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**TÍTULO:** Efectos y desafíos del Plan de Transformación de la Salud en salud pública: opiniones de los proveedores de salud pública.

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**RESUMEN:** En cada plan de transformación de la salud, se deben identificar los desafíos operativos y la distancia de los objetivos principales; por lo tanto, el objetivo principal de este estudio fue obtener los efectos y desafíos del plan observados por los proveedores de atención médica. Los participantes de este método convencional cualitativo de estudio de análisis de contenido fueron 45 supervisores y empleados afiliados a la Universidad de Ciencias Médicas de Teherán. Los desafíos diferían según los lugares de estudio (centros de salud comunitarios, puestos de salud y hogares de salud) en contratos de trabajo, sistema de salud integrado, gestión financiera, empresas intermediarias, calidad, supervisión, pagos, ubicaciones y plan médico familiar. Para implementar efectivamente un plan de salud y lograr sus objetivos, los problemas y desafíos de los proveedores de salud pública deben ser considerados y abordados.

**PALABRAS CLAVES:** plan de transformación de la salud, redes de salud, proveedores de salud pública, efectos, desafíos.

**TITLE:** Effects and challenges of Health Transformation Plan in public health: views of public health providers.

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**ABSTRACT:** In every Health Transformation Plan, operational challenges and the distance from the primary goals need to be identified. So, the main purpose of this study was obtaining effects and challenges of plan observed by healthcare providers. Participants of this conventional qualitative method of content analysis study were 45 supervisors and employees who affiliated to Tehran University of Medical Sciences. The challenges differed according to the study places (Community Health Centers, Health Posts and Health Homes) in Work contracts, Integrated Health System, Financial Management, Intermediary companies, Quality, Supervision, Payments, Locations and Family Physician Plan. To effectively implement a health plan and achieve its goals, the issues and challenges of the public health providers must be considered and addressed.

**KEY WORDS:** Health Transformation Plan, Health Networks, Public Health Providers, Effects, Challenges.

## **INTRODUCTION.**

Evaluation of health systems performance is an essential tool for healthcare policy-makers who can analyze and follow-up the effects and changes. Such an evaluation would improve the healthcare development in each country (Najafi, Karami-Matin, Rezaei, Rajabi-Gilan, & Soofi, 2016).

In regard with healthcare system reforms, the commitment to law enforcement, implementing policies and mechanisms, and the method of implementation of these policies and plans is one of the main issues. Challenges are the result of low political support, conflict of interests, lack of common understanding of stakeholders at different levels and between policy making and implementation with respect to the goals and adaptation in designing executive plans with existing infrastructure (Khayatzadeh-Mahani, Sedoghi, Mehrolohasani, & Yazdi-Feyzabadi, 2015; Ridde, 2009). Moreover, limited understanding among executives and differences in understanding between policymakers and executives has led executives to implement what they have understood, which is different from what the policymakers have in their minds (Kamuzora & Gilson, 2007).

A key element in providing high-quality and people-centered health services is development of efficient, decentralized and integrated health systems with well-trained staffs with professional motivation and providing a wide range of essential medical services. They ensure predictable financial resources for the system and also financially protect the users of the service, simultaneously (Etienne, Asamoah-Baah, & Evans, 2010).

The activity of health systems is not limited to funding or providing services, but also it includes organizations that must produce the necessary system inputs, especially human resources and physical resources, such as facilities and equipment, and the knowledge required for the provision of services (Murray & Frenk, 2000).

The health of people depends mainly on the primary health care system in a country (Bamidele, Hoque, & Van der Heever, 2011). This approach ultimately leads to Universal Health Coverage (UHC). It is simply defined as providing all types of health services with appropriate quality and without imposing unfair financial burdens on people. In this regard, pre-payments and risk pooling mechanisms should be focused as key interventions (Moreno-Serra & Smith, 2012).

