



Investigating the Status of Health System Cooperation with City Councils and Municipalities in Iran (Documents' Analysis)

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Abstract

Background: The existence of partnerships between the health system and other organizations, especially city councils and municipalities, which have inherent and legal duties in this regard, is of particular importance in the promotion of public health.

Objectives: The present study aimed to assess the status of Health System cooperation with City councils and municipalities in Iran based on rules and documents.

Methods: Altheide's document analysis model (sample selection, data collection, data organization, data analysis, and reporting) was used to prepare and analyze the documents pertaining to the status of Health System cooperation with city councils and municipalities. The documents were classified at three levels of national rules, policies, and guidelines; Ministry of Health (MOH) and city council approvals; and eventually Tehran municipality's measures.

Results: A total of 78 documents were analyzed, including 17 documents at the level of national rules, policies, and guidelines; 8 documents at the level of Ministry of Health and city council approvals; and 53 documents at the level of municipality's measures.

Conclusion: There are adequate legal capacities for designing, planning, executing, as well as creating interaction and cooperation between the health system and other organizations, especially city councils and municipalities. Moreover, the motives behind creating purposeful and scheduled cooperation and participation are evident among the officials of the health system and city councils and municipalities. Some mechanisms have been established for cross-sectoral cooperation between the health system and other health-related bodies. Nonetheless, these structures lack the necessary competence, appropriateness, and adequacy to create the desired partnership. Moreover, sufficient attention is not devoted to existing capacities in municipalities and the city council. Accordingly, it is necessary to have a fundamental review on the available structures and enough attention has to be paid to the evident and hidden legal capacities in city councils and municipalities, as well as the Ministry of Health, to design an appropriate structure, create competent interaction, and provide more cooperation between the two organizations.

Keywords: City council, Cooperation, Health, Iran, Municipality

1. Background

Population growth, increasing demand for health services, and health-related costs have made the health issue's policymakers and international communities conclude that the health system should cooperate with municipalities and Islamic city councils. These two important strategic organizations and the health system should work together and proceed along with each other with serious cooperation and interaction for the attainment of health objectives (1, 2). In the UK, this kind of cooperation is designed and executed in a purposeful manner through the formation of the London cooperation group (3). In Scandinavian countries, the Ministry of Health has assigned some of its duties to municipalities and it acts as a policymaker investigating them (4).

In Iran, the Ministry of Health carries all the burden of responsibility for all health care services, from policy-making to implementation and monitoring. All service centers, even health centers in rural areas, provide services under the

supervision of medical universities. Municipalities have no duty to provide health services, and medical services in municipalities are provided only for staff working there. The measures implemented by municipalities in the field of health are not usually based on the priorities of the Ministry of Health. Numerous actions are taken simultaneously and jointly by the municipality and the universities of medical sciences, signifying parallel activities and wasted resources.

2. Objectives

The present study aimed to assess the status of Health System cooperation with City councils and municipalities in Iran based on rules and documents.

3. Methods

Altheide's 5-stage document analysis model was implemented to assess the status of Health System cooperation with City councils and municipalities in

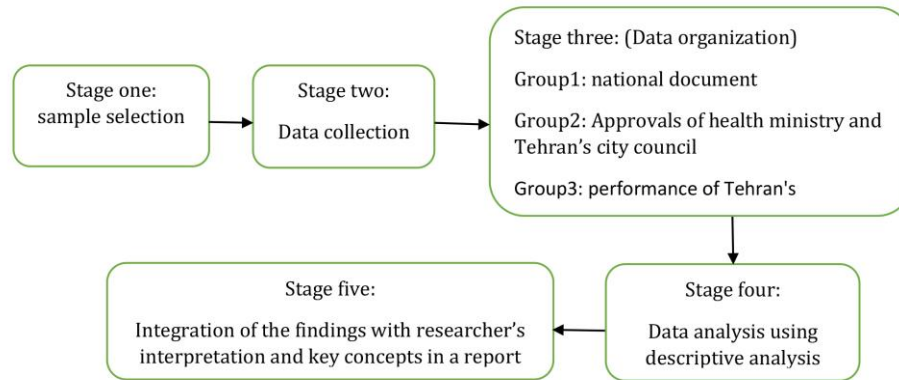


Figure 1. Altheide's 5-stage document analysis

Iran (5,6). The stages included sample selection, data collection, data organization, data analysis, and reporting (Figure 1).

