



Contents lists available at ScienceDirect

Health Policy and Technology

journal homepage: www.elsevier.com/locate/hlpt

Letter to the Editor

Rouhani-Care and the Joint Comprehensive Plan of Action: A nightmare scenario



Universal health coverage (UHC) is considered as a mission of the health system in order to achieve the third millennium development goal. Different countries carry out a set of health care reforms to cover all patients and increase access to the necessary health care services with the least financial problems [1]. During the past thirty years, Iran's primary healthcare sector has been well-developed and has achieved significant success. Vaccinations against infectious diseases such as polio, measles, rubella, and diphtheria are being fully covered. In addition, the diseases like malaria and trachoma have nearly been eradicated [2,3].

However, the health system has faced numerous challenges in terms of financing and the provision of medical care, so that about three per cent of the population is faced with impoverishing health care expenditures annually [4]. Inefficient policies regarding financing, healthcare governance, and the weak political supports by the government to empower the private sector to invest in the health care sector on the one hand, and the existence of the international sanctions imposed by the USA on the other hand, prevented the implementation of the reform to improve the condition of the medical care sector. No sooner did the previous government change than the new one brought the spirit of reconciliation on the both sides (Iran and the six governments including the five permanent members of the United Nations Security Council—China, France, Russia, United Kingdom, United States—plus Germany, and the European Union) in terms of reducing Iran phobia and resolving the issue of the previous international sanctions (primary agreement at November, 24th, 2013), while Rouhani-Care was performed, as one of the greatest social reforms. On 5th May, 2013, Rouhani-Care began to work to reduce the out-of-pocket expenditures, improve patient access to medical care and expensive pharmaceuticals, and promote the quality of health services [5].

The relative synchronization of Rouhani-Care implementation and the constructive compromise reached with the states called Joint Comprehensive Plan of Action (JCPOA) enabled the government, on the grounds of the elimination of the international sanctions, to increase the revenues from the sale of oil and gas condensate, modify the price of energy sources, and allocate some parts of the value-added-tax to the health sector, thereby providing a huge amount of funds for implementing Rouhani-Care.

The plan could reach the preset goals in a satisfactory level, so that the out-of-pocket payment expenditure reduced from 55 to 39% of total health expenditure (Fig. 1) and nearly 9 million people were more covered by the plan. Moreover, Rouhani-Care provided a platform to vanish the limitation of the patients access through importing the necessary medicines that were created during the sanctions [6].

However, it is a matter of considerable concern that the United States stepped out of the agreement (on 8th May, 2018) and demanded that other countries reinstate all previous sanctions.

Generally, it must be acknowledged that all the effects of sanctions on the health system and the health outcomes cannot be identified, as the sanctions may have effects emerge over a long period and have indirect effects that are not easy to identify. But as we know, unilateral US sanctions can be divided into two categories, each of which has a different impact on the Iranian health system. The oil sanctions include a ban on major Iranian oil and condensates buyers. On the one hand, this boycott will reduce the government's oil revenues, which accounts for most of the government's revenues lead to the reduction in the monetary resources allocation to the health sector. On the other hand, the sanctions on oil and condensate might affect the country's economic growth and could increase unemployment. This will reduce the number of people paying insurance premiums for healthcare services and as a result, the resources injected by the insurance companies into the health sector would be limited. Therefore, the oil boycott might reduce financial resources into the health sector. Some of the possible adverse effects in this category of the sanctions are higher salaries of hospital and non-hospital personnel compared to the annual rate of inflation, delayed payments to providers, and the shrinking of some programs.

Other sanctions include the sanctions on inter-bank telecommunication such as disconnecting Iranian banks from SWIFT (Society for Worldwide Interbank Telecommunication) system. These sanctions have the most impact on the pharmaceutical and medical devices market. The Iranian pharmaceutical industry generates nearly 95% of the country's pharmaceuticals. However, for the purchase of raw pharmaceutical materials to product medicines, it is necessary to transfer money to worldwide banks. In addition, disconnecting inter-bank communication might decrease the import of high-tech and branded medicines needed by patients with severe diseases such as cancer, multiple sclerosis, and hemophilia. This category of sanctions reduces patients' access to needed medicines, increases the waiting list for patients to receive surgical interventions, and uses reusable medical devices rather than the single-use medical devices. Such effects have been published in various reports [7,8].

In this context, healthcare policy makers will face tough choices either to limit the packages designed in Rouhani-Care, or increase out-of-pocket payments to compensate for the limitation of resources. These options are strongly in contradiction with the objectives set out in Rouhani-Care and UHC goals. It seems that the sustainability of Rouhani-Care in the current situation, particularly the access to necessary medicines for patients might be hurt by new sanctions. The health policy makers could reduce the adverse effects of returning unilateral sanctions by changing how resources are allocated to achieve a higher level of efficiency, moving

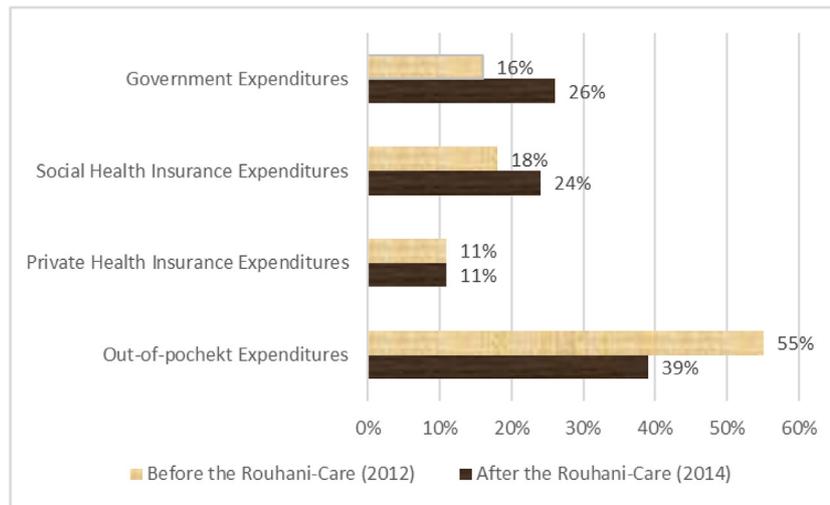


Fig. 1. The source of financing in the Iran healthcare sector (Source: National Health Accounts of Iran).

towards more sustainable resources of health care, such as using the sources of tax on harmful health products, as well as establishing a system to manage low-value care which is not cost-effective [9]. Increasing the resilience of the health system against economic fluctuations imposed by domestic or international factors should also be considered as a principle in the process of policy making in the field of healthcare.

Funding

None.

Competing interests

None declared.

Ethical approval

Not required.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:[10.1016/j.hlpt.2019.02.006](https://doi.org/10.1016/j.hlpt.2019.02.006).

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