

Listening to the voice of people: first Iran National Health Assembly

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Abstract

Background: People's participation in health affairs has been given more importance, recently. Establishment of the first National Health Assembly (NHA) in Iran was to shape dialogue among stakeholders and advocacy for health among all non-health sectors; decentralizing health decision making process, involving community and societies in health policy and planning, identification, appreciation, and development of health policies and measures in all economic, social, and cultural institutions of the country. This report summarized the Iranian context, process, and procedures of the establishment of the first NHA in Iran.

Presentation of case: To ensure participation of all people around the country, provincial health assemblies, district health assemblies, and neighborhood health assemblies were formed throughout the country. The main theme selected for the 1st NHA was “Health for All, All for Health”.

Conclusion: The final statement mentioned that health is a citizens' right and all people and organizations are responsible for it; therefore, cultural activities and legal support are needed for the institutionalization of social accountability for health.

Keywords: Decision Making; Health Policy; Politics; Social Responsibility

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Introduction

The participation of people in the health system was not systematized until recent years. The Health Transformation Plan of Iran called for a set of actions to re-structure the system and highlight the people's voice in decision making (1).

There is a shift to social responsibility for health to increase participation of non-health governmental sectors, private, Non-

Governmental Organizations (NGOs), and civil societies and communities in health-related affairs in the Iranian health transformation plan since 2014 (2). This orientation is aligned with the emerging issues in global health policy like “governance for health in the 21st century” (3), “One Health Approach” and “Global Health Diplomacy” that necessitates the establishment of a new dialogue between health and other agencies (4, 5).

In the process of decentralization of the health system in Iran, one of the first changes was the establishment of health assemblies at national, provincial, district, and neighborhood levels based on the decree of the 15th meeting of the Supreme Council for Health and Food security. Assemblies are extra-parliamentary bodies convened to address major constitutional issues or reforms. This process allows the voice of people to be heard; as it brings together ordinary citizens and elected officials in a public and open process (6,7). Editorial article of the journal of Social Determinants of Health in volume 2 issues 2 in the year 2016, with a review of NHA in Thailand, proposed establishment of the Iranian NHA and described that NHA would improve public health and “support the country to reach the goals of sustainable development by extending social capital” (8).

The article emphasized that the participation of people in health promotion motivates them to take responsibility for their health and the health of their community. People's participation is necessary for the prevention and control of non-communicable diseases which require a change in lifestyle and risky behavior. On the other hand, Iran has a long history of charity in different areas including health. It shows the potential of participation in society among Iranian people that can be diverted to the health sector. Also, participation in health issues can lead to an increase in social capital and social cohesion, as important factors of health promotion (8).

The purpose of establishment of these assemblies was to shape dialogue among stakeholders and advocacy for health among all non-health sectors; decentralizing health decision making process, involving community and societies in health policy and planning, identification, appreciation, and development of health policies and measures in non-health economic, social, and cultural sector across the country.

Also, to provide an enabling environment that the voice of people could be heard at the highest health policy decision-making level like the Expediency Discernment Council, parliament, president, and ministers.

The first Iran NHA was conducted on 16th Feb 2018. This report aimed to summarize the Iranian context, process, and procedures of the establishment of the first NHA in Iran. Also, some initial achievements and outcomes and the existing challenges are discussed that can be used as lessons learned for other similar countries and also as a guiding step for further future endeavors in continuation of NHA in Iran.

Case presentation

This qualitative study reports the Iranian context, process, and procedures of the establishment of the first National Health Assembly (NHA). Also, some initial achievements and the existing challenges are discussed that can be used as lessons learned for other similar countries and also as a guiding step for further future endeavors in continuation of NHA in Iran.

This report is prepared using a review of literature, analyzing the documents (3-4, 6-25) and through the experience and views of the authors. Table 1 summarized the documents that were analyzed for this purpose.

Idea

Public participation and people's presence in developing policies and programs, implementing them and overseeing them are subjects that have been emphasized frequently in the National General Health Policy of Iran and the plans presented by the President and the Minister of Health and Medical Education in the 11th and 12th government of Iran (9).

