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The Method of Interaction between the Ministry of Health and Medical EducationwithHealth-Related High Councils: A Model Design

Amin Karimi[1], Soad Mahfoozpour[2*], Somayeh Hesam[3], Behzad Damari[4]

[1]Ph.D Student in Health Services Management, Faculty of Management, South Tehran Branch, Islamic Azad University, Tehran, Iran
[2]Associate Professor,Safety Promotion, and Injury Prevention Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran
[3]Faculty of Health Service Management, South Tehran Branch, Islamic Azad University, Tehran, Iran
[4]Associate Professor, Tehran University of Medical Sciences, Social Determinants of Health Research Center, National Institute for Health Research, Tehran, Iran.
Corresponding author:smahfoozpour@yahoo.com

Abstract

Background and Aim: Formation of any kind of intersectoral cooperation and interaction requires a coherent and stable pattern and structure so that interaction is formed and continued in its light. There is little scientific evidence on features of an appropriate advocacy model in the area of interaction between the ministry of health and high councils of the country in line with the improvement of the public health, which shows the necessity of the present study.

Materials and Methods: This was a qualitative research with a grounded theory approach, which analyzed the existing policies by defining a suitable advocacy model. Data was collected through in-depth semi-structured interviews, group discussion sessions, and document analysis. In total, 21 interviews and three group discussion sessions were held. It is notable that the participants were selected by purposive sampling with maximum diversity and snowball sampling to select the interviewees. Data analysis was performed in MAXQDA10 after the implementation of all interviews and group discussion meetings.

Results: In this study, three detected main categories were “the role and share of the ministry of health in interaction with high councils”, “the role and share of high councils for health”, and “fair improvement of health indicators”. According to the results, four main roles of the ministry of health included evidence production, advocacy, determining expectations from councils, and managing changes. Regarding the share of the ministry of health in interacting with the councils,

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the highest score was related to the high council of education, whereas the lowest score was related to the high council of provinces. Regarding the main role and share of councils in the decrease of risk factors, the highest and lowest scores were allocated to the high council of health and food security and the high council of education, and the high council of space, respectively.
Conclusion: According to the results of the study, the ministry of health,should act as a supporter and warn enough to increase the sensitivity of senior officials to the consequences of the current process and its effect on the prevalence of diseases. Therefore, it is recommended that the ministry of health re-defines and implements four roles of evidence production, advocacy, determining expectations, and managing changes within the framework of the developed model. On the other hand, high councils, which play an effective role in community health, should include a "health annex" in their decisions, approvals, and executive activities. Interaction of high councils with the ministry of health based on the basics of intersectoral cooperation will improve health indicators.
Keywords: High Councils, Advocacy, Intersectoral Cooperation, Interaction Model, Ministry of Health

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Introduction

A series of high councils, which are practically supervised by the head of the executive branch and their secretariats and related strategic research centers are responsible for strategic decision-making, including macro targeting, necessary policy-making in various fields, and strategic monitoring and evaluation, form the category of strategic management of the country [1]. A review of the background of establishment and organization of intersectoral cooperation for health in the country from 30 years ago to date in the form of various cross-sector councils in the country confirms the presence of the necessary structural and network context for the effective use of health advocacy methods and techniques, including evidence production and use, coalition building, use of social media, monitoring the implementation of policies, establishing policy dialogue, and launching advocacy schemes and their use as key tools [2]. Health cannot be considered merely as a sectoral goal so that its achievement would be the responsibility of only one executive organization or ministry. Health is a trans-sector concept and the product of dynamic and complex relations[3]. Today, health is the joint product of all development sectors and intersectoral cooperation is known as the most important strategy for its realization. Advocacy is one of the key tools for establishing custodianship and one of the main drivers of attracting stakeholders and developing cross-sector cooperation in the health system. Health advocacy is confirmed as one of the four areas for formulating health public policies by targeting health on the list of prioritized issues on the agenda of all development sectors in the Adelaide Declaration [4].

The broad definition of health and its social determinants shows that access to health requires the participation of a large number of various organizations and individuals [5]. The importance of intersectoral cooperation increases in health and treatment every day [6]. Intersectoral

