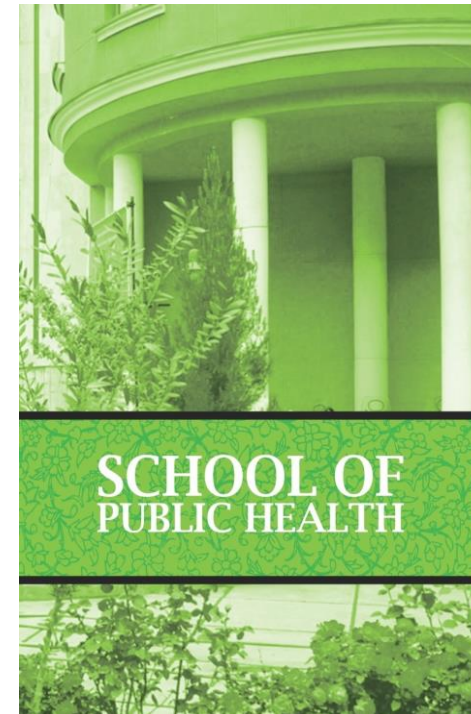


IraN European Partnership for Capacity- building and Teaching in Global Health (INPACT)



Amirhossein Takian

MD MPH PhD FHEA

Chair

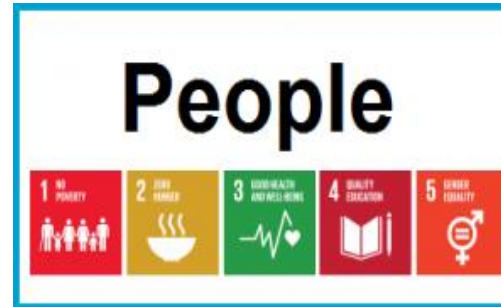
Department of Global Health & Public Policy



HEALTH IN THE SDG ERA



It is a plan of action for people, planet, prosperity, peace and partnership, which everybody will implement together.



Major characteristics of our region

- Diversity
- Instability, unrest, conflict, war
- Displacement, migration, natural disaster
- Limited resource and expertise
- Oil dependent economy
- ...

Iran - A brief Profile

- Total population 83,126,270 (2020)
- Population distribution % urban 76
- 31 provinces and 429 districts
- Life expectancy at birth 77-74
- Neonatal Mortality Rate 9
- Infant Mortality Rate 13.8
- Under five mortality rate 15.06
- Population Growth Rate 1.24%
- Adolescent fertility (15-19 years) 32.4
- Total expenditure on health as % of GDP 8.4%
- GDP per capita:(PPP): 17,400 USD (2019)



Statistical Center of Iran
2019

Iran in transition

Goodarz Danaei*, Farshad Farzadfar*, Roya Kelishadi*, Arash Rashidian*, Omid M Rouhani*, Shirin Ahmadnia, Alireza Ahmadvand, Mandana Arabi, Ali Ardalan, Mohammad Arhami, Mohammad Hossein Azizi, Moslem Bahadori, Jill Baumgartner, Arash Beheshtian, Shirin Djalalinia, Leila Doshmangir, Ali Akbar Haghdoust, Rosa Haghsheenas, Ahmad Reza Hosseinpour, Farhad Islami, Farin Kamangar, Davood Khalili, Kaveh Madani, Hossein Masoumi-Asl, Ali Mazyaki, Ali Mirchi, Ehsan Moradi, Touraj Nayemouri, Debbie Niemeier, Amir-Houshang Omidvari, Niloofar Peykari, Farhad Pishgar, Mostafa Qorbani, Kazem Rahimi, Afarin Rahimi-Movaghar, Fahimeh Ramezani Tehrani, Nazila Rezaei, Saeid Shahraz, Amirhossein Takian, Ali Tootee, Majid Ezzati†, Hamid Reza Jamshidi†, Bagher Larjani†, Reza Majdzadeh†, Reza Malekzadeh†

Being the second-largest country in the Middle East, Iran has a long history of civilisation during which several dynasties have been overthrown and established and health-related structures have been reorganised. Iran has had the replacement of traditional practices with modern medical treatments, emergence of multiple pioneer scientists and physicians with great contributions to the advancement of science, environmental and ecological changes in addition to large-scale natural disasters, epidemics of multiple communicable diseases, and the shift towards non-communicable diseases in recent decades. Given the lessons learnt from political instabilities in the past centuries and the approaches undertaken to overcome health challenges at the time, Iran has emerged as it is today. Iran is now a country with a population exceeding 80 million, mainly inhabiting urban regions, and has an increasing burden of non-communicable diseases, including cardiovascular diseases, hypertension, diabetes, malignancies, mental disorders, substance abuse, and road injuries.

