

Iran's Public Health Cooperative Organization

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WITH the signing of an agreement between the Ministry of Health of Iran and the United States Technical Cooperation Mission in Iran on December 31, 1952, a cooperative organization for the operation of a training and demonstration program in public health was established as an agency of the Iranian Ministry of Health. Patterned after the *Servicio* organizations used in Latin America for carrying out bilateral public health programs, the cooperative provides an administrative framework within which the governments of the United States and Iran pool their contributions in funds, supplies and equipment, and personnel. This integration of United States assistance into the structure of the Ministry was planned as a means of strengthening the chances for the continuance of a broad public health program after the withdrawal of foreign aid.

The agreement also established an Iranian-United States joint fund for public health, which is a depository in a mutually selected bank of the funds from the two countries and also from third parties—local governments, un-

official agencies, and individuals—for the expense of the cooperative's program. This joint fund enables the cooperative to have its own merit system for personnel, to establish its own budget, and to administer and expend funds on the basis of project agreements between the Ministry and the United States mission.

Genesis of the Program

An active public health program in Iran dates back to early 1950, when the health section of its Seven Year Plan Organization—a government agency established in 1949 to administer developmental programs in agriculture, industry, education, public health, and other fields—began a malaria control program. At that time, the Iranian Ministry of Health's activities were limited, except for smallpox vaccinations, to operating clinical dispensaries and hospitals. In late 1950, however, with the partial dissolution of the plan organization, its health section was transferred to the Ministry of Health and became the department of preventive medicine. This department took over the operation of the malaria control program, but, before the establishment of the cooperative, it undertook few other public health activities.

The earliest official help from the United States after World War II toward developing a public health program was given in 1948 and 1949. At the request of the Iranian Government, three Public Health Service officers each spent about 2 months in the country studying the malaria problem and outlining a control plan, which was followed when the program

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began in 1950; making entomological studies; and teaching courses in the engineering aspects of malaria control.

In March 1950, a mission composed of a physician, a sanitary engineer, and a public health nurse was sent by the Public Health Service for a 4-month observation and teaching tour. In addition to teaching a 6-week course in preventive medicine and public health at the University of Teheran School of Medicine in cooperation with the Iranian Ministry of Health and the health section of Iran's Seven Year Plan Organization, they participated in the beginning of the malaria control program.

The first members of the health division of the United States Technical Cooperation Mission (point IV), now the United States Operations Mission, arrived in April 1951 to give administrative and technical guidance to the Ministry of Health in developing a public health program. Their first action was to obtain DDT from the United States on an emergency basis and to provide administrative and technical guidance in the malaria control operations. At that time, the malaria control program was threatened with collapse or considerable delay because of a shortage of DDT.

Mission Objectives and Approach

With the objective of assisting the country in developing a broad public health program, the United States mission has directed its efforts toward the carrying out of demonstration and training projects in such fields as environmental sanitation, health center operation, and public health education, in addition to malaria control. Before the establishment of the public health cooperative, projects, with the exception of those for malaria control, were carried out by agreement with the Ministry of Health but independently of the Ministry's program and under the mission's own organization. They were developed primarily on a regional basis in cooperation with the Ministry of Health's officials in the ostans (provinces). This approach was used first, because, even though a department of preventive medicine existed, the Ministry of Health's activities were confined almost entirely to a medical care program; and

second, because the United States health activities were originally set up as a part of the regional activities of the Iran-United States rural development program, which included also programs in agriculture and education.