The formation of health bodies at the national, provincial, district, and neighborhood levels was a tool to strengthen the presence of the people and the association of public institutions with government agencies.

Table 1. Summary of reviewed and analyzed articles

Title of article	Reference
Governance for health in the 21st century (3)	Kickbusch I, Gleicher D. Governance for health in the 21st century. Geneva: World Health Organization. 2012.
One health approach (4)	World Health Organization. 2017. One health approach. [Online] Available from: http://www.who.int/features/qa/one-health/en/ . Accessed June 2, 2018.
The triangle that moves the mountain: nine years of Thailand's National Health Assembly (2008-2016) (6)	Rajan D, Mathurapote N, Putthasri W, Posayanonda T, Pinprateep P, Courcelles S.D, et Al. The triangle that moves the mountain: nine years of Thailand's National Health Assembly (2008-2016). World Health Organization. 2017.
Civil-Society Discourses and Democratization in Thailand- The Case of the National Health Reform, Movement. Towards Good Society (7)	Wankaew S. Civil-Society Discourses and Democratization in Thailand- The Case of the National Health Reform, Movement. Towards Good Society.2005; 56.
The National Health Assembly, a way to increase community participation in health decision making (8)	Farshad AA, Rostamigooran N. The National Health Assembly, a way to increase community participation in health decision making. Social Determinants of Health. 2016 Jul 1;2(2):51-2.
Social Approach to Health: A way to secure sustainable gains for UHC (9)	Ministry of Health and Medical Education, Deputy of Social Affairs, Supreme Council of Health and Food Security. 2018. Social Approach to Health: A way to secure sustainable gains for UHC.
Declaration of Alma-Ata. International Conference on Primary Health care, Alma-Ata, USSR. World Health Organization (10)	World Health Organization. Declaration of Alma-Ata. International Conference on Primary Health care, Alma-Ata, USSR. World Health Organization, UNICEF. 1978.
The contribution of social and political factors to good health (11)	Rosenfield p.L. The contribution of social and political factors to good health. In: Halstead S, Walsh JA, Warren KS (eds) Good Health at Low Cost. New York: Rockefeller Foundation; 1985.
Public health in the new era: improving health through collective action (12)	Beaglehole R, Bonita R, Horton R, Adams O, McKee M. Public health in the new era: improving health through collective action. Lancet. 2004;363(9426): 2084-2086.
Heeding the push from below: how do social movements persuade the rich to listen to the poor? (13)	Campbell C, Cornish F, Gibbs A, Scott K. Heeding the push from below: how do social movements persuade the rich to listen to the poor?. J Health Psychol. 2010; 15(7): 962-971.
Innovation and participation for healthy public policy: the first National Health Assembly in Thailand (14)	Rasanathan K, Posayanonda T, Birmingham M, Tangcharoensathien V. Innovation and participation for healthy public policy: the first National Health Assembly in Thailand. Health Expect. 2012; 15(1): 87-96.
Which Social Values Are Considered in Iranian Health System? (15)	Rashidian A, Arab M, Mahdavi MV, Ashtarian K, Mostafavi H. Which Social Values Are Considered in Iranian Health System?. Archives of Iranian medicine. 2018 May 1;21(5):199.
Health Priority Setting in Iran: Evaluating Against the Social Values Framework (16)	Mostafavi H, Rashidian A, Arab M, Mahdavi MR, Ashtarian K. Health Priority Setting in Iran: Evaluating Against the Social Values Framework. Glob J Health Sci. 2016 Oct 1;8(10):53834.
Inclusive public participation in health: policy, practice and theoretical contributions to promote the involvement of marginalised groups in healthcare (17)	De Freitas C, Martin G. Inclusive public participation in health: policy, practice, and theoretical contributions to promote the involvement of marginalised groups in healthcare. Social science & medicine. 2015 Jun 1;135:31-9.
Public participation in health. A review of reviews (18)	Mira JJ, Carrillo I, Navarro I, Guilabert M, Vitaller J, Pérez-Jover V, Aguado H. Public participation in health. A review of reviews. In:Anales del sistema sanitario de Navarra 2018 Apr (Vol. 41, No. 1, pp. 91-106).

