In The Name of God

“The foundation for Health and Wellbeing”

Primary Health Care in the Islamic Republic of Iran

On the occasion of 1st International PHC Conference, Qatar, 1 - 4 November 2008 - RITZ-CARLTON HOTEL, DOHA
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Professor Hossein Malekafzali
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Iran: General Information

Main ethno-linguistic groups in Iran:
- Persian 51%
- Azeri 24%
- Gilaki 8%
- Kurd 7%
- Arab 3%
- Other 7%

Religious groups:
- Muslims 99.68%
- Christians 0.20%
- Zoroastrians 0.07%
- Jews 0.05%
Iran: General Information

Population in 2006: 70,049,262
Surface area: 1,648,195 Km²
(~ 2.5 times larger than Texas)

Number of cities: 320
Urban 68%
Rural 32%
Number of villages: 60,000
REVIEW OF IRAN PHC

1: 1972-83
   Political commitment, collaboration between MOH and school of public health, research, health house policy, administrative flaws, national plan for PHC expansion

2: 1984-95
   Political support, shake up of health houses, simple HIS, development of infrastructure and human resources, integration of MOH and medical education, WHV, integration of health programs into health network

3: 1996-present time
   Review in the selection and education level of Behvarzes, population research centre
District Health System in I.R. Iran

Chancellor of University of Medical Sciences and Health Services

Directorate of District Health Network

BTC: Behvarz Training Center
HP: Health Post
HH: Health Houses
SP: Specialized Polyclinic
WHV: Woman Health Volunteers
Monthly Mortality and Fertility

- Month
- Death(5&more)
- Death(1-4)
- Death(<1)
- Live Birth
Principal requirements for each District Health Center

- Be geographically accessible
- Culturally acceptable
- Provides integrated services
- Provide referral system
- Allocate personnel proportionate to the expected workload
- Customize personnel training to meet local needs
- Employ local staff
- Promote community participation
- Exercise independence in local administrative operation (decentralized management)
- Implement a simple system for routine monitoring and reporting.
Health House

Health House is the most peripheral rural health facility, covers approximately 1500 population who live in the main and satellite villages.

The number of villages covered by Health House depends on population, cultural, climatic and geographical conditions, especially routes of communication.

Each Health House staffed by a Female and a Male Behvarze (Community Health Workers).
Duties of Community Health workers (Behvarzes)

1. Annual Census and registration of health information
2. Health Education
3. Maternal and Child Care
4. Family planning
5. Nutritional Care and Improvement
6. School Health
7. Oral Health
8. Immunization
9. Environmental and Occupational health
10. Home visit
11. Early detection/Screening of diseases
12. Treatment of diseases according to set protocols
13. Rehabilitation and assistance for the handicapped
14. Cooperation with medical universities on training and research projects
Rural Health Center (RHCs)

- RHCs are public health facility that run by General Physician and a number of health technicians.

- RHCs monitor and guide the activities of the Health Houses, provide out-patient care as well as refer cases if needed to the District Hospitals.

- 18000 Health Houses and 3000 RHCs deliver PHC services to the rural inhabitants.
Duties of RHCs

1. Collection, control and classification of data and statistics
2. Monitoring and follow-up implementation of health interventions/ programs
3. Out-patient visits
4. Participation in educational activities
5. Dispatching mobile teams to outlying villages
6. Implementation of Public health programs
7. Participate in Research
Health Post

Health posts (HPs) are facilities similar to the Health Houses, established in the cities;

All the health services offered by health houses in villages are the responsibilities of HPs in urban areas, with some modifications. For example, HPs do not provide symptomatic treatment even to the extent of prescribing ‘over the counter’ drugs, giving injections, etc;

On the other hand, unlike health houses, HPs are equipped to place IUDs and take pop smears etc.
Urban Health Centers (UHCs)

- UHC is established in the cities, cover one or more HPs, depending on population density;

- The main difference between Urban and RHCs lies in the fact that patients may directly attend the former (without referral from a HP);

