

ORIGINAL RESEARCH

Occupational Health Services Integrated in Primary Health Care in Iran

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Abstract

INTRODUCTION A healthy workforce is vital for maintaining social and economic development on a global, national and local level. Around half of the world's people are economically active and spend at least one third of their time in their place of work while only 15% of workers have access to basic occupational health services. According to WHO report, since the early 1980s, health indicators in Iran have consistently improved, to the extent that it is comparable with those in developed countries. In this paper it was tried to briefly describe about Health care system and occupational Health Services as part of Primary Health care in Iran.

METHODS To describe the health care system in the country and the status of occupational health services to the workers and employers, its integration into Primary Health Care (PHC) and outlining the challenges in provision of occupational health services to the all working population.

FINDINGS Iran has fairly good health indicators. More than 85 percent of the population in rural and deprived regions, for instance, have access to primary healthcare services. The PHC centers provide essential healthcare and public-health services for the community. Providing, maintaining and improving of the workers' health are the main goals of occupational health services in Iran that are presented by different approaches and mostly through Workers' Houses in the PHC system.

CONCLUSIONS Iran has developed an extensive network of PHC facilities with good coverage in most rural areas, but there are still few remote areas that might suffer from inadequate services. It seems that there is still no transparent policy to collaborate with the private sector, train managers or provide a sustainable mechanism for improving the quality of services. Finally, strengthening national policies for health at work, promotion of healthy work and work environment, sharing healthy work practices, developing updated training curricula to improve human resource knowledge including occupational health professionals are recommended.

KEY WORDS health care system, occupational health services, Iran, primary health care

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INTRODUCTION

The 18th largest country in the world in terms of area at 1,648,195 km, Iran has a population of

77,447,000, which makes it one of the most populous countries in the Middle East region. It is a country of particular geostrategic significance as a result of its location in the Middle East and central

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Eurasia. Iran has borders on the north with Armenia, Azerbaijan, and Turkmenistan. Because Iran is a littoral state of the Caspian Sea, which is an inland sea and condominium, Russia and Kazakhstan are also accounted as Iran's direct neighbors to the north. On the east Iran is bordered by Afghanistan and Pakistan, on the west by Iraq, on the northwest by Turkey, and finally on the south by the Persian Gulf and the Gulf of Oman. Tehran is the capital, the country's largest city, and the political, cultural, commercial, and industrial center of the nation. Iran is a regional power and has an important role in international energy security and the world economy as a result of its large reserves of petroleum and natural gas.^{1,2}

Health Care System in Iran. Health care in Iran primarily is divided in 3 main sections: the public-governmental system, the private sector, and nongovernmental organizations. The health care and medical sector's market value in the country was almost US\$24 billion in 2002 and then raised to US\$31 billion by 2007; total health care spending was expected to rise to \$50 billion by 2013, which reflects the increasing demand on medical services. Total health spending was 6.7% of gross domestic product in Iran in 2013 and more than 90% of the population has access to primary health care. According to the World Health Organization (WHO), in 2000 Iran ranked 58th in health care and 93rd in health system performance worldwide. In 2013, Bloomberg ranked Iran the 45th most efficient health care system, ahead of United States and Brazil. The report also states that life expectancy in Iran is 73 years with \$346 per capita spending on health care. Data show the health status of Iranians has improved over the last 2 decades, and Iran was able to extend its public health preventive services through the establishment of an extensive primary health care (PHC) network. As a result, child and maternal mortality rates have fallen significantly and life expectancy at birth has risen remarkably.^{3–5}

Health Network. Iran has a well-structured health care system; basic health care is available to the entire population and guaranteed by the Iranian Constitution. According by a WHO report, since the early 1980s, health indicators in Iran have consistently improved, to the extent that it is comparable with those in developed countries.⁶ Life expectancy is estimated at 75.9 for women and 72.1 for men, an increase of more than 20 years since 1975,⁷ and infant mortality in rural areas has quartered over the same period.⁸ In fact, the Iranian

health care system is highly centralized; most decisions are directly made by the Ministry of Health, Treatment and Medical Education (MOHME), which is in charge of provision of health care services through its network, medical insurance, medical education, supervision and regulation of the health care system in the country, policymaking, production and distribution of pharmaceuticals, and research and development. Therefore, the MOHME is the main policymaking body, and it has a directorate responsible for preventive programs; its performance has been very good in recent years.

At the provincial level, the universities of medical sciences and health services are responsible for providing health services occupational and environmental health. Beside the universities of medical sciences, part of the services are provided by insurance companies and social welfare organizations' provincial and district units. The peripheral units (health houses/rural health centers) offer health services free of charge. An elaborate system of health network has been established that has ensured provision of PHC to the vast majority of the public. There are also many nongovernmental organizations active in health issues in Iran, primarily in special fields such as pediatric cancer, breast cancer, diabetes, and thalassemia.^{6,9}

Primary Health Care. PHC was established in Iran in 1978 and is known as part of the national infrastructure for providing health care services. In this system, the health house, the most peripheral rural health facility, covers approximately 1500 people who live in the main and satellite villages. The number of villages covered by a health house depends on population, cultural, climatic, geographical conditions, and especially routes of communication. Each health house is staffed by a female and a male *behtarz* (community health worker).

Rural health centers (RHCs) are public health facilities run by a general physician and a number of health technicians. RHCs monitor and guide the activities of the health houses, provide outpatient care, and refer cases, if needed, to the district hospitals. It is estimated that 19,000 health houses and 3000 RHCs are responsible for delivering PHC services to the rural inhabitants throughout the country.

Basic PHC includes 4 levels of services: urban health centers; urban health posts (HPs); rural health centers, which have a physician and other health workers (eg, nurses, midwives, dental technicians, environmental health workers) supervising a number

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