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Universal Health Coverage in Iran: A Review of Strengths, Weaknesses, Opportunities, and Threats

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Abstract

Background: Universal health coverage (UHC) aims to provide access to basic health services with no financial constraints. In Iran, the major challenges to the implementation of the UHC plan include aggregation and augmentation of resources, something which could threaten the dimension of population coverage and health service delivery. Therefore, this study reviews the strengths and weaknesses of the internal environment as well as the opportunities and threats of the external environment in the UHC plan to help policymakers and decision-makers of the health system.

Methods: In this review study, reputable databases were searched for all the relevant papers on UHC to collect data. After that, the strengths, weaknesses, opportunities and threats (SWOT) analysis was conducted to organize, collect, and analyze data. The SWOT analysis is a process that has 4 components and 2 dimensions. The 4 components are strengths, weaknesses, opportunities, and threats. In fact, strengths and weaknesses are considered internal factors and organizational features, whereas opportunities and threats are considered external factors and environmental features. The listed items were then categorized for clarification and transparency within the framework of the 6 building blocks of the World Health Organization (WHO).

Results: The relevant studies were reviewed to analyze the strengths and weaknesses of internal environments as well as the opportunities and threats of external environments. The necessary points for better planning and policymaking were then presented.

Conclusion: The success of Iran's UHC plan can be guaranteed by regular capacity building, ongoing education, and empowerment of society in addition to improving intersectoral collaboration and acquiring political commitment to develop more effective and more accountable systems matching variable and dynamic health requirements.

Keywords: Universal Health Coverage, Strengths, Weaknesses, Opportunities, Threats, Iran

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Introduction

Universal health coverage (UHC) provides everyone—regardless of the standard of living—with the necessary health services such as prevention, promotion, treatment, rehabilitation, and alleviation with sufficient quality. UHC ensures that using health services will not cause any financial problems (1). UHC includes a complete range of

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↑What is "already known" in this topic:
There have been many articles on universal health coverage in Iran, and the results show that the UHC cube in Iran has improved through all its 3 dimensions and moved toward the WHO's desired items, which indicate improved health equity in Iran.

→What this article adds:
Our study seeks to look at the subject from the perspective of strengths, weaknesses, threats, and opportunities by reviewing published articles on the subject. The most important problems and weaknesses to achieving UHC are usually inadequate budgets, inequality in the use of services, lack of integration in providing health care, inefficient human resource management, and lack of accountability. Reaching UHC requires regular capacity building, ongoing education, and empowerment of society, enhancement of intersectoral collaboration, and political commitment to develop more effective and accountable systems to meet the variable and dynamic health needs.

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services, financial support for health costs, and population coverage (2). Since UHC was proposed, different countries have implemented various policies for providing global health care services worldwide (3, 4).

In 1978, the World Health Organization (WHO) introduced primary health care (PHC) as the main strategy for achieving cost-effective universal coverage—health for all (HFA). PHC is defined as essential and cost-effective care that is accessible to everyone. It includes health promotion, prevention of diseases, health preservation, education, and rehabilitation (5). Considered a turning point in the history of universal health, this strategy provides countries with a general framework that meets their people's health needs in the best way possible. The organization of PHC has helped many countries to significantly improve health, especially in terms of child survival rate and life expectancy, which in turn will result in considerable improvement in global health standards (6). Nevertheless, an analysis of health system transformation concluded that HFA would not be met until 2000, something which indicates that PHC faced certain challenges (7-9). These challenges were mainly rooted in the health system's performance. In 2000, the WHO highlighted the need for an appropriate health system; therefore, different tools and policies were employed to improve the health system (10). The 4 reforms made by the WHO to solve PHC challenges are the universal coverage reform, the service delivery reform, the general policy reform, and the system leadership reform (11). These global reforms shaped the concept of UHC in 2010 (12).

Access to basic health services with no financial constraints is among the major goals of states (13). According to the WHO report, emphasis on the use of health services at the highest possible level is included in the constitutions of most countries (2). The WHO has proposed the use of social health insurance as an effective strategy for reducing the financial obstacles to access to services (14). Health insurance is now considered a method of achieving UHC. In addition to protection against financial risks, UHC covers 2 more dimensions: population coverage and service package (15).