3.1. First stage: Sample Selection

The examined documents in the present study included the rules, policies, guidelines, approvals, and planning pertaining to Health System cooperation with city councils and municipalities which were available to the public. The documents were divided into three sections of rules and regulations, city council approvals, and municipal actions. Among all municipalities, the actions of Tehran Municipality as the capital and metropolis were examined. These documents were retrieved from the national official websites and relevant professional organizations.

3.2. Inclusion and Exclusion Criteria

Among the obtained documents, the approvals and documents concerning the concept of Ministry of Health cooperation with city councils and municipalities were exclusively examined. If the rules had modifications, only those modifications were employed. For the documents pertaining to Tehran's municipality measures, only the measures relevant to the years 2011-2018 were included in the study based on a wide range of activities.

3.3. Second Stage: Data Collection

The national rules, policies, and guidelines were obtained by searching the website of the Islamic Parliament of Iran, Parliament Research Center, Academy of Medical Sciences, Ministry of Interior, Supreme Council of Provinces, as well as National Rules and Regulations System. The documents about the Ministry of Health and city council were collected through referring to the websites of the Ministry of Health, the portal of the Ministry of Social Affairs, the National Base of Health Rules and Regulations, the website of Tehran Council, the Health and Social Commissions of the City Council, as well as the

comprehensive system of approvals of the council of Tehran. Regarding the documents on the measures implemented by Tehran's municipality, the website of the municipality and Portal of Tehran Municipality Health Department were checked. The following keywords were employed: health, hygiene, memorandum, cooperation, municipality, city council, medicine, and treatment.

3.4. Third Stage: Data Organization

At this stage, all the obtained data and documents were assigned to three groups of national rules, policies, and guidelines; the approvals of the Ministry of Health and city council; and Tehran Municipality measures.

3.5. Fourth Stage: Data Analysis

At this stage, the obtained data in all three groups were analyzed in NVivo software (version 10) (QSR International: accessed 2 November 2016). The table of notes and data was employed to detect inter-and intra-group differences in the documents. The concluding remarks were combined, and the research intended points were obtained.

3.6. Fifth Stage: Report

At this stage, the key concepts and findings were combined and the researcher interpreted the findings.

4. Results

All the relevant websites and databases were equipped with search engines and were able to search the keywords. The documents were selected in two stages. In the first phase of the search, 26,283 documents were retrieved, among which 26,005 cases were removed due to their irrelevancy, leaving out 2,785 documents. At the second stage, among the documents of the first and second groups (the documents related to national rules, Ministry of Health, and Tehran Municipality

measures), and among the documents of the third group (Tehran Municipality measures), some documents were excluded due to the presence of modification (n=3) and referring to the years before 2011 and after 2018 (n=197). On a final note, 78 documents, including 8 and 53 documents related to the Ministry of Health and Tehran council, and the measures and performance of Tehran Municipality, were analyzed (Figure 2).

With respect to the national rules, policies, and guidelines, 17 documents were obtained as follows: the municipalities law approved in 1955; the statute of the Academy of Medical Sciences of the Islamic Republic of Iran approved in 2000; the vision, mission, and strategic programs of the Academy of Medical Sciences of the Islamic Republic of Iran approved in 2000; the objectives of Health Futurology and Theorizing council of Ministry of Health of the Islamic Republic of Iran approved in 2000; the memorandum of Ministry of Health and Tehran Municipality to form Tehran Health Strategic council in 2013; the approvals of meetings in Tehran Health Strategic council; general health policies on behalf of the Supreme Leadership Authority approved in 2014; the statute of the Islamic Republic of Iran approved in 1979; 2025 vision document of the Islamic Republic of Iran approved in 2009; the national document of

development of the health sector in the fourth national development program approved in 2004; the executive guideline of the National Assembly of Health and Provincial Health Assembly approved in 2016; and finally, the regulation on the formation of the National and Provincial Health and Food Safety supreme council approved in 2018.

The approvals of Ministry of Health and city council included the following eight relevant documents: the necessity of reviewing the bill of the statute of Tehran Municipality Health Services, Organization within the approved framework of Comprehensive Organization of Social and Cultural Affairs of Tehran Municipality by the commission of Economy, Planning, and alley to Health alley in 2012; the necessity of launching health, safety and environment management system by Tehran Municipality in 2013; proposing to the government and parliament to provide the required budget for Ministry of Health, and Medical Education for disposal of medical-specific wastes in 2010; and finally, the certificate of definitive transfer of Tehran Municipality lands ownership to Tehran' south health center in 2000. It is noteworthy that all the mentioned approvals were related to Tehran city council, and there was no approval concerning the Ministry of Health.

