



Performance of Social Security Organization in Iran: A Comparative Analysis

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ABSTRACT

In this paper an attempt has been made to analysis the performance of social security organization in providing health care services in Iran. The secondary time series data from 2001 to 2010 has been used for analysis. It has been identified that, the dependency of SSO on other hospitals, physicians and specialists is significantly high. Mean-time, the dependency of SSO to treat the outpatients more on the specialists belongs to the hospitals under the contract of SSO. Hence, the study suggests reducing the dependency of social security organization on other hospital and doctors. Accordingly it is the right to SSO to think about nano-medicine instead of spending huge money for out-sourcing.

KEYWORDS: Social Security Organization, Health Services, Direct and Indirect Health Services, & Health Expenditure.

Introduction

One of the most important components of human development is health. Without a health, life wouldn't be joyful and useful. In general, the health has been determined by too important factors; balanced diet and health care services. There are three major ways of availing health care services. One, an individual himself avail a health care services by spending his own money. Second, if an individual failed to spend for his health care services government can provide health care services. Third, a third party (insurance company) can provide the health services condition to insurance made against the individual. The premium towards the insurance has to be paid by individuals. However, in the civilized democratic society it is the responsibility of government to protect the health of people. In this regard if an individual failed to insured for the life, the government has to facilitate for the health and the security of the people.

In Iran, the government has developed a system to protect the health of people. The government of Iran, for the purpose, has developed an institutional system to take care the health security of people. This institutional set up is known as "social security organization (SSO)", created by Islamic republic of Iran. However the resources and scope of SSO are very limited, and need to be effectively utilized to reach out larger section of the people. Accordingly, SSO has developed a unique methodology to implement its programmes and to realize its goals and objectives. Given the criteria, SSO directly provided health care services through its own hospital and medical staff (hereafter it will be treated as SSO direct controlled services).at the sometime, SSO also avail the service of other hospitals and medical staff which are not directly control of SSO but these services have been utilized under the contracts. Therefore, medical services have been provided directly through SSO and hospitals having the contract with SSO. In the present paper an attempt has made to examine the efficiency of hospitals under the direct control of SSO and the hospitals having the contract with SSO.

Review of literature

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities (MNT Knowledge Center, 2009).According to the World Health Organization; health care systems' goals are good health for the citizens, responsiveness to the expectations of the population, and fair means of funding operations. Progress towards them depends on how systems carry out four vital functions: provision of health care services, resource generation, financing, and stewardship (World Health Organization, 2000). Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases (CDC FOUNDATION, 2014). A good health

system delivers quality services to all people, when and where they need them. The exact configuration of services varies from country to country, but in all cases requires a robust financing mechanism; a well-trained and adequately paid workforce; reliable information on which to base decisions and policies; well maintained facilities and logistics to deliver quality medicines and technologies (Hodstein, 2014). Health insurance is a type of insurance coverage that covers the cost of an insured individual's medical and surgical expenses. Depending on the type of health insurance coverage, either the insured pays costs out-of-pocket and is then reimbursed, or the insurer makes payments directly to the provider (Nordquist, 2012).The importance of health insurance covers those unpredictable moments in life. It is the guarantee of being seen when ill and to have that medical treatment on a pay scale based on coverage (JASON'S MONEY JOURNAL, 2010_2014). social security, any of the measures established by legislation to maintain individual or family income or to provide income when some or all sources of income are disrupted or terminated or when exceptionally heavy expenditures have to be incurred (Abel Smith, 2013).

Methodology

The present study has used comparative and analytical method. The secondary time series data have been used for analysis. The collected from annual reports of social security organization, department of economic planning of Iran for the period from 2001 to 2010. Descriptive statistics used for presentation of data. The F-test used to identify the variance of the variable and t-test used for comparison of Mean values. Statistical results have been obtained from SPSS.

Independent Samples Test for Comparison

The following section has been attempted to compare the human and physical resources between SSO and under contract of SSO.

Table 1: Comparison of Human and Physical Resources between SSO and under Contract of SSO

Discretion	Health service provider	Average	F-value	sig	t-value	sig
Comparison of Hospitals	SSO	66	21.426	.000	65.386	.000
	SSO Contract	667				
Comparison of Number of Physicians	SSO	1955	39.583	.000	31.689	.000
	SSO Contract	15276				
Comparison of Number of Specialists	SSO	2437	17.064	.001	20861	.000
	SSO Contract	100043				

Source: SSO Annual Reports.

