

# The Potentials of Big Data in Achieving Universal Health Coverage in Iran

Meysam Behzadifar<sup>1</sup>, Masoud Behzadifar<sup>1\*</sup>, Seyed Jafar Ehsanzadeh<sup>2</sup>, Nicola Luigi Bragazzi<sup>3</sup>

<sup>1</sup>Social Determinants of Health Research Center, Lorestan University of Medical Sciences, Khorramabad, Iran.

<sup>2</sup>English Language Department, School of Health Management and Information Sciences, Iran University of Medical Sciences, Tehran, Iran.

<sup>3</sup>Human Nutrition Unit, Department of Food and Drugs, University of Parma, Parma, Italy.

\*Corresponding author: Masoud Behzadifar: Social Determinants of Health Research Center, Lorestan University of Medical Sciences, Khorramabad, Iran. Email: masoudbehzadifar@gmail.com.

Received 2022 September 17; Accepted 2022 September 28.

## Abstract

Big data refers to large and complex data sets that cannot be easily processed, managed, or analyzed using traditional data processing tools and techniques. The role of big data in health encompasses a wide range of applications that leverage large and complex data sets to improve health outcomes and healthcare delivery. The goal of universal health coverage (UHC) is to ensure that everyone has access to the health services they need when and where they need them, without financial barriers or catastrophic health expenditures that can lead to poverty. Big data in Iran's health system has the potential to significantly improve healthcare delivery, enhance patient outcomes, and reduce healthcare costs. Moreover, big data can assist in ongoing monitoring and evaluating the progress toward achieving UHC goals in Iran.

**Keywords:** Big Data; Equity; Universal Health Coverage; Iran; Health Policy

## 1. Introduction

Big data refers to large and complex data sets that cannot be easily processed, managed, or analyzed using traditional data processing tools and techniques (1). These data sets typically have a variety of data types and formats and may be generated from different sources, such as social media platforms, sensors, mobile devices, and business transactions (2). The term "big data" refers not only to the size of the data but also to the speed at which it is generated and the complexity of the information it contains. Big data is typically characterized by the "3Vs": Volume, variety, and velocity (3). The size of big data can range from terabytes to petabytes, and it requires specialized tools and technologies such as distributed computing, cloud computing, and machine learning algorithms to extract insights and value from the data (4). Big data analytics is used to identify patterns, trends, and relationships within the data and to make predictions and decisions based on these insights. Big data has numerous applications across various industries, including healthcare, finance, retail, manufacturing, and transportation (5). It has the potential to provide insights and solutions to complex problems and to drive innovation and growth. However, it also raises concerns about data pri-

vacancy, security, and ethical considerations, which must be addressed in collecting, processing, and using big data (6).

The role of big data in health encompasses a wide range of applications that leverage large and complex data sets to improve health outcomes and healthcare delivery. With the growth of digital health technologies and the increasing availability of health data from various sources, big data analytics has become a critical tool in healthcare research, management, and decision-making (7). One of the key applications of big data in health is disease surveillance and outbreak detection. By monitoring large amounts of health data in real-time, public health officials can quickly detect and address infectious disease outbreaks and identify trends and patterns in disease incidence and prevalence (8). Another important use of big data in health is in personalized medicine, where patient-specific data, including genetic information, lifestyle factors, and medical history, is analyzed to develop personalized treatment plans. This approach can lead to more effective treatments with fewer side effects and has the potential to transform the way healthcare is delivered (9). Big data analytics is also used in healthcare opera-



tions management, where it helps to optimize processes, reduce costs, and improve patient outcomes. For example, hospital administrators can use big data to improve patient flow, reduce wait times, and optimize staffing levels. In addition, big data can support clinical research and drug discovery by facilitating the analysis of vast amounts of data from clinical trials, electronic health records, and other sources to identify new treatments and improve drug development processes (10). The role of big data in healthcare has become increasingly important and has the potential to transform healthcare delivery, improve health outcomes, and reduce costs. However, as with any use of sensitive data, it is important to address privacy and ethical concerns to ensure that the benefits of big data are realized while protecting the privacy and rights of individuals (11).

