

*In the Name of Allah,
the Compassionate, the Merciful*

Primary health care is a critical
foundation for universal health coverage

IRAN

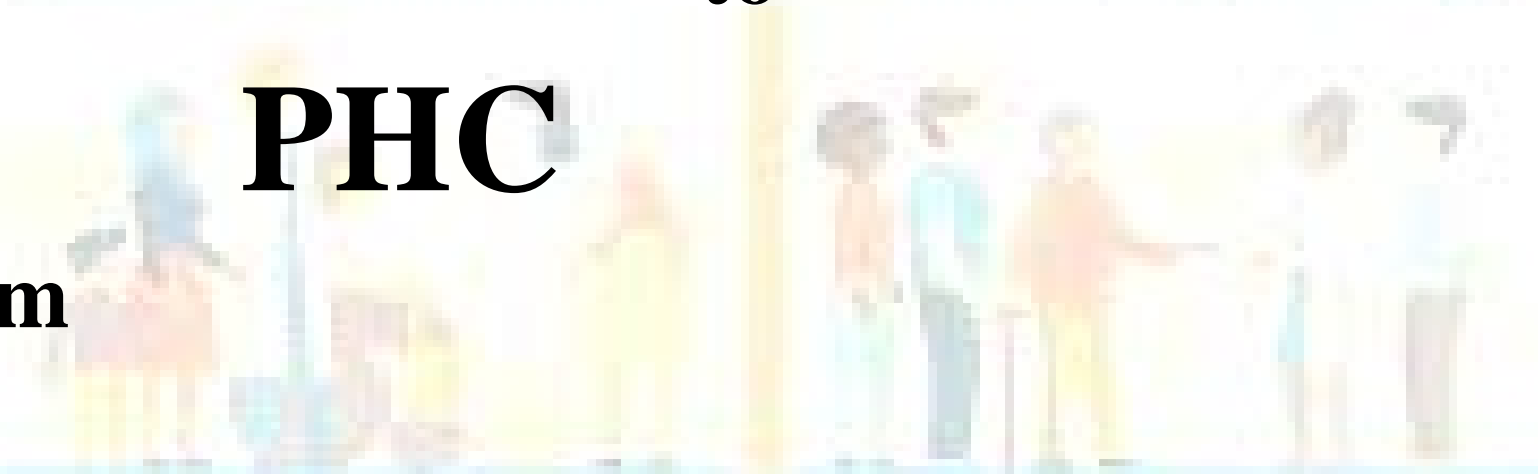
in

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)**

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- **Economic pressures (oil prices), sanctions**
 - **Emigration of physicians**
 - **Shortage of health humanpower**
- PHC
primary health care

A Major Decision

- **Expansion of the Primary Health Care System (1984)**

PHC

primary health care

- **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**

primary health care

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

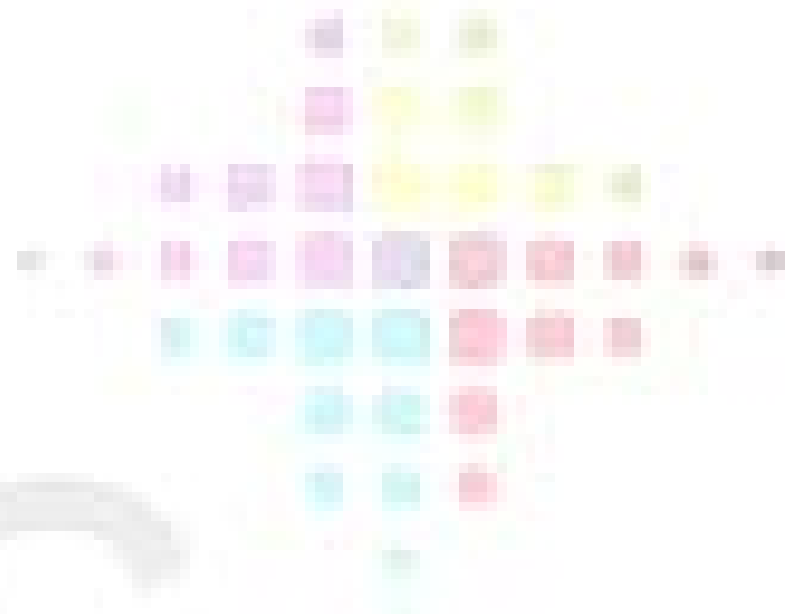
a- Quantity

b- Quality

- **Education**

- **Research**

- **Health Care and Management, such as integration of: mental health, IDD, polio eradication, T.B, and malaria control**



