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First Published August 2011

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## Abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency</td>
</tr>
<tr>
<td>AFMSO</td>
<td>Armed Forces Medical Services Organisation</td>
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<tr>
<td>CI</td>
<td>Complementary Insurance</td>
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<tr>
<td>DALY</td>
<td>Disability Adjusted Life Year</td>
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<tr>
<td>EDL</td>
<td>Essential Drug List</td>
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<tr>
<td>EMRO</td>
<td>Eastern Mediterranean Regional Office</td>
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<tr>
<td>ESP</td>
<td>Essential Service Package</td>
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<tr>
<td>FFPH</td>
<td>Fellow of the Faculty of Public Health (UK)</td>
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<td>FM</td>
<td>Family Medicine</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>HRH</td>
<td>Human Resources for Health</td>
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<td>IKRF</td>
<td>Imam Khomeini Relief Foundation</td>
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<tr>
<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>MoHME</td>
<td>Ministry of Health and Medical Education</td>
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<tr>
<td>MPH</td>
<td>Masters in Public Health</td>
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<tr>
<td>MRCGP</td>
<td>Membership of the Royal College of General Practitioners (UK)</td>
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<tr>
<td>MSIO</td>
<td>Medical Services Insurance Organisation</td>
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<tr>
<td>NCD</td>
<td>Non-Communicable Disease</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>OOP</td>
<td>Out-of-pocket</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>SSO</td>
<td>Social Security Organisation</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDCP</td>
<td>United Nations International Drug Control Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<td>WONCA</td>
<td>World Organisation for Family Doctors</td>
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<tr>
<td>WR</td>
<td>WHO Representative</td>
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Executive Summary

This report was commissioned by WHO Iran and WHO EMRO in 2011 to address emerging challenges in the Iranian health system, in particular the development of primary care (both rural and urban) and human resources for health. A team consisting of Salman Rawaf and Elizabeth Dubois (both Imperial College London) visited the Islamic Republic of Iran in July 2011 when they met with many officials and visited various health facilities.

Iran’s health system is state funded, but operates via a complex system of different providers and funders. For the last three decades, this system has achieved significant improvements in the nation’s health, but now needs to change to address emerging challenges. Key general threats are: increasing life span; a shift to non-communicable disease; growing public expectation; robustness of funding; flexibility.

The existing primary care network is no longer well enough prepared to address these threats. Specific challenges are identified in the areas of policy, financing, governance, service delivery, public engagement and population dynamics. It is recommended that more comprehensive planning should take place, bringing together primary and secondary care in one coherent strategy, and introducing proper regulation of the private sector. Primary care (i.e. family medicine) should be central to the system, operating a ‘gatekeeper’ function and addressing primary prevention. In the area of health system financing, it is recommended that the government increase its total expenditure on health, address inefficiencies in the system through a reorganisation of the model of delivery, and reduce the high level of out-of-pocket expenditure.

The primary health care system in rural areas has been very effective over the years. The system of behvarz has made notable achievements. This report concludes that in order to build on the work done so far, the system must become more flexible and able to respond to changing needs. It must develop a person-centred approach and be able to meet growing public expectations. Recommended measures are: structured training; improved working conditions; primary care infrastructure; policy development in key strategic areas such as public health and prescribing.

Primary care has not been introduced in urban areas in the same way as rural areas. A huge political commitment from the government and strong leadership from health services is required to achieve this. The three areas of ‘solid development’ recommended are: reforming the medical school undergraduate curriculum; improving higher postgraduate training in Family Medicine; developing infrastructure.

In the area of human resources development, the health service needs to plan the number of family physicians that will be needed to support a growing, aging population. A strategy must be developed to achieve this aim, and to retain a well-trained workforce. Similar practices should also be implemented for nursing staff and community health workers.

The right to health care for all citizens is guaranteed by the Iranian constitution, and radical change in the health system is required to achieve this. An implementation plan is given in this report outlining a clear way forward and framework for action to achieve quality services for all fit for the 21st century.
Part One: Background

1. Introduction

Since the early 1980s, health indicators in Iran have consistently improved, to the extent that they now near those in developed countries (WHO 2006). Life expectancy is estimated at 73 for women and 70 for men – an increase in around 20 years since 1975 (UN Data 2010). Infant mortality in rural areas has quartered over the same period (Mehryar 2004). Health campaigns have successfully addressed communicable diseases such as tuberculosis, malaria and cholera (Zarenejad and Akbari 2009).