Making major reforms in the health sector (3, 4, 16-18) might require additional financial resources in relevant environments. Given the financial constraints in most countries due to the escalating needs for health care services, especially in low-to-medium-income countries (LMICs), the financial atmosphere necessary for UHC depends mainly on the savings obtained from efficiency measures, which can in turn improve the health system performance (19-21). The WHO agrees with spending further, more effective, and fairer sums on expanding health coverage, increasing financial support, and improving health outcomes (22, 23). Between 20% to 40% of health funds are expected to be wasted, whereas many people are badly deprived of necessary health care services around the world (24, 25). As a result, reducing losses in health systems has long been a priority for decision-makers in the health care industry. In order to make the most use of the limited health resources, it is crucial to achieve efficiency improvement in health systems. The concept of UHC should include the requirements of a national health system and its decentralized implementation at a regional level. In this process, hospitals should try to provide society-based services. Known as the most important providers of health care services in LMICs, hospitals should modify their health care systems. Improving the efficiency and effectiveness of hospital services would necessitate enhancing the management and leadership competencies of hospital staff (26). Three major indices have been defined to achieve UHC: (1) fairness in access to health care services—those who do not need health care services, regardless of whether they can afford the services or cannot use them; (2) quality of health care service—health care services should be good enough to improve the health status of clients; (3) protection against financial risk—guarantying that the costs of health care services do not put people in financial difficulties (24).

Many factors can help countries reach UHC. A very important factor is the generation of valid evidence of quality. Generating evidence through research and synthesis and analyzing the resultant evidence for informed decision-making and health system management can be useful. Different types of research studies are allowed for UHC.

Known as a Middle Eastern developing country with nearly 80 million people, Iran has allocated 6.8% of its gross domestic product (GDP) to the health sector in a bid to move toward UHC (27). According to a review of Iran's policies, Articles 2 and 29 of the Constitution of the Islamic Republic of Iran clearly emphasize people's access to health care and insurance services (28).

Despite the emphasis on policies, national evidence indicates that major challenges to the achievement of UHC in Iran include no sustainable provision of financial resources, unequal and inefficient services provided by Iran's health system, and incorrect governance (29). According to other national evidence in Iran, although national attempts decreased the out-of-pocket (OOP) rate from 80.5% to 59.9% from 1995 to 2014, there is still a long way until the UHC is achieved (30). The lack of a basic health advantage and scientific health in Iran, despite the coverage of nearly 90% to 95% of the entire population by all insurance companies, can be considered another cause of failure to achieve UHC (31, 32).

For exploration, it is essential to develop and propose interventions for the preservation of public health. Many questions regarding access to health care services and protection against financial risk require local answers. Therefore, countries need research in addition to using research evidence in this area (24). For this purpose, a review was conducted on the strengths and weaknesses of the internal environment as well as the opportunities and threats of the external environment with respect to UHC to help policymakers and decision-makers in the health sector.

Methods

This was a review study. For data collection, all relevant papers on Iran's UHC were searched for in Google Scholar, ISI (Web of Science), Embase PubMed, Scopus, and Cochrane ProQuest databases as well as Iranian databases

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such as Magiran, Noormags, and SID using the following keywords: “Iran”; “Universal Health Coverage”; “strengths”; “weaknesses”; “opportunities”; “threats”; and “SWOT” and their Persian equivalents in both English and Persian. The search period was considered from the beginning to the end of 2020. A total of 229 articles were found, leaving 86 after deleting similar articles. Of these, 60 articles were deleted after reading the title and abstract due to irrelevance. After reading the original articles, 11 unrelated articles were eliminated, and 5 articles that were letters to the editor or conference papers were also eliminated. This left us with 26 articles. The inclusion criteria were relevance to the topic and relevance to Iran. The exclusion criteria were conference papers, letters to chief editors, and papers about other countries but Iran. Figure 1 demonstrates the process of searching for relevant studies. The Critical Appraisal Skills Programme (CASP) tool has been used to evaluate the articles used in this research.