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cooperation can gather various and separate services of different sections to comprehensively and effectively meet various needs of children and families [7]. Health is a social value, a human right, a general and essential product, health for social systems, a productive force, and one of the key features of a dynamic economy and a successful society. Strong scientific evidence shows that lack of follow-up of development programs that focus on “healthy human” not only damages people’s health more than before but also increases the inability of the health sector to respond to people’s needs[8]. The role of the health sector is to produce evidence of health, justice in health, and the health consequences of other policies, which might require cooperation to identify and negotiate political solutions for better health[9]. Similar to the health concept, which has changed over the past decades, the concept of intersectoral performance for health is also recognized as a relationship between the health sector and other sectors to perform tasks that lead to attaining more efficient and sustainable final results or health consequences, compared to the sole operation of the health sector to achieve these results [10]. The continuation of a collaborative effort is only possible through the regulation of the interactions of shareholders in the form of a systematic structure. Special objectives are determined in the form of structure and the responsibilities of each partner are specific and each partner is aware of their role in the collaborative activity [11]. Health system managers and policy-makers should constantly interact with the managers of other sectors, as well as the representatives of people and influential people in society to consider health issues in the policies of various government sectors and help the improvement of social health determinants in the whole community[12].
To date, no research has been performed on the necessary structure and proper advocacy pattern for the implementation of effective interaction and cooperation to deal with complicated problems in Iran and other developing countries. With this background in mind, the present study aimed to evaluate the role and performance of high councils on the determinants of health in Iran and develop a suitable advocacy pattern.

Materials and Methods

This was a qualitative research that used grounded theory for in-depth assessment of interaction policies of cross-sector high councils on health determinants with the ministry of health by defining a suitable advocacy pattern. The research tools included a semi-structured qualitative interview guideline, the questions of which were designed based on research objectives, basic interviews with several experts in external and internal health sectors, and by studying foreign and domestic articles and opinions of research team members. The interview included three primary questions and nine secondary questions, as shown in Table 1. Data were collected using individual in-depth interviews, group discussion sessions, and document analysis techniques. To complete this phase, the annual performance report of the selected high councils, as well as documents, the book of the law, policies, regulations, and other related documents were reviewed to obtain the necessary information. In addition, complementary information was collected by interviews with informed experts, authorities and relevant experts in the secretariat of the selected cross-sector councils.

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Table 1. Primary and secondary questions of the interview guideline

Primary questions
1. What is the current situation of the high council (of which you are the head of the secretariat) and its approvals on the health of the people?
2. What are the obstacles to the impact of high council resolutions on promoting public health?
3. What are the strategies to increase the impact of the high council on public health?
Secondary questions
1. In your opinion, what role can the high council and its approvals play in the health of the people?
2. To what extent is this council involved in health issues?
3. How much of the capacity and position of the council and the contribution it can make to the health of the people has been used?
4. Is the minister of health a member of the high council? If yes, how necessary is the presence of the minister of health? And how satisfied are you with their presence and that of their colleagues?
5. What factors can directly and indirectly affect the role and performance of this council in promoting public health?
6. What challenges and problems do you think currently hinder the impact of the high council's resolutions on health?
7. What requirements do you propose to strengthen the role and function of the high council on health issues?
8. What do you expect from the secretariat of the high council of health and food security to interact with your high council?
9. How do you think the ministry of health and medical education, which is in charge of providing health in the country, can support the capacity of the highcouncil to improve the health of the people?

In the present study, the research population included secretaries and experts of the secretariat of high councils. In order to increase data accuracy, produce real data, improve the quality of data, and show various dimensions of the phenomenon under study, various councils were identified based on the following procedure, followed by interviewing the authorities of the secretariat and experts. Deep interviews were conducted with secretaries and experts of the secretariat of various councils (23 interviews). First, a primary list of all high councils was prepared by referring to valid websites of the country. Afterwards, the opinions of the advisor and experts of the high council of health and food security were used to select 25 high councils, the resolutions, and decisions of which can affect health, and the researcher was introduced to the high councils by the secretariat. Unfortunately, a number of secretariats were unwilling to cooperate (nine high councils) despite frequent follow-ups. Therefore, we were forced to repeat the process to add new high councils to the list and eliminate those that were reluctant to cooperate. In the end, 16 councils were collected. After completing the list, the identified individuals were selected purposively by interviews following coordination with the secretariat of the selected high councils. The interviewees were selected based on the criteria of having experience related to the subject of the study, level of education, the responsibility of the secretariat of the high council, and membership in groups and committees related to the council. During the primary interviews, other experts and stakeholders in the secretariat of each council were identified and added to the initial sample through snowball sampling and based on the opinions of interviewed individuals

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and the information obtained from the analysis of interviews and documents. After each interview, if the interviewee himself introduced another informed person in the field of study, that person would also be coordinated for the interview, or we would actively ask the interviewees and the council itself to introduce other people related to the secretariat of the council. One week before each interview, a semi-structured questionnaire was emailed to the participants and the time and place of the interview were adjusted based on their preferences to make the necessary preparations. Interviews were recorded after obtaining the consent of the participants, and each interview lasted 35-90 minutes. All interviews were performed by the researcher, and interviews continued until reaching data saturation, which was achieved after 15 interviews. In order to ensure saturation, eight other interviews were performed, and the total number of interviews reached 23.

Position and Number of Interviewees
Administrative high council (2), the high council of welfare and social security (2), the high council of education (3), the high council of health insurance (1), the high council of cyberspace (1), the high council of technical protection (2), the high council of urban planning and architecture of Iran (1), high council of youth (1), the high council of organization of Islamic culture and communication (1), the high council of environmental protection (1), high council of space (1),the high council of information technology (1), the high council of sports (1), the high council of combating money laundering (1), the high council of toys (2), the high council of provinces (2), the total number of interviews (23).

