

Research Paper

A Decade Evaluation of Research and Technology Activities in Iranian Pediatric Research Centers: A National Cross-sectional Study



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ABSTRACT

Background: Childhood health and development have a significant impact on mortality, morbidity, and long-term well-being indicators in developing countries.

Objectives: This study aimed to evaluate the research and technological activities of Iranian pediatric research centers (PRCs) over a ten-year period (2014–2023).

Methods: A cross-sectional study was conducted in 2024 to assess 33 licensed PRCs in Iran. Data were collected from annual evaluation reports and analyzed based on predefined research evaluation criteria, across three domains: stewardship, scientific authority, and research impact. Statistical analysis was performed using SPSS software (version 22.0), with the level of significance set at $P < 0.05$.

Results: Findings indicate that the Research Center for Immunodeficiency of Tehran University of Medical Sciences (TUMS), Child Growth and Development Research Center of Isfahan UMS and Maternal, Fetal and Neonatal Research Center of Tehran UMS ranked first to third in the evaluation, respectively. In terms of stewardship, all PRCs had a strategic plan; however stakeholder participation in its development was limited. The top three priority areas were related to childhood non-communicable diseases. Regarding scientific authority, 8,146 research articles have been published. Of these, 68.3% were indexed in Web of Science (WOS), and the mean five-year h-index of the centers was 9.2. PRCs submitted a total of eight research impact proposals.

Conclusions: Iranian PRCs demonstrate clear strengths, including established strategic plans and a substantial body of high quality publications, reflecting growing scientific visibility. Nonetheless, limited stakeholder involvement in planning and the small number of research impact proposals reveal areas requiring further development to strengthen translation and enhance contributions to child health.

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Introduction

Childhood is a crucial and vital period of growth and development during which the child's behaviors, experiences, and health problems can have significant impact [1]. In developing countries, mortality and morbidity trends in the pediatric age group (0-19 years) are crucial indicators of health status [2]. According to the [World Health Organization \(WHO\)](#), more than 14,000 under-five deaths occurred per day, especially in low income countries [3]. Among the developing countries, almost 80% of under-five mortality occurs in sub-Saharan Africa and Southern Asia alone and therefore, effective international interventions are required [4]. Iran has experienced a significant decrease in the under five mortality rate, declining from 54.5 per 1,000 live births in 1991 to 15.5 per 1,000 live births in 2015 [5].

Receiving timely developmental screenings and recommended health services is essential for early detection of health problems [6]. In addition, positive health behaviors—such as adequate sleep and healthy nutrition—can help prevent a wide range of illnesses and injuries in children. On the other hand, safe, stable and supportive relationships are crucial for children's health and interventions at family and community levels with strategies focused on children's health and safety can also help improve health outcomes for children [7]. Racial/ethnic disparities and socioeconomic status also significantly influence child health outcomes [8]. The results of the study on the burden of childhood diseases in Iran indicate that 56% of the disability-adjusted life year (DALY) were due to premature death and the rest were due to disability [9]. In the last two decades, few senior-level pediatricians were interested in pediatric research and a minority of pediatric departments had the resources and research infrastructure to support them. Research training for pediatricians began in the late 1980s. Undoubtedly, conducting clinical and applied research in the field of pediatrics plays an effective role in prevention, treatment and evidence-based decision-making in this subject area [10]. Research activities in pediatric research centers (PRCs) play a vital role in advancing child health and wellbeing. These centers provide an enabling environment where scientists and clinicians collaborate to investigate childhood diseases, improve diagnostic methods, and develop innovative treatments. The necessity of such work lies in its potential to reduce infant and child mortality, enhance quality of life, and enable evidence-based decision-making by policymakers to protect future generations.

The first Iranian PRC was established in 2002 as a crucial research infrastructure. Currently, there are 37 research centers operating in the field of pediatrics in Iran. These centers are evaluated annually based on achieving scientific authority and generating high quality, impactful research.

This study aimed to systematically present the outcomes of ten years of research activities in Iranian PRCs.

Materials and Methods

Study setting

In Iran, 68 universities and faculties of medical sciences, along with more than 900 research centers, are operating in the clinical, biomedical, and health promotion fields. The research activities of these structures are continuously monitored and evaluated by the Deputy of Research and Technology of the [Ministry of Health and Medical Education](#). These evaluations are conducted quantitatively and based on international scientific indicators in research output. In this study, all PRCs in Iran were evaluated from 2014 to 2023.