By focus on improving the equity in health and with the aim of establishing the UHC and reducing the out of pocket payment that reached about 60% in the beginning of 2013, the Health Transformation Plan (HTP) was proposed as one of the main priorities of the 11th government administration in the Islamic Republic of Iran. In this regard, a set of reforms in the areas of health, medical treatment and medical sciences education was initiated (Moradi-Lakeh & Vosoogh-Moghaddam, 2015; Najafi et al., 2016). HTP included the following goals: 1. Promoting health indicators, 2. Increasing the satisfaction of service providers and clients, 3. Health equity in terms of access to services, use of services and protecting patient from financial outcome of illness by public insurance coverage, 4. Improving the quality and control of health care prices, 5. Improving the behavior of clients and service providers, 6. Reforming the payment system and service purchasing practices (Moradi-Lakeh & Vosoogh-Moghaddam, 2015).

Undoubtedly, the main purpose of implementation of HTP and other plans is performance improvement of relevant units. In order to implement these plans successfully, continuous supervision and evaluation is required based on various methods, such as obtaining the viewpoint of the executive employees, as these groups are exposed to the effects of these policies and are in direct contact with the clients and their viewpoints can be close to the executive realities. In this study, the main purpose is extracting the viewpoints of public health providers about observed changes, effects, and challenges of HTP implementation in public health and their distance from its primary goals.

## **DEVELOPMENT.**

### **Material and Methods.**

This study was conducted using the conventional qualitative method of content analysis. Participants were 45 Supervisors and personnel that purposefully were selected from Southern city of Tehran, Rey and Islamshahr Health Networks affiliated to Tehran University of medical sciences; nine of them were head of Community Health Centers (CHCs), twenty were head of Health Posts (HPs) and sixteen were Health Providers at Health Homes (HHs).

All participants must have at least 6 years of work experience to know about before and after the HTP. In this study, in order to obtain maximum variation of data, the participants were selected from health care provider centers of Health Networks. To gather information, in-depth semi-structured interviews over a period of one year (2018-2019) were conducted.

Before starting each interview, the participants signed an informed consent form allowing sound recording and also completed questionnaires about their personal characteristics.

As requested by the participants and in coordination with the respective authorities, the interviews were conducted at the participants' workplace. Duration of each interview was varied based on workplace (CHC: 180-90 minutes, HP: 120-60 minutes and HH 90-40 minutes) and the number of interviews varied from one to three times depending on the achievement of the research objectives. The interviews began with questions regarding the experiences of HTP in the field of health and continued with questions regarding the effects of this Plan in different aspects of performance at their own workplace. Depending on their answers, further questions were asked too. Each interview was recorded, and at first opportunity, it was transcribed word by word and the data were analyzed using content analysis approach. Content analysis allows summarizing the data in several content-related categories (Elo & Kyngäs, 2008).

Semantic units were coded after several reading and deep understanding of the data. Then, based on differences and similarities, the codes were divided into categories and subcategories and finally, the main and underlying themes of the data were extracted (Graneheim & Lundman, 2004). After data analysis, 6 main categories in CHCs, 5 in HPs and 4 in HHs were recognized.

In this research, the strength of the findings was ensured through members and checked by returning the findings and codes to the participants and external check by experienced colleagues who supervised all phases of this research.

To observe ethical principles, in addition to oral explanation of the research purpose to participants and acquiring their (oral and written) informed consent, confidentiality of information, the right to withdraw at any time and supplying the results on request at all stages of research were also taken into consideration. It's noteworthy that in the current study, there was no direct communication with patients; however, the present study was approved by the ethical committee of Tehran University of Medical Sciences (code number: IR.TUMS.SPH.REC.1396.4209).

## Results.

Table 1 presents the demographic characteristics of 45 participants in this study. In addition, the main areas affected by the HTP extracted from CHCs, HPs and HHs are as follows (Table 2).

Table 1. Demographic characteristics of the 45 participants.