Data Analysis
In the present study, data analysis was carried out by organizing the data into categories based on themes and concepts [13]. Data analysis was carried out simultaneously with collecting data and performing interviews as much as possible [14]. The interviews were read several times and data were handled with an inferential and inductive approach. The interviews were recorded with the permission of the subjects and immediately implemented by the researcher on the same day. In addition, data analysis was performed applying the grounded theory method, which is a process for generalizing data obtained from a specific observation to a more comprehensive theory[15]. Three coding stages used for coherent, orderly, and legitimate development of theory include open coding, axial coding, and selective coding [14]. The initial data was coded by open coding or the first level of coding, which is the first stage of data analysis and breaking data into primary data. In the next stage, which was the data categorization stage, axial coding was applied for permanent and continuous comparison between coded data and with each other, which led to obtaining clusters and categories that fit together. The final result of axial coding is finding the central and axial category, which is the basis of theory [14]. In the third coding stage, the main category that is related to other categories was formed by selective coding. In addition, data analysis was performed in MAXQDA10 software. The primary pattern was developed based on the principles of intersectoral cooperation and advocacy (the result of the evaluation of sample

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texts and experiences in other countries and interviews) and confirmed by the research team after the final evaluation in group discussions (Figure 1).

This proposed pattern included three parts:

1. Role and responsibility of the ministry of health in interaction and cooperation
2. Role and share of each council in interaction and cooperation
3. Fair improvement of people's health indicators

In order to determine the goal and consequence of cooperation, fair improvement of people's health indicators in its comprehensive sense (i.e., providing physical, mental, social, and spiritual health) was considered. Determining the role and share of councils and the role and responsibility of the ministry of health in interactions were, as follows: A) determining the role of high councils in the health of individuals: Four paths of high councils' effects on health were identified:

- ➢ Effect on the health of consumers of desired products and services
- ➢ Effect on the health of service providers and staff
- ➢ Effect of the desired services and products on the environment
- ➢ Cooperation in the decreasingthe risk factors for common diseases (active programs, deployment of health annexes, participation in programs)

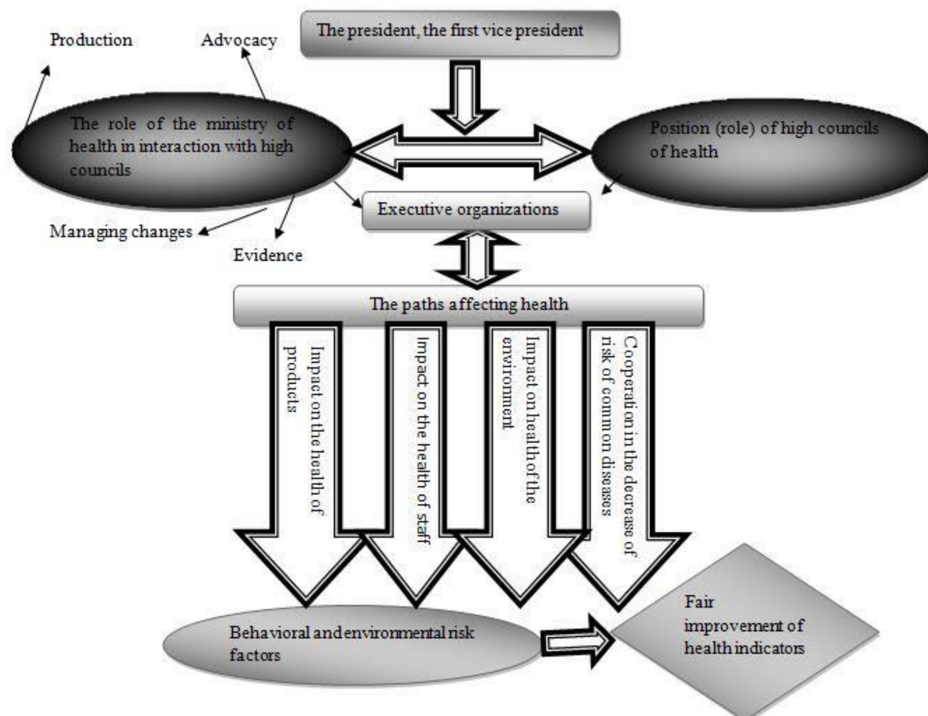

Figure 1. The final pattern of the method of interaction between the ministry of health and high councils of the country in line with the promotion of people's health

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By examining the website of each council and the opinion of the interviewees, the role of each council in the health of the people was extracted in all four ways. Afterwards, the key tasks of each council were summarized in a few sentences, and a draft table of councils' roles was prepared for opinion polls by some interviewees. Ultimately, scoring was carried out by the research committee (Table 2).In general, legal documents, expert opinions based on decentralized group discussion, and in-person and virtual interviews of members of the secretariat of the high councils and the secretariat of the high council of health were used to determine the role.

