



Stewardship; The Missing Loop of Rehabilitation in the Health System: A Policy Brief

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Abstract

Providing optimal rehabilitation services for people with disabilities has always been recognized as a major concern of health systems in all countries. Stewardship is one of the biggest challenges to provide rehabilitation services to people with disabilities in Iran. We advocate the Ministry of Health & Medical Education (MoHME) to take the lead as a steward of rehabilitation services in Iran, while the dedicated sections in the MoHME need to be determined, with a clear list of responsibilities and affiliations

Keywords: Rehabilitation, Stewardship, Health System, Disability, Governance

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Introduction

One of the most important reasons for addressing the issue of disability is the increasing prevalence of disability due to reasons such as aging, the spread of noncommunicable diseases, lifestyle, and the increase in accidents, especially in developing and low-income countries (1). Providing optimal rehabilitation services to people with disabilities has always been considered an important concern of the health system in all countries; nevertheless, it can be seen that there are not enough resources in many developing countries to diagnose and prevent disabilities and provide rehabilitation and treatment needs and planning for services (2). On the other side, the planning system, organization, and way of providing health services in any country are influenced by the political, economic, social, and cultural systems of that country. Health systems that do not have a proper structure do not have proper governance and stewardship, efficient organization, and sufficient funding (3).

According to the 2000 report of the World Health Organization, 4 functions have been determined for health systems: stewardship, resource production, financing, and

service provision. These 4 factors have a high correlation in the formation of an integrated system and the provision of services; thus, the improvement of only one of the factors alone cannot increase the level of access, justice, and enjoyment of rehabilitation services. Stewardship is distinct from and more significant than the other three components of the health system—providing services, creating resources, and funding—for a variety of reasons. Stewardship not only affects other functions but also provides the possibility of reaching each of the goals of the health system (3).

The stewardship of that resource is one of the major obstacles to the rehabilitation of people with disabilities in Iran (4-6). The Ministry of Health & Medical Education (MoHME), the Red Crescent, the War Veterans Affairs Foundation, and outstanding education also play separate roles in this sector, despite being located in Iran. The welfare organization has been recognized as the stewardship of this field (7).

A lack of thinking and compassionate management, inconsistent interdepartmental and intradepartmental coor-

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↑What is “already known” in this topic:

Little has been discussed about the stewardship of rehabilitation and the lack of rehabilitation structure in a health system, which seems to need more attention.

→What this article adds:

The policy alternatives highlighted in this brief are those that can improve the quality of rehabilitation services and the stewardship of rehabilitation within the health system.

dination, reckless intervention, imbalanced policies and legislation, insufficient comprehensive monitoring, and inconsistent management are some of the issues with Iranian governance identified by Abdi et al (8).

The government agency responsible for rehabilitation should be identified, which should be the MoHME. Inside the Ministry, it should be clear where rehabilitation is “housed” and a director should be responsible for rehabilitation. Specialized rehabilitation committees and working groups may also be established (9). In Iran, for the first time, the issue of rehabilitation services has been taken into consideration in the general health policies announced by the Supreme Leader in 2013, and the MoHME has been designated as the trustee of organizing rehabilitation services and has led the health system in all dimensions. However, the country's rehabilitation affairs continue to be overseen by a number of different people (7).

The capacity of stakeholders, especially the MoHME, to lead rehabilitation has a direct impact on the implementation of the Rehabilitation Strategic Plan. If leadership and governance remain weak during strategic planning, results will suffer. Good governance and leadership are essential to supporting all 4 phases of the process and achieving the goals of the strategic plan. Building capacity to lead and steer rehabilitation should be an ongoing process across the strategic planning timeline (9).

Therefore, strengthening rehabilitation stewardship and leadership capacity should be prioritized. Although this is the duty of the government, other stakeholders can also provide significant cooperation and support in this direction.

Methods

This policy brief has been derived from a MSc thesis on rehabilitation management, which used qualitative methods, such as semi-structured interviews with 21 key informants, as well as content analysis of documentary data. We analyzed data using a mixed deductive/inductive approach, facilitated by MAXQDA V.10. We ensured data confidentiality.

To create a good performance in the field of strengthening stewardship of rehabilitation, the following are recommended (4, 6, 9-11):

1. Creating clear and accountable governance for rehabilitation by creating clear structure, roles, and responsibilities in the MoHME
2. Increasing human and financial capacity for rehabilitation in the MoHME
3. Building technical capacity and skills in rehabilitation leadership
4. Increasing the awareness of policymakers in the field of rehabilitation and the participation of experts in this field in policymaking
5. Creating an integrated organizational structure by removing or merging parallel decision-making institutions
6. Facilitating the use and exchange of experiences between countries, including through the creation of educational courses in other countries. In this manner, leaders are better able to identify problems, study the parallels and contrasts between actual systems in use, and have a thor-

ough understanding of how to modify systems to meet local needs in this manner.

7. Developing a comprehensive rehabilitation program
8. Establishing a committee to compile and monitor rehabilitation regulations and guidelines in the MoHME with the participation of key stakeholders.
9. Forming and activating the rehabilitation policy and strategic planning council
10. Adopting a monitoring mechanism for organizations and providing rehabilitation services
11. Decentralizing and separating stewardship from financing and service provision in organizations providing rehabilitation services.

Conclusion

This policy brief may pave the way for policymakers so that according to the presented policy options, they can pay proper attention to the problem of stewardship, which is the missing loop of rehabilitation in Iran's health system. It is also necessary that policymakers consider stewardship of rehabilitation services as a main part of the health plan, especially they must change their oversight to rehabilitation programs and create clear structure, roles, and responsibilities in the MoHME for reaching universal health coverage.

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Conflict of Interests

The authors declare that they have no competing interests.

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