## 2. Main Text

Universal health coverage (UHC) refers to a system where all individuals and communities can access quality health services without financial hardship. The goal of UHC is to ensure that everyone has access to the health services they need, when and where they need them, without any financial barriers or catastrophic health expenditures that can lead to poverty (12). Universal health coverage encompasses a broad range of health services, including preventive, promotive, curative, and rehabilitative services and access to essential medicines and vaccines. It also includes financial protection mechanisms, such as health insurance or other forms of risk pooling, that can help to reduce the financial burden of healthcare costs on individuals and families (13). Achieving UHC requires a comprehensive approach that involves improving health systems, strengthening health financing mechanisms, and ensuring that health services are of high quality and accessible to all. It also requires a focus on equity, ensuring that the most vulnerable and marginalized populations have access to health services equally. Universal health coverage has been recognized as a key priority by the United Nations, with the sustainable development goals (SDGs) demanding universal health coverage by 2030 (14). Many countries have made significant progress towards achieving UHC, but much work remains to be done to ensure that everyone, regardless of their income, can access the health services they need (15). Universal health coverage plays a critical role in achieving equity in health by ensuring that all individuals and communities have access to quality health services without facing financial hardship. Universal health coverage is based on the principle that access to healthcare is a fundamental right, and everyone should have access to the services they need, when and where they need them (16). By providing access to essential health services, UHC helps to reduce health inequalities and improve health outcomes for all, including the most vulnerable and marginalized populations. Universal health cover-

age ensures that everyone, regardless of their income or social status, has access to the same quality of care and is protected from the financial burden of healthcare costs that can lead to poverty (17). Universal health coverage also helps address social determinants of health, such as income inequality and lack of access to education and employment opportunities, by ensuring everyone has access to the healthcare services they need to maintain good health and well-being. By reducing the financial burden of healthcare costs, UHC can also help reduce the impact of health shocks on individuals and families and promote economic stability and development (18). However, achieving UHC alone is not enough to ensure equity in health. To achieve equity in health, UHC must be complemented by efforts to address the underlying social determinants of health, such as poverty, education, and social exclusion. This requires a comprehensive approach that involves not only strengthening health systems and ensuring access to quality healthcare services but also addressing broader social and economic factors that influence health (19).

Big data can play a significant role in achieving equity by identifying and analyzing disparities and inequalities across various domains, including healthcare, education, employment, and social welfare (20). By analyzing large and complex data sets, big data can help identify patterns and trends that can inform policies and interventions to reduce inequities and promote greater equity. One of the key applications of big data is achieving equity in healthcare. Big data analytics can help identify disparities in access to healthcare services, health outcomes, and healthcare utilization by analyzing health data, including demographic, geographic, and clinical data. This information can be used to inform targeted interventions and policies to reduce health inequities and promote greater equity. In education, big data can be used to identify disparities in student achievement, access to educational resources, and educational outcomes (21). This information can be used to develop targeted interventions and policies to promote greater equity in education, such as improving access to high-quality educational resources and supporting programs that address the needs of disadvantaged students. In employment, big data can be used to identify disparities in pay, job opportunities, and career advancement. This information can be used to develop policies and interventions that promote greater equity in employment, such as promoting equal pay for equal work and supporting initiatives that promote workforce diversity and inclusion (22).

The use of big data in Iran's health system has the potential to significantly improve healthcare delivery, enhance patient outcomes, and reduce healthcare costs. With a growing population of over 83 million people, Iran's health system faces significant challenges in meeting the increasing demand for healthcare services. The use of big data can help address these challenges by providing insights and analysis that can inform policies and inter-

ventions to improve healthcare delivery and outcomes (23). One area where big data can be particularly useful in Iran's health system is disease surveillance and outbreak detection. By analyzing large and complex data sets from electronic health records, public health databases, and other sources, big data analytics can help identify patterns and trends in disease incidence and prevalence and enable early detection of outbreaks. This information can be used to inform targeted interventions and policies to prevent and control the spread of disease. Big data can also be used to improve the quality and safety of healthcare delivery in Iran. By analyzing clinical data, big data analytics can help identify best practices and evidence-based guidelines for diagnosis and treatment and identify areas for improvement in healthcare quality and safety (24). This information can be used to develop targeted interventions and policies to improve healthcare delivery and patient outcomes. Big data can be used to improve healthcare efficiency and reduce costs in Iran's health system. By analyzing healthcare utilization and expenditure data, big data analytics can help identify inefficiencies and opportunities for cost savings in healthcare delivery. This information can be used to develop policies and interventions to promote greater efficiency and reduce healthcare costs while maintaining or improving the quality of care (25).