Table 2. Key responsibilities of selected high council regarding health promotion

	High councils	Key responsibilities in the legal documentation
1	The high council of education	General education, literacy, intellectual development of children and adolescents, teacher training, school renovation
2	The high council of toys	Mental, intellectual, spiritual, and sensory health of children, the cultural content of toys, empowering children, parents, and teachers
3	The high council of youth	Areas of youth employment and marriage, youth leisure, strengthening the spiritual, moral, intellectual, and emotional characteristics of youth
4	The high council of sports	Development of sports facilities, public sports policies, championship sports
5	The administrative high council	Manpower productivity and management of executive bodies, optimization of the structure, composition, and distribution of manpower, reform of the administrative structure
6	The high council of provinces	Following up the proposed problems of the provinces, expressing the shortcomings and problems of the executive institutions and organizations
7	The high council of information technology	E-government and reducing household spending, using the council's capacity to promote public health
8	The high council of cyberspace	Dealing with cyberspace's threatening dangers, informing, sensitization, empowering people and officials in the field of cyberspace
9	The high council of space	Application of space technologies in the fields of security, production, and health, predicting natural hazards such as earthquakes and floods
10	The high council of technical protection	Safe work environment (reduction of occupational accidents and use of workplace opportunities to promote health), technical protection of devices, rules, and regulations
11	The high council of welfare and social security	Welfare and social security services, support and rehabilitation of orphaned families, street children and those with irresponsible caregivers, orphans, and self-parented, asylum-seeking and traumatized girls and women, providing support and rehabilitation for people at risk of social harms
12	The high council of health insurance	Tariffs for health services, health economics, equitable financial participation of people in health
13	The high council of urban planning and architecture of Iran	Urban facilities to promote health, determining the location of cities and centers of the future population, guiding and controlling urbanization
14	The high council of environmental protection	Protecting the environment and ensuring the correct and continuous use of the environment in line with sustainable development

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15	The high council of combating money laundering	Providing smart systems and identifying suspicious transactions and report to relevant authorities to take the necessary measures, determining strategies
16	The high council of organization of Islamic culture and communication	Strengthening cultural and propaganda activities based on Iranian Islamic values abroad, monitoring the proper implementation of cultural activities abroad
17	The high council of health and food security	Policy-making for promoting health and food security, review and approval of programs and sectoral and cross-sector measures in the implementation of policies related to health and food security, determining and monitoring of basic indicators of health and food security, approval of national standards in health annex for major development projects

B) The share of high councils in the public health was determined using the health high council's informed members' polling method and according to the key roles of each council and common risk factors in the country based on the review of a load of diseases [16]. Priority risk factors include malnutrition, sedentary lifestyle, smoking and alcohol, non-traffic accidents, addiction, consumption of contaminated water, air pollution, unsafe intercourse, maternal and child health, occupational diseases, ergonomic stress, and indoor pollution. In addition, psychological, social, and spiritual dimensions were included in the matrix of the risk factor, and the weight of risk factors was determined by the research committee.Afterwards, the matrix (device share-weighted risk factors) was rated by members and determined from the highest to the lowest share in health based on risk factors (Figure 2).

