

the Merciful, the Compassionate

country report

Islamic Republic of Iran

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Dr Nooshin Danesh Dehkordi

**Deputy of Management Development& Resources
Center for Management Development
& Administrative Reform**

Introduction

The Islamic Republic of Iran pursues the MDGs in a wider Social Development framework. Hence ,goals such as poverty alleviation, productive employment, education, health, empowerment of women, environmental protection(Table 1) and international cooperation for development have always been among the goals underscored in I. R. Iran's Five-Year Development Plans (FYDPs) over the past years.

Table -1

<i>Goal 1 : Eradicate Extreme Poverty and Hunger</i>
<i>Goal 2 : Achieve Universal Primary Education</i>
<i>Goal 3 : Promote Gender Equality and Empower Women</i>
<i>Goal 4 : Reduce Child Mortality</i>
<i>Goal 5 : Improve Maternal Health in the Context of Reproductive Health</i>
<i>Goal 6 : Combat HIV/AIDS, Malaria and Other Diseases</i>
<i>Goal 7 : Ensure Environmental Sustainability</i>
<i>Goal 8 : Develop a Global Partnership for Development</i>

The present report summarizes realistically country's achievements concerning the targets recommended by the NIPO & APO In addition, 4th FYDP & Ministry,s Strategic plan.

It also summarizes productivity situation of the ministry of health and medical education.Introduces how government innovation has been pursued in health sector (governmental part).

SITUATIONAL ANALYSIS :

Demographic Indicators of Islamic Republic of Iran(table 2) Human and Material Resources Indicators((table 3), Socioeconomic Indicators (table 4), Human and Material Resources Indicators(table 5), Health Expenditure Indicators (table6)can give us a perspective to think & find out how important can it be to harmonize & cooperate health sector with the other sectors such as education, agriculture and ...to have a proper system of productivity enhancement.

There are so many Issues and problems that are summarized in SWOT of this report but the most important organizational impacts are Low satisfaction in outside and inside costumers, Low salaries for stakeholders (co- workers) & inadequate coverage of Health insurance services for poor citizens.

table 2-Demographic Indicators of Islamic Republic of Iran

نفر	km	Rate	Y	Indicator	
--	1.648.000	--	04	Area	
65.540	--	--	04	Total	Population
--	--	66	04	Urban (%)	
--	--	18.1	04	Crude birth rate (%0)	
--	--	4.4	02	Crude death rate	
--	--	1.2	02	Population growth rate (%)	
--	--	28.4	04	45 years (%)	Population
--	--	5.0	04	65 years (%)	
--	--	60	00	00	Dependency
--	--	2.0	00	00	Total fertility rate ®

table 3-Human and Material Resources Indicators of Islamic Republic of Iran

R	Y	Indicator
11.9	01	Physicians
2.10	01	Dentists
1.70	01	Pharmacists
16.1	01	Nursing and Midwifery Personal (Rate per 10000 Population ®)
16.3	01	Hospital beds
3.6	01	PHC Units and Centers

Y=reference year for data provided

R= Rate

table 4-Socioeconomic Indicators of Islamic Republic of Iran

(%)	(us\$)	T(%)	M(%)	F(%)	Y(%)	Indicator
--	--	79	85	73	02	Adult literacy rate 15+years
--	--	94	98	89	02	Gross primary school enrolment ratio
--	--	57	55	58	02	Gross secondary school enrolment ratio
--	1140	--	--	--	02	Per capita GNP
13	--	--	--	--	02	Unemployed
--	--	12	24	2	01	Regular smokers 15+years

table 5-Health Expenditure Indicators of Islamic Republic of Iran

US\$	%	Y	Indicator
--	8.0	02	Ministry of Health budget as% of government budget
--	1.6	02	Ministry of Health expenditure as% of GDP
--	4.4	02	Total Health expenditure as% of GDP
91	--	02	Health expenditure from government sources (per capita)
259	--	02	Total expenditure or Health (per capita)

Y=reference year for data provided

table 6-Productivity Indicators in Health Sector (1993-2002)

Indicators	1993			2002		
	Hygiene	Treatment		Hygiene	Treatment	
		Governmental	Private		Governmental	Private
Manpower Productivity Indicator	100	100	100	135.8	100.6	38.4
labour force Indicator	100	100	100	115.9	100	40.3
Capital Productivity Indicator	100	100	100	72.9	83.4	35.8
Power Productivity Indicator	100	100	100	97.8	127.9	41.4

There are four indicators measured by National Iranian Productivity organization (table 6) study shows more than 60 percent decrease of productivity in Private Sector but some increase of Treatment productivity in Governmental sector .