Nevertheless, the health system today faces many challenges, particularly as the epidemiological transition has moved the burden of disease firmly towards non-communicable diseases. Public expectations are changing rapidly, demanding better access, higher quality and safer services, competent practitioners and above social protection. Furthermore, a high rate of road traffic injuries has led to significant loss in DALYs and corresponding social burden (WHO 2006). It is vital that the Iranian health system adapts to meet these threats and expectations, and since 2002, organised efforts have been made with international assistance (WHO 2006, Mehryar 2004). This report was commissioned in 2011 in the light of these efforts, in order to address some of the challenges identified in greater depth.

2. Terms of Reference

In 2011, the WHO Iran and WHO Regional Office for the Eastern Mediterranean requested a team of experts (4 with multidisciplinary background) to undertake an assignment to examine the health care system in Iran. The main objectives given to the team of experts for this mission were as follows:

A. To assess the primary health care system in rural areas. More specifically, to plan, monitor the implementation, analyse the data and provide recommendations on PHC in rural areas.

B. To develop a situation analysis of urban primary health care, identifying ways to strengthen the system through family practice.

C. To review the country’s human resource strategy for implementing family practice.

It was agreed that:

1. The mission would be undertaken over several assignments
2. For first two objectives (A & B) a pilot study should be implemented in 4 provinces. It was suggested that this include 4 provinces, including two urban and two rural regions.
3. The group of experts should be composed of different professionals such as a health manager, a medical doctor, a nurse and a community health worker. They should bring in the experience of other countries and should work as a team with a similar group of Iranian professionals.
4. WHO provided the following check list for consideration during the assessment of rural services as well as for the design of family practice in the urban areas:
   - Function (coverage, gatekeeper role, referral system)
   - Tasks (curative and preventative health care of common diseases, health promotion, basic surgical care, etc.)
   - Team work
   - Working time and home care
   - Accreditation program
   - Training and continuous medical education
   - Registration and information system
   - Payment system
   - User’s choice
   - Monitoring and evaluation

5. For evaluating the health care services on the province level, WHO Iran suggested that the following should be reviewed:
   - Mapping of health facilities at provincial level
   - Availability of Essential Service Package (ESP) and Essential Drug List (EDL)
   - Financing modalities, including payment methods, to improve access at district level
   - Public-private partnership: contractual and non-contractual arrangements
   - Decentralization of health services
   - Management of health programmes including monitoring and evaluation
   - Workforce capacity building and human resource management
   - Financial, administration, logistic and maintenance management system
   - Information systems: information collection, processing, analysis, and use of information for health service planning and management
   - Community ownership in local health development
   - Inter-sectoral collaboration

3. Programme

The first assignment consisted of 3 stages:

1. Preliminary desktop exercise. Two weeks of intensive work studying published articles, documents and reports as well as contact with colleagues in Iran and WHO EMRO.
2. Visit to Iran. The first visit to Iran took place between 11-31 July 2011. Professor Salman Rawaf (physician and senior public health consultant) and Mrs Elizabeth Dubois (nurse, health economist and public health specialist) from the WHO Collaborating Centre for Public Health Education and Training at Imperial College London, collaborated with colleagues from WHO Iran and the Iranian Ministry of Health and Medical Education (MoHME), the Health Insurance Organisation and the Universities.
3. Post-visit follow up. This was conducted with colleagues at Imperial College London with inputs from colleagues at WHO EMRO, Iran MoHME and University of Tehran.
The programme for the visit was as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Task</th>
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<tbody>
<tr>
<td>12 July 2011</td>
<td>1. Initial meeting with WR and team to discuss logistics and assignment strategy.</td>
</tr>
<tr>
<td>13 July 2011</td>
<td>2. Meeting with Family Health Network Team, MoHME</td>
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</tbody>
</table>
| 14 July 2011 | 3. Field visit to semi-rural primary health care centre in Lasavan, north-east of Tehran. Meetings with the following:  
              |   - Primary care doctors                                          |
              |   - occupational health                                           |
              |   - lab                                                            |
              |   - environmental health                                          |
              |   - school nurse                                                  |
              |   - urgent care nurse                                             |
              |   - dental                                                        |
| 15 July 2011 | 5. Meeting with WHO colleagues                                     |
|              | 6. Travel to Shahr-e-kord in the west of Chaharmahal Bakhtiari province (near Esfahan) |
| 16 July 2011 | 7. Visit to University of Shard-e-kord. Meeting with Chancellor, Vice Chancellors and other senior University colleagues both academic and administrative.  
<pre><code>          | 8. Visit to Hafshejan City Health Centre                           |
</code></pre>
<p>|              | 9. Visit to Farokhshahr Health Centre                              |
| 17 July 2011 | 10. Discussions with PHC Network team about IT                      |
| 18 July 2011 | 11. Meeting with Iranian Academy of Medical Sciences.               |
|              | 12. Working lunch with colleagues from the academy                  |
|              | 13. Visit to private clinics in Wali-Asr Jadasi                    |
| 19 July 2011 | 14. Meeting with Ministry of Health and Medical Education.          |
|              | Presentation by Dr Mohammadreza Rahbar                              |
| 20 July 2011 | 15. Meeting with WHO team                                           |
|              | 16. Visit to private clinics                                       |
| 21 July 2011 | 17. Meeting with National Clinical Governance Team                 |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
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<tbody>
<tr>
<td>22 July 2011</td>
<td>Rest day</td>
</tr>
<tr>
<td>23 July 2011</td>
<td>18. Meeting with PHC Network Team at Ministry of Health and Medical Education</td>
</tr>
<tr>
<td>24 July 2011</td>
<td>19. Visit to Tehran University of Medical Sciences</td>
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<td></td>
<td>20. Briefing with Dr Manenti at WHO HQ</td>
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<tr>
<td>25 July 2011</td>
<td>21. PHC Workshop. Presentations by Dr Shariati, Prof. Rawaf and Mrs Dubois. Open discussion of the key assignment's conclusions and recommendations</td>
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<td></td>
<td>22. Meeting at WHO Office</td>
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<tr>
<td>26 July 2011</td>
<td>23. Meeting on Health Finance and Insurance</td>
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<tr>
<td>27 July 2011</td>
<td>24. WHO Office: meeting with Dr Nicknam, MoHME with the presence of the WR. It was agreed that a letter will be sent to HE The Minister of Health (Appendix 1)</td>
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Part Two: Findings

4. General Findings

The Iranian health system is state funded, operating at different levels as follows:

<table>
<thead>
<tr>
<th>National level:</th>
<th>State Sector</th>
<th>Other providers</th>
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<tr>
<td>Ministry of Health and Medical Education (MoHME) – centralised policy and decision making; governance; planning; finance; regulation of private sector; licensing.</td>
<td>NGOs, charities and quasi-NGOs operate, some with support from international agencies (e.g. UNFPA, UNICEF, and UNDCP).</td>
<td></td>
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<table>
<thead>
<tr>
<th>Provincial Level:</th>
<th>Universities of Medical Sciences and Health Services (responsible for health services, including environmental health)</th>
<th>Large private sector, particularly in urban areas</th>
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<tr>
<td>District Level:</td>
<td>Network of district health centres, urban and rural health centres, health posts and health houses (free of charge to users)</td>
<td>Social Welfare Organization (costs paid by patients according to defined tariff)</td>
</tr>
</tbody>
</table>

This summary belies the complexities of the system. In fact the health care delivery system has developed over the years in an uncoordinated manner. Figure 1 shows the multitude of health care sources available to the population, and the various points of access into the system.

Figure 1: The complex and challenging health system in Iran, 2011
Source: Dr Abbas Vosoogh FFPH (personal Communication, 2011)
4.1 Current challenges to the health system

There is no doubt that the achievements of the health system during the 80s and 90s were dramatic and brought extensive benefits for the vast majority of the Iranian population. However several questions remain:

These questions are linked to many current and future challenges. Some are linked to the success of the system itself and achievements over the last two decades; others concern policy confusion, system planning, service delivery and leadership. Indeed, some are not new challenges; the fourth 5-year development programme (2004-2009) specifically identified actions in this area:

<table>
<thead>
<tr>
<th>Fourth five year development plan (2004-9)</th>
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So, what are the challenges today and in the next 10 years?