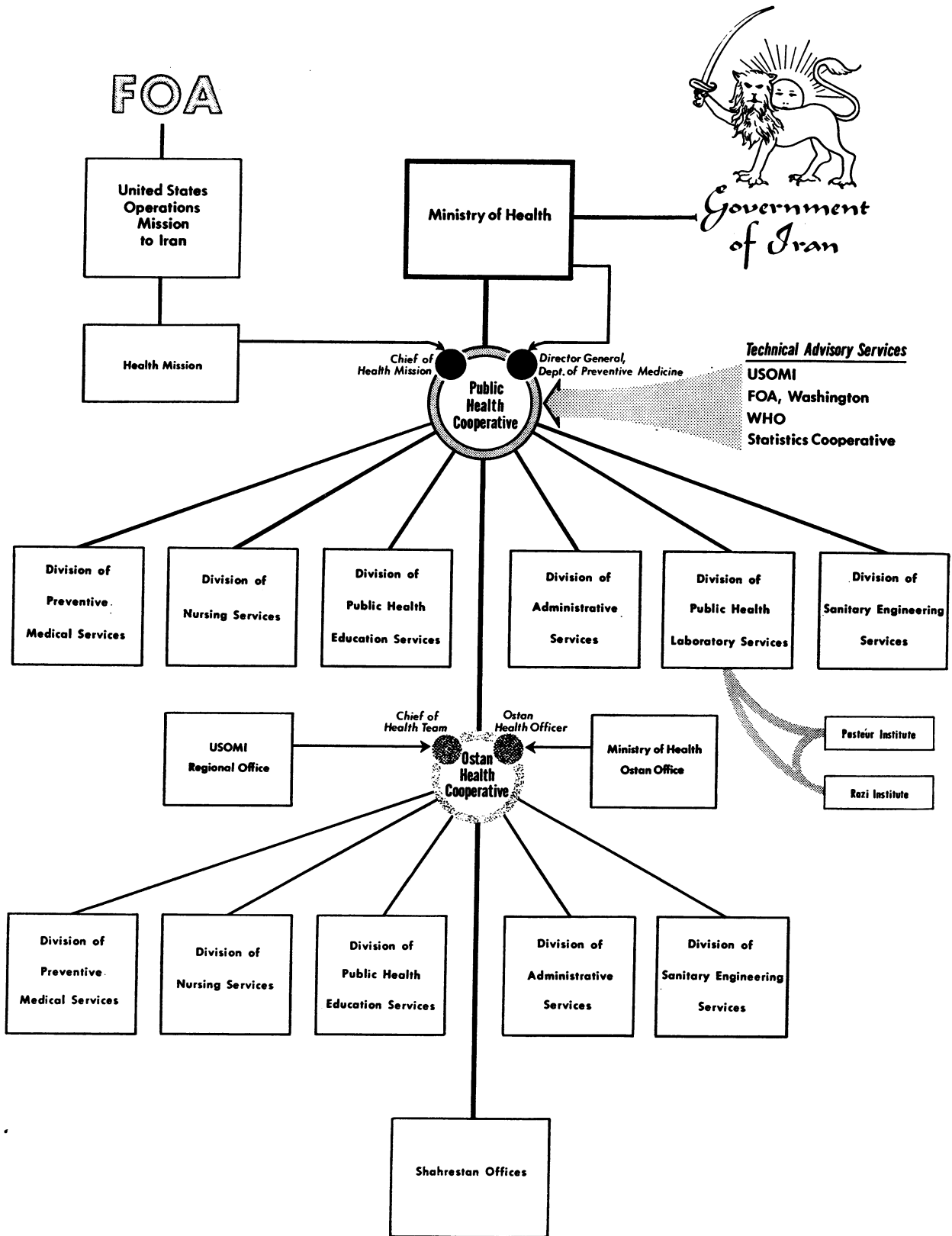
It was not intended, however, that the mission's health program should become an operating program or that it should be limited to an American program. Rather, as the demonstration and training projects proved their value, it was intended that the appropriate Iranian health agencies would take them over and incorporate them into their own programs. Development of projects at the ostan level was useful in placing emphasis on decentralization—one of the objectives of the public health program—but operation under the mission organization was not achieving the objective of establishing a public health program as a function of the Ministry of Health. Even though the majority of the operating personnel were Iranians, many of them on loan or detail from the Ministry of Health or one of the other ministries, the Iranians did not consider the program their own.