Manpower Productivity Indicator with 0.6% increase, labour force Indicator with no increase, Capital Productivity Indicator 16.6 decrease, Power Productivity Indicator 27.9 increase of treatment sector.

In hygiene sector, Manpower Productivity Indicator with 35.8% increase, labour force Indicator with 15.9 increase, Capital Productivity Indicator 27.1 decrease and Power Productivity Indicator 2.2 decrease is measured.

Review of Restructuring in Ministry of Health & Medical Education:

Restructuring was one of the most important strategies made ,in order to have a health Reform .In 1982 health network plan was implemented (figure 3)and in 1985 universities Were adhered the Ministry(figurs1&2) .In 1994 Reginal Health Organizations were omitted & adhered the Ministry. These parts of restructuring were obviously affected the productivity enhancement.

Restructuring goals & strategies

Goals:

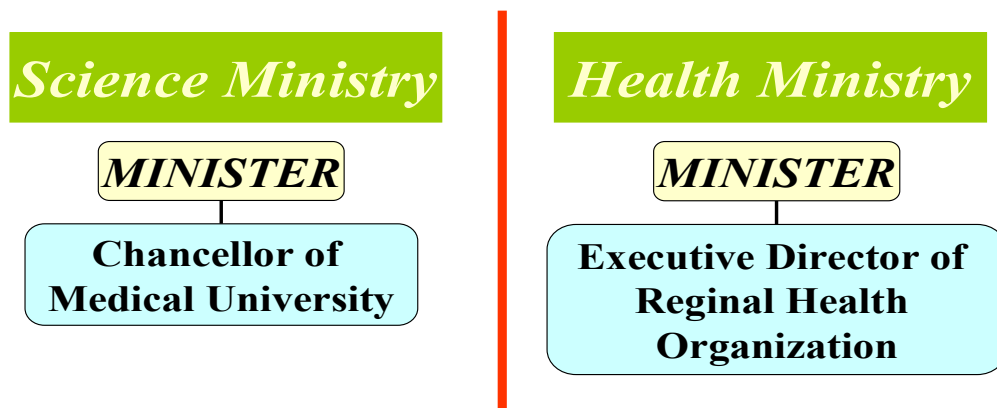
- *Improving Quality*
- *Improving Productivity*
- *Modernization of Management & System*

Strategies:

- *Movement to Organic Structure & Organization*
- *Strengthening Stewardship Area & Leadership Improvement*
- *Decentralization in Decision-making, Implementation & Evaluation*
- *Strengthening Monitoring & Evaluation*
- *Downsizing and In sourcing*
- *Outsourcing*
- *Decreased Current Costs*

