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<p>The American Public Health Association, under a contract with the Agency for International Development, has designed a program in public health improvement which is called the <u>Development and Evaluation of Integrated Delivery Systems (DEIDS)</u>. The activity is designed to assist countries to demonstrate how to establish health delivery systems within seven years. Such projects include, but are not limited to, Maternal and Child Health and Family Planning and Nutrition. The projects are to cover large populations in predominantly rural areas. They are to utilize in-country resources for the service component, although external assistance organized by DEIDS is available for planning, evaluation, training, and limited amounts of essential equipment. It is expected that successful health delivery systems can be subsequently replicated in the country or in the region.</p> <p>These are phases through which DEIDS projects proceed:</p> <ol style="list-style-type: none"> <u>Phase I</u> -- reconnaissance within a specific country or region, to gather information about disease patterns, health services as currently organized, local resources, cultural aspects, community involvement, the potential for integration of various parts of public health, opportunities for innovation, current and potential staffing, training, supervision, emphasis upon preventive services, outreach, cost, and evaluation <u>Phase II</u> -- Detailed planning. This phase begins if the survey in <u>Phase I</u> recommends it, and involves experts from the host country as well as experts assigned by DEIDS. <u>Phase III</u> -- Pilot Project Operations, which continue for as long as eight years. 		
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Field Survey Report
of
National Voluntary Health Organizations
in
Iran

A collaborative project undertaken by the
American Public Health Association
and the
World Federation of Public Health Associations

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Submitted to:

**The United States Agency for
International Development
in partial fulfillment of
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I. FIELD SURVEY APPROACH

The field survey of national voluntary health organizations in Iran is a part of the continuing, worldwide study being undertaken by the World Federation of Public Health Associations and the American Public Health Association. The study is entitled, "The Role of National Voluntary Health Organizations in Support of National Health Objectives." The project is financially supported by the United States Agency for International Development.

The survey was undertaken by Mr. Russell E. Morgan, Jr., from March 3 to March 8, 1973. During that time 17 interviews were held with officials of government and representatives of national voluntary health organizations (VHOs). A schedule of interviews held in Iran is found in Appendix A. Fifteen questionnaires were distributed to selected VHOs, and ten were completed and returned. Non-respondents are being followed-up.

Members of the Iranian Public Health Association (IPHA) and staff of the University of Tehran School of Public Health (UT-SPH) assisted in the survey. Particular appreciation is expressed to Dr. Chamseddine Mofidi, Vice-Chancellor of the University of Tehran and President of IPHA, Dr. Nadim A., Associate Dean of UT-SPH; Dr. Sotoodeh, Executive Secretary of IPHA and Dr. Sohrabi, Assistant Professor of Epidemiology, UT-SPH. They helped arrange interviews and provided translation services. Their continuing involvement with the survey has been of great value.

The purpose of this in-depth field survey was to gather information on the national voluntary health organizations (VHOs) in Iran. Of particular interest was the analysis of the potential of these national VHOs for increasing the level of support to national health programs, including population and nutrition. The survey was not necessarily intended to evaluate each of the organizations surveyed. Rather, the survey was designed to provide a general analysis of the present level of national VHO development, with special emphasis on their potential.

The National Voluntary Health Organizations (VHOs) included in the survey have similar characteristics. They are:

- Private, that is nongovernmental
- Operated on a nonprofit basis
- Organized democratically, that is, they meet periodically to elect their officers and determine policy
- Essentially independent in action
- National in their scope
- Concerned primarily with curative or preventive health, rather than rehabilitation or welfare.

National Voluntary Health Organization (VHO) is a generic term used to describe three distinct types of organizations.

- **Health Agencies**

Voluntary organizations which deal with health problems relating to a specific disease such as tuberculosis or leprosy, relating to a specific organ such as the heart or eyes, or relating to a group of people interested in some areas of health such as the Red Cross or family planning.

- **Professional Associations**

Voluntary organizations that have a multidisciplined membership such as public health associations; or single disciplined associations such as medical associations, nursing associations, or sanitarians associations.

- **Institutional Associations**

Voluntary organizations composed of institutions in the health field such as medical schools, hospital or health councils.

A chart of major characteristics of national VHOs interviewed is found in Appendix B.

II. NATIONAL HEALTH CARE

There are three distinct sectors delivering health care in Iran. They are the government, the voluntary health organizations and the private profit-making groups. In rural areas 90 percent of the health care is delivered by the government. In urban areas 50 percent of the health services are provided by the private sector, the remaining health services are primarily for the indigent and are almost equally provided by the government and the VHOs.*

The Plan Organization of Iran set up by government, is reviewing the present health delivery system and developing a strategy for the future national health care system. This plan calls for a system financed by Social Security and private health insurance. Within 10 years, 80 percent of the population is expected to be covered by the national system. Labor unions have been staunch supporters of this increased Social Security type program. Government support and private insurance programs are the chief mechanisms expected to provide everyone with funds for health care. This care will be obtained either from voluntary organizations or private physicians.

As an intermediate step in this plan, the government is transferring the administrative responsibilities for many of its medical facilities to selected national voluntary health organizations. This new philosophy is part of the government's trend away from socialism. In the past, government administration of medical facilities has been a factor in increasing the professional "brain drain" from Iran. As part of its revised plan, government now provides grants and low interest loans to physicians to build urban hospitals and establish group practices. Similarly, government now provides funds to voluntary associations to operate hospitals and clinics. In the future government is planning to involve itself more with preventive health care and health research.

*Statistical Data for Iran are presented in Appendix C.

III. ORGANIZATION AND MANAGEMENT OF NATIONAL VHOs

A. Development

In Iran, there are two basic levels of development in VHOs. VHOs in the first level have spotlighted a particular, unmet health problem, such as blindness or mental retardation, and organized the people to combat the problem. Such VHOs must depend directly on the community for survival. VHOs in the second level have obtained not only the support of the community but Royal Family patronage as well.

This latter group of VHOs is usually more prestigious and receives special consideration. Often Board members are appointed, and in some of the "national" organizations the membership of the policy making body may be limited in number. These organizations are also more stable because special financial mechanisms have been established by Government to assist these associations.

Professional organizations such as those for nurses and physicians have developed more recently. This is because professional training in these areas has developed in Iran only in the last twenty years. These associations, however, are now becoming involved in matters concerning the future of their country's health care system.

B. Membership

The number of dues-paying members in voluntary health organizations in Iran varies considerably. In general, there is less emphasis in developing membership in the "national" organizations than in the community-based organizations. Members of these agencies are often viewed only as a source of funding.

In the professional associations, there are differences in the number and type of membership. For example, membership in the Iranian Medical Council is compulsory for all doctors and dentists. Only 14 percent of Iran's registered nurses belong to the Iranian Nurses Association where membership is voluntary. In general, middle and upper income men predominate in VHOs. With the exceptions of the Iranian Nurses Association and the Family Planning Association of Iran, women are less involved in VHO activities in Iran than in other Asian countries.

C. Geographic Coverage

The majority of national voluntary health agencies have at least three branches located outside the capital city. These branches are often part of a clinic or other health service operated by the agency. For example, the Family Planning Association of Iran has eight branches, each associated with a service area. The National Organization for the Protection of Children has 14 local branches, each governed by a 29-member Board of Directors. These Boards are usually composed of 14 local government officials and 15 prominent community leaders. The community leaders usually receive approval from the national organization before taking office.

Most professional associations are still rather small and restrict themselves to a single office in the capital city. The Iranian Medical Council is an exception; it has numerous branches around the country. The By-Laws of the Council encourage physicians to form a branch wherever there are 25 or more physicians in an area.

D. Facilities, Staff and Officers

Although the Red Lion and Sun Society owns office buildings, in general, most VHOs do not. Office space is rented, often in the same building as the President of the organization.

Most of the VHOs have a salaried staff and nearly all use the same salary scale as the government. Often government employees are loaned to VHOs to be part of their staff. Because the government employees appear more productive in the VHO setting, government feels this is an efficient means of assistance. The employees themselves feel the VHO experience gives them a different perspective of the government and they find their work in VHOs both interesting and challenging.

The Boards of Directors of Iranian VHOs are usually composed of government officials and university professors. Most voluntary organizations have a member of the Royal Family as a patron. The newly formed World Health Foundation of Iran has a Board of Trustees that is typical of Iranian VHOs. The Board is composed of a representative from each of the Ministries of Health, Finance, and Economy, the Secretary to the Queen, the Director of the Chamber of Commerce, the Vice-Chancellor of the University of Tehran, the Dean of the School of Public Health and four top level business executives.

E. Budget and Financial Sources

The annual budgets of VHOs vary greatly. Professional associations have budgets ranging from the (U.S.) \$250,000 budget of the Iranian Medical Council to the (U.S.) \$7,200 budget of the Iranian Public Health Association. Voluntary agencies have even greater variety in their annual budgets. The Diabetes Association reported an annual budget of (U.S.) \$3,000. The National Organization for the Protection of Children reported their annual budget to be (U.S.) \$6 million.

One immediate source of funds for VHOs is membership dues. The table below compares the membership fees charged by professional associations and voluntary agencies.

Membership Fees in Selected VHOs in Iran (1973)

Annual Membership		Annual Membership	
Voluntary Health Agency Fee (\$U.S.)		Professional Association Fee (\$U.S.)	
Lepers Assistance Association	\$ 20.00	Iranian Medical Council	\$7.00
Iranian Diabetes Association		Iranian Nurse Association	5.00
Regular Member	.75	Iranian Public Health Association	2.00
Board Member	180.00		
Family Planning Association of Iran	3.00		

As a group VHOs must look to government for a significant portion of their funds. Most government assistance is administered through grants issued by the health section of the Plan Organization of Iran. This section a part of the Prime Minister's office, coordinates its activities with the Ministry of Health especially in relation to planning new medical care facilities.

The government has developed a number of additional mechanisms to generate funds for VHOs. In Iran the number and variety is far greater than any other country surveyed. The National Organization for the Protection of Children receives funds from a surtax on domestic sugar sales. The Organization also receives funds from custom duties on imported luxury items. The Red Lion and Sun Society receives a percent of the revenue from the sale of railroad tickets, petroleum and registered letters. The major source of funds for the Imperial Organization for Social Services is the profits of the government-run lottery. Both the Society Against Tuberculosis and Respiratory Disease and the Cancer Combat National Society benefit from the sale of semi-postal stamps. The cooperation between the government and VHOs regarding financial matters has been a major factor in the sophisticated development of VHOs in Iran. The government in Iran views the VHOs as a resource for supporting the national health services.

In addition to national government support of VHOs, the Royal Family distributes funds to VHOs. The National Organization for the Protection of Children receives a sizeable grant from the Queen. The Lepers Assistance Association also receives a grant from the Royal Family.

Another source of funding for VHOs are grants from other national VHOs and some international organizations. The Family Planning Association of Iran receives operating funds from International Planned Parenthood Federation and United Nation Fund for Population Activities. The Iranian Public Health Association receives some of its funds from the World Health Foundation.

F. Activities

VHOs in Iran are involved in a wide variety of activities supporting national health objectives. Many of the VHO programs are designed to complement government activities. One interesting example of government/VHO cooperation is found with the Red Lion and Sun Society which has assumed administrative responsibility for 130 government hospitals. This program was initiated in 1972 as an intermediate step in the Twenty Year Plan. In early 1972, the Red Lion and Sun Society operated 25 hospitals with a total bed capacity of 4,000. In general, these hospitals offered better care than the government hospitals and there was increasing public dissatisfaction with the government operated hospitals. The transfer policy received its impetus from both the Royal Family and local leadership. Since 1972 more than 100 government operated hospitals have been placed under Red Lion and Sun Society administration. The chief administrator in each hospital has been replaced by a Red Lion and Sun Society appointee. The remaining staff has been retained with their present civil service rating. In general, the public is more satisfied, the care has improved, and the former government workers perform more efficiently. As mentioned before, the philosophy of transferring operational responsibilities to VHOs is also aimed at curtailing the health professional brain drain from Iran.

Public education programs are a major activity of Iran VHOs. Using its full-time staff, local "promoters", and high school girls with supplemental training and twenty mobile units, the Family Planning Association of Iran is educating the public about health. The Association discusses youth and family life, sex education and family planning in community welfare centers. The Iranian Nurses Association sponsors courses in maternal and child health care, and emergency care. Through an agreement with the national airlines the Association provides a basic emergency training course for airline stewardesses.

Many VHOs are actively providing actual health services to the public. The National Organization for the Protection of Mothers and Infants operates the largest maternity hospital in Iran and boasts of an average of 130 deliveries per day. The National Organization for the Protection of Children provides day care clinics, nutrition and child care centers and mental retardation centers.

