

Demographic Health Surveillance System: A Convenient Option for Solving Challenges of Responding to COVID-19 Outbreaks among Vulnerable and Poor People in Iran

Mousa Bamir¹, PhD student;
Atousa Porshikhali², PhD;
Ali Masoud³, PhD candidate;
Reza Sadeghi⁴, PhD

Dear Editor

The emergence of Coronavirus as a traumatic event has had far-reaching consequences for the economy and health of communities worldwide. This event has led to socio-economic inequality and has significantly impacted the equitable delivery of existing healthcare systems.¹

Corona is an Event that lead to social, economic, political, international, and environmental crises. One of these crises is social vulnerability. Evidence shows that deprived areas are more socially vulnerable, with high rates of uninsured people, low-income households, and limited access to health services.²

Although countries worldwide have taken measures such as quarantine, social distance, masks, etc., to combat this virus, this approach does not work in the same way in many countries for all members of society, including Iran. Many people have to earn daily, and without everyday work outside the home, they will not have enough income to support their families. In addition, many refuse to wear masks since they cannot afford them.³

The poor o formed about 23% of the world's population are vulnerable, weak, marginalized, silent, and victims of various social conditions. This complexity of vulnerability makes them weak to any natural, manufactured, and biological disaster, such as the Corona Pandemic. Although this deprivation stems from several complex social realities in the past, the constraints of quarantine, the decline in economic income, and the shutdown of the labor market during Covid-19 have provided a more profound crisis for the vulnerable part of society.⁴

Studies show that the lack of facilities to implement health measures is the most critical obstacle to preventing COVID-19 transmission, especially among vulnerable groups. In addition, the poor are also more likely to die due to increased exposure to the virus and reduced healthcare access.⁵

Health Surveillance is one of the main pillars of health performance and enables decision-makers to effectively guide health programs by providing on-time and helpful information and evidence.

It is also effective for continuous collection, management, analysis, and interpretation of data regularly, to take serious action in public health.³ Surveillance system data can be used to track households' economic and social status.

This brief analysis considers the identification and evaluation of poor households using periodic Surveillance, attention to attendance records in health centers, or a standard questionnaire in assessing households' economic and social status as useful for grouping. Setting up a Surveillance system to screen the population's health in deprived areas and provinces helps plan health and socio-economic interventions, eliminate the lack of reliable demographic information, and identify households' economic level based on valid evidence. It highlights the importance of the health

¹Social Determinant of Health Research Center, Institute for Future Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

²Health Services Management Research Center, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

³Health Foresight and Innovation Research Center, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

⁴Department of Public Health, School of Health, Sirjan Scool of Medical Sciences, Sirjan, Iran

Correspondence:

Mousa Bamir, PhD student;
Social Determinant of Health Research Center, Institute for Future Studies in Health, Kerman University of Medical Sciences, Kerman, Iran
Tel: +98 9108350520
Email: bamir@ut.ac.ir

Received: 25 October 2022

Revised: 12 November 2022

Accepted: 23 December 2022

and demographic Surveillance system and its potential to bridge the regulatory gap and its accessibility in Iran, facilitating greater attention to health justice during and after the Covid-19 pandemic. So that, it helps policymakers to realize that the prevalence of Covid-19 is related to social, health, and economic factors, and addressing these conditions may reduce inequality among vulnerable parts of society.

Acknowledgment

The author would like to thanks Sarjan School of Medical Sciences for his support of this study.

Ethical Issues

The authors certify that this manuscript is the authors' original work all data collected during the study are presented in this manuscript.

Authors' Contribution

All authors contributed equally to the data collection, analysis, and interpretation.

Keywords: SARS-CoV-2, COVID-19, Pandemic, family-center, Demographic, Health Surveillance System, Iran

Please cite this article as: Bamir M, Porshikhali A, Masoud A, Sadeghi R. Demographic Health Surveillance System: A Convenient Option for Solving Challenges of Responding to COVID-19 Outbreaks among Vulnerable and Poor People in Iran. *J Health Sci Surveillance Sys*. 2023;11(Supplement 1):262-263.

Conflict of interest: None declared.

References

- 1 Alabi O, Omoleke SA, Abdulwahab A. Health and Demographic Surveillance System: A Potential Tool for Solving Challenges Associated with Epidemic Surveillance and Social Protection Scheme for COVID-19 Pandemic Response in Nigeria. *Journal of Primary Care & Community Health*. 2021;12:21501327211000250. doi: 10.1177/21501327211000250. PMID: 33769122; PMCID: PMC8366105.
- 2 Samuel LJ, Gaskin DJ, Trujillo AJ, Szanton SL, Samuel A, Slade E. Race, ethnicity, poverty and the social determinants of the coronavirus divide: U.S. county-level disparities and risk factors. *BMC Public Health*. 2021 Jun 29;21(1):1250. doi: 10.1186/s12889-021-11205-w. PMID: 34187414; PMCID: PMC8240081.
- 3 Basile C, Combe C, Pizzarelli F, Covic A, Davenport A, Kanbay M, et al. Recommendations for the prevention, mitigation and containment of the emerging SARS-CoV-2 (COVID-19) pandemic in haemodialysis centres. *Nephrol Dial Transplant*. 2020 May 1;35(5):737-741. doi: 10.1093/ndt/gfaa069. PMID: 32196116; PMCID: PMC7184437.
- 4 Bhadra S. Vulnerabilities of the Rural Poor in India during pandemic COVID-19: Social Work perspective for designing sustainable emergency response. *Asian Soc Work Policy Rev*. 2021 Oct;15(3):221-233. doi: 10.1111/aswp.12236. Epub 2021 Jul 10. PMID: 35655795; PMCID: PMC8444905.
- 5 Maqbool A, Khan NZ. Analyzing barriers for implementation of public health and social measures to prevent the transmission of COVID-19 disease using DEMATEL method. *Diabetes Metab Syndr*. 2020 Sep-Oct;14(5):887-892. doi: 10.1016/j.dsx.2020.06.024. Epub 2020 Jun 14. PMID: 32563940; PMCID: PMC7293847.