Background. Health policy can be defined as an agreement and consensus on a health-related program and set of actions taken to achieve the goals expected by programs in the area of policy. Policy analysis involves a wide range of methods, techniques, and tools in a way to reach awareness of the impacts of the developed and implemented policies. Whereas policy analysis in developed countries has a long history, in developing countries, it is instead in its first developing stages. Our paper aimed to collect systematically the studies using health policy triangle framework in doing analysis in one of the health policy issues in the Eastern Mediterranean region organization.

Methods. To conduct our literature search, ISI/Web of Science, PubMed/MEDLINE, Embase, The Cochrane Library, Global Health Database, Scopus, as well as Google Scholar from 2003 up to June 2020 were systematically mined. To evaluate the methodological quality of the included studies, the Critical Appraisal Skills Program checklist was used.

Results. We selected 30 studies, conducted between 2011 and 2020. According to the findings of these studies, in the Eastern Mediterranean region organization, the role of evidence-based research in policy-making has been repeatedly emphasized, but its use in health program decision-making has been limited, and health research systems in Eastern Mediterranean region organization are still under scrutiny. There is still a gap between evidence-based research in health systems and its use in policy-making.

Discussion. Based on the present systematic review, studies based on policy analysis should focus on all the elements of health policies and provide evidence to inform decisions that can strengthen health systems, improve health and improve existing inequalities.

Background

Strengthening health systems with the aim of achieving sustainable development goals and universal health coverage requires evidence-based policy interventions [1]. Each component of the policy process plays its proper part within the health system and the country in which it is implemented as a whole [2, 3]. The process of developing health policies is complex, and many actors in this field, such as government agencies, stakeholders, political parties, the mass media, researchers, and other governments, are pursuing goals in this area. They are self-sufficient and are influential in this process based on their position, goals, and impact on politics [4].
Health policy examines the laws that directly or indirectly affect health and its various aspects. Health policy can be performed through the public and private sectors [7]. The scope of health policy is broad and varied, and is likely to be gradual, fragmented, and incomplete. The health policy process evaluates and analyzes the best opportunity to identify appropriate strategies for the health sector [8].

How a policy is achieved, how it is designed, who is affected by the policy (including proponents and opponents), and what the consequences will be is the main questions that policy analysis tries to answer. The subject of policy analysis and how to carry it out is intensively discussed in many scientific and academic circles [9]. Policy analysis is a multidisciplinary process that seeks to examine the interaction between organs, ideas, and its benefits in a political process [10].

In policy analysis, researchers seek a proper understanding of the policy process and intend to examine its nature. This can provide a better understanding of the health policy process as well as very credible evidence for the problems and issues that arise in the field of health and for future decisions that need to be made [11].

To conduct a policy analysis, various theories and models are generally used [10]. Policy analysis in developed countries has a long history [12]. In developing countries, it is instead in its first developing stages [13]. The use of policy analysis models, theories, or frameworks is very important for policymakers, and they should use these analyzes to make more accurate and useful decisions [14]. In recent decades, the tendency to use theories and models of policy analysis in the health sector has increased, and many studies have been done in this regard [12].

**Health Policy Triangle Framework**

In 1994, Walt and Gilson introduced a framework for health policy analysis. This framework has four main domains, including context, content, process, and actors. This framework can be used as a retrospective or prospective approach to policy analysis, and a comprehensive understanding of decision-making, planning, and policy implementation can be achieved [9]. This framework allows health researchers to examine the impact of political, social, cultural, economic, and international factors. It also discusses the process in which the policy in question is formulated, then designed, implemented, and evaluated by the policymaker, and analyzes the role of different actors in relation to the policy (Fig. 1).

In many countries with diverse health systems, this framework has been used to examine health-related policies and their impact on their community [9]. This framework can be used retrospectively or prospectively [15]. In addition to developed countries, the use of this framework has increased in recent years in developing countries [13]. Examining and summarizing the application of this framework in health-related policies can strengthen and implement more appropriate policies for countries [5]. The use of this framework can also provide a valuable platform for more comprehensive policy analysis [12]. Our paper aimed to collect systematically the studies using Health policy triangle framework in doing analysis in one of the health policy issues. In particular, the focus of our study is on health policy analysis studies in the Eastern Mediterranean region organization (EMRO). EMRO is one of the six regions of the WHO, having 21 members: namely, Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Palestine (West Bank and Gaza Strip), Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates (UAE), and Yemen [16].

**Methods**

**Literature Search**

To conduct our literature search, ISI/Web of Science, PubMed/MEDLINE, Embase, The Cochrane Library, Global Health Database, Scopus, as well as Google Scholar from 2003 up to June 2020 were systematically mined. Also, to increase the chance of finding relevant studies, reference lists of the studies included were assessed. Specific keywords were employed using Boolean operators (AND, OR, NOT). First, a preliminary search was performed using MeSH on the PubMed/MEDLINE database, and the keywords were identified after familiarization with the literature. The following search strategy was used:

- (“Policy” OR “Policy analysis” OR “Health policy” OR “Public policy” OR “Policy process” OR Health politics” OR “Document analysis” OR “Agenda setting” OR “Stakeholder analysis” OR “Framework” AND “Walt AND Gilson framework” OR “Health Policy Triangle Framework” OR “Policy triangle framework” OR “Walt AND Gilson’s framework”) AND (“Afghanistan” OR “Bahrain” OR “Djibouti” OR “Egypt” OR “Iran” OR “Iraq” OR “Jordan” OR “Kuwait” OR “Lebanon” OR “Libya” OR “Morocco” OR “Oman” OR “Pakistan” OR “Qatar” OR “Saudi Arabia” OR “Somalia” OR “Sudan” OR “Syrian” OR “Tunisia” OR “Emirates” OR “Yemen” OR “Eastern Mediterranean Region Organization” OR “EMRO” “OR “Middle East “ OR “developing countries”) NOT (“America” OR “USA” OR “Australia” OR “Canada” OR “UK” OR “Europe”).

![Figure 1. Health policy triangle framework.](image-url)
The search of the databases was carried out by two researchers independently. Any differences between them were resolved through discussion.

**Inclusion criteria**
1. Studies conducted in the EMRO region.
2. Studies that used the health policy triangle framework to analyze policy.
3. Studies published in English.
4. Studies published in journals with the peer-review system.
5. Studies published between 2003 up to June 2020.
6. Articles whose working method was acceptable.
7. Articles whose full text was available.

**Exclusion criteria**
1. Studies published in Non-EMRO countries.
2. Studies published in Non-English language.
3. Studies the findings of which were not sufficient for analysis.
4. Theses and chapters of books.

**Quality assessment of included studies**
To evaluate the methodological quality of the included studies, the Critical Appraisal Skills Program (CASP) checklist was used. This checklist contains ten questions. There are three answers (Yes, No, and Unclear) to each question. For the answer Yes, score 1 and for the answer No, score 0 were considered. Based on the scores obtained, the studies were divided into three categories: good, moderate, and weak quality (1-3: poor, 4-7: moderate and 8-10: good).

