



Iran's healthcare system challenges at a glance

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Healthcare systems on the whole are looking for better ways to meet present and future challenges, whereby Iran is not an exception.¹ Nowadays it seems that healthcare system in Iran is facing a new challenge of doubled burden of diseases. Prevalence of chronic diseases in Iran and collection of therapeutic centers in large cities have caused inaccessibility or expensive availability of these services in other deprived areas. Besides, Iran is one of the aging countries in which the elderly population in the country has increased significantly over the past forty years. Nowadays, almost 10% of the population is over 60 years, leading to an increase of chronic diseases.² According to the World Health Organization (WHO), pocket payment related to the healthcare costs in Iran was about 60.2% in 2007.³ It should be noted that according to the statistics provided by Iranian databank in 2009, approximately 9 million people were not covered by any health insurance plan.⁴ Critics argue that Iranian populations have become too dependent on expensive technology and people are not only over-diagnosed but are over-treated.⁵ From the another point of view,

statistics show that ratio of nurses per hospital bed is 0.5 to 0.8, compared to 1.8 in the more developed countries. This shows the existence of a large gap between the standards of healthcare system in Iran compared to other global standards which have caused a dramatic decline in the quality of nursing services in Iran.⁶

Growing out of pocket payments could be related to the fact that almost 12% of the population is not covered by insurance plans. Currently, there are several different insurance plans under agencies and ministries which have led to a lack of an effective control and integration in the health insurance system. Physicians' "per case", which is an effective incentive for hospitals and physicians to provide additional medical services, is another reason for out of pocket payments.⁷ In this case, diagnosis-related groups (DRG) reimbursement system in the U.S. might be a good option. DRG system can help medical institutions to complete their information about comparing the costs of treatment and treatment outcomes.⁸ Another strategy could be utilizing programs such as public-private mix model due to high coverage of private physicians in Iran.⁹ In sum, success of a healthcare system depends upon a paradigm change within its context which can distinguish its challenges and offers innovative

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and logical solutions based on local and cultural circumstances.

Conflict of Interests

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