Study design

This was a cross-sectional study conducted in 2024. All research centers licensed and approved by the Council for the Development of Medical Sciences Universities in the field of pediatrics were evaluated based on their research activities over a decade (2014-2023).

Scientific steps

- Determining the areas, sub-areas and evaluation indicators.
- Designing the scoring system for indicators based on their importance
- Developing a guide for the evaluation of PRC
- Extracting evaluation data through collaboration between research centers and the evaluation team
- Selecting research evaluation referees to review and score the documents
- Providing an evaluation platform capable of reviewing and scoring documents
- Ranking the PRCs.

Research areas and indicators

Three main areas, including stewardship, scientific authority, and research impact, were used to evaluate PRCs from 2014 to 2023, with 20 indicators:

Stewardship

This area includes four indicators as follows:

- Preparing a 5-year strategic plan in collaboration with key stakeholders
- Preparing a list of research priorities based on the scientific method, developed in collaboration with stakeholders and updated annually
- Attracting domestic financial resources to conduct demand-driven research projects
- Attracting international financial resources to conduct joint research projects, an indicator added to the evaluation system since 2021.

Scientific authority

This area includes eleven indicators, which are:

- The number of research articles indexed in [Web of Science \(WOS\)](#), [PubMed](#), or [Scopus](#) with the research center affiliation
- The number of paper presentations at domestic or foreign conferences
- The number of books indexed in the [Scopus](#) database
- The number of reference books published on various health-related subjects
- The number of published articles in the top 25% of journals (Q1) in the subject area
- The number of joint projects with international collaborators
- The total number of citations to articles published in the last five years with the research center affiliation
- The five-year h-index of the research center
- The number of domestic patents
- The number of foreign patents

Research impact

● This area includes five indicators as follows:

- The number of research projects that have led to changes in decision-making.
- The number of research projects that have led to changes in health status
- The number of research projects that have led to changes in service delivery
- The number of research projects that have led to changes in social determinants of health
- The number of research projects that have led to changes in the economy.
- This domain has been added to the evaluation system since 2021.

Data collection

In the domain of scientific authority, data of each indicator were extracted from [International Statistical Institute \(ISI\)](#), [PubMed](#), [Scopus](#) databases and all scores were performed automatically by the system. Also, data related to the Stewardship and Research Impact were extracted from the related uploaded files in evaluation platform.

In this study, the inclusion criteria consisted of PRCs that had completed at least ten full year of research activity and held a valid approval from the Council for the Development of Medical Universities. Centers were excluded if they had less than one year of documented activity, lacked official approval, or did not provide complete and accessible data on research outputs.

Data analysis

Data were analyzed using SPSS software, version 22.0, (SPSS Inc., Chicago, IL, USA). Statistical significance level was set as $P < 0.05$.

Descriptive statistics, such as Mean \pm SD, absolute and relative frequencies, were implemented. For analytical analysis, correlation tests and t-tests were utilized.

Ethical considerations

This study adhered to all ethical research standards. The data have been collected from reliable and public sources,

the report is without distortion or manipulation, and the confidentiality of the research centers was preserved.

Results

A total of 33 PRCs with at least ten years of research activity were included in this study. The results showed that 19 of medical sciences in Iran had at least one pediatric research center. The oldest PRC is the Pediatric Infectious Disease Research Center affiliated with [Shahid Beheshti University of Medical Sciences](#), established in 2003. Also, 254 researchers were working in PRCs in 2023. The highest number (n=25) belonged to the Pediatric Non-Communicable Diseases Research Center affiliated to [Babol University of Medical Sciences \(UMS\)](#). The mean ratio of researchers per center was 7.7. The average duration of activity among the research centers was 12.7.

The first, second, and third ranks were achieved by the Research Center for Immunodeficiency of [Tehran UMS](#), Child Growth and Development Research Center of [Isfahan UMS](#) and Maternal, Fetal and Neonatal Research Center of [Tehran UMS](#), respectively. [Table 1](#) presents the results of research and technology evaluation and ranking in PRCs.

In the following, the evaluation results are presented separately for each main area.

Stewardship

Strategic plan: All PRCs have a five-year strategic program. This program includes the vision, mission, goals, strategies, SWOT (strengths, weaknesses, opportunities, threats) analysis, objectives and activities and the

achievement of relevant goals has been monitored by the evaluation team annually. In more than half of the research centers, key stakeholders did not actively participate in program development.