The role of big data in achieving UHC is significant, as it can provide insights and analysis that can inform policies and interventions to improve healthcare access, quality, and affordability for all. UHC is defined by the World Health Organization as ensuring that all people have access to quality essential healthcare services without suffering financial hardship. Big data can help achieve UHC in several ways. First, it can be used to identify and analyze patterns and trends in healthcare utilization, expenditure, and outcomes, which can help identify disparities and inefficiencies in healthcare delivery (26). This information can be used to develop targeted interventions and policies to improve healthcare access and quality and reduce healthcare costs, which is essential for achieving UHC. Second, big data can be used to identify and analyze the social determinants of health, such as income, education, and occupation, which are key factors that influence healthcare access and outcomes. By analyzing data from various sources such as social media, mobile devices, and electronic health records, big data analytics can help identify and address the social determinants of health that contribute to healthcare disparities and inequities (27). Third, big data can be used to monitor and evaluate progress toward achieving UHC goals. By tracking and analyzing healthcare data over time, big data analytics can help identify trends and patterns in healthcare utilization, expenditure, and outcomes, which can help inform policies and interventions to improve healthcare access and quality and reduce healthcare costs. The role of big data in achieving UHC is essential, as it can provide insights and analysis that can

inform policies and interventions to improve healthcare access, quality, and affordability for all. However, it is important to address privacy and ethical concerns to ensure that the benefits of big data are realized while protecting the privacy and rights of individuals (28). Additionally, it is important to recognize that big data is only one tool in achieving UHC and that broader social and economic policies are necessary to address the underlying factors contributing to healthcare disparities and inequities. The use of big data in Iran's healthcare system can play a significant role in achieving UHC, which is a key priority for the country. Universal health coverage aims to ensure that all people have access to essential healthcare services without financial hardship (29).

Big data can help achieve UHC in Iran by providing insights and analysis to inform policies and interventions to improve healthcare access, quality, and affordability. For instance, big data analytics can be used to identify patterns and trends in healthcare utilization and expenditure, which can help identify disparities and inefficiencies in healthcare delivery. This information can be used to develop targeted interventions and policies to improve healthcare access and quality and reduce healthcare costs (30).

Big data can also be used to improve disease surveillance and outbreak detection, which is crucial for achieving UHC (20). By analyzing large and complex data sets from electronic health records, public health databases, and other sources, big data analytics can help identify patterns and trends in disease incidence and prevalence and enable early detection of disease outbreaks (22). This information can be used to inform targeted interventions and policies to prevent and control the spread of disease, which is important for achieving UHC.

In addition, big data can be used to monitor and evaluate progress toward achieving UHC goals in Iran. By tracking and analyzing healthcare data over time, big data analytics can help identify trends and patterns in healthcare utilization, expenditure, and outcomes, which can help inform policies and interventions to improve healthcare access and quality and reduce healthcare costs.

### 3. Conclusions

The use of big data in Iran's healthcare system has the potential to transform healthcare delivery, enhance patient outcomes, and improve healthcare efficiency and cost-effectiveness, all of which are critical for achieving UHC. However, it is important to address privacy and ethical concerns to ensure that the benefits of big data are realized while protecting the privacy and rights of individuals. Additionally, broader social and economic policies are necessary to address the underlying factors contributing to healthcare disparities and inequities, which is essential for achieving UHC in Iran.

Author Contributions:

MaB, MeB, NLB, and SJE: Conceptualization, writing,

original draft, writing, review and editing.

#### Conflict of Interests:

The authors declare that they have no competing interests.