Introduction

Iran is a Middle Eastern country that has been governed as an Islamic republic since 1979. However, based on archaeological findings, the history of civilisation in the Iranian plateau is more than 5000 years old,¹ and the establishment of a sovereign state in Iran has a history of approximately 3000 years. During this lengthy past, similar to many other ancient civilisations, many great

as a sovereign state over the millennia. According to Herodotus, an ancient Greek historian born in the Persian empire, Deioces established the first Iranian Government in Ecbatana (contemporary Hamadan and Biblical Acmeta) in the 7th century BCE through forging unity among different local tribes.⁴ Contemporary Iran has an area of 1648195 km² (636372 square miles), occupying most of the Iranian southwest Asia. Iran has a population



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So Near, So Far: Four Decades of Health Policy Reforms in Iran, Achievements and Challenges

Leila Doshmangir, MSc, PhD^{1,2}; Mohammad Bazyar, MSc, PhD³; Reza Majdzadeh, DVM, PhD^{4,5}; Amirhossein Takian, MD, PhD^{6,7,8*}

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⁴Knowledge Utilization Research Center, Community Based Participatory Research Center, Tehran University of Medical Sciences, Tehran, Iran
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⁶Department of Global Health and Public Policy, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran
⁷Department of Health Management & Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran
⁸Health Equity Research Centre (HERC), Tehran University of Medical Sciences, Tehran, Iran

Abstract
The Islamic revolution of 1979 in Iran emphasized social justice as a pillar for development. The fundamental steps towards universal equitable access to high-quality healthcare services began with the creation of the Ministry of Health and Medical Education (MoHME) and the nationwide establishment of primary healthcare (PHC) network in 1985. Now, in the 40th anniversary of the Islamic revolution, the history of health system development in Iran is characterized by constant policy changes; i.e. structural and procedural transformations. Ever since and despite the imposed 8-year war with Iraq and continuous unfair sanctions against the country, noticeable progress has been achieved in the health system that has led to better population health including among others: self-sufficiency in training health workforce; advances in public health and medical sciences; establishment and expansion of health facilities within the hard-to-reach areas aiming to enhance equity in access to needed healthcare services; domestic production of most medicines and medical equipment; and meaningful expansion of health insurance coverage. These have led to admirable improvement in public health indicators; i.e. maternal mortality, child mortality, life expectancy, and vaccination

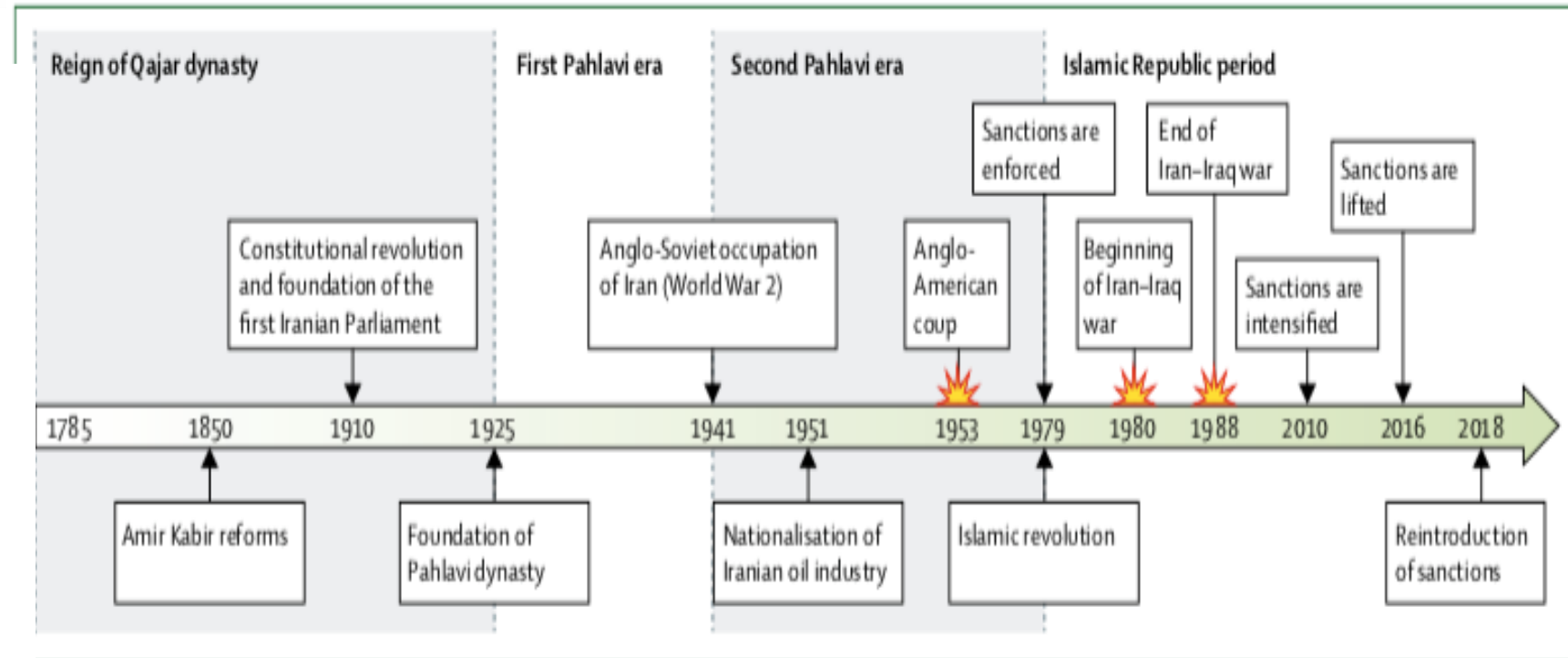
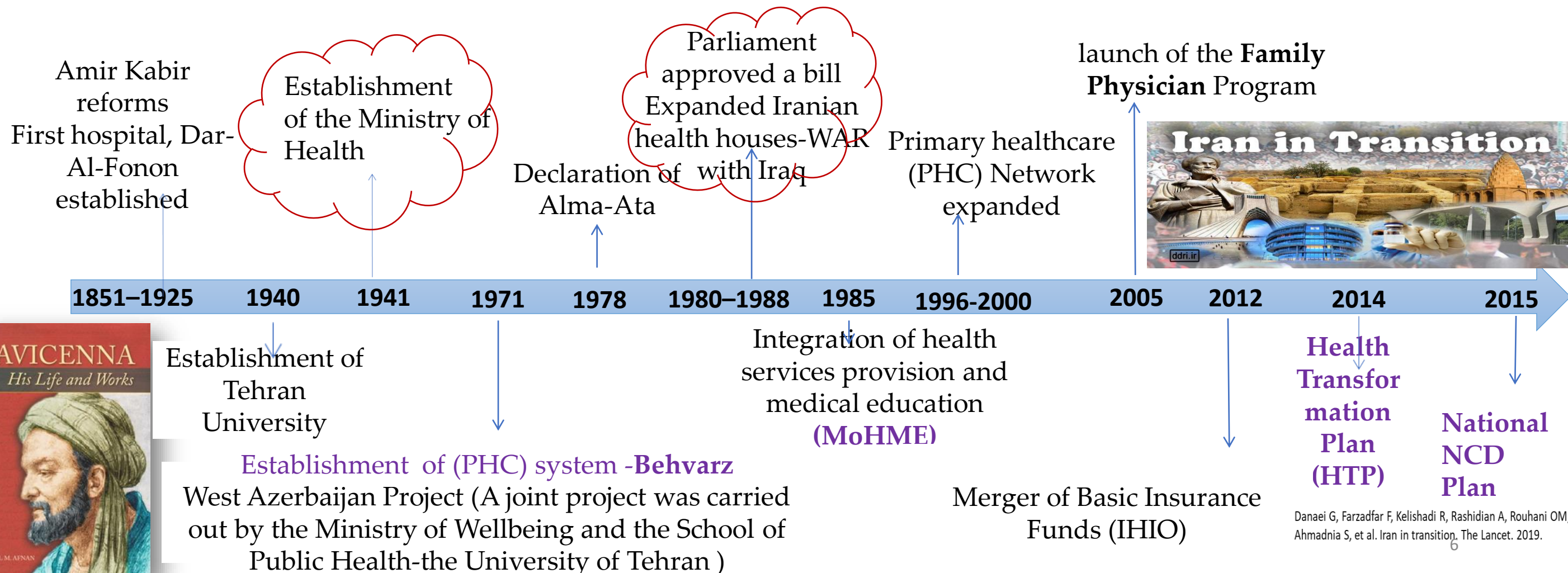


