

# Blood Pressure National Campaign in Iran: Experiences of Service Recipients- A Qualitative Study

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#### Abstract

**Background:** The National Campaign of Blood Pressure Control began for all people over 30 years old throughout Iran in June 2019. The authors conducted the present study to explain the experiences of service recipients about the blood pressure campaign in Iran.

**Methods:** This study that is a qualitative one was conducted in 2019. The statistical population involved the people whose blood pressure was monitored during the campaign. Researchers applied purposive sampling using snowball technique until data saturation. They used content analysis to analyze the data.

**Results:** 41 service recipients in comprehensive urban and rural health service centers under the coverage of Zaums entered the study. After analyzing the interviews, the researchers, in coding stage, extracted 29 initial concepts, nine sub-categories, and three main categories.

**Conclusion:** Considering various opinions expressed by service recipients in the National Campaign of Blood Pressure Control and according to the analysis of obtained themes and codes, the researchers concluded that hypertension is one of the main concerns of young people, and it is highly significant to provide preventive services in this area, such as screening healthy people in terms of blood pressure and identifying patients.

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## Introduction

The second epidemiological transition initiated with the beginning of the industrial revolution. The specifications of this period involve the reduction of infectious diseases following the improvement of living conditions and the supply of health facilities, and the discovery of some vaccines and antibiotics that helped prevent and control infectious diseases. After that, the third transition, which began about three decades ago, is based on the increasing prevalence of chronic and non-communicable diseases.<sup>1</sup>

One of the diseases that is increasing in the world and Iran is hypertension. World Health Organization identified hypertension as the second leading risk factor for death in developing countries and the third leading risk factor for non-communicable diseases.<sup>2</sup>

Hypertension is one of the most significant risk factors for cardiovascular disease and the most common cause of stroke and kidney failure in the old; so that, hypertension is the cause of 51% of deaths because of stroke and 45% of deaths because of cardiovascular diseases in this group.<sup>3,4</sup>

Studies in different countries have linked hypertension to heredity, age, sex, obesity, anger, inactivity and exercise, salt intake, smoking, body mass index, and alcohol consumption.<sup>5</sup>

Another characteristic of this disease is that people are not aware of their disease, which is a significant obstacle to effectively controlling it.<sup>6</sup>

Although prevention and treatment of hypertension received attention and specific solutions have been

proposed, the reported rates are still increasing, and many people are unaware that they have the disease.<sup>7</sup>

hypertension is one of the most significant public health problems in developed and developing countries. The disease is not symptomatic and can be readily diagnosed and easily treated with medication.<sup>8</sup>

In the last one or two decades, we have witnessed the development of technology and the expansion of industrial infrastructure, increase in urbanization, relative control of infectious diseases, especially vaccine-preventable diseases, decline in infant mortality rates, changes in the age structure of the population, and increase in the percentage of the elderly population. Increase in life expectancy, global and international changes and developments, and extensive lifestyle changes led to disease and people's death in our country.

The most common causes of death are cardiovascular disease, accidents, cancer, and tumors, respectively.<sup>9</sup> People's need and expectations from the health sector has been increased and their view of the quality and services provided by the community officials has been changed so the design of health system should be aligned people's needs.<sup>7</sup>

New national and international orientations change the situation; so that, it is no longer possible to respond to the prevailing requirements and new conditions with the past's dominant and sometimes successful approaches.<sup>8</sup> The health system is more efficient if the resources are redefined and allocated. It will lead to efficient management and redefine the role of governments in providing services.<sup>10, 11</sup>

The Health Transformation System (HTP) Project is a project to improve health systems and increase the quantity and quality of health services. Ministry of Health in the 11th government of the Islamic Republic of Iran launched the system on May 5, 2014. Evolution in the health system is implemented with the three goals of financial protection of the people, creation of justice in access to health services, and improvement of the quality of services.

According to the Minister of Health and Medical Education, in the perspective of this plan, increasing people's satisfaction with health services and reducing medical expenses has been considered one of the significant priorities. It began to provide active services to the entire urban community and suburbs.<sup>12</sup>

Following the inauguration of the new Minister of Health, Dr. Saeed Namaki, in Iran, the National Campaign of Blood Pressure Control for all people older than 30 began in June 2019 with the slogan "Know blood pressure, take action" throughout Iran. Despite integrating blood pressure control program in the first level service package in Iran, not all blood pressure patients were identified based on the

typical indicators, while it was the main reason for the campaign.<sup>13</sup> In general, the mission of a health system is to ensure the people's health in society. Achieving this goal will not be possible except by controlling and evaluating the services provided. One of the primary ways to control and evaluate services is to use customer feedback. This method is one of the effective tools in planning and providing optimal health care services according to the general approach of providing desirable quality services.