Variable	Value (CHCs)	Mean (CHCs)	Value (HPs)	Mean (HPs)	Value (HHs)	Mean (HHs)
Age (y)	34-56	45	32-44	38	30-48	39
Sex:						
Male	2		3		6	
Female	7		17		10	
Education:						
MD	8		0		0	
MS	1		9		0	
BS	0		11		6	
Diploma	0		0		10	
Work experience (y)	6-28	17	8-18	13	7-25	16

Table 2. Effects and challenges of HTP in health care provider centers in Health Networks from the viewpoint of their supervisors and employees

Public Health Providers	Affected case	Affected sector
CHCs	Contract type	General Physicians - Nutritionist and Diet Therapist- Clinical Psychology - Environmental and Occupational Health
	Integrated Health System	General Physicians - Nutritionist and Diet Therapist - Clinical Psychology - Environmental and Occupational Health
	Financial Management	General Physicians - Nutritionist and Diet Therapist - Clinical Psychology - Environmental and Occupational Health -Laboratory- Pharmacy
	Intermediary companies	General Physicians - Nutritionist and Diet Therapist - Clinical Psychology - Environmental and Occupational Health
	Quality	General Physicians- Dentistry- Nutritionist and Diet Therapist - Clinical Psychology - Environmental and Occupational Health
	Supervision	General Physicians- Dentistry- Nutritionist and Diet Therapist - Clinical Psychology - Environmental and Occupational Health -Laboratory- Pharmacy
HPs	Health Posts contracts	Contractors-Health care providers
	Service compensation	Contractors-Health care providers
	HPs establishment site	Contractors
	Integrated Health System	Contractors-Health care providers
	Supervision	Contractors-Health care providers
HHs	Payments	Health workers
	Supervision	Health workers
	Integrated Health System	Health workers
	Family Physician	Health workers

### **Community Health Centers.**

#### ***Type of contract.***

According to the contracts based on the number of services to receive their minimum wage:

- a) Physicians should provide a minimum of 575 cares and services.
- b) Nutritionist and Diet Therapist should provide a minimum of 192 cares and services.

c) Clinical psychology experts should provide a minimum of 112 cares and services.

d) Experts of environment and occupational experts should provide a minimum of 80 services and register in the system.

In the physicians' group, only one visit per month is valid for each patient, although the patient may need to be revisited. Besides, based on this contract, some services are obligatory and ineffective in the amount of wages paid to them. These services include training the clients, visiting the HPs covered by the CHC and providing training for them, training and visiting the school buffets, parenting, and life skills.

The results of the service contracts are as follows:

- Increasing demand induced for patients due to the nature of the services, while many referrals are not essential needs of patients.
- Job security is reduced, which affects the dignity, status and job satisfaction; as well the stresses imposed on these individuals and have a negative effect on service quality.

### ***Integrated Health System.***

The need to create an electronic health record in the form of HTP and UHC led to the creation of an integrated health system. The effects of this system are as follows:

- The system has been successful in creating health electronic records and has led to integrated patient health information and facilitate the supervision.
- The assumption of the system is based on mistrust and abuse; for example, registration of guest patients requires a text message confirmation code that is virtually unnecessary and time-consuming.
- Some secondary systems used in the laboratory, pharmacy, and professional and environment health are not linked to integrated health system and the health information record of the patients is not complete.



***Financial management.***

- Shortage of financial resources in some CHCs has led to a shortage of medical personnel, pharmaceutical supplements, transportation vehicles and hardware.
- In rural CHCs, a rural insurance booklet is applied. By using the rural insurance booklet, the cost of the visit and the medication will be negligible. From the point of view of physicians, abuse is observed at these CHCs due to the very low costs.
- Free services in the nutrition and treatment regimen sector have led to frequent and unreasonable references, so it is better that a part of the cost to be taken from the patient to prevent unreasonable referrals.
- In the absence of sustainable health resources, high concentration on revenue generation of the pharmacy can induce the drug sales to the patient.

***Intermediary companies.***

- To work in the CHCs, physicians and experts are required to sign contracts with private intermediary companies.
- Under the license of Ministry of Health, the health service offices are holding obligatory training courses in exchange for receiving the cost from workshop units and other CHCs supplying and distributing the food, while free providing of these trainings by and professional health experts is opposed by some people.
- Some active parts of the CHCs have been delegated to the private sector with full supervision of the network headquarters, and this action is evaluated positive if government tariffs being observed.

***Quality.***

- The service nature of the wages has led to an increase in the speed of action of employees and their motivation to dedicate more time and attention in providing the service has decreased. In some cases, it has been reported that the quantity has been sacrificed for quality.
- The integrated health system reduces the direct and face to face interaction between the patient and medical staff and the effectiveness of the relationship in reducing the patient's description and examination has decreased.
- The lack of proper understanding of the officials of private intermediary companies is considered as negative factor in the service due to having quantitative outlook and mechanically treating with clinical team.