Among the measures compatible with the scope

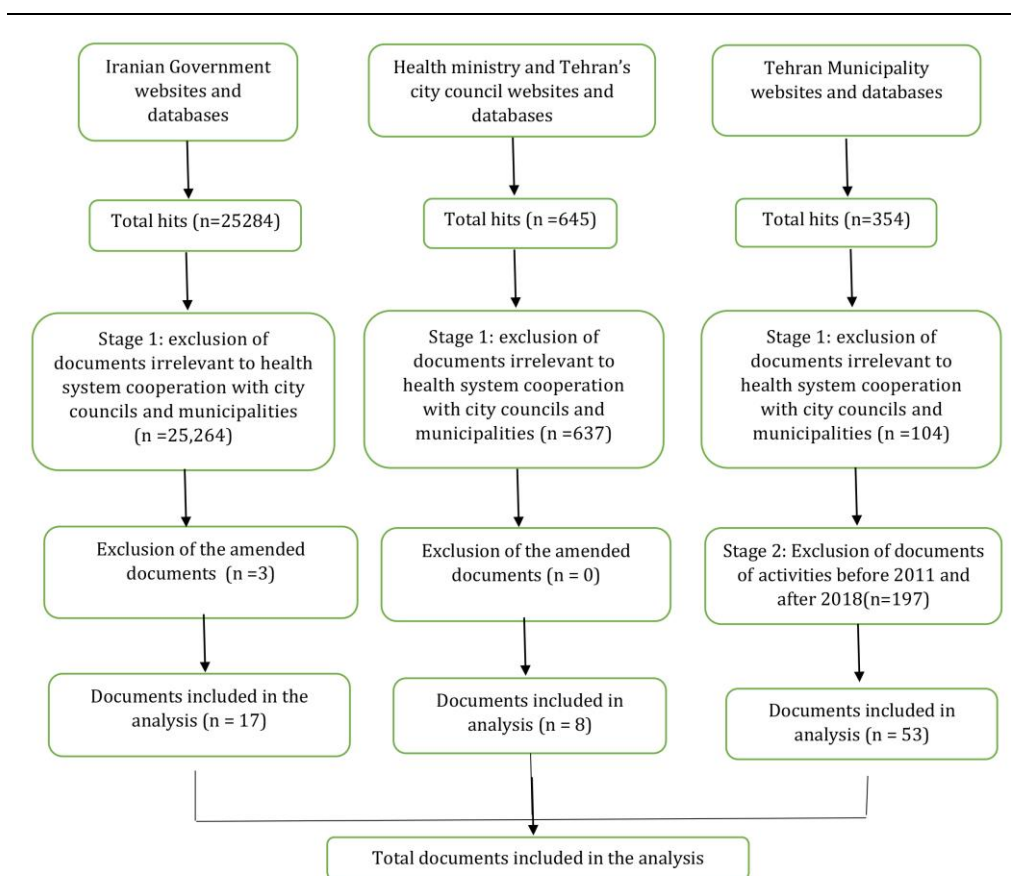


Figure 2. Document Selection

of the research, 53 cases were obtained which have been carried out in Tehran Municipality within 2011-2018. These measures have all been implemented on various national occasions, such as the national week of elderly or based on the announced slogans by international communities including WHO.

5. Discussion

Based on the National Vision of the Islamic Republic of Iran (2025), cross-sectoral scheduled cooperation between the health sector and relevant organizations (such as city councils and municipalities) is indispensable for the attainment of the following objectives: health, welfare, food safety, social security, equal opportunities, revenue appropriate distribution, strong family institution, as well as the reduction of poverty, chaos, discrimination (7). In the healthcare sector, in the fourth national development program and also the general policies of health, the Supreme Leadership Authority has also referred to this important issue (8,9).

In 2017, National Health Assembly was founded on behalf of the Ministry of Health to popularize health and explain the role of other institutions, including municipality, in the promotion of health (10,11). Moreover, the Supreme Council of Health and Food Security (SCHFS) was formed (12), and National Health Assembly and SCHFS were founded in all provinces and cities, and the members of city councils and municipalities are the members of these two councils.

It is notable to say that there was no structure or situation to promote health system cooperation with the city council and municipality. Moreover, there has been a minimum amount of attention to the capacities and capabilities of city councils and municipalities for the promotion of citizens' health status in the mechanisms provided for creating a cross-sectoral interaction and cooperation between the Ministry of Health and other organizations, including the National Health Assembly, Supreme Council of Health, and Strategic Council of Health.

