

Primary Health Care in the Rural Area of the Islamic Republic of Iran

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Abstract

Primary health care in the Islamic Republic of Iran was conceived and nurtured on the strength of scientific research, political commitment, and well thought out planning. Due to expansion of PHC network in rural areas of Iran health indicators have significantly improved. The health care and network in this country is, however, in need of serious repair if all this endeavors hither to be wasted.

Keywords: *Primary Health Care, Health House, Iran*

Introduction

In the first half 1970s Iran implemented several projects for the delivery of Primary Health Care in the rural area. One of these projects, which later became the cornerstone of the nationwide network of health care, was the West Azerbaijan Project. In this scheme, one village boy and girl with a minimum of primary level education were selected with the help of the local community, and they were subsequently trained for 2 yr to be male and female community health workers (Behvarz) in order to render their services in place called (the health house) in their own village as the main village and the neighboring villages as the satellite villages. These Behvarzes took a 2 yr theoretical and practical course in Behvarz training Centers and selected Health Houses equipped for training purposes, and were regularly supervised and trained after officially starting their jobs. The most prominent characteristic of Health Houses is the selection of local Behvarzes in accordance with the social conditions of the community. Moreover intensive training in Behvarz training Centers, creation of a system for the supervision and registration of services and collection of data, and finally supervision along with feedback are some other major features of health houses. A rural Health center with physician and other health personnel's normally covers 5 health houses with a population of 7,500 people and oversees the

activities of Behvarzes, admits referrals from Behvarzes and furnishes them with feedbacks, refers cases to higher levels and follow-up them if necessary, compiles health information including vital events, reports to the district health centers, and encourages intersectoral collaborations and community participation (1, 2).

Discussion

Primary health care in the Islamic Republic of Iran has experienced three 12-year periods: The first twelve years, i.e. 1972 to 1983, should be regarded as the period of gaining experiences and development of the Program. In this period, the health policy makers' commitment, laudable collaboration between scientific centers, and indefatigable efforts of competent experts in the Ministry of Health resulted in the accomplishment of the West Azerbaijan pilot project (3) and the planning of health houses to deliver health care services to the rural communities. In the second 12 yr period, i.e. 1984 to 1995, the process of the commitment of the ministry of health authorities and support of the parliament despite the continuation of the war imposed on the country by Iraq. In this period Iran's health care network and in particular its health houses and Behvarzes achieved international recognition and enjoyed tremendous support among the country's high ranking official.

In the third 12 yr period, i.e. from 1996 up to the present, the country has witnessed efforts for effecting fundamental reforms in the health care network. The point of great significance is the revision in the selection and education level of Behvarzes. Due to expansion of PHC network in rural areas of Iran IMR declined from 150 to 25 per 1000 live births, MMR declined from 300 to 30 per 100000 live birth and total fertility rate declined from 6 to 2.2 in period of 30 yr (4).

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