Universal health coverage in Iran: Health-related intersectoral actions

Sahand Riazi-Isfahani¹, Maziar Moradi-Lakeh², Shiva Mafimoradi³, Reza Majdzadeh*⁴

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Abstract
The majority of modifiable health outcomes are attributable to factors that are outside the direct reach of the health systems and can only be reached through intersectoral actions. In recent years, Iran implemented a series of reforms in the health sector called Health Transformation Plan (HTP). This paper aimed to review health-related intersectoral actions in Iran that have focused on interventions conducted after HTP implementation and to compare the interventions against the recommendations by World Health Organization (WHO) Commission on Social Determinants of Health. Findings showed that intersectoral governance interventions are the strongest points and have the most compatibility with the recommendations, while intersectoral environmental interventions are the weakest points. Also, many of the interventions have not yet been completely implemented. Moreover, continuity and sustainability of the policies and programs are still a concern.

Keywords: Intersectoral collaboration, Health care reform, Universal health coverage, Iran

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The ultimate goal of health systems is to help people attain the highest equitable health status through Universal Health Coverage (UHC) (1). However, it is estimated that medical care can only account for about 10%-20% of the modifiable health outcomes (2). Others are attributable to social, economic, and behavioral factors that are outside the direct reach of the health systems. Therefore, intersectoral actions could be highly important in approaching and dealing with these factors.

World Health Organization (WHO) defines intersectoral actions as “the alignment of strategies and resources between actors from two or more policy sectors to achieve complementary objectives” (3). In I.R Iran, health-related intersectoral affairs are technically the responsibility of the Supreme Council of Health and Food Security (SCHFS). Founded in 2005, this council is headed by the president, and 13 ministers of the cabinet are prominent members including ministers of “Health and Medical Education”, “State”, “Education”, “Youth and Sports”, “Cooperation, Labor and Social Welfare”, “Agriculture”, and “Industry, Mining, and Trade”. The Minister of Health is the secretary of the council. SCHFS secretariat is established in the Ministry of Health and Medical Education (MoHME), with corresponding secretariats in the provinces (4) (Fig. 1).

In May 2014, the Iranian MoHME began a series of reforms by launching multiple interventions in the health sector called Health Transformation Plan (HTP) (6-8). Although HTP was initially started in the treatment sector, it was continued to cover other sectors of the health system. One of the important interventions conducted by the MoHME following HTP implementation was the establishment of the Deputy for Social Affairs and its subordinate departments in 2016. The secretariat office of SCHFS is

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*What is “already known” in this topic:*
The WHO Commission on Social Determinants of Health (SDH) has devised a series of evidence-based intersectoral actions to equitably and sustainably promote health.

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*What this article adds:*
In I.R. Iran, intersectoral governance interventions are the strongest points and have the most compatibility with the recommendations, while intersectoral environmental interventions are the weakest points.
Health-related intersectoral actions in Iran

currently located in the Deputy for Social Affairs and is the hub for integrating and organizing the interventions of the health system in the field of intersectoral collaborations.

The WHO Commission on Social Determinants of Health has recommended a series of evidence-based intersectoral actions (9). In this paper, health-related intersectoral actions in Iran were reviewed, with a focus on interventions conducted after HTP implementation, and interventions were compared against recommendations. The classification proposed by Pega et al was used in this study to better present the findings (10). This categorization focuses on determinants of health and is related to sustainable development goals (SDGs) and equity and sustainable development goals.

