

A photograph of a camel standing on a sand dune in a desert landscape. The dunes are white and have a rippled texture. The sky is a clear, deep blue. The camel is brown and is facing towards the right of the frame.

Health Insurance

Perception & Reality

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Content

- Health System GoalsWhat?
- H Insurance ...Types?
- Experience with H insurance
- Iraq .. The Way Forwards



Health Systems

Better Health

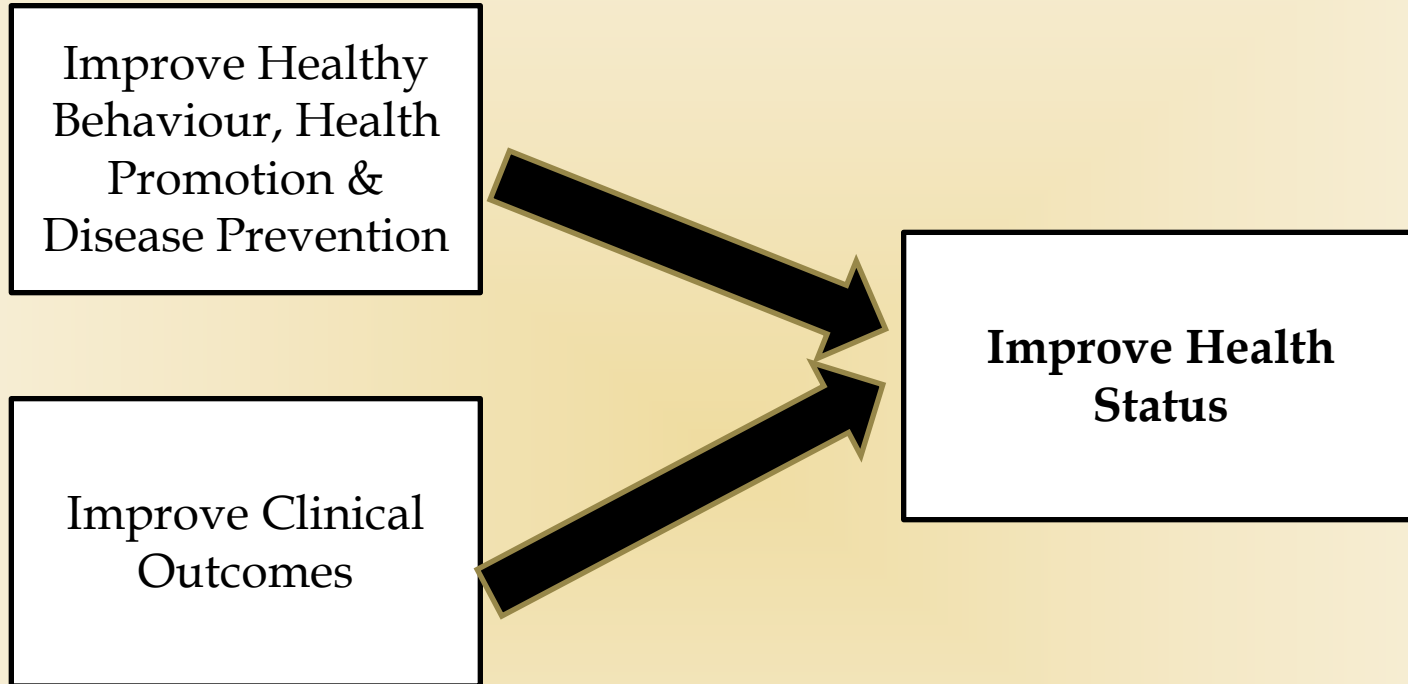
Responsiveness to needs

Financial Protection

Health System Goals

