



Sustainable health financing: Health-threatening products

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Health is one of every individual's fundamental values and needs that are greatly emphasized in divine religions and international documents. The impact of having a healthy society on achieving various goals such as economic growth and development, promoting the quality of life and longer life expectancy have compelled governments to utilize all resources to appropriately respond to the health needs of all demographic groups and provide high-quality and affordable health care at all levels of public health, medical and rehabilitation services. This great and vital responsibility has been trusted to health systems. Subsequently, these systems have tried to properly do their commitment to ensuring communities' health, moving towards universal health coverage (UHC), and achieving the sustainable development goals (SDGs) by creating a coordinated, orderly, and purposeful system. Furthermore, they have taken shape various policies and plans for this matter, that health financing mechanisms is one of them (1-3).

Health financing represents a core building block and function of every health system. It encompasses catalytic functions, including collecting revenues to finance and deliver healthcare, pooling health funds and risks, and purchasing various healthcare services. The sources of health financing in many countries usually comprise general taxation, social health insurance, private health insurance, community financing, and out-of-pocket (OOP) payments (4, 5). Regardless of source type, one of the main features that have always been considered by health policy-makers, managers and health economists is the sustainability of health financing. This sustainability can only occur when the limited resources available to the health system stand in a harmonious, logical, and constant arrangement with the system's obligations to provide communities health. Factors such as shifting population composition to aging, neglect of prevention and public health sector, developing new and expensive technologies, and increasing the tariffs of health services are the serious challenges that lead to



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considerable rising costs as well as unsustainability of financial resources in the Iranian health system. The existence of these factors along with the budget deficit of this system causes that the limited resources are not used properly in order to promote the health status of society. Taxation on health-threatening products is one of the offered strategies to moving toward health financing sustainability (3,6).

Health-threatening products are all the goods and services that their production and consumption in the community cause harm to the health status of the people in that community. The health system must meet the health needs of individuals who request these interventions, caused by choosing an unhealthy lifestyle and consuming or receiving health-threatening products in different periods. Therefore, it seems that the income, profit, and taxes of companies that import or produce these goods and services are some potential sources for health financing.

Regardless of previous actions, consulting with experts in the fields of food and nutrition policymaking, public economics and health economics, reviewing the experience of successful and leading countries, considering the feasibility and applicability, the following strategies can be used first to reduce the consumption of health-threatening products and second to achieving sustainable health financing from collected taxes of these goods and services in the community. They are going to be discussed through a step-by-step manner. In all parts of the present article, the term tax mentions different taxes, including general taxes, duties, and VAT (value-added tax):

1. Continuous identification of health-threatening products based on clear and scientific criteria and presenting a comprehensive list of them.
2. Establish extensive advertising and marketing limitations on health-threatening products.
3. Reform and development of taxes collection strategies from various economic and non-economic sectors.
4. Increase the taxes on health-threatening products to increase consumer costs and thereby reduce their consumption in society.
5. Allocate increased taxes on health-threatening products to the health system to complete and strengthening the country's public health infrastructures and promote people's health, especially in deprived, less developed, slum, and rural areas.
6. Creating constructive and cooperative interactions between the health system and the economic system of the country to invest in the production of health-oriented products by economic investors and make them optimally available in society.
7. Adopting audience-friendly methods to increase the public's attitude toward a healthy diet, focusing on more vulnerable groups such as children.

Overall, developed and leading countries, along with the more development of public health infrastructures in the society and the more move towards health equity expanding, have made taxation and other publicly funded programs as their most significant source of health financing (7-10). Achieving these goals in developing countries such as Iran depends on several factors, including prioritizing health at the top of all programs and interventions, collaborations between different organizations, reforming health and economic

infrastructures, solving conflicts of interest within and between organizations, and the sustainability of health-related policies and plans in the long term. In other words, evidence-based health plans and agreements made between the health system and other systems should not be influenced by individual or organizational interests. On the other hand, these measures must continue even after managers change at the different management levels, from top to operational levels. Regarding health-threatening products, first, the cost of their production and consumption in society should increase. Second, with appropriate government supports, investors can produce health-oriented goods and services. In this way, households in their consumption basket will replace healthy goods and services with unhealthy ones. On the other hand, for households who choose health-threatening products, their paid taxes will be allocated to the health system. These taxes are considered win-win-win policies because they save lives and prevent disease while advancing health equity and mobilizing revenue for the general budget. The health system can adequately take responsibility for the community health only with sufficient and sustainable financial resources. Then, by considering these resources, their proper spending, and establishing short, medium, long-term, and strategic planning, the systems can lead the society towards a healthy one. It should be noted that achieving sustainable health financing has broad implications. This paper was an attempt to discuss the subject from the perspective of taxes collected from health-threatening products. It is suggested that more specific studies be conducted to examine the issue

comprehensively and better define its related basis for decision-making and planning at the macro level.

Conflict of interests

The authors declare to have no conflict of interest.

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References

1. Sheikhy-Chaman M, Abdoli Z, Rezapour A. Equity in health with an emphasis on women's health. *WHB* 2021; 8: 253-4.
2. Sheikhy-Chaman M. The cycle of policymaking, management and economics of health system. *J Manage Strat Health Syst* 2020; 5: 169-72.
3. Tadayon M, Moradi T. I.R. Iran health system financing sustainability; its situation, indicators, and solutions to explain the article 10 of general health policies. *Iran J Culture & Health Promo* 2019; 2: 307-25.
4. Jones CM, Gautier L, Ridde V. A scoping review of theories and conceptual frameworks used to analyse health financing policy processes in sub-saharan Africa. *Health Policy Plan* 2021; 36: 1197-214.
5. Rezaei S, Woldemichael A, Ebrahimi M, et al. Trend and status of out-of-pocket payments for healthcare in Iran: equity and catastrophic effect. *J Egypt Public Health Assoc* 2020; 95: 1-8.

6. Hadian M, Harati-Khalilabad T, Sheikhy-Chaman M. Controlling the costs of the Iranian health system: letter to the editor. *Tehran Univ Med J* 2021; 79: 324-5.
7. Javadinasab H, Masoudi Asl I, Vosoogh-Moghaddam A, et al. Comparing selected countries using sin tax policy in sustainable health financing: Implications for developing countries. *Int J Health Plann Manage* 2019; 35: 68-78.
8. Thomson S, Foubister T, Mossialos E. Financing health care in the European Union challenges and policy responses. World Health Organization 2009.
9. Ifeagwu SC, Yang JC, Parkes-Ratanshi R, et al. Health financing for universal health coverage in Sub-Saharan Africa: a systematic review. *Glob Health Res Policy* 2021; 6: 1-9.
10. Myint CY, Pavlova M, Thein KN, et al. A systematic review of the health-financing mechanisms in the Association of Southeast Asian Nations countries and the People's Republic of China: lessons for the move towards universal health coverage. *PLoS One* 2019; 14: e0217278.