It was to facilitate the accomplishment of the latter objective that the public health cooperative was conceived. To continue emphasis on decentralization, the cooperative was established as a bureau of local health services of the Ministry's department of preventive medicine, and it was planned that offices of the cooperative would be established in the ostans and in the shahrestans (subdivisions of the ostans) to perform the actual work in carrying the public health program to the people. Thus far, cooperatives have been set up in 8 of the country's 10 ostans and in several of the shahrestans.

Structure of the Cooperative

The structure of the public health cooperative, both the central office in Teheran and a typical ostan office, is shown in the accompanying chart. The divisions of the central office are broken down into branches, which cover all the public health services usually provided by a State or large municipal health department in the United States, plus those particularly needed in Iran, such as midwifery services and malaria control.

Organization of the Public Health Cooperative in Iran



The ostan cooperatives are modified to meet local needs. They are directly responsible to the central office of the cooperative in the Ministry of Health, but liaison is maintained between them and the office of the governor general of the ostan, who is responsible to the Minister of the Interior.

Also shown in the chart is the relation of the cooperative to the Ministry of Health and to the United States Operations Mission. According to the agreement between the two countries, the Minister of Health and the country director of the United States mission are its co-directors, but the director general of the Ministry's department of preventive medicine is designated to serve in behalf of the Minister, and the chief of the health division, called the health mission, of the United States mission is designated to serve in behalf of the country director.

Except for the sanitary engineering services and the health education divisions of the central cooperative, which have an Iranian as chief, each division and some of the principal branches also have an Iranian and an American as co-chiefs. In the ostan cooperative, the Iranian ostan health officer and the chief of the United States regional health personnel serve as co-directors.

All American health personnel in Iran are now assigned to functional positions in the cooperative, either in the central office or in one of the ostan offices, and the Ministry of



An Iranian nurse-midwife trainee, under the supervision of a United States public health nurse, is instructing village midwives in the proper method of sterilizing instruments.



An Iranian health visitor from the village clinic staff treats a child who has measles complicated by pneumonia. The child did not die, as did most children in the years before when they suffered from this sequence of red spots followed by choking breath.

Health assigns personnel from its department of preventive medicine as mutually agreeable to the co-directors. Upon creation of the cooperative, all equipment, supplies, and facilities of the United States health mission and a considerable portion of those of the Ministry's department of preventive medicine were turned over to the organization, and specified sums of money from each country were consigned to the Iranian-United States joint fund. It was agreed that additional funds would be made available by both governments each year from June 30, 1953, through June 30, 1958. To augment these funds, the ostan cooperatives are encouraged to obtain contributions from local governments and organizations and from individuals.

The Cooperative Program

To date, the malaria control program has been by far the largest and most spectacular in results of the public health activities in Iran. (Details of this program are given on pp. 976-981 of this issue of Public Health Reports.) However, demonstration and training projects in other fields of public health are now under way in the eight ostan where offices of the cooperative have been established.

Participating in this program are 35 American public health personnel. By the end of fiscal year 1954, the United States contribution in technical assistance since April 1951 will have amounted to about \$20 million. This total includes expenditures for supplies and equipment for the demonstration and training projects and administrative costs, including expenses of the United States personnel. About one third of the funds has been allotted to the malaria control program; the remainder, largely to projects for the construction of water supply and distribution systems and sanitary privies, general sanitation projects, public health education, construction and operation of demonstration health centers and mobile health units, and subprofessional and professional training in the public health sciences.

Health Centers and Mobile Units

Since one of the major objectives is the decentralization of health activities, particular emphasis is given to establishing community health centers. These serve as a base of operations for providing preventive as well as curative health services and also as training centers for the thousands of health workers needed. Thus far eight completely equipped demonstration health centers have been set up. Pending construction of new buildings, old ones have been rented and renovated.

Operating out of these centers are small mo-



The use of a weir in measuring the volume of a stream is demonstrated to a sanitation class by Iranian and American instructors.