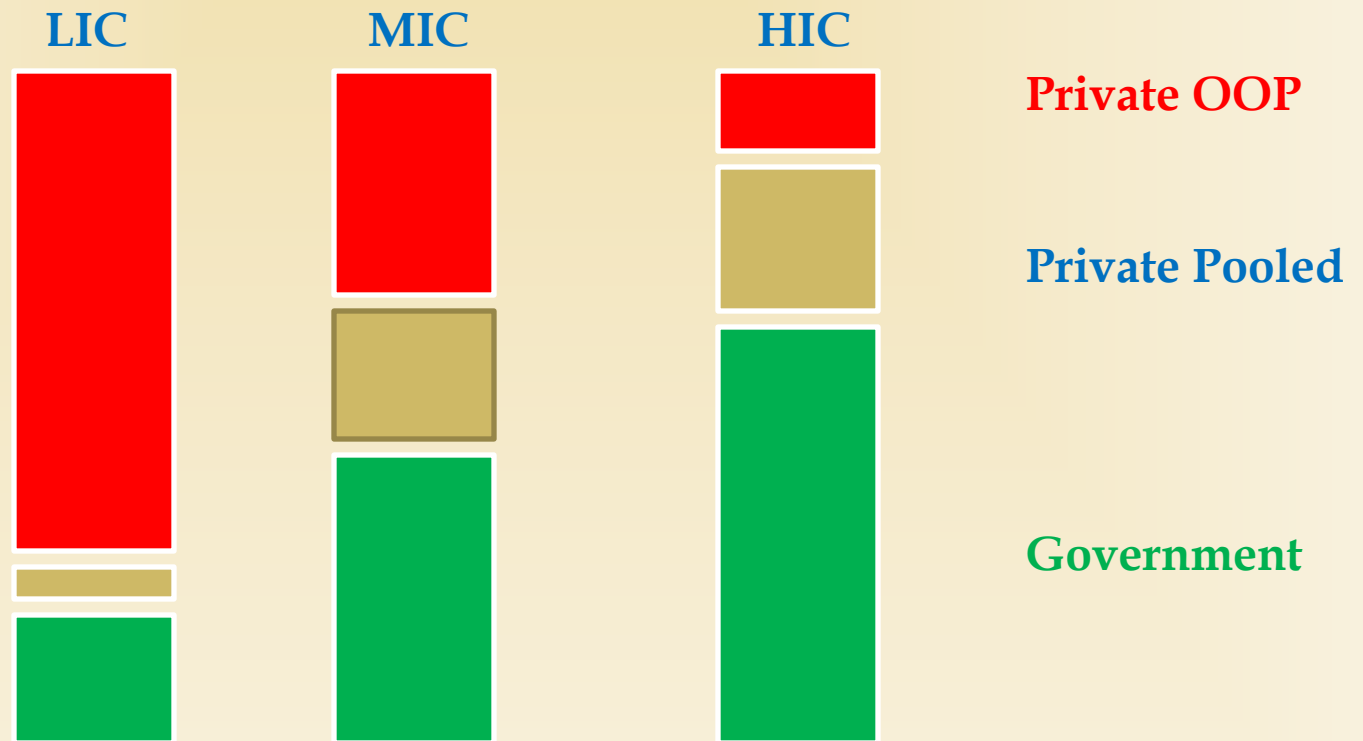


Achieve Better Health: How?

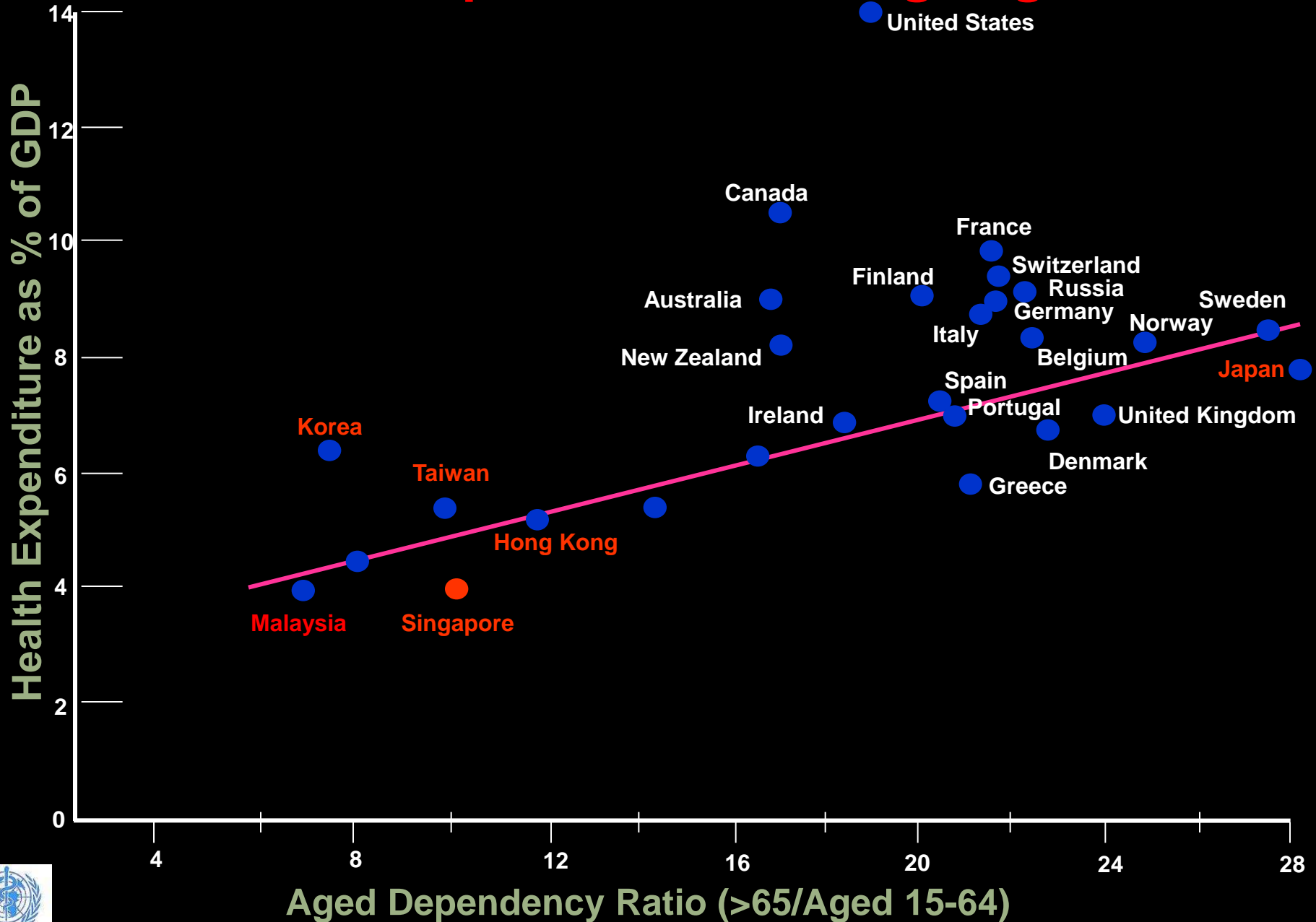


Funding Health Systems

Health System Funding: General



Health Expenditures and Ageing



Health Insurance

Health Insurance:

is a form of *collectivism* by means of which people collectively *pool* the *risk* of incurring medical expenses.



Collectivism

- Usually publically owned
- Organised on non-profit basis
- Managed by for-profit companies



Publically owned

- National Health Insurance
- Social Insurance

Non-profit basis

- Social Insurance

For profit

- Private Insurