Health in Iran; 40 Years After the Islamic Revolution

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Abstract

Islamic Republic of Iran (IRI) was established 40 years ago. On the 40th anniversary of this new model of the pious practice of democracy that has been involved in major contentions throughout these four decades from war to coup and sanctions, it would be of interest to know the trends in health indicators in Iran. The progress in many aspects including life expectancy and maternal and child health, as well as the provision of sophisticated health services, is tremendous while there are still challenges in combating non-communicable diseases and financial aspects of the health system.

Keywords: Iran, Health, Life Expectancy, Equity, Family Physician, Pharmaceutical Industry, Maternal Mortality

1. Background

Health is one of the most important needs of all communities. Knowledge, faith, and values would affect the importance of this issue in the overall agenda of the governments and the way this subject would be approached; but universally, all ruling administrations should be responsible for this important and essential issue of the nations.

Islamic Republic of Iran (IRI) was established 40 years ago after a long period of autocracy in Iran through a revolution mainly orchestrated by religious and poor sectors of the population. In this regard, the newly established government had to focus on closing the gap between poor and wealthier sectors and between rural and urban communities in all aspects, especially health, in concordance with Islamic values.

Now, 40 years after this historical event, one can have an overview of what has been done and what still needs to be done for healthier Iran. This not only is a performance overview for IRI, but also is of utmost importance for other developing countries. Many of these countries are relying on external aids to tackle their needs. The example of IRI as a government that experiences years of sanction by superpowers, especially the United States of America, and at least 25% of its era being influenced directly by the imposed war, and 25% more by unsuccessful coups and planned terrorist attacks aiming at changing the government could be a model for self-reliance and resiliency for other nations.

2. Methods

This is a narrative review of the relevant publication and official reports on some of the main health indicators to show the changing trends in the past forty years of Iran.

3. Results and Discussion

Major indicators of health including life expectancy (LE), maternal death, and under-five mortality reveal a great improvement. LE at birth increased from below 55 years before 1979 to 75.47 years (75.38 to 75.55) for males and 79.36 years (79.28 to 79.46) for females in 2017 (1). Iran is one of the few countries that have gained more than 35 years of LE for both women and men since 1950 and the values are now much higher than the world average (1). Maternal mortality decreased from 237 to 19 per 100,000 and under-five mortality from more than 55 to less than 15 per 100 during the same period.

The establishment of the Iranian model of primary health care (PHC) occurred during the war. A network of health houses and health centers managed by local health workers called Behvarz was launched just in the middle of the Iraq-Iran war (2). This and other health system activities including the expansion of immunization programs, vertical and horizontal programs for contending diarrheal and respiratory tract infections, along with expanding the capacity of universities for training more
Despite all of these signs of progress, there are still many challenges. The Iranian model of PHC has focused on maternal and child mortality, and communicable diseases. As seen, it worked well in this regard but it was not renewed for the dynamic transformation of the diseases and health threats. Currently, non-communicable diseases (NCDs) contribute to more than 80% of all deaths in Iran. However, it is still efficacious in the management of NCDs.

The migration of the human resource of the health system is becoming a growing problem and there is a need for novel policies to retain young scientists (11). A new program to support knowledge-based companies and foundations has recently been launched for this purpose.

Universal health coverage with financial protection considering the high costs of health services and limited resources is a major concern in Iran as in almost all parts of the world. There has been legislation in the parliament to expand the referral system based on family physician but it is not still a reality (12).

Equity was a highly considered agenda in all programs including health after 1979. The Gini index has been decremented; but, the situation is not still ideal and the latest figure indicates the difference between the costs in the poorest and the wealthier decile is still high and there are inter and intra-provincial differences in health indicators, which are not acceptable. As an example, while the LE of women increased in all provinces, there is a difference of
up to 8.3 years between provinces in Iran (13).

Despite these and other challenges, based on the achievements in these four decades and the young persuasive new generation, one can predict better health for Iranians in the next decade though increasing sanctions, which is now even in the scientific fields (14), could counteract if not approached judiciously.

Footnotes

Conflict of Interests: KBL was the Minister of Health and Medical Education of Iran from September 2005 to September 2009.

Funding/Support: None declared.

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Shiraz E-Med J. 2019; 20(2):e89606.