Women and children wait for the day's opening of the first health center the 4,000 inhabitants of Dastgerd, Iran, have ever known. It was built by the villagers with technical assistance provided by the United States Operations Mission to Iran and is staffed with Iranian medical technicians trained by the mission.

bile units, which go into the villages in the area to make surveys of special health problems, to handle epidemics or disasters, and to provide health services. Some 25 of these units, mounted on four-wheel-drive jeep truck chassis, have been constructed locally. In addition, three large mobile health units, equipped with good laboratories for making disease incidence studies, have been provided by the United States.

Environmental Sanitation

The problem of a safe and adequate supply of water is one of paramount importance. In many villages, water for washing, bathing, and drinking is circulated in what is actually an open ditch, which is subject to gross contamination by human and animal wastes. Hand-dug, uncased wells are often located within a few feet of the family privy.

To meet the water supply problem, the public health cooperative is contributing technical assistance and materials for the construction of large powered deep wells, storage tanks, and underground distribution systems in the larger villages, and hand pump systems for hand-dug and driven wells in the smaller villages. These projects, often including also the construction of public laundries and sanitary public baths, are carried out in collaboration with village co-

operatives, to which they are turned over for maintenance and operation after completion. In Teheran, the health cooperative is constructing a complete water treatment plant for Iran's first complete underground piped water supply system.

Another major undertaking is the design and construction of privies and privy slabs which meet minimum health standards and, at the same time, are in line with the cultural pattern and habits of the people. Installations in the thousands have been made. Spearheaded by the water system and latrine construction activities, vector control and general cleanup projects are now being developed as a result of organized and planned health educational efforts among the villagers.

Sanitation Training

As a part of the health center program, training of subprofessional sanitation personnel, known as sanitarian-aides, is carried on in the villages under the direction of the health cooperative. Such training has been an important part of the health projects almost from the beginning of the United States technical assistance program. Sanitarian-aides are employed as leaders of village DDT-spraying teams and as assistants in the environmental sanitation projects.

Late in 1952, a special training school was established in a large village near Teheran to provide further training for the most promising sanitarian-aides. There they receive a 5-month course of didactic and field training in environmental sanitation. Upon completion, they return to the villages to supervise and train resident village sanitarian-aides. The school is conducted by the Near East Foundation (under contract to the United States Operations Mission) in collaboration with the public health cooperative.

Nursing Education

Nursing as a profession in Iran is so new and candidates for nurse training are still so limited in number that a sufficient supply of trained nurses will not be available in the foreseeable future. To help meet the immediate needs for women health workers in the health center pro-

grams, particular attention is being given to the training of subprofessional personnel called health visitors, and to the training of village midwives in safe techniques of delivery and baby care.

A 6-month course in basic hygiene, sanitation, nursing arts, and public health techniques has been devised for training health visitors. Trainees are selected from among girls who have completed the equivalent of junior high school. After completion of the course, health visitors are assigned to the villages to train village girls as health visitor-aides and to supervise their work.

In professional nursing, the health cooperative is giving assistance to the new nursing school now being completed by the Iran Foundation in Shīrāz and to the Reza Shah Hospital School of Nursing in Meshed.

Objectives of the Cooperative

It was intended when the public health cooperative was established that it should serve as a training and demonstration program, carrying out only in selected areas the activities which would normally belong to the Ministry's department of preventive medicine. The administration and operation of public health projects under the cooperative arrangement has stimulated such confidence in the organization on the part of the people and the government, however, that it is being asked to take over the entire program of the department. Other ministries of the government are also becoming interested in the cooperative idea and are making inquiries.

The ultimate goal of the cooperative, with its central and ostan staffs, is to train, in adequate quality and quantity, Iranian health workers as replacements for American personnel and to integrate completely the public health program into the structure of the Ministry. As soon as the Iranians who are now serving as co-chiefs of the various units of the cooperative are able to handle the job alone, they will become the chiefs and the Americans will become advisers, as long as their services continue to be needed at all. Gradually, over a period of several years, United States personnel can be withdrawn, leaving the Iranians to carry on the program.