

Unmet health-care needs in people with disabilities: An evidence to make reforms in health insurance programs in Iran

Sir,

In Iran, people with disabilities (PWDs) consist of 1.3% of general population, but the World Health Organization's report cites that around 15.6% of world population experience type of disabilities.^[1,2] Studies show that PWDs are more likely to report poorer health than their counterparts without a disability. Although disability is not a disease, it can cause more health problems among PWD than the general population. On the other hand, these people encounter with cascades of disparities and barriers to access to health-care services including cultural, physical, and financial barriers.^[3]

Since PWDs are more likely to experience poverty than the general population, they need more financial protection to use health services than others. However, some studies in Iran indicate that PWD to promote their health need services that is not covered by health insurances. These services frequently are used by PWD, but there is no insurance coverage for them, and thus PWDs have to pay out of pocket. These services such as dental care services, rehabilitation services, and assistive devices usually cost a lot, and PWD cannot afford to use these type of services.^[4-6]

This problem highlights that health needs of vulnerable groups are not fulfilled by the public health insurances completely, and there is a need to revise current benefit packages and develop a health insurance fund to cover health needs of PWD effectively. For example, Medicaid programs in the United States provide mandatory and optional benefits for PWD.^[7] Thus, it sounds that special health needs of PWD cannot be covered by common health insurances and policymakers should consider some effective policy options to reduce disparities in health insurances coverage. In this article, we have proposed the suggestions to develop special benefit packages for PWD in Iran. These suggestions need to be supported by different stockholders including policymakers, Nongovernmental Organizations, and PWD.

- Making law reforms: First, we need to investigate existing laws to assure the right of PWD to receive acceptable and affordable health-care services

- Developing a special benefit package: PWDs have various and special health-care needs that are not covered by the current benefit packages. Thus, there is a need to design new packages according to socioeconomic and health status of PWD
- Equitable Health system financing: Equitable financing for universal coverage should ensure that financial obstacles do not prevent vulnerable groups from access to health-care services they need. Of these, government and health insurances should play main roles to financial risk protection of PWD
- Creating social-political movements: The history of disability in developed countries show that social movements have important influences on the society attitudes and policy processes
- Conducting health economics researches: Basically, designing a special benefit package needs to conduct extensive economics studies such as cost-effectiveness and cost-utility studies.

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Conflicts of interest

There are no conflicts of interest.

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REFERENCES

1. Soltani S, Hafshejani AM, Salehiniya H. Trend of disability prevalence in Iran: An evidence to improve disability data. *J Res Med Sci* 2015;20:531-2.
2. World Health Organization. World Bank (2011) World Report on Disability. Malta: World Health Organization; 2012.
3. Naaldenberg J, Kuijken N, van Dooren K, van Schroyenstein Lantman de Valk H. Topics, methods and challenges in health promotion for people with intellectual disabilities: A structured review of literature. *Res Dev Disabil* 2013;34:4534-45.
4. Soltani S, Takian A, Akbari Sari A, Majdzadeh R, Kamali M. Cultural barriers in access to healthcare services for people with disability in Iran: A qualitative study. *Med J Islam Repub Iran* 2017;31:51.
5. Abdi K, Arab M, Rashidian A, Kamali M, Khankeh HR, Farahani FK, *et al.* Exploring barriers of the health system to rehabilitation services for people with disabilities in Iran: A qualitative study. *Electron Physician* 2015;7:1476-85.
6. Sharifi A, Kamali M, Chabok A. Rehabilitation needs of people

with cerebral palsy: A qualitative study. *Med J Islam Repub Iran* 2014;28:16.

7. Keohane LM, Rahman M, Mor V. Reforming access: Trends in medicaid enrollment for new medicare beneficiaries, 2008-2011. *Health Serv Res* 2016;51:550-69.

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