To achieve UHC, studies should answer 2 groups of questions, the first of which focused on how to select the services that should be provided and how to increase the coverage of the already provided services. How is it possible to improve the support for financial risk? How is it possible to preserve and improve people’s welfare? The second group of questions focused on which method would be the best for UHC measurement and protection against financial risk under any circumstances. How is it possible to notice that UHC goals have been achieved? For this purpose, the SWOT analysis was conducted to organize, collect, and analyze data. The SWOT analysis is a process that includes 4 areas and 2 dimensions. The strengths and weaknesses are considered internal factors and organizational features, whereas the opportunities and threats are considered external factors and environmental features. The SWOT analysis is usually drawn in a 4-sided box that provides an overview organized with respect to the 4 topic areas. With the aim of establishing a common language regarding what the health system consists of, what goals are defined, and what activities the factors involved in strengthening the health system are described, the SWOT of UHC clarifies each component within the framework of the 6 health system building blocks that the WHO (2007) recommends supporting and strengthening a health system. These 6 building blocks of the health system include service delivery, health workforce, health information system, medical products, vaccines and technologies, financing, and leadership and governance, and the necessary interventions to achieve universal coverage were also presented in this framework. All steps of search, data collection, and data analysis were done by 2 of the authors.

Results

Based on the relevant studies, the strengths and weaknesses of the internal environment as well as the opportunities and features of the external environment were analyzed and then categorized with respect to the framework proposed by the WHO in its 2000 report. The results should be taken into account by the policymakers and decision-makers of the health system to improve the UHC plan.

Strengths

The most important strengths of Iran’s UHC plan (Table 1) include improving 3 dimensions of population coverage increase, service coverage increases, and OOP reduction.

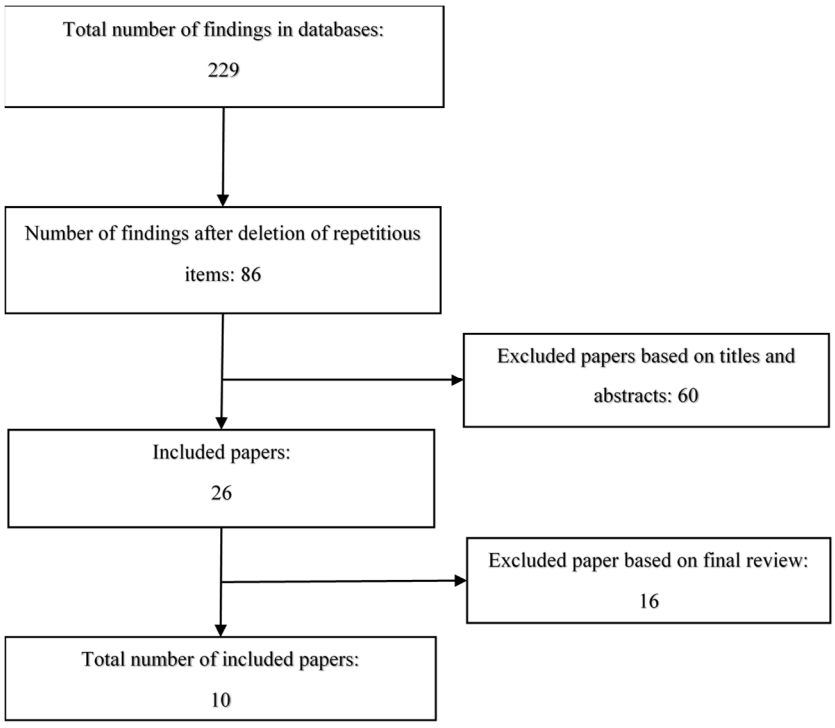

Figure 1. The flowchart of paper selection

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Table 2. The most important strengths of Iran's UHC plan

No.	6 Building Blocks	Items
1	Service delivery	Providing specific a package of advantages for everyone in the community to finally ensure financial risk protection, a better access to health services, and improved outcomes of health
2		Free-of-charge of urban hospitalization for the poor population
3		Paying attention to health promotion and prevention activities
4		Define service packages
5		Providing Community -based health care services
6		Using PHC as an opportunity for improving universal access through a cost-effective method for integrated protection
7		Improve quality health services
8	Financing	Performance-based Payment
9		Financial risk protection
10	Health workforce	Supporting the residence of doctors in the deprived areas
11		Recruiting general practitioners and other medical graduates in return for two years of free education
12		Employing local workforce
13		Ongoing medical education and in-service training
14	Leadership/governance	Health system mission to achieve Sustainable Development Goals

The quality dimension was also added to these dimensions due to the importance of service quality. The other strengths of this plan included providing society-based health care services, paying attention to health promotion and prevention activities, performance-based payroll for staff, support for the residence of physicians in the deprived areas, employment of local workforce, ongoing medical education, in-service training, and health system mission to achieve the third-millennium development goal. Most of the strengths introduced in this plan concern the dimension of service delivery.

Weaknesses

UHC will not be achieved without considering social, economic, and environmental components of health through an approach to health in all policies. Therefore, analyzing and considering the weaknesses of Iran's UHC plan (Table 2) can provide a platform for its better implementation. The weaknesses of UHC include inefficient management of human resources, inequality in the use of services, lack of integrity for health care service delivery, lack of regular upgrades for knowledge and competency, unfair and inefficient services provided by Iran's health system, unequal payroll systems for different job groups and different sectors, lack of a motivational system, lack of job security, insufficient use of resources, and high OOP rates.

Increasing tariffs can have negative impacts on the payers of service costs, despite improving the income of service providers; therefore, it is considered a weakness for UHC. The health system governance faces certain challenges due to the hierarchical and complicated organizational structure in the Ministry of Health and Medical Education, interference between activities of the Ministry

Table 1. The Most Important Weaknesses of Iran's UHC Plan

No.	6 Building Blocks	Items
1	Service delivery	Inequality in the use of services
2		Low quality of care
3		Induced demand due to the FFS payment
4		Fault in the health system performance due to PHC weaknesses
5		Lack of integration in providing health care
6		Inequity and inefficient services provided by Iran's health system
7	Health workforce	Inefficient human resource management
8		Lack of job security
9		Inequity of geographical distribution of human resources for health
10		Delayed payroll of workforce
11		Lack of a motivational system
12	Health information systems	Lack of regular upgrades in knowledge and competency
13		Lack of a comprehensive HRH information system
14	Financing	Increased tariffs
15		Inefficient use of resources
16		High OOP rates
17		Inequality in payment of different job groups in different sectors
18		Inefficient use of resources
19	Access to essential medicines	Excessive use of medicines and equipment
20	Leadership/governance	Lack of good governance
21		Inefficiency rationalization service system
22		Lack of scientific basic packages and financial advantages in Iran
23		Dual practice
24		Mismatch of criteria and standards for recruiting and upgrading faculty members to meet the health system needs

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and those of other executive organs, low transparency of officials and authority of individuals, multiplicity of health insurance organizations and differences in their insurance coverage, poor use of evidence in policymaking, and inefficiency in surveillance and evaluation systems of health care and medical organizations. Another UHC weakness is the delayed payroll of the workforce that can adversely affect their motivation and probably reduce the service quality. Given these weaknesses, it is essential to consider all dimensions of the health system to better execute the UHC plan.

Opportunities

The most important opportunities of Iran's UHC plan include the support provided by policymakers and decision-makers of the health system (Table 3). The opportunities for Iran's UHC strategy include offering primary health care insurance to all uninsured Iranians, recruiting local students, providing financial support, and providing free PHC. The trusteeship of the health system can consider these opportunities to improve the UHC plan.

Threats

As much as it is considered an opportunity for improving Iran's UHC plan, the support of policymakers can be a major threat to this plan. If a development plan is not supported by policymakers and decision-makers, it will be difficult to make progress and achieve results. The existing threats to the UHC plan improvement include the inefficient and nontransparent tax system, unpredictable commitments of states, inadaptability of curricula to the needs of society, and lack of evidence-based policymaking (Table 4). Another threat to the UHC plan is the inappropriate approach adopted by insurance companies to design proper basic advantage packages in addition to the improper allocation of financial resources to the purchase of health priorities because financial resources are spent on unnecessary services.