		1977	1984	2000	2008	2015
Mortality						
	Neonatal	45	35	29	19	9.1
	Under-five	130	60	36	22	15
	Maternal	255 (1976)	140	37	27	21
Life expectancy (Years)						
	Female)	57	71	73.4	74.2	76.5
	Male	57	67.7	70.7	71.1	74
Access to rural PHC (%)			20	90	95	97
Access to safe drinking water (%)			71	95	98	99 (2012)
Immunization coverage (%)			20	95	99	99 (2014)
Safe delivery			70	81	92	99

Family Physician Program

a-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”.**

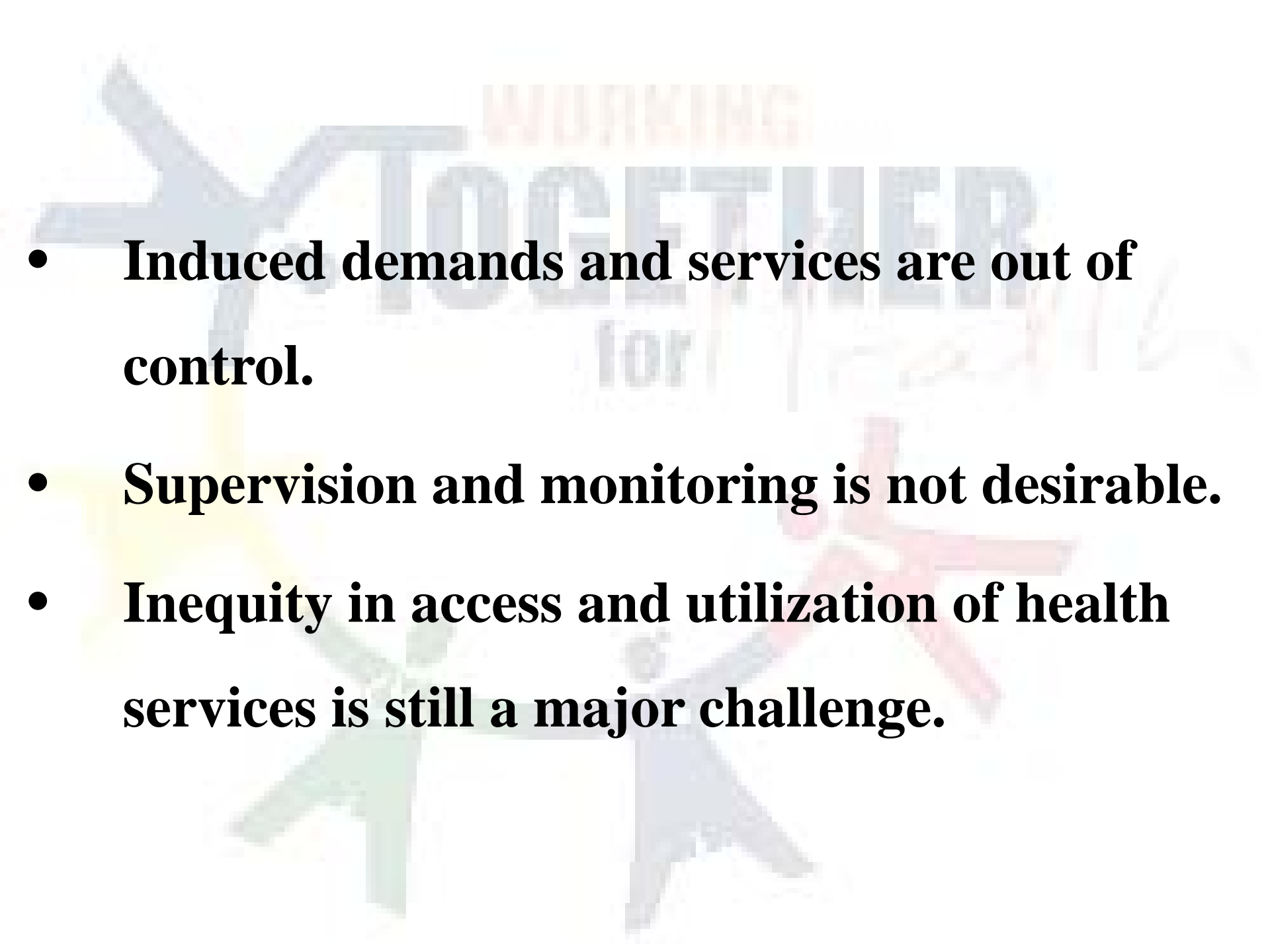
Challenges



- **Insufficient link between the community and the local health facilities.**
- **The weak referral system.**
- **The quality of health care is not desirable.**

