

Economic sanctions and dental public health in Iran

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Short Communication

Abstract

BACKGROUND AND AIM: Economic sanctions on Iran cause parlous civilian hardship and important economic and social problems. Evidence regarding the impact of economic crisis on dental public health is very rare. This paper reviews the experience of other countries regarding this issue and the plausible solutions.

METHODS: In this paper, the outcomes of studies that investigated the impact of economic crisis on different countries of the world were summarized and their experiences in coping with such situations were reviewed.

RESULTS: One of the reasons for unfavorable health outcomes among the population is economic recession. Reduced income is associated with less health services utilization and reduced use of preventive care in general. Adoption of high-risk behaviors and increased physical and psychologic stress can be considered as secondary outcomes in such cases.

CONCLUSION: One of the best ways to deal with oral public health problems at the first months of financial crisis is focusing on the prevention of disease. The health policy makers in Iran should immediately organize the public health system through preventive oral health care.

KEYWORDS: Economics; Community Dentistry; Health Policy; Preventive Dentistry

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On May 8, 2018, the United States of America (USA) officially withdrew from the Joint Comprehensive Plan of Action (JCPOA) and reinstated harsher sanctions on Iran. There is now substantive cumulative evidence that these sanctions cause severe civilian hardship and profound social and economic problems. Looking at the same situation in other countries such as Cuba, Iraq, and Haiti, the imposition of economic sanctions will raise concerns about public health implications.^{1,2}

Dental and periodontal diseases are characterized by high prevalence among both adults and children. Although they are seldom life-threatening, many are chronic; typically, they have acute stages that are treatable and of short duration. Because of these characteristics, other chronic conditions are usually considered more serious public

health problems by policy makers.

The policy implications of the social approach to measuring the impact of oral conditions are significant. It is widely accepted that stroke, heart disease, and cancer have large and serious consequences in terms of disability, morbidity, mortality, and treatment costs. The conditions are personally devastating in these and other ways to the individual. However, the social costs of dental conditions may be as great as cancer and heart disease from the perspective of societal health objectives.

We do not have enough evidence regarding the impact of economic crisis on oral public health in other countries. However, some studies investigated the impact of financial crisis on general health and health inequalities among people of European countries during the years of

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economic recession.^{3,4} Based on the results of these investigations, reduced income is one of the causes of unfavorable health outcomes for the population. It is associated with reduced use of preventive care services and health services utilization in general, reduced food consumption, and increased adoption of high-risk behaviors such as smoking and alcohol consumption.

Methods

In this paper, the outcomes of studies that investigated the impact of economic crisis on different countries of the world were summarized and their experiences in coping with such situations were reviewed. Evidence regarding the impact of economic crisis on oral public health is very rare. This paper reviews the experience of other countries regarding this issue and the plausible solutions.

Results

The economic crisis certainly contributes to the contraction of the demand. The fall of disposable income, owing to an increase of both fiscal pressure and inflation, will drastically reduce purchasing power. Therefore, families plan to reduce the quantity and quality of goods and services and will implement strategies to cut spending in all sectors, including the health sector. Consequently, a drop in access to dental services will be observed since they are perceived as not urgent and extremely expensive.

On the supply side, during the economic recession, the shortfall in revenue of dentists would be happened not only by the reduction of attending patients but also by the increase in the cost of materials, taxation, and employee wages.⁴

On the other hand, financial crisis increases inequalities such as health inequalities in society.⁵ This means that following occurrence of financial crisis, the oral health status of people with lower socioeconomic status will be affected more than other people. In this regard, several

studies show that people with low income or with a low level of education, ethnic minorities, or people with the very weak networks of social capital experience greater difficulty in access to and use of dental services, despite actually having the greatest need.^{6,7}

Discussion

The structured primary health care (PHC) system in Islamic Republic of Iran was established in the 1970s, and integration of oral health care into the nationwide PHC network followed in 1997.⁸ In this regard, about 60% of PHC centers have an oral healthcare unit with a dentist who is in charge of basic services, such as restoration, scaling, and extraction, mainly for target groups consisting of children aged < 12 years, pregnant women, and nursing mothers. However, the PHC system in Iran has been not effective enough in dealing with oral diseases prevention.

In a recent study in Iran, it has been shown that there are many challenges around the oral public health system in Iran. This study classified the main obstacles of success in oral public health programs as educational, environmental, organizational, and school-based factors.⁹

Unfortunately, these main obstacles and problems in oral public health system in Iran coincide with the disastrous economic recession of Iran. The income and facilities of both private and public health sector have decreased, and the Ministry of Health has been affected by austerity measures.

Based on the current financial situation in Iran and the abovementioned oral public health system, it is important to learn from the experiences of other countries and forecast the problems and obstacles which will encounter us in near future. One of the best ways to deal with oral public health problems at the first months of financial crisis is focusing on the prevention of disease. The health policy makers in Iran should immediately organize the public health

system through preventive oral health care.

There are two obvious reasons regarding the importance of focusing on preventive oral health care during the financial crisis. First, many oral disease conditions are indeed preventable with early treatment. For instance, dental sealants can effectively prevent cavities in children.¹⁰

Second, it has been shown that established preventive interventions for childhood tooth decay, including early and regular preventive dental care, fluoridation, and sealants are effective in reducing disease burden and lowering costs.¹⁰

Indeed, the treatment of unmet dental needs in the context of the economic crisis is also so important. The treatment of chronic disease and acute problems, especially in underserved communities should not be neglected. In this

context, the innovative approaches for improving access to dental care for the underserved people should be organized.

Conclusion

It seems that oral public health department in the Ministry of Health and Medical Education of Iran, as the main responsible sector, should recall all dental public health scholars with the aim of revising policies and conducting immediate action before arising disasters in dental health status of people.

Conflict of Interests

Authors have no conflict of interest.

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