Interventions

When the UHC plan was initiated, there was no clearly defined framework for its monitoring and evaluation. In fact, the plan started to operate based on the interventions and actions that were designed and introduced gradually. After a while, it is still necessary to make certain interventions in the execution of this plan to make it effective. A list of the most important interventions was prepared in this study to help the health system policymakers (Table 5).

Discussion

The SWOT analysis is a simple but powerful tool for measuring the capabilities and shortcomings of organizational resources, market opportunities, and external threats to the future of an organization. In the SWOT analysis, the strengths and weaknesses of an organization are identified by analyzing the elements in its internal environment, whereas the environmental opportunities and threats are determined by analyzing the external elements. In this concept, the SWOT analysis is a strategic planning tool adopted to evaluate the strengths, weaknesses, opportunities, and threats of an organization in addition to providing useful information for matching the resources and capabilities of organizations with their competitive environments (33).

According to the SWOT analysis results in this study, there are clear strengths, weaknesses, opportunities, and threats in the process of achieving UHC indices in Iran. Defined by the WHO, UHC is a prerequisite to optimal health and justice in every country. It includes 3 dimen-

Table 3. The most important opportunities of Iran's UHC plan

No.	6 Building Blocks	Items
25	Leadership/governance	Support of health policymakers
26		Local student recruitment policy
27		Provide free health insurance for poor people
28	Financing	Financial protection

Table 4. The most important threats to Iran's UHC plan

No.	6 Building Blocks	Items
1	Health workforce	Inadaptability of the educational curriculum with community need health
2	Financing	Unclear and dependent budget
3		low income per capita
4		Low economic growth
5		Inefficient and nontransparent tax system
6		Lack of an integrated insurance system
7		Lack of sustainable financial resources
8		Inappropriate approach adopted by insurance companies to design proper basic packages in addition to inappropriate allocation of financial resources to the purchase of health priorities
9	Leadership/governance	Poor inter-sectoral collaboration
10		Lack of evidence-based policymaking
11		Lack of clear policies to achieve UHC
12		Insufficient participation of stakeholders
13		High unemployment rate
14		Low political support
15		Conflict of interests
16		Unpredictability of commitments of governments
17		Insufficient and sometimes contradictory laws

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Table 5. The most important interventions prepared

6 Building Blocks	Interventions
Service delivery	Developing and approving a plan to change the three-level prevention system to the six-level prevention system based on the service type
	Establishing a service provider validation system to determine the retirement ages of doctors, dentists, and pharmacists
Health workforce	Estimating human resource needs in different geographical regions for a 10-year period
	Considering and paying extra benefits for harsh weather conditions, work difficulty, work shift, full-time work, etc.
	Ensuring the continuity of education and recruitment of 100% local health workers in the frontline and improving the knowledge and skills of current employees
	Analyzing and revising the education system validation
	Revising job classification plans based on the health system needs
	Bonus, salary, and other benefits of full-time services for intern specialists in deprived areas through a constant payroll system
	Lack of recruiting health workers from LMICs
	Meeting 30% of admission to medical areas by recruiting local students, especially from deprived areas
Financing	Calculating and supplying the cost per capita for training the required human resources in the annual operational budget
	Allocating purposeful subsidy to the health sector and distributing subsidy purposefully within the health system
	Setting tax and charges to increase incomes
	Merging health care insurance funds into the Iran Health Insurance Fund
	Calculating the real costs of medical and diagnostic services, tariffs, and costs
Leadership/governance	Analyzing and updating training programs for courses meeting the health system needs
	Planning and implementing ongoing education for employee at a managerial level
	Providing all of the necessary resources for universities and affiliated units
	Develop and implement patient safety improvement and safety-friendly hospital plans

sions: health service coverage, financial protection, and population coverage. UHC is a dynamic ongoing process in response to population changes, public expectations, and technological and epidemiological procedures (30).

