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Review Article

**EVALUATION OF THE HEALTH SYSTEM REFORM PLAN IN
IRANIAN UNIVERSITIES OF MEDICAL SCIENCES IN TERMS OF
COMMUNITY EMPOWERMENT: A REVIEW****Yadollah Mehralizadeh¹, Abdolreza Gilavand*², Morvarid Sheykhi alizadeh³,
Kiamars Hajizadeh⁴**¹Professor, Department of Educational Administration, Faculty of Education and Psychology, Shahid Chamran University of Ahvaz, Ahvaz, Iran²Expert on Faculty Appointments, Department of Education Development Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran³PhD Student, Department of Educational Administration, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran⁴PhD Student, Department of Educational Administration, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran**Abstract**

Introduction: The main mission of the health system is to raise the level of health and respond to the needs of the people and society. Therefore, this research is evaluating the Health System reform Plan in Iranian Universities of Medical Sciences in terms of community empowerment.

Materials and Methods: This is a simple overview in 2017. The criteria and indicator of community empowerment are based on patient satisfaction (before and after health reform). Research data were collected by means of searching through published articles in Internet resources and scientific databases such as (SID, MAGIRAN, PubMed, Scopus and Web of Science) and by searching the 3 words and terms of "healthcare reform plan, patient satisfaction, and Iran" without linguistic and time restrictions. In the initial search, 47 related studies were found, of which 21 of the research papers that were completely related were used in this study.

Results: The findings of the reviewed studies showed that the health system reform plan has successfully achieved its first and most important goal, namely, reducing the amount of payment from patients pocket. And ultimately achieve satisfaction and empowerment of the community in this regard.

Discussion and Conclusion: Implementation of the Health Development Reform Plan on the condition of sustained growth, evaluation and continuous improvement, as well as understanding of the opportunities and challenges facing it, and ultimately the development of sustainable financial resources and the allocating sufficient financial resources to the insurance funds can improve the quality of health services while increasing the empowerment of the community.

KeyWords: Health System Reform Plan, University of Medical Sciences, Empowerment, Iran.

Corresponding author:*Abdolreza Gilavand,**

Expert on Faculty Appointments,

Department of Education Development Center,

Ahvaz Jundishapur University of Medical Sciences,

Ahvaz, Iran. Email: gilavand_a@ajums.ac.ir

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INTRODUCTION:

Health is a valuable asset that its maintenance and promotion should be considered as one of the most important efforts of everyday life of humans. A healthy person is the focus of sustainable development and health is essential for the benefit of human beings from divine beneficence. Therefore, attention to health and efforts to maintain and promote it has always been an important priority (1). Principles- of -43, 30, 29, 21, and 3 Constitution emphasize the issue of health and education. Principle- of- 29 Constitution considered the fair access to health services as the government duty and states: "Having social security in terms of retirement, unemployment, aging, disability, accidents and the need for health care and medical care in the form of insurance, etc., is a general right, the government is obligated to provide services and financial support to the people of the country according to the rules from the public revenues and the income from the participation of the people. " Principle-of-43 Constitution emphasizes the basic needs of housing, food, clothing, health and education, as well as the facilities for forming a family in paragraph 12 of the Principle 3, eliminating any restrictions on nutrition, housing, work and health. The protection of mothers, especially during pregnancy and child custody, and the protection of unaccompanied children are mentioned in principle-of-21 -Constitution. Principles 3 and 30 of the Constitution emphasize the provision of free higher education to the degree of self-sufficiency of the country (2). On the other hand, due to the basic belief of the Islamic Revolution in the provision of social justice and health for all, in the major policies of the country in the first to sixth development plans of Iran after the Islamic Revolution, special attention has been paid to health issues (3). Health systems play a very important role in improving the quality of life of people in the community and having an effective health system is essential for the healthy growth of families and communities. The main mission of the health system is to raise the level of health and respond to the needs of the people and society. These needs are constantly changing due to the economic, social, political and environmental conditions. On the other hand, health-related diseases and risk factors are constantly changing, and especially in the present era, they are experiencing very rapid changes. Responsiveness to these changes is the most important argument on which the health system should be reformed and promoted (4). Reforms in the health system are done through changes in control levers. The most important levers of control of the health system are: mechanisms for financial providing, payment, organizing, establishment of rules, regulations and

behavior change, which can be modulated individually in order to improve the performance of the health system of each of the control levers, but to make fundamental amendments, changes in all control levers are necessary (5).