**Data extraction**
Two researchers independently extracted selected study data. In case of disagreement between them, one person acted as the arbitrator, and the dispute was resolved via discussion. Name of the first author, the year of publication, the country, the title of the topic of the policy, and the most important findings related to the items of the framework were extracted.

**Data analysis**
Data were analyzed using deductive content analysis guided by policy triangle framework components (namely, content, context, processes, and actors). In qualitative research, deductive content analysis is similar to inductive content analysis. Deductive content analysis is applied usually has prior theoretical knowledge as the starting point and guided by a half-structured or structured analysis matrix.

**Results**
This study adhered to the “Preferred Reporting Items for Systematic Reviews and Meta-Analyses” (PRISMA) guidelines. 863 articles were found in the initial search. 172 articles were duplicated and, as such, were removed. The titles of 691 articles were reviewed. 572 were removed, being unrelated studies, 30 studies were finally selected based on the study criteria. Figure 2 shows the process of searching and selecting studies [17-46]. Selected studies were conducted between 2011 and 2020. Studies were conducted in Iran (16), Pakistan (4 studies), Saudi Arabia (2 studies), Lebanon (2 studies), Sudan (2 studies), Tunisia (2 studies), Egypt (1 study), Afghanistan (1 study), Syria (1 study) and Palestine (1 study). One study was conducted in four countries (Tunisia, Syria, Palestine, and Turkey). Figure 3 shows the studies according to the EMRO countries in which they have been performed.

**The methodological quality of the selected studies**
Table 1 and Figure 4 show the quality of studies broken down according to the previously mentioned classification (good, moderate, and poor quality). Based on the scores obtained, 20 had good quality, 9 had moderate quality, and 1 had poor quality. The main characteristics and findings of the selected studies are shown in Table II.

**Discussion**
Policy analysis is a valuable process for understanding policy processes, identifying the determinants of the failures and successes of past policies, and planning for future ones [13], and is also complex due to the diverse nature of health issues [13, 47]. The present study assessed published studies related to health issues in the Eastern Mediterranean region using a Health policy triangle framework. The findings of the present study were selected from thirty extracted articles. With the exception of one study [34], all studies were retrospective. It seems that in order to evaluate the programs of the health system, it seems that in order to evaluate health system programs, it is better to pay attention to studies with prospective design and put it on the agenda, because evidence arising from these researches in improving the health systems and providing services by policymakers and researchers would be of higher quality and strength. Policy analysis can show the agility and dynamism of countries’ health systems [48, 49]. Findings of studies based on four elements of study (context - why do you need this policy -, content - what is the policy mainly about-, process - how this policy is designed and implemented - and actors - who participate and influence policy formulation and implementation) were analyzed and reported.

**Context**
The policy analysis process should be such as to reflect a thorough understanding of the context, decision-making, planning and implementation of policies. Because health issues go beyond health care and are influenced by psychosocial, economic and environmental factors [13,
health policy-making is an inherently political process, which is influenced by the social and political context, and therefore understanding and analyzing political systems can help better assess the context and why a given policy is chosen [50]. Demographic, epidemiological, educational, technological, cultural, as well as social developmental, economic and financial issues, the specific type of political regime are some of the issues that should be seen in context [51]. In the included studies, political and administrative factors, as well as economic and financial one, and social and cultural variables, personal and political interests, promotion of international standards of sectarianism, urgency and values of policymakers and media policies are the most important underlying parameters determining the success of a given health policy. Impacts on specific policies were reported. In most of the selected studies, the contextual factors of the country of the study did not have a direct impact on the choice of policy for analysis. It seems that the priority criteria for policy analysis in EMRO countries should be more transparent and the use of evidence should be increased. This could contribute to a more efficient and effective use of financial resources for policy analysis research [52]. Topics analyzed by researchers in selected studies included high prevalence or mortality rates, WHO reports, the Sustainable Development Goals (SDGs), Universal Health Coverage (UHC) achievement. Researcher evaluated also whether political decisions to solve a problem were taken based on evidence. Despite the fact that the type of political system, financing and Gross Domestic Product (GDP) per capita allocated to health programs are important elements in health policy making and can influence health policies related processes, none of the studies included in the present systematic review focused specifically on these factors and their impact on the policy in question. The health policy triangle framework states that
national, international, political, economic and social factors can influence health policies. However, based on the Leicher’s classification of these factors, some of which depend on circumstances, structural, cultural, and international factors, most of the selected studies did not pay full attention to these issues and paid less attention to their impact. These issues can be effective in creating a tendency to analyze or not analyze a policy in the health sector. One of the important points was the attention of the researchers of the selected studies to the selection of topics related to diseases and issues such as health justice, health finance, governance, use of evidence whereas other issues were less analyzed. Perhaps one of the reasons for choosing diseases for policy analysis is easier access, greater participation of people in these studies, which encourages EMRO researchers to analyze them. Of course, the nature of some issues in the health sector may make researchers less interested in analyzing them. They may be conservative and not accept the problems they need to gather information about them. On the other hand, due to political issues such as wars and sanctions in the EMRO region and its great impact on the health sector, the influence of these issues has received less attention. Ethnic and national prejudices have not been accounted for in the analysis of health sector policies in the countries of this region. Religious tendencies in this area have not been taken into account in selected studies. The existence of wars in Afghanistan, Syria and Yemen and the sanctions on Iran can affect the process of policy analysis of health-related issues. Lack of full vaccination coverage, failure to achieve the Millennium Development Goals (MDGs) goals, inadequate access to health services, reduced health budgets, issues related to children, women and the elderly, immigrants and refugees problems, as well as economic-financial problems and declining incomes, can dramatically impact health funding and resources allocation, which in its turn further complicates these problems.

To analyze a policy in the health sector, one should not be utilitarian and conservative. You have to see the underlying issues. These affect the success or failure of that policy. Policy analysis is a dynamic and political process. The diversity of EMRO countries’ political systems is crucial in implementing or not implementing health sector policies. The attention and priorities of policymakers in these countries can influence the choice of a given issue for policy analysis. Unfortunately, this issue has received less attention. Researchers seem to have sought to analyze issues that are more influenced by international factors.

**Content**

Content is the body of policy, which includes the nature and details of a policy proposal or document and is expressed through all its components, including: programs, projects, specific activities, goals, general objectives and observable goals [53, 54]. The content of the selected studies is given in Table II. Some articles referred to the formulation of policies, guidelines, and related laws, and some referred to its communication to related organizations and some other articles described the goals of the strategies. However, some studies did not fully explain the content of the programs under study and the relevant documentation and program outputs were not explained. Some studies did not mention or were vague. The programs referred to for framework analysis were mainly developed by the Ministry of Health of these countries. The selected studies did not document any
health initiatives and related issues or programs that were felt needed and pursued by other health-related organizations. It seems that in EMRO countries, the main focus for the implementation and start of health programs is only the Ministry of Health, and due to over-reliance on this ministry, the process of programs is unipolar and still or other organizations are not sensitive in this regard or if there were no documents.

