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# Evaluation of health sector in the 5-year socio-economic and cultural development plans of Iran

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**Abstract**
**Background:** Development serves as a critical stream that propels the enhancement and advancement of a nation's socio-economic framework. Preserving and elevating community health standards is deemed essential within any economic and social planning endeavors. Since the inception of societal living, health has stood as a fundamental human requirement. In accordance with this principle, the constitution of the Islamic Republic of Iran, serving as the principal guiding instrument, recognizes health as a "universal right." It mandates that the government of the Islamic Republic of Iran formulate strategies to actualize this right.
**Method:** This qualitative investigation employed an adaptive approach and content analysis techniques to examine each of the six development plans ratified post-Islamic Revolution in Iran.
**Results:** The role of health was conspicuously minimal in the first and second development plans. The core health policy during these initial stages focused on broadening public health via the establishment of healthcare facilities. The third development plan saw an escalation in the attention devoted to health-related sections, with a strategic aim to bolster efficiency and overhaul the structure of the health system. Policies within the health sector during the fourth and fifth development strategies were directed toward fostering equitable access to health services and enhancing the fairness of financial contributions. Prominent objectives of the sixth plan encompass the quantitative and qualitative expansion of health insurance and the execution of a stratification and referral system.
**Conclusion:** The initial three development plans lacked a comprehensive perspective of the overarching strategy, with the majority of provisions possessing a service-oriented nature that failed to ascend to a policy-making level. As the planning progressed, there was a marked shift in approach. Subsequent plans have concentrated on securing equitable access to health services and on ameliorating the fairness of financial participation.
**Keywords:** health policy; development plans; health system; Iran

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## Introduction

The concept of development emerged post-World War II, at the dawn of the second half of the 20th century, particularly for countries grappling with low prosperity levels and economic growth. It was envisaged as a blueprint for these nations to foster economic progress and enhance their citizens' quality of life. In the extant post-war developmental research, three predominant notions prevailed:

Early academic inquiries in the 1950s aligned development closely with economic expansion, measuring it by increases in a country's gross national product (GNP) or by rises in individual income.

A subsequent interpretation, while still correlating development with economic growth, posited that such growth must also engender a narrowing of social inequalities and embody the goal of poverty eradication. Consequently, development in this context was evaluated based on the broadening and enhancement of social conditions.

In contemporary discourse, however, development is understood in a broader sense. This current perspective encompasses all facets of human existence, advocating for a comprehensive process that is responsive to human needs, inclusive of the spiritual dimensions of life. This definition posits development as a multifaceted process characterized by both quantitative and qualitative improvements in living standards, extending beyond sheer economic metrics. This holistic approach also incorporates political and cultural considerations, paralleling the pursuit of economic goals.

Iran, prior to its revolution, actively engaged in setting its development agenda, implementing five distinct development plans. These initiatives consistently emphasized economic and industrial modernization, reflecting a broader tendency of pre-revolutionary governments to focus on these areas (1). In numerous countries, a forward-looking perspective is cultivated to articulate a vision of the nation's prosperous future. This vision acts as a catalyst for socio-economic development and fosters alignment with regional and international trends. Upon establishing its long-term objectives, each country commits its collective resources toward the attainment of these aims.

Within the Islamic world, several nations have instituted long-term economic strategies. Saudi Arabia, for example, has laid out an economic vision for 2025, aiming to diversify its economy beyond oil. Similarly, Turkey, which has historically contended with enduring economic and political challenges, has delineated the year 2023 as a milestone in which to realize its developmental aspirations.

In a marked contrast, Malaysia employs a dynamic, four-pronged approach to planning, each facet possessing a distinct temporal focus: the overarching Vision Plan, the quintennial Development Plan, an interim appraisal at the midpoint of each five-year cycle, and the meticulously crafted annual budget. Collectively, these instruments steer the country towards the horizon of its Vision 2020 ambitions (2).

