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Barriers and Facilitators to Participatory Governance in Iran Health Policymaking: A Qualitative Study

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Abstract

Background: Community participation has been accepted as a promising approach to promoting health and health equality. Based on Iran's constitution and the general health policies, community participation in health is addressed as a right, and during recent decades, some measures have been put in place. However, it is critical to improve public participation in Iran's health system and institutionalize community participation in health policymaking. This study aimed to identify barriers and facilities affecting public participation in Iran's health policymaking.

Methods: Semi-structured qualitative interviews with health policymakers, health managers and planners, and other stakeholders were conducted to collect data. The conventional content analysis approach was used to analyze the data.

Results: Two themes—including community level and government level—and 10 categories were identified through the qualitative analysis. Cultural and motivational factors, lack of awareness of the right to participate, and lack of sufficient knowledge and skills are among the identified barriers in the process of establishing effective interaction. From the health governance perspective, a lack of political will is identified as one of the obstacles.

Conclusion: A culture of community involvement and political will are pivotal in the sustainability of community participation in health policymaking. The provision of a suitable context for participatory processes and capacity building on the community and government levels can be useful in institutionalizing community participation in the health system.

Keywords: Community Participation, Health Policymaking, Political Will, Iran

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Introduction

The role of civil society organizations has been asserted in strengthening health systems. Through facilitating dialogues between governments and citizens on the priorities, performance, and accountability in the health system, civil societies' contribution improves health service delivery and health policies (1).

Thailand, Tunisia, Chile, and France are countries that have the best practice of mobilizing community and civil society participation in the health system. In Thailand, the first "National Health Assembly" was formed in 1988 and during the years evolved around the fundamental concept of the "Triangle that Moves the Mountain." This assembly embraced the idea of involving all 3 spheres of society—civil society, the general public, academic institutions, and think tanks—in solving complicated health problems (2). The National Health Assembly allows different stakeholders to obtain a better understanding of their perspectives through dialogue (3) and plays a key role in incorporating evidence into policy discourses (2). In Chile, according to the law, citizen participation is required at all levels of

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↑What is "already known" in this topic:
Community participation in health policymaking is a key step in moving toward reducing health inequalities and achieving health system goals.

→What this article adds:
The results of this study provide a clear depiction of barriers and facilitators to community participation in Iran's health policymaking.

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Chile's decentralized public health system, and priority is given to the participation of vulnerable and marginalized groups. At all levels of Chile's health system, community participation is supported and enabled through norms, guidelines, performance goals, incentives, and financial inputs determined by the Ministry of Health (4). The French National Health Conference is a consultative body that consists of 97 independent members and represents a wide range of actors from various areas, such as health, public parties, and vulnerable groups, representatives of patient associations, and labor unions (5). The concept of health democracy began during the AIDS/HIV crisis in the 1980s, and civil society activities were then expanded in political circles, which eventually led to enhanced influence in the development of health policies (6). The social dialogue for the reform of the Tunisian health system started in 2013 and relied on regional consultation, and the participation of citizens and health professionals (7, 8).

Participation is often used in connection with democratic ideals and empowerment (9). Public participation in policies, particularly health, is seen as a process through which the government actively solicits public views and opinions regarding a decision or as a way for civil society to influence the political agenda (10). According to Abelson et al (2002), participation can be a spectrum of neutrality in which a person should be asked to give his/her opinion to mobilize more active involvement of citizens in decision-making (11). Robertson and Minkler (1994) define community participation as identifying the needs of groups by themselves and establishing mechanisms to address such needs (12). The term "community participation" seems to be the most inclusive term for any form of participation. The suffix "community" refers to individuals, populations, and local communities, but it can also relate to civil society (13).

The coronavirus pandemic has made the need for the expansion of community participation to foster trust in government and public institutions, which is recognized as the key to success in dealing with Covid-19 (14, 15). Such trust can be fostered through a sustainable, regular, and institutionalized dialogue between governments and the communities if people feel that governments listen to their demands and take their views into account (13).

Good governance exists where people have legally obtained authority and the voices of those whose interests are affected by decisions are properly heard (16). One of the vital but challenging aspects of strengthening good health governance is the systematic participation of people in the policies- and decision-making cycle in the health sector (3). The main goal of social participation mechanisms is to fill the gap between the views of policymakers, experiences, and needs of communities (17). To close this gap, the public's perspectives on health must be introduced. These perspectives must go beyond the biological and technological viewpoints that dominate specialist and governmental circles (18). Despite the simplicity of the issue in theory, it is still a complicated task to bring the public voice into health policy and decision-making (13).