While health should be current and considered in all policies in countries. At the heart of “Health in All Policies” is the study of health determinants, which are largely controlled by policies of sectors other than those involved in health, because in the “Health in All Policies” process, addressing the social factors of health and disease can be a powerful tool for reducing health inequalities [55].

Health is highly influenced by lifestyle and environment and many health issues are simultaneously deeply affected by factors outside the traditional realm of health and healthcare. Factors such as literacy, poverty, employment and racism contribute to differences in life expectancy as well as health-related quality of life. Concerns about how to address these factors have led to a focus on “health in policies”, in which policies in the social sectors such as transport, housing, employment and agriculture can ideally focus on health and access to health contribute to equity in health [56]. Once the problems are identified, the content analysis will focus on the suggestions and goals themselves. Sources (material and political) should be mentioned in the discussion of the content of a policy. Material resources, such as equipment and money and technical and organizational resources, this type of resources means the knowledge and organizational and managerial abilities to implement the proposals. Moreover, political resources are essentially the power to implement a policy. None of the studies addressed this issue.

**Process**

In the analysis of this section, what should be considered is to describe the process of health policies, ie policy formulation and implementation of policies and issues related to them. If Walt considers the three main aspects of the policy process to be the following: The issue of power in terms of who makes decisions and who influences them. The concept and types of policies in terms of how it is policy-making, and the logic and rules of politics in terms of its formation as a logical process.

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Tab. I. Quality appraisal of the studies included in the present systematic review.

| The first author (References) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | The score of the quality | Categories |
|------------------------------|----|----|----|----|----|----|----|----|----|----|--------------------------|------------|
| Beesley (14)                 | 1  | 1  | 1  | 1  | 1  | NA | 1  | 1  | 1  | 1  | 9                        | Good       |
| Zaidi (15)                   | 1  | 1  | 1  | 1  | 1  | NA | 1  | 1  | 1  | 1  | 10                       | Good       |
| Phillimore (16)              | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Seef (17)                    | NA | NA | NA | 1  | NA | NA | 1  | 1  | 1  | 1  | 4                        | Moderate   |
| Zaidi (18)                   | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| El-Jardali (19)              | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| El-Jardali (20)              | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Markazi-Moghaddam (21)       | NA | 1  | NA | 1  | 1  | NA | 1  | 1  | 1  | 1  | 7                        | Moderate   |
| Speakman (22)                | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Awadalla (23)                | 1  | NA | 0  | 1  | 1  | 1  | 1  | 0  | NA | 1  | 5                        | Moderate   |
| Ben Romdhane (24)            | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Faraji (25)                  | 1  | 1  | NA | NA | 1  | NA | 1  | 1  | NA | 1  | 6                        | Moderate   |
| Alharbi (26)                 | NA | 0  | 1  | 1  | NA | 1  | 1  | 1  | 1  | NA | 6                        | Moderate   |
| Goshtaei (27)                | NA | 1  | 0  | 0  | 1  | 1  | 1  | NA | 1  | 1  | 6                        | Moderate   |
| Mosafari (28)                | NA | 0  | 1  | 1  | NA | 1  | 1  | 1  | 1  | 1  | 7                        | Moderate   |
| Sarrafzadeh (29)             | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Abolhassani (30)             | 1  | 1  | NA | 1  | NA | 1  | 1  | 1  | 1  | 1  | 8                        | Good       |
| Aljumah (31)                 | 1  | NA | 0  | 1  | NA | 1  | NA | NA | 1  | 1  | 5                        | Moderate   |
| Azamini (32)                 | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Haq (33)                     | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Yousefinizhad (34)           | 1  | 1  | NA | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 9                        | Good       |
| Ansari (35)                  | 1  | 1  | NA | NA | 1  | NA | 1  | 1  | 1  | 1  | 8                        | Good       |
| Al-Ansari (36)               | 1  | 0  | NA | 1  | 0  | 1  | 0  | 1  | 1  | 1  | 6                        | Moderate   |
| Edalati (37)                 | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Charaei (38)                 | 1  | 1  | 0  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 9                        | Good       |
| Loloei (39)                  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Mohseni (40)                 | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Behzadifar (41)              | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 10                       | Good       |
| Doshanjir (42)               | 1  | 1  | NA | NA | 1  | 1  | 1  | 1  | 1  | 1  | 8                        | Good       |
| Raofi (43)                   | 1  | NA | NA | NA | NA | 1  | NA | 0  | 0  | 1  | 3                        | Week       |
### Table II: Characteristics of included studies.

| First author | Year of publication | Country | Subject analyzed (title of policy) | Retrospectively or prospective | Data collection | Main finding |
|--------------|---------------------|---------|-----------------------------------|-------------------------------|----------------|--------------|
| Beedley (14) | 2011                | Sudan   | The disrupted health sector        | Retrospective                 |                | This study has been obtained by comparing and searching for documents in reputable databases and comparing them not enough information has been provided in this regard. One of the ways to help restore the functioning of the disrupted health sector is the effective and extensive participation of the international community in the form of providing technical assistance to the Ministry of Health to complete any shortcomings in specialization or experience. Creating a new health management by outsiders is also an opportunity to correct problems and introduce innovations. An example of international technical support in 2007 was the provision of technical assistance to the Sudanese Ministry of Health in the form of a manpower program. With the signing of the Comprehensive Peace Agreement in Sudan, the analysis of the situation and development plans of the health system and an improvement strategy were developed and designed and drafted by the new Health Officials. The World Health Organization (WHO) has launched a USAID-funded bilateral to provide full-fledged technical services to improve health care, especially in the area of human resources. The USAID-funded capacity project to provide technical, managerial and financial support for the development and management of human resources and labor, as well as the African Medical and Research Foundation (AMREF), is the only clinical resource development program, which relied on NGOs, had four distinct features: first, contracting for HIV / AIDS prevention and treatment began to follow the international pursuit of HIV / AIDS prevention and treatment, which are more important in order to provide health care services in low-income and middle-income countries. The term non-governmental organization usually includes the non-profit sector, which aims to give these institutions better access to the deprived population and more responsiveness. Even after its implementation, activities were limited and lacked strategic direction. The contracting program for the AIDS control program, which relied on NGOs, had four distinct features first, contracting on a large scale, including large contracts and several bidding periods, and second, emphasizing performance-based contracts and health-related goals. The general was low cost. Third, the strength of the market to attract potential competitors for the AIDS program. Although inexperienced, the public sector played a key role in managing the contracting process. The program coordinated new and energetic leadership to prevent HIV. |
| Zaidi (15)   | 2012                | Pakistan | NGO–government contracting for health service delivery | Retrospective |                | The Ministry of Health The World Health Organization advised supported the Sudanese Ministry of Health in conducting human resource assessments to provide the basis for a human resource development program for the Reconstruction Workforce Reconstruction Process for a Human Resource Development Program, a working group chaired by the Director of Human Resources of the Ministry of Health prepared the reference conditions for a comprehensive assessment. A multi-agency team, including three consultants, 10 data collectors and an IT specialist, coordinated with the Ministry of Health, as well as the main human resources organizations in the field of health and treatment, reviewed and collected the human resources inventory after completion. No further discussion took place after the data collection phase and after the delivery and internal rotation of the situation analysis and draft recommendations. The recommendations, the main focus of which is the proposed Human Resources Strategic Plan, were published in 2006 by the Ministry of Health. |

