

Malaria and Social Disparity

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Health is one of the rights of all humans. Everyone should have health. The health risk factors should be reduced for all, and all patients should be able to benefit from health services tailored to the type and severity of disease. Currently, malaria is still one of the most important health problems in the world [1]. Third millennium declaration", which was the summit of 189 countries in September 2000, includes the following objectives: eradicate extreme poverty and hunger, universal education, gender equity, child health, maternal health, combat HIV/AIDS and other diseases, environmental sustainability, global partnership up to 2015 [2].

According to World Health Organization, poverty is the biggest risk factor for malaria [3] more than two thirds of malaria cases occur in the world's poorest population (one fifth of world population). No other diseases as malaria have been cause irreversible financial and life loss in Iran yet. Most malaria cases in Iran have occurred in the Sistan and Balouchestan, Hormozgan, Kerman and Fars provinces. Malaria has always been a health priority in these areas. Sistan and Balouchestan is the widest province in Iran, most of southern and eastern parts of this province are faced the development and economic deprivation. During 2009, 4,390 malaria cases were reported in this province. 65.3% of them (2864 cases) were male and 34.7% (1,526 cases) were women. 73% of patients were Iranians and 27% of them were foreigners. The age range of patients varied from one to 92 years, 73.9% were rural, 20.1% were urban and 6% were people living in remote areas who have received health services through mobile teams. Only 40% of malaria patients were living in the cement brick buildings while 43% were living in mud brick houses and 17% in traditional tents or shelters. More than 85% of people are illiterate or have

primary education and most of them are engaged in low social jobs. 45.1% of patients had no access to television which can be a means to raise awareness and health education. One of the principles of expanding network of health services is the geographical access. The main purpose of the geographic access is that all people, even the most remote areas have access to the most peripheral health care services. Based on policy of Iran health ministry; the maximum distance from the health care services must be up to one hour of walking. But majority of malaria patients did not have proper access to health services and laboratory services.

With regard to province wideness, inaccessible areas, border travelling, deprivation and poverty in many parts of the province, it is necessary to planning, provide resources and more inter sectoral cooperation in order to expanding and improving the health care system in the province and facilitate access to services. Control border travelling, and most importantly, trying to decrease in the province can reduce the incidence of malaria and eliminate the local transmission in this province.

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