



**Editorial**

**Nurses' neglected capacity for controlling chronic diseases**

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Promoting the health of the population, enhancing responsiveness to the expectations of the population, and assuring fairness of financial contribution are three goals announced by the World Health Organization (WHO) for the health systems. In the 1980s, the Iranian health system become committed to accomplishing the goal of "Health for All" (HFA) up to 2000, as well as to take a primary health care strategy, which has led to the design of a dynamic system for health care services. Developing this network, especially in the deprived and rural regions, along with providing better response to the healthcare needs of the population as well as their access to healthcare services, have decreased the burden of communicable diseases in the country and promoted the health level (1).

During the time, the Non-Communicable Diseases (NCDs) have become a severe challenge for the population by both increasing urbanism and changing people's lifestyles. The NCDs, such as Cardiovascular Disease (CVD), cancer, chronic obstructive pulmonary disease, and diabetes, are currently accounted for more than 60% of deaths worldwide (2).

As such, the number of deaths caused by NCDs is not the same among people around the world, such that only 20% of deaths from chronic diseases occur in developed and high-income countries. The rest of the other deaths occur in developing countries, which have the largest

population in the world (3). According to this, NCDs are the leading cause of the burden of disease in Iran, such that it has been accounted for 45% and 33% of the overall burden of disease for Iranian men and women, respectively (4).

In these situations, the Ministry of Health and Medical Education should take some actions to enhance the health outcomes as well as to decrease the health care expenses of NCDs and its preventable side effects. However, unfortunately, various reforms implemented in the healthcare system have failed in this regard. One of them was a plan, based on which in 2005, the Health Insurance Organization was obliged to provide the health insurance coverage to all rural residents, nomads, and cities under 20,000 to provide access to healthcare services by utilizing the Family Physician Program through the referral system for deprived regions (5).

The main aim of this program was to prepare some primary health and preventive services to the covered individual, family, and population, relatively (6). However, this program did not contain the required efficiency to accomplish its predetermined aims due to the loss and drop-out of family physicians and their fellow health workers (7). Since 2014, the Health Reform Plan was organized in four steps as follows: "improving accessibility, affordability, and quality of care", "developing self-care", "realizing tariffs", and "transforming medical education."

This plan increased the measures to recruit and retain physicians, and the

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attempts to retain physicians and to reduce the people's expenditures for healthcare services resulted in crowding the public hospitals and imposed high medical costs to the government (8,9).

Most of these efforts were more focused on acute care, in such a way that the provision of preventive and community-based services remains on the sidelines. Whereas utilizing an efficient and useful of the limited health care resources, accessing early diagnoses, essential medicines, organized medical information and referral systems, are critical to providing appropriate care for people at risk of suffering from NCDs (10).

The WHOPEN is a prioritized set of cost-effective interventions. These interventions can lead to generating an acceptable quality of service, even in the absence of resources. In this regard, the WHO emphasizes that WHOPEN should not only be considered a separate program from primary healthcare, but it should be aimed to integrate NCDs into Primary Health Care (PHC). Indeed, people suffering from NCDs require long-term care that is preventive, patient-centered, community-based, and sustainable. This care can only be achieved through PHC-based healthcare systems (11).

As such, the capacity of the national health network can be utilized to implement these interventions and to reduce the burden related to NCDs. For this purpose, the IraPEN plan has recently been designed and piloted. This plan aims to investigate the risk factors of four diseases, such as diabetes, hypertension, cancer, and chronic obstructive pulmonary disease, to diagnose and treat them early. The successful integration of the plan into the nation's health care network may reduce NCDs-related deaths (12).

However, some requirements should be considered to be implemented; one of these requirements is to supply the required manpower. In this regard, some experts have argued that the implementation of IraPEN is subject to the

training of a new generation of healthcare providers, based on which an undergraduate course titled "Health Care Provider" was proposed at the Ministry of Health and Medical Education. However, in most parts of the world, community health nurses play a critical role in community-based care plans. In Australia, for instance, some clinics have been established where the nurses admit and evaluate patients, provide health care services, treatment, control, discharge, and finally, referral to other healthcare providers such as physicians (13).

Moreover, during recent years, the gatekeeper policy has been developed in several countries, especially in China, to reduce both health care expenses and to save money (14). Nurses and general physicians who provide a range of primary and secondary health care services generally play the role of gatekeeper. In this policy, the patients' exposure to the health system is initiated through the gatekeeper. If people need further treatment and care, they are referred to the relevant specialist. In this way, on the other hand, if these people go to the gatekeeper in the first step, the government will pay most of their medical expenses. This policy has now been developed to extend community-based services (15).

The nurses are trained to provide the necessary care for both healthy people and patients as well as to train them to take care of themselves and accept some responsibility for maintaining and promoting their health.

The nurses obtain some competencies through their curriculum that put them in the best position to prevent and manage NCDs. Such nurses are ready to provide comprehensive service to clients in all lifespan and settings. Hence, that is a reason why the Secretary-General of WHO has stated that it is impossible to achieve universal health coverage without the presence of such nurses.

More than a hundred years ago, modern nursing education was begun in Iran. In recent years, nursing education was more expanded so that 40,000 nursing students

are currently studying for undergraduate and graduate degrees.

Whereas, many graduate nurses may prefer to work in community-based care, rather than in the hospital. However, the health system is reluctant to use nurses in these settings. In this matter, defining, training, and recruiting different types of public health technicians in family health, disease control, etc. have prevented nurses from entering the field of prevention.

As a result, the health policymakers should pay more attention to the nursing capacity to accomplish universal health coverage as well as to obtain a successful implementation of Ira-PEN in Iran; instead of introducing different kind of healthcare worker, they should consider the capacity of nurses and efficient use of them like many developed countries.

## **Conclusion**

According to WHOPEN, the Iran health system had developed IraPEN to cope with the NCDS challenge. The success of this plan needs to pay more attention to field facts and reflection on the experiences of successful countries to cope with NCDs. While it may be efficient and necessary to expand the role of nurses and shift them towards community-based and preventive care services to the successful implementation of this program, a question arises why not utilize the capacity of nurses to provide community-based health care?

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