Table 1. continuous ...

Research participation registers can increase opportunities for patients and the public to participate in health services research (19)	Leach V, Redwood S, Lasseter G, Walther A, Reid C, Blazeby J, Martin R, Donovan J. Research participation registers can increase opportunities for patients and the public to participate in health services research. <i>Journal of health services research & policy</i> . 2016 Jul;21(3):183-7.
Understanding the factors that make public participation effective in health policy and planning: a realist synthesis (20)	Pagatpatan CP, Ward PR. Understanding the factors that make public participation effective in health policy and planning: a realist synthesis. <i>Australian journal of primary health</i> . 2018 Jan 16;23(6):516-30.
Health Systems and Citizenship: Public Participation in Southern Europe (21)	Matos AR, Serapioni M. Health Systems and Citizenship: Public Participation in Southern Europe. <i>handbook of Research on Policies and Practices for Sustainable Economic Growth and Regional Development 2017</i> (pp. 100-114). IGI Global.
Public Participation in Health And Social Care: Exploring the Co-Production of Knowledge (22)	Beresford P. Public Participation in Health And Social Care: Exploring the Co-Production of Knowledge. <i>Frontiers in Sociology</i> . 2018;3:41.
Community participation in Health Impact Assessment. A scoping review of the literature (23)	Den Broeder L, Uiters E, Ten Have W, Wagemakers A, Schuit AJ. Community participation in Health Impact Assessment. A scoping review of the literature. <i>Environmental Impact Assessment Review</i> . 2017 Sep 1;66:33-42.
What is the evidence base for public involvement in health-care policy?: results of a systematic scoping review (24)	Conklin A, Morris Z, Nolte E. What is the evidence base for public involvement in health-care policy?: results of a systematic scoping review. <i>Health Expectations</i> . 2015 Apr;18(2):153-65.
Reconceptualising community participation in primary health (25)	Kenny A, Hyett N, Dickson-Swift V. Reconceptualising community participation in primary health. <i>Australian journal of primary health</i> . 2017;23(6).

In order to institutionalize the attraction of social partnerships in the field of health, the Deputy of Social Affairs was established in the Ministry of Health and Medical Education (MOHME) in 2016. The Deputy Minister for Social Affairs at that time participated in the National Health Assembly of Thailand in 2017. The idea of using this experience introduced to the Health Minister and the plan of establishing the 1st NHA Meeting headed by the President was approved by him.

Processes, Mechanisms and the Theme

The first National Health Assembly of Iran took place in March 2017. Over 2300 participants including president and ministers, all the governors, social deputies of all medical universities around the country, officials from the different governmental organizations, and 600 representatives from all scientific associations, civil societies, and non-

governmental organizations and the main private sectors participated in the assembly (9).

The main theme selected for the 1st NHA was “Health for All, All for Health”.

The assembly was started by the speech of President Hassan Rouhani followed by the speech by the Minister of Health, the Minister of the Interior, the Minister of Agriculture, and the Deputy of Social Affairs in MOHME. Also, there were speeches by the NGO representative, WHO, and a few other international health agencies and representatives from patient associations. One of the most appealing and influential sections of the meeting was speeches presented by patients with autism, epilepsy, Multiple Sclerosis, Alzheimer’s disease, hemophilia, cancer, genetic defect, dystrophy, and burn injuries, representing all patients, NGOs, and charities, which reflected their concerns and feelings.

Table 2. Resolution recommendation for the Secretariat of the Supreme Council of Health and Food Security

Resolution recommendation for the Secretariat of the Supreme Council of Health and Food Security
1- Prepare a manual for setting up the assemblies
2- Set up NHA and SDH festival annually
3- Prepare a progress report about enforcement of Health Impact Assessment Law.