#### Context
- **Content**
- **Process**
- **Actors**

**Context:**
- **Content:**
- **Process:**
- **Actors:**
| Phillimore (16) 2015 | Tunisia, Turkey, Palestine (oPt), and Syria | Retrospective Data collection of the qualitative study was done in three ways: Analysis of published and unpublished official documents on the details of the health care system of all 4 countries (Tunisia, Turkey oPt, and Syria focusing on cardiovascular disease and diabetes, semi-structured interviews with key informants at the national and regional level in the management of these diseases have major responsibilities in the health system of countries, case studies based on fieldwork including interviews with staff, patients and care professionals as well as clinical performance observations, as well as primary and secondary level facilities and equipment. And some diabetes clinics. |
| In Palestine, managing non-communicable diseases, which put the most pressure on the health system, is one of the four strategic goals of the Palestinian Ministry of National Health and other health care providers, and there are screening, diagnosis and treatment protocols for diabetes. |
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| In Palestine, increasing the prevalence of diseases such as CVD and diabetes and increasing the costs of managing these diseases requires the development of new techniques for managing diseases through which patients and their care costs can be monitored and monitored. If costs are not monitored, the health care system will become "illegal." In Palestine, one of the problems of fragmentation of the health system, which is due to three reasons: the multiplicity of providers, the different goals and priorities of donor organizations, and the problems caused by the political separation of the West Bank and Gaza, and the Palestinian health care system relies on funding from a variety of sources, with out-of-pocket payments accounting for the largest share of the budget. In Syria, because the government’s budget for health care is unsustainable and limited, especially due to the high long-term costs of patients with NCDs. In Tunisia, the health care system is budget-based and tax-based, and health care monitoring is poor. Social insurance covers a large portion of the population (more than 80%). In the private sector, the Ministry of Health’s medical guidelines for patients with non-communicable diseases are rarely followed. Expenses are out of pocket. The introduction of the family physician system (in 2006) marked a change in the system, however, prevention and treatment services in the new system have not been integrated, and there is no proper referral system, especially for infectious diseases. |
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| Phillimore (16) 2013 Tunisia, Turkey, Palestine (oPt), and Syria | Retrospective Data collection of the qualitative study was done in three ways: Analysis of published and unpublished official documents on the details of the health care system of all 4 countries (Tunisia, Turkey oPt, and Syria focusing on cardiovascular disease and diabetes, semi-structured interviews with key informants at the national and regional level in the management of these diseases have major responsibilities in the health system of countries, case studies based on fieldwork including interviews with staff, patients and care professionals as well as clinical performance observations, as well as primary and secondary level facilities and equipment. And some diabetes clinics. |
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| Seef (17) | 2015 | Egypt | The H1N1 flu pandemic control | Retrospective | Data from the study, which looked at Egypt's health policies to control the epidemic, were reviewed from policy documents and literature review. The 2009 flu pandemic spread internationally. The new flu virus, known as the swine flu outbreak, killed hundreds of thousands of pigs while controlling the disease. Interventions and policies included the establishment of Baby-Friendly hospitals to manage malnutrition and maternal health. Malnutrition in Pakistan is high and malnutrition is a chronic problem, and the most at-risk groups include pregnant and lactating women and children under the age of five. There is no proper nutrition strategy. | H1N1 has spread around the world in a matter of weeks, infecting millions and killing more than 4,735 people. With the increasing prevalence and spread of it, the Egyptian government considered the issue as an important political issue to put the necessary measures on its agenda. The epidemic of the epidemic was a political crisis. As a new influenza virus became known as the “swine flu,” the Egyptian government set out to deal with its source and kill pigs. On March 4, 2009, the Egyptian parliament debated a law banning the breeding of pigs and their products. The parliament and lawmakers approved a request to kill all pigs in the country. The Ministry of Health presented a plan to address the flu pandemic and proposed a plan for all relevant ministries, including the Ministries of Education, Transport, Environment and Agriculture. In 2009, Egypt began slaughtering about 300,000 pigs in the country. Policies were implemented through a top-down approach, with well-defined goals, the necessary political, administrative, technical, and financial resources available, the command chain established from the center to the fringes, and a system of communication and control. But pig farmers, who were predominantly Christian, protested vehemently. International health officials say the swine flu virus, which has caused global fear, is not being transmitted by pigs and must be stopped. The World Health Organization also criticized the Egyptian government's decision. |
| Zardi (18) | 2015 | Pakistan | Nutrition Policy | Retrospective | Qualitative research data were obtained through in-depth interviews and focus group discussions with government stakeholders, donor agencies, civil society organizations (CSOs), and nutritionists, along with review of published and gray literature documents. Malnutrition in Pakistan is high and malnutrition is a chronic problem, and the most at-risk groups include pregnant and lactating women and children under the age of five. Moreover, there is no proper nutrition strategy. | Interventions and policies included the establishment of Baby-Friendly hospitals to manage malnutrition and maternal health. Malnutrition in Pakistan is high and malnutrition is a chronic problem, and the most at-risk groups include pregnant and lactating women and children under the age of five. Moreover, there is no proper nutrition strategy. |
| El-Jardali (19) | 2014 | Lebanon | The voluntary health insurance system | Retrospective | Data collection was conducted by comprehensive and chronological media review, interviews with policymakers, stakeholder groups, professional associations, and international NGOs. Out-of-pocket expenditures are very high in Lebanon (56.5%). Analysis of insurance policy implementation examined how and why this policy is implemented. Public policy is a complex process. The typology of public policies consists of three aspects: distributive, regulatory, and redistributive. Distribution policies provide specific benefits or services to specific segments of the population regardless of limited resources. Regulatory policies include a direct choice as to who will be exaggerated and who will be deprived. Meanwhile, redistribution policies include large groups of citizens who benefit from or receive losses. In fact, NSF's voluntary insurance is a distributed policy typology. | 11 The Social insurance Law on the Establishment of the voluntary insurance branch was issued by the Council of Ministers. The decree was implemented by President of the Republic on the basis of the recommendations of the NSF board of Directors of the Minister of Labor consultation with the Advisory Council and the approval of the Council of Ministers. The voluntary health insurance policy in Lebanon was adopted by the government and adopted as a political decision to address an immediate problem, and scientific, statistical and financial evidence was not used to develop policy and implement the policy. Moreover, policy makers and other stakeholders were not involved in policy making. Although the Lebanese political system is democratic, the government insisted that the policy be adopted without the participation of the Ministry of Finance and the NSF, which was not a participatory and transparent decision-making process because stakeholders and civil society did not participate in political discussions and decisions. |
In order for this policy to be successful, there must be obstacles to implement at the program development stage. The draft law on nursing practice was difficult to draft due to the lack of clarity in solving the problem and the lack of implementation barriers. The main sponsors of the Nursing Act were the Ministry of Health and the Ministry of Education. All actors agreed on the need to improve nursing in Lebanon. There are many differences in how to do this.