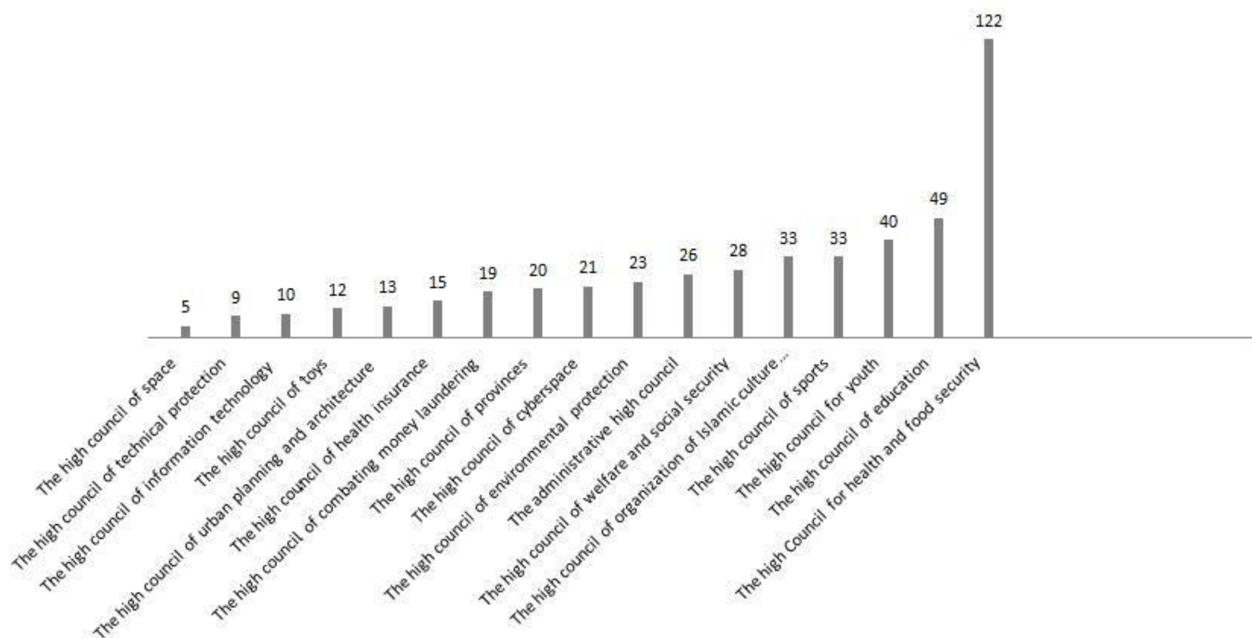

Figure 2. Share of the selected high council in the improvement of the status of risk factors

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C) The role and share of the ministry of health in interaction with high councils and the method of advocacy were determined based on the information obtained from official sources related to the status of membership and participation of the ministry of health or the relevant representative in the meetings of the high councils and sub-councils of each council, and the information retrieved from individual in-depth interviews using the prioritization matrix by team members and survey of members of the secretariat of the high council of health. In addition, the role and share of each council were determined based on the obtained score from councils with the most to least involvement of the ministry of health (Figure 3).

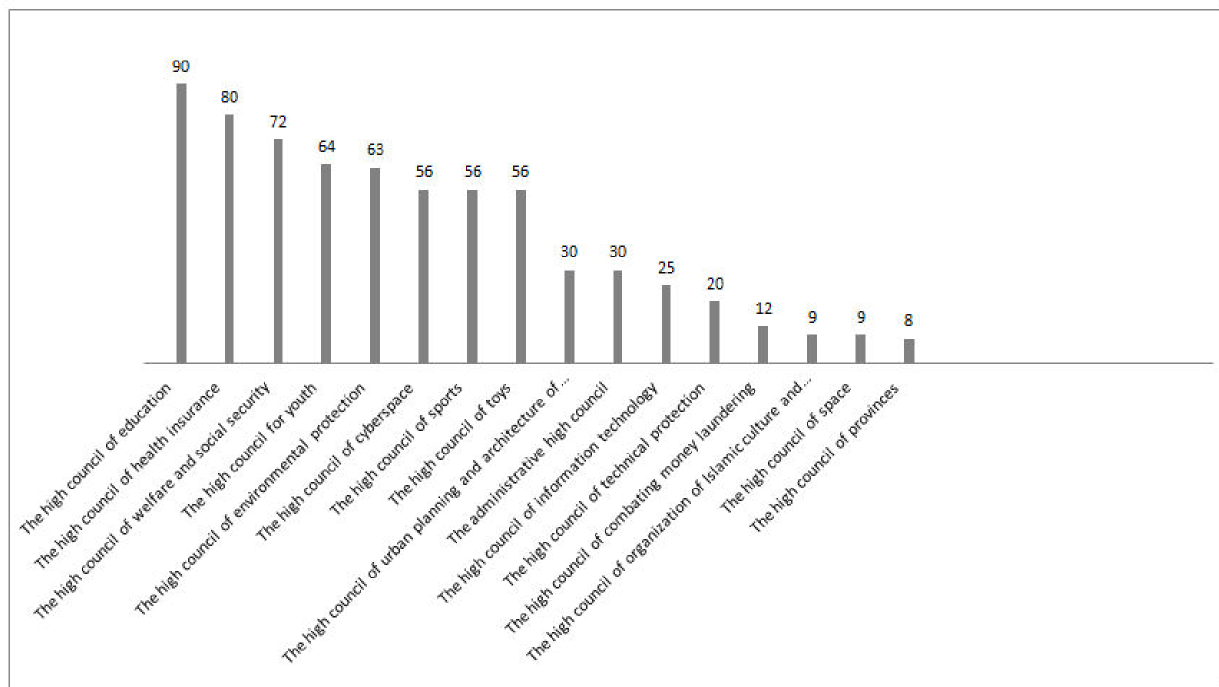

Figure 3. Role and share of the ministry of health in selected high councils based on priority

Reliability and Validity

In order to increase the validity of the results, we applied a combination of data collection methods (interview, group discussion, and document analysis). In other words, in addition to individual interviews, group discussion sessions, and document analysis including news, statements, and published reports were used in this regard. The classification of the results was repeatedly studied and modified by members of the research team. To increase the transferability of the study, sampling with maximum diversity was applied and it was ensured that all selected councils with different views and positions were identified and experts were selected from each of them for interview. In order to increase the similarity criterion, attempts were made to record all the events happening along the way, such as how the interviewees were selected, how the interviews were conducted, the type of questions asked, and how the data were analyzed so that others were as familiar with the study details as possible. In order to increase the verifiability of

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the study results, which actually addresses the fact that the findings are derived from the study data and not the researcher's interpretations, quotes from the interviewees themselves were used in all reports in addition to the inferences extracted from the text of the interviews. Moreover, all interviews were implemented by the researcher.

