

ALPHABET OF EQUITY IN HEALTH CARE SYSTEM AND EQUITY TO STUDY JUSTICE IN IRANIAN HEALTH

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Abstract

Studies show that in most countries of the non-health sector have less chance to survive. Great divide between the urban population, the rural, the poor and needy people in the community a greater chance of being infected with various diseases and disabilities caused by the disease can be fatal.

Studies in Iran and measurement of Justice indicate disparities between groups of populations is unclear. In this paper, we tried to ABC principles and concepts of justice and health indicators relevant measure is explained, and then a brief study on the health status of Iranian solution to the name of "public insurance" stating this declarations Discounting .

Keywords: justice, health, measured by injustice, universal coverage, health care finance, equity indices

Introduction

Health studies, surveys in many countries is indicating that other groups have had less chance to survive. Large class differences among populations in urban, rural, and even between different areas of a city there. Poor groups in the community are not only the patient but also the greater the chances of fatal diseases, chronic disabilities is also higher.

And perhaps for the following reasons, equity in health sectors of particular importance to the nation and the state is entitled:

A - Unfortunately, in many countries on health care, a process called "inverse care" occurs. The poor and the rich in proportion to the share of people with low incomes are less likely to receive health care.

B- There is confusion among scholars about the concept of justice entrance. When justice is summed with another concept as well other special definitions are needed(Figueras,2005).

1- Equality or equity in health?

One of the biggest concerns being discussed in today's society, the concept of equality and equity in health is two words. To implement policies related to the definition of the two words must have. Equity in health means every person of society regardless of gender, race, religion, culture and so on. The same and equal access to health services and facilities, But equity in health means that everyone needs and deserves the benefit of the health services.

2- Equity in health functional perspective

Greek philosopher Aristotle was the first justice to be divided into two parts: horizontal equity and vertical equity. Horizontal equity means that his words "Equality should be treated equal" and vertical equity means "disparities, unequal treatment."

2-1 Horizontal equity: horizontal to the fairness of the system of health care for two people with the same problem using a similar method. Horizontal equity in access to health services are considered to be on the word "access" is more emphasized(Kern& Ritzen, 2005).

2-2 Vertical equity: vertical fairness to those who have similar problems and are treated in different ways. That is unequal treatment for unequal need, which means that the situation deteriorated further use of medical services. Vertical equity is formed by setting priorities and on the word "priority" is more emphasized. In this sense, the idea of increasing access to health care for different groups is discussed.

3- Just look at the health of the individual

In this regard, there are seven approaches are briefly described:

- 1- Egalitarian: the same health benefits to all levels of society.
- 2- allocation according to need: it is based on the definition of "need"
- 3- rule of Rescue: When people are in an emergency situation, whatever it may have done for them.
- 4- Equity of access: requires defining and access to justice in a text horizontally placed.
- 5- decent minimum: that health is defined in terms of the proposed package.
- 6- maximum principle: the maximum position of poor people.
- 7- libertarian: distribution of resources based on merit.

4 - Equity in financing healthcare

the question is, who should pay the costs of health care? He has to pay and how much? Countries in terms of their health financing systems are very different. Some countries rely on the tax system, the social security number and some private sources insist(Alexander,2005).

The system relies on income tax , a high proportion of vulnerable segments of the income is spent on health care payments. On private sources of low-income people pay a larger share. This system was unfair financial pressure and a lot of people are bringing. In the past decade, there was interests in the concept of how many households participate in the financing of health services. In 2000, the World Health Organization , criteria for measuring fair financial contribution to the household contribution was proposed, which is applied in the present case. Paid family health services play an important role in the national politics of many countries.

4-1 Household financial participation rate of household financial partnership with HFC icon is displayed, the financial burden of health care for families in the show. The scale of total household expenditure divided by HE the public taxes, contributions to social insurance contributions, private insurance premiums and direct payments depends on the household's capacity to pay (CTP) is obtained.

$$HFC = \frac{HE}{CTP}$$

HFC is usually calculated annually but calculated monthly will have to be more careful.

A review on indicators of household financial contributions for injustice in order to calculate the health costs of financing. Technologies scientists, have developed indicators to measure each of them are described briefly:

4-1-1-1 FFC index or index fund participation at the fair: The criteria proposed by the World Health Organization and the goal of measuring the amount of equity in the distribution of the financial burden of health care costs. These criteria define the term national program is a special place. FFC method should be determined in the following definitions shall be applicable to the measurement.

4-1-1-2 direct payments: cost-of-pocket payments by households in receipt of health services

4-1-1-3 Household Expenditure: Household spending all the cash or merchandise includes household. The financial burden of health payments: all household spending, which is only orally, in addition to the monetary value of food produced by the household itself, minus the cost of feed consumed outside the home and the cost of smoking and alcohol(Roberts,2004). Simply the ratio of the capacity to pay out of pocket payment.

4-1-1-4 crippling costs: a cost-of- pocket payments to 40 percent of households will pay a Capacity happen.

4-1-1-5 Households paying capacity: the capacity of households to pay for non-payment of subsistence is included.

4-1-2 Teal inequality index: An index that measures the value of various events with respect to their probability of occurrence. The scale of the disaster and how much are fair feasibility measures. Tate significant differences between the maximum expected value and determines the condition. The value of the index is negative or zero, it indicates the Barbarian and the number is increasing with the increase in inequality.

4-1-3 Mean logarithmic deviation: the MLD index is known. Zero values in the index, the perfect justice and injustice show higher numbers. The lower limit of the index is negative.

4-1-4 Atkinson index: The index of social action status and the welfare state and the relationship between changes in this case are described and injustice. The index between zero (perfect equality) and one (maximum inequality) holds. This indicator is most useful for the analysis of health care benefits.

Should be noted that no significant financial contribution to the household alone can not determine the status of injustice. FFC's contribution to the household and is a tool for politicians to make the right policy by deciding.

5- Evaluation of equity in health studies have been conducted in the field of health inequalities and the failure to provide reports in a way that equity indices also endorse the Pool(Davidson,2000).

For example, in studies of families have been identified:

- The cost of catastrophic health in Iran: the percentage of the urban population and three percent of the rural population are forced to pay for health costs over 40 percent of the raw materials, sell their life.

- The equity index downward motion and continuity for families is disastrous.

- The following Iranian households more likely to face the unbearable cost of treatment:

Rural households, households with dependent non-governmental employees like private payroll, veterans, unemployed job seekers, workers in the informal sector and independent workers, and members of the families of children under 12 years old over 60 years, they are above average, households that heads are illiterate or low-literate households are outside the umbrella insurance.

- Every year at least one percent of households due to the failure of the financial system due to pay out of pocket health care costs, the poorer plunge.

Conclusion

The above summary is based is available in the following policies:

- The only way to achieve justice in the field of public health insurance coverage.

- The first step in understanding the socio-economic characteristics of the target population, the indicators in this section is accurate.

- Health insurance system should be organized first by providing the necessary resources to cover various social groups by appoint. Secondly policies regarding financial participation of families in the health system to adopt.

- Can government subsidies to distribution mechanisms such treatment works horizontally and vertically.

- The Ministry of Welfare is measured by indicators such as FFC can choose policy.
- Because the more rural areas of the city dwellers are exposed to risks arising from diseases and disabilities located, has decent insurance plan to be followed in this class with greater speed and quality.

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