In some developing countries, as well as in Iran, the Ministry of Health has started the liberalization and decentralization of the public sector. In fact, autonomous hospitals are likely to be run by the university rather than their own policies and programs within the hospitals themselves. Therefore, 18 hospitals were finally selected and independent, but the Ministry of Health and insurance organizations did not pay for the reforms. The organizational reforms faced serious obstacles in the implementation and were not successful.

The Community Midwifery Education (CME) programme, which was initially launched as a pilot project for non-governmental organizations but became an internationally recognized program. It is currently used as a model for other countries (e.g., Pakistan, Ethiopia, Laos). In the CME program, the two indicators used in Afghanistan were the maternal mortality ratio (MMR) index and the number of the skilled birth attendant (SBA) that were developed to achieve the Millennium Development Goals (MDGs), which was predicted from 2002 to 2015 to reduce MMR by 50 percent and to align with the goal. Second, increase the SBA from 6 percent to 50 percent. CME improved maternal care and provides an example of women's empowerment. And it has had a wider social impact than expected.

The Community Midwifery Education (CME) began in 2002 with rural midwifery training and continued until 2015. It expanded nationally in 2005. In the same year, the Afghan Midwives Association (AMA) was established as a professional association for midwives. HealthNet-TPO (HNTPO) presented a program with the budget of the Dutch government to complete the short-comings of the Afghan government, and inject financial resources. The CME pilot began with a Dutch government budget and Jhpiego technical support to develop a curriculum for target groups. Moreover, it improved the indicators and eventually became a well-known international program.

Adequate information on how the program was implemented was not provided to states and hospitals; and communication between different levels was not effective. Physicians are influenced by both their professional power and their managerial role in implementing the program.
| Author(s)     | Year | Country   | Health System Challenges | Study Type | Region | Description |
|--------------|------|-----------|--------------------------|------------|--------|-------------|
| Ben Romdhane (24) | 2014 | Tunisia   | Health system challenges of NGOs | Retrospective | | The present qualitative study data were obtained through the analysis of official documents of hypertension, diabetes and obesity and tobacco programs, and case studies of fieldwork conducted in four clinics and semi-structured interviews with key individuals. The challenges of the health system in non-communicable diseases in Tanzania and its analysis are highly dependent on routine social and demographic indicators, and research in this area has been in its early stages. And this gap must be filled through policy analysis and solutions. Integration of care program of four major groups of non-communicable diseases in primary health care, development of health care through the private sector. There was no capacity in the Tunisian Ministry of Health for an integration strategy, nor was there a platform for private sector intervention in the management of communicable diseases. |
| Faraji [25] | 2015 | Iran      | Control of Diabetes | Retrospective | | Searching for information sources on policies and programs for the prevention and control of diabetes in Iran since 1989 (the first program of the World Health Organization in the field of prevention and control of diabetes) were done in reputable databases. Due to the increasing prevalence of diabetes in Iran, trend analysis from 2005 to 2011 and also the possibility of increasing its prevalence in the future, it is necessary to analyze policies and programs related to the prevention and control of diabetes. In line with the Global Diabetes Program in 1989, the National Diabetes Prevention and Control Program was piloted at 17 Iranian University of Medical Sciences for people over 30 and pregnant women between 1999 and 2001. The Ministry of Health of Iran (MoHME), in coordination with the National Diabetes Committee (established in 1996), presented the National Diabetes Program and Patient Training Patterns to the general public with the aim of preventing and controlling diabetes. Internal stakeholders included the national diabetes committee members, the representatives of the medical universities, Department of Endocrinology and Metabolic of Center for Non-communicable Disease Control, Center for Network Development and Health Promotion, Bureau of Population & Family Health, and Office of Community Nutrition Improvement of Ministry of Health and Medical, Office of hospital administration and Clinical Service Excellence, Endocrinology & Metabolism Research Institute of Tehran University of Medical Sciences, the chancellors and vice-chancellors of the medical universities, Iranian Society of Nephrology, the financial director of treatment deputy, the general manager of Center for Non-communicable Disease Control and the program experts at the medical universities. Internal stakeholders participated in the development of the diabetes program, and the main stakeholders outside the field of healthcare did not participate in the development of the program. |
| Alharbi [26] | 2016 | Saudi Arabia | Diabetes | Retrospective | | Articles on diabetes and healthcare policy were searched by Pubmed and Medline Database to find research sources. The sources were manually screened by the authors before entering the study. Rapid economic development and urbanization in Saudi Arabia, along with behavioral changes, has led to a change in lifestyle, followed by a decrease in physical activity, increased consumption of refined carbohydrates and increased obesity, as well as non-communicable diseases such as diabetes. Saudi Arabia's Ministry of Health has approved a ten-year national executive plan and sought to implement targeted health care methods in all areas of health care. It is also designed to prevent, treat and rehabilitate patients and has created a network of integrated facilities with the aim of providing appropriate health standards for 20 specialized centers for the treatment of diabetics. In Saudi Arabia's public health system, diabetes-related services are mainly provided by providing primary health care services in diabetes centers after initial screening. The role of the Diabetes Center is to manage care. In Saudi Arabia, the Ministry of Health is responsible for health care, monitoring and planning policies and implementation for health promotion, early diagnosis and treatment of the disease. Several governmental bodies, including the Ministry of Defense and Aviation (the second-largest health services provider), the Ministry of the Interior and the National Guard, also provide health care. |
The Ministry of Health

The qualitative data of the present study were obtained through semi-structured interviews with 59 policymakers, knowledgeable key stakeholders and nutrition experts at the Iranian University of Medical Sciences.

Despite the statement of the National Nutrition Policy in Iran, the absence of some senior policy makers in the preparation of the National Nutrition Policy Statement has not been signed by the President. Thus, this led to the failure of organizations to implement the National Nutrition Policy Statement.

There are insufficient coordination mechanisms to address the challenges in the field of nutrition. Nutritional policies are often not evidence-based interventions, and there is not enough support for nutrition policy makers. The weakness of agreement in society and the main policy in prioritizing and arranging interventions and the role and responsibilities of institutions is an issue. Nutritional studies have been conducted to analyze and evaluate these policies in the context of policy analysis.

National capacity in public health nutrition is limited, especially human resources to implement nutritional programs. Some policies clearly do not specify operational plans and work plans. The nutrition policy process is a top-down approach in Iran, and national surveys do not show enough success. National nutrition policy statement policy, which was not approved by the High Council for Health and Food Security due to a change in council officials and was not sent to organizations for implementation. However, the Ministry of Health, Treatment and Medical Education signed the statement and sent it to the country’s medical universities and the university’s presidents were required to implement it through the provincial health council.

In the late 1970s and even early 1980s, many people in need of treatment went to traditional healers, and the number and distribution of primary care centers in Iran 1982 to 1989 through semi-structured and in-depth individual interviews with 35 participants with different roles and situations during development and They also ran PHC as well as extensive data from you and collected resources in libraries.

In 1980, during the meetings of the Organizational Council of the Ministry of Health (which included the Minister of Health, all Deputy Ministers and some experts), discussions and decisions were made on general issues, but the details were mainly discussed by Dr. Kamel Shadpour, Cyrus Pileroudi and Ayyub Espandar wrote with great care and was ready to perform. The purposeful interaction of PHC designers with local actors before the performance stage led to the formation of an extensive and cohesive network and the participation of groups was strengthened. The implementation of the program began with determining the location of health houses and main villages and satellite villages. After preparing the program for the expansion of the required budget network, the Ministry of Health estimated the year, and then the members of the parliament added a reference line for the expansion of the PHC network by creating a budget line when approving the budget. After the implementation of health centers throughout the country, it was done in a serious and accurate way.
| Author  | Year | Country   | Study Details                                                                 | Methodology                                                                                   |
|--------|------|-----------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Sarfraz Orl | 2016 | Pakistan  | Pakistan’s Maternal, Newborn and Child Health (MNCH) Program                  | Retrospective                                                                                 |
| Abohassani | 2017 | Iran      | The establishment of the Drug Naming Committee                               | Retrospective                                                                                 |

**The Ministry of Health**

To implement the program, the Ministry of Health has developed important goals for PC-1, executive strategies, operational procedures, and estimated costs. The MNCH program consists of two parts, one of which is to strengthen the region's health sector technically, including improving management capacity, simplifying services for women and children and EMONC infants, and integrating MNCH services at the regional level. The other part was training experienced community-based staff to provide services.

Under the MNCH program, the Department of Health has developed important goals for PC-1, executive strategies, operational procedures, and estimated costs. The MNCH program consists of two parts, one of which is to strengthen the region's health sector technically, including improving management capacity, simplifying services for women and children and EMONC infants, and integrating MNCH services at the regional level. The other part was training experienced community-based staff to provide services.

To implement the program, the Ministry of Health and the Ministry of Foreign Affairs have each pledged to pay 50 percent of the cost of the program, other international organizations through the Ministry of Health. The continuation of this program was shaky due to the lack of financial resources of the government. There is no transparency about the future management methods of program management. Given that the transfer of the Ministry of Health was imminent at the time of data collection, there were no plans for financial management and long-term sustainability. The process of monitoring and evaluating program progress has been defined but not implemented. Resource delivery was recorded to strengthen the health care system to provide care for mothers and children, but this information was not in line with the goals of the service. Local cultural values were not included in the guidelines, and the culture of patriarchy and religious values that usually existed in Pakistani society, especially in rural areas, posed challenges to the implementation of the program and prevented the program's goals from being achieved.

**The Ministry of Health**

In order to reduce drug errors and increase patient safety, the Food and Drug Organization (FDO) adopted a multifaceted and integrated approach to the initial naming of drugs. The names of the drugs should not be misleading and should not be similar to other names of drugs registered in Iran and other countries. Brand names should be registered in the Iranian pharmaceutical system. The National Committee for the Appointment of Medicines within the Food and Drug Administration is in charge of implementing the naming program. The pre-committee evaluation must comply with the criteria prepared by the FDO. The National Committee for the Appointment of Medicines within the Food and Drug Administration is in charge of implementing the naming program.

The pre-committee evaluation must comply with the criteria developed by the FDO, which will lead to better decision-making by committee members. The committee has processes so that all drug manufacturers are required to approve the committee before registering their products. First, submit the initial submission (maximum three special names) based on FDO criteria. After evaluating the pre-committee, send it to the main committee, and if approved, according to the rules of the trademark, manufacturers can register in the General Office of Trademarks Registry (GOTR).
| Reference | Country | Health issue | Methodology |
|-----------|---------|--------------|-------------|
| Aljumah (31) | Saudi Arabia | Colorectal cancer | Prospective |
| Azaemi-Aghdash (52) | Iran | Road Traffic Injury Prevention | Retrospective |
| Haq (55) | Pakistan | Evidence-informed health policy making | Retrospective |

**Aljumah (31) 2017 Saudi Arabia Colorectal cancer Prospective**

This forward-looking study has been obtained by searching for documents in reputable databases and comparing them. Following the increase in the incidence of colorectal cancer and due to high demand, a forward-looking and systematic analysis of colorectal cancer screening policy was conducted in Saudi Arabia. Despite the increasing prevalence of colorectal cancer in Saudi Arabia, there is no policy to prevent and screen for colorectal cancer.

**Azaemi-Aghdash (52) 2017 Iran Road Traffic Injury Prevention Retrospective**

A qualitative study was conducted as a case study. Study data were collected through interviews and review of literature and documents of the last ten years. In Iran, RTIs are the first cause of injury and the second cause of death. In road traffic accidents, injury prevention policies are essential due to a large number of road traffic injuries in Iran. Due to the increase in Road Traffic Injuries (RTIs), the identification of seat belts has emerged as an effective tool for reducing injuries in accidents and the need to increase safety equipment in vehicles and its training.

**Haq (55) 2017 Pakistan Evidence-informed health policy making Retrospective**

The data of the present study were performed in three ways. Reviewing the literature and then a counseling session with key experts and informants to explore broad areas of policy development and in-depth interviews with participants from different levels of the health system, and finally a roundtable discussion with experts to share and consolidate and analyze information and data.

**This policy must be carried out at the national level (country-wide) of Saudi Arabia and can be used by the general public.**

Due to the forward-looking nature of the present study, steps will be taken to develop CRC policy in Saudi Arabia. Although this policy does not currently exist in Saudi Arabia, it is expected that the effect of its development and its subsequent implementation will be provided in the near future.

**Influential individuals, local scientific associations, international organizations, governmental and non-governmental organizations and institutions in Saudi Arabia.**

Non-state actors: Civil society organizations and charities, Saudi Cancer Society.