Figure 3: Timeline of major sociopolitical events in Iranian history from 1785 to 2018

History of Milestone Healthcare reform in Iran

National smallpox vaccination campaign	Pasteur institute of Iran is founded	A leprosarium is established in Tabriz		Parliament approves a free vaccination programme	National malaria eradication programme is launched	A leprosy rehabilitation centre is founded in Khorasan	Smallpox is officially eradicated in Iran						
1850	1910	1921	1926	1933	1934	1939	1942	1947	1950	1952	1961	1965	1978
	A vaccination bill is passed by the parliament	Vaccination department of the Pasteur Institute of Iran is formed	Institute of Malariaology is founded at the Pasteur Institute of Iran	A tuberculosis sanitarium is founded in Tehran	A plague research centre is formed by the Pasteur Institute of Iran	Institute of parasitology and Malariaology is founded at University of Tehran	National Institute of Public Health is established						

Figure 6: Timeline of major events in Iran to address public health challenges and infectious diseases from 1850 to 1978



The organization of health system in Iran

Naderimagham et al. Population Health Metrics (2017) 15:21

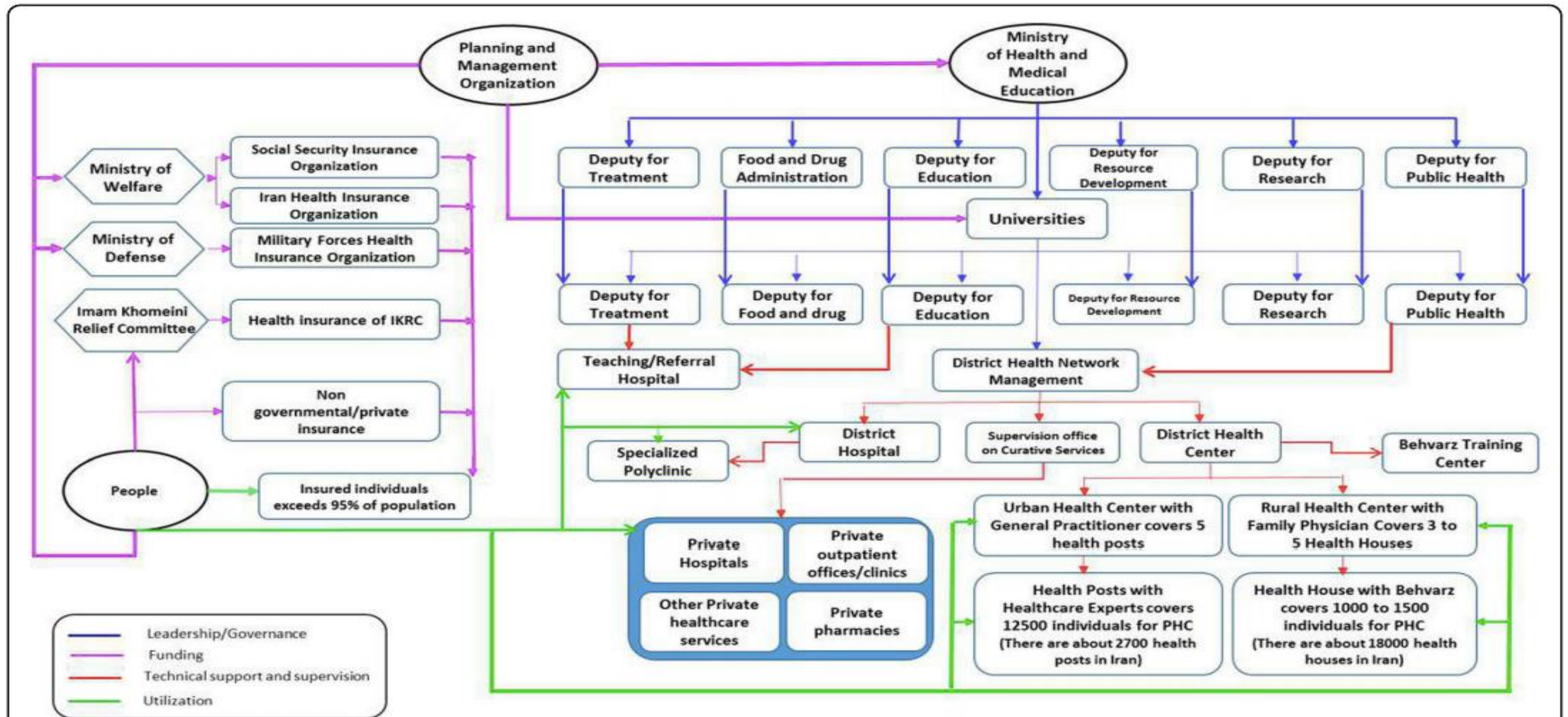
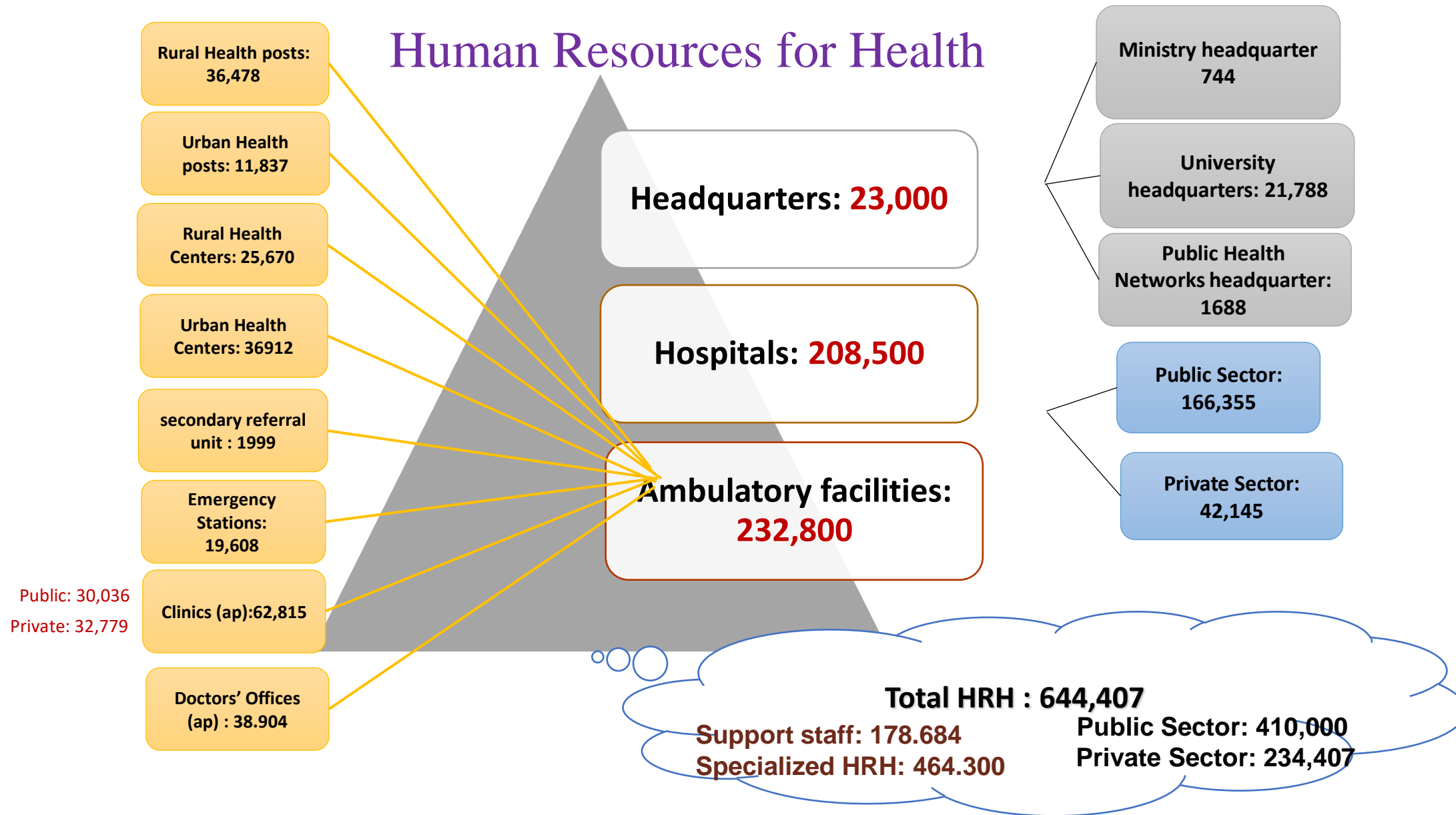


