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## Regional Disparities in the Distribution of Health Care Facilities: Building Evidence for Evidence-Based Policy Making

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### Dear Editor in Chief

Equitable distribution of resources among different regions is more important than other determinant factors in a healthy and dynamic economy. Policy makers seek to reduce the disparity and inequity through designing and carrying out several aids deprivation and developmental programs (1). Existence of inequality in various dimensions is an important sign of underdevelopment. In other words, countries as a known developed countries in addition to have proper social and economic indices, have an equal distribution of income and facilities; whereas indices value and distribution of them in developing countries are low and unfair (2). Reducing inequalities in the enjoyment of resources and facilities is regarded as one of the basic criteria for developing (3).

Health and development are closely linked to each other and can affect interchangeably (4). Health sector as an important social part of any country plays a decisive role in the welfare of people (5). Access to health care is generally accepted internationally as a basic aim in meeting the health needs of people (6). This issue has been concern of community and health policy makers (7, 8). Regional health inequalities are mainly a result of differences in the level of economic development and differences in access to health care facilities (9). It is worth noting that the importance of the health sector to the extent that improvement of health indices can enhance human and social development and finally leads to the comprehensive development in the national level (10). Regional studies in many countries reveal that specific areas have better performance and have enjoyed the modern facilities (11). After the Islamic Revolution special attention has been paid to the health sector. Iran's Constitution, has defied the provision of basic needs in health care as the responsibility of the government to mobilize its resources to meet the nation's health (12).

The geographical distribution of health indicators (as one of the most important indicators of development) in the cities of Iran is heterogeneous and disproportionate (13). Iran's geographical conditions, have led to the diversity and unbalanced development (14). Similar to other developing countries, some areas compare to small areas are responsible for the majority of production and national income. This means their income is in higher level and as a result they enjoy more public service (15).

To development planning in the health sector, it is first necessary to examine the regional disparities in health care facilities across the national and provincial level (16). Annually the United Nations Centre for Regional Development (UNCRD) to

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investigate options for regional development carries out the multinational comparative studies in developing countries (17).

In order to achieve to this goals and establishing the social justice, the resources allocation regardless of the degree of inequality in the distribution of healthcare facilities, it would be vain. The health system does not reach their goals without a comprehensive plan. Health policy makers should pay attention to this evidence in allocation of resources. Today, providing the high quality, valid and reliable evidence for policy makers is the main role of health system researchers. In other words, the lack of high quality, valid and reliable evidence for appropriate allocation of resources can be effect on health of individuals. In this context, building evidence for evidence-based policy making is the responsibility of health system researchers.

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#### References

- 1. Rezvani MR,Sahne B (2005). Measure the Development of Rural Areas Using Fuzzy Logic: A Case Study Villages and Cities Qqla Turkmen Port. J Rural Dev Stud, 8:1-33.
- 2. Dadashpoor H, Alizadeh B,Madani B (2011). Examining and Analyzing the Development Trends and Spatial Inequalities in the Counties of the West Azerbaijan. J Soc Sci, 1:173-207.
- Mousavi SM, Seyedin SH, Aryankhesal A, Sadeghifar J, Armoun B, Safari Y,Jouyani Y (2013). Stratification of Kermanshah Province Districts in Terms of Health Structural Indicators Using Scalogram Model. J Health Promot Manag, 2:7-15.
- 4. Rafí'iyaan M,Taajdaar V (2008). Health Status Assessment in Mashhad Conurbation: A Regional Approach. J Geogr Reg Dev Res, Spring & Summer:163-184.
- 5. Sayemiri A,Sayemiri K (2001). Health and Treatment Ranking in Ilam Towns Using Principeal Components Method and Numrical

Taxonomy Technique. J Ilam Univ Med Sci, 8-9:30-54.

- 6. McGrail M (2012). Spatial accessibility of primary health care utilising the two step floating catchment area method: an assessment of recent improvements. *Int J Health Geogr*, 11:1-12.
- Comber AJ, Brunsdon C,Radburn R (2011). A Spatial Analysis of Variations in Health Access: Linking Geography, Socio-Economic Status and Access Perceptions. *Int J Health Geogr*, 10:44.
- Amaral P (2009) The Spatial Structure of Health Services Supply in Brazil and Great Britain. III World Conference of the Spatial Econometrics Association, Barcelona, Spain
- Barakpuor N (2004) Theoretical principles and political approach in planning and management of Localities. Conference on sustainable development perspective development locations in Tehran, Tehran
- Rannan-Eliya RP, Blanco-Vidal C, Nandakumar A (2000). The distribution of health care resources in Egypt: Implications for equity. *Boston: Harvard School of Public Health.*
- 11. Amini N, Yadolahi H,Inanlu S (2006). Health Ranking in Iran Provinces. *Soc Welf Q*, 5:27-48.
- Ahmadi AM, Ghaffari HM,Emadi SJ (2011). Relationship between Macroeconomic Variables. Soc Welf Q, 10:7-32.
- 13. Taghvaei M,Shahivandi A (2011). Spatial Distribution of Health Services in Iranian Cities. Soc Welf Q, 10:33-54.
- Ghanbari A (2011). Degree of Development and Predicting the Planning and Development Priority in Urban Places of Provinces of Iran. J Geogr, 9:165-179.
- Mohammadi J, Abdoli A,Fathi Biranvand M (2012). The Review of Development Level in Counties of Lorestan Province With Emphasis on Sanitarian and Educational Sectors. J Geogr Sci Appl Res, Summer:127-150.
- Eliyaspour B, Eliyaspour D,Hejazi A (2011). A Study of the Degree of Development in the Health Sector of Towns in North Khorasan Using Numerical Taxonomyin the Year 2006. J North Khorasan Univ Med Sci, 3:23-28.
- Taghvaei M,Nilipour Tabatabaei S (2006). Assessment of Development in Rural Areas in Iran Using Scalogram Model. *Agric Econ Dev*, 14:109-141.