- HPs/UHCs are responsible for training Women Health Volunteers, each WHV covers 50 neighborhood families, responsible for health education, data collection, encouraging families for utilization of health services, contributing in research activities and conducting social and development activities;

- At present 1000 HPs, 3000 UHCs and 100,000 WHVs deliver PHC services to the urban inhabitant.
Duties of UHCs

1. Data collection assisted by Women Health Volunteers (that have influence on the speed and accuracy of data);
2. Classified data and report it to the DHC;
3. Monitor and follow-up implementation of programs in their catchment area;
4. Participate in orientation of medical students with DHS;
5. Perform the required laboratory tests (if private sector is unable to deliver such services);
6. Assist in antenatal care of women in need of special care;
7. School visits and health assessment for schoolchildren (primary and secondary schooling age);
8. Visit patients and, if necessary, refer them to hospital;
9. Provide oral and dental health care (specially for the school aged children);
Qualitative and quantitative development of Iran’s health care network

1. Formation of council for promotion & expansion of health network system;
2. Parliamentary support for introduction of one Dist Health Network in each province per year;
3. Integration of vertical programmes and development of new health programmes;
4. Training and usage of Women Health Volunteers;
5. Strengthening intersectoral collaboration at the central level;
6. Support family physician initiative;
7. Addition of Health Post to the infrastructure at the urban level.
Strength of health network system

- High level political commitment;
- Selection and training of local CHWs (Behvarzes);
- Simple Health Information System;
- Supportive supervision and In-service training activities;
- Revised text book of behvarzes based on community needs and burden of diseases;
- Defined catchments area for each health facility;
- Autonomous Provincial Health Centers as technical and managerial center for PHC services;
Strength of health network system (Cont.)

- Integration of Medical Education and Health Services;
- Well staffed rural health facilities;
- Community participation through training and usage of Women Health Volunteers in the urban areas;
- Established community participatory research centers;
- Increase in student’s admission on public health post graduates course and special arrangement for participation of network's officials and technicians.
Weaknesses of health network system

- High workload of academia that can not pay enough attention to PHC;
- Lack of well defined intersectoral collaboration for health development;
- Insufficient allocation of fund to PHC;
- Insufficient attention to PHC in syllabi of Medical universities;
- HIS not evolved in sync of advanced technology;
- Insufficient evidence based decision making;
- Not enough expanded the idea of community participation and ownership in health planning;
- Weak documentation.
## Iran: Health Indicators in 2006

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude Birth Rate</td>
<td>15.2</td>
<td>18.4</td>
<td>16.3</td>
</tr>
<tr>
<td>Annual population Growth Rate</td>
<td>-</td>
<td>-</td>
<td>1.2</td>
</tr>
<tr>
<td>Contraceptives Prevalence Rate (Married Women 15 - 45 yr) %</td>
<td>72</td>
<td>72</td>
<td>72</td>
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<tr>
<td>Deliveries Carried Out by Trained Personnel %</td>
<td>90</td>
<td>90</td>
<td>90</td>
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<tr>
<td>Infant Mortality Rate per 1000 Live Births</td>
<td>24</td>
<td>30</td>
<td>26</td>
</tr>
<tr>
<td>Child Mortality Rate per 1000 Live Births</td>
<td>28</td>
<td>35</td>
<td>30</td>
</tr>
<tr>
<td>Maternal Mortality Rate per 100,000 Live Birth</td>
<td>-</td>
<td>-</td>
<td>30</td>
</tr>
</tbody>
</table>
Population Transition in Iran over 20 Years

Iran - 1990

Iran - 2010

Source: U.S. Census Bureau, International Data Base.
Population & Population Growth Rate of Iran in Different Censuses

- Population Million
- Annual growth rate percent

1956: 15
1966: 30
1976: 45
1986: 60
1996: 80
2006: 100

Legend:
- Red: Population
- Green: Average annual growth rate between two censuses