In this study, the strengths were identified as providing society-based health care services, paying attention to health and prevention improvement activities, granting performance-based payrolls to personnel, supporting the residence of physicians in deprived areas, employing local workforce, ongoing medical education, in-service training, and the health system mission. These strengths have resulted in the improvement of 3 dimensions: increasing population coverage, expanding service coverage, and enhancing service quality in UHC. These achievements have been made by Iran's Health Reform Plan (34). Analyzing the role of human resources in improving UHC, Ehsani et al emphasized medical education policies in both recruitment interventions and recruitment of the local workforce as a strength in the employment of health workers, something which can in turn increase the popularity of and access to health human resources (35). Moreover, improving the dimension of population coverage can partly be attributed to these recruitment policies. In addition, holding training courses in the form of ongoing medical education, in-service training, and training dedicated to health system managers will enhance the quality of health workers (35). Holding continuous training courses can provide useful services for the improvement of service delivery quality due to the variable nature of health-related needs. The results reported by Ehsani et al are consistent with the findings of this study.

The most important weaknesses include increased tariffs and, as a result, increased inequality in the payrolls of different job groups, lack of job security, and increased OOP rates. These problems can lead to huge increases in hefty costs, reduced motivation of employees, and declined quality of services. Other weaknesses were identified as the inefficiency of a surveillance and evaluation system in health care organizations, the multiplicity of health insurance organizations with different premiums, and the delivery of unfair and inefficient services. According to Moradi et al, the execution of Iran's Health Reform Plan did not have the expected effectiveness in reducing the probability of facing disastrous health costs (36). Therefore, it is impossible to achieve financial protection for patients, something which is an important goal in UHC. Khankeh et al concluded that the education system's inefficiency, the scattering of health insurance systems, an unintegrated health information system, and also the unintegrated leadership of the health care system caused problems in Iran's Health System (37). Doshmangir et al introduced the overuse of resources, delayed payrolls of health care providers, and lack of coordination between different insurance systems as the reasons for the failure to completely achieve UHC goals (38). Ehsani et al identified inequality and delay in payrolls of the workforce as the causes of high dissatisfaction as well as unofficial long-term payrolls and the declined willingness of specialists to stay in deprived areas (35). The improper allocation of resources, OOP, and the increased strain on health experts were identified as the challenges to Ghana's Health System in a qualitative assessment of obstacles to achieving UHC in Ghana (39). The results of that study are consistent with the findings of the present study. These elements can have growingly negative effects on all 3 dimensions of UHC and lead to the dissatisfaction of both employees and patients.

The opportunities for the UHC plan were identified as the support of health system policymakers and decision-makers, free PHC, local student recruitment policy, financial support, and primary insurance policies granted to all uninsured Iranians. Harirchi et al introduced presidential

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support and allocation of further public capital to health as important factors in response to the important challenges in the health system (34). According to the research findings, moving toward UHC is a political decision (40). Evidence from several UHC-achieving nations showed that policy entrepreneurs who play strategic roles in the policy network and reasonably stable institutional frameworks can overcome obstacles and mobilize supporters to create or establish a particular policy command (41, 42). According to a study in China, continuing political support is the most important condition for achieving UHC (43). Mainly, the national actions of different states indicate that political intention plays a vital role in directing better health (44).

Inefficient and nontransparent tax systems, unpredictable commitments of states, inadaptability of curricula to the needs of society, lack of evidence-based policymaking, inappropriate approach adopted by insurance companies to design appropriate service packages, and improper allocation of financial resources to the purchase of health priorities were identified as the existing threats to the UHC improvement plan. According to Sajadi et al, despite the allocation of a relatively appropriate share of GDP to health after the implementation of Iran's Health Reform Plan, instability in the supply of public resources was still a major challenge. Observed in both the allocated budget and the temporal allocation of funds to the health sector, this instability can lead to the competitive inability of health insurance providers to refund the health fees on time (29). In addition, the analysis results of 118 countries indicated that UHC had significant relationships with political stability, governmental status, and social population status (45). Moreover, another Iranian study reported that health policymaking in Iran was not sufficiently aware of the evidence and would often be affected by powerful stakeholders (29). In a study of Iran's Health System reforms, economic instability and US sanctions were introduced as the factors leading to unstable financial resources and thus negative effects on all reforms of the health system (38). Zalani et al introduced the lack of upgrade and insufficient knowledge and skills of the workforce based on the developments of knowledge, technology, and other areas (eg, demographic features and disease patterns) as major challenges to the achievement of UHC (46). In Sudan, a lack of resources and long-term economic sanctions were identified as the external environmental threats affecting the health system. In addition, another major challenge was introduced as the poor coordination of health and education sectors resulting in incorrect distribution and imbalance of health workers in special jobs in other countries (47).