The Lepers Assistance Association is actively involved with the government planning of national health programs. The Association, established in 1962, assisted the government supervise the national leprosy program. The Association established a large leper colony despite the strong opposition of the World Health Organization. A new plan outlines the steps to be taken by the Association to accept total responsibility for curative and rehabilitative leprosy services. The Government would be concerned with case finding and prevention. The Government is expected to approve this scheme and will financially support it.

The Iranian Medical Council is authorized to judge the ethics of actions taken by medical professionals. Nurses and some other health professionals have begun to question this authority and have asked the government to establish independent disciplinary bodies for each professional group.

The Iranian Medical Council is also active in lobbying efforts and meets with legislators to form new policies regarding private practice. The Medical Council has also been instrumental in the government decision to transfer administrative control of its medical facilities to voluntary health agencies.

In addition to these activities nearly all VHOs hold annual meetings where policies and resolutions are formed. Journals and other educational materials are also produced by most VHOs and are considered essential in projecting the organization's image.

G. Coordination Mechanisms and Interrelationships

There appear to be no formal methods for coordinating the various activities of the national VHOs. Formal coordination of VHOs with the government seems to be limited to the appointment of government representatives to VHO Boards and to audit budget allocations from the Plan Organization.

Many government officials serve informally as representatives on VHO committees and as members of Boards. Often leaders in the health field serve on the Boards of many different organizations and thus share information. This informal method of coordination is preferred by some because information is relayed with less red tape and thus action can be taken more rapidly.

Recently the Ministry of Science and Higher Education began a review of all scientific societies, including professional associations. The purpose is to evaluate the potential of these societies with special attention to forming methods of coordinating their activities with those of government.

H. Government Regulations and Incentives

All VHOs in Iran must register with the Ministry of Justice and the Ministry of the Interior. Other than this, there are few formal regulations restricting VHOs in Iran.

The government provides many incentives to VHOs. Once registered, VHOs are exempt from taxes on income. Tax deduction for donors to VHOs is somewhat more restricted and is dependent on whether the VHO is on a list of "approved" VHOs which is issued by the Prime Minister's office.

The Government of Iran is very supportive of VHOs. The Plan Organization of Iran, as part of the complete national health survey, has a specific section dealing with national VHOs.

Government encourages the development of VHOs while cautioning against duplication of efforts. In 1972, the Queen called a special conference on the role of voluntary organizations in Iran. The major outcome of the conference was a more coordinated effort for private, non-profit solutions to national development programs. The Organization for International Conferences in the Prime Minister's office assists national VHOs to set up meetings in Iran. This overall positive attitude by Government has been crucial to stimulating the private initiative in national VHOs in Iran.

I. Influences on Voluntarism

In Iran, the Royal Family is the single most important influence on the development of national VHOs. The Queen has been particularly active as patron of 23 voluntary groups. High governmental officials are also involved in VHOs. A former Minister of Health was active in the development of the Leper Association. The flexibility of the VHO organizational structure has attracted many university professors to serve as leaders of VHOs and they have been instrumental in the development of VHOs in Iran.

The people of Iran are predominately Moslem. The doctrine of the rich helping the poor is deeply rooted in the religion and this has encouraged community involvement in VHOs.

Often voluntarism takes a somewhat different form in Iran than has been seen in other countries surveyed. In many of the other countries, VHOs depend on people who volunteer their time to staff health care facilities or to organize activities. There are few workers of this type in Iran. The workers in a VHO are generally employed by the organization or on loan from government but not subject to government administration. In Iran more wealthy and influential people are asked to volunteer their time for specific campaigns. These volunteers seldom are involved directly in health care; rather they use their positions to encourage public financial support or to influence government actions.

CONCLUSIONS

The field survey of VHOs in Iran illustrates the types of national VHOs which exist. In general there are two types, those started by people concerned with a particular health problem and those VHOs which have royal patronage in addition to public support. This latter group is granted special financial consideration and moral support. There appears, however, to be less community involvement in policy formation in this group.

Professional and institutional associations are new and just expanding. They have, however, advised the Government in health planning and related matters.

The importance of national VHOs to the entire health care system is increasing. Government relies on VHOs to administer an expanding number of medical care and rehabilitation facilities. There are also more government subsidies being given to the VHOs to support these institutions. Research and preventive health care are areas for future emphasis. A national health insurance program is being developed and the majority of the population is expected to be covered by it by 1980. The initial stages of the plan have been implemented. National VHOs are playing an increasingly important role in utilizing the nation's existing resources.