***Supervision.***

- Control of statistics through the system is useful, but phone control is not only time-consuming but also inefficient, as there is no good condition to interact and exchange the views.
- The 190 phone-system has been developed to receive reports of public health violations. It is a very effective and useful action.
- Staffs have been overlooked in assessing the clients' satisfaction on the performance of health staffs. The questions of "yes and "no" do not specify the degree of satisfaction, so it is better to ask the questions on a scale.
- Due to the existence of the referral system, many of the works are the result of teamwork, but evaluations consider the person and it is not right.

**Health Posts.*****Health posts contracts.***

In the form of HTP, HPs were dedicated to private sector in bidding. Based on the population coverage, contractors can absorb 4 health care experts that provide public health, family health care, vaccination and midwifery services. At the present time, every health care provider is obliged to cover 2,500 people.

Health care providers must provide and register between 1800 and 3000 services per month, which registration of 1500 services based on the time required and observing the quality and the ability to interact with the patient is desirable. The effects of these contracts were reported as follows:

- The coefficient determined for the price of the service does not have a certain criterion and it will direct the provision of services. These coefficients range from high to low: pregnant women-children-men-elderly people-women-students.
- Service-based payment has caused negative competition and even tension among health care providers inside the HPs.
- The great interference of the network headquarters in the contract work relationship and the base staff has a negative effect on the independence of the contractor's management.
- Before the HTP, the roles of the family health and midwife were separated, but these roles are merged at present time and these roles are undertaken by health care provider. Multiple jobs of health care providers are good in terms of comprehensiveness, but they are weak in their ability to focus on their un-specialized role.

***Service compensation.***

- 6000-9000 registered services in base are considered based on cost coefficients, leading to reduction in motivation of base to provide more services.
- At present time, the base payments are associated with for 3 months of delay, while the base staff wages must be paid monthly. This situation has put contractors in a stressful state.
- 30% of the monthly wages is paid seasonally according to three-month monitoring, which in the case of non-registering 2500 services per month, the seasonal payable wages will reduce. This method is a useful tool for motivating.
- Complementary training courses and records do not affect the wage of care providers, which leads to lack of the motivation and even frustration.

***HPs establishment site.***

- Participants in the study stated that the number of existing HPs exceeded the need and virtually some HPs were unable to absorb the population and were losing. In some cases, residents on both HPs of a street have to go to two different HPs located in a building.
- Attached private HPs of CHCs are in conflict of interests with non-attached private HPs and providing the privilege of private HP within the CHC is discriminatory and unfair due to easier access to physicians and the possibility of easily absorbing the patients.
- Due to inappropriate treatment of the official staff of the public attached HPs and the lower quality, some patients prefer to go to non-attached private HPs and less conflict of interest is reported.

***Integrated Health System.***

- This system has uniform and is time-consuming sometimes which leads to fatigue.
- The system minimizes the possibility of verbal communication and interaction with the patient which has negative effects on the quality of provision of service.

- The continuous change of some technical instructions of the system leads to instability and the need for rapid upgrading of the staff.

### ***Supervision.***

- Distance supervising is done by Any Desk software. From the expert's point of view, this method is time-consuming and inefficient, since it is impossible to communicate fully by phone call.
- By obtaining the consent of clients through SMS, the client rights are by the clients, but with non-standard questions, staff evaluation is biased.

### **Health Homes.**

#### ***Service compensation.***

- Health home staffs are officially employed by the government and their contract type has not changed. Their fee is a fixed number and is not paid at regular intervals, so there is no high motivation to increase the quantity and quality level of service of these HHs.
- The wages of the health workers are not reported at their expected level in proportion to the volume of their work due to the wide range of the services, frequent visits and the presence of satellite villages and their importance in preventing, maintaining and improving the health of people.

#### ***Supervision.***

During visits, the dignity of the staff is not generally observed. It is better to be in educational-supportive manner to prevent the frustration of health workers.