Research priorities: PRCs identified a total of 260 research priorities. The top ten research priorities included:

- Screening for developmental disorders in children and early interventions
- Childhood obesity (screening, prevention, control and treatment)
- Improving the health system in the field of non-communicable diseases in children
- Infections of children and infants and rational prescription of antibiotics
- Genetic diseases and birth defects in children
- Trauma and accidents in children
- Transfer of knowledge to the field of practice in maternal and child care
- Consequences of high-risk pregnancy
- Asphyxia and nutrition
- Improving the registration program in children's diseases



Figure 1. The number of articles published by Iranian PRCs (2014-2023)



Figure 2. The number of articles published by PRCs in Q1 Journals and with international cooperation (2014-2023)

Scientific authority

The total number of articles published by PRCs during the evaluation decade was 8,146. Of these, 68.3% (n=5566 articles) were indexed in the WOS database. A total of 15.7% (n=1285 articles) were published in Q1 journals, and 20.6% (n=1677) of articles were published with international collaborations. The number of articles per faculty per year was 3.2. Figures 1 and 2 show the ten-year trend of these indicators.

The annual average number of citations per article was 36.5 in 2023. Figure 3 shows ten-year trend of this indicator.

Three books and 17 book chapters were published by researchers at these research centers over the past decade and have been indexed in Scopus. Three reference books related to child health were published.

The Research Center for Immunodeficiency affiliated to Tehran UMS has earned the highest score in this area. Child Growth and Development Research Center of Isfahan and Maternal, Fetal and Neonatal Research Center in Tehran rank second and third, respectively. The five-year average h-index of PRCs is 9.2, and the highest one is related to the Research Center for Immunodeficiency of Tehran.

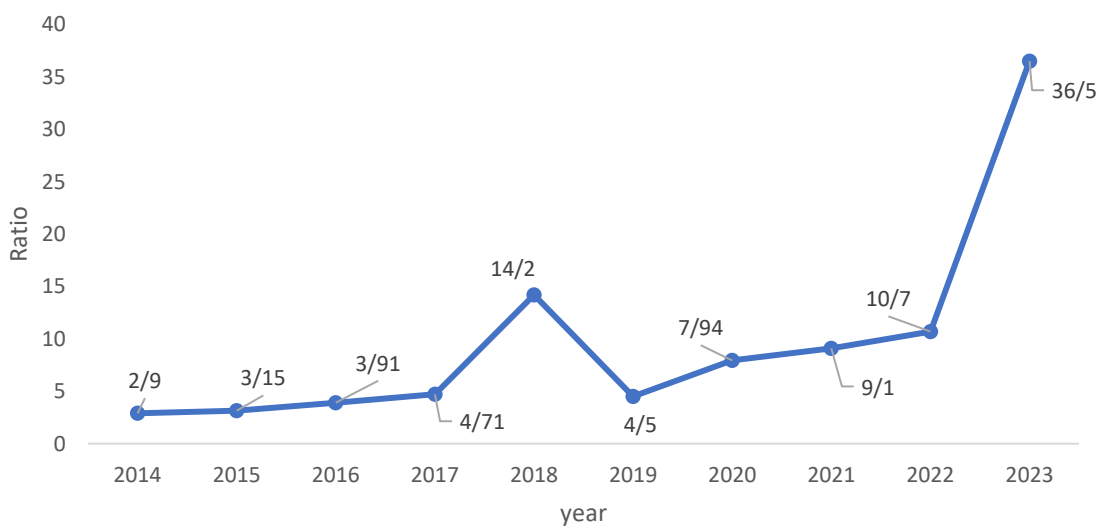


Figure 3. Citation per article per year of Iranian PRCs (2014-2023)