The use of people's knowledge and experience is one of the primary principles of quality of activities. Therefore, a program can be maximized to effectively observe the principles of accuracy and diligence.<sup>14</sup>

This qualitative study ultimately contributes to the production of knowledge and explains the experiences of service recipients about the blood pressure campaign in Iran.

The authors hope that the results of this study, as one of the first qualitative studies on blood pressure campaigns in Iran, can help senior managers and the health decision-making network recognize the weaknesses and strengths of the health system to improve services.

## Methods

This qualitative study was conducted in 2019 to understand the clients' experiences and opinions and receive blood pressure campaign services using grounded phenomenology in Iran. The instrument to collect data and the sampling procedure to select participants were interview and purposive sampling, respectively.

In-depth and semi-structured interviews with 41 different people who had served in the Blood Pressure Campaign continued to saturate the data. After the approval of the project in the university's ethics committee and the necessary coordination, the researchers visited the comprehensive health service centers under the auspices of Zahedan University of Medical Sciences in five cities (Zahedan, Khash, Mirjavah, Saravan, and Sib Soran) and conducted the interviews.

To perform a 360-degree approach, different service recipients recruited, involving men and women, literate and illiterate, urban and rural, with previous history of receiving service and no previous history. Three people from each group were interviewed purposefully, then others were added to the interview process until data saturation.

The study's inclusion criteria involved those who received the service in the campaign, having conscious consent to participate in the study, and having the mental ability to recount experiences. Participants were allowed to leave the study whenever they desire.

Before the interview, the participants were allowed to record interviews while explaining the objectives of the investigation and ensuring that the information remained confidential.

The interviews were conducted in a room designated for conversational method. The interview lasted 45 to 70 minutes according to the participants' patience, desire and the amount of provided information. After receiving the participants' demographic information, the interviewers interviewed the participants with open-ended questions as follows: - What is your opinion about the campaign?

What are the strengths and weaknesses of the campaign? What are your suggestions for the campaign? To increase the interview quality and maintain ethical standards, the interviewers followed specific techniques when needed such as not improvising the interview, providing feedback, avoiding inducing comments to the interviewees, checking technique, gaining trust, preventing psychological and social harm, and interrupting the interview.

To check the validity, when interviews were transcribed, they were given to the interviewees to review and approve, and the necessary corrections were applied based on their feedbacks. The expert opinion was sought to assess the reliability of the results, involving the main and sub-themes.

To follow the ethical considerations, the study was approved by the Ethics Committee of Zahedan University of Medical Sciences. To analyze the participants' answers, the researchers used the content analysis method. After daily completion of the interviews, researchers received the initial codes for each interview.

In the next step, the similarities and differences in the concepts were extracted by comparing the codes. Similar topics were integrated, and then the themes

were extracted. Finally, by reviewing the codes, the main themes and topics of the study were obtained. Two experts reviewed the codes and themes.

## Results

In this study, 41 recipients in comprehensive urban and rural health service centers under the coverage of Zahedan University of Medical Sciences entered the study (Table 1).

After analyzing the interviews in the encoding stage, the researchers extracted 29 initial concepts nine sub-categories, and three major categories (strengths, weaknesses, and suggestions).

Table 2 shows the data obtained from the respondents' answers.

### *Strengths*

Participants' satisfaction with the effect of first-rate services on life was one of the positive points they stated in the blood pressure campaign, "I did not check my blood pressure before the campaign, while now that the campaign is over, I tell the lady to take my blood pressure every time I come."

### *Appropriate Training*

From the clients' point of view, one of the influential factors in changing the community's life style is the appropriate training by the health care providers, and it has a significant role in changing the lifestyle. "Ever since I have been notified how my blood pressure can negatively affect my health, I have been monitoring it in my life" (Participant 32).