#### ***Integrated Health System.***

The system is evaluated positive in creating an electronic health record for patients, reducing paperwork, increasing the speed of access to patient information, following up of service provided, comprehensiveness in coverage and registration of services, providing statistics, and convenience in

supervisions of experts of the CHCs and headquarters. However, recording the patient information is sometimes time-consuming.

### ***Family Physician.***

Usually, one to several villages are under the supervision of one health home as the first level health care provider and receive free health care based on the population:

- As urban CHCs below 20,000 people and villages are covered by the family physician under the HTP, HHs are required to implement the HTP along with the family physician plan.
- In order to improve service providing task, it is best to increase the number of days of physician presence at the health home, where the patients are directly examined and complete the medical records.
- Some tasks of the CHCs experts have been delegated to health workers, which is an effective way to decrease the quality of services while increasing the work load of the health workers.

### **Discussion.**

#### ***Community Health Centers.***

Financial resources of the HTP have been funded well in the first three years and also some CHCs were reconstructed, renovated, and equipped, but since 2018, problems such as unsustainability of financial resources, shortage of budget allocations and budget deficits, lack of determining credit ceiling, inappropriate allocation of resources, inadequate prediction in determining the required, unjust distribution of resources at the level of CHCs, and poor supervision on distribution of resources were recorded. It should be noted that there is nowadays growing concern about the economic impact of health expenditure on the households suffering from illness, showing the need for sustainability of the resources with proper management (Yardim, Cilingiroglu, & Yardim, 2010).

Despite the shortages in the CHCs, it is possible to improve the performance of these units by appropriate selection and assigning special authorities for the heads of the CHCs, since nowadays in most of the organizations, those managers are useful which have adequate management skills and have the ability to manage that unit with the minimum facilities efficiently (Prybil, 2003).

Some financial issues are mainly raised during the implementation of the plans, and in such plans, sustainable resources should be considered and ensure them before necessity of expectation, since the high cost of direct payments from the pocket and high expenditure are some of the problems in health financing in Iran (Koiek & Gharib, 2013). In addition, ensuring access to health services and financial protection can be effective tools for promoting health equity in today's diverse communities (Moghaddam et al., 2013).

The results of service contracts will be having quantitative look at the works, and doing the works routinely will hurt the morale of the people and quality of service. The quantitative statistics requested in all areas of treatment requires work and time assessment according to the relevant area.

The employees who have official longtime contracts have lower motivation for more working and increases in the quality compared to other employees, due to their high job security. It is necessary to consider tangible work fees based on quantitative and qualitative evaluation of the works for this group.

Employees with direct contact with the network headquarters have moderate status in terms of job security and paying attention to the quality of works. The third group of employees is the project employees of Ministry of Health. They usually participate in 2-year courses and this group has higher motivation to work because they have recently graduated from the university and are young and energetic. It is necessary to provide proper organizational culture for this group. By enhancing the motivation in these job groups, one can expect to have an appropriate treatment with clients because

quick attention and self-esteem are the most important areas of health system accountability for the Iranian population (Valentine, Darby, & Bonsel, 2008).

It is also necessary to pay especial attention to the clients in order to improve the accountability of the health system (Anjomshoa, Maleki, & Sharbafchi-Zadeh, 2015; Najafi et al., 2016). Establishment of an effective communication and quality improvement of services are useful in improving the clients' satisfaction and health indicators. Establishment of a strong support team for the Integrated Health System and improving the system performance rapidly will accelerate the process of public health coverage.

It is better to use per capita payments rather than payment based on fee for services, because by giving the right to choose the CHCs and physician to patients, the sense of positive competition and attention to quality (due to the need to absorb and retain patients) is restored between clinical groups and CHCs. If we aim to privatize CHCs, we will need a detailed study on each unit of service because the requirements, supervision, type of contract, service compensation, target group, and other cases of each service are different from those of other services.

### **Health Posts.**

If performance-based and service-based payment is designed effectively, it will lead to achieve three goals, including clinical quality, productivity, and patient satisfaction in clinical measures (Rowe, 2006). This design is being used in most of the developing countries and many of the high-income countries in the world, such as United Kingdom which they claim that this plan has controlled the behavior of service providers and evaluated it positively (Mannion, Marini, & Street, 2008; Van Herck et al., 2010).

This study reported that delays in payments, limiting income ceilings, and applying non-standard coefficients on services led to a lack of profitability of the HPs and it was merely a job-creation factor. In such a situation, many HPs have stated that they will continue their activities if changes are applied



in the new contract. In fact, it's noteworthy that the production of health services by various private and public providers with different skills and without coordination is impossible and it requires close cooperation to achieve the goals (Perrot, Carrin, Sergent, & Organization, 1997).

The relevant officials and contractors are recommended to consider the following points in bidding of these HPs: geographical distribution, population covered, population density, demographic type (foreign people, seasonal workers, general culture of that region), location and site of establishment, distance of HPs from each other, distance of the HPs from relevant CHCs and the presence or absence of a private and public attachment base in the relevant CHCs. It seems that in many parts of the city, the number of HPs has grown more than needed and the headquarters have been forced to distribute the budget among these HPs.

By integrating the HPs (through considering physical, time and cultural access levels), more budget can be provided to the remaining HPs, and the provision of adequate and high-quality services can be ensured by increasing the satisfaction of the staff of these units and improving the job security of health care providers beside the supervisory support and standard evaluation (Boller, Wyss, Mtasiwa, & Tanner, 2003). However, critics of privatization provide evidence that suggests the standard of service may often be overlooked due to the lack of attention to continuous training as well as equipment and facilities (Young, 2000).

The Integrated Health System is connected to mobile telephone numbers bank in the covered geographic area and allows follow up of patient care by sending SMS through the system. In order to compensate the service of health care providers, it is better to consider the following points:

1. Consistency of the workloads with payments.
2. Fair payments among different health team staff, such as physicians, experts, health care providers and health care workers.

**Health Homes.**

In a study in remote and rural areas, the major health challenges were as follows: people in these areas usually did not have access (physical, economic, high-quality) to services, inadequate training, and lack of familiarity of service providers with the problems of the covered, shortage of manpower, inconsistent budget models, lack of health centers, inadequate services and non-integrity of the services (Hay, Varga-Toth, & Hines, 2006). However, in this study, only incomplete and inadequate services in rural HHs were mentioned and other cases were not among the concerns of the health workers.

According to the importance of health care providers' work in preventing, maintaining and improving the health of rural populations, the need to receive continuous in-service training, the range of services provided, the expectations of the population receiving the services, it is better to create a special office to investigate the issues of the health workers at the level of health deputies of the university. Unfortunately, health workers are viewed as people with non-academic level of education, but this group can be effective in transferring local experiences to achieve the goals of the plan (Raeissi & Nasiripour, 2007). It also emphasized the participation of all levels in the preparation of plans.

According to the official employment of health workers in the health system, new motivational methods based on the growth of quantity and quality should be selected and the allocation of regular and tangible fees can be beneficial. In addition to their unique role in HTP, HHs and health workers can play a key role in the success of the family physician plan and integrating these two schemes, as many rural populations seek their health at HHs (Kirirgia, Sambo, Agu, & Lambo, 2001). In their study emphasized on the specific goals and expected outcomes in operational plans and stated that after notifying the general policies along with the guidelines to develop the plans, operational level managers should hold and provide training sessions for their staff and justify them and develop the goal and intention of the plans with their participation.

**CONCLUSIONS.**

Health system transformation would help to make new policy-making, proper regulation, monitoring, establishing a health information system, generating resources, financing, and providing services.

Each of them should be implemented scientifically and be evidence-based.

Treatment approach at the decision-makers level and paying attention to public health care as an unnecessary public goods is problematic.

Considering the goals determined for the HTP and the effects observed in this study, it is found that these goals have not been referred and lack of referring to these goals does not mean lack of access to them, but executives argue that they are far-reaching.

When the health care providers as policy executives talk about challenges and other effects of HTP, it's concluded that for effectively enforcement of a plan and to achieve the goals, the issues of the policy executives should be investigated. It is better to conduct a study on patients (care givers) and extract the rate of changes observed during the HTP in order to juxtapose its results with the present study results to examine the achievement of the goals in the HTP.

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