In Iran, the provision of primary health care (PHC) services through the establishment of public health network is one of the most significant achievements (19-21). One of the pillars of PHC development, affirmed in Almata's statement (22), is the participation of local communities. During the decades, due to changes in the health needs of communities, strengthening community participation in PHC and the related decisions at this level is critical. Reviewing Iran's upstream policy documents shows that community participation in health is treated as a right. In recent years, establishing neighbourhood health clubs, community health volunteers, house of public participation in health and community health councils, and provincial and national health assemblies were asserted as places to attend public planning, implementing, and monitoring health plans (23). However, public participation in Iran's health policies needs to be institutionalized (24). Hence, this study aimed to explore barriers and facilitators to community participation in Iran's health policy from the perspective of health policymakers.

Methods

This qualitative study was conducted through semi-structured interviews. Participants were selected from policymakers, managers, and experts who are directly or indirectly involved in health system policymaking in Iran. To achieve the highest quality level of responses against the questions as provisioned in the interview guideline, the participants were expected to meet certain characteristics and indicators; hence, a targeted sampling method was employed. The characteristics and indicators were as follows: (1) knowledge of public participation in employment; (2) knowledge of policy cycle; (3) knowledge of health regulations and upstream documents; and (4) minimum 10 years' professional background and experience in the field. To improve finding reliability/credibility, maximum variation was considered in the selection of the participants. It is concluded that the list of participants comprised current and former policymakers from the 2 executive and legislative branches, current and former senior managers, and university experts in the fields of sociology and health.

Sampling continued until data saturation. When answers to interview questions contained the same words or concepts over and over again and there were no fresh semantic units to respond to each interview question, it was considered as data saturation. The interview guidelines containing 13 questions and 3 annexes, including the relevant info grams of public participation, policymaking cycle, and constitutional principles on public participation were designed. The focus of the questions designed was on the necessity of employing public participation, accountability in regulations and upstream documents concerning governance approach toward participation in health, expected community participation level in health policymaking in 20 years, hindering and facilitating factors in attracting public participation, and strategies to alleviate such obstacles, public interest for active participation in discourses and sessions in case of willingness in the part of the government to attract and employ public participation. At the end of the interview, the participants were asked to share any additional issues that in their opinion were left out and unattended within the framework of these questions. They were also

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requested to introduce others who would qualify to participate in the study.

Before starting the interviews, the study objectives were explained to the participants. Also, ethical considerations, including anonymity, confidentiality of information, and the right to withdraw from the study process at any time were observed. The interviews were conducted with the consent of the participants. The duration of the interviews was between 45 to 90 minutes. Each interview was conducted in 1 session. Interviews were conducted by prior appointment and in a calm and suitable environment identified by the interviewees. The interview content recorded was transcribed word for word and the relevant content, including pertinent notes, was reviewed individually multiple times by at least 2 researchers.

To analyze the data, the conventional content analysis method was used. First, the recorded interview contents were transcribed word for word and then the transcriptions were reviewed several times. Field notes were also entered into the analysis. Qualitative data were reduced to semantic units. Then, the semantic units were coded after several reviews by the researchers and according to their explicit meaning. The codes were compared in terms of similarities and differences and were categorized into subthemes and themes. Agreement on the codes, subthemes, and themes was reached by the research team upon the review of the results. To increase the validity of the data, participant diversity, member checking, and attention to negative cases were considered.

Results

A total of 18 participants participated in the study. Two main themes, including government and community levels, and 10 categories with 41 subcategories were extacted from the study (Table 1).

Table 1. Participant's Characteristics

	Personal Data	
participants in the study (n:18)	Age, year	Mean: 61.5
	Gender	Female (n:2)
		Male (n:16)
	Job experience, year	Mean: 22

Barriers to Public Participation in Health Policymaking (Table 2)

1. Community-Level Factors

1.1. Cultural Factors

Social participation is one of the aspects of desirable citizenship. From the participant's point of view, there are considerations in the cultural dimension of civilization in Iran that have weakened the participatory processes. This means that the desire for paternalistic decisionmaking and the acceptance of such a management system prevents the creation of opportunities for sharing ideas. Thus, one participant (P12) beliefs were as follows: "*The most important challenge is the nonparticipatory culture. Historically, autocratic attitudes exist among the people. They consider their own decisions superior to the decisions of the public and are not willing to obey popular processes, democratic processes, and participatory processes*."