### *New Valuable Services Based on People's Needs*

One of the participants pointed to the opportunity provided by the campaign to become familiar with other health services, "I thought here you just do vaccination while here I noticed you provide many

**Table 1:** Demographic information of study participants

Name	Variable	Frequency	Percentage
Gender	Men	21	51.2
	Women	20	48.7
Age	30-40	13	31.7
	41-50	15	36.5
	Upper 50	13	31.7
City	Zahedan	9	21.9
	Khash	8	19.5
	Mirjave	8	19.5
	Sib suran	8	19.5
	Saravan	8	19.5
Education	Illiterate and undergraduate	14	34.1
	Diploma and Associate	17	41.4
	Bachelor and higher	10	24.3
Location	Urban	16	39.0
	Rural	25	60.9

**Table 2:** Themes identified through interviews with participants

Theme	Secondary categories	Primary categories
Free services	Appropriate training	Strengths
Knowing about other services of level one		
The effect of services on people's lives		
The addition of new services	New valuable services based on public needs	
Appropriate training and lifestyle changes		
Lack of complete treatment process for positively identified cases	Technical topics	Weaknesses
Restriction of services in the center and non-response to the needs of clients		
Lack of sufficient skills in answering client questions		
Lack of awareness / low awareness about the services provided by the Comprehensive Health Services Center		
Failure to follow up and provide other services to positive people in the campaign		
Hurrying staff when performing health care		
Lack of appropriate training for the client		
Lack of complete services and referral to other centers and doctors	Lack of relationship between levels one and two	
Referral to other service levels		
Parallel implementation of screening at other levels of service		
Inappropriate date of project implementation	Time	
Refusal to accept clients at a particular hour		
Inappropriate working hours in the campaign		
Waiting time to receive services		
Time-consuming referral		
Wrong behavior of employees with the client	Ethical issues	
Incompatibility of the gender of the servant and the recipient		
Distrust in test results		
Problems of going to health centers	Other reasons	
Disorder in service delivery		
Temporary plan		
Other valuable services to other age groups	Continuation of the plan is periodically	Suggestion
Periodical implementation		
Improving the screening system	Providing offline services	

other services". He claimed Free services are positive point of participation, it is exciting that they give us all the services for free. If I went to a private office or home medicine, I would have to pay much money" (Participant 40).

### *Weaknesses*

The participants mentioned the most important weaknesses, involving six sub-topics.

### *Technical Issues*

The main issues that the participants mentioned about technical issues involved lack of a complete screening process for the identified positive cases, lack of follow-up, lack of training for the clients, and common mistakes of personnel in the project's implementation. Incomplete implementation of the screening process has been identified for positive cases, and hypertension with no intervention was one of the major weaknesses stated by the participants. "Blood pressure alone is useless without medication and follow-up (Participant 9).

An interviewee pointed to the lack of follow up and the temporary structure of the campaign: "There was a campaign, it is over now, I went to the centers,

they said it's over. If I tell them to take my pressure, they' will get angry" (Participant 7).

Another issue stated by one of the participants was false statistics and screening when people are not present "Someone came to the house and take my pressure, he asked if any other 30-year-old member exists at home. Since they were not at home at that moment, he left home" (Participant 13). Another participant discussed 'not implementing the process according to the instructions' as another issue,

"I felt that the work was not done in a standard and correct way. Because the device gave an error three times and could not record and show my pressure (Participant 6). According to another interviewee, this interview was not done correctly. "It just pushed me, while it failed to teach me anything," he says.

Sometimes the inappropriate behavior of the staff dissatisfied the clients: "Every time we come to the health center; they mistreat us. I wish my baby's vaccines would be over sooner. I will not come here anymore" (Participant27).

### *The Lack of Relationship between Levels One and Two*

One of the most significant issues mentioned by the



participants was the lack of coordination between the different levels of a service which sometimes confused clients. "However, the specialist took money from me and took my time, I wished the specialist could perform all services in the same health center." Another participant said: "The caretaker told me to go to hospital, while I did not go because I could not afford it" (Participant 23).

#### *Time-consuming*

Time was another challenge for the campaign: "The center was crowded, and I was too late to get my blood pressure" (Participant 33). Another participant mentioned the high number of questions and the time required to register for the Apple system as other issues. "The computer operator sat down and asked me questions to register in the system. I had a small child and I told her to take my pressure as soon as possible."

Not screening in the last office hours was another issue. "I went at 12 noon to check my blood pressure, but they said we did not have high blood pressure, and asked us to return tomorrow. (Participant 13) (She pointed out, "My husband is working for free. How can I get rid of the work pressure these days?" Consultant 13 pointed to respecting the time for freelancers as another issue, "my husband is working for free, he goes to work, how can I get the pressure?" (Participant 17)

#### *Ethical Issues*

Because of the region's indigenous culture, people tend to be examined by a person of the same gender. "A man took the pressure of my wife. It would be better if a female person took the pressure" (Participant 39). "The confidentiality of the information was not good. There have been several campaigns: "I do not get pressure in the campaign. from time to time, health staff come under various pretexts" (Participant 26).