<p>| Table 1. Examples of health-related intersectoral actions conducted in Iran considering the recommendations by the WHO Commission on Social Determinants of Health |</p>
<table>
<thead>
<tr>
<th>Recommendations by the WHO Commission on Social Determinants of Health</th>
<th>Examples of interventions conducted after the implementation of the Health Transformation Plan (HTP) in Iran</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.1.</strong> The local government and civil society, backed by national government, have established local participatory governance mechanisms that enable communities and the local government to partner in building healthier and safer cities.</td>
<td>A.1.1. Establishing Provincial Health Policy Secretariats (PHPSs) in the organizational structure of provincial universities of medical sciences. One of the main functions of the PHPSs as supporting bodies is to ensure community participation and intersectoral cooperation in the policymaking processes aiming to improve health indicators in the provinces, emphasizing on Social Determinants of Health (SDH) (11).</td>
</tr>
<tr>
<td>A.1.2. Establishing a community-based council called “Civil Society Participation House in Health (CSPHH)” as a substructure of the Secretariat of Health Policymaking, with the aim of empowering people to cooperate in promoting their health and their environment (12).</td>
<td>A.1.3. Designing and implementing national educational workshops for members of CSPHH with the aim of promoting their health literacy and equipping them with the required skills for cooperating in the participatory decision-making process at the provincial levels.</td>
</tr>
<tr>
<td>A.1.4. Producing practical instructions, such as guidelines, for health mediators with the aim of allowing CSPHH members to be acquainted with health-related concepts and their potential roles in health promotion.</td>
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<tr>
<td>A.1.5. Developing high-level policy documents based on SDH approach in provincial level called “Provincial Health Plan” under the supervision of Secretariats of Health Policymaking and with the cooperation of CSPHH members and all relevant non-health organizations.</td>
<td>A.1.5. Designing and implementing national educational workshops for members of CSPHH with the aim of promoting their health literacy and equipping them with the required skills for cooperating in the participatory decision-making process at the provincial levels.</td>
</tr>
<tr>
<td>A.1.6. Establishing Health Assemblies in different levels form local to national level, with the aim of providing opportunities for all members of civil societies, private and public sectors to gather, share, and discuss common health-related problems annually.</td>
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<td>A.1.7. Establishing a community-based center called “Neighborhood Health Center” as a gathering place for people living in a neighborhood to talk about their health-related problems and take participatory actions to solve them in the neighborhood.</td>
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</tr>
</tbody>
</table>

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A.14. Governments ensure that all children are registered at birth without financial cost to the household.


A.12. National and local-level government ensures the fair representation of all groups and communities in decision-making that affects health and in subsequent program and service delivery and evaluation.

A.11. National government acknowledges, legitimizes, and supports marginalized groups, in particular indigenous people, in policy, legislation, and programs that empower people to represent their needs, claims, and right.

A.10. National government strengthens the political and legal systems to ensure they promote the equal inclusion of all.

A.9. Governments are set up within the central administration and provide adequate and long-term funding for a gender equity unit that is mandated to analyze and to act on the gender equity implications of policies, programs, and institutional arrangements.

A.8. Governments pass and enforce legislation that promotes gender equity and makes discrimination based on sex illegal.

A.7. Government policy-setting bodies ensure and strengthens the representation of public health in domestic and international economic policy negotiations.

A.6. Public resources are equitably allocated and monitored between regions and social groups, for example, using an equity gauge.

A.5. National and local governments and civil society establish a cross-government mechanism to allocate budget to action on social determinants of health.

A.4. The monitoring of social determinants and health equity indicators be institutionalized and health equity impact assessment of all government policies, including finance, be used.

A.3. National government establish a whole-of-government mechanism that is accountable to parliament, chaired at the highest political level possible.

A.2. Strengthen, and implement health equity-oriented institutional status of women and family affairs in their organization through implementing gender equality in policies and programs and analyzing their impact on gender inequity based on predefined indicators announced by National Headquarters of Woman and Family, in Sixth Development Plan of Iran.

A.1. Governments ensure that all children are registered at birth without financial cost to the household.

Recommendations are categorized into 3 groups: (a) intersectoral governance interventions; (b) intersectoral socioeconomic interventions; and (c) intersectoral environmental interventions. As demonstrated in Table 1, some cells in}

Table 1. Cntd

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### Health-related intersectoral actions in Iran

