In the Name of Allah, the Compassionate, the Merciful
IRAN in UHC to PHC from
Prior to the Islamic Revolution

The Health Care System

• No proper national health care system
• Acceptable hospital care only in a few major cities
• 12-14/000 Iranian physicians and around 3000 expatriates

• Iranian physicians to population ratio: \( \frac{1}{2800} \)

• Specialists scarce in some provinces

• 65/000 villages with practically no public health provider
After the Islamic Revolution

- Increased expectations of people
- Imam Khomeini’s (PBUH) demand for “Social Justice”
- Eight years of war (casualties and damages)
• Economic pressures (oil prices), sanctions
• Emigration of physicians
• Shortage of health humanpower
A Major Decision

- Expansion of the Primary Health Care System (1984)
• West Azerbaijan research project (1972-1976)
• Community Health Workers called: Behvarz (local)
• 2 years training at Behvarz Training Center, a boarding school in each city
Health Houses

- Staffed by 2 Behvarzes (one female and one male)
- Each covering 1,500 population
- Main village and 3-4 satellites
- Maximum one hour walking distance
- Active services, based on 8 elements of PHC
Rural Health Centers

- Staffed by physicians and variety of health technicians
- Each Covering 5 health houses (total population of 7,500)
- Functions: referral, information, supervision
Urban Health Centers

- Health posts (offering preventive health care)
- Covering 12,500 population
- Active services through Women Health Volunteers (200,000 covering 2/3 of urban population)
District Health Centers

• Education, research, support and supervising all health centers of the same district

Provincial Health Center

• Supervising all district health centers of the entire province

• Its director is deputy to the chancellor of the provincial university
Major Events:

• In 1985 the Ministry of Health and Medical Education was established

• Universities of Medical Sciences and Health Services were established
Gradual Change for the Better

a- Quantity

b- Quality

• Education

• Research

• Health Care and Management, such as integration of: mental health, IDD, polio eradication, T.B, and malaria control
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<td><strong>Mortality</strong></td>
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<tr>
<td>Neonatal</td>
<td>45</td>
<td>35</td>
<td>29</td>
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<td>60</td>
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<td>Maternal (1976)</td>
<td>255</td>
<td>140</td>
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<td><strong>Life expectancy (Years)</strong></td>
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<tr>
<td>Female</td>
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<td>71</td>
<td>73.4</td>
<td>74.2</td>
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<tr>
<td>Male</td>
<td>57</td>
<td>67.7</td>
<td>70.7</td>
<td>71.1</td>
<td>74</td>
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<td><strong>Access to rural PHC (%)</strong></td>
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<td>20</td>
<td>90</td>
<td>95</td>
<td>97</td>
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<td><strong>Access to safe drinking water (%)</strong></td>
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<td>71</td>
<td>95</td>
<td>98</td>
<td>99 (2012)</td>
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<td><strong>Immunization coverage (%)</strong></td>
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<td>95</td>
<td>99</td>
<td>99 (2014)</td>
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<td><strong>Safe delivery</strong></td>
<td>70</td>
<td>81</td>
<td>92</td>
<td>99</td>
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Family Physician Program

- Rural areas and cities with less than 20,000 population

  - Financing through the health insurance
  - Run by 6,673 GPs and 5,370 midwives
  - A short virtual training (master degree) for some
  - Residency Program
b- Urban areas

• Only in 2 provinces

• Physicians, midwives and health experts as a team

• Conducting census

• Registering individuals up to a ceiling
Among the General Health Policies, endorsed by the Supreme Leader (May 2014), are:

- Emphasizing on “Health Equity”
- Decreasing “Out-of-Pocket” expenditure
- Increasing public health expenditure
Health Reform Plan

• Expanding population coverage of basic health insurance
• Improving quality of care in public hospitals
• Reducing out-of-pocket payments for in-patient services
• Adding diabetes and B.P. control to the previous PHC services

• Expanding PHC services to the slum areas, and adding one expert in mental health and another one in nutrition

• Updating relative value units of clinical services and tariffs
UHC

• In the simplest word, UHC is a system in which everyone in society can get proper health-care services they need without incurring financial hardship.

• Former WHO director general says: UHC is the single most powerful concept that public health has to offer.

• Nobel Laureate, Amartya Sen says: UHC is an “affordable dream”.
Challenges

• Insufficient link between the community and the local health facilities.

• The weak referral system.

• The quality of health care is not desirable.
• Insufficient involvement of universities in community participation and intersectoral collaboration.

• The medical curriculum is not community oriented.

• The health insurance system is very inadequate.
• Induced demands and services are out of control.

• Supervision and monitoring is not desirable.

• Inequity in access and utilization of health services is still a major challenge.
• The services do not necessarily use the least expensive delivery method.

• Although UHC needs more public funding, however it first requires reducing wastes and improving efficiencies in service delivery.
As PHC is a foundational pillar of UHC, PHC system needs to be:

- upgraded,
- strengthened,
- Become people-centered with emphasis on the people who are marginalized, underserved and vulnerable.
With much emphasis on SDH

Electronic information system, using disaggregated indicators regarding health equity.
Thank you