

# The Miracle of the Behvarzes' Efforts on Women's Health; Iran's Experience

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Back in 30 years ago, the reality of women's health in rural areas of Iran was deplorable. Maternal mortality ratio (MMR) was 370 per 100000 live births, immunization coverage was less than 10% among pregnant women, female life expectancy was around 54 years and maternal healthcare coverage was very low (1-3). A significant difference was seen between health indicators of rural and urban women. Rural women had access to neither palliative and out-patient care nor primary health care (1). However, several successful experiences in parts of the country have proven the efficiency of Behvarzes concept. Eventually and through experts' consensus, establishing a health network system with a focal point of health house was proposed as a remedy for such alarming situations (2). Three tires of health houses from the beginning of Iran's health network system establishment include: 1) defined population, 2) multi potential and indigenous staff named Behvarz and 3) integrated and primary care oriented service package (2). This well designed masterpiece that relied on Behvarzes' activities could became the origin of health evolution in rural areas. Since, the two most important target populations for Behvarzes' activities are women and children; the foremost impact of their performance is on these two group's health status. For instance, reducing MMR to 24/100000 live births, increasing the immunization coverage amongst pregnant women to 85%, escalating female life expectancy to 75 years, and also rising healthcare coverage for pregnant women to 83% are among the achievements of these activities (3, 4). Furthermore, another significant achievement of this system is reducing the gap of health indicators between rural and urban areas (1). Behvarzes, who are selected indigenously, have a close relationship with the entire covered population and are familiar with their culture, behaviors and beliefs. Thereby, they could work closely with the community to promote health and prevent diseases. A symbol of such collaboration between the community and first level health system can be seen in epidemics and delivering health-

care. Another sign of this collaboration is the large number of female health volunteers, who are working with Behvarzes to promote community health (5). It is obvious that companionship of other sectors' developmental programs has resulted in an overall socioeconomic development of the rural population and has made the improvement of health indicators sustainable. At the same time, a stronger socio-economic development has occurred in urban areas, however improving health indicators in rural areas is of much greater importance when compared with urban areas. Thereby, the active delivering healthcare by well-trained Behvarzes via health houses is the leading contributing factor for improving the health situation of the rural community, specifically amongst women and children. Overall, Iran's health network system with Behvarzes at its focal point has incredible achievements, therefore it should be reinforced by health policy makers to make each reform in Iran's health system in line with this approach.

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