The empowerment movement of patients began in the early 1970s with the Patient Rights plan. Empowerment was established with the aim of capacity building in patients, so that it be an active member in the self-care process and can be involved in making self-clinical decisions. Patients are also widely involved in the health system (6). Empowerment is a positive conceptual refers to the facilities, abilities of individuals and their surroundings to identify problems, failures and interventions in them. It is a process by which people are empowered to transfer power from one person to another or among groups. (6). In the empowerment model, the health -field professionals help individuals make appropriate and necessary decisions according to their specific circumstances. Patients are encouraged to participate in the treatment process by sharing information and cooperating in decision making. Empowering, discovering and developing the individual's intrinsic capacity to accept his or her own health responsibilities. The main concept of this change is the tendency to change. Empowerment is more than a particular health behavior and has the potential for overall health promotion, expansion of resources in other individuals and different scopes of communities. Empowering is mainly an intervention or strategy to help people change their behavior in compliance with the treatment plan (7). Empowerment is a functional strategy for health promotion (8). Craig and Lindsay define empowerment as the process through which individuals dominate their own state of affairs (9). Jones and Meleis defined the concept of empowerment as "the social process of cognition, promoting and increasing the ability of individuals to meet their needs, solving their problems, and mobilizing the resources necessary to control their own lives". In other words, patient empowerment is a process to help them control the factors that affect their health (10). Empowerment is also referred to as a skill and ability to participate. Empowerment skills include problem solving, self-confidence, and confidence-building strategies (9). Funnell and colleagues consider empowerment as the development of self-confidence, critical analysis of the world, the involvement of community members and their organization for environmental change. According to their writings, educating empowers people in challenging groups, enabling them to examine the historical social roots of the problem and

to think of society with higher health. So they empower them to develop their problem-solving strategies. In such a society, one believes that he is able to change. So empowerment targets change of individuals, groups and structures. To empower individuals, they expand the motivation and skills that enable them to change behavior. According to this definition, empowerment includes prevention, community issues, self-development, improvement of life quality and social justice. Funnell et al. stated that empowerment includes self-reliance, personal responsibility and self-care, but the most commonly reported is in relation to health behaviors (11). There is a strong link in the concept of empowerment and development in societies. The World Health Organization's health promotion glossary varies between individual and social empowerment. Individual empowerment is one's ability to make decisions and control their own lives. While social empowerment involves individuals in maximizing the impact and control of determinants of health and quality of life in the community (12). The results of empowerment include positive self-confidence, ability to have and reach the goal, having a sense of control over life and processes of change and a sense of hope for the future (13). In early 2015, in Iran, with the introduction of the second phase of targeting subsidies, a large part of the incomes from targeted subsidies as well as one percent of value added tax was allocated to the health sector. Based on the obtained sources, a plan called the Health System Reform Plan was implemented at various stages in the country, the common goal of these steps and implementation plans was to achieve comprehensive coverage of health. Therefore, the health system reform plan in the following eight service packages presented: reduce the amount of hospitalized patients, supporting the remain of physicians in deprived areas, the presence of doctors residing in government hospitals over 64 beds, improving hotel accommodation quality in government hospitals, improving the quality of hospital care services, natural child delivery promotion program, Financial Protection Program. (14).

The universities of medical sciences have been trained to provide specialist and dedicated personnel in the health and medical fields (15-16). And every year, many elites continue to study (17-18), as well as to recruit as a faculty member, to the Iranian universities of medical sciences (19-20). Evaluation of performance and efficiency as one of the factors influencing the effectiveness of the Health System Reform Plan can help policymakers and executives to better understand their strengths and weaknesses and work to improve them. So far, many studies have

been done on the effect of this project on patient satisfaction (21-49). The main goal of the health care reform project in Iran is the satisfaction of most patients and their fellows. Patient satisfaction seems to be a continuous structure due to the emotional and cognitive responses of patient assessment during hospital stay. Today, the assessment of patient satisfaction is recognized as an important indicator of the quality of health care and the planning for its improvement has increased (44). Anthony Giddens offered a theory in terms of social deprivation. In this research, it is assumed that community patients are in critical situations due to financial disability, but the start of the health system reform plan has increased the trust and hope among patients and the community that are not concerned about their own health (50). Therefore, in this research, the criterion of community empowerment, patient satisfaction from health system reform plan and based on Giddens social deprivation theory is considered. Because the higher the satisfaction is, the patient's physical and mental improvements are better, faster and has more satisfactory for patients and their fellows. On the contrary, patient dissatisfaction leads to anxiety, delay in recovery, increased hospitalization time, medical expenses, and occupancy of hospital beds (51-52).

MATERIALS AND METHODS:

This study was a simple overview in 2017 in order to assess the health system reform plan in Iran's medical sciences universities in terms of community empowerment. In this research, the criteria and indicators of community empowerment are based on patients' satisfaction (before and after the health system reform plan). Research data are collected through search of published articles in Internet sources and scientific databases such as (SID, MAGIRAN, PubMed, Scopus and Web of Science) and with searching, 3 words and the term "health care reform plan, patient satisfaction and Iran" with no linguistic and time limitations. In the initial search, 47 related studies were found, of which 21 of the research papers that were completely related were used in this study.

RESULTS:

According to Table 1 (1), out of 21 researches conducted in this review study in medical universities and health centers affiliated to the Ministry of Health and Medical Education of Iran, only 2 of them have shown unsuccessful implementation of this project, and other 19 studies have confirmed its successful implementation in the terms of satisfy patients and ultimately empower the community. Therefore, the healthcare reform plan, aimed at protecting people's health costs, improving quality and increasing access

to health care services, has managed to address most of the health problems of people. Other studies have examined the impact of the health system's reform plan on other indicators.