Table 1. Research ranking of Iranian PRCs

No	Name of PRC	Name of UMS	Output	Q1	IC	Citation	H5	Impact	Grant	Total Score	Rank
1	Maternal and Childhood Obesity RC	Urmia	18.46	15.63	4.77	4.41	12.42	0	0	55.69	28
2	Child Growth and Development RC	Isfahan	202.86	133.93	59.46	230.58	65.53	98.43	0	790.78	2
3	Pediatric Inherited Diseases RC		49.43	26.79	14.32	17.07	23.29	0	0	130.90	16
4	Pediatric Growth and Development RC	Iran	35.37	15.63	10.85	25.85	19.57	0	100	207.27	7
5	RC of Pediatric Infectious Diseases		36.29	17.11	5.64	20.92	23.91	0	0	103.88	21
6	Cellular and Molecular Biology RC	Babol	66.4	17.11	10.85	21.57	27.95	190.55	0	334.43	4
7	Pediatric Health RC	Tabriz	62.8	34.23	22.14	52.29	27.64	0	0	199.09	8
8	RC for Immunodeficiencies		250	250	250	400	100	0	0	1250	1
9	Maternal, Fetal and Neonatal RC		84.4	45.39	24.74	23.67	28.57	500	0	706.77	3
10	Pediatric Gastroenterology and Hepatology RC		24.57	13.39	4.77	23.11	10.87	0	0	76.71	24
11	Pediatric Chronic Kidney Disease RC	Tehran	18.8	11.16	14.76	118.48	27.33	0	0	190.53	9
12	Pediatric Urology RC		50.97	40.18	16.93	28.81	36.02	0	0	172.91	11
13	Pediatric Infectious Diseases RC		43.26	24.55	13.45	30.85	32.3	0	0	144.41	14
14	Growth and Development RC		37.54	18.6	16.49	15.14	32.92	0	0	120.7	18
15	Pediatric Neurorehabilitation RC	USWR*	82.11	46.13	60.76	35.44	34.16	0	0	258.61	5
16	Children and Adolescents Health RC	Zahedan	61.26	10.42	11.28	12.57	22.67	0	0	118.20	19
17	Pediatric Congenital Hematologic Disorders RC		39.54	24.55	18.23	21.83	24.53	0	0	128.69	17
18	Pediatric Infections RC		84.74	34.23	28.21	41.39	38.51	0	0	227.08	6
19	Fetal Health RC		9.03	8.93	7.81	2.15	6.99	0	0	34.91	32
20	Pediatric Pathology RC	Shahid Beheshti	20.86	8.18	6.51	5.50	13.35	0	0	54.4	29
21	Pediatric Respiratory Diseases RC		48.23	29.02	28.21	30.46	32.92	0	0	168.83	12
22	Pediatric Nephrology RC		13.49	7.44	10.85	2.04	7.76	0	0	41.58	31
23	Pediatric Neurology RC		24.74	4.46	7.81	10.54	20.5	0	0	68.06	25
24	Pediatric Surgery RC		13.54	2.23	1.30	3.11	12.11	0	0	32.3	33
25	Children Growth Disorder RC	Yazd	15.14	5.95	3.47	7.16	11.53	0	0	43.26	30
26	Neonatal RC	Shiraz	39.89	11.16	7.38	13.32	17.08	67.72	0	156.54	13
27	Children Growth RC	Qazvin	34.86	15.63	13.45	11.89	19.25	0	0	95.08	23
28	Congenital Malformations RC	Golestan	15.89	3.72	4.34	70.9	20.81	0	0	115.66	20
29	Pediatric Diseases RC	Gilan	31.54	13.39	4.34	3.61	8.39	0	0	61.27	26
30	Pediatric Infectious Diseases RC	Mazandaran	47.49	18.6	18.23	60.61	28.3	0	0	173.23	10
31	Neonatal RC	Mashad	29.2	5.21	5.21	4.76	16.77	0	0	61.15	27

No	Name of PRC	Name of UMS	Output	Q1	IC	Citation	H5	Impact	Grant	Total Score	Rank
32	Mother and Child Welfare RC	Hormozgan	38.23	16.37	14.32	12.88	18.01	0	0	99.81	22
33	Modeling of Non communicable Diseases RC	Hamedan	65.54	26.79	6.51	16.98	25.16	0	0	140.97	15

Abbreviations: UMS: University of medical sciences; PRC: Pediatric research center; IC: Impact category. *Journal of Pediatrics Review*

*University of Social Welfare and Rehabilitation Sciences.

The PRCs did not have any domestic or foreign patent registrations during the evaluation period.

Research impact

During the three-year evaluation period, PRCs submitted a total of eight research impact proposals. The highest score in this domain was achieved by the [Tehran Maternal, Fetal and Neonatal Research Center](#).

Discussion

This study evaluated 33 PRCs across three main domains: stewardship, scientific authority, and research impact.