Results

According to the results obtained from the analysis of interview texts, we extracted three main areas of "the share and role of the ministry of health in interaction with high councils". "the share and role of high councils in health", and "fair improvement of health indicators" and classified 958 primary codes, 7 main themes, and 18 secondary themes (Table 3). In addition, the four main roles of the ministry of health were evidence production, advocacy, determining the expectations of councils, and management of changes. Regarding the share of the ministry of health in interacting with the councils, the highest score was related to the high council of education, whereas the lowest score was related to the high council of provinces. In the main area of role and share of councils in the decrease of risk factors, the highest and lowest scores were related to the high council of health and food security and high council of education, and high council of space, respectively. Finally, the proposed study model was designed.

Table 3. Conceptual framework extracted from interview analysis and document analysis in relation to cross-sector councils

Conceptual areas	Main themes	Secondary themes
1. Role of the ministry of health in interaction with high councils	Scientific evidence production	1.Producing scientific evidence to sensitize decision-makers and policymakers
	Advocacy	1. Developing an action plan to implement the cooperation document, 2. Approving health-oriented laws by the councils, 3. Preparing a cooperation document and memorandum between the ministry of health and the councils, 3. Demanding the ministry of health from the councils, 4. Interaction and cooperation between the ministry of health and the high councils
	Governing changes	1. Holding periodic meetings with the secretariat of councils, 2. Monitoring and evaluating the results of the planned interventions
	Determining expectations	1. Determining and compiling instructions and guidelines for health assessment related to each council, 2. Preparing a health map taking into account the role and share of each council in health

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2. Position of high councils in health	The capacity of the high council	1. Low use of the capacity of high councils due to overlooking of politicians, 2. Low use of council capacity due to lack of coordination of other sectors, 3. Lack of attention of the health system in using the capacity of councils, 4. Using the capacity of the council reduces health risks
	Share and role of the council in health	1. The impact of approvals on health determinants, 2. council approvals for public health
	Health annex in resolutions	1. Lack of legal obligation to attach health to approvals, 2. health assessment reduces health risks
3. Fair improvement of health indicators	Health..................	....

Duties of the Ministry of Health in Interaction with High Councils

The ministry of health plays four fundamental roles in interaction with cross-sector high councils, which were pointed out in interviews with experts and secretaries of the secretariat of the selected councils. In this regard, the responsibilities of the ministry of health include "evidence production" on health hazards, "appropriate advocacy" for councils by the minister of health, "change management" and "determining expectations". Since the ministry of health has the governing duty of custodianship, it needs to produce scientific evidence on effective factors in order to increase awareness and sensitization and improve policies made in various sections, especially high councils. In this regard, the evidence is defined as the results of systematic and comprehensive research to increase knowledge.

"…If the health system accurately recognizes the problems and underlying issues that are likely to pose a risk to public health and analyzes them based on scientific evidence, it will lay the foundation for eliminating these issues by interacting with and adopting an approach of advocacy by adopting laws and regulations in the high council" (P 4). The best advocacy plan of the ministry of health would be necessitating high councils to implement the health annex in all resolutions based on health standards. **"A memorandum of understanding has no value in interaction with the ministry of health. A law should be passed so that everyone is obligated to adhere to the regulations, and the health system should use this opportunity of cross-sector councils" (P 9).** Regulation of documents of cooperation, memorandum of understanding, or concluding contracts in line with the implementation of health-oriented policies between the ministry of health and high councils and their executive sub-councils are among the necessities for achieving these goals. **"There are many ways: 1) signing memorandums of understanding, 2) establishing joint commissions between the high council of health and supreme council, and 3) synergy in pursuing common issues. Using the capacity of the council, cases can be followed up" (P 4).**Having an operational plan for the implementation and follow-up of approvals in the environment is extremely effective in achieving the goals. Unfortunately, in most cases, the lack of operational plans is clearly

