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CONSTRAINTS AND CONSEQUENCES OF HEALTH CARE SYSTEMS AT THE PERIPHERAL LEVEL

by

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Iran is one of the rapidly developing countries of the world, with approximately 32 400 000 population. It is a progressive nation with a quick passage from one beset by relatively low economic status and diseases to one of prosperity, improved health and longer life expectancy of its people. Therefore the organization of health care systems must keep in step with growing needs and resources of the country. Iran's health budget is 5 percent of the national budget; there is an annual per capita health investment of $ 4,83, which is one of the highest per capita health expenditure in the developing countries.

Cultural, socio-economic and geographical diversities have resulted in certain constraints, which are more or less recognized by the public health authorities. During the past few years some plans have been designed for proper development of health care systems in the country, particularly for provinces and rural areas. Since mothers and children constitute the majority of the population, MCH/FP programmeshave received priority in the Fifth Five-Year (1973-1978) Development Plan.

According to the writer's experience in the field of public health, during the past twenty years, the most important constraints of health care systems in Iran are as follows:

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Shortage of health manpower

The need for trained personnel in the field of public health and preventive medicine is quite obvious all over the world particularly in developing countries. Health manpower is not adequate , either qualitatively or quantitatively, to meet the extensive needs.

According to the latest reports of the General Department of Statistics, Ministry of Health, there is a total number of 11 510 doctors in Iran; 7 134 general practitioners, 3 494 specialists, 882 general surgeons. There are 765 female doctors, which is not adequate, because the majority of women are reluctant to go to a male doctor for gynaecologica diseases and delivery. Although the number of female doctors has been increasing during the past few years, still it is not enough to meet the needs. In 1967 among 514 graduates of medical schools, 55 or approximately 10 per cent were females; in 1968 among 627 graduates 71 or 11.3 per cent, and in 1970 among 679 there were 91 or 13.4 per cent female doctors. The number of nurses and nurse-midwives is 3 818, and the number of midwives is 1 620. Moreover, the number of doctors and midwives who have received special training in various fields of public health is not great. Therefore the majority of doctors are concerned with treatment rather than prevention In most cases they practise symptomatic treatment without using paraclinical facilities, X-ray, etc.

To solve the problem of health manpower shortage, local resources can be utilized, or existing staff reallocated for the present, until more personnel are trained in the field of public health. Some health needs can be covered by procedures performed by auxiliaries, who have a better understanding of their environment and community. They would be accepted and respected by the local people especially in rural areas.

Maldistribution of health manpower

The number of doctors serving in rural areas, where great need exists for health services, is approximately 52 per cent of the total number of doctors in the country. Highly trained physicians and specialists are not willing to serve in rural areas, where there is not enough housing and living facilities. This is quite understandable, and constitutes a special problem in itself. Midwives and nurses also prefer to work in large cities, especially in the capital.

This problem can be solved by paying doctors, midwives and nurses higher salaries, by providing better living conditions, by special vacation privileges, especially in areas with bad climate - either excessive heat or humidity - and by some assurance of regular promotion to better jobs after a certain period of service.

It is true that according to the law concerning the practice of medicine in the country, every medical school graduate is obliged to serve for four years in the provinces in order to obtain the license of practising in Teheran, but this regulation has some disadvantages. Sending a doctor just graduated to the provinces is to place the youngest and least experienced person in a relatively unsupervised position.

Discontinuation of the services

Since there are approximately 50 000 dispersed villages in the country and population density is low, the health services provided by mobile units are not continuous. Moreover, they do not cover the essential health needs, consequently the services are neither satisfactory nor effective.

According to the studies carried out by the University of Teheran School of Public Health and the Institute of Public Health Research in the Ostan of West Azarbaijan, there was discontinuity in the services rendered by the Health Corps, as a result of recruitment constraints and the way in which services are organized. The same situation prevailed in the small hospitals and in other Ministry of Health units.

The services provided for expectant mothers in MCH/FP centres discontinue exactly when they are most needed, that is, at the time of delivery. Mothers are referred to the maternity hospitals, but not all of them can be admitted, due to the shortage of hospital beds. Even if they are admitted, the attending midwife in case of normal delivery, or the obstetrician for complicated cases, is not familiar with the patient's past history. Recently, a referral slip has been given to the expectant mother with a summary of her past history, especially in regard to the results of laboratory tests, blood group Rh factor, haemoglobin, V.D.R.L., urine analysis for albumen and sugar, and also blood pressure, weight gain, complications, if any, during the ante-natal period.

After the establishment of family planning clinics many midwives were needed to work in these clinics, consequently the home delivery services, affiliated with the maternity hospitals, so useful and practical, were discontinued. The result was a marked decrease in the number of mothers attending the ante-natal clinics, which is quite understandable. When the maternity hospital bed is not available the mother is delivered at home by a trained or untrained midwife, depending upon feasibility or economic status.

During the last ante-natal visits, mothers are advised to come to the post-natal clinic for medical and gynaecological examinations, but less than 50 per cent of them come. Home visiting facilities are not available in every MCH/FP centre. Consequently no information can be collected with regard to post-natal complications etc. In family planning clinics, after interview, gynaecological examination, health education, prescription of appropriate contraceptive device, follow-up is not done routinely due to shortage of transportation facilities.