Fig. 1 Structure and connection of different parts of the health system in Iran



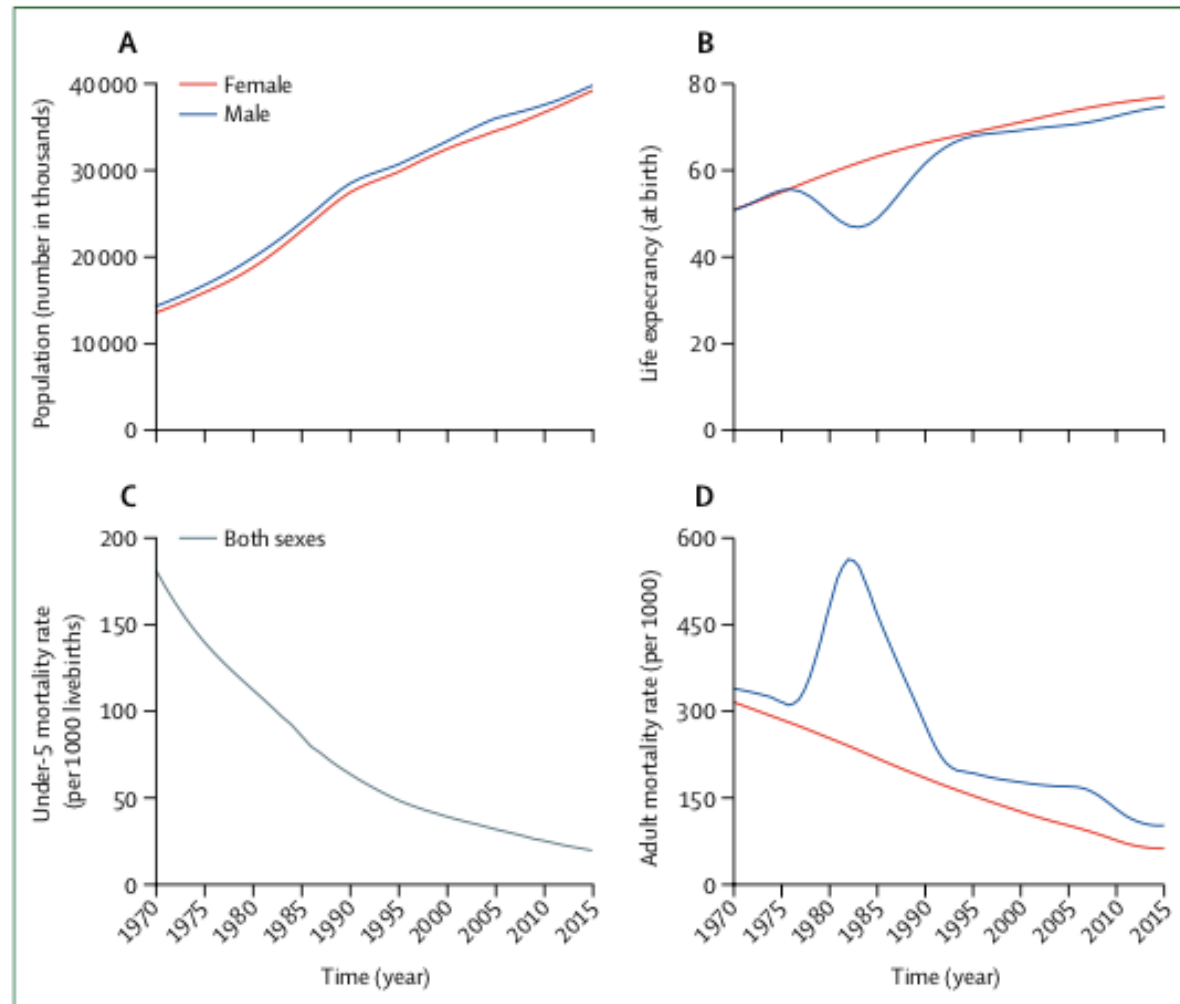
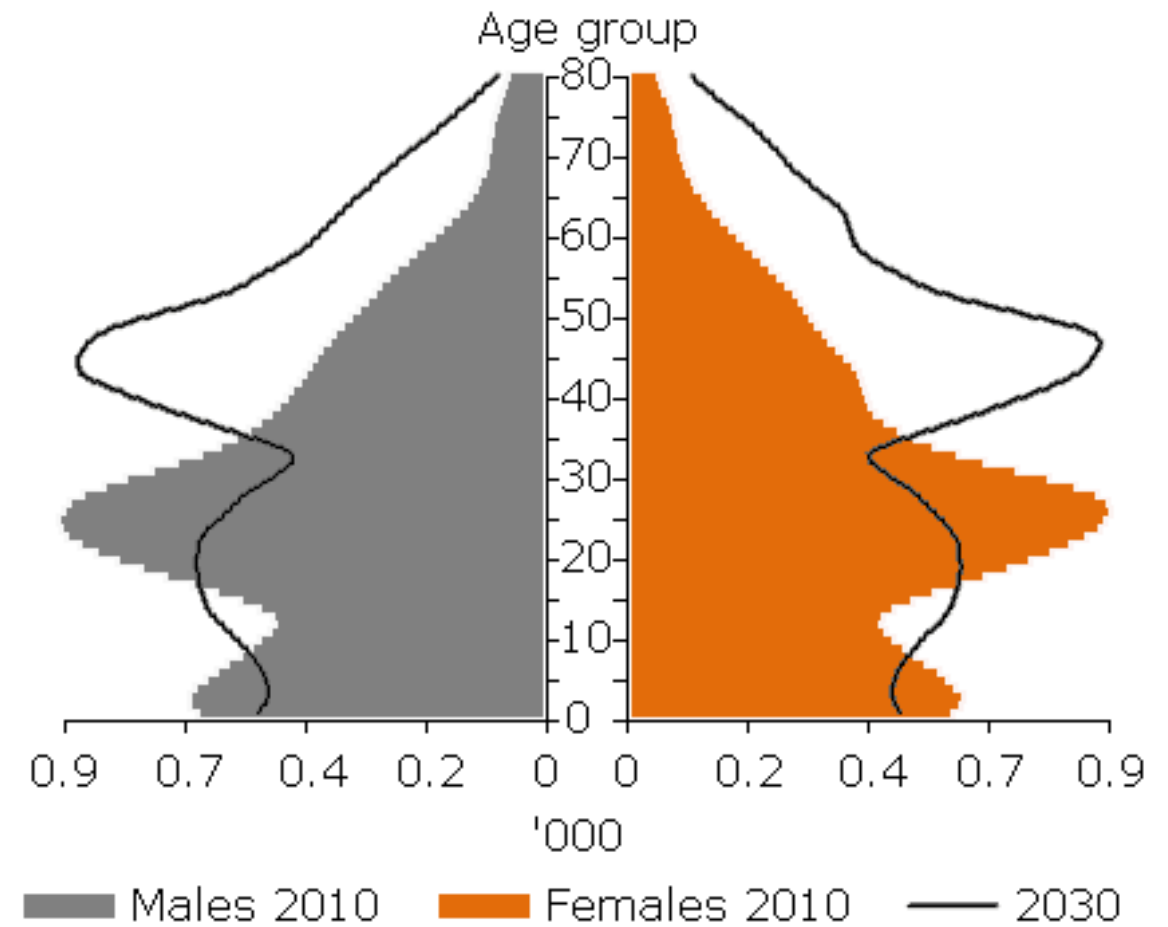