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observed in the scope of work of the secretariat of the elected high councils and the secretariat of the high council of health. This, in fact, is one of the weaknesses of cross-sector cooperation. **"Lack of serious determination in the implementation of approvals, operational planning, and continuous monitoring and evaluation system between the high councils and the ministry of health is among the problems and weaknesses of cross-sector cooperation in the field of health and other organizations, especially the deciding councils" (P 8).** In thesection of internal governance, the ministry of health has the responsibility of advocacy for community health with the approach of advocacy support and using the principles of intersectoralcooperation, which, unfortunately, has not been successful. **"The high council of food health and security is expected to have more demands from its own institutions in the field of health" (P 22).** Interaction between the ministry of health and other executive bodies occur when there is a common definition of the desired goal and established mutual trust. **"You are making an important point about the synergy of various councils in the country. It is a valuable step taken toward solving joint problems, especially in the field of health and education. In fact, we have many weaknesses in this field"** (P 19). In addition, the role of the ministry of health in interaction as a custodian is more effective. **"The interaction and cooperation of the health system with us should be more than what we have today" (P 21).** According to the law, the ministry of health (secretariat of the high council of health and food security) is responsible for following up the health-oriented policies by other organizations involved in the field of health. Therefore, it is necessary to act in accordance with international and national standards to formulate expectations and instructions related to the activities of each supreme council or executive body. **"…If the ministry of health compiles instructions for all laws and programs based on the duties and responsibilities of different agencies in the long-term and short-term plans, and control various member councils in this area, it can both increase the knowledge of policymakers, decision-makers and even executors on the category of health and health hazards, and institutionalize the category of health-oriented programs in the country" (P 14).** It is necessary to design and compile a comprehensive health plan in which the geography of health hazards related to the decisions and activities of each council is marked, which should be considered by health authorities. **"I expected to see a comprehensive plan in the field of health, where the roles and responsibilities of other sectors are determined clearly, which does not exist" (P 2).** Finally, other responsibilities of the high council of food health and security include managing and monitoring changes by supervision of the implementation of approved executive policies, approving regulatory mechanisms and reviewing regulatory reports, establishing coordination between executive bodies, continuously monitoring and evaluating processes, and holding periodic meetings with secretaries of the secretariats of high councils. "Holding joint meetings between the high council of food health and security and the supreme council…in areas of ways to interact or use the capacity of the two councils and signing memorandums of understanding" (P 15).

High councils of the country have many capacities that are mostly overlooked by the ministry of health. In general health policies notified by the Supreme Leader, it is explicitly stated and

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emphasized that health should be taken into account in all policies. Unfortunately, however, the negligence of policymakers, both in the health sector and in other sectors outside the health sector, was mentioned in most of the interviews. **"Health must be an integral part of the work of the high council since the organization generates policies. While the high council has a huge capacity, it is less used in line with the developmental goals of the country due to the negligence of senior decision-makers and policy-makers (P 8).** The high council and their sub-councils have the capacities such as knowledge, skills, and the required resources to act, but these capacities are not properly used due to inconsistency and managerial weakness in various fields, especially in the field of health. **"We attempt to use all council's capacity in line with the predicted goals that somehow affect health. Nevertheless, there are some barriers to this act, and coordination and cooperation with other sections can be effective" (P 23).**Evidently, high councils canprovide good and appropriate support for the ministry of health to advance the goals of public healthbased on the inherent tasks specified for them and the presence of powerful members of the three powers and their extremely high capacities in decision-making and policy-making at the macro level of the country if the health system pays attention to their position. Unfortunately, the ministry of health has a lot of shortcomings in this regard. **"The capacity of the high council is not used appropriately, which might be due to organizational inertia. For instance, it is generally thought that the ministry of health is the solely responsible organization for community health, which means that other centers have little responsibility in this field. On the other hand, the ministry of health has no demands of other sectors within the framework of responsibilities" (P 2).**Both the cost of health in the community will decrease and the health of the people will increase in case of effective interaction in the field of attention to health in committees, working groups, and permanent commissions, and eventually the high councils with the ministry of health. **"…Unfortunately, the system of our country likes treatment but not treatment measures or prevention, which is a national defect and complication. Using the capacity and position of high councils, we can reduce people's referrals to healthcare centers" (P 4).** Each high council and unit have approvals and activities based on their roles and responsibilities determined by the law, which affect community health indexes. **"Approvals can be extremely effective in public health. All of the discussed issues, including the safety of physical spaces and tools used in healthcare centers, engineering of human factors, hazards caused by chemical and physical factors, individual protection in the school environmentand any other issue discussed in the council play a direct or indirect role in the health of students. Therefore, the capacity and approvals of the council played an important role in the improvement of community health level" (P 19)**. The health annex is extremely important in all laws and regulations of the Islamic Republic of Iran,and all high councils and organizations that are responsible for policy-making should adhere to this policy. In this regard, however, the ministry of health has operated poorly due to the lack of a monitoring and evaluation system. **"There is mostly the security annex in the council's approvals, which is kind of obligatory, and even cultural annex is presented in the approvals. However, I have never seen a health annex in the approvals" (P 9).** There are