From the interviewee participant (P 4) point of view, the lack of sense of obligation and social responsibility in social relations that commits people to the rights of others and their support is another cultural obstacle to institutionalization of participation: "*One of the reasons for its lack of importance is the existing culture that does not foster the sense of commitment and responsibility*."

Among the other cultural factors mentioned that prevent community participation, individualism, haste, and disorganization are to be mentioned.

"*In our society, this problem exists strongly. It is also a discussion of individualism versus collectivism*" (P 14).

However, on the other hand, some believe that the religious aspects of the Iranian people have created and strengthened the culture of participation among them. "*Our country has opportunities, even our religious aspects promote the grounds for participation. "In one manner, it inspires people to commit to helping others, or the historical and cultural facets of our nation encourage us to engage in participation-related conversations*" (P 10).

It can be said that there is a cultural base for participation in Iran, but the process of community participation in the health system has not been formed in a meaningful and structured way.

1.2. Motivational Factors

According to the research participants, it is highly important to pay attention to the role of social capital, mutual trust, and the status of social participation in the priorities of people's lives in mobilizing their participation in health issues. This means that reduced social capital and trust between governments and people will affect the chances of community participation, including participation in health-related decisionmaking. "*One thing I forgot is the issue of honesty. Dishonesty weakens our social capital*" (P 14); "*The government should not behave in such a way as to create a sense of abuse of people's trust*" (P 1).

In addition, as long as other issues, such as economic, housing, and employment problems, cause concerns for a person, health prioritization for the individual is hindered. Therefore, failure to meet basic life needs, including improvement of the economic situation, is considered an obstacle to participation in health. One of the interviewees said, " *Health, in my opinion, is not a priority in people's life right now. People are mostly searching for a living at this time*." (P 10).

1.3. Knowledge and Skills Factors

In this study, awareness of the right to participation and its importance, knowledge about the concepts of health, participation, consultation, and the necessary skills to establish social communication such as effective criticism and acceptance and respect for others' opinions were identified as effective factors for community participation in health. Some interviewees believed that one of the barriers to participation is the lack of awareness of the right to participate. In this context, a participant (P 6) said, "*There are some people who need to realize they shouldn't let a select*

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Table 2. Inhibiting Factors in Mobilization of Community Participation in Health Policy

Theme	Category	Subcategory	Example
Community level factors	Cultural	1. Individualism 3. Irregularity 4. Acceptance of hierarchical management 5. Acceptance of participatory processes 6. Belief in participation 7. A sense of commitment and responsibility towards each other	1. There is an implicit avoidance of order and implicit showing off. 3. Our society is not a cooperative culture society. 4. The most important challenge is the non-participatory culture. 5. The roots of autocratic thinking and autocratic spirit exist among people historically.
	Motivational	1. Social capital 2. Life priority	1. Maintain communication, wealth, and social capital. 2. The threat that can delay the approach is the bad economic situation. 3. Health does not belong to the first category of people's issues.
	Knowledge and skills	1. Understanding the concept of health 2. Understanding the concept of participation 3. Understanding the importance of participation in health 4. Belief in the right to participate	1. People's lack of awareness is the problem. People are ignorant but at the same time, they are right. 2. Ignorance has no meaning in participation. 3. We have a wide ignorance about health issues in general.
Governance level factors	Management factors	1. Disruption of politics 2. Interdepartmental partnership 3. Hierarchical and patriarchal management 4. Adherence to meritocracy in appointments 5. Expert look at health issues	1. No one is willing to continue the previous policies. 2. There is a gap in our policies. 3. Our society is historically affected by tyranny. 4. The selection of the Minister of Health, vice presidents, and university presidents should be based on scientific criteria.
	Power relations	1. Political will 2. Transparency and accountability 3. Commitment and belief 4. Conflict of interest 5. Existence of political parties	1. They should believe that people can better recognize their own needs. 2. Our approach to participation is not honest. 3. The process of transparency, the process of responsibility, the existence of a suitable structure, and finally accountability 4. Mainly the involvement of non-experts in expert decisions and the involvement of people with interests in decisions 5. We do not have a party in Iran 6. Governments are caught up in haste.
	Structural factors	1. Developmental thinking 2. Institutionalization of participatory structures	1. Absence of developmental thinking 2. Provisions are not made for suitable structures.

few to control how they live their lives. I believe participation is only feasible when society is conscious enough to take control of its future and well-being based on the Constitution and participation and intervention; and this demands awareness".