**Ministry of Education, Ministry of Roads and Transportation, Ministry of Justice and Management and Planning Organization, and Traffic Police**

**The Incident Prevention Training Policy was implemented in 2007 for elementary and middle school students. It aims to improve the culture of safety and social discipline among students and their parents, strengthen responsibility and self-confidence among students, and teach safety and traffic tips for students familiar with traffic violations.**

**Actors in Student Policy: Ministry of Education, Ministry of Culture and Islamic Guidance, Management and Planning Organization, Teachers, Parents' Council, Traffic Police and in Seat Belt Policy: Ministry of Interior, Ministry of Industry and Mines, Ministry of Education, Ministry of Culture and Islamic Guidance, Ministry of Roads and Transportation, Ministry of Justice and Management and Planning Organization, and Traffic Police**

**The Province must promote health awareness and facilitate the development of policies.**

**The Ministry of Health The WHO The Provincial Experts**
In 2012, the hospital’s appraisal system was renamed and upgraded to a hospital accreditation system, which used the department’s method to develop accreditation standards for Iranian hospitals. After reviewing the accreditation standards of some of the leading countries, such as the United States, France, and the Middle East, the accreditation standards of Iranian hospitals were implemented. The Office for the Accreditation of Healthcare Institutions (OAH) finalized the first draft of the standards and piloted it in eight hospitals and as a result, the standards were modified using the comments received and after discussions and expert meetings, 2157 accreditation criteria for the accreditation of 36 departments of the hospital were placed in the accreditation program with a focus on structures and processes. The whole process of compiling this program in six stages and it lasted three years.

The Office for the Accreditation of Healthcare Institutions (OAH)

To implement this policy, standardization of care, the participation of stakeholders and strategies and educational management are required.

The Ministry of Health

The Ministry of Health

Patient safety officials in the Ministry of Health

The hospitals

The Universities of Medical Sciences and Health Services

The authorities at the hospital evaluation department

The whole process of compiling this program in six stages and it lasted three years.

Analysis and Interpretation

A systematic review of the literature on the implementation of the health policy in Iran has shown that the implementation of the health policy in Iran has been slow and gradual. The implementation of the health policy in Iran has been influenced by various factors such as the political, economic, social, and cultural factors. The implementation of the health policy in Iran has been influenced by the political stability of the country, the economic situation, the social and cultural factors, and the health system in Iran.

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| Last Name | Year | Country | Study Area | Study Type | Methodology | Findings/Results | Authors/Institutions |
|----------|------|---------|------------|------------|-------------|-----------------|---------------------|
| Edalati  | 2019 | Iran    | Nutrition labelling | Retrospective | Review relevant documents and articles and semi-structured interviews with stakeholders | Implementing a nutrition labelling strategy to promote healthy eating and fight non-communicable diseases is essential. | M. BEHZADIFAR ET AL. |
| Gharaee  | 2019 | Iran    | Public-Private Partnership in Providing Primary Health Care Policy | Retrospective | Data were collected through stakeholder interviews and document analysis and analyzed through content analysis | The major policies that need to be designed are: Reduce public sector ownership using private sector power, Attract people's participation, Improving the efficiency of the PHC system, Repair payment system, Increase justice. | M. BEHZADIFAR ET AL. |
| Loloei   | 2019 | Iran    | Salt reduction in bread | Retrospective | In the present qualitative study, data were collected from three methods: interview (with 37 informed and key framed), observation (directly from the work of traditional and industrial bakeries), and focus group discussions with people waiting in the queue of bakeries. | In Iran, the average decrease in salt consumption (which is approximately 15-10 grams per day, especially from sodium hidden in bread, cheese and fast foods) has been seriously pursued since 2009. However, although the Supreme Council of Health and Food Security is the coordinator of organizations working in the field of public health, all government agencies involved in wheat, flour and bread are pursuing their goals and related issues. With the health of bread and the reduction of salt in this main food, there is less mutual cooperation. | M. BEHZADIFAR ET AL. |
| Author          | Year | Country | Area                 | Study Type   | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------|------|---------|----------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mohseni (40)    | 2019 | Iran    | Malnutrition among | Retrospective | The study data were obtained by reviewing policy and state and organizational policy documents, including the Constitution of the Islamic Republic of Iran, Iran's 20-Year Vision Plan, Fourth and Fifth Five-Year Development Plans, Comprehensive Scientific Map of Iran, a comprehensive scientific roadmap of the health system, health system reform plan, health indicators in the Islamic Republic of Iran, document of poverty reduction and targeting of subsidies, reports published by the Health and Food Security High Council, and other relevant organizations (in scientific databases and data database searches) and semi-structured face-to-face interviews. Malnutrition is one of the leading causes of death in children under 5 years of age and is a life-threatening factor in children's health. Despite economic development in developing countries, it is still a major health problem in these countries.  |
| Behzadifar (41) | 2019 | Iran    | The hepatitis C     | Retrospective | After searching and collecting the relevant documents between September 2017 and July 2018, the relevant form was prepared, then the title, content, and year of publication of the policies and documents were collected. Qualitative study data were extracted using semi-structured and face-to-face interviews with participants in two different time periods. In Iran, the general public has a negative attitude towards HCV. Therefore, in order to increase public awareness, educational activities are carried out at different levels of the health sector, especially in PHC. However, generally, they are weak and unorganized. Most HCV research activities are carried out by researchers affiliated with research centers of the Ministry of Health, which pay less attention to socio-cultural and economic dimensions.  |
|                  |      |         |                      |              | The UNICEF Global Health Program for Children is GOBI-FFF, which includes seven programs. The structure of policies adopted in Iran includes two main categories in accordance with UNICEF policy-quality-based life policies (the most important of which include nutrition promotion policies, which are the three main policies of breastfeeding, nutrition of children under 5 years and control of micro-nutritional deficiencies, include iron, iodine, vitamin A and vitamin D. In the above documents, the issues of mother and child are important and it is necessary to take care of them. Politicians are more focused on mother and child issues than on other groups. After examining the current situation and prioritizing the problems of the provinces of the country based on malnutrition and indicators were created to measure the deficiency of micronutrients, efforts were made to involve other organizations and test policies. Appropriate policies were adopted and implemented as executive guidelines. Feedback has been received from other organizations involved in child affairs, and self-assessment of the activities of the organizations and monitoring of the implementation of the activities has been done.  |
|                  |      |         |                      |              | The Ministry of Health is the most important actor in designing and supporting HCV policies that implement disease control policies, including planning, budgeting, medical, educational, and screening activities. The formation of the National Hepatitis Committee is an essential step in the HCV decision-making process in Iran. The key members of this committee include researchers, health policy- and decision makers, and their responsibilities are policy and planning, management, and monitoring.  |
health systems reform is inevitable due to the never-ending changing nature of societal health needs Iran needed to change its health care system. After the 8-year war with Iraq, governments focused more on health care. While little attention was paid to public health and prevention. Following several amendments, Dr. Hassan Rouhani, the President of Iran put the issue of health at the center. Soon after coming to power and fulfilling its campaign promise, HTP was apparently the most important subject of the government social project. Focus areas included Medical care, public health and PHC, medicine training and improvement of the medical pricing system.

The Government of Iran launched the Health Transformation Plan (HTP) in May 2014, to facilitate the attainment of UHC. The goals of the reforms are: 1) to increase global health insurance coverage 2) Ensure financial support from patients 3) Ensure fair and equitable distribution of doctors and sub-specialties across the country 4) Improving hospital and renovation in the public sector 5) Promote delivery (NVD) and Prevent the increase in the number of unnecessary cesarean sections 6) Improve care and financial support From patients with special needs and end-stage diseases and 7) Establishing air ambulance services.

