



The costs of disease burden in Iran

Ezatollah Abbasian¹, Ali Poormohammadi²

1 Associate Professor, Department of Economics, Bu-Ali Sina University, Hamedan, Iran

2 Lecturer, Social Development and Health Promotion Research Center, Kermanshah University of Medical Sciences, Kermanshah, Iran

Letter to Editor

Date of submission: 18 Nov 2014, Date of acceptance: 25 Jan 2015

Editor in Chief

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

Corresponding Author:

Ali Poormohammadi

Email: apoormohammadi000@yahoo.com

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 obtain 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.

Citation: Abbasian E, Poormohammadi A. **The costs of disease burden in Iran.** *Chron Dis J* 2015; 3(2): 87-8.

References

1. Brown ML, Lipscomb J, Snyder C. The burden of illness of cancer: economic cost and quality of life. *Annu Rev Public Health* 2001; 22: 91-113.
2. Scallan E, Hoekstra RM, Mahon BE, Jones TF, Griffin PM. An assessment of the human health impact of seven leading foodborne pathogens in the United States using disability adjusted life years. *Epidemiol Infect* 2015; 1-10.
3. Svihrova V, Svihra J, Luptak J, Swift S, Digesu GA. Disability-adjusted life years (DALYs) in general population with pelvic organ prolapse: a study based on the prolapse quality-of-life questionnaire (P-QOL). *Eur J Obstet Gynecol Reprod Biol* 2014; 182: 22-6.
4. Fox-Rushby J. Whose values count? A critique of disability adjusted life years (DALYs). *Quality of Life Research* 2001; 10(3): 27.
5. Aghazadeh R, Zali MR, Bahari A, Amin K, Ghahghaie F, Firouzi F. Inflammatory bowel disease in Iran: a review of 457 cases. *J Gastroenterol Hepatol* 2005; 20(11): 1691-5.
6. Koiek S, Gharib A. Iran's healthcare system challenges at a glance. *Chron Dis J* 2013; 1(2): 96-7.
7. Vahabi B, Vahabi A, Gharib A, Sayyadi M, Sayyad S. Prevalence of head louse infestations and factors affecting the rate of infestation among primary schoolchildren in Paveh City, Kermanshah Province, Iran in the years 2009 to 2010. *Life Sci J* 2013; 10(12s): 360-4.
8. Yach D, Hawkes C, Gould CL, Hofman KJ. The global burden of chronic diseases: overcoming impediments to prevention and control. *JAMA* 2004; 291(21): 2616-22.
9. Razmi MJ, Abbasian E, Mohammadi S. Investigating the Effect of Government Health Expenditure on HDI in Iran. *Journal of Knowledge Management, Economics and Information Technology* 2012; (5).