The above table reveals the information about the status of physical and human resources of SSO and the recourses under the contract of SSO. The average numbers of hospitals under direct control of SSO were 66 and the average numbers of hospitals under contract of SSO were 667. The difference between the two is 601. It has been found from the F-test that the variance between the series is significant and the equal variance was not assumed. It has been found from t-test that the average difference between hospitals under direct control and under contract is significant at five percent level. Therefore, there was more number of hospitals under contract of SSO; serving for SSO patients compared to the hospitals belong to direct control of SSO. Hence, dependency of SSO on other hospitals is significantly high. The average numbers of physicians, under the direct control of SSO were 1955 and the average numbers of physicians under contract of SSO were 15276. The difference between the two is 13321. It has been found from the F-test that the variance between the series is significant and the equal variance was not assumed. It has been found from t-test that the average difference between number physicians under direct control of SSO and under SSO contract is significant at five percent level. Therefore, there was more number of physicians; serving for SSO patients compared to the physicians belong to direct control of SSO. Hence, dependency of SSO on other physicians is significantly high. The average numbers of specialists under direct control of SSO were 2437 and the average number of specialists under contract of SSO were 10043. The difference between the two is 7606. It has been found from the F-test that the variance between the series is significant and the equal variance was not assumed. It has been found from t-test that the average difference between number of specialists under direct control of SSO and under SSO contract is significant at five percent level. Therefore, there was more number of specialists; serving for SSO patients compared to the specialists belong to direct control of SSO. Hence, dependency of SSO on other specialists is significantly high.

Table 2: Comparison the Human and Physical Resources between SSO and SSO under Contract

Description	Health service provider	Average	F-value	sig	t-value	sig
Comparison of Expenditure	SSO	7600874	.830	.374	.122	.904
	SSO Contract	7925073				
Comparison of Outpatients Treated by Physicians	SSO	27119192	.763	.394	1.331	.200
	SSO Contract	29220000				
Comparison of Outpatients Treated by Specialists	SSO	11503527	14.819	.001	15.606	.000
	SSO Contract	21255732				

Source: SSO Annual Reports.

The above table presents the health care expenditure and working of hospitals in Iran. The average expenditure of direct health sector (SSO) was 7600874 and the average expenditure of indirect health sector (under contract of SSO) was 7925073. The difference between the two is 324199. It has been found from the F-test that the variance between

the series is not significant and the equal variance was assumed. It has been found from t-test that the average difference between expenditure of direct health sector and expenditure of indirect health sector is not significant at five percent level. Therefore, SSO equally spending on direct health services as well as indirect health services. The average number of outpatients treated by visiting physicians under direct control of SSO was 27119192 and the average number of outpatients treated by visiting physicians under SSO contract was 29220000. The difference between the two is 2100807. It has been found from the F-test that the variance between the series is not significant and the equal variance was assumed. It has been found from t-test that the average difference between number of outpatients treated by visiting physicians under direct control of SSO and under SSO contract is not significant at five percent level. Therefore, equal number of patients treated by SSO physicians and physicians under the contract of SSO. The average number of outpatients treated by specialists under direct control of SSO was 11503527 and the average number of outpatients treated by visiting specialists under contract was 21255732. The difference between the two is 9752205. It has been found from the F-test that the variance between the series is significant and the equal variance was not assumed. It has been found from t-test that the average difference between numbers of outpatients treated by visiting specialists under direct control of SSO and under contract of SSO is significant at five percent level. Therefore, there were more number of outpatients treated by visiting specialists, serving for SSO, compared to the outpatients treated by visiting specialists belong to direct control of SSO. Hence, dependency of SSO to treat the outpatients more on the specialists belongs to the hospitals under the contract of SSO.

Conclusion:

Health is the most important social infrastructure in enhancing the well-being of people. The study identified that, there were more number of hospitals, physicians and specialists under contract of SSO; serving for SSO patients compared to the hospitals, physicians and specialist belong to direct control of SSO. Hence, dependency of SSO on other hospitals, physicians and specialists is significantly high. It has been found that, SSO equally spending on direct health services as well as indirect health services. It was also found that there were more numbers of outpatients treated by visiting specialists; serving for SSO, compared to the outpatients treated by visiting specialists belongs to direct control of SSO. Hence, dependency of SSO to treat the outpatients more on the specialists belongs to the hospitals under the contract of SSO. Its suggested social security organization in order to cost reduction , increasing of efficiency and providing better and more adequate services to insured, invest more than before in direct health care sector by establishing more hospitals and hiring more physicians and specialists instead of spending huge amount of money in indirect health sector.

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