

Abstract

Introduction: Primary health care (PHC), as the cornerstone of the health system, plays a pivotal role in advancing universal health coverage and achieving the goal of Health for All. Despite Iran's early leadership in implementing PHC in rural areas, the establishment and effective functioning of this system in urban settings have encountered substantial challenges. These challenges have been further intensified by rapid urbanization, the rising burden of non-communicable diseases, and increasing public expectations regarding the quality and responsiveness of health services. The present study was conducted to systematically examine the implementation challenges of Iran's Urban Primary Health Care (UPHC) system and to propose evidence-informed policy options aimed at strengthening policy effectiveness and improving urban health outcomes.

Methods: This study employed a prospective policy analysis guided by Collins' policy analysis framework and was conducted in three main phases. In the first phase, the nature of the problem and the implementation challenges of the Urban Primary Health Care (UPHC) system at both global and national levels were examined through a scoping review and a qualitative study. To identify challenges across the five control knobs of the health system, relevant databases were systematically searched up to August 2023 in accordance with PRISMA guidelines. In the qualitative component, key informant interviews (KIIs) were conducted, and the data were analyzed using a deductive thematic approach. In the second phase, policy options were formulated based on the findings of the first phase and subsequently prioritized using the Technique for Order of Preference by Similarity to Ideal Solution (TOPSIS) as a multi-criteria decision-making method. In the final phase, stakeholder analysis was performed using

PolicyMaker software, and power-interest and power-position matrices were generated and mapped accordingly.

Results: The scoping review of 29 studies revealed substantial challenges across the five health system control knobs, governance and regulation, organization, financing, payment system, and behavior, which collectively undermine the effective implementation of urban PHC.

Interviews with 26 health system experts identified five overarching categories aligned with the five control knobs, encompassing 18 main themes and 52 subthemes. These findings generated actionable knowledge and practical insights into the structural and operational constraints affecting UPHC. Three policy options were formulated and prioritized based on seven evaluation criteria: (1) maintaining the current UPHC model with minor reforms; (2) implementing fundamental reforms within the existing UPHC framework; and (3) redefining UPHC based on a health promotion and lifestyle modification paradigm, grounded in a Health in All Policies approach. Stakeholder analysis identified 28 key actors within the UPHC landscape. The Ministry of Health and Medical Education emerged as a central stakeholder, characterized by high levels of interest, influence, and expertise. The Parliamentary Health and Treatment Commission, the Plan and Budget Organization, the Deputy for Treatment within the Ministry of Health, and medical universities possess substantial institutional power and influence; however, they demonstrate limited interest in pursuing comprehensive UPHC reforms. Moreover, many

stakeholders hold relatively low levels of power and influence over high-level policy and decision-making processes.

Conclusion: The implementation of Urban Primary Health Care (UPHC) in Iran is confronted with profound and interrelated challenges across the five health system control knobs. In the domain of governance and regulation, weak political commitment, the absence of participatory governance, and ineffective oversight mechanisms hinder system performance. Organizational challenges include centralization, deficiencies in the referral system and health information systems, inadequate human and financial resources, limited access to modern technologies and equipment, and fragmented organizational communication. In the financing domain, insufficient and inequitably allocated resources constrain service delivery. Payment mechanisms characterized by inadequate and non-incentivizing remuneration further undermine provider motivation. In addition, low public trust, a physician-centered culture, and limited community engagement within the behavioral domain diminish the effectiveness of urban PHC. The dynamic interaction of these challenges exacerbates weaknesses within each control knob and adversely affects overall system productivity. Despite divergent stakeholder perspectives, achieving meaningful progress requires a systems-thinking approach, evidence-informed decision-making, and comprehensive structural reforms. In this context, the Ministry of Health and

Medical Education assumes a pivotal strategic role in leading and operationalizing the proposed integrated policy package.

Keywords: Urban Primary Health Care (UPHC); Policy Implementation; Health System Control Knobs; Policy Options



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**Explaining the implementation challenges of Iran's urban primary health care
system and formulating policy options**

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