



Optimizing Dental Service Management in Iran: Policy Recommendations for Equitable Care

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Dear Editor,

Dental caries remains one of the most common oral health problems in Iran (1). Iran faces a unique set of challenges in managing dental services, largely due to its demographic profile, economic constraints, and health system structure (2). Although there have been improvements in oral health indices in recent decades, the prevalence of untreated caries remains high. This reflects a systemic weakness in access, financing, and prevention within the dental care system. The problems include a high prevalence of untreated dental caries among both children and adults, limited dental insurance coverage, high out-of-pocket expenditures, and curative dental services rather than preventive (3, 4). Additionally, rural-urban disparities in access to dental services, low oral health literacy, and late presentation for care are other significant problems in Iran (5).

One of the most critical aspects of dental service management in Iran is human resource planning (6). Although the country has made considerable investments in dental education, the distribution of dental professionals remains uneven. Urban areas, particularly large cities, are disproportionately staffed, while rural and remote regions frequently experience shortages (7).

Insurance systems play a critical role in improving access to dental care. There are shortcomings of both basic and complementary insurance packages in Iran. These shortcomings include limited coverage for restorative procedures, caps on preventive services, and lack of integration with primary health care. Expanding

insurance benefits can reduce financial barriers to accessing dental services (8).

Another essential factor is public awareness and oral health literacy. A survey in Iran reveals that many individuals seek dental care only when symptoms appear, often leading to delayed treatment and more complex interventions (9). Integrating oral health education into school curricula, community health centers, and media campaigns can shift behaviors towards prevention and early detection.

Policy Recommendations

In terms of policy, adopting evidence-based guidelines such as the risk-based caries management protocols adapted for Iranian adults can help standardize care across the country. These guidelines promote risk assessment, individualized treatment plans, and consistent follow-up, thereby reducing variation in care quality.

Lastly, monitoring and evaluation are crucial for effective dental service management. Establishing a national oral health database can help policymakers track trends in caries prevalence, service utilization, and disparities across socioeconomic groups. Such data-driven decision-making will allow for timely interventions and resource allocation.

Moreover, the following recommendations are proposed to improve access to dental services for communities in Iran:

- Strengthen preventive oral health programs, particularly those targeting children and vulnerable populations
- Expand basic health insurance coverage to include essential dental services, beginning with preventive and

pediatric care such as fluoride varnish application, dental sealants, scaling, and fillings

- Develop and implement feasible intervention plans for underserved areas
- Enhance oral health literacy through nationwide educational campaigns
- Develop hybrid payment models (combining fee-for-service and capitation) to enhance cost control and improve system efficiency
- Strengthen evidence-based policymaking and monitoring to support informed decision-making and ensure accountability in oral health programs

Conclusions

Considering the multiple barriers to accessing dental services – most notably economic constraints and the shortage of human resources – it is imperative that health policymakers in Iran prioritize the equitable allocation of both human and material resources, particularly in socioeconomically deprived regions. Enhancing dental care infrastructure across urban and rural areas has the potential to expand service accessibility and, ultimately, to improve the overall oral and general health status of the population.

Footnotes

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