Table 3. Actions recommended to the industries for health promotion

Actions recommended to the industries for health promotion
1- Formation of a supreme council for SDH in support of main managers
2- Designing a course for the staff to train SDH to them
3- Preparing a statement about missions, values, and strategies in the health promotion realm
4- Developing some indicators of social accountability for health
5- Setting up workshops for high managers in SDH

Final Statement

The final statement mentioned that health is a citizens' right and all people and organizations are responsible for it; therefore, cultural activities and legal support are needed for the institutionalization of social accountability for health. The recommendations prepared by the scientific committee and announced in NHA statement obliged the secretariat of the Supreme Council of Health and Food Security to take some actions which are shown in table 2.

President Recommendations

The most important highlight of this assembly was the President's order to hold annual meetings of the health assemblies at national and provincial levels with the participation of all beneficiaries. The resolution made at this assembly was adopted on the agenda of the Supreme Council for Health and Food Security and was approved by the Council.

Also, to ensure the participation of all people around the country in the process of selecting the health theme of the NHA, health assemblies were formed in different cities, districts, and provinces in Iran. Minister of Health and Minister of Interior in a common letter asked the provincial governor to set up health assemblies in

neighborhoods, districts, and provinces of Iran.

Side Events and Activities of the 1st NHA

There were some sidelines in the 1st NHA like introducing the book "National and Subnational Burden of Diseases Atlas (NASBOD)" for the first time. In this event, the Director of the Research Institute of Science and Endocrine Metabolism addressed the provincial governors and health authorities and stated that the precise situation of each province in the area of health is available in this atlas and governors and university presidents can use this precise information to improve the health status of their province.

Another sideline was the festival of Corporate Social Responsibility for Health. This festival was a tool for self-assessment of the health performance of governmental and non-governmental organizations and institutions where, by identifying, ranking, and introducing these organizations' and institutions' health-related achievements, an opportunity was provided to create a climate of encouragement and effective presence and guidance in improving the health. The ultimate goal of the festival was to gain inter-sectoral participation and to encourage social and economic participation for taking more effective actions in promoting community