Therefore, the findings of this study lead to the conclusion that there are still many unsolved challenges to the full realization of UHC, despite many developments observed in all of its dimensions. According to different studies, UHC plans should first be based on coverage expansion and reduction of economic obstacles to the deprived people's access (48). The high efficiency of a UHC plan is related to the health budget share of a country through health insurance plans (49). Therefore, it is recommended to benefit from state support to solve the problem of sustainable financial resources supply through value-added tax as well as tax on health-threatening materials. In other words, the existing opportunities should be seized to remove the obstacles.

The service-based payment method is another obstacle that increases the risks of unofficial payments and induced demands because these cases have helped increase the shares of direct OOP and finally lead to disastrous health costs (50). According to the experiences of many countries, powerful single-payer health insurance can improve financial protection and equality in health care costs (51). Reducing dispersion with a unified national plan can facilitate the process of achieving UHC and improving health justice by controlling the total health costs, implementing strategic purchases, and monitoring health care service providers better. These are considered important steps in achieving UHC, especially in developing countries (38). The proposed solutions include expanding family doctor medicine to all population groups, applying futuristic payment methods, using clinical instructions, and revising the contents of service packages by considering efficient and cost-effective interventions and prioritizing health services (52).

At the same time, the gradual realization of UHC depends on sufficient human resources, fair distribution, and good performance. Health workforce management optimization has the potential to improve health results, improve global health security, and help economic growth by creating a qualified health workforce. In this regard, it is necessary to effectively manage the health workforce by planning and regularizing the number of health workers as well as training, recruiting, employing, and retaining health workers and optimizing their performance (53). For this purpose, the needs of human resources in different geographical areas of Iran can be met in the long run. Moreover, the personnel can be motivated to stay in deprived areas by considering and paying extra salaries or bonuses for harsh weather conditions, work difficulty, work shifts, and full-time work. It is also possible to improve the knowledge and skills of current employees by ensuring the continuity of education, and health workers can be employed locally to achieve good performance and fair distribution of human resources.

Another factor helping achieve UHC is the PHC known as a strategy (what is done) for reaching UHC (what is intended). Undoubtedly, financial protection will improve if PHC is emphasized at the population level. Therefore, health services will be accessible through a cost-effective method, especially in deprived areas. It is also possible to prevent the health problem from becoming more complicated and costlier by focusing further on preventing improvement interventions and enhancing people's capabilities and literacy.

Eventually, strong political commitment and support for influential stakeholders as well as the participation of citizens are considered to have key roles in adopting sustainable policies and plans for UHC. According to different studies, social mobilization and participation at the heart of planning and implementing health policies are neces-

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sary under any circumstances to achieve UHC (51). Brazil emphasized and recognized health as a citizen right and demonstrated a high level of participation by the civil society as well as high levels of commitment on the part of officials to match relevant health policies for change of directions, development, and implementation of population coverage plans (54).

Limitations

Only the term universal health coverage was used, and it was better to search for synonyms using a PubMed database mesh.

Conclusion

Therefore, in light of the findings of this review study, it is clear that strengthening the PHC system is the best way to address the lack of integration in the delivery of health care. Sustainable financial supply, competent human resources, powerful PHC systems, political support, and social support are generally considered to play essential roles in achieving UHC. Health system policymakers and decision-makers can respond to the challenges and weaknesses to achieve universal health coverage and health promotion by considering the existing opportunities and strengths of the health system, with proper planning and monitoring of their implementation.

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Authors Contribution

Goharinezhad S. designed the research; Askarzade E., Mostaghim S., and Nabizade Z. conducted the research; Mostaghim S. categorized the data; Askarzade E. wrote the manuscript. Nabizade Z. conducted the scientific editing and content translation. All authors read and approved the final manuscript**.**

Ethical Considerations

All content of this research adheres to the ethical guidelines developed by the Committee on Publication Ethics (COPE) during the Second World Conference on Research Integrity in Singapore in 2010.

Conflict of Interests

The authors declare that they have no competing interests.

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