Pirozi and colleagues with the aim of evaluating the response rate of the health system after one year from the implementation of the Health System Reform Plan did a survey in Sanandaj city and concluded that the dimensions of communication, independence and quality of the environment as priority dimensions for corrective actions. In order to improve the accountability of the health system, have a potential role (43). Rasm Ara and colleagues, while claiming increasing satisfaction with the implementation of the health system reform plan among all sectors of society, have stated that the implementation of this plan is having problems, such as the over-involvement of faculty members in the process of treatment and neglect of medical education, as well as the impressing of educational programs from policies in the treatment sector, especially when they are implemented regardless of its educational aspects, are among the most important of these cases (44). Akhondzade has stated that despite the realization of the goal of the health system's reform plan to reduce the cost of paying, special attention to healthcare providers, doctors and medical personnel, especially doctors in the public sector is still oppressed (45). The study of Sajjadi and Zaboli with the aim of

evaluating the positive effects of the health system reform plan from the viewpoint of managers and heads of hospitals showed that the implementation of the health reform plan in the treatment part had a positive effect on the performance of the implementation centers (46). Heydari and Vahdat in their study aimed at examining the effect of implementing the health system reform plan on pocket payments from patients in selected state hospitals of Isfahan concluded that the health care reform plan has been able to achieve its first and most important goal of reducing pocket payments of patients (47). Friedfar *et al.*, in their study, aimed at investigating the effect of implementation of the health system reform plan on hospital indicators including clinical, paraclinical, and surgical parameters as well as the patients' satisfaction level in Hazrate Rasoul-e-Akram research and therapeutic training complex, concluded that the implementation of the reform plan increasing the acceptance of clinics and paraclinicians, and increasing patient satisfaction (48). The results of the study by Alidadi *et al.* with the aim of identifying the opportunities and challenges of the health system reform plan executives showed that the project budget did not correlate with the goals of reforming the health system. Also, the findings of this study indicated that there was no proper policy making and the study of inappropriate tariff setting and structure (49).

Table 1: Main characteristics of included studies

Dissatisfaction	satisfaction	final conclusion	Number of statistical samples	data gathering tools	Article title	Authors	Year of research	University of Medical Sciences or Faculty
*		After the implementation of the Health reform Plan, satisfaction with pre-discharge training, the status of the hospital room, the cleaning of health services, the timely visits of doctors, the accuracy and time for examination, recommendations for the recovery and well-being of the patient, the status of treatment The financial affairs, as well as the observance of religious standards and ethical principles, had diminished significantly.	3665	questionnaire	Comparison of Satisfaction Rate of Emergency Centers in Tehran Mortar Center and after the Establishment of Health System reform Plan	Baratlou <i>et al.</i> ,	2014	Shahid Beheshti University of Medical Sciences Tehran - Shohadaee Tajrish Hospital

	*	In comparison with age, gender, marriage, the way of referring patients before and after the implementation of the plan for the reform of the health system has not changed significantly. Also, after the implementation of the project, despite a small increase in the number of referrals related to cancer, the pattern of the referrers was consistent with the type of disease. However, there was a significant change in the status of appointment of patients for clearance.	400	Patient File Archive	Epidemiologic review of referral of emergency department before and after the development of health system	Haji adine et al.	2013 and 2015	Shahid Beheshti University - Emergency Hospital of Shohadae Tajrish
	*	Of the 1,200 patients participating in the project, most patients had a satisfactory level of satisfaction. The mean of satisfaction score of patients was statistically significant with marital status, education level and occupation.	1200	questionnaire	Assessment of satisfaction rate of hospitalized patients in educational hospitals of Mazandaran province and its related factors from the health care reform plan of 2014	Godarzia n et al.,	2015	Mazandar an Educational Hospitals
	*	Information is provided from a bill of 601 cardiovascular patients referred to Al-Zahra heart surgery hospital in Shiraz before and after implementing a health reform plan. The average of the total payment from the pocket of the patient after the implementation of the reform plan for the operation of the coronary artery with a significant difference was reduced and the average share of basic insurance from the total cost of a surgical unit after coronary artery disease, Gave	601	Library studies and document ary methods	A Comparative Study on the Cost of Hospital Services for Cardiac Patients before and after the implementation of Health reform Plan (Case Study of Alzahra Heart Hospital in Shiraz)	Maharlou et al.	2014	Alzahra Cardiac Hospital, Shiraz University of Medical Sciences
	*	The reform plan has affected technical, managerial, and scale performance, which indicates improved performance through the implementation of the health system reform plan. Before the establishment of the plan,	--	Questionnaire. The data collection vote was taken from a	Performance Evaluation of the Health System reform Plan in Hospitals Affiliated	Nabi lou et al.	2013	West Azarbaijan University of Medical Sciences hospitals