The Islamic Republic of Iran's approach to development encapsulates economic, social, and cultural dimensions through the formulation of comprehensive midterm strategies. These strategies are structured as five-year plans, devised by the cabinet and subsequently ratified by the parliament (3). The maintenance and Elevating community health standards is a fundamental consideration in economic and social planning. Ensuring access to conducive facilities for the physical, mental, social, and spiritual well-being of individuals across all life stages is regarded as a fundamental human right and need. This principle is enshrined in the constitution of the Islamic Republic of Iran, which acknowledges health care as a basic necessity. The constitution mandates the government to apply all available resources towards safeguarding the health of the nation's populace (4).

In this study, our objective is to assess the health system's status within parliament-approved development plans and evaluate their overall performance.

## Methods

In researching written documents, including laws and regulations, the content analysis method proves suitable. Our study employs the comparative method and qualitative content analysis, focusing on documents related to development plan laws. Thematic content analysis is applied, with the analysis unit being the themes within the text of development plan laws. The study specifically examines legal articles, goals, and policies from these plans. The open coding process is used, where meaning units are labeled with codes related to the context. Concepts are extracted during this coding, forming the basis for further analysis. The primary variables studied include health laws and all laws directly impacting health, considering factors such as comprehensiveness, evolution, approaches, performance, and alignment with global standards. Additionally, official reports are utilized to measure key indicators during development plans.

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## Results

Health is defined as a state where individuals experience complete physical, mental, and social well-being, serving as a fundamental element for sustainable development in economic, social, and justice dimensions. The overarching goals and policies embedded in Iran's historical economic and social development plans prioritize investment-based health maintenance and enhancement, transparent management, active engagement from diverse development sectors, and societal empowerment for understanding and adopting health-promoting methods (5). Content analysis of development plan texts and studies was conducted, yielding the following results:

### The first and second development plans

In the first development plan, health and treatment received minimal attention, with scarce mentions limited to the construction of medical centers and the involvement of Iranian professors residing abroad. The only directly related health goal focused on offering public health and primary healthcare education, particularly emphasizing deprived and rural areas. The second plan witnessed a slight intensification in health considerations, notably reflected in fundamental public health and public insurance policies (6).

The primary focus of the healthcare sector in the first and second development plans centered on facilitating system design, establishing health services networks in primary healthcare for both urban and rural areas. This approach aimed to address the health needs of the population, with a particular emphasis on deprived and rural areas within the country (5).

Key policies within this approach include the development of areas, enhancement of physical and spatial capacities, and improvement of service facilities. Additionally, the focus is on increasing the speed and ease of access to services, enhancing public health knowledge and behaviors, and bolstering human resources through training and provision of medical and paramedical professionals. The organized implementation of health education plans, immunization, mother-child health, reproductive health, and population control are integral components of this strategy (7 and 8).

These policies have resulted in the expansion of urban and rural health centers, the training and recruitment of medical and paramedical personnel at necessary levels, the implementation of control measures, prevention of vaccine-preventable diseases and improvements in sanitation. There has been an increase in the population's access to clean drinking water, along with advancements in literacy and social awareness. These measures have notably contributed to improved health indicators, including the reduction of mortality rates among children under 5 years old, decline in maternal mortality, and a decreased contribution of contagious diseases to overall mortality (5). The first and second plans demonstrated substantial alignment with the World Health Organization's health for all and population control initiatives (9).

### The third development plan

In the third development plan, the role of health became more prominent, with Chapter 25 dedicated to health and treatment. The objectives and strategies outlined in this chapter focused on enhancing the efficiency of the health system and organizing the service delivery system. Key areas of emphasis included healthcare service reform, organizational and managerial reform, service stratification, engaging the non-governmental sector, and transferring affairs and management of health centers to non-governmental entities. Food security was given significant attention, with a specific food basket allocated for particular social groups.

The pharmaceutical market was also a consideration in the third plan, with supportive measures reduced. Article 196, which pertains to the adjustment of the drug market, outlined provisions for ensuring the currency supply needed for the importation of raw materials and imported medications. This was aimed at preventing the escalation of drug prices and supporting the insurance system (5 and 10).

In terms of alignment with global documents, the third development plan was partially influenced by the World Bank's policies regarding decentralization (9).

