



## Health Observatories in Iran

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### Abstract

**Background:** The Islamic Republic of Iran, in her 20 year vision by the year 2025, is a developed country with the first economic, scientific and technological status in the region, with revolutionary and Islamic identity, inspiring Islamic world, as well as effective and constructive interaction in international relations. Enjoying health, welfare, food security, social security, equal opportunities, fair income distribution, strong family structure; to be away from poverty, corruption, and discrimination; and benefiting desirable living environment are also considered out of characteristics of Iranian society in that year. Strategic leadership towards perceived vision in each setting requires restrictive, complete and timely information. According to constitution of National Institute for Health Researches, law of the Fifth Development Plan of the country and characteristics of health policy making, necessity of designing a Health Observatory System (HOS) was felt. Some Principles for designing such system were formulated by taking following steps: reviewing experience in other countries, having local history of the HOS in mind, superior documents, analysis of current production and management of health information, taking the possibilities to run a HOS into account. Based on these principles, the protocol of HOS was outlined in 3 different stages of opinion poll of informed experts responsible for production on management of information, by using questionnaires and Focus Group Discussions. The protocol includes executive regulations, the list of health indicators, vocabulary and a calendar for periodic studies of the community health situation.

**Keywords:** Health, Observatory, Iran

### Introduction

Nature and function of health observatory systems in various countries/regions are quite different depending on their development status. In developed countries with advanced infrastructure of information technology of the health system, creating and directing such systems are easier than developing countries suffering from absence of information technology infrastructure. In spite of strengths and weaknesses in systems already stu-

died, in general, the objectives of establishing these systems could be summarized as follows:

- Developing tools for planners and decision makers in order to secure effectiveness and efficiency of their actions and implementation of decentralized planning.
- Creating a set of applicable knowledge for researchers, faculties, and health workers

- Making active tools for warning society and predicting the future
- Monitoring health condition of specific population groups
- Recording what happens within the health sector and determining of information defects.
- Making the governmental plans and programs available for whoever decides to monitor progresses.
- Producing a reason for promoting network of individuals and institutions working for improvement of health outcomes.
- Playing pivotal role in identification, documentation and distribution of knowledge and experience at national and international level
- Supporting human rights and increasing capacity of people to express or request their rights
- Working with mass media and a vast domain of other governmental and non-governmental agencies at local, countrywide, and international level
- Having effective communication with policy maker
- Encouraging discussions on problem areas aroused by researches
- Evidence-based counseling for policy makers
- Establishing a surveillance system for the health situation, monitoring and reporting
- Evaluating and reviewing health programs

In India, national observatory is performing along regional and provincial observatories so that national center is acting as a resource for health systems working under the Family Health and Welfare Ministry. Such model is observed in England too in which 12 public health observatories are working as a network scattered in five different regions (1).

The observatories interact with universities in order to make use of their scientific capacity (2). In some countries as Latin American, Portugal, and Spain, the HOSs are closer to civil society and so-

cial movements (3). In Canada and the USA, whole process of health care and health status monitoring, disseminating information, warning society, and connection with policy making process, are considered in designing observatory system (4,5).

It is more than two decades that different subsystems have been created in Iran for producing data and health information, such as: data recording (on papers) system in Health Houses, urban Health posts, urban/rural Health centers, Cancer Registering, Accidents recording, infectious disease surveillance system (namely for tuberculosis, HIV, and malaria), surveillance system for risk factors of Non-Communicable diseases; national surveys such as health and disease, Demography and health (DHS), burden of disease study, and mental health survey (6). Moreover, data and information collections in different sectors other than health, and also country's statistical center, are counted as integrated information management opportunities in the health system.

In available studies, improvement opportunities in Iran's health information management system, is summarized in three hypotheses:

1. Utilization guarantee in health policy making and researchers or media as well.
2. Continuance and sustainability of information production in priority areas.
3. Coordination and consistency among all possible data producers.

Considering experiences of developed countries in establishing HOSs, following principles were suggested to establish a planning health observatory model for the country:

1. Use actual capacities of different sectors outside the Ministry of health to prepare, analyze, and apply data and information
2. Consider Legal capacities
3. Continue and improve current functions
4. Sustain ownership of data production while designing the HOS
5. Declare the relations between those who produce or process information, or knowledge brokers and consumers of information

6. Have a transparent work division for information production
7. Devise a coordinated system for quality control of data production
8. Agree on a distinct focal point reference person/institution at national level
9. Secure transparency and practicality of observatory system productions
10. Avoid any complex structure within the HOS

Based on the above mentioned principles and what is drawn of questionnaire and FGDs, health observatory in Iran is defined as “a national, virtual, and policy-oriented network which is responsible for systematic and constant observing health conditions and problems of people throughout the country, to support “efficient and evidence-based” policy, programs, decision making, and performing ; final goal of observatory system is cooperating in protection, promotion, and improvement of people’s health and declining health injustice. Based on this definition, observatory system productions are as follows: annual health review reports in specific fields with media warnings (with technical analyses), periodical report on health system operation in different areas (in accordance with country’s development planning schedules), report on how the macro health indicators are changing (including comparison with other countries in the region), anticipating periodical report of national health situation, and finally, reports on the requested subjects by up-most decision making councils within the health system.

## Conclusion

The designed protocol consists of executive regulations, list of health indices, observatory vocabulary and health periodic studies calendar. The system’s characteristics are deemed to be promoting cooperation, coordination and ownership among the health information producers, clarity of national periodic surveys coordinated with timetables of country’s development plans (in sake of better utilization by programmers), integration of health policy, determining tech-

niques of financing resources, and motivating process owners. This model is similar to comprehensive model and integrated observatory systems because of existing capacities in the country and using opportunities. Considering that a policy making system is established within the MOH during last couple of years (7), and some specific systems are already dealing with development and implementation of policy documents/programs, one can prospect that the very planned system will be effective and efficient for promoting community health in Iran.

## Ethical considerations

Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc) have been completely observed by the authors.

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The authors declare that there is no conflict of interests.

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