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Letter to Editor

# Iran Military Health Network: An Optimal Governance Approach

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**Dear Editor-in-Chief**

Health is considered a fundamental right for every individual, which is essential for enjoying critical aspects of life such as quality of life, productivity, life expectancy, happiness, life satisfaction, social interactions, and well-being. Health can also be regarded as a value. A healthy and dynamic society cannot be achieved without the optimal establishment of social equity foundations, followed by health equity. The latter comprises three main dimensions (healthcare utilization, healthcare financing, and health outcomes). The stewardship or governance of providing healthcare services has been entrusted to health systems by governments (1, 2).

In addition to the health system, other organizations with intrinsic motivations can provide healthcare services in the form of health benefit packages to specific and defined populations. The Islamic Republic of Iran Armed Forces, with ownership of about 90 hospitals and 10,000 hospital beds, is one such entity within the country (3). The entity is composed of three major military organizations: the Islamic Republic of Iran Army (AJA), the Islamic Revolutionary Guard Corps (IRGC), and the Law Enforcement Command of the Islamic Republic of Iran (FARAJA). The health-oriented centers of these organizations can be termed the Military Health System (MHS) or Military Health Network (MHN). This network primarily focuses on medical services, rehabilitation, and supportive and palliative care related to hospitals, without offering distinct prevention and public health services. According to Peter F. Drucker (the founder of modern management), a hospital is the most complex human organization ever invented. This complexity arises from diverse human resources across all specialties and levels within the hospital, simultaneous processes occurring in all its units, and the use of complex capital equipment and consumables (4). Any structural or operational deficiency in organizations directly associated with human life and health can lead to irreparable harm to society (5).

The primary mission of military hospitals is to provide medical support during wars and crises. Given Iran's strategic conditions and its influential role in the region, these factors can threaten the country and destabilize its situation at any moment. It is crucial that military hospitals, under a favorable governance mechanism, adjust their structure to ensure complete responsiveness in potential events. Furthermore, they should provide their up-to-date and quality healthcare services to armed combatants and their families, and if conditions allow (such as the current situation), to other citizens as well. Naturally, the governance structure of MHN differs from the system governing the Ministry of Health and Medical Education (MoHME). The principles governing the management of military hospitals and their evaluation in terms of performance indicators, standards, accreditation, and finance should

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consider the unique aspects of military hospitals compared to other types of hospitals. Here, governance refers to its three fundamental aspects: policy-making, management, and economics of hospital healthcare services. These dimensions have previously been described by Sheikhy-Chaman (6).

Governance involves creating a system for better management of a government, organization, or social group. It is multidimensional, emerging from various fields, interpreted as open and flexible, which lacks a single agreed-upon framework for assessment. The concept of governance is continuously evolving. Simply put, governance refers to methods and procedures of policy decision-making and their implementation. In the following, health governance can be defined as creating a system including structures, processes, values, laws, authorities, and powers for purposeful management of resources, coordination, and direction of stakeholders' behavior, stewardship of healthcare programs, and performance evaluation of the health system to ensure, maintain, and enhance community's health. Health policy-making, strategic planning, organization, stewardship, and controlling are the main components of this governance (7).

Considering the aforementioned points, it can be stated that the governance of the country's MHN involves several key concerns. Each of these concerns may encompass several sub-sections. Here, as an example, some of the main ones are outlined below:

1. Should each of the three major military organizations in the country (AJA, IRGC, and FARAJA) independently establish and develop separate healthcare facilities and health insurance coverage (basic, supplementary), or should all of them be integrated and redesigned under a single organization known as the "Iran Military Health Network (IMHN)"?

2. What is the perspective of policy-makers, managers, and economists at the MoHME, and subsequently, the military staff and executive commanders, towards IMHN?

3. To achieve the predefined goals of the IMHN, which model and approach (centralized, multi-level, multi-stakeholder, networked, etc.) should be employed for its governance?

4. Based on step-by-step and targeted planning, which direction should the prevailing organizational culture of IMHN be oriented towards?

5. On which health benefit packages should IMHN focus fundamentally to improve health indicators of the armed combatants and their families more pleasantly?

6. Is it necessary for IMHN to build hospitals in various geographical locations, or can it achieve its primary goals more effectively by purchasing healthcare services (both mission-related and non-mission-related) from public and non-public hospitals?

7. What should be the structure of command, management, and control of service delivery in healthcare centers affiliated with the IMHN?

8. What should be considered for designing and managing a sustainable supply chain in healthcare centers affiliated with IMHN, and is a market-oriented approach (based on the private sector) a suitable option for addressing this issue?

9. Should IMHN train its required human resources through its military universities (such as the AJA University of Medical Sciences and Baqiyatallah University of Medical Sciences), or can it utilize the outputs of general educational institutions without establishing these entities?

10. Based on health economics principles related to the healthcare financing cycle (specifically, the component of healthcare services purchasing), which payment mechanisms—retrospective methods such as fee-for-service (FFS) or prospective methods such as diagnosis-related groups (DRGs)—should be utilized for human resources of IMHN?

11. Should the financial management system of

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healthcare centers affiliated with IMHN be government-dependent (budget-based), or should these centers be gradually transitioned towards autonomy with a commercial perspective and revenue-generating incentives?

12. Should healthcare centers affiliated with IMHN operate solely within their primary role (as previously mentioned), or if they have surplus capacity, can they also provide basic, specialized, and advanced healthcare services to various population groups?

(It must be noted that by "healthcare centers", the authors refer to facilities affiliated with IMHN that provide preventive and public health services as well as medical and rehabilitation services at different levels.)

In conclusion, the true responsibility of military organizations is to establish global authority for the country and ensure its internal, national, and international security. These organizations, in addition to effectively advancing this critical mission, usually have an internal health system. It is essential that, within the context of systemic thinking, IMHN have a well-organized, cohesive, and effective governance structure. This can only be achieved by methodically establishing the core foundations of the network and providing transparent answers to questions briefly addressed in this article. Finally, domestic researchers have shown limited interest in the topic of "Governance of the IMHN". It is suggested that the current research gap in this vital area be addressed by designing and launching applied studies. In addition to specialized journals, other national publications could consider special issues for articles related to this field. Accordingly, it is expected that evidence-based policy-making be institutionalized in leading IMHN, with other countries in the region benchmarking this network as an efficient model.

## Conflict of interest

The authors declared no conflict of interest.

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