In the stewardship domain, results revealed that the identified research priorities reflect a comprehensive approach to burden of pediatric disease and problems, from early child developmental screening and childhood obesity to infectious diseases, genetic disorders, trauma, and maternal-child health concerns. These priorities demonstrate an appropriate balance between prevention, early detection, and health service improvements, including enhanced disease registration programs and better translation of evidence into practice [11].

Although all PRCs have developed structured five-year strategic plans, the limited engagement of key stakeholders in formulating these plans remains a critical weakness. Insufficient collaboration between research managers, policymakers, clinicians, and community representatives may result in strategies that are misaligned with population needs and national priorities [12]. Strengthening stakeholder participation is therefore essential to ensure that strategic plans translate into meaningful and impactful actions [13].

The findings related to scientific authority highlight both substantial progress in knowledge production and areas requiring further development within PRCs. The production of more than 8,000 articles over the past decade, with a considerable proportion indexed in rep-

utable databases, reflects a strong foundation of scholarly activity. The presence of publications in high-quality (Q1) journals and the notable rate of international collaborations further demonstrate the growing visibility and credibility of these centers in the global scientific community. Despite these achievements, the average annual number of publications per faculty member suggests that research productivity remains suboptimal. This gap requires strengthening research infrastructure and support systems to facilitate the publication of high-quality research, removing administrative barriers and promoting multidisciplinary projects [14, 15].

A bibliometric study conducted on pediatric research from 1996 to 2022 reported a total of 787,812 pediatric-related publications worldwide, of which 13.4% originated from Asia. Countries such as India, China, and Japan demonstrated substantial growth in this field. Although Iran contributes a notable share among Asian countries, yet Iran does not rank among the leading nations globally [16].

The integration of research impact assessments into the evaluation model since 2021 reflects a growing commitment to ensuring that scientific outputs contribute meaningfully to health system improvement and community promotion. These assessments are designed to capture a wide spectrum of outcomes, including shifts in decision-making processes, enhancements in community health, advancements in service delivery, influences on social determinants of health, and even broader economic effects. Although the number of research impact projects within PRCs remains limited, the focus on multiple dimensions of impact indicates an intentional move toward bridging the gap between knowledge production and addressing community health problems [17].

This study highlights several strengths and weaknesses within Iranian PRCs. The existence of comprehensive strategic plans across all centers, the considerable volume of research outputs, and the growth of international collaborations represent notable strengths that

demonstrate organizational maturity and increasing scientific engagement. However, these achievements are tempered by several limitations, including limited stakeholder involvement in strategic planning, a publication rate per faculty member that remains below desirable levels, and the absence of a structured and widely implemented framework for assessing research impact. These weaknesses suggest that, despite progress, further efforts are needed to enhance the effectiveness and influence of pediatric research activities.

To address these challenges, several actions are recommended. First, strengthening stakeholder engagement through collaborative workshops and consultations with academic leaders, health authorities, and child health professionals can ensure that strategic plans more accurately reflect societal needs [18]. Second, expanding international collaborations with reputable global institutions can elevate research quality and improve key scientific indicators such as citation rates and h-index values [19]. Third, establishing robust qualitative and quantitative impact assessment systems would enable systematic documentation of how research contributes to policy development, health outcomes, and service delivery improvements [20]. Finally, increasing access to domestic and international funding sources is essential for supporting high-impact research projects, particularly those with direct implications for child health [21]. Overall, these measures can enhance the performance, relevance, and long-term impact of PRCs in Iran."

Conclusion

While Iranian PRCs have demonstrated substantial progress in research output, strategic planning, and scientific contributions, further improvements in international collaboration, funding allocation, and translational research are needed to enhance policy impact and child health outcomes. Strengthening research infrastructure and fostering multidisciplinary collaboration will be essential for future progress.

Ethical Considerations

Compliance with ethical guidelines

There were no ethical considerations to be considered in this research.

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Authors contributions

Conceptualization, study design, project administration, technical, and material support, supervision, review and editing: Monir Baradarn Eftekhari; Data acquisition: Katayoun Falahat and Masoumeh Ebrahimi Tavani; Data analysis, interpretation, and statistical analysis: Katayoun Falahat; Writing the original draft: Masoumeh Ebrahimi Tavani.

Conflicts of interest

The authors declared no conflict of interest.

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