#### *Other Reasons*

Lack of confidence in screening results was one of the most significant issues mentioned by some participants, "I have a sphygmomanometer house and they do not work well." Another participant said: "I am sick. My blood pressure is about nine, whereas my blood pressure is always 15" (Participant 34).

Participant 21 said, "It is okay to put pressure on me in health. It is okay to go to the hospital, while there is no problem telling me where I went!" Do not get me wrong, tell me to go whenever your card comes with it. Problems came to the Comprehensive Health Service Center, especially for the old, and it was another challenge for some people." I have an old father in the house and he was under pressure."

#### *Suggestions*

##### *Continuity of Project*

Because of the poverty and deprivation of the

province, some participants suggested the continuation of this project and the integration of other projects, "I wish there was a diabetes project" (Participant 3).

Considering addiction and mental diseases and providing campaign for the old were among the clients' suggestions, "I think, in this province, addiction and mental illness should to be implemented along with provision of health services to the old" (Participant 12).

#### *Self-expression System*

"I wish could record our pressure in the system at home. If we had a problem in a time, the system would notify us, then we would come to the health center", said a client. This system saves our time by reducing visits to the clinic" (Participant 18).

## **Discussion**

According to interviews, this study explains the service recipients' experiences about the blood pressure campaign in the cities covered by Zahedan University of Medical Sciences. The factors affecting the blood pressure campaign were divided into main and sub-classes and various themes, discussed below.

#### *Campaign Strengths*

##### *Appropriate Training*

According to the results, it can be concluded that the highest level of satisfaction with the project is related to the training the participants received about prevention and health services and the lowest level of satisfaction is related to the temporary nature of the campaign and its referral system. So improving the knowledge of the referral system and increasing the staff's level of motivation help plan future campaigns more comprehensive.

Raphael et al., in the blood pressure campaign in Venezuela concluded that besides periodic blood pressure monitoring, these campaigns would promote health literacy and increase people's attention to blood pressure. Therefore, it is necessary to hold a campaign for all diseases periodically.<sup>15</sup> Tavassoli et al. stated that their efforts can play a role in increasing awareness about blood pressure and its effect on global health. There is a significant correlation between health literacy, diet, and physical activity. Since health literacy is highly effective in preventing and controlling blood pressure, it is necessary to educate and promote patients' health literacy.<sup>16</sup> Providing a database on blood pressure or making short educational videos by the Virtual University of Medical Sciences can be another way to teach in this area. New valuable services need the HTP to be implemented to emphasize achieving the health and medical needs of the people. Managers believe that tourism industry and the province deprivation have

been neglected while they need especial attention so this project should be implemented considering the role of health system in reducing financial costs imposed on people. Undoubtedly, paying attention to the prerequisites and continuous monitoring of the project can play a significant role in better implementation. In the last two decades, following the inability of health systems to meet the needs and new health expectations, a strong international trend has been formed towards improving the health system. According to the new planning, the present study investigated the challenges facing the HTP at Gilan University of Medical Sciences.

Safi Zadeh et al. stated the strengths including reducing costs, fair access, improving the level of health, and providing services in the form of evolutionary leveling. Weaknesses involved the lack of public awareness and physician-related issues, monitoring quality, management, payment mechanisms, e-mailing health records, insurance organizations, and inadequate facilities at health centers.<sup>17</sup>

The HTP was implemented with an emphasis on achieving the health and medical needs of the people. According to managers, the need to implement this project is primarily based on the role of the health system in reducing the financial costs imposed on the people. Health system ignored two aspects of the health including tourism industry and deprivation in Gilan province that need special attention.

Undoubtedly, paying attention to the prerequisites and continuous monitoring of the project can play a significant role in better implementation of the project.<sup>18</sup> Wrong life style and insufficient awareness of preventive behaviors are significant reasons for the increase in non-communicable diseases in the country. Wrong behaviors can only be corrected by promoting health literacy.

