



Primary Health Care in Iran at 40: Equity, Resilience, and the Road Ahead

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Editorial

For four decades, Primary Health Care (PHC) has stood as the cornerstone of Iran's health system, shaping population health outcomes through an emphasis on prevention, accessibility, and community engagement. Formally established in the early-1980s, Iran's PHC system drew on earlier indigenous experiences and aligned closely with the global **Health for All** movement, translating its principles into a nationwide network of health houses, rural and urban health centres, and referral pathways. This platform has delivered some of the country's most enduring health gains, including major reductions in maternal and child mortality, effective control of communicable diseases, and sustained public trust during periods of crisis. Beyond service delivery, PHC has functioned, and continues to hold strong potential, as a critical pillar of national health security, disease surveillance, and social cohesion.

At its core, PHC in Iran has been explicitly **equity-oriented**, deliberately designed to reduce geographic, socioeconomic, and cultural disparities in access to essential services. This philosophy has enduring relevance well beyond the health sector. The PHC experience demonstrates how equity can be operationalised in practice, through needs-based planning, proximity to communities, and prioritisation of disadvantaged groups, offering a practical model for other public service systems, including education, agriculture, social protection, cultural development, and economic policy. In this sense, PHC is not merely a health strategy but a governance paradigm that illustrates how social justice can be embedded in service delivery across sectors and over time.

Iran's PHC model has long been regarded as a regional reference, inspiring neighbouring countries through its scale, community workforce, and integration into national development agendas. Yet this legacy now faces mounting

pressures. Chronic underfunding, rapid socioeconomic change, political fluctuations, demographic ageing, the growing burden of mental health conditions and non-communicable diseases, and the disruptive impact of the COVID-19 pandemic have collectively strained the system and, in some areas, reversed earlier gains. While PHC has shown remarkable operational strength and adaptability at the implementation level, constraints at higher levels of fiscal and political decision-making have limited its capacity to evolve at the pace required. Addressing these challenges will demand sustained investment, renewed political commitment, and strategic reform if PHC is to adapt and once again pioneer solutions over the next 10 and 25 years.

This commemorative issue also honours the memory of visionary leaders whose intellectual courage, lifelong dedication to the health of the Iranian people, and unwavering patriotism laid the foundations of Iran's PHC system—notably the late **Dr Sirous Pileroudi**, **Dr Kamel Shadpour**, and **Professor Hossein Malek-Afzali**. Their work embodied a rare synthesis of scientific rigor, evidence-based decision-making, social responsibility, resilience, persistence in the face of adversity, and ethical leadership. Deeply committed to equity and national self-reliance, they advanced PHC not as a transient reform but as a durable social institution, guided by data, community realities, and a profound sense of service to Iran. The enduring strength and adaptability of PHC in Iran owe much to their legacy, which remains firmly embedded in both policy and practice and continues to inform contemporary debates on participation, equity, and system resilience.

In reflection of **PHC-40**, this issue features a comprehensive scoping review led by Professor Asadi-Lari and a group of nationally recognised experts. The paper, "40 Years of Primary Healthcare in Iran: Achievements,

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Lessons and Future Directions”, offers a critical historical analysis of Iran’s PHC experience over the past six decades and projects strategic directions for the next 25 years in the digital age. By situating PHC within the broader health system and its social, economic, and political context, this work provides an essential reference for policymakers, practitioners, and researchers seeking to renew Iran’s PHC as an equity-driven, resilient platform for the future. We invite readers to engage critically with this visionary and policy-shaping review and to contribute to the dialogue it aims to stimulate on strengthening PHC for generations to come.