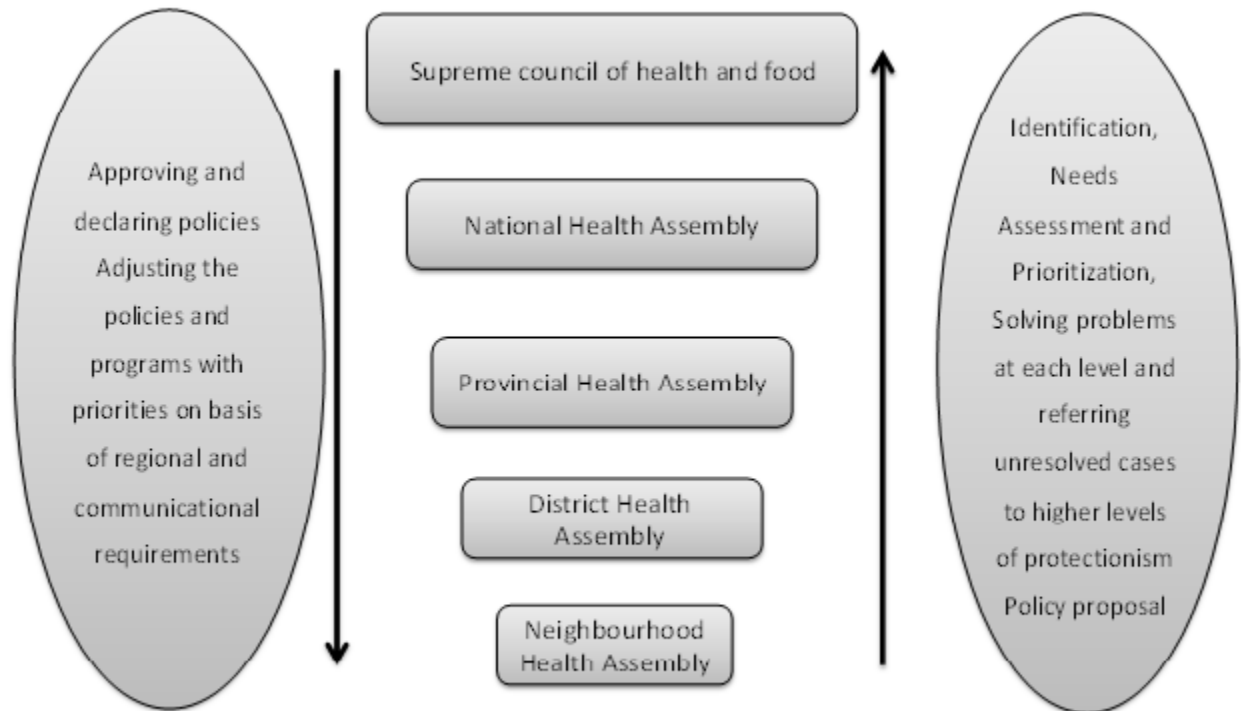


Figure 1. The structure of Health Assemblies in Iran

health. Generally, 304 companies and governmental and non-governmental organizations participated in this festival (Table 3).

Another sideline event of the assembly was a meeting held by the Minister of Health in the presence of governors and university presidents, and health activists, in which he emphasized the ongoing work of the Health and Safety Committee of the provinces.

Establishment of Provincial Health Assembly (PHA)

The establishment of PHAs was before the NHA formation. The purpose of Provincial Health Assemblies (PHA) was to identify the main health challenges with a participatory approach and to enhance inter-sectoral collaboration in addressing these health challenges and mobilize maximum resources for this purpose; at the provincial level. Also, PHA provides a channel for the flow of information related

to the health challenges and concerns from different cities in different provinces across the country to the NHA (Figure 1). PHAs were held in 31 provinces, and district health assemblies were formed in 430 out of 470 districts in Iran by September 2018.

Discussion

The first NHA of Iran should be considered in the context of the broader social movement towards reform, the Health Transformation Plan, and hearing the voice of people in Iran in recent years. The importance of intersectoral collaboration and community participation in the promotion of public health was known before half decades ago and was declared in Alma Ata declaration (10). Also, pieces of evidence from different countries like Thailand have shown the importance of it, even in low and middle-income countries, in order to enhance the possibility

of intersectoral collaboration and community participation some countries shown successful experience of establishment of NHAs (11). Conducting NHA has a long history; the first published report of NHA in the USA goes back to the year 1948 (26). India had its first NHA in December 2000 to provide an opportunity for civil society actors to play a stronger and more vital role in pursuing the mission of health for all and a chance for poorer strata of society throughout India to reinforce their message (12), increase their access to media professional advice, and attract the government attention (13).

Thailand has shown strong achievements in health promotion through its NHAs (14). Iran used Thailand's experience as a model for enhancing health promotion and intersectoral collaboration in Thailand (6). However, Iran was able to develop this model deeper and add the district and neighborhood health assembly to it to facilitate the flow of information from the grassroots level throughout the country to the highest level of decision making.

However, representation of people at neighborhood and district level is a matter of concern; the number of districts and neighborhoods that have set up health assembly is still low, which shows the importance of better support like training and education for promoting skills and capacities for engagement of people and advocacy with other sectors; supporting and strengthening the formation of groups and networks among people.

Besides, the role of Secretariat of the Supreme Council of Health and Food Security in organizing the NHA, annually; and preparing progress report about enforcement of Health Impact Assessment Law, enhance the role of NHA from an advocacy agency to a platform for people participating in the health policymaking.

Although Iran was able to establish its first NHA successfully, still many challenges and barriers need to be addressed to ensure public participation and intersectoral collaboration in order to promote health.

Still, the role of public participation in decision making and monitoring policy is weak; there are some concerns about the sustainability of local initiatives for public participation and intersectoral collaboration and even their national structures. For accelerating the implementation of this program and facilitating activities, creating a well-defined structure to join public participation and intersectoral collaboration seems necessary. Efforts should be made to document and to evaluate the process and impact or outcome of the NHA, and its capacity to influence the policymaking process and intersectoral collaboration.

However, the effectiveness and achievements of the NHA in Iran could be shadowed and hindered by the political context and issues. Returning USA sanctions against Iran and its adverse impact on the economy, social situation, and political climate can adversely impact the success of the NHAs mission in Iran.

Conflict of interest

Authors declare no conflict of interests.

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