#### *Campaign Weaknesses*

The rush of staff when performing health care, the limited services in the center, and the lack of response to clients' needs because of short-term training, and the use of non-specialized personnel, are among the main dissatisfactions of recipients of the blood pressure campaign. The results of a study by Damari et al. indicated that some clients cannot believe in the health workers' services, and think that the health workers are not literate enough. Therefore, to gain the clients' trust, the health staff must do their best.<sup>19</sup> In this regard, Moftoun et al. believe that the health workers must have the necessary skills to take responsibility for people's and families' health covered by them and follow up the target group.<sup>20</sup>

It seems that the integration of temporary and intensive programs with limited training makes it

impossible for staff to perform appropriately, leading to customer dissatisfaction with the service. Because of the incompetence of some personnel, and the variety of measurement expressions, it caused false-negative and false-positive results, which caused problems for patients.

Yousefi et al. mentioned that the method of measuring blood pressure caused people to fall into two categories, some patients with normal blood pressure and some others as healthy patients, which are confusing to clients. The imposition of the financial cost of mistrust in health and the damage it may pose to the people's health has correlation with lower effectiveness of this national screening, so it is necessary to follow up and refute false diagnoses by repeating the blood pressure measurement in these people.<sup>21</sup>

It can be said that the use of several samples of sphygmomanometers, mercury, digital, and on the other hand, the use of non-specialized workforces in the implementation of the campaign has caused different results in the measurements, so it is suggested to standardize, calibrate equipment and use workforce based on their expertise in future campaigns.

Lack of communication between Level one and two was another major challenge in implementing the Blood Pressure Plan. The interconnected cycle of the referral system and its recurrence from higher levels to level one and the time-consuming nature of this process complicate the communication.

In this regard, Mehtarpour et al. Stated that most of the actors involved in establishing the referral system and implementing the family physician program failed to improve their performance. Other significant challenges in terms of content, context, and process include the lack of prioritized goals, frequent changes in the decision-making authorities of the Ministry of Health in the field of family physicians, implementation without careful planning, the multiplicity of insurance funds, and lack of proper quantity and quality of feedback.<sup>22</sup>

The lack of free services at higher levels was one of the issues that most of the participants mentioned. They believed that most of the services provided at other levels were costly so informing clients about tariffs at other levels and making them aware of the specialized services can be somewhat effective.

Similarly, Damari et al. said that although a good health center is effective in preventing direct access to hospitals, it cannot stop it entirely so it is required to pay at other levels. In general, providing free health care services leads to excessive demand and waste of resources.<sup>23</sup>

Based on what has been said so far, the referral system, in both the blood pressure campaign and in

other referrals, still needs to be revised. The promotion of the referral system and extensive information about the benefits of using this system via mass media, the establishment of an electronic health records system, adaptation of training what is needed in the general medicine course, and attention to the interests of all stakeholders can play an influential role in the entire establishment of the referral system and the family physician program.

The long waiting time to receive the service because of the crowded and varied service packages of the HTP and the time-consuming registration of services in the apple system were among the main dissatisfactions of the clients. It seems that providing services to clients requires the participation of several departments and tariff units.

Nasiri et al. said that the large number of patients, doctors' presence delay, and insufficient number of doctors are the first three factors, leading to the length of waiting time for clients from the perspective of recipients and providers of medical services. supply of workforce, and geometric corrections of physical spaces are suggested to reduce the clients' waiting time.<sup>24</sup>

Agha Hasani et al. Concluded that improving the level of health and responding reasonably to the people's and communities' health needs are the most critical mission of any country's health system. During recent years, on the one hand, the concept of health and its determinants, and on the other hand, societies' health needs and their demographic structure have undergone many changes.

Adequate access to quality health services seems impossible regardless of the development of appropriate strategies, planning, and the use of human resource management principles. In other words, creating a balance between human resources and the workload of healthy employees working in different areas, involving suburban areas that have a demographic structure and different needs compared to the urban population, is one of the health management requirements.

This study was designed and conducted to compare the timing of primary health care and the workload of employees working in the comprehensive health center in the suburbs and urban context of Qom province. It is necessary to have a reasonable and realistic estimation of workforce and determine the standard time of service delivery as the most significant factors for improving productivity and optimal use of all facilities and resources available in the field of health care.<sup>25</sup>

The telephone scheduling system should be used by the trained operator; the information unit should be developed, and it should be separated from the

scheduling unit. To reduce customer waiting time, it is recommended to choose a customized time system with patient entry patterns with regard to the factors affecting customer waiting time can help manage the process of providing patient services and reducing their waiting time.