Figure 7: Trends in population size (A), life-expectancy at birth (B), under-5 years' mortality (C), and adult mortality (D) in Iran from 1970 to 2015
Data obtained and adapted from the Global Burden of Disease 2015 Study,¹⁵¹ Mohammadi et al,¹⁵² and the online database of the World Bank.



		1977	1984	2000	2008	2015
Mortality						
	Neonatal	45	35	29	19	9.1
	Under-five	130	60	36	22	15
	Maternal	255 (1976)	140	37	27	21
Life expectancy (Years)						
	Female)	57	71	73.4	74.2	76.5
	Male	57	67.7	70.7	71.1	74
Access to rural PHC (%)			20	90	95	97
Access to safe drinking water (%)			71	95	98	99 (2012)
Immunization coverage (%)			20	95	99	99 (2014)
Safe delivery			70	81	92	99

Iran health system selected characteristics

- Insurance coverage very high (about 95%), but via fragmented insurance organizations
- Wide health benefit package includes almost all services
- Insufficient and unstable financial resources (e.g. 34 of 40 million insured by IRAN health insurance organization dependent on government budget)
- Health system fragmented and unregulated
- Strong PHC Network specially in rural areas and small cities
- Family physician not fully implemented, no referral system
- Payment system dominantly FFS
- HIS not efficient, human resources not enough
- Dual practice high
- High induced demand and inappropriate use of services
- High Inefficiency

Iran in transition

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Main Health System Challenges in Iran

Aging and rapid threatening increase of NCDs

Unequal access to health services among different groups of population

Patchy and inefficient PHC coverage in cities

High OOP, low financial support by public health insurance funds, Escalating healthcare expenditures, unsustainable fiscal space

Lack of standardized practices across entire Health System

Lack of referral and established FP

Arch Iran Med. October 2019;22(10):592-605

<http://www.aimjournal.ir>

Review Article

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MEDICINE





Covid-19 Update

Islamic Republic of Iran
Coronavirus Disease 2019



TEHRAN UNIVERSITY
OF
MEDICAL SCIENCES
School of Public Health
National Center of Excellence for
Public Health Education

No. 133 / 01 July 2020

IRAN	New Lab Confirmed Cases	New Deaths	Total Lab Confirmed Cases	Total Recoveries	Total Deaths
	2,549	141	230,211	191,487	10,958

