



Participation Status of Charities in Iran's Health System

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Abstract

Objective: This study aimed to reflect on the participation status of charities at different levels (i.e., prevention, treatment, and rehabilitation) of Iran's health care system.

Methods: This descriptive cross-sectional study was fulfilled in 2019 based on 40 charitable organizations involved in health care services delivery, which were randomly selected from the Iranian Charities Portal (ICP). Data were collected via a valid and reliable researcher-made questionnaire. SPSS software version 16.0 was used to analyze data.

Results: Direct and indirect methods of service delivery were used in 63% of organizations. The most important sources of funding were associated with public donations. Furthermore, 94% of charities were evaluating the health care services with internal and external evaluation and customer satisfaction surveys.

Conclusions: The charities could be a precious contribution to the health care system. To use this potential as a synergistic factor of the health system, adopting such strategies as creating sustainable funding sources and establishing more coordination between organizations are essential.

Keywords: Health Care System, Charities, Iran

1. Background

The main purpose of health care systems is to systematize individuals, organizations, and resources for providing health care services to meet the needs of target populations (1).

All health care systems face the challenge of insufficient resources, and they lack the capacity to provide all services that people need. Despite the immediate actions taken by governments, some human needs have always been in a way that neither governments nor private sectors have been able to meet them. Therefore, some specific organizations, including charities, have been founded to address such needs (2-4).

Given these valuable potentials, more coordination between charities and other health care system components is a necessity.

2. Objectives

The present study aimed to reflect on the participation status of charities at different levels of Iran's health care system.

3. Methods

This descriptive cross-sectional study was conducted in 2019. To collect the data, the Iranian Charities Portal (ICP) was searched. In the first phase, out of 804 active charitable organizations identified in the fields of health care services, 129 cases were removed from the study due to their irrelevant activities. The remaining 675 charitable organizations were considered, which were active in three levels, including prevention (n = 255), treatment (n = 438), and rehabilitation (n = 68).

Based on the statistical calculations and the Cochran's formula, 40 charitable organizations were selected by stratified sampling method as the study samples at three levels. Data was gathered using a researcher-made questionnaire. To examine the validity and reliability of the measure, it was submitted to 10 professors and experts in this field, and then, the content validity of the questionnaire was measured and confirmed (content validity index: CVI = 0.95 and content validity ratio: CVR = 0.89). Also, the measure had excellent internal consistency ($\alpha = 0.82$). Then, the questionnaire was sent via e-mail or fax to the or-

ganizations, or it was completed through telephone interviews with authorities of the organizations. We considered two to three weeks as a time interval to complete the questionnaire. Meanwhile, follow-up was done at least three times to collect the data. Data analysis was performed using SPSS software version 16 and reported using descriptive statistics.

4. Results

Out of 40 charitable organizations included in his study, 33 cases completed the questionnaire. Analysis of demographic characteristics of the sample showed that the highest distribution was related to charitable organizations in Tehran Province ($n = 12$, 36%).

The charitable organizations were providing health care services to certain target populations (Table 1). Following their fields of activity, each organization was providing its health care services in the form of community-based educational-preventive services, medical-pharmaceutical services for patients, rehabilitation-welfare-supportive services (including financial and legal services), patient-centered educational-preventive services, equipment and infrastructure development services, construction of health infrastructure, and research services (Appendix 1 in Supplementary File).

Evaluation of health care service delivery in these charitable organizations revealed that 63% of them were using direct (i.e., service delivery) and indirect (i.e., financial support) methods of providing services to target populations. In 60.6% of these organizations, the most important funding sources were related to public donations. Also, 94% of the organizations were evaluating health care services.

Charitable organizations have always faced challenges in achieving their goals. These challenges were accordingly examined among the given charities and then classified into five categories, including informational, financial, human, physical, and legal-supportive. The proposed solutions appropriate to each challenge were subsequently presented (Table 2).

5. Discussion

We witnessed that the charities were providing health care services to the target populations at three different levels with direct and indirect methods of service delivery. It is possible to make the best use of the capacities of volunteers to improve the health status of communities, especially in the field of prevention. Accordingly, installing booths in public places with a focus on prevention and healthy lifestyle and producing educational videos and

publishing them on social networks, as well as providing health education at the community level in a variety of formats tailored to the target populations, can be among effective strategies in this area.

