The costs of disease burden in Iran

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Indicators which help us evaluate the burden of a disease and its related health interventions include financial cost, mortality, and morbidity.¹ Quality-adjusted life year (QALY) and disability-adjusted life year (DALY) are two indicators that quantify the total number of years lost because of illness.² One DALY is equal to one year of healthy life lost, and disease burden is a measure of the gap between current health status and the ideal health status.³ These indicators help us compare disease burdens, and have also been used to forecast the possible impacts of health interventions.³

However, as a limitation, DALY is a generalization of a multifaceted reality, and consequently, provides a rough indication of health impact.⁴ The consideration of only DALY is not enough for policy makers to base health care plans upon. Policy makers pay the greatest attention to the highest DALYs; however, the presence of lower DALYs, as the major contributing factors of disease burden, should not be ignored. For instance, maternal death maintains a high disease burden, and prevention of coughs in infants does not receive enough financial support.⁴

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The Iranian healthcare system is effective in countering temporary problems, like treating infections. However, a chronic disease should be considered as an epidemic, and as the population ages, health care policy makers should be more efficient in countering chronic diseases. Chronic conditions, like malignancies, heart disease, lung disease, and diabetes, have the highest cost for the health care system.⁴

In Iran’s health care system, chronic diseases obtained less attention compared to infectious diseases.⁵ A complete action plan should begin with a comprehensive study and end in a multifaceted intervention, linking the whole health system in Iran.⁵ Iran has a well-built primary health care system that has been very efficient in decreasing the burden of infectious diseases, infant mortality, and maternal mortality, and increasing the well-being of mother and child. However, this system is not intended to reduce the burden of chronic diseases.⁶,⁷

Chronic diseases affect national economies in a negative way. Medical charges drain investments in economic fields which in turn worsen the national economy.⁸ The direct costs of chronic diseases are huge and their estimates vary in different regions or years. This may cause inequality in access to healthcare benefits, investment systems, and
other related issues.\(^8\) Evidently, health expenditures are services that are used to prevent disease.\(^9\)

In Iran and other countries, chronic diseases are responsible for the majority of mortalities and morbidities. This issue is the major causative factor in failures in economic development. Therefore, interventions should be made in a comprehensive way to reach the global goal of chronic diseases prevention in order to reduce the burden of disease and its related financial costs.

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### References