The COVID-19 National Committee was set up at the Iranian Ministry of Health, Nursing, and Midwifery (UMS) on February 19 that the disease can be divided into two categories post-epidemic and post-Outbreak. Examination of incoming passengers from China and transfer of suspicious cases to certain hospitals, return of Iranian students residing in China and quarantining them for two weeks and allocation of special funds to provide the necessary resources, such as personnel, medications, equipment, etc. And actions. After the outbreak, it was based on the WHO Six building blocks, which included including inter-sectoral cooperation, legislation, obtaining a license to import equipment and medical universities with permission to recruit new personnel. Service delivery for providing, equipping and operating medical centers and ambulances, and providing and equipping para-clinical centers (DIST) in public places, insurance, resource allocation, employment and human resources. Informing and increasing public awareness research, technology and information system, medicines and medical equipment.

The COVID-19 National Committee was set up at the Iranian Ministry of Health (MOHME), which needs to be strengthened. Coron’s healthcare measures are major concern for public health. There are several factors to consider when planning and implementing programs. Including paying attention to the capacity of medical universities and their ability to implement programs, the need for inter-sectoral collaboration and attention to formal multidisciplinary working groups giving the complexity of the issue. The need for regular negotiations between policymakers and the so-called street-level bureaucrats (SLBs) to optimize service delivery and achieve the best possible results. Paying attention to the attributes of policy implementation, technology and information system, medicines and medical equipment.

The Ministry of Health and Medical Education (MOHME) has the Ministry of Health and Medical Education (MOHME). The explanation was not complete.
Fig. 4. Quality assessment of the studies included in the present systematic review.
In some of the articles included in the present systematic review, some explained the program and its purpose, while others described the activities of care centers and decision-making committees such as the National Committee for Hepatitis and Acquired Immunodeficiency Syndrome (AIDS), etc. Some considered the reason for the programs to be due to the urgency of the issue and other than political decisions. Some studies have pointed to the implementation and structural challenges of programs and policies, the latter of which has been highlighted in these studies as one of the factors in the failure of health programs. Other reasons for the programs’ failure include internal wars and crises, weak financial and technical capacity, disputes between states, sanctions, and declining funding for national standards produced without infrastructure. It seems that one of the reasons for the failure of the programs was the lack of proper prioritization to solve the problems under study, as mentioned in the articles. Because in order to succeed in promoting health programs, it is very important to pay attention to prioritization and criteria (which must be clearly defined and understood by decision makers and stakeholders in each country) and should not be the sole responsibility of specific institutions or ministries. Therefore, in all policies, stakeholders and supporters should be considered as key factors. As shown in these studies, programs that sought advocacy were more successful because advocacy as a key strategy to achieve the goals of health promotion and Advocacy organizations play a key role in promoting justice in health, given global challenges, research and policy [57].

Also, health should be separated from political issues and levels of health governance, policies and measures should be complementary to each other because participation in health governance, policy-making and development of interventions and its implementation by sectors other than health is important and health is mainly outside. Areas and levels of health are created and attention to the creation and implementation of health in all policies strengthens the potential that other sectors have for health [58]. It should be noted that developing countries underestimate the role of education in their policies, and the budgets allocated for health education in these countries are very small and health policy makers pay very little attention to this issue. Therefore, indigenous educational projects should be designed in accordance with the context of communities, and on the other hand, executive decision-making groups should be multidisciplinary, and their roles should be clearly defined before determining program priorities, and involving groups other than Medical teams are very effective in advancing goals [44, 45, 52].

**ACTORS**

The WHO in its 2000 report defined health systems as “all organizations, institutions, and resources dedicated to the production of health measures,” which includes a full range of actors and health care providers, including sectors. Private, non-profit, non-governmental organizations (NGOs) as well as international donor foundations [59]. Therefore, health systems are operating at the central, regional, local, social and home levels, and all of these institutions must be considered at all levels of strengthening health systems. Actors include any institution, character, or social movement that has the ability to influence health events, and a common feature of all social actors is that they have a certain amount of power.

The most important actor mentioned in the present study was the Ministry of Health. Several articles referred to the role of domestic and foreign NGOs. NGOs play an important role in providing health services and health policies, and the importance of these organizations in providing health services in low- and middle-income countries has become increasingly important [60]. In poor countries, they are more effective and efficient than public organizations and act as agents of change in international economic, social and environmental policies. It seems that EMRO countries have not yet been able to use the effective potential of NGOs in advancing health policies, ignoring the need to strengthen government health programs and cooperate with organizations to achieve the goals set in the SDGs and improve the quality and efficiency of health care. Non-governmental support is therefore essential [61]. The involvement of NGOs with the public sector should play a key role in addressing justice issues and improving the quality of services provided, along with addressing system access and accountability issues. In these studies, the role of the private sector as actors was very small and in some studies it was not explicitly mentioned, while policymakers, those who want to move health systems towards UHC must play appropriate roles to provide, identify and rely on private providers and health markets. The importance of strengthening public and private health systems has been repeatedly emphasized in various documents by various international, regional and national institutions related to health care such as WHO, USAID, Global Fund, etc. The non-governmental sector and the private sector, due to their potential and capabilities, can fill the gaps and shortcomings that exist in the public sector, so a serious partnership between them can ultimately increase accountability, equity and efficiency in the health care system. It should be noted that health care outsourced to the private sector in low- and middle-income countries (LMICs) is very widespread, even though weak, and highly heterogeneous. It seems that in EMRO member countries, the role of these two sectors, namely non-governmental organizations and the private sector as a very important player in health system policy, is very small and has led to the lack of progress in existing policies in the health sector.

**LIMITATIONS**

In this context, it seems that the place of the result and the cause of the failure of the programs is empty, and also there are no solutions to the problems in the research. Gilson and Rafaeli pointed out some of the
gaps and weaknesses in the analysis of health policies in low- and middle-income countries mentioned in special cases [13].

Conclusion

In the EMRO region, the role of evidence-based research in policy-making has been repeatedly emphasized, but its use in health program decision-making has been limited and health research systems in the EMR are still under scrutiny. We think that they have not been able to produce needed evidence and inject it into health systems. There is still a gap between evidence-based research in health systems and its use in policy-making, as well as in the analysis of health policies in LMICs. The findings of these studies also confirm this, and therefore studies based on policy analysis should be aimed at achieving this goal because evidence-based decisions can strengthen health systems, improve health and improve existing inequalities. Also, considering that this analysis triangle has 4 specific components, studies should be selected that can be analyzed based on the four elements of this study, but some studies did not have these conditions. On the other hand, this framework should be re-examined and its components should be up-to-date and more standardized in order to enable deeper analyses.

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Authors’ contributions

MB and HR designed the study, MB, SA, MM, SJE, MKG, AB, SA, SS, LD and NLB collected the data and performed the data analysis. HR, NLB, MB, SS, SJE and LD edited and revised the paper for grammar. All authors read and approved the final paper for publication.

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