Universal health coverage in Iran: What kind of knowledge is needed to achieve the goals?

Zhaleh Abdi1, Bahareh Yazdizadeh*,2, Elham Ahmadnezhad1, Mahboubeh Rahimi1, Reza Majdzadeh3

Received: 19 Aug 2018 Published: 8 Jul 2019

Abstract

Achieving universal health coverage (UHC), which means ensuring access to high quality and equitable services by all without financial hardship, requires local evidence. To find interventions appropriate to local needs, local knowledge and evidence are required in addition to global evidence. Thus, every country should have its own plan for research production and utilization and strengthening researchers’ capacities to achieve UHC. To accomplish the goals of UHC, the research system should be able to determine the research priorities and agenda, collect resources, improve the capacity for evidence generation, and maximally utilize the country’s capacity for finding local solutions by establishing research networks. In this study, inputs for UHC research priority setting in Iran and its challenges have been discussed.

Keywords: Universal health coverage, Health system research

Conflicts of Interest: None declared

Funding: None

*This work has been published under CC BY-NC-SA 1.0 license.

Cite this article as: Abdi Zh, Yazdizadeh B, Ahmadnezhad E, Rahimi M, Majdzadeh R. Universal health coverage in Iran: What kind of knowledge is needed to achieve the goals? Med J Islam Repub Iran. 2019(8 Jul);33:65. https://doi.org/10.14196/mjiri.33.65

Introduction

In recent years, strengthening health systems has been put on the agenda with the aim of achieving universal health coverage (UHC). In Iran, multiple interventions have been launched to strengthen the health system and accelerate the attainment of UHC. The most notable step taken in recent years is the Health Transformation Plan (HTP). In spite of commitment towards achieving UHC, there is still a long way till its goals are realized, and it is unclear how access to quality services and financial protection for all and in all settings will be possible.

To attain UHC, 2 sets of questions should be answered by evidence (1). The first group of questions lays emphasis on the necessary interventions: Which services should be delivered? Which level of services (ie, from district level to referral hospital) should be provided? How can we promote financial protection? Also, the know-how of access to health care services and protection from financial risk demand local answers. Therefore, in addition to using international evidence, countries need local contextual knowledge to inform the development of strategies aimed at accelerating UHC [2]. The second group of questions arise from the fact that UHC is an approach towards strengthening the health system. However, which topics in UHC goals (eg, diseases) must be dealt with and the extent to which these goals were met still depend on the countries’ priorities (2). Thus, local research must answer questions on the extent of progress towards UHC and achieving UHC goals. Knowledge can improve UHC, however, a variety of ways can also improve UHC: feedback from the impact on health-related policies and making adjustments based on the received feedback; improving the access, utilization, and quality of health care deliv-

↑What is “already known” in this topic:

To achieve UHC, some questions must be answered based on contextual evidence. These questions have been clarified in WHO documents, however, the needed evidence must be determined in each country according to its context.

→What this article adds:

In this editorial paper, the existing data on sources of the needed evidence for achieving UHC in Iran have been collected and summarized.
Knowledge needed to achieve universal health coverage in Iran

Every country faces a series of barriers and challenges in achieving UHC. The human resources for UHC research are still inadequate in Iran. Institutions working to accelerate progress towards UHC in Iran face multiple barriers and difficulties in conducting and implementing UHC research. The interventions and decisions that can improve UHC do not take place in the MOHME alone. Also, the policies and decisions are made by a number of other organizations and institutions that have direct and fundamental roles in accomplishing the aim too, including

UHC research requirements and barriers

Every country faces a series of barriers and challenges in achieving UHC. The human resources for UHC research are still inadequate in Iran. Institutions working to accelerate progress towards UHC in Iran face multiple barriers and difficulties in conducting and implementing UHC research. The interventions and decisions that can improve UHC do not take place in the MOHME alone. Also, the policies and decisions are made by a number of other organizations and institutions that have direct and fundamental roles in accomplishing the aim too, including