Trend of COVID-19

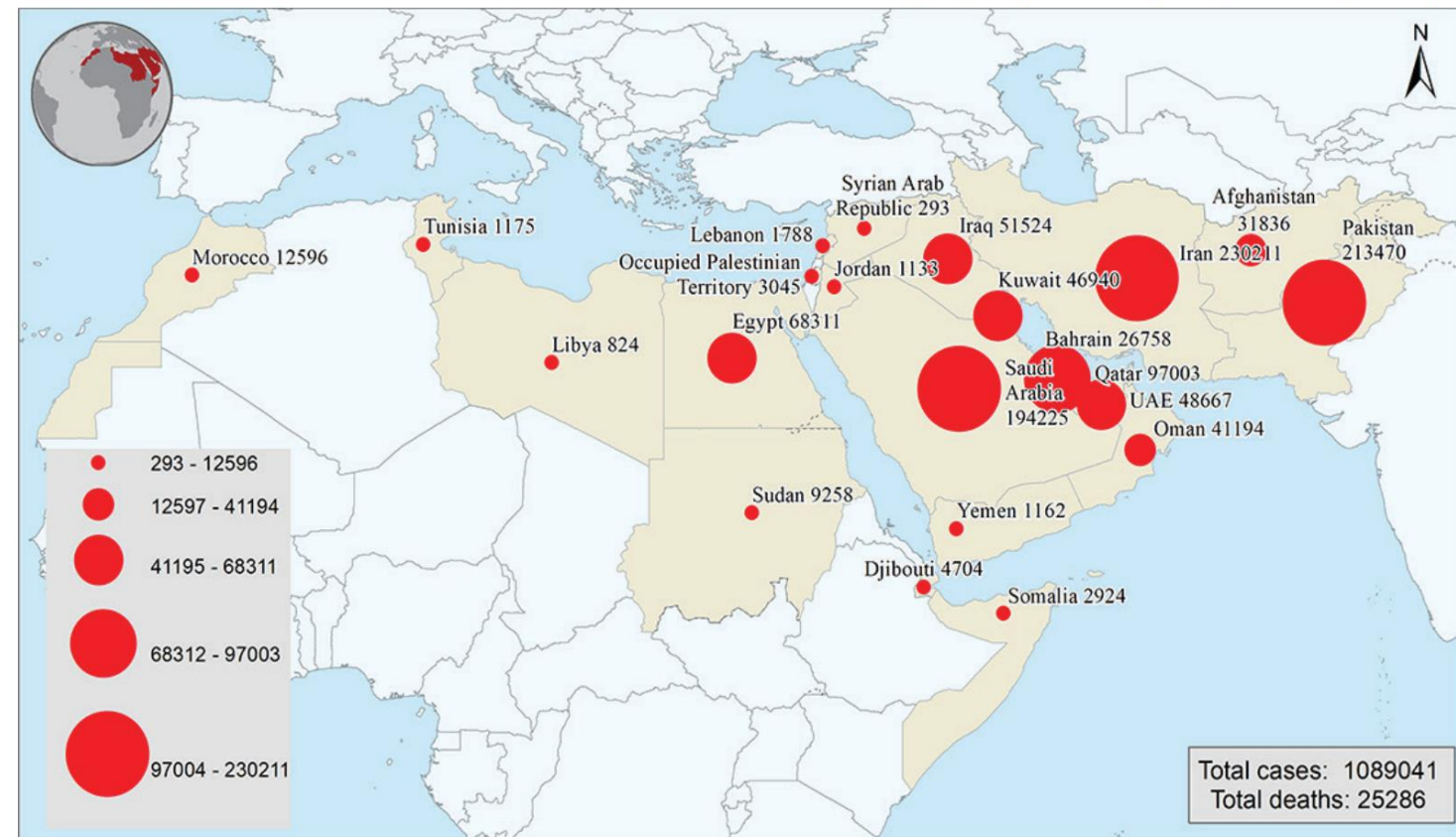
I.R. IRAN Update

Daily Laboratory Confirmed COVID-19 Cases, 19 Feb - 01 July 2020



Daily confirmed COVID-19 Deaths, 19 Feb - 01 July 2020

Distribution of COVID-19, confirmed cases and deaths in Eastern Mediterranean Region (EMR) as of 01 July 2020, 07:00 PM (GMT+2)



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: World Health Organization
Map production: Health Emergency
Information and Risk Assessment (HIM) Unit
World Health Organization



Why INPACT?

- Global Health (GH) is defined in a variety of ways, but within academia, it encompasses interdisciplinary scholarship and practice, promotion of sustainable development, and realization of social justice based on human rights and equity.
- GH works to address the challenges of health and wellbeing (for people and populations) in the context of globalization and other health challenges in the 21st Century
- In Iran and the West Asia there are currently no courses of study devoted to GH. This is a significant gap given the burden and complexity of health challenges:
- In 2016, war and conflict accounted for 3.61% of deaths (138,867) and 4.11% of DALY (9,660,045) in the region.
- Conflict and terror are the leading causes of DALY in 5 out of 22 EMR countries.
- Terror and conflict were the 4th cause of death in the region in 2016, with an increase of 421% in comparison to 1990 (44th).
- indirect burden of refugees, immigrant, and displacement of people.
- MENA region currently home to the world's largest populations of refugees, migrants, and displaced persons.
- In 2015, more than half of all refugees only from three countries: Syria (4.9 million) and Afghanistan (2.7 million) Somalia (1.1 million)
- Countries hosted most refugees in order: Turkey, Pakistan, Lebanon, Iran and Jordan, all of them are located in the region.
- In most countries, the deficiency in human resources for health is significant, many capacity building programs, poor quality.
- As a result, the graduates are not capable enough to respond to the challenges are affecting millions of people, most of whom are vulnerable.