Consequently one cannot evaluate and study side-effects, complications, drop-outs or failures of various contraceptive devices properly. We all agree that one can learn plenty by following up the cases attending MCH/FP centres.

Shortage of medical and paramedical educational facilities

There are seven medical schools in Iran. University and National Medical Schools are located in Teheran. The other five medical schools are located in Shiraz, Meshed, Isfahan, Tabriz and Ahwaz, the central cities of the Ostans. There are six schools of midwifery, one in Dr Jahanshah Saleh's maternity hospital affiliated with Teheran University Medical School, two schools of midwifery in Meshed, affiliated with Meshed University Medical School and General Health Department, one in Isfahan, operated under the Red Lion and Sun Society, one in the General Health Department of Kermanshah, and one in Firouzabady General Hospital. There are twenty-four schools for nursing education, twelve schools are located in Teheran: Firouzgar Medical Centre, Institute of Nursing; Teheran University Medical School; one in the National Medical School; Reza Shah the Great School of Nursing established by the Red Lion and Sun Society; Ashraf Pahlavi established by the Royal Organization for Social Services; one private in the Institute of Hospital Administration; Ashrafian and Azarmidokht under the Social Insurance Organization; Shafa,

established by the Rehabilitation Society; Leila Pahlavi and Armed Forces; Misaghie and Part private hospitals. The other twelve schools of nursing are located in the provinces.

Hospitals affiliated with medical schools are not adequate for all medical students during their internship. Other hospitals are also scarce,with insufficient number of beds, and are accessible to a relatively small proportion of the population. The University Hospital Medical School has two important functions:

(a) To provide an appropriate educational experience.

(b) To set up a model of top-quality medical and health care for the community.

The first function is carried out quite well, due to the variety of patients and diseases which provides ample experience for medical students, but the second function is not carried out properly due to miscellaneous reasons.

Very few of the existing hospitals have been built according to modern architecture, especially those affiliated with medical schools, while the majority of private hospitals located in Teheran and provinces can compete with the most elaborate hospitals in the Middle East, and even in Europe. Nursing care is not adequate in both kinds of hospitals.

Duplication of services

The consequences of the existing various organizations and societies have been duplication of health services. They are centrally oriented, preserving their own identity, resulting in malutilization of the health services. The economic consequences of the services provided by these various societies and organizations are not estimated. There is a very limited co-ordination and co-operation between them. Perhaps this situation can be considered as a limitation rather than a constraint.

Socio-economic and cultural constraints

According to the Fourth Principle of the "Revolution of the Shah and the People", a profit-sharing system for workers has been implemented and the per capita income has been increased considerably. More jobs are available in industry; however, low economic status, especially in rural areas, remains as a determinator of the medical care pattern in the country.Diseases

are secondary, although some of them are almost entirely due to economic status, for example protein-calorie malnutrition. Private health care and hospitalization is expensive for a family with an average income.

Cultural patterns and traditional barriers have great influence on the acceptability of health services. Public health personnel working in MCH/FP centres are very familiar with the mother's comments: "I'd rather die than expose myself to a male doctor". This also can be considered as a limitation rather than a constraint; consequently we need more female obstetricians and midwives.

At present University of Teheran School of Public Health and the Institute of Public Health Research, with the co-operation of the Government of Iran, WHO and the International Epidemiological Research Centre, have proposed a project for further development of the health services in the Ostan of West Azarbaijan, which is a very interesting and practical system. It is applicable in other similar Ostans with more or less the same geographical, cultural and socio-economic conditions.

We have been hoping that our health care systems will contribute to improved health and, as a result, to national development. During the past twenty-two years of public health activities in Iran certain goals have been achieved, but we still have a long way to go.

RECOMMENDATIONS

1. Present health care systems should be studied very carefully and evaluated. Plans for further development of health services in all Ostans should be suggested.
2. The top health administrators should receive training in modern management and research methods.
3. General practitioners should have the opportunity to participate in short-term refresher courses, in the field of general public health, once every five years, for example, which should be organized by the Ministry of Health.

4. Medical students should be trained in the general methodology of medical research. They should become familiar with the selection and definition of a health problem for research and the recognition of priorities.
5. Since maternity beds are not enough to meet the needs, until the goal is achieved of "All deliveries in maternity hospitals" home delivery services should be further implemented.
6. A new type of auxiliary health personnel should be selected from local people and be trained by the Ministry of Health, to work for their own familiar community.
7. There should be a combination of curative and preventive services, which is in accordance with the policies stated in the Fifth Five-Year Development Plan.
8. There must be a better understanding between Ministry of Health and medical schools; they should be aware of each other's activities and programmes.
9. Facilities should be provided for pre-school children, especially in rural areas, for screening, early detection and health appraisal.
10. Since very few MCH/FP centres have in-service training programmes, which are very important, responsible personnel should be encouraged to organize and implement them.
11. Iran's health budget is 5 per cent of the national budget. It should be doubled to meet the extensive requirements for public health services.
12. Studies should be carried out with regard to the functions, coverage and characteristics of the present health care systems. What has been done? Where has been the failure and why? What should be done in the future? What have been the consequences in terms of coverage, achievements in reducing the maternal and infant mortality rates, control of rapid population growth, through the family planning programme, etc.?