"*Moreover, difficulties with community engagement are brought on by misunderstandings of the terms "health*," "*participation," "consultation," and "weakness in the necessary abilities for effective social discourse and participation, which results in ignorance*." A participant (P 11) said, "*We seem to be largely ignorant about health-related issues. The understanding of health that exists is what's to blame, not people*".

From the point of view of some participants, the voices of some effective groups in mobilizing community participation in the administration, including the health system, are not heard: "*In Iran, we have groups that do not like dialogue, these include housewives, nomadic women, rural women, minority groups, et cetera*." (P 3).

2. Governance-level Factors

2.1. Management Factors

One of the important aspects of the concept of participation is the effective factors in the executive field. One of the harmful elements that weaken social participation in the ad-

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ministration of public affairs, including health, is the instability of policies after managerial changes. This consideration was expressed by a participant (P 10): "*There is a break in our policies, a break is caused when no one is willing to continue the previous policies*."

As long as the weakness of interdepartmental cooperation and the hierarchical and paternalistic management system prevails in the health policy system, there will be no intention to attract community participation, and even if there is a desire for it, the expected effect will not be achieved. "*The desire of governments is to stand in the peoples' shoes*." (P 5).

Deviating from a meritocracy in appointments and non-scientific and specialized view of health are among the other obstacles to social participation: "*A person sits at the head of the ministry who does not know the concepts and methods of policymaking*." (P 1).

2.2. Power Relations

Political parties strengthen the accountability and transparency of the policymaking process, which is the foundation for resolving instances of conflicts of interest among numerous stakeholders in the health system, including service providers, pharmaceutical companies, medical equipment manufacturers, and generally suppliers of necessary resources. According to the study's participants, issues like the lack of political parties, the presence of clear instances of conflicts of interest, and a lack of commitment to encouraging community involvement in health cause a lack of political will and accountability and transparency, which undermine the goal of encouraging community involvement in health. Participant (P 7) said, *"One of the reasons why participation is lower in Iran is that we do not have political parties in Iran."*

2.3. Structural Factors

One of the requirements of mobilizing community participation is to provide a suitable platform, including determining a specific mechanism and creating a structure so that the mechanisms of mobilizing participation in the existing structure reach the desired function. Among the challenges raised in the field of social participation in the health system is the absence of a specific mechanism and institutionalized structure for participation. A participant (P 7) stated, "*The basic problem of our society for low participation is the absence of such institutions*." Also, the interviewee (P 4) stated, "*One of the important reasons for non-participation is the lack of mechanisms*."

The weakness of the development perspective in the governance of the health system is one of the effective inhibiting factors in attracting community participation, which was raised by the interviewees of this research. "*Development is my expertise and I say that we do not have development mentality… Basically, we have some problems in terms of thinking*." (P 7).

b. Facilitating Factors in Mobilizing Public Participation in the Policymaking of Iran's Health System (Table 3)

1. Governance-level Factors

1.1. Structure

In this study, the absence of a specific structure and mechanism was raised as an inhibiting factor for community participation in health; Nonetheless, several research participants claimed that while structures had been developed in the field of participation over the previous years, they had not yet reached the necessary level of efficiency. Therefore, efficient use of existing structures such as Islamic City and Village Councils, Health Networks, and Provincial Health and Food Security working groups can

Table 3. Facilitating Factors in Mobilizing Community Participation in Health Policymaking