The revision of available documents related to national rules and regulations revealed that according to article 29 of the Constitution, the government is obliged to provide people with healthcare services from public revenues and people's participation (13). A significant part of municipalities' revenues is gained from public revenues and people's participation. As a result, city councils and municipalities are obliged to present a precise program to promote citizens' health, and the expenditures have to be reviewed based on national health policies.

According to articles 4, 6, and 15 of municipality law approved in 1956/01/25, municipalities are

obliged to consider the health affairs of citizens and cooperate with the institutions of the Ministry of Health. Therefore, adequate authority and responsibilities have been determined for municipalities in health-related affairs (14). Based on the statute of the Academy of Medical Sciences of the Islamic Republic of Iran (15), the academy has the authority and responsibility to anticipate, explain, and take action to encourage the health system to cooperate with city councils and municipalities, or even to create an appropriate structure by clearly explaining tasks and reviewing their performance (16,17).

To promote health in Tehran, Tehran Health Strategic council has been formed following the conclusion of a memorandum between the Ministry of Health and Tehran Municipality (18) presided over by the head of the Academy of Medical Sciences and the membership of senior officials of the Ministry of Health and some other relevant organizations. However, on behalf of city councils and municipalities, instead of the presence of the senior officials in decision making, the head of the Health and Welfare Committee joined this council (19). It seems that the abovementioned council is so important that the membership and presence of the head of city council and municipalities are considered more effective in important decision makings concerning citizens' health.

The assessment of the documents on Tehran Municipality approvals pointed to the existence of appropriate legal grounds, a wide range of capacities, and a strong inclination towards taking measures in health filed by the city council and Tehran Municipality on the one hand and the increasing needs of the health system on the other. Nevertheless, there have been only eight approvals among various approvals of the city council since the formation of Tehran city council in 1997. This indicates the cooperation status of the city council and municipality with the Health system, signifying the negligence of the health system in benefiting from the capabilities of the city council or municipality in the field of health promotion. Among the above-mentioned eight approvals, two cases were related to physical needs (20,21): equipment provision for services offering (n=1) (22), cultural measures for the health sector (n=2) (23,24), the recommended measures of the superior and legislature sectors (n=) (25), the necessity of implementation of some health-related activities (26,27) by municipality and city council.

The revision of the documents pertaining to municipality measures demonstrated that the officials and policymakers in the Ministry of Health, as well as the city council and municipality, have reached the conclusion that the Ministry of Health should cooperate with the city council and municipality to fulfill the objectives of community

health and improvement. The Ministry of Health is the main policy-maker and agent of the community, and the city council and municipality are the first-line implementors and the route of access and communication with the local community.

These documents demonstrated that in Iran, the need for this cooperation has been recognized as the first step for the attainment of this strategic objective (interaction and cooperation) by both parties (i.e., Ministry of health and city council and municipality) (28,29).

Among these documents, the cooperation memorandum which has been concluded among the Ministry of Health and municipality is available (2013/12/27) (30). Subsequently, in separate interviews, the officials of the Ministry of Health emphasized the importance and necessity of cross-sectoral cooperation, especially the use of the capacities and capabilities of the city council and municipality for the improvement of public health status (31,32). The head of the Academy of Medical Sciences, who is also a member of the Health Commission of the Parliament, referred to the formation of the Strategic Council of Health on 2014/2/7 in order to bring about changes in the health status of citizens (29). Eventually, on 2014/2/16, the first meeting of Tehran Strategic Council of health was held in the Academy of Medical Sciences (28), followed by the next meetings aiming at compiling the statutes and strategies of the council (32,33). In the same vein, the city council and municipality also take measures to promote interaction and cooperation with the Ministry of Health since the health general directorate of Tehran Municipality has concluded a cooperation document with Tehran University of Medical Sciences on 2018/9/19 (34). These documents point to an understanding of the need for interaction and cooperation between these two influential institutions.