1. **Policy, Organisational and Structural Challenges**
   It must be realised that the PHC Network, which has been considered ideal over the past two decades, is no longer meeting public expectation, and indeed is not well enough prepared to meet the challenges of lifestyle health risks and diseases.

2. **Financing Challenges**
   6.
3. Stewardship and Governance Challenges
10.

4. Service Delivery Challenges
12.

13.

5. Public Engagement Challenges
15.
6. **Population Dynamic Challenges**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value1</th>
<th>Value2</th>
<th>Value3</th>
<th>Value4</th>
<th>Value5</th>
<th>Value6</th>
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<tbody>
<tr>
<td>2020</td>
<td>Value1</td>
<td>Value2</td>
<td>Value3</td>
<td>Value4</td>
<td>Value5</td>
<td>Value6</td>
</tr>
<tr>
<td>2021</td>
<td>Value1</td>
<td>Value2</td>
<td>Value3</td>
<td>Value4</td>
<td>Value5</td>
<td>Value6</td>
</tr>
<tr>
<td>2022</td>
<td>Value1</td>
<td>Value2</td>
<td>Value3</td>
<td>Value4</td>
<td>Value5</td>
<td>Value6</td>
</tr>
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</table>

(... continued ...)

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4.2 Health System Finance

Based on an analysis of data, and discussions held with decision-makers, service providers, health professionals, WHO colleagues and the public, there are concerns in the following areas:
The following recommendations are made to create a multi-faceted approach to tackle these issues:
5. Primary Health Care in Rural Areas

5.1 Primary health care in rural areas: achievements so far
The introduction of the PHC network in rural Iran, the integration of medical education and health services and most recently the financial protection through the rural insurance for all - Behbar (the 2005 revised annual budget) – have resulted in a dramatic improvement in the population’s health. This is illustrated by some of the indices in Table 2, which are comparable to the best in the region.

Figure 5: Health House, North Tehran
5.2 PHC in Rural Areas: fitness for purpose

The assessment of the authors of this report, based on field visits, interviews and a review of the relevant literature, concludes that, despite impressive improvements in services and access, the population today expects more in terms of quantity and quality of services on offer. Our findings can be summarised in the following key points:
5.3  Next steps for Family Medicine in rural Iran

Figure 6 illustrates the possible approaches that can be used to develop the current services, not only in the rural (30%) but also in the urban (70%) areas of Iran.

Proposed solid developments to strengthen services in rural areas through family medicine are summarised in Figure 7:
1. **Structured Training** to achieve the *Clinical Competencies* needed

2. **Improving Working Conditions**

3. **Primary care Infrastructure**

4. **Policy Development**

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Many published articles refer to the dislocation between policy making and implementation. We agree that the process of implementation represents a neglected phase of policy making, which "despite its importance, is sometimes seen as divorced from agenda setting and policy formulation" (Buse et al. 2005).

We strongly suggest a major review of policy formulation, implementation and monitoring, both at national and local level. Such a process should be based on political decisions, population health needs assessment, scientific evidence and experience available, patients and public experiences and the resources available.
6. Primary Care in Urban Areas

OBJECTIVE:

However, it would require a huge political commitment from the Government and strong leadership from health services (Figure 8).

6.1 Building on good experience
The strategy for primary care in urban areas should aim at the following ‘solid developments’:

1. **Medical School Undergraduate Curriculum**

The curriculum in medical schools should be:

2. **Higher Postgraduate Training in Family Medicine**

The key questions are:

These will be dealt with in Section 7 (Human Resource Development)

3. **Infrastructure**

To build a family medicine-based network of health centres in the capital Tehran and all other towns and cities with a population of over 20,000 is a challenging task. The challenges are:
7. Human Resource Development

OBJECTIVE:

7.1 Family Physicians:

We recommend that all new entrants to family medicine should come through the higher medical specialisation at Board level with a period of training from 3-5 years.

We turn now to the key questions for development in this area.

