



The COVID-19 Pandemic: Commitments of Government Towards the Private Health Sector, with A Look at Iran

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The onset of COVID-19 disease at the end of 2019 and its spread around the world as a pandemic caused special problems for countries and governments. According to Article 29 of the Constitution and considering the structure of Iran's political economy, the government is considered the main responsible body for health policy (1). In this regard, the government has fully mobilized resources such as governmental hospitals and medical universities to treat affected patients. However, according to the news from Ministry of Health and Medical Education, about 80% of outpatient services and about 20% of inpatient services are provided by the private treatment sector (2). With this statistics, the need to involve private treatment sector in controlling the disease is felt and in most countries, such as the United Kingdom, Germany, India, the Lombardy region of Italy, South Africa, and Peru, governments have reached out to the private sector to support and control the disease; however, of the incidence of COVID-19 in Iran and severe shortage of Personal Protective Equipment (PPE) such as masks, gloves, disposable gowns and disinfectants such as alcohol at early onset of COVID-19 in Iran, the private medical sector had a severe problem with providing these devices. It was expensive and the government did not provide any facilities and did not make them available. While The World Health Organization (WHO) had warned of a pandemic, the government was expected to make arrangements for the production and storage of such devices.

The death rate of medical staff in Iran is very high compared to other countries and unfortunately so far it reaches to 170 deaths (3). Ethically, attention to the health of physicians and other health care providers should be given priority, either because of the principles of justice and profitability in the allocation of resources and the type of service they provide, or because of the ethical principle of reciprocity (4).

Many private health care workers have been out of work for days due to COVID-19 disease, and in addition to medical expenses due to closure of their workplace, suffered material damage, for which unfortunately no compensation system would help these people.

Lack of alternative programs for direct visits of patients in the Iranian health care system, deficiency of insurance companies particularly for deprived patients and doctors who are expert in using other services such as remote visits, telephone or videos consultations, are related issues in this regard. This is while the owners of many of these applications have used them without permission from the competent institutions.

Private centers have suffered a lot from financial losses during this period due to the reduction of the burden of referrals and the increase of overhead costs of providing personal protection items and observing health protocols in the interval of patients' admissions; these concerns were not considered by the government and no plan has been presented to compensate.

In the tax collection section, only the group of medical institutions, including hospitals, was recognized as Corona-affected occupations, and clinics were not included in this category.

It is a very worthy and commendable action to place the medical staff as the victims of COVID-19 disease among the martyrs who defended health, but unfortunately it only includes the governmental sector medical forces and does not include the private sector medical staff (5).

The role of the medical council organization was very important and effective at the beginning of the pandemic by providing guidelines to help private

sector employees.

The government's efforts to set up comprehensive 16- and 24-hour health centers and a 24-hour telephone line for patient counseling and follow-up (phone number 4030) were a very important step in controlling the disease at the early stages. But neglecting the high efficiency of the private sector caused the burnout of public sector employees and caused serious damage to the private sector.

To take advantage of this special opportunity to better understand the efficiency of the private sector and the constructive interaction between the government and the private sector, the following five suggestions can be applied by the government:

1. Government payment should be based on the availability of services and demand-free services instead of payment based on the amount of delivered services for private sector hospitals, which will lead to the preparation of the private sector when necessary through government support.
2. Permission should be given to distribute special drugs for the treatment of COVID-19 in private sector pharmacies under full supervision.
3. General physicians should be empowered as first-line gatekeepers of health.
4. The private sector should be provided with PPE at a reasonable price.
5. The tariff of outpatient services and visits in the private sector should be adjusted based on the real cost of services in pandemic conditions.

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