Theme	Category		Subcategory		Example	
Government level	1.	Structures	1.	Duties and Authorities	1.	City and Village Islamic Council
			2.	Legal positions	2.	Provincial Health and Food Security working group
			3.	Organizing of roles	3.	Health Network
	2.	Relation and Mechanisms	1.	Stakeholders' identification	1.	Health Assemblies
			2.	Determining relationships between stakeholders	2.	Community Health volunteers
					3.	Associations and Societies
					4.	Health Ambassadors
			3.	Participatory mechanisms	5.	Houses of Public Participation for Health
			4.	Development of support laws	6.	Friday prayer Imams
Community level	3.	Contextualization	1.	Culture building	1.	Religious teachings, public religious resources
			2.	Social capital	2.	Our demographic structure is prone to learning and development
			3.	Effective implementation of laws	3.	There is a proper public trust in medical practitioners
			4.	Mobilizing resources		
			5.	Social demand		
		1. Capacity building	6.	Training	1.	current virtual space is a big opportunity
			7.	Virtual space	2.	virtual space is a double-edged sword
			8.	Technology	3.	social media, and TV, all from a technology development perspective
			9.	media		

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turn this weakness into a strength.

" *At our systems most remote locations, we have health care clinics and Health care houses that are supervised by them and serve a specific population*. " (P 1).

According to the interviewees, these structures have problems that need to be modified or strengthened, "*Recently, the secretariat of the Supreme Council of Sagh (Health and Food Security), is unfortunately not public and is only governmental*" (P 1).

"*To increase participation, we must transform councils into local governments*" (P 7).

2.1. Relations and Mechanisms

One of the facilitating factors in the institutionalization of community participation in health policy is the existence of effective mechanisms for the voice of the people or their representatives to be heard. In the experience of countries where social participation in health has been established and strengthened, civil organizations and nongovernmental organizations have played an effective role, and their governments considered it as an opportunity and strengthened them. In this study, the interviewees recommended the use of existing mechanisms such as nongovernmental organizations (NGOs), communities and associations, fridays' prayer imams, community health volunteers, house of public participation for health, and health ambassadors."*NGOs, communities, and people are opportunities*" (P 2).

"*This houses of public participation for health means that NGOs related to health should have rights and follow-ups. The establishment of these public health centers was a wise decision*" (P 8).

Participants in this study believed that the use of these mechanisms depended on the belief of the officials in the principle of community participation in health: "*We used to go and hold meetings in the governor's office, provincial governors, Friday imams, and local governors; and mayors attended to our meetings, but they all were canceled, this proves that this potential exists, the statement reads. The belief must exist to do this*" (P 5).

2. Community-Level Factors

1.1. Contextualization

The existance of a participatory space that can guarantee the process of community participation is one of the facilitating factors in creating and improving the level of community participation in health. Society and the government are effective in creating this platform.

"*On the side of people, promoting their knowledge and skills to participate in decisionmaking means that we must eliminate the passive attitude from the people*" (P 2).

In addition, transparency, building trust, and strengthening social capital were also identified among the basic factors required to institutionalize community participation in the country's health system.

"*Trustworthiness and openness make their mark. Community participation is beneficial and effective, and its execution is improved by its presence*" (P 4). "*Transparency has the largest positive impact on social capital. Mutual trust underpins social capital*" (P 7). "*The issue of developing trust should be addressed as the first action to be performed*" (P 3).

Enactment and development of protective laws and the efficient implementation of such laws, as well as the provision of required financial, and human resources were expressed as other foundational factors: "*There are probably enough laws, although these laws can be developed, be strengthened and become more transparent*" (P 4).

"*We have enough laws in the country, but we have problems in their implementation*." (P 5)

2.1. Capacity Building

To mobilize effective participation in the society, it is necessary to create capability and build capacity at both the society and the government level, which requires the application of appropriate tools. From the participant's point of view, the opportunity-oriented perception of virtual space, exploitation of the existing technologies, and aligning the media with the goal of community participation in health create the required capacity for participation. Skill and knowledge training was introduced as a requirement for capacity building in society and government employees.

Participant (P11) stated mobilizing community participation requires training, "*Understanding the benefits of participation does not necessarily mobilize such capacity. There should be training along with deep personal understanding and acceptance.... It depends on continuous training, otherwise, we will face a cross-section....* "

A participant (P 8) claimed that "*virtual space is a national hall*."

In terms of media, it is required to align it with the community participation approach in addition to the opportunity-oriented view: "*Our media spaces is not ready to be involved in this issue*" (P. 10). "*This is spoken of social media, television, and other forms of communications*" (P 14).

