



Home Care Services during the COVID-19 Pandemic: Justice-Oriented Perspective

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ABSTRACT

During the COVID-19 pandemic, patients with better general conditions are sent to their own homes for self-quarantine due to a lack of resources in the health system, especially the lack of beds and human resources. Improving patient care may force households to inevitably use home care services, which can be examined from the health equity perspective. In the first step, home care services should be expanded by medical universities in all regions of the country, including less developed areas. In the second step, the financial protection of the recipients of these services should be provided through interventions, such as health insurance coverage. In addition, after the COVID-19 pandemic (post-corona period), it is necessary to organize home care services as soon as possible due to the population aging trend. Finally, despite the problems caused by the COVID-19 pandemic in the country, it is better to use the challenges, actions, and lessons learned from this crisis to complete the infrastructure of the health system in various ways.

Key words: COVID-19, Health economics, Health equity, Home care, Iran

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Introduction

The outbreak of COVID-19 disease, a severe global health challenge, was first reported in Wuhan, China (1). According to the World Health Organization (WHO) official report, as of August 27, 2021, 4833135 Iranians have been infected with coronavirus, and 104716 people have died due to this infection (2).

The COVID-19 pandemic disrupted all parts of the country and made fundamental changes to suit new conditions. Concerning the health sector, the pandemic outbreak has created various political, managerial, and economic challenges for the industry, significantly increased government spending (especially health systems), reduced limited resources from other health sectors, and mobilized to manage new conditions. In addition, the formation of medical services has changed, most facilities were allocated to provide services to patients with COVID-19 disease, and also, caregiving for other patients was postponed.

Currently, this pandemic in Iran is mainly of the British mutant type and is passing its fourth wave, having a high daily infection and death rate. This issue has caused the health care centers of the country to face an increased number of patients while facing lack of facilities, especially not having enough beds and workforce to admit all patients. Therefore, people with better general conditions are sent to their own homes for self-quarantine. Fear of caring for COVID-19 patients, fear of transmitting the virus to other family members, lack of patient care skills, and ultimately the desire to provide quality health care to the patients may force households to use home care service (3).

Discussion

Home care services include a variety of public health, medical, and rehabilitation services (4). Although there is no proper infrastructure and organization for these services in the health system and the provision of services lacks specialized workforce, its position in the health system has increased significantly. There are about 405 home care services institute in Iran (5). In providing

health care to patients with COVID-19, home care services are mainly in the form of doctor visits, nurse visits, injections, serum attachments, and disease testing.

Health equity has three dimensions, including equity of access to health care services, equity in financing, and equity in health outcomes (6). From this perspective, home care services can be considered from the perspective of the first two dimensions:

1. Equity of access to home care services: In most cities of the country, especially in deprived areas that need more attention and care, there is no access to these services, which may cause many problems for households and prevent them from receiving services.

2. Equity in the financing of home care services: Accurate costing and actual tariffing of home care services have not been done in the country health system. Consequently, the basic insurance package and supplementary insurance have not been prepared for it. Therefore, these factors will put households with COVID-19 disease, who have been forced to use home care services under high financial pressure. Then, these households may face catastrophic health expenditure and experience poverty caused by out-of-pocket payments. These phenomena are contrary to one of the critical goals of the health system under the title of financial protection of households in need of health care services.

Health equity has always been a challenge in Iran health system. According to previous studies, different plans and policies have not created desirable access to health care services for the recipients in some areas. In addition, adequate financial protection of households is not provided when receiving health care services, especially for families with poor socio-economic status, households living in rural areas, and those with special diseases (6-8). Consequences of these inequities include neglecting quality services, delaying the treatment process, selling household necessities by households to pay for health expenses, and



taking loans and borrowing money from relatives (9). All of these conditions can occur for families with a COVID-19 patient.

According to the issues mentioned above, the current situation in Iran, and consultation with experts in the field, the following suggestions are provided to promote health equity of home care services during the COVID-19 pandemic. The first four suggestions are applicable for the post-pandemic period:

1. Accurate costing and full tariffing of home care services to define an appropriate financing mechanism and insurance coverage of these services.

2. Training specialized human resources to provide home care services by various centers of medical sciences education in the form of supplementary courses.

3. Establishment of mechanisms related to the development of home care services by medical universities in different regions of the country, especially deprived and less developed areas.

4. Designing an appropriate information system to announce the number and characteristics of people requiring home care services, the quality of these services, and the consequences of the health status indicators of people receiving the services.

5. Carrying out the quantitative studies to investigate the exposure of households with COVID-19 patients to catastrophic and impoverishing health expenditures.

6. Establishing supportive mechanisms, especially financial support for low-income households with COVID-19 patients.

Conclusion

Overall, after the COVID-19 pandemic (post-corona period), it is necessary to organize home care services as soon as possible due to the population aging trend. Finally, despite the problems caused by the COVID-19 pandemic in the country, it is better to use the challenges, actions, and lessons learned from this crisis to complete the health system infrastructure in various ways (10). Thus, in addition to the

readiness of the country and health system to encounter such crises, the ground for taking more effective measures to promote the health of different members of society will be provided more favorably.

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Conflict of interests

The authors declared that there is no conflict of interests.

Authors' contributions

Sheikhy-Chaman M designed research; Alipour V and Souresrafil A conducted research; Bagheri Faradonbeh S and Hamidi H analyzed data; and Hamidi H and Bagheri Faradonbeh S wrote the manuscript. Sheikhy-Chaman M had primary responsibility for final content. All authors read and approved the final manuscript.

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