Charitable organizations can take growing steps in this direction by adopting methods such as developing an operational plan to achieve the goals in organizations with a focus on attracting sustainable financial resources, as well as planning to empower charities to generate revenues through marketing and sales services to the government and the private sector. It is also suggested that these organizations involve in planning processes and giving advisory and sometimes supervisory positions in advancing the goals of the health care system (5-8).

5.1. Limitations

In this study, despite a comprehensive investigation of charitable organizations, we faced some limitations regarding the cooperation of organizations active in the field of acquired immunodeficiency syndrome (AIDS), as well as the unavailability of some organizations due to relocation, which need to be investigated in future research.

Supplementary Material

Supplementary material(s) is available [here](#) [To read supplementary materials, please refer to the journal website and open PDF/HTML].

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Footnotes

Authors' Contribution: JN, GhNR, and PY contributed equally to this study.

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Table 1. Demographic Characteristics of Charitable Organizations

Demographic Characteristics	Percentage (%)
Covered population groups	
Thalassemia, hemophilia, multiple sclerosis (MS), renal failure, heart diseases, muscular dystrophy, hearing loss and visual problems, diabetes, types of cancer, phenylketonuria, and epilepsy, and individuals with disabilities	
Service delivery methods	
Direct (service delivery) and indirect (financial support) methods	63
Direct method	24
Indirect method	6
Service purchase method: direct and indirect	6
Sources of funding	
Public donations	60.6
Donations from NGOs	15.15
Government aids	12.12
Public donations, donations from NGOs, government aids, and customer service fees	6.06
Other methods: incomes from cultural and social projects, advertising revenues of pharmaceutical and medical equipment companies, and membership fees	6.06
Service evaluation methods	
Customer satisfaction	19.35
External evaluation (i.e., external monitoring and control)	19.35
Internal and external evaluation	12.90
Internal evaluation	6.45
Customer satisfaction and internal evaluation	6.45
Customer satisfaction and external evaluation	6.45

Table 2. Challenges in Charitable Organizations and Suggested Solutions

Items	Challenges	Suggested Solutions
Resources		
Informational	Low awareness of diseases in community and patient families; Uncertainty of insurance tariffs for specialized home care and relief care services	Raising awareness at community level and in families and officials; Determining insurance tariffs for home care services; Conducting research and developing a home care justification plan for insurance companies
Financial	Limited financial resources allocated to specific diseases; Lack of budgets and rising drug prices; Currency fluctuations; Financing of most donations due to economic conditions; Increasing costs of dentistry and tests for specific patients; High costs of consumer equipment for cancer patients; Poor economic situation and high drug prices	Creating continuous and sustainable sources of income; Monitoring prices and distribution of items, as well as reducing intermediation; Providing charities with government resources
Human	Lack of cooperation between government officials and failure to fulfill their promises; No cooperation between public media and officials in achieving goals of informing the public and introducing associations' services to citizens; Insufficient coordination between government agencies; Low cooperation between patients and their families with association programs; Absence of specialized personnel; Difference between charitable programs and those by the government	Making comprehensive efforts to help and facilitate patient affairs; Limiting abuse of authorities and encouraging cooperation of related charities; Stimulating cooperation by all officials, especially public media, for providing continuous information about diseases; Establishing coordination between government agencies; Prioritizing programs; Inspiring inter-sectorial coordination and cooperation between NGOs and executive bodies
Physical	Allocation of minimum government facilities to diseases; Improper and unplanned increase in the number of charitable organizations and prevalence of modern begging; Lack of training place; Shortage of some drugs	Forming an organization to coordinate NGOs
legal-supportive	Removal of majority of medicines from the coverage of insurance organizations; Insufficient support from the government and responsible bodies; Lack of reference organizations for inquiry; Non-participation of NGOs in decision-making and related executive programs; Lack of positions in specialized committees of public and private organizations affiliated to the Ministry of Health and Medical Education; No clear laws for use of volunteer workforce in charitable organizations	Providing insurance support for rehabilitation of the disabled; Identifying participation status of NGOs in decision-making

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