Figure 1

Before 1985



After 1985
Health Ministry Establishing Law

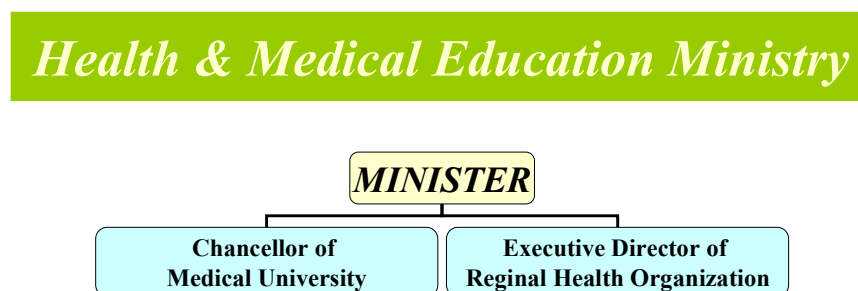


Figure 2

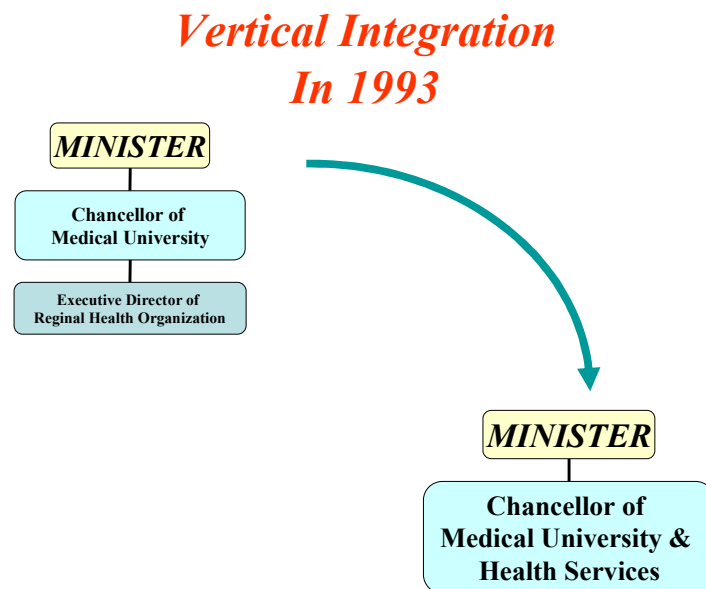


Figure 3

District Health Network

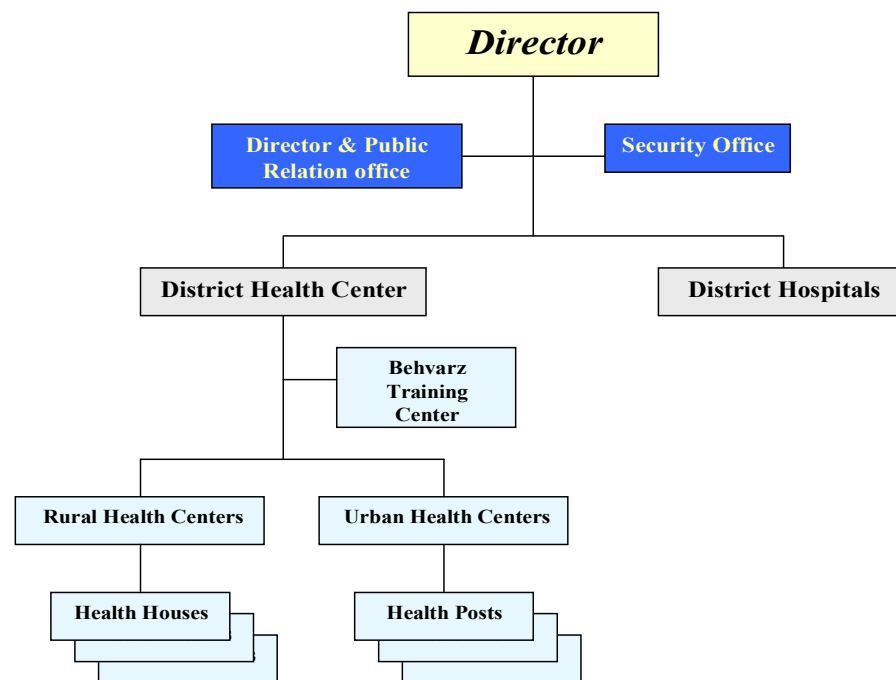


Figure 4

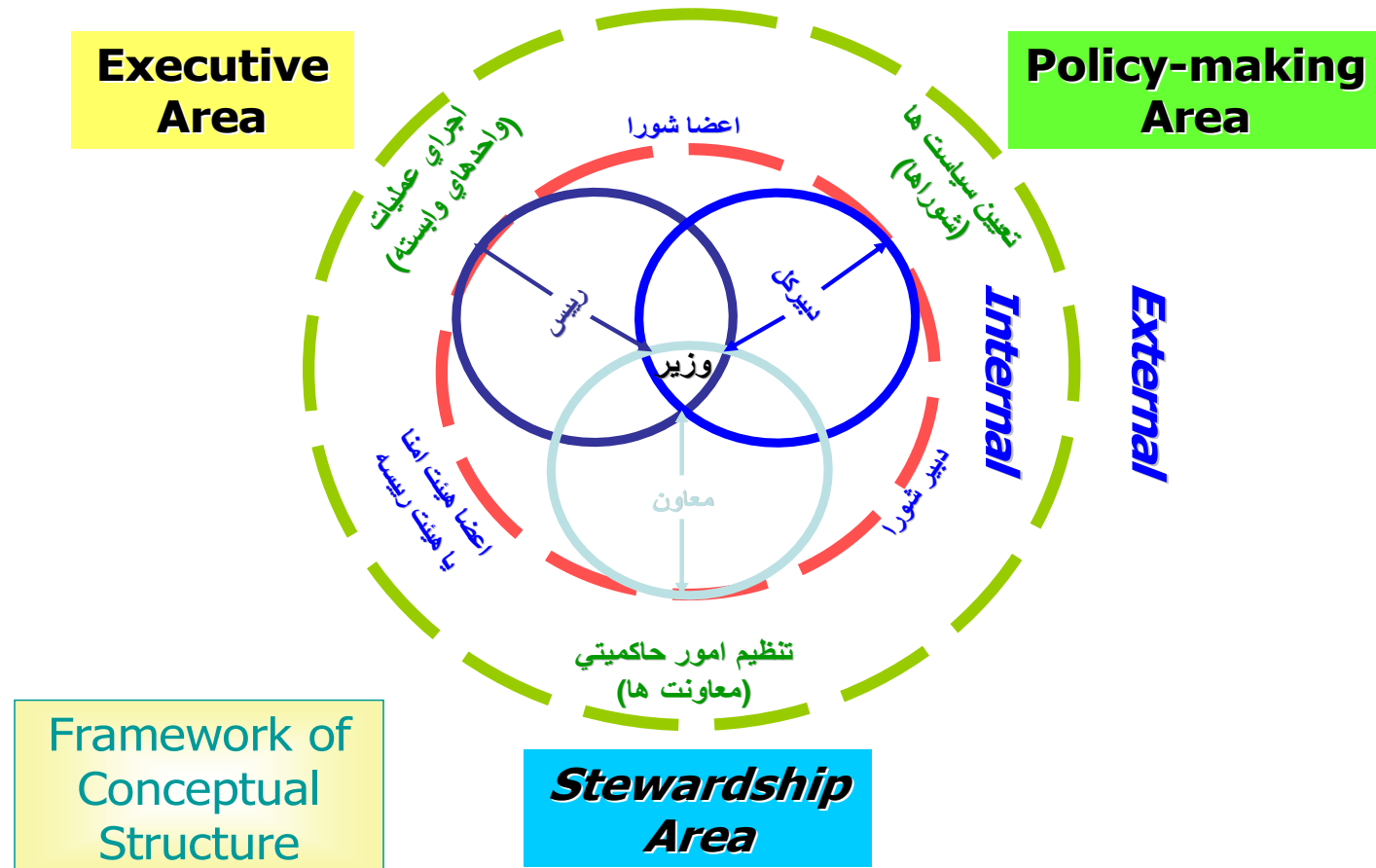
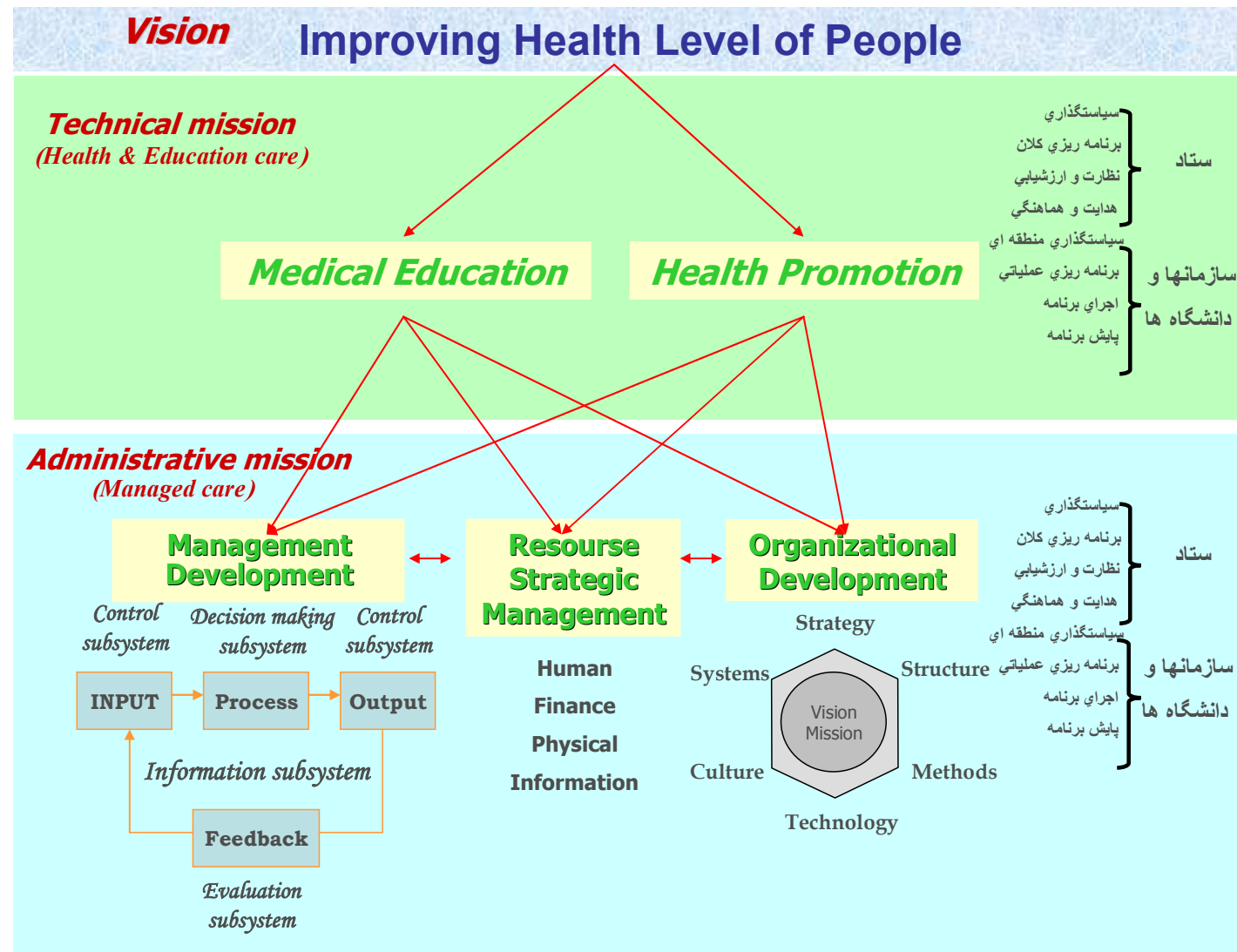


Figure 5

How mission & vision are divided in organization



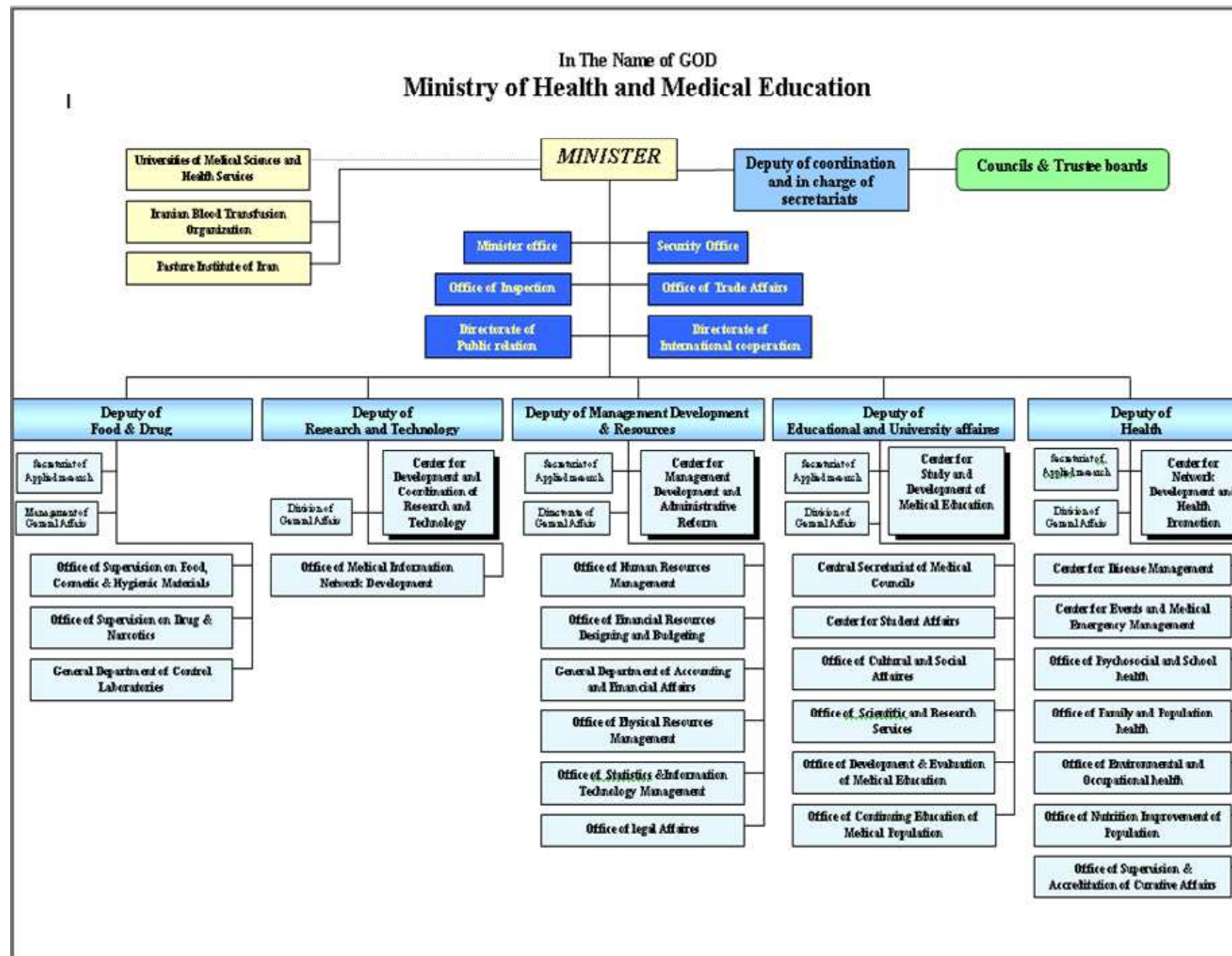


Figure 5

Legal basis:

There are some articles in fourth development program act and also the third one.

There has been mentioned that productivity should be improved in capital, power, labor force and manpower. Some of the most important articles of the fourth development program are as following:

National level:Article Nr.5:

In order to achieve goals and quantitative indicators of total productivity factor enhancement is approved.

Article Nr.37:

The government is responsible for, preparing proper basis of physical resources in order to strengthen compatibility and labor force productivity enhancement 3.5 percent per year.....

Article Nr.136:

In order to prepare proper basis of growth and development, decreasing efficiency and productivity in all country sectors

Article Nr.143:

.....

C: Predicting regulation and guidelines for personal salary in the basis of productivity and result instead of time paying.

Sectoral level:

Article Nr.88:

Ministry of health and medical education is responsible for continuous health care quality enhancement, productivity and proper use of health care facilities all over country.....

ACTIVITIES:

- Productivity indicators review according to 4th development act and vision development document
- Planning for first measurement of sector productivity (2007)
- In order to manpower productivity enhancement personal performance management was implemented in 40 pilot hospitals. The main program is trying to pay for personal performance instead of paying for time.
- Financial resource management will follow cost accounting instead of governmental accounting and also performance based budgeting.
- Physical resources productivity enhancement was one of the strategies which was implemented as TPM project in the ministry of health .
- Outsourcing and Insourcing of technical aspects and formal aspects was implemented as a part of the restructuring of ministry of health and medical education of Iran.

RESEARCHES:

- Determination and measurement of health productivity indicators.
- Measurement of health indicators

SWOT RESULTS:

Ministry of health and medical education Pursued to determine obstacles and issues that are basic & should overcome them in order to enhance productivity (2006). some of the important tissues are mentioned below:

Strengths:

- Sectoral strategic plan
- Sectoral administrative reform plan
- Politicians, Governors, Faculty members and also people are enthusiastically pursuing the enhancement

Weakness:

- Absence of operational and practical programs till now.
- Lack of experts and academic members who has the experience of measurement and programming of productivity enhancement in health sector.

Strengths:

- Legal basis of productivity is prepared by the 4th development program act.
- Governmental policy is also protective and supportive
- World policy and strategies can be added.
- National administrative reform plan.

Treats:

- Lack of allocated financial resources.
- Inadequate portion of health buggiest from GDP.

Programs and strategies (2006-2008)

- Productivity enhancement committee activation in cooperation with national productivity committee.
- Measurement of productivity indicators in health sector
- Productivity indicators review in the ministry of health and medical education.
- Planning applied researches in order to achieve the best method's of productivity enhancement in all levels of management.
- Planning seminars, workshops and training courses for policy makers and stake-holders as owners of process.
- In order to increase health sector GDP as one part of social care, two strategies are followed:
 1. Increasing health sector resources (increasing health budget portion of governmental general budget)
 2. Enhancement of resources quality (increasing total productivity factor)

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- 1. Office of the Deputy for Social Affairs, Management and Planning Organization.**
- 2. Institute for Management and Planning Studies and United Nations in Islamic Republic of Iran Azadegan Ali Asghar.**
- 3. Analysis of productivity indicators, 1991-2002**
- 4. Center of development and administrative reform.**
- 5. WHO Demographic and health indicators (2004)**
- 6. National Iranian Productivity organization Report 1993-2002**

