

Health Policy Making System in Islamic Republic of Iran: Review an Experience

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Abstract

In Iran, the policy making process still has room for improvement. These include the opportunities for better co-ordination of policies on medical education, health research and service provision; improvement of decision making mechanisms; a more evidence-based policy making process, and more involvement of stakeholders; reducing fragmentation of policy making foci; and establishing a qualified institution for system analyses and progress monitoring. The Health Policy Council of Ministry of Health and Medical Education (MOHME) has to act as a consultant, and help develop evidence-based policy making and use of expert opinions. Every attempt has been made to define specific procedures for this matter. To achieve these, a project was designed to review the policy-making mechanisms within MOHME. The project resulted in a) a policy paper on how to make policies in MOHME; b) a particular framework (guideline) on how to develop a policy note (policy document); and c) a protocol on how to manage the Health Policy Council. As a result, some of the important national health policies and programs are reviewed in this council. In addition, evidence-based policies are defined with a consensus on stakeholders.

Keywords: *Health, Policy, Iran*

Introduction

The policy making cycle is very much similar to what is known as the problem solving process (1). Currently, in spite of all tangible and well-known achievements in improving major health indicators such as Millennium Development Goals (2) and extensive access to health care services, the present epidemiologic transition however has forced MOHME to review its extensive health policies. This review has benefited from a careful analysis of stewardship components (3) (a collection of views of Ex-Ministers of Health and key MPs -members of Parliamentary Commission on Health) through structured interviews; a thorough review of all relevant literature, a comparative study of similar systems in five selected countries, as well as structured interviews with four international figures suggested by the World

Bank and WHO/EMRO. All these attempts helped shape the following suggestions for a reasonable policy making process:

- Establish a common language (terminologies) among policy makers, planners and various stakeholders;
- Define a policy making framework/ guideline on how to develop a policy document; clarify the roles and responsibilities of relevant bodies;
- Benefit from reasonable contributions of relevant stakeholders (professionals, managers, and users) in devising and implementing policies;
- Make evidence-based policies, using both the study results as well as stakeholders' views;
- Make all policy documents functional, using effective monitoring and evaluation mechanisms;

- Assist implementation of devised policies, through required education of staff, users, and by making the implementation phases as transparent / simple as possible;
- Strengthen the 'Center for Health Statistics and Information' and 'Applied Research Secretariats' in their respective institutional roles and positions to support production of data and evidence for policy making;
- Co-ordinate all proposed interventions in policy papers with those appearing in mother documents, such as national goals, as well as the country's commitments at international/regional levels;
- Make documentation and information dissemination systems more effective;
- Make the policy process more priority based, to avoid any probable duplications at different inter-sectoral as well as intra-sectoral levels;
- Build capacity at national and provincial levels for policy development, policy implementation, progress monitoring and knowledge brokering skills;
- Define a unique responsible body to supervise the whole policy making process.

Based on the aforementioned, the Policy Making Charter was drafted in three different sections as follows:

- 1- A protocol on Policy Making and Health sector reform council (mechanisms on how to approve policy papers, progress reports and decision makers' compositions)
- 2- A protocol on policy making and Health System Research secretariat (mechanisms on how to prepare a policy document, how to monitor progress and how to evaluate the approved policies)
- 3- A framework/guideline on how to develop a policy paper

An overview of the charter was discussed with relevant bodies (in undersecretaries for medical education, medical research, management and research development, and public health) to gather their views and comments, and were incorporated accordingly. Then, once again,

the drafted charter was sent to all chancellors of medical universities to have their views and comments. All these steps were taken to finalize the draft of the charter. It was then presented to the council for approval.

The definition of this process has led to the practice of evidence-based policymaking, and helped the health system in its decision-making.

Conclusion

The Health Policy Council has a vision and is to turn MOHME into an organization that makes all its decisions based on evidence.

The result of stewardship analysis (4) shows that in order to run the proposed Charter, and to improve the three sub-functions of the Stewardship within MOHME (i.e. generation of intelligence, policy formation, and regulation) the appropriate interventions should be carried out simultaneously. These include organizing Health Management Information System (5), establishing a collaboration network to utilize stakeholders' views on the policy process, defining health research priorities according to operational domains and health service goals, ensuring resource allocation, developing knowledge management centers for better use of experience from all over the world, developing extensive programs to achieve the goals in the long run (20 years ahead), defining the roles and responsibilities in various sectors other than health (improving inter-sectoral collaboration) and organizing responsiveness capacity within the health sector. Certain topics are mentioned in the Health Policy Council that are reviewed with stakeholders' collaboration. 'Iran's Health Innovation and Science Development plan by 2025' is among the most important topics that has been developed with the participation of 300 stakeholders and a consensus on it has been conducted (6). Certain projects that have bore fruit have been underway in other fields as well, namely: improvement of the medical eth-

ics education program, compilation of a code for the 'Higher Health Council' (the highest health decision making unit in the country, the responsibility of which lies with president), establishment of the Food and Drug Organization, defining limitations for autonomy in the health system, and the comprehensive project on national mental health and rehabilitation at tertiary care level.

Among the measures taken to organize evidence-based decision making in the country are regular specialized forums in which the results of measures taken in the country, and valuable experiences in other countries are discussed and their reports are extensively distributed; the audio files are also sent to all the universities in the country.

References

1. Saltman RB, Ferroussier-Davis O (2000). The concept of stewardship in health policy. *Bul World Health Org*, 78(6): 732-39.
2. *The First Millennium Development Goals Report* (2004). Achievement and Challenges. Management and Planning Organization and the United Nations, Tehran.
3. *The World Health Report* (2000). World Health Organization, Geneva.
4. Travis P, Egger D, Davies P, Mechbal A (2002). *Towards better stewardship: concepts and critical issues*. World Health Organization, Geneva. (Discussion Paper 02.48).
5. Zare M, et al. (2007). Health management information system in MOH, reviews on situation analysis. Coordinating deputy.
6. Larijani, B, Majdzadeh R, Delavari AR, Rajabi F, Khatibzadeh S, Esmailzadeh H, Lankarani KB (2009). Iran's Health Innovation and Science Development plan by 2025. *Iranian J Publ Health. Suppl.* 1: 15-18.