Discussion

Community participation is a powerful tool for improving public services (25). Considering the increasing demand from health systems globally, it is logical to invest in community participation that helps the promotion of resource productivity (26). The main purpose of community participation mechanisms is to fill the gap between policymakers' views and the experiences and needs of communities (17). Filling this gap requires the reflection of people's views on health, which are clearly beyond the biomedical and technical views that are the dominant face of specialized and government circles (18). In this case, the public status will be promoted to higher levels of participation. Community participation in different levels of health policy from identifying problems, identifying solutions, and implementing and evaluating them is an undeniable necessity to achieve health and social development goals, the effectiveness of which has been confirmed in various studies (27). There are several definitions of institutionalization, but they all share two characteristics: they are long-lasting and create a system that is comparatively constant over time and space, giving them legitimacy, and they are taken for granted (28).

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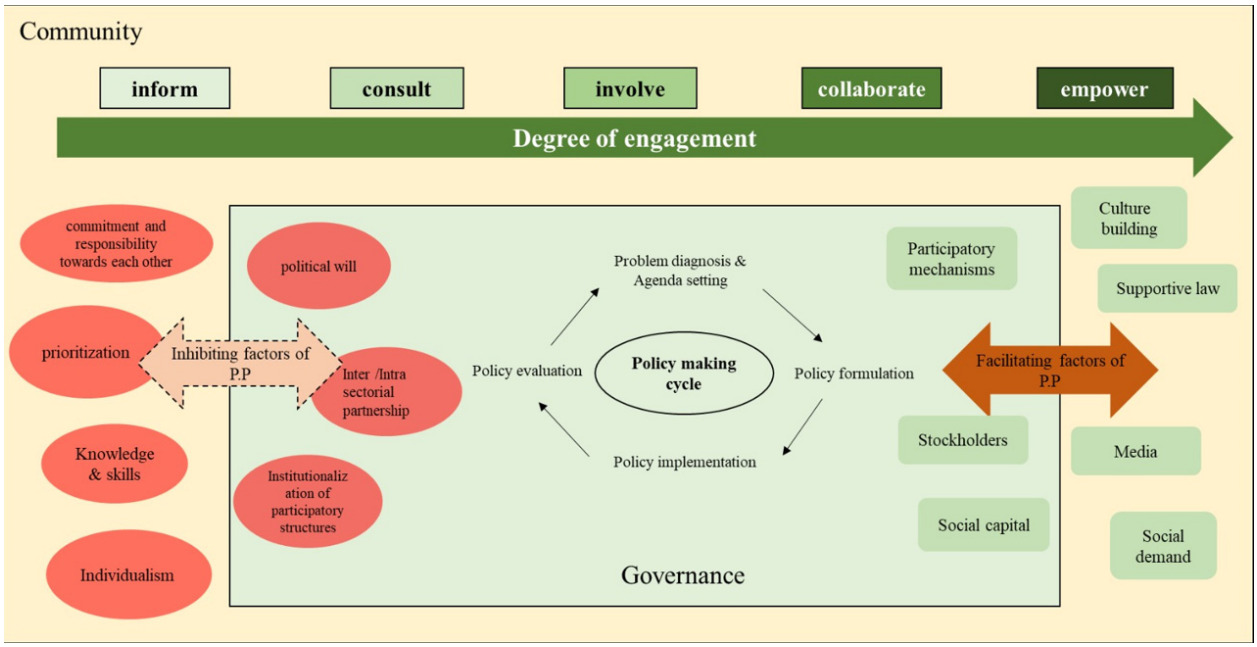

Figure 1. Community engagement in health policymaking conceptual framework PP, public participation.

In this study, hindering and facilitating factors to employ public participation in health policy-making from the perspective of a range of health policymakers and the informed is extracted from the community participation approach. The conceptual framework of the analysis is shown in Figure 1. In fact, the idea has been assessed from the viewpoint of the general population as well, albeit due to varying definitions and points of view, these individuals might not be able to fairly represent the actual opinions of average citizens. One participant in this study had experience creating health policy and was on the board of an NGO, while another had 4 terms in the Islamic House of Representatives.

Among the obstacles identified in the process of effective government-society interaction in Iran's health system are motivational obstacles, lack of awareness of the right to participate, and lack of sufficient knowledge and skills on the concept of participation.

