope is introduced
- Service delivery
  - Working hours
  - Prescribing rights
Some characteristics of the system

- Governance
- Financing
- Human resources
  - Selection processes
  - Training and supervision
- Resources – buildings and equipments
- Vaccines, medicines etc
- Information system
  - 1988: Vital horoscope is introduced – زیج حیاتی
- Service delivery
  - Working hours
  - Prescribing rights
Talk structure

- It is about a story
- Why the story!
- Where to start?
- The scenarios, the story tellers, the real life
- How to finish!
Talk structure

- It is about a story
- Why the story!
- Where to start?
- The scenarios, the story tellers, the real life
- How to finish!
PHC development

- Detailed pilot studies
- Independent assessment of the pilots
- Detailed planning – operation research and service design
PHC development – from 1985

- During Iraq-Iran war – limitation of national budget
- Yearly expansion of the service – each year 1-2 districts per province
- 90% rural coverage within a few years
- No user fees – paid, supplied and provided from the governmental budget
- Coherent governance structure and delivery
- A great success!

Arash Rashidian - December 2016 - Islamabad
What was the role of an academic institution?

- Needs assessment
- Designing and implementing a model
- Showing that they were successful
- Supporting the process / spreading the word
- Continuous evaluation

- Having a grand plan – a long term mission
Shaping a Health System: a historical analysis of PHC development in Iran

Arash Rashidian
Director of Information, Evidence and Research, EMR/WHO