#### Table 1. Contd.

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.15.</td>
<td>National governments establish a national health equity surveillance system, with routine collection of data on social determinants of health and health inequity.</td>
</tr>
<tr>
<td>A.17.</td>
<td>Governments include the economic contribution of household work, care work, and voluntary work in national accounts and strengthen the inclusion of informal work.</td>
</tr>
<tr>
<td>B) Intersectoral socioeconomic interventions</td>
<td></td>
</tr>
<tr>
<td>B.1.1.</td>
<td>Developing the national policy document for early child development (ECD) by MOHME with the collaboration of Ministry of Education and Welfare Organization and piloting it in 4 different districts of the country (17).</td>
</tr>
<tr>
<td>B.1.2.</td>
<td>Addressing the provision of quality education for children in preprimary school in general health policies announced by the Supreme Leader (13).</td>
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</tr>
<tr>
<td>B.2.2.</td>
<td>Developing the policy document of the Fundamental Transformation of Educational System (6).</td>
</tr>
<tr>
<td>B.3.1.</td>
<td>Addressing the free primary and secondary education for all in the article 30 of the constitution.</td>
</tr>
<tr>
<td>B.5.1.</td>
<td>Establishing universal basic health insurance scheme focusing on deprived social classes as a part of Health Transformation Plan (HTP) aiming to reduce catastrophic health expenditures (6).</td>
</tr>
<tr>
<td>B.7.1.</td>
<td>Establishing a universal basic health insurance scheme focusing on those who are not covered by any insurance schemes (including informal workers) as a part of Health Transformation Plan (HTP) (6).</td>
</tr>
<tr>
<td>B.8.1.</td>
<td>Obligating the Deputy for Women Affair of the Iranian Presidential Organization to develop a comprehensive plan for empowering female-headed households in partnership with stakeholder organizations.</td>
</tr>
<tr>
<td>B.10.1.</td>
<td>Establishing SDH research centers in provincial universities of medical sciences throughout the country, each with their own budget line.</td>
</tr>
</tbody>
</table>

The table is blank and, for some recommendations, corresponding interventions were not found, indicating that either no intervention was conducted by the health system, or the existing interventions are not documented properly.

Apart from the high-level documents, such as the Constitution and National Development Plan, the interventions conducted by organizations outside the health system are not...
B.11. Educational institutions and relevant ministries make the social determinants of health a standard and compulsory part of training of medical and health professionals.

B.12. Educational institutions and relevant ministries act to increase understanding of the social determinants of health among non-medical professionals and the general public.

B.13. Reduce insecurity among people in precarious work arrangements including informal work, temporary work, and part-time work through policy and legislation to ensure that wages are based on the real cost of living, social security, and support for parents.

B.14. Develop and implement economic and social policies that provide secure work and a living wage that takes into account the real and current cost of living for health.

B.15. Build and strengthen national capacity for progressive taxation.

B16. New national and global public finance mechanisms should be developed, including special health taxes and global tax options.

C) Intersectoral environmental interventions

C.1. Manage urban development to ensure greater availability of affordable quality housing; invest in urban slum upgrading, including provision of water and sanitation, electricity, and paved streets for all.

C.2. Plan and design urban areas to promote physical activity through investment in active transport; encourage healthy eating through retail planning to manage the availability of and access to food; and reduce violence and crime through good environmental design and regulatory controls.

C.3. Develop and implement policies and programs that focus on issues of rural land tenure and rights, year-round rural job opportunities, agricultural development and fairness in international trade arrangements, rural infrastructure, including health, education, roads, and services, and policies that protect the health of rural-to-urban migrants.

C.4. Occupational health and safety policy and programs should be applied to all workers – formal and informal – and the wage range should be expanded to include work-related stressors and behaviors as well as exposure to material hazards.

C.5. Strengthen public sector leadership in the provision of essential health-related goods/services and control health-damaging commodities.

C.6. Public capacity should be strengthened to implement regulatory mechanisms to promote and enforce fair employment and decent work standards for all workers.

C.4.1. Developing related guidelines and policy documents on health safety by the Environmental and Occupational Health Center in the MOHME.

C.5.1. In Iran, almost all primary health care services are provided by the public sector. Also, implementing the Health Transformation Plan (HTP) and subsequent changes in the paying system resulted in the shifting of both patients and health workforce from private to public sector (6).

displayed in the table. Also, some of the examples mentioned in Table 1 had been implemented prior to HTP implementation.

For the first group (the intersectoral governance interventions), 14 out of 17 (82.3%) recommendations had a corresponding example in the country (Table 1). This implies
that the relevant political or decision-making structure in the Iranian health system, which is responsible for the governance, has done well. However, many of the interventions still remain to be implemented. Moreover, continuity and sustainability of the policies and programs are still a concern. The corresponding examples for the intersectoral socioeconomic interventions were reduced to 10 out of 16 (62.5%)

Conflict of Interests

The authors declare that they have no competing interests.

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