According to the responses provided by the study's participants, this indicates that citizens' lack of interest in participating in the adoption of health policies is a result of their lack of awareness or knowledge regarding their legal right to participate in the administration of social affairs, including health, as well as their failure to properly recognize the importance of involvement in the promotion of both individual and community health. Participation is a mutual relationship between the government and the citizens. The government will and encouragement is essential but not enough. The community should also have the will and motivation to be involved with the government. The promotion of trust in the public toward the government increases the probability of participation and involvement of the people with the government. In addition, in a context where the community is concerned to provide its primary and priority needs, including livelihood, employment, and housing, generally, health is moved to a lower priority.

The World Health Organization also considers awareness, sufficient knowledge of participation, and effective interaction and dialogue skills necessary in effective social participation, which can lead to the motivation of volunteers to continue unpaid and informal work in a collaborative environment with governments (13). According to Degeling (2015) et al, to be fully involved in the participation process, it is necessary to provide all essential information to the participants (29). In other words, timely access to information and evidence enables the evolution of opinions and interests and fosters the ground for productive discussions (30).

From the participants' viewpoints, the lack of a sense of obligation and social responsibility in social relations that commits people to the rights of others and their support is a cultural obstacle identified in the institutionalization of the culture of community participation, which is consistent with the opinion of the World Health Organization that states the necessity of a sense of duty for participation by the side of the public (13). Policymakers should consider the priorities and demands of society and involve them in policy decisions. The lack of participatory policymaking following managerial changes is in line with Tunisia's experience in the emergence of challenges in the trajectory of "social dialogue for health" with political and managerial changes (7). In Iran, political will and commitment in higher levels of decisionmaking in the government and the health system can be effective in promoting this approach in the field of health. The public's tendency to participate in the development of health policies should be considered as a key determining component. Weakness in the political will is one of the reasons why many of Thailand's National Health Assembly's approvals (2) have not been adequately followed up on, as well as why Tunisia's "social dialogue for health" has been delayed from the planned date (13).

One of the important issues in community participation

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that was emphasized by participants is the balance of power. The role of power relations in shaping the context realities, as well as social participation efforts, is undeniable (13). Hence, the smaller the gap between the community and the government, the higher participation between these 2 groups is expected in identifying and resolving health issues. Transparency, accountability, and decentralization in power are required to balance power relations. The presence of political parties might prove to be effective.

One of the aspects related to power is its relationship characteristic. When it comes to various social, economic, and political interactions between people and groups, as well as between local health authorities and those at the state and federal levels, this issue can arise at any time (13, 31).

The findings of the study show that the existence of defined structures and mechanisms, provision of a suitable platform for participatory processes, and capacity building on the side of the society and the government play a facilitating role in creating and strengthening community participation. According to Yin (1979), when institutionalization occurs, the program becomes part of the organization's standard operations and is no longer a new issue (32).

Goodman (1993) believes that institutionalization happens when a program becomes an integral part of an organization (33). In Iran, to employ effective and organized meaningful public participation in health policymaking and its institutionalization requires the development of participation mechanisms, capacity building, and also specific outlines to organize and implement such activities.

The existence of certain structures and mechanisms in France and Thailand are known to be factors of the success in institutionalizing community participation in health (2, 5). The World Health Organization considers the capacity building as one of the effective factors in social participation (13). It's also crucial to define the function of people and organizations, the participation process, and to pay attention to public capacity building and training (34).

The provision of the required resources, including financial and human resources, was identified as one of the basic factors for community participation. The stakeholders of the Mexican civil society have pointed out that budgetary stability is a key factor that enables long-term operational planning and leads to sustainability in participation. Based on the World Health Organization, it is essential to secure sustainable funding for the government to maintain and manage a collaborative environment (13).

Conclusion

Despite the roots of participatory culture in Iran's health system, there is currently a gap between the society and the government to cooperate in the administration of public affairs, including in the health sector. It will be possible to create, strengthen, and maintain a participatory space that can ensure the sustainability of public participation in health policymaking through the development of a participatory culture, the accompanying political will, and the development of the necessary structures and mechanisms.

Authors' Contributions

R.M., F.R., and M.R. conceptualized the study design, and M.R. drafted the manuscript. M.R. undertook data acquisition and analysis. All authors have approved the final manuscript.

Conflict of Interests

The authors declare that they have no competing interests.

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