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high councils, each having specific roles and responsibilities, make decisions and pass resolutions based on their determined responsibilities (Table 3) and duties in order to achieve the goals that can be implemented in the environment and by the executive organizations. It is likely that these approvals and decisions will contribute to reducing or improving the health of society, so determining their share and role in health is extremely important. **"The council and its approvals play a significant, direct and indirect role in reducing social harms, especially in the field of money transfer and illegitimate financial interests, and the underlying factors and influences on public health" (P 18).** Each high council can have a different range of share in common risk factors depending on their responsibilities and roles determined by the law. In this regard, the duties of each high council are specified in Figure 3 separately. **"…For instance, fewer people would suffer injuries and diseases if social assistance was provided in a timely manner in case of an accident. For example, survivors of natural disasters (e.g., earthquakes and floods) might be physically intact, but they definitely need support to have the resilience and continue their life in the new situation without a serious problem" (P 2).**

Fair Improvement of Health Indicators

Community health indicators will improve when the health system is well integrated. Policymakers and decision-makers in this field are properly aware of the health situation at all levels of society and the factors affecting it and have the appropriate information aristocracy and knowledge. The knowledge and skill of health sector policy-makers create empathy, synergy and companionship, and guidance for all key stakeholders. Ultimately, the result of interaction between the health system and other deciding sectors (e.g., high councils) willimprove health indicators in the community more fairly. **"…There are two views about health; one is health, treatment, and medications and the other is a more comprehensive view about health, which includes social, physical and mental health, and even the quality of life and lifestyle.If this definition refers to the health, then the high council is related to healthin terms of insurance, support and relief, and works to improve health indicators" (P 2).**

Discussion and Conclusion

Cooperation between the ministry of health and high councils are one of the necessities for fair improvement of health indicators in the country. The ministry of health has failed to develop a suitable advocacy program for high councils in the country, which is the topic that distinguishes the present research from other studies. According to the results, the interaction and cooperation of deciding high councils and executive organizations with the ministry of health are extremely important in the use of the health annex. The designed model has various dimensions, attention to which improves the cooperation of all key stakeholders in order to improve health indicators fairly, which are discussed in detail. Studies performed in Iran and other countries show the necessity of a coherent structure and an appropriate model in which the role and contribution of key stakeholders, including high councils and executive bodies, as well as the ministry of health, in the health and fair improvement of its indicators, are clearly demonstrated in order to improve interaction and cooperation between the ministry of health and high councils. According to the

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results of the current research, the performance of the high council of health and food security is far from the effectiveness expected by the legislator in terms of applying the principles of cross-sector cooperation and the community-based approach. In a research, Damari et al. expressed that despite the improvement of the high council of health and food security in the recent regulations, results such as the number of meetings held, insufficient attitude for intersectoral cooperation, and the lack of guarantees for the implementation of resolutions showed that the council does not the adequate effectiveness in this regard [17].

In addition, high councils lack the acceptable performance regarding the use of the health annex in the approvals in accordance with paragraph 2 of the General Health Policy communicated by the Supreme Leader. In terms of the importance of health annex in the approvals of councils, Mesdagh Rad concluded that the ministry of health should evaluate the effects of various policies outside the health sector on the health of people in the community. In addition, the developed laws and policies must include health annex [18]. In 2013, Cohen declared that the health approach was emphasized and confirmed by the European Union in 2006 [19]. In the present study, the majority of participants declared the overlooking of the role of health in the developed policies by policy-makers due to weak oversight of the ministry of health and lack of legal obligation to implement policies approved by other bodies and high councils. This will occur when the ministry of health carries out the responsibilities and duties with complete mastery. Eath et al. introduced advocacy as a strategic key for improving health and an important tool for improving universal equality of health [20]. In 2012, Wismar et al. expressed the alcohol control policy in Europe as an example of successful discourse and intersectoral cooperation for health in all policies [21]. Danaher considered factors such as good relations between members, having a common vision, and proper structure and process necessary for the success of cross-sector cooperation [22]. In this regard, our findings are in line with the results obtained in the mentioned study. Strong relationships with political leaders, managers, and the media are key to securing their support. A clear agenda and a fair supportive political environment are essential in promoting a sense of solidarity, facilitating team action, strengthening favorable economic conditions, and declaring requirements for long-term investment, which must be taken into account by the ministry of health. In a research, Tahan mentioned that advocacy has a primary role and the necessary qualification for management performance of each professional health complex, which is active in various health sectors [23].According to the results, the high councils can have a great impact on improving health indicators in interaction with the ministry of health as decision-making bodies and legislators. Rantala et al. reported that many local governments around the world have improved the health system through cross-sector councils [24].

According to the results of the present study, the ministry of healthshould act as a claimant and supporter and warn enough to increase the sensitivity of senior officials to the consequences of the current process and its effect on the prevalence of physical and mental diseases. Therefore, it is recommended that the ministry of health re-defines and implements four roles of evidence production, advocacy, determining expectations, and managing changes within the framework of the developed model. On the other hand, high councils, which play an effective role in

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community health, should include a "health annex" in their decisions, approvals, and executive activities. Interaction and cooperation of high councils with the ministry of health based on the basics of intersectoral cooperation and advocacy approach will improve health indicators.

Conflict of Interest
None

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