		74.17% of the hospitals were operating non-cooperatively, and after the implementation of the plan, the rate had dropped to 70.8%. In addition, after the implementation of the health promotion plan, the performance of some hospitals was reduced		blacklist containing hospital profiles and variables required for analysis	with West Azerbaijan University of Medical Sciences			
	*	Considering the good satisfaction of patients from the specialized clinic of the Yazd, due to the increase of facilities and benefits that are provided during the implementation of the development plan for patients in the clinic, and the increase in the presence of non-native patients in Yazd province, it seems that in the coming years more patients Refer to the relevant clinics	1760	questionnaire	Evaluation of satisfaction of patients referring to three specialized and sub-specialty clinics in Yazd after implementation of health care reform plan	Kazemi et al.	2014	3 specialized clinics and specialty of Yazd city
	*	The reform plan in the health system has positively changed the performance indicators of hospitals affiliated to Lorestan University of Medical Sciences.		Analytical descriptive	The Effect of Health System reform Plan on Performance Indicators of Hospital Centers Covered by Lorestan University of Medical Sciences	Dadgar et al.	2014	Hospitals affiliated to Lorestan University of Medical Sciences
	*	In general, patients had a positive and satisfactory view on the implementation of the plan, but timely access to the physician and the welfare facilities of the hospitals was not satisfactory.	2081	Questionnaire and interview	Patients' Viewpoints on Implementation of the Health System reform Plan in the Hospitals of East Azarbaijan Province	Gholipour et al.	2013	East Azarbaijan Province Hospitals
	*	In the years after the implementation of the reform plan, the number of effective centers has been increased and the number of inefficient centers has decreased, which is a further	43	Analytical descriptive	Evaluating and comparing the efficacy of hospitals in Isfahan	Hashemi et al.	2014	Hospitals in Isfahan province

		increase in academic centers and changes in private photo centers. Increasing the number of effective centers in the academic centers of the city center from the first year (2013) and in the academic centers of the cities since the second year (2014) after the implementation of the development plan. The number of centers located in the fourth quarter was fixed in the study years.			province in the years before and after implementation of the health system reform plan using the Pabon-Lasso model			
	*	Health reform plan has a positive effect on reducing the delivery of cesarean section and has reduced the proportion of cesarean delivery to normal delivery by 79.90. Investigating the effect of health reform plan on labor costs showed that the cost of all services related to cesarean section has decreased after health reform plan. However, the cost of nursing services has also increased significantly. Based on this, it can be concluded that the health promotion plan in the field of natural vaginal delivery has somewhat achieved its developed goals.	--	questionnaire	The effect of health system reform plan on prevalence and costs of natural child delivery and cesarean	Zandian et al.	2014	Ardabil bu ali medical center
	*	The majority of the research samples (patient and companion) were satisfied with the implementation of the health care reform plan, but most of the nurses were dissatisfied with the implementation of the health care reform plan.	900	questionnaire	A Survey on the Satisfaction of Nurses, Patients and Patients' Companions in Implementation of Health reform Plan in Ahvaz City Hospitals in 2014	Shariati et al.	2014	Ahvaz Educational Hospitals
	*	The variables of the Health System reform Plan, government subsidy to the health system, and rural enrollment have been effective in reducing patient costs, but implementation of the Health System reform Plan has led to an increase in costs overall.	331	Librarian and field method and referring to patient costs statistics and document	Investigating the Impact of the Health System reform Plan on the Payback Reduction of Insured Persons in the	Zarei and mohammadi	2013	University Hospitals in Ilam

				s	Health Insurance Organization (Case Study: Patients Admitted to Ilam University Hospitals in Nov. 2012 and 2013)			
	*	The execution of this book has had an effect on some of the markers (percentage of occupancy of bed, occupation bed, cesarean section) and on other markers (number of admitted patients, outpatients, emergency clients, discharged and number of surgeries).	--	Forms of activity of the center and referring to the management of statistics of Isfahan University of Medical Sciences	Comparison of the selected markers of a medical education center before and after implementation of health system reform plan in 2013: Isfahan	Ghasemzade et al.	2014	An Educational Therapy Center In Isfahan
	*	Indicators in most hospitals have a better status than health care system implementation before implementation.	--	Hospital Performance Indicators	The study and comparison of some performance indicators of the hospital before and after the implementation of the therapeutic package of health system reform plan in selected hospitals of Bushehr University of Medical Sciences	Mosavi et al.	2017	Selected Hospitals of Bushehr University of Medical Sciences
	*	Implementation of the reform plan improved the status of the percentage of patients assigned to the appointment within six hours and increased the average response time of the emergency tests. Also, although it has significantly improved the CPR	--	Emergency Hospital Performance Indicators	Effect of Health System reform Plan on Performance Indicators in Emergency Department	Emamgholi et al.	2017	Hospitals Affiliated to Shahid Beheshti University of Medical Sciences