According to the participants, non-compliance with ethical standards, lack of attention to the clients' gender, and maintaining confidentiality are some factors that should be considered ethical issues. They believed that a good health staff, in addition to being aware of the medical sciences, should have the art of communicating with the patient and maintaining confidentiality and this process will build trust between the client and the service provider.

Impairment of these symptoms leads to an inefficient and need-based relationship on the part of the patient. Establishing a good relationship between doctor and patient will have positive therapeutic results. Adherence to ethical standards in the medical profession based on prominent contemporary physicians' and veterans' views, places great emphasis on the personality traits that a physician must possess to be worthy of medicine. For instance, infidelity in appearance and behavior, secrecy, studying, refraining from wasting time in useless and inappropriate work, ignoring material things, not considering medicine as a business, having good self-confidence while working, and respecting the patient are the characteristics of a good doctor.<sup>26,27</sup>

In patient-centered care, physicians consider the patient as a human being like himself or herself and pays attention to the patients' perceptions, beliefs, and concerns in addition to his or her clinical diagnosis.

### *Suggestions*

Continuing the plan, performing it periodically, providing in-person services to reduce the number of patients referring to health centers, planning for more male visits and establishing temporary stations in cities will increase the participation of men in the national blood pressure Campaign. Increasing men's participation in the national blood pressure campaign was one of the leading suggestions of the clients; so that, the authorities need to take the necessary measures to reduce these challenges before implementing future campaigns.

Various opinions have been expressed by service recipients in the National Campaign of Blood Pressure Control and relevant themes and codes have been analyzed. Accordingly, it can be concluded that hypertension is one of the major concerns of the young people. It is essential to provide preventive services in this area, such as screening healthy people in terms of blood pressure and identifying patients, as well as tracking patients in terms of medication and related

counseling and specialized services.

Fortunately, first-rate services are related to this phenomenon in the first-level service package for young, middle-aged, and older people. This issue has become more significant after implementing the HTP inhealth since 2014, while because of the large number of services available in these service packages, it has not been possible to provide complete services in this field so far.

Another significant reason for the National Campaign of Blood Pressure Control is to provide services to all community members and to identify all affected people. However, the supply of services in this area is still far from the typical indicators despite conducting national campaigns. There are several ways to achieve this goal.

One suggestion is increasing the number of service providers at the first level, especially in cities; however, the financial burden of this solution has been the main challenge so far. Performing other steps of these campaigns can help the health system achieve this goal, while this action will marginalize other services during the campaign and damage other health indicators in the medium term.<sup>28</sup>

Determining one or more days per month or one month per each year as blood pressure screening time is another suggestion. According to experts, to choose a solution to this challenge with the minimum damage, it is recommended that the first level service package for the young, the middle-aged, and the old should be limited in terms of the number of services and only services with high priority should be provided to prevent death.<sup>29</sup>

These priorities involve screening for blood pressure and diabetes, short-term mental health services, educational services, and nutrition counseling. Reducing the number of services in each service package allows health care providers and caregivers to spend more time in this area. Training forces to recognize these priorities is a critical matter.<sup>30</sup>

With continuous quantitative and qualitative monitoring, the indicators of services in this field such as percentage of screening, number of cases identified based on expectations, percentage of training and counseling, and percentage of pharmaceutical services to infected people can be observed. As system outputs, it can reduce the percentage of hypertensive patients in the community in the medium term, which is regarded as an outcome.<sup>31</sup>

If the goals are achieved, It will be possible to add the number of services in the service package considering the conditions of each part of the country Registering these measures in the flood system digital platform using an electronic file facilitates the

possibility of monitoring, and planning for the future. This study is the first investigation of the experiences of blood pressure campaigns in Iran and the results of this study can be a framework for future studies.

Any study faces limitations that partially hinder the progress of the work end this study was no exception. The negligence and lack of cooperation of some clients and, on the other hand, the limited participation of men in this study was due to the lower number of visits to comprehensive service centers.

## Conclusion

The present study evaluated the campaign's status by reviewing the evidences and interviews with some service recipients. The results indicated that the overall level of satisfaction is acceptable concerning the services provided in the campaign. However, campaign's temporary structure was not satisfactory. It is recommended to reduce unnecessary services in service packages, provide new services based on people's needs, and increase the number of service providers at the first level in proportion to the population to increase the quality of work. The health policymakers need to make appropriate decisions to improve this situation.

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## Authors' Contribution

M, ZB: Study design, data collection and analysis, article writing, and final verification M, P: Data Interpretation, article writing, and final version verification

**Conflicts of interest:** None declared.

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