UHC research requirements and barriers

Every country faces a series of barriers and challenges in achieving UHC. The human resources for UHC research are still inadequate in Iran. Institutions working to accelerate progress towards UHC in Iran face multiple barriers and difficulties in conducting and implementing UHC research. The interventions and decisions that can improve UHC do not take place in the MOHME alone. Also, the policies and decisions are made by a number of other organizations and institutions that have direct and fundamental roles in accomplishing the aim too, including
the Ministry of Welfare and Social Security, the Rehabilitation Organization, the Imam Khomeini Relief Foundation, the Red Crescent Society, and public and private insurance organizations. Therefore, improving the performance of these organizations’ research systems has a direct impact on the improvement of evidence-informed policymaking in these organizations. These organizations face a number of barriers in various aspects of their research systems: (1) financing (lack of a budget line for research); (2) producing and using research (lack of a structured and systematic method to identify research priority, lack of stakeholders engagement in priority setting, lack of qualified researchers, non-existence of a proper knowledge translation platform, lack of active dissemination of research results to stakeholders, absence of a unit responsible for collecting research findings of policymaking research, and lack of a clear plan for translating research findings to practice); (3) creating and sustaining resources (serious shortage of qualified researchers); (4) stewardship (limited direct investment in capacity development for health systems research, absence of a specific structure for integrating research finding into practice at

http://mjiri.iums.ac.ir
Med J Islam Repub Iran. 2019 (8 Jul); 33.65.
MOHME, lack of willingness or motivation of policy-makers and manages to use evidence in policy, not enough investment in research to implement policies and programs).

The challenges faced at macro level by the HTP are classified in 3 important domains: (1) unsustainable financing, (2) inefficiency of the health system, and (3) weakness of governance. Then, 6 interventions are recognized as the response to aforementioned challenges (8). Table 2 presents these 6 interventions along with the required research questions. A wide range of scientific evidence is necessary to confront the existing difficulties. Under the current circumstances, the greatest need is felt for identifying and defining problems and their determinants and identifying their appropriate interventions. In terms of knowledge, a wide range of research is needed to respond to the current questions posed, ranging from theory-based studies for identifying appropriate interventions to interventional studies recommending the most appropriate intervention at the national level. However, a review of the studies conducted after HTP indicate that most studies have concentrated on identifying and defining the problems and have not presented solutions and/or addressed their implementation and assessment.

UHC research will be effective only when and if it is conducted within a supportive national research system. Such a system has many important applications: (1) it should be able to determine the research priorities in ac-

http://mjiri.iums.ac.ir
cordance with the context; (2) it should be able to create the necessary capacity for research at national level; (3) it should be able to determine the required standards and norms for research; (4) eventually, it should be able to transform evidence into practice. In Iran, research priorities are clear to some extent; however, their active dissemination and finding solutions to assure they are performed require special interventions. Also, it is of high importance to build capacity for research in the country. Effective research requires transparent and accountable methods for budget allocation. Furthermore, the execution of research needs a knowledge network consisting of relevant institutes and research centers at national level. Nevertheless, the most important success factor of such a research system is employing capable, keen, and highly motivated researchers who have effective internal and external communications. However, our resources for achieving health targets are limited and optimizing these limited resources is of high priority. To avoid trial and error, the best evidence should be utilized to inform policy and decision making.

Conflict of Interests
The authors declare that they have no competing interests.

References
1. World health report 2013: Research for universal health coverage.

Table 2: Interventions proposed for addressing the reform plan’s challenges and relevant questions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Research question</th>
<th>Problem</th>
<th>Causes</th>
<th>Solutions</th>
<th>Implementation</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laying emphasis on resistance economy in the health sector and operationalizing it</td>
<td>Solutions for utilization of financial resources other than the government’s oil revenue, such as, taxation on harmful products e.g. tobacco and sugary beverage</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Approval of the above intervention by the society</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Determining and institutionalizing a system for prioritizing health services</td>
<td>Cost – effectiveness studies</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Budget impact analysis</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>The impact of different services on financial protection and equity</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Having good governance in health</td>
<td>Separating stewardship duties and service delivery</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Managing conflict of interests</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Institutionalizing the system of evidence – informed decision making</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Increasing public participation in health decision making</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Family physician program</td>
<td>Finalizing the national family physician model considering the results of pilot studies conducted in various provinces</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dual practice</td>
<td>Studies examining changes in the behavior of service providers</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Willingness to change</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Executing the DRG pilot</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Other case mix models</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Referral system</td>
<td>Assessing the quality of health services</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Controlling the impact of the referral system on health costs and outcomes</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Downloaded from mjiri.iums.ac.ir at 5:46 IRST on Monday, February 3rd 2020 [DOI: 10.34171/mjiri.33.65]