### The fourth development plan

The fourth development plan aligns with the country's 20-year vision policies. Emphasizing equitable participation, the plan addresses the fair distribution of health resources and facilities. The goal is to elevate the fair financial participation rate of the people to 90%, ensuring that individuals' share of health costs does not exceed 30%. Additionally, the plan aims to reduce the number of vulnerable households facing intolerable costs to 1%, promoting equitable access to health services and diminishing the share of low-income and vulnerable households in their health and treatment costs. (11).

The Fourth Development Plan also addressed the issue of free treatment for victims of traffic



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accidents. A significant goal set forth was that by the conclusion of this plan, the Islamic Republic of Iran would fulfill the health and medical needs of the region. Additionally, it was stipulated that 30% of foreign exchange costs would be covered by the currency derived from the export of services and products in the health sector (5).
The fourth development plan prominently incorporates justice in health policies across various legal provisions within the health sector. These policies, informed by a theoretical framework agreed upon by relevant research centers and notably the World Health Organization's 2000 World Health Report, are geared towards reducing health hazards, enhancing food security, maintaining and improving individual and societal health, increasing responsiveness to non-medical community needs, ensuring equitable access to health services, sustaining the supply process, ensuring fair population participation, and promoting food security.
The main goals of the fourth development plan in the health sector encompass providing equal access to health services, rationalizing services according to the diverse needs of the system, and establishing a minimum standard of health services across the country based on service stratification (6, 12).

### The fifth development plan

The fifth development plan encompasses varied and specific regulations in the health sector. Key provisions include the allocation of 10% of the total funds of law enforcement for targeted subsidies in the health sector. The plan also addresses the adjustment of the quantity and quality of human resources within the medical group to align with the country's health system needs, incorporating strategies such as family physician initiatives, referral systems, service stratification, and the establishment of a health insurance organization (5).

The fifth development plan outlines crucial directions for the health sector, emphasizing integration in policy, planning, evaluation, monitoring, and allocation of public resources. Key objectives include the quantitative and qualitative development of health insurance, aiming to reduce individuals' share of health expenditure to 30% by the plan's conclusion. Other focal points involve the distribution of governmental health facilities based on service levels, the establishment of the Iranian electronic health record system, the implementation of the referral system, and leveraging the capacities of the non-governmental sector nationwide.

Several health policies of the fifth plan align with those of the fourth plan, encompassing the establishment of a comprehensive social security system, unconditional treatment for traffic accident victims, and the expansion of health insurance coverage. The plan's orientation is significantly influenced by justice in health policies (6, 13).

### The sixth development plan

The sixth development plan introduces measures to ensure sustainable financial resources for the health sector, emphasizing the management of health resources through the insurance system. One significant initiative is the mandatory provision of health insurance for all members of the community. The plan outlines that the health system should encompass policy-making, strategic planning, evaluation, validation, and control within the Ministry of Health.
Additionally, the stratification of diagnostic and therapeutic services is based on the family doctor's referral system. Prescribing services is permitted solely in accordance with clinical guidelines and generic plans. The plan mandates that the country's insurance companies and organizations procure strategic healthcare services based on clinical guidelines and the official list of Iranian generic drugs within the framework of the National Drug system.

### Health sector performance at the end of development plans:

Defining the laws of development plans in the health sector should prioritize comprehensiveness, incorporating indicators for evaluation. Rules must be formulated to ensure timely execution. Key indicators reflecting the success of health sector plans in development plans are summarized in the following table based on reports from the research center of the parliament and the Plan & Budget Organization (15-18). (See Table 1)

### Discussion

The development plan serves as a crucial document outlining economic, social, and cultural conditions within predicted resources and limitations. Over time, its significance has evolved, encompassing economic, social, political, and environmental dimensions. Today, development is multidimensional, aiming for balanced growth across all aspects of society.

The health sector's primary focus in the initial development plans after the revolution was to

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provide basic healthcare to the general public, particularly in deprived and rural areas. Expanding rural health centers, increasing hospital capacities, and training specialized personnel contributed to improving health indicators. However, the excessive expansion of treatment centers, especially hospitals, in the second plan led to jobless capacities and resource waste, prompting adjustments in the third plan.

