

The Besroul Centre for Global Family Medicine
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Family Medicine Program in Urban Areas of Iran, Strategic Analysis

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Background and Aim: The family medicine program in urban areas in Iran has been implemented on a trial basis in two provinces for 10 years ago. This program is now facing challenges. The aim of this study was to analyze this program in Iran.

Materials and Methods: This qualitative study was conducted using semi-structured interviews with 86 program stakeholders including managers and experts of the health system, family physicians, community health workers and patients in Iran in 2022. The purposeful sampling method was used to select the samples. Thematic analysis was used for data analysis.

Results: Weaknesses, strengths, opportunities and threats of Iran's urban family medicine program, as well as strategies to strengthen it were identified in 6 categories, including Governance, Financing, Service delivery, Human resources, Information system and Facilities and equipment. The urban family medicine program in Iran has achievements such as reducing out-of-pocket, strengthening physician-patient relationship and reducing unnecessary referrals to specialized levels. This program has weaknesses such as haste in the implementation, insufficient participation of stakeholders and inefficiency of the referral system. The program also faces threats such as weak inter-sectoral partnerships, low public trust in GPs, short-term attitudes of managers and induced demand. To deal with these challenges, solutions such as strengthening the governance role of the Ministry of Health, participation and interaction between stakeholders, strengthening the educational system using long-term, medium-term and short-term education methods, developing the human resources competency model, integrating the health information system and the development of universal health insurance was proposed.

Conclusion: The main weaknesses of Iran's urban family medicine program are in areas such as unstable financing, the lack of commitment of health system managers, and the ambiguity in manpower training, which must be resolved before expanding the urban family medicine program to the entire country. However, the effective structure of the primary health care network system and the emphasis of the upstream documents on the implementation of the program can be opportunities for the success of the program.