Some internal documents demonstrated that despite the recognition of the importance and the need for a cross-sectoral interaction to promote citizens' health, the capacities of the city council and municipality are not taken into consideration as they should be. In Strategic Council of Health, the head is elected by the minister of Health, and the other members are as the following: Vice-Chancellor in Health Affairs, Vice-Chancellor in Treatment Affairs, Deputy Minister for Universities Affairs, Director General for International Affairs, Head of Public Relations and Information Center of Ministry of Health, head of Shahid Beheshti University of Medical Sciences, head of University of Social Welfare and Rehabilitation Sciences, head of Iranian Health Insurance Organization, World Health Organization representative, Director General for the Medical System Organization, the head of Health and Welfare Committee of Tehran

City Council, and many real members. As demonstrated, among Tehran city council and municipality, just the head of the Health and Welfare Committee of the city council is a member of this important council despite the existence of a wide range of capacities (28). However, in the case of the formation of the London corporation group in London, the mayor is considered the head of the group. Moreover, it seems that the UK officials have recognized the wide range of the capacities and potentials of municipalities as the frontline of serious management of citizens (4). This issue has not received much attention in Iran.

The documents illustrate the wide range of activities carried out by municipalities in health-related issues, signifying high expenditure of budget in this regard. The serious question now is how much of the mentioned activities are based on the priorities of the Ministry of Health, and basically, whether the policies of the Ministry of Health are communicated with this influential and active institution in the field of health (35). The available evidence and documents showed that these large-scale activities are more compatible with occasions than the policies of the Ministry of Health or even the city's indigenous priorities. The mentioned occasions include national, international, and WHO occasions. Among the various measures of Tehran Municipality in this regard, the following cases can be named: Special programs for National Men's Health Week (36,37), National Women's Health Week (38,39), Elderly Week (40,41), World Mental Health Day (42,43), World Heart Week for Children (44,45), World Health Day (46,47), Commemoration of National Health Week (48,49), National Week without Tobacco (50), Health in the Holy Month of Ramadan (51), National Diabetes Week (52,53), National Anti-Cancer Week (54,55), and Doctor's Day (56).

Furthermore, the retrieved documents were indicative of the fact that the municipality possesses significant capacities, apart from the implementation of measures based on occasions. The mentioned capacities include employing local professional workforce in the field of health (57,58), using international capacities to promote health (59,60), providing preventive and screening services (61,62), cooperating with national macro plans in the field of health (63), taking action to promote the health of needy citizens (64-66), taking action to promote the health of certain groups (38,45,66), improving the level of public awareness in the field of health (67,68), building permanent places to provide services and improve citizens' health (69,70), providing some determined health-related services extensively (71-73), empowering the status of creating conditions appropriate for students' education in the field of community-based health, or in other words, education based on sociology of

health (74), taking actions to achieve the national macro-policies which are related to community health including lifestyle changes and strengthening family foundation (75-77), empowering the condition to create synergy of health service providing sectors (78), meeting the needs of local health providing service units (79,80), empowering the status to change citizens' viewpoints to prioritize health among citizens (81,82), empowering the status to create the required grounds for providing cheap services to the general public (83,84), and empowering the status to create the necessary conditions to improve the capabilities of health activists (85).

Moreover, another point worth noting was the fact that despite a thorough understanding of the need for cooperation in this regard, the officials of the Ministry of Health, city council, and municipality still act based on their specific duties, resulting in numerous parallel repetitive measures and waste of resources. The majority of the significant measures taken by the municipality are also simultaneously implemented by various units of the Ministry of Health. Among these activities, we can refer to employing the capability of charity organizations, providing services, making an attempt to promote the health-related awareness of the community, and providing services to needy groups in the form of volunteer groups (86,87).

Each organization makes use of various resources, including human resources and financial resources. The mentioned measures that simultaneously consolidate resources and take actions according to certain predetermined policies will double the country's success in ensuring people's health. This indicates the absence of a clear and determined structure for forming mutual interaction and cooperation of the health system with councils and municipalities. It is evident that if this type of mechanism is created, the majority of parallel activities and consequent waste of resources will be eliminated. The formation of the Strategic Council of health raised a glimpse of hope for the development of an effective mechanism; however, in the available documents, no official and legal structure was observed with the required executive capability.

6. Conclusion

There are adequate legal capacities for designing, planning, executing, and creating cooperation and interaction-specific structure between the health system, city council, and municipalities (14,13). There is also the needed necessary motive behind the promotion of a purposeful and scheduled cooperation between the officials of the Ministry of Health and city councils and municipalities (18,34). Moreover, some

mechanisms are available for the promotion of cross-sectoral cooperation between the health system and other health-related institutions; nonetheless, in these structures, the capacities of municipalities and city councils have not been employed as they should be. Consequently, either a specific structure should be designed for this important issue, or the existing structures should be reviewed (28,11).

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