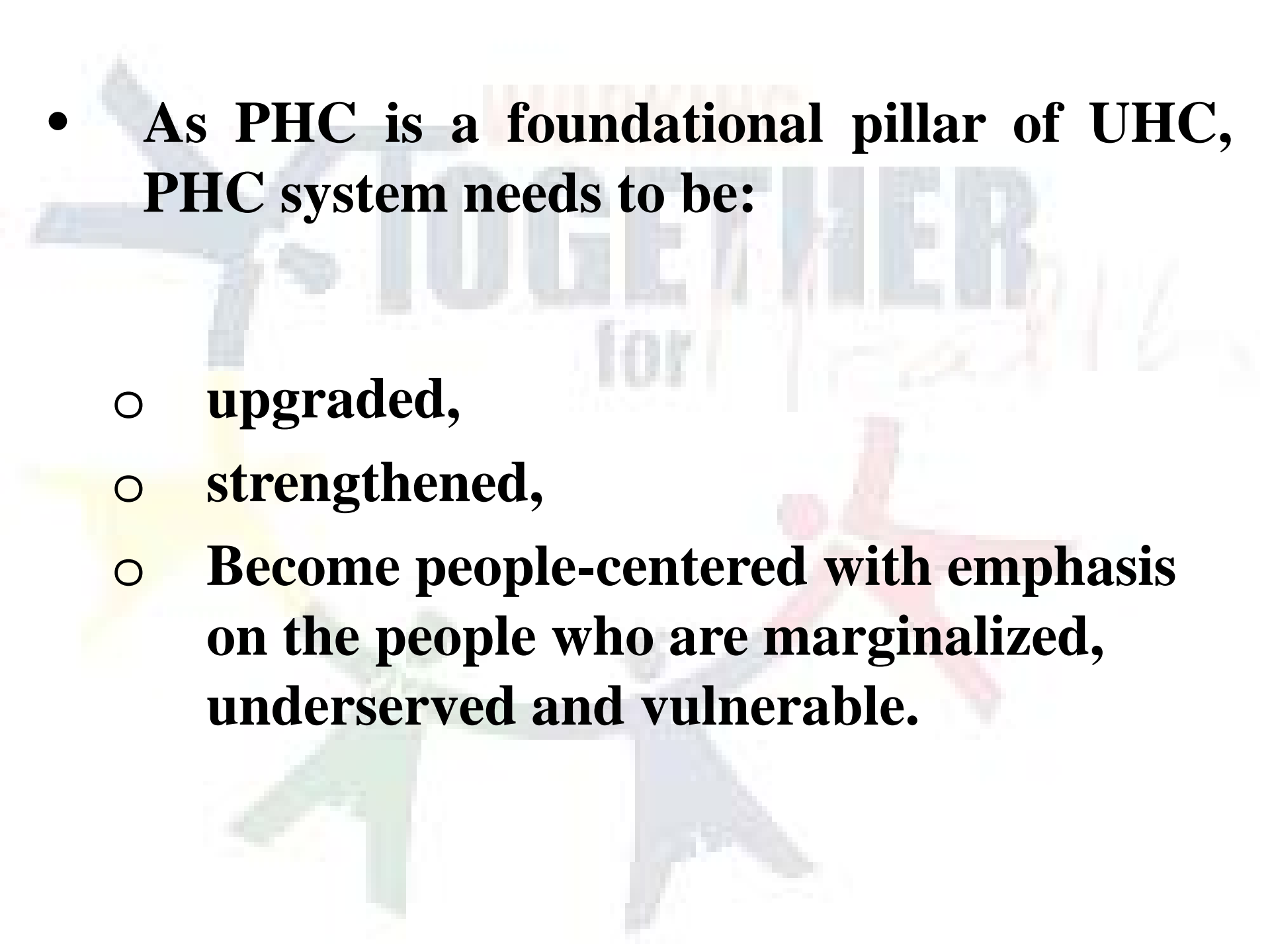
**WORKING
TOGETHER
FOR
HEALTH**


- **Insufficient involvement of universities in community participation and intersectoral collaboration.**
- **The medical curriculum is not community oriented.**
- **The health insurance system is very inadequate.**

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- WORKING
TOGETHER
for
- **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.**

WORKING

- **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.**

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- The background features a large, faint watermark of the word "TOGETHER" in a bold, sans-serif font. Below it, the word "for" is written in a smaller, lowercase font. The background also contains several stylized silhouettes of people in various poses, some appearing to be in motion or interacting. The overall color palette is light and airy, with soft pastel tones.
- **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.**

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- WORKING TOGETHER FOR**
- **With much emphasis on SDH**
 - **Electronic information system, using disaggregated indicators regarding health equity.**

Thank you