The third plan aimed to enhance efficiency, attract non-governmental contributions, and organize the service delivery system, emphasizing service stratification and healthcare system improvement. Special attention was given to food security. The fourth plan extended its focus on fair financial participation and reducing health costs for vulnerable households. The fifth plan prioritized integrating policies, developing health insurance, and reducing individuals' share of health expenditures.

Development plans should consider comprehensiveness in defining laws and set indicators for evaluation. The success of health sector plans is measured by various indicators, reflecting improvements in healthcare access, mortality rates, and contagious disease reduction. Balancing growth across dimensions remains crucial for holistic societal development. The fourth development plan prioritized reducing health risks, enhancing food security, and promoting active participation in global markets. It emphasized equity in healthcare access and financing, empowering people for health promotion, and strengthening inter-sectoral partnerships. Access to primary health services expanded through the proliferation of health centers.

Both the fourth and fifth plans aimed to reduce out-of-pocket expenses for healthcare, but this goal faced challenges due to discrepancies in tariffs between public and private sectors. The introduction of private sector tariffs and public-sector tariffs increased the gap between the two. In the sixth development plan, key health sector policies include the quantitative and qualitative expansion of health insurance and the sustainable financing of the health sector through the insurance system. Structural reforms in the health system, focusing on improving service quality and establishing comprehensive care networks based on the stratification and referral system, are prominent goals. Additionally, self-reliance in designing and manufacturing pharmaceuticals, vaccines, and biotech products is emphasized, with implementation starting in March 2017.

## Conclusion

The six development plans for the Islamic Republic of Iran underscore the significance of a comprehensive approach, particularly within the health sector, as a pivotal contributor to sustainable development. Each plan has strategically addressed specific facets of the health system, with discernible impacts on critical health indicators over its duration. Rigorous attention has been given to formulating and agreeing upon indicators, enabling systematic evaluation within specified timelines. Key legal provisions embedded in the development plans, carrying significant policy implications, warrant continuity and consideration in future planning initiatives.

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## Conflict of interest

The author declares that there is no conflict of interests.



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| index / quantitative target | Conventional units | Year 1988 | First plan (1989-1994) | Second plan (1995-2000) | Third plan (2000-2005) | Fourth plan (2005-2010) | Fifth plan (2011-2016) |
|---|---|---|---|---|---|---|---|
| Life expectancy | Year | - | 67.1 | 70 | 71.4 | 72.7 | 74 |
| Under-five mortality rate | Per 1000 live births | 56 | 43 | 33 | 26.2 | 22.4 | 15.5 |
| Maternal mortality rate | per 100,000 live births | 90 | 52 | - | 23.8 | 22.07 | 18 |
| Beds per thousand people | Proportion | 1.46 | 1.55 | 1.7 | 1.63 | 1.7 | 1.52 |
| Physicians per thousand people | Proportion | 0.41 | 0.49 | - | 1.32 | 1.47 | 1.84 |
| Count of healthcare centers | Unit | 2967 | 3548 | 4325 | 4538 | 4715 | 5078 |
| Quantity of operational beds | Number | 77000 | 93000 | 103700 | 93002 | 108000 | 113927 |
| Vaccination coverage in the initial year. | Percent | 87.5 | 89 | - | 95 | 98 | 99 |
| The operational healthcare facility | Number | 7280 | 12220 | 15426 | 16648 | 17387 | 18239 |
| The availability and reach of health services | Percent | - | 66 | - | 92 | 99 | 100 |
| The percentage of the population engaged in blood donation. | Per 1000 | 13.1 | 13 | - | 23.1 | 25.29 | 27 |
| Out of pocket | Percent | - | - | 49.8 | 54.9 | 58 | 53 |
| The ratio of domestically produced medications to the total number of medications. | Percent | 91 | 96.4 | 94 | 97 | 96 | 97 |

Table 1. quantitative indexes obtained during the last year of development plans

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