		trend, it has decreased the successful CPR level.			in Tehran University of Medical Sciences Hospitals: Breakdown Time Series Analysis			
*		The rate of use of hospital services in Shahid Beheshti University of Medical Sciences has significantly increased after implementation of health system reform plan, which can serve more patients and increase access to health services and consequently improve health equity.	--	Hospital Performance Indicators	Evaluation of performance indicators in hospitals affiliated to Shahid Beheshti University of Medical Sciences before and after implementation of Health reform Plan	Zarei and Enisi	2015	Hospitals Affiliated to Shahid Beheshti University of Medical Sciences
*		The Natural child delivery extension program has achieved its predetermined target of a 10% reduction in cesarean section over a year after implementation of the health care reform plan relative to the base rate, and the percentage of the cost paid from the pocket in the hospital bill decreased significantly	--	Refer to statistics and documents	The effect of health system reform plan on the rate of cesarean and the average cost paid by mothers: a case study of Kurdistan province	Pirozi et al.	2015	Hospitals of Kurdistan University of Medical Sciences
*		In general, performance indicators of hospitals affiliated to Shiraz University of Medical Sciences were not in desirable position compared to standards.	--	Refer to statistics and documents	Performance Analysis of Shiraz University of Medical Sciences Teaching Hospitals Before and After the reform of Health System Using the Pabon Lasso Model	Bastani et al.	2015	Educational hospitals of Shiraz University of Medical Sciences
*		Based on the findings of this study, all selected indicators changed relatively after the implementation of the Health reform Plan, which in some way indicates the effect of this project on the performance of	--	Hospital Performance Indicators	Effect of Health System reform Plan on Performance Indicators of	Rezaei et al.	2015	Hamedan University Hospitals

		hospitals. Of course, along with these changes, other consequences should be taken into account, such as increasing the workload of hospitals and possible inductive demand, and in general judging the effects of the plan with caution and in the long run.				Hamedan University Hospitals			
*		The reform of the health system requires a fundamental review and more precise planning to improve its status.	Randomly	--	questionnaire	Comparison of costs and quality of hospital services before and after implementation of the health system reform plan	Ebrahim njad et al.	2015	Sari -Buali Hospital
	*	The Natural child delivery Extension Pack encourages pregnancy mothers to a normal child delivery. As well as the satisfaction of gynecologists to a large extent.	Randomly	177	questionnaire	Evaluation of the package for the promotion of natural child delivery in the health care reform from the viewpoint of stakeholders in Kurdistan University of Medical Sciences hospitals in 2015	Moradi et al.	2015	Hospitals of Kurdistan University of Medical Sciences
2	19				***				Total

DISCUSSION AND CONCLUSION:

In recent years, the health system of Iran has been associated with various problems that caused dissatisfaction among the people and the various sectors of the health system. In August 2013, and after the 11th government came to power after the Islamic Revolution in Iran, the Ministry of Health, Medical Education and Medicine approved a plan for the reform of the health system. The plan, which seeks to "financial protect " of people from the cost of health care, improve quality and access to health

care, From May 15, 2014, it was implemented in state-owned hospitals throughout the country. According to the study, it can be claimed that the health system reform plan in Iran has been able to successfully accomplish its first and most important goal, namely to reduce the rate of payment from patients' pockets. The study of Arieta in Peru showed that after reforming and changing the pay system to "fee for service" payment system, the rate of cesarean in the private sector increased from 28% before reforming to 53% after the implementation of the

reform, and after reforming, in the private sector centers, compared with health centers related to the Peruvian Ministry of Health, the cesarean index increased to 19% that the results are consistent with our study (53). Shen and et al. examined the effects of implementing the Health reform Plan on the performance of hospitals in China between 2001 and 2005, and concluded that the new health reform policy had a positive impact on hospital performance and reduced economic burden on patients that the results are consistent with our study (54). Anderson and Catechlo study in Australia also showed that health system reforms have had positive effects on some hospital performance indicators such as bed occupancy rate, number of active beds, cancellation of surgical day and re-admittance of mental health patients whose results are consistent with our study (55). Although the implementation of the healthcare reform plan in Iran has provided an area for increasing the satisfaction of people and a group of health actors, but the continuity of the implementation of the plan faces serious challenges. The most important strength of the health reform plan was that the process of increasing pressure on the society health economics and the cost of treatment has been reduced and has caused the relative satisfaction of the people. Another positive point of the reform plan has been to reduce the doctor bribe receiving.

Estimates show that there were between \$ 7,000 and \$ 10,000,000 illegal or bribe, and the reform plan has been able to reduce about 20% and 30%. The most important weaknesses in the healthcare reform plan includes: 1- neglect of upstream laws and general health policies 2- therapeutic focus rather than prevention 3- Physician focus instead of services 4- illness focus instead focusing on health 5- lack of resource sustainability due to high costs 6- Increased income gap in the medical staff 7- Professionalism and neglect of level 1 health services 8- inattention to the consequences of the difference in the relative value of services in the private and public sectors 9. The inability of insurance to pay its obligations 10. Lack of 30,000 beds and 200,000 nurses. 11. Non-contributing basic and supplemental insurance, as a consequence, due to the lack of coverage of some health services, the reimbursement of people's pocket has increased. 12. The encouraging package of the normal delivery of child for midwives has been discontinued. 13. Restricting the package of promotion of visits and reducing payments to doctors. (56). Injection of funds into the health sector is very important, but given the fact that different sectors of the economy face a shortage of funds, resource allocation is expected to be based on

accepted principles of health systems, especially health and prevention that has maximum efficiency, and avoids testing and error in resource injection. Providing community health is the responsibility of the Ministry of Health and Medical Education, this important is possible with policy, planning, evaluation and monitoring. In other words, the Ministry of Health is obliged to manage the health of the community by coordinating the various organizations and devices, but in the current health system, the Ministry of Health and Medical Education is considered as the largest provider of services. The role of ownership and beneficiary can have a detrimental effect on the core responsibilities of the ministry, which includes policy-making, coordination, evaluation and oversight; hence, it can be seen that many of the laws and programs that are being drafted and approved by the Ministry are not implemented in practice or are incompletely implemented. In this regard, the promotion of quality and justice in the provision of services that is possible through the management and enforcement of applicable laws, is carried out with a massive financial injection and siege insurance to cover the ineffectiveness of public sector providers.