## References

- Jing Y, Yang J, Johnson DB, Moslehi JJ, Han L. Harnessing big data to characterize immune-related adverse events. *Nat Rev Clin Oncol*. 2022;**19**(4):269-80. [PubMed ID:35039679]. <https://doi.org/10.1038/s41571-021-00597-8>.
- Brophy JM. Big Data, Big Expectations, and Big Judgements. *Can J Cardiol*. 2022;**38**(10):1567-9. [PubMed ID:35817216]. <https://doi.org/10.1016/j.cjca.2022.07.001>.
- The Lancet Digital Health. Big data and long COVID. *Lancet Digit Health*. 2022;**4**(7):e477. [PubMed ID:35750397]. [PubMed Central ID:PMC9214483]. [https://doi.org/10.1016/S2589-7500\(22\)00113-3](https://doi.org/10.1016/S2589-7500(22)00113-3).
- Piovani D, Bonovas S. Real World-Big Data Analytics in Healthcare. *Int J Environ Res Public Health*. 2022;**19**(18):11677. [PubMed ID:36141962]. [PubMed Central ID:PMC9517048]. <https://doi.org/10.3390/ijerph191811677>.
- Li X, Olatosi B, Zhang J. Harnessing Big Data to end HIV. *AIDS Care*. 2022. <https://doi.org/10.1080/09540121.2022.2159000>.
- Chan CL, Chang CC. Big Data, Decision Models, and Public Health. *Int J Environ Res Public Health*. 2022;**19**(14):8543. [PubMed ID:35886394]. [PubMed Central ID:PMC9324609]. <https://doi.org/10.3390/ijerph19148543>.
- Sanchez-Pinto LN, Luo Y, Churpek MM. Big Data and Data Science in Critical Care. *Chest*. 2018;**154**(5):1239-48. [PubMed ID:29752973]. [PubMed Central ID:PMC6224705]. <https://doi.org/10.1016/j.chest.2018.04.037>.
- Benke K, Benke G. Artificial Intelligence and Big Data in Public Health. *Int J Environ Res Public Health*. 2018;**15**(12):2796. [PubMed ID:30544648]. [PubMed Central ID:PMC6313588]. <https://doi.org/10.3390/ijerph15122796>.
- Mooney SJ, Pejaver V. Big Data in Public Health: Terminology, Machine Learning, and Privacy. *Annu Rev Public Health*. 2018;**39**:95-112. [PubMed ID:29261408]. [PubMed Central ID:PMC6394411]. <https://doi.org/10.1146/annurev-publhealth-040617-014208>.
- Beam AL, Kohane IS. Big Data and Machine Learning in Health Care. *JAMA*. 2018;**319**(13):1317-8. [PubMed ID:29532063]. <https://doi.org/10.1001/jama.2017.18391>.
- Lau E, Wu JC. Omics, Big Data, and Precision Medicine in Cardiovascular Sciences. *Circ Res*. 2018;**122**(9):1165-8. [PubMed ID:29700063]. [PubMed Central ID:PMC6488521]. <https://doi.org/10.1161/CIRCRESAHA.118.313161>.
- Garrison Jr LP. Universal health coverage—big thinking versus big data. *Value Health*. 2013;**16**(1 Suppl):S1-3. [PubMed ID:23317638]. <https://doi.org/10.1016/j.jval.2012.10.016>.
- Tao W, Zeng Z, Dang H, Li P, Chuong L, Yue D, et al. Towards universal health coverage: achievements and challenges of 10 years of healthcare reform in China. *BMJ Glob Health*. 2020;**5**(3):e002087. [PubMed ID:32257401]. [PubMed Central ID:PMC7103842]. <https://doi.org/10.1136/bmjgh-2019-002087>.
- Squires N, Colville SE, Chalkidou K, Ebrahim S. Medical training for universal health coverage: a review of Cuba-South Africa collaboration. *Hum Resour Health*. 2020;**18**(1):12. [PubMed ID:32066468]. [PubMed Central ID:PMC7026964]. <https://doi.org/10.1186/s12960-020-0450-9>.
- Tangcharoensathien V, Mills A, Patcharanarumol W, Witthayapopsakul W. Universal health coverage: time to deliver on political promises. *Bull World Health Organ*. 2020;**98**(2):78-A. [PubMed ID:32015572]. [PubMed Central ID:PMC6986228]. <https://doi.org/10.2471/BLT.20.250597>.
- Fisher M, Freeman T, Mackean T, Friel S, Baum F. Universal Health Coverage for Non-communicable Diseases and Health Equity: Lessons From Australian Primary Healthcare. *Int J Health Policy Manag*. 2022;**11**(5):690-700. [PubMed ID:33300769]. [PubMed Central ID:PMC9309940]. <https://doi.org/10.34172/ijhpm.2020.232>.