1. How many family physicians are needed?
2. How long it will take to achieve the target?

3. How can such a challenging agenda be delivered?

4. How can such a highly trained workforce be retained, and how should the workforce be rewarded to ensure professional equity and fairness?

7.2 Nursing and other health workers

2 In the UK 45% of all medical school graduates enter general practice vocational training 3-4 years (3250 out of 7100 medical graduates annually).

3 Data extracted from the Ministry of Health and Medical Education Report 2011: Three Decades of Endeavour on the Health Care Front.

4 The in-service training programme, lasting 1-2 years, is very popular for those doctors who are already practicing in primary care but without any prior vocational training. It should not be provided for new graduates.
8. Implementation Framework

The above review and proposals represent major changes to the Iran's health system. We are aware that some of these proposals are already under consideration by the leadership of the MoHME. We propose the following framework for implementation, based on experience and the review of the current status and service needs. We are fully aware that some of our proposals require further work and analysis as well as support from WHO EMRO and Iran WHO Office.
9. Conclusions

The right to health care for all citizens is guaranteed by the Iranian Constitution. Health sector reforms are perceived as a priority for the MOHME and this creates a great opportunity for radical change in the health system to ensure better health for all, financial protection and responsiveness to health needs. It is also creates the opportunity to look afresh at the way the health system is financed, and in particular, preparing the next generation of health leaders, family physicians, practice nurses and secondary care specialists, and the way services are organised and delivered. However, lack of institutionalization of evidence-based policy-making within the MOHME, governance capacity and trained leaders may hinder any desired progress for quality services for all fit for the 21st century. The report addressed these issues in detail with clear proposals for changes and a framework for action.

10. Areas of Possible Further Work

Further work is needed in the following areas:
References


Zarenejad A and Akbari M (2009) Three Decades of Endeavor on the Health Care Front: Status Report on Health care and Medical Education. Tehran: Ministry of Health and Medical Education
IN CONFIDENCE
27 July 2011

Her Excellency Dr Marzeye Vahid Dastjerdi
Minister of Health
Ministry of Health and Medical Education
Building of the Ministry of Health and Medical Education
Simaye Iran St., Phase Five
Shahrak-e-Qods
Tehran
Iran

Dear Your Excellency Dr Dastjerdi

Re: WHO Assignment Islamic Republic of Iran July 2011

On the eve of our WHO Assignment on the development of primary care based Family Medicine in the Islamic Republic of Iran, I would like to thank you and your team for the strong collaboration, friendship and above all, kind hospitality, shown to us during the last 15 days in your lovely country. Our WHO Assignment will culminate in a written report detailing of our response to the three Terms of Reference (ToR) provided us:

1. To assess the Primary Health Care System in Rural Areas
2. To develop a situation analysis of the Urban PHC, identifying ways to strengthen PHC through family practice
3. To review the country human resource strategy for implementing family practice

For above objectives a pilot study should be implemented in 4 provinces, in which the evaluation will include two urban and two rural regions. The aim is to bring in the experience of other countries and should work as a team with a similar group of Iranian professionals.

I am pleased that we have completed the first part of this large and complex assignment. However, following our meeting on yesterday with Dr Nicknam and at his request, I thought it might be prudent to send a short brief in confidence about our early findings, impressions and the potential impact of our proposals (some were discussed at the WHO Workshop on
the 24th July 2011) on current and future system development and service delivery in Iran. Let me address these in four key areas:
Last but not least, I would like to emphasise to your Excellency that this ambitious development will have a major impact on many aspects of the Iranian health system including: medical education, medical training, health system finance, and health service management. We will expand of these in our report. However, further detailed analysis of data may be needed.

I shall not fail to send you our full report over the next two weeks. I also proposing that I or a member of my team will present to your Excellency and high level legislators, policy makers and others you deemed to be relevant. In this way we will avoid any misunderstanding as well as to respond immediately to any question and or clarification.

May I take this opportunity to wish you, your family and the people of the Islamic Republic of Iran a happy Ramadan and Eid Mubarak. It is a privilege and honour to work with your team and WHO Iran on this important initiative. I and my team are most grateful to Dr Manenti and his team for both the invitation and care given to us while in Iran.

Best wishes

Yours sincerely

PROFESSOR SALMAN RAWAF
Director

cc. Elizabeth Dubois