In Iran the government provides numerous incentives to VHOs and the regulations on VHOs are not restrictive. The incentives include direct subsidies, earmarked taxes and loan of government personnel.

The close working relationship between government and VHOs has produced a joint strategy aimed at maximizing the use of resources to deliver health services. This is especially important during this transitional period as plans for health insurance which will give all people access to medical care are being implemented.

APPENDIX A

Interview Schedule, Iran

INTERVIEW SCHEDULE

IRAN
(March 3 to March 8, 1973)

<u>DATE</u>	<u>TIME</u>	<u>PERSON(s) INTERVIEWED</u> <u>TITLE(s)</u>	<u>ORGANIZATION</u> <u>NAME/ADDRESS</u> <u>AND TEL. NO.</u>
March 3	2:30 pm	Dr. M.A. Faghih, Dean	School of Public Health University of Tehran Tehran, Iran
	5:00 pm	Dr. S.N. Sotoodeh Executive Secretary	Iranian Public Health Association P.O. Box 1310 Tehran, Iran
March 4	10:00 pm	Dr. Sladat, President	Lepers Assistance Association 371 S. Pahlavi Avenue 4th Floor Tehran, Iran Tel: 66-36-13/4
	12:00	Dr. H. Hedyat, President	Iranian Diabetes Association c/o National Nutrition Institute Avenue Pahlavi (North) Tehran, Iran
March 5	8:30 am	Dr. C.H. Mofidi Vice Chancellor	University of Tehran Tehran, Iran
	9:30 am	Miss Sattareh Farman President Miss Momen, Executive Secretary	Family Planning Association of Iran P.O. Box 2851 Tehran, Iran Tel: 68-20-86/7
	11:00 am	Dr. Hafizi, Executive Secretary	Iranian Medical Council P.O. Box 3474 Tehran, Iran Tel: 82-11-11/3
	3:30 pm	Dr. Tebibzadeh Assistant Director	World Health Foundation of Iran P.O. Box 222 Gholhak Tehran, Iran
March 6	9:00 am	Dr. Shahgholy Minister of Health	Ministry of Health Tehran, Iran
	2:00 pm	Mrs. Shafigah Maroabdi President Mrs. Parizad Goodarzy First Vice President Mrs. Martin Khodabandolu Second Vice President	Iranian Nurses Association P.O. Box 33/405 Shemiran Tehran, Iran

	4:00 pm	Dr. Farzamy Executive Director	Universal Welfare Association Tehran, Iran
March 7	9:00 am	Dr. Leilabadi	Ministry of Health Health Planning Division Tehran, Iran
	10:00 am	Dr. Moatameni President	Institute for the Protection of Mothers and Newborn Mowlavi Avenue Tehran, Iran
	11:30 am	Dr. Khodabandeh-100 Executive Director	Red Lion and Sun Society Tehran, Iran
	3:00 pm	Dr. Bagwai	National Association for the Protection of the Blind Tehran, Iran
	4:00 pm	Dr. Loghmanadham Executive Director	National Organization for the Protection of Children Avenue Pahlavi Khosrow Khavar St No. 29 Tehran, Iran
	6:00 pm	Dr. A. Sohrabi Project Associate	Iranian Public Health Association P.O. Box 1310 Tehran, Iran

APPENDIX B

**Major Characteristics of National
Voluntary Health Organizations (VHOs)**

Interviewed in Iran

APPENDIX C

Statistical Data for Iran

IRAN**Statistical Data**

Land Area	1,648,000 per km ²
Estimated Population (1972)	31,000,000
Density of Population	19 per km ²
Population Projection (1985)	45,000,000
Birth Rate (1971)	48 per 1,000
Death Rate (1971)	16 per 1,000
Infant Mortality (0-1 years) (1970)	139 per 1,000
Population under 15 years (1972)	46%
Rate of Population Increase	3.2%
Urban Population (1970)	41%
Life Expectancy at birth (1970)	51.5 years
Gross Domestic Product (1971)	U.S. \$384
Hospital Beds (1973)	44,000
Population per Bed (1973)	700
Health Personnel (1973)	
Physicians	9,400
Nurses	12,400
Midwives	2,380
Population per Physician (1973)	3,300

Source: Nortman and Hofstatter, "Population and Family Planning Programs: A Factbook," Reports on Population/Family Planning, The Population Council, No. 2 (5th edition), September 1973; and World Health Statistics Report, 26:3, 1973, WHO.