- Taniguchi H, Rahman MM, Swe KT, Islam MR, Rahman MS, Parsell N, et al. Equity and determinants in universal health coverage indicators in Iraq, 2000-2030: a national and subnational study. *Int J Equity Health*. 2021;**20**(1):196. [PubMed ID:34461904]. [PubMed Central ID:PMC8404248]. <https://doi.org/10.1186/s12939-021-01532-0>.
- Wang TT, Mathur MR, Schmidt H. Universal health coverage, oral health, equity and personal responsibility. *Bull World Health Organ*. 2020;**98**(10):719-21. [PubMed ID:33177761]. [PubMed Central ID:PMC7652557]. <https://doi.org/10.2471/BLT.19.247288>.
- Rodney AM, Hill PS. Achieving equity within universal health coverage: a narrative review of progress and resources for measuring success. *Int J Equity Health*. 2014;**13**:72. [PubMed ID:25928840]. [PubMed Central ID:PMC4192297]. <https://doi.org/10.1186/s12939-014-0072-8>.
- Noorbakhsh-Sabet N, Zand R, Zhang Y, Abedi V. Artificial Intelligence Transforms the Future of Health Care. *Am J Med*. 2019;**132**(7):795-801. [PubMed ID:30710543]. [PubMed Central ID:PMC6669105]. <https://doi.org/10.1016/j.amjmed.2019.01.017>.
- Kulkarni S, Jha S. Artificial Intelligence, Radiology, and Tuberculosis: A Review. *Acad Radiol*. 2020;**27**(1):71-5. [PubMed ID:31759796]. <https://doi.org/10.1016/j.acra.2019.10.003>.
- Pillay TS. Artificial intelligence in pathology and laboratory medicine. *J Clin Pathol*. 2021;**74**(7):407-8. [PubMed ID:34031137]. <https://doi.org/10.1136/jclinpath-2021-207682>.
- Yoldemir T. Artificial intelligence and women's health. *Climacteric*. 2020;**23**(1):1-2. [PubMed ID:31951763]. <https://doi.org/10.1080/13697137.2019.1682804>.
- Giansanti D. Artificial Intelligence in Public Health: Current Trends and Future Possibilities. *Int J Environ Res Public Health*. 2022;**19**(19):11907. [PubMed ID:36231208]. [PubMed Central ID:PMC9565579]. <https://doi.org/10.3390/ijerph191911907>.
- Ray A, Bhardwaj A, Malik YK, Singh S, Gupta R. Artificial intelligence and Psychiatry: An overview. *Asian J Psychiatr*. 2022;**70**:103021. [PubMed ID:35219978]. [PubMed Central ID:PMC9760544]. <https://doi.org/10.1016/j.ajp.2022.103021>.
- Martinez-Millana A, Saez-Saez A, Tornero-Costa R, Azzopardi-Muscat N, Traver V, Novillo-Ortiz D. Artificial intelligence and its impact on the domains of universal health coverage, health emergencies and health promotion: An overview of systematic reviews. *Int J Med Inform*. 2022;**166**:104855. [PubMed ID:35998421]. [PubMed Central ID:PMC9551134]. <https://doi.org/10.1016/j.ijmedinf.2022.104855>.
- Alami H, Rivard L, Lehoux P, Hoffman SJ, Cadeddu SBM, Savoldelli M, et al. Artificial intelligence in health care: laying the Foundation for Responsible, sustainable, and inclusive innovation in low- and middle-income countries. *Global Health*. 2020;**16**(1):52. [PubMed ID:32580741]. [PubMed Central ID:PMC7315549]. <https://doi.org/10.1186/s12992-020-00584-1>.
- Das T, Takkar B, Sivaprasad S, Thanksphon T, Taylor H, Wiedemann P, et al. Recently updated global diabetic retinopathy screening guidelines: commonalities, differences, and future possibilities. *Eye (Lond)*. 2021;**35**(10):2685-98. [PubMed ID:33976399]. [PubMed Central ID:PMC8452707]. <https://doi.org/10.1038/s41433-021-01572-4>.
- Kipruto H, Muneene D, Droti B, Jepchumba V, Okeibunor CJ, Nabyonga-Orem J, et al. Use of Digital Health Interventions in Sub-Saharan Africa for Health Systems Strengthening Over the Last 10 Years: A Scoping Review Protocol. *Front Digit Health*. 2022;**4**:874251. [PubMed ID:35601887]. [PubMed Central ID:PMC9120370]. <https://doi.org/10.3389/fdgh.2022.874251>.
- Li S, Hickey GW, Lander MM, Kanwar MK. Artificial Intelligence and Mechanical Circulatory Support. *Heart Fail Clin*. 2022;**18**(2):301-9. [PubMed ID:35341542]. <https://doi.org/10.1016/j.hfc.2021.11.005>.