WHY Iran?

- Iran is a suitable candidate to be the engine of strengthening of higher education activities in the region.
- Many countries in West Asia and Middle East have very fragile situation
- Iran has strong portfolio of higher education and a large proportion of young population.
- The number of university students has increased 13 times during the last two decades in Iran.
- The pedagogy of higher education in health will benefit from tangible innovations towards accommodating new concepts in global health.
- The absence of GH study programmes in the region and especially in Iran represents a significant gap in training for a generation of health practitioners, policy-makers and policy-influencers, who are faced with complex population-health challenges that are unlikely to be met through traditional public health teaching.
- Agenda 2030 has created a new mandate for all UN member states to plan and move towards sustainable development. Nonetheless, a lack of comprehensive view towards sustainable health development, partially due to shortages of GH experts in the region, has resulted in slow and unsatisfactory progress towards SDGs in the region.

Character and target groups

- The program will have an innovative character in the design will promote the pedagogical level of the partner institutes.
- It is expected that the final product not only has a direct effect on the establishment of the master program and professional learning but also indirectly improve the attitude and capacity of partner institutes in other domains of population health higher education.
- **We have recognized target groups for the project:**
 - a) Postgraduate students,
 - b) Health professionals, policy makers, and managers,
 - c) Trainers,
 - d) Staffs and educational managers from partner institutions.

AIMS & Objectives

- The project's main aim is to make a considerable contribution in capacities of HEIs specific to Iran, the West Asia and MENA, so that they are better equipped to address complex Global Health (GH) challenges.
- The masters- level curriculum will consist of modules, which can be delivered independently to different audiences, such as professionals and decision-makers in other sectors, depending on competence needs.
- Acknowledging this need, the project will plan and deliver ToT courses with contents based on the latest knowledge and practical skills via placements and field-based casework.
- To facilitate the involvement of educators and participants from other countries and develop broader expertise in the region, a [Centre of Excellence for GH Education and Research](#) will be established to serve as a knowledge hub for fostering research collaborations between regional and European partners in GH.
- [Our specific objectives:](#)
 - 1. Establish a [postgraduate programme in Global Health](#) with a focus on specific needs in the Region of West Asia and based on blended learning in higher education institutions (HEI) in Iran;
 - 2. Establish [short courses for professional development](#) in Global Health for leaders and decisions -makers in different sectors as well as in public health in Iran;
 - 3. Establish a [Centre of Excellence for global health education and research](#) in Iran;
 - 4. Develop [technological infrastructure and capacity to run distance learning courses](#);
 - 5. Develop [knowledge, competency, and skills in innovative](#) interdisciplinary pedagogical teaching approaches.
- These aims will contribute to the strengthening of Iran as a regional center of excellence in teaching and research in GH. We will draw upon the experiences of associated partners in Afghanistan, Pakistan, and Tunisia, etc.

INPACT Methodology

Our envisaged course will strengthen GH Teaching at SPH-TUMS through enhancing blended learning materials.

- We will combine distinct pedagogical approaches of experiential and problem-based learning, blended learning using multimedia, and relating theory and practice via appropriate use of field stations. A systematic approach will be adopted, involving the following eight steps:
- 1- **Problem identification and general need assessment**: Systematic identification and review of GH courses and their content and delivering methods in European and North American universities
- 2- **Specific need assessment**: Identifying the needs of specific target groups and the existing facilities required for delivery. A comparative analysis of available courses, identifying and categorizing the goals and aims of the envisaged curriculum, from general to very specific ones, i.e. the level of knowledge, ethical issues and skill and behavioral (psychomotor) targets.
- 3- **Identification of required qualification(s) and competency (s) for MSc-GH in West Asia & MENA** through mixed methods
- 4- **Education strategy**: Identification and validation of core and elective modules and various method of delivery, to align identified needs and competencies with available resources.
- 5- **Identification and development of contextual-based case studies and scenarios** with associate and main partners
- 6- **Implementation**: This is comprised of both education and evaluation interventions, sequential steps, i.e.: advocacy and buying political and executive support; identification and preparation of required sources, delivery of the course; identification of facilitators and barriers; preparing the curriculum and its revision; and running TOTs to equip participants with necessary knowledge and skills.
- 7- **Evaluation and feedback**: Two sections: individual assessment (how participants perceive the course, to measure participants' understanding and improvement) and program evaluation through systematic methods, i.e. face and content validity of the course.
- 8- **The establishment of Centre of Excellence for GH Education & Research** will be followed as an ongoing activity from the beginning of this project.

Work packages



- **WP1: Situation analysis, needs identification and planning for infrastructure**

UM & NiHR , 01/02- 30/09 2020, 8 Months

- **WP2: Course development, recruitment and establishment of a Centre of Excellence**

UM & TUMS , 01/10/2020- 30/05/2022, 18 Months, Main WP:
8 Deliverables: curriculum, ToT, Farsi & English material;
VL Platform; filed stations learning; CoE

- **WP3: Assurance of quality of output/outcomes in the project**

UHEI & KMU ; 01/02/2020- 31/01/2023

- **WP4: Dissemination & Exploitation of COE at SPH-TUMS**

UHEI & TUMS; 01/02/2020- 31/12/2022

- **WP5: Management of the Project**

UM & TUMS ; 15/01/2020-15/01/2023



Thank you for
your attention

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