FACTORS INFLUENCING DISTRIBUTION OF PROSTHETIC DEVICES IN IRAN: AN ECONOMIC ANALYSIS

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An estimated 177,622 Iranians have suffered an injury resulting in amputation.

Prosthetic devices in Iran are often scarce, and amputees become a dependent population.

Prosthetic distribution is effected by landmines, economic sanctions, unequal wealth, and inefficient supplies and physicians.

Three-dimensional printing can be a solution, coupled with combating etiologic causes of amputation.
Deficits Caused by Amputation

- Economic growth is stunted due to lack of participation and interaction within society.
- Amputation interferes with amputees economic, social, and psychological life— which is further compacted by lack of available prosthetic devices.
- Familial structures are disrupted.
- Younger generations are becoming more disabled.
- Amputees have a heightened probability for early death.
Landmine Epidemic: Collateral Damage from War

- Approximately 16 million landmines (including explosive ordinances) are placed within 4,000 hectares of western provinces.
- Landmines cause approximately 800 deaths and 1,200 injuries per month.
- Populations in rural areas are at the highest risk for landmine related death and injury.
- Amputees and landmine victims share common demographic characteristics.
Economic Sanctions Preventing Resource Accessibility

- United States (and their economic allies) and Iran are not allowed to trade with each other.
- Sanctions have changed in response to relationships with government officials.
- There is hope that as the two countries work towards common goals, economic tensions will be reduced, and sanctions lifted.
Unequal Distributions in Wealth

- There is an imbalance of resources between urbanized and rural regions.
- The government responded by implementing an unsuccessful program that focused on developing primary health care services to help alleviate the differences in medical resources.
- These factors create a strain on public health systems due to the continuous imbalance of medical resources.
Inefficient Materials and Physicians in Conjunction with Low Finances

- Common complaints regarding prosthetics include high costs, lack of properly trained physicians, and lack of material and accessibility.

- Prosthetics that are produced are generally not made correctly or sustainably.

- In first world countries, prosthetics can range from $14,000-$62,000 and are covered by insurance—in third world countries costs are inflated and health insurance is hard to obtain.

- Locating properly trained physicians to the area could result in funding for that area and properly produced devices.
Three-Dimensional Printers Providing Low-Cost Prosthetics at High Production Rates

- The three main components of prosthetic limbs are the socket, leg portion, and foot or socket, arm portion, and hand.

- Computer-aided design and computer-aided manufacturing has been used to successfully create prosthetics through rapid prototyping, at a low cost.
  - Upper-extremity prosthetics, which are considerably more expensive than lower-extremity prosthetics, can be produced with 3D printers for $200.

- Sponsoring a program or organization to provide 3D printers would create job opportunities and affordable medical devices, as well as relieving stress on the medical systems in place.
Combating Etiology of Amputations

- The leading cause of amputation is trauma.
- Most amputation victims have injury to the upper extremities, and are young males in the industrial workforce.
- Preventative measures against different types of trauma would lessen the amount of amputations experienced in the country.
- Better access to education would also allow individuals to be qualified for a wider variety of jobs.
Conclusion

- Many causes of the amputations in Iran are preventable or are a result of economic challenges that could be mitigated.

- The potential for better communications between the United States and Iran could present many potential solutions for eliminating amputation.

- Despite financial challenges in Iran, technological advancements by the United States (and access to such information) and the avoidance of amputation etiology could eliminate prosthetic accessibility issues.
References


References (continued)