Suggestions:

In order that the Health System reform Plan can continue its path, actions is needed; first, create sustainable resources and revenues to continue the project. Second, the Ministry of Welfare identifies the amount of the deficit in the health insurance organization and the social security organization. And also the resources and insurance premiums should be strengthened in line with the insured; that is, necessary and sufficient funds are provided to the insurances. Third, the Ministry of Health is engaged to category of all diagnostic and therapeutic services. The fourth point is to review and proper adjustment in tariffs the relative value of services. The fifth priority is related to the electronic health record system and the mechanization of treatment processes, which should be operational as quickly as possible. Finally, it is suggested that the members of the High Council of Health and a group of experts and elites in this area continuously monitor the trends of this project, especially in the area of resource sustainability, and provide the necessary report to supreme decision-making system for improve the affairs and identify the opportunities and challenges.

Ethical considerations

Ethical issues have been completely observed by the authors.

Conflicts of interest: none

REFERENCES:

1. Vosough Moghaddam A, Damari B, Alikhani S, Salarianzede MH, Rostamigooran N, Delavari A, et al. Health in the 5th 5-years Development Plan of Iran: Main Challenges, General Policies and Strategies. *Iranian Journal of Public Health*. 2013;42 (Supple1):42- 9.
2. Constitution of the Islamic Republic of Iran. Principles- of -43, 30, 29, 21, and 3 Constitution.
3. Mehralizadeh Y, Moghadaspour E, Joudzadeh N. Management and Strategic Planning. *Tehran. Rahmoaser*. 2013.
4. Moradi-Lakeh M, Vosough-Moghaddam A. Health Sector Evolution Plan in Iran; Equity and Sustainability Concerns. *International Journal of Health Policy and Management*. 2015;4(10):637-40.
3. Health Sector Evolution. Available from: <http://tahavol.behdasht.gov.ir/>.
5. Emamgholipour S, Jaafaripooyan E, Mohammadshahi M, Mohammadi Yazani E. The Effect of Health Sector Evolution Plan on the Performance Indices of Emergency Department in Hospitals of Tehran & Iran Universities of Medical Sciences: Interrupted Time Series Analysis. 2017;4(4):1- 8.
6. Henderson DJ. Consciousness- Rising as a feminist nursing action. Promise and practice, present and future. In: Thorne SE, Hayes VE, Editors. *Nursing praxis: knowledge and action*. London: Sage Publications; 1997. p. 157-79
7. Tol A, Alhani F, Shojaeazadeh D, Sharifirad G. Empowerment Approach to Promote Quality of Life and Self- Management among Type 2 Diabetic Patients. *Health System Research*, 2011; 7(2): 157-168.
8. Mehralizadeh Y, Radee Afsooran N, Parsa A, Moatamedi M.A. Dimensions survey of human resources empowerment in government organizations (Case of study of one of Iran's Water and Electricity Organizations). *Journal of Education*. 2012; 18 (2): 75-96.
URL:http://education.scu.ac.ir/article_10127_0.html
9. Craig PM, Lindsay GM. *Nursing for public health: population-based care*. New York: Elsevier Health Sciences; 2000. p. 143-4.
10. Jones PS, Meleis AI. Health is empowerment. *ANS Adv Nurs Sci* 1993; 15(3): 1-14.
11. Funnell MM, Anderson RM, Arnold MS, Barr PA, Donnelly M, Johnson PD, et al. Empowerment: an idea whose time has come in diabetes education. *Diabetes Educ*. 1991; 17(1):37-41.
12. Funnell MM, Anderson RM, Arnold MS, Barr PA, Donnelly M, Johnson PD, et al. Empowerment:

an idea whose time has come in diabetes education. *Diabetes Educ* 1991; 17(1): 37-41

13. Tobacco control Research Report. Youth Empowerment and Health Promotion [Online].1999 Jul 1; Available from: URL: <http://www.ftcc.fsu.edu/resreports/july99/index.html/>
14. Health Sector Evolution. Available from: <http://tahavol.behdasht.gov.ir/>.
15. Gilavand A. Pathology of Faculty Members' rank Promotion in Universities and Higher Education Institutions Affiliated to the Ministry of Health and Medical Education of the Islamic Republic of Iran. *International Journal of Medical Research & Health Sciences*. 2016; 5(9S): 25-30.
16. Gilavand A, Fatahiasi J, MohamadiMajd R. Evaluating the Quality of Educational Services from the Viewpoints of Radiology Students of Ahvaz Jundishapur University of Medical Sciences, in Southwest of Iran *World Family Medicine*. 2017; 15(9):181-186. doi: 10.5742/MEWFM.2017.93123
17. Gilavand A. The comparison of the tuition-paid and free tuition dental students' incentives in choosing their field of study at Ahvaz Jundishapur University of Medical Sciences, Southwest of Iran. *Ann Trop Med Public Health* 2017; 10(5): 1254-1259. doi: 10.4103/ATMPH.ATMPH_316_16.
18. Gilavand A. The Comparison of Iranian and Foreign Students' Motivations to Choose Dentistry Field of Study. *International Journal of Pediatrics*. 2016; 4 (6):1993-2010. doi: 10.22038/ijp.2016.6861
19. Gilavand A. Evaluating the Process of Recruiting Faculty Members in Universities and Higher Education and Research Institutes Affiliated to Ministry of Health and Medical Education in Iran. *World Family Medicine*. 2017; 15(8): 155-159. doi: 10.5742/MEWFM.2017.93070
20. Gilavand A. Calculation of Salaries and Benefits of Faculty Members in the Ministry of Health and Medical Education of Iran. *World Family Medicine*. 2017; 15[9]:164-169. doi: 10.5742/MEWFM.2017.93119
21. Nematbakhsh M. Letter to editor. *Iranian Journal of Medical Education*. 2015; 15:64-66
URL: <http://ijme.mui.ac.ir/article-1-3746-fa.html>
22. Hashemi B, Baratloo A, Forouzafar MM, Motamedi M, Tarkhorani M. Patient satisfaction before and after executing health sector evolution plan. *Iranian Journal of Emergency Medicine*. 2015; 2(3):127-33. doi: <http://dx.doi.org/10.22037/ijem.v2i3.9307>
23. Majidi A, Mahmoodi S, Haji Adineh V. An Epidemiologic Study of Emergency Department Visits before and after Executing Health Sector Evolution Plan; a Brief Report. *Iranian Journal of*

- Emergency Medicine. 2017;4(3):130-134. doi: <http://dx.doi.org/10.22037/ijem.v2i1.14530>
24. Goudarzian A H, Sharif Nia H, Jafari H, Jamali S, Badiie M, Sayemi Z, et al . Inpatient Satisfaction with Health System Transformation Project in Mazandaran Educational Hospitals, Iran. *J Mazandaran Univ Med Sci*. 2016; 26 (136) :190-195
 25. Maharlou HR; Barati O; hadi Maher M. The Study of Inpatient Services Costs Provided to Cardiovascular Patients Referred to Al-Zahra Heart Hospital in Shiraz During 2ndHalf of 2013 and Compare to the Same Time After Iranian Health Transformation Plan Implementation. 2016; 7 (2):31-38.
 26. Nabilou B, Salem Safi P, Yusefzadeh H. PERFORMANCE ASSESSMENT OF HEALTH SYSTEM REFORM PLAN IN THE HOSPITALS AFFILIATED WITH URMIA UNIVERSITY OF MEDICAL SCIENCES. *J Urmia Nurs Midwifery Fac*. 2017; 14 (11): 896-905.
 27. Kazemini K, Zare Mehrjardi MH, Samiyezargar A, Raghebian M, Dehghan A. Patient satisfaction referred to three specialized and ultra-specialized clinics of Yazd after the implementation of health Sector Evolution. 2017; 4 (11):35-45.
 28. Dadgar R, Jahani M, Mahmoudi G. The impact of health system reform plan on the hospital's performance indicators of Lorestan University of Medical Sciences. *yafte*. 2017; 19 (2):93-102
 29. Gholipoor, K, Izadi Sh, Azimzadeh, S, Taghavinejad-Namin Sh. Patients' Perspectives Regarding Implementation of Health System Transformation Plan in the East Azerbaijan Province Hospitals. *Depiction of Health* 2017; 8 (2) :88-96
 30. Hashemian M, Ferdosi M, Moeini poor M, Fattah H R. Efficiency Evaluation and Comparison of Isfahan Provinces Hospitals Before and after the Reform in Health System using the Pabon Lasso Model (1391-1394). *sjimu*. 2017; 25 (3):186-200
 31. Zandian H, Tourani S, Moradi F, Zahirian Moghadam T. Effect of Health Sector Evolution Plan on the Prevalence and costs of Caesarean section and natural childbirth. *PayeshHealth Monitor Journal*. 2017; 16 (4):411-419.
 32. Shariati A, Jamshidbeigi Y, Baraz pardnjati S, Haghhighzadeh M H, Abbasi M. Assessment of nurses, patient satisfaction, patient attendants in educational hospitals in Ahvaz city health development plan in 2015. *Journal of Clinical Nursing and Midwifery*. 2017; 6 (1) :9-18
 33. Mohammadi E, Zareie G. Investigating the Effect of Health Care Improvement Plan on the Payment of the Insured in Iranian Health Insurance Organization (Case Study: Hospitalized Patients in Collegiate Hospitals of Ilam City in December 2013 and 2014) . *sjimu*. 2017; 24 (6):178-188.
 34. Ghasemzadeh Z, Sajadi HS, Sajadi FS, Aghili G, Hadi M. The comparison of selected statistical indicators of a hospital before and after the implementation of health reform plan: Isfahan-2015. *Journal of Health in the Field*, 2017; 4 (4): 9-16.
 35. Mosavirigi S, Mahrami M, Montazerolfarag R, Dehghanitafti A, Dorahaki M, Barati O. Reviews and comparisons of hospital performance indicators before and after the implementation of the healthcare reform package design therapeutic hospitals of Bushehr University of Medical Sciences. *TB*. 2017; 15 (6) :107-119.
 36. Emamgholipour S, Jaafaripooyan E, Mohammadshahi M, Mohammadi Yazani M. The Effect of Health Sector Evolution Plan on the Performance Indices of Emergency Department in Hospitals of Tehran & Iran Universities of Medical Sciences: Interrupted Time Series Analysis. *Iranian Journal of Emergency Medicine*. 2017;1(1):1-8. doi: <http://dx.doi.org/10.22037/ijem.v2i1.18052>.
 37. Zarei E, Anisi S. Hospital performance indicators: before and after of implementing health sector evolution plan in Shahid Beheshti University of Medical Sciences. *pajoohande*. 2016; 21 (5) :263-271.
 38. Piroozi B, Moradi G, Esmail Nasab N, Ghasri H, Farshadi S, Farhadifar F. Evaluating the effect of health sector evolution plan on cesarean rate and the average costs paid by mothers: A case study in Kurdistan province between 2013-2015. *Hayat*. 2016; 22 (3):245-254.
 39. Bastani P, Lotfi F, Moradi M, Ahmadzadeh M. The Performance Analysis of Teaching Hospitals Affiliated with Shiraz University of Medical Sciences Before and After Health System Reform Plan Using Pabon Lasso Model. *JRUMS*. 2016; 15 (8):781-792
 40. Rezaei S, Rahimi foroushani A, Arab M, Jaafaripooyan E. Effects of the New Health Reform Plan on the Performance Indicators of Hamedan University Hospitals. *sjsp*. 2016; 14 (2):51-60
 41. Ebrahimnejhad A, Jadidi R, Delavari S. Comparison of costs and quality of inpatient services before and after the Health reform plan . 3. 2016; 7 (1) :5-14.
 42. Moradi Gh, Farhadifar F, Piroozi B, Mohamadi Bolbanabad. An Assessment of Promoting Natural Childbirth Package in Health Reform Plan from the Opinion of Stakeholders in Hospitals of Kurdistan University of Medical Science, 2015 . *Hakim Health Sys Res* . 2016; 19 (2) :103-110.
 43. Piroozi B, Mohamadi Bolban Abad A, Moradi G. Assessing Health System Responsiveness after the Implementation of Health System Reform: A Case Study of Sanandaj, 2014-2015. *Iranian Journal of Epidemiology*. 2016;11(4):1-9.

44. Razmara Farzagli H RFM, Javadinia SA. Letter to the Editor: The executing health sector evolution plan and medical education; the need for educational attachment. *Strides in Development of Medical Education*. 2016;12(5):789-90.
45. Akhondzade R. Health system transformation project, an opportunity or a threat for doctors. *Anesthesiology and Pain*. 2014;5(1):1-2.
46. Sajadi HS ZR. An Assessment of the Positive Effects of Health Reform Plan Implementation from the Perspective of Hospital Directors. 2016.
47. Vahdat S, Heydarian N. The impact of implantation of health care reform plan in patients pay out of pocket in selected public hospitals in Isfahan. *J Med Counc Iran*. 2015;33.
48. Faridfar N, Alimohammadzadeh K, Seyedin SH. The impact of health system reform on clinical, paraclinical and surgical indicators as well as patients' satisfaction in Rasoul-e-Akram hospital in 2013 to 2014. *Razi Journal of Medical Sciences*. 2016;22(140):92-9.
49. Alidadi A, Ameryoun A, Sepandi M, Morteza S, Shokouh H, Abedi R, et al. The Opportunities and Challenges of the Ministry of Health and Medical Education in the Implementation of Healthcare Reform. *Health Research*. 2016;1(3):173-84.
50. Giddens A. *Politics, sociology and social theory* (Translation by Manouchehr Sabouri). Tehran. Ney 2000.
51. Knaul FM, Gonzalez-Pier E, Gomez-Dantes O, Garcia-Junco D, Arreola-Ornelas H, BarrazaLlorens M, et al. [The quest for universal health coverage: Achieving social protection for all in Mexico]. *Salud Publica De Mexico*. 2013; 55(2): 207-35.
52. Bonilla-Chacín ME, Aburto NA. *The Mexican social protection system in health*: World Bank Washington, DC; 2013. Available from: <http://documents.worldbank.org/curated/en/2013/01/17286333/Mexican-social-protection-system-health>.
53. Arrieta A. Health reform and cesarean sections in the private sector: the experience of Peru. *Health Policy*. 2011;99(2):124-30.
54. Shen JJ, Zhou S, Xu L, Chen J, Cochran CR, Fisher ER. Effects of the New Health Care Reform on Hospital Performance in China: A Seven-Year Trend from 2005 to 2011. *Journal of Health Care Finance*. 2014;41(1):1-14.
55. Anderson T, Catchlove B. Health and hospital reform in Australia—a local health district's perspective. *World Hospitals and Health Services*. 2012;48(3):21-4.
56. Tasnim News Agency. Available from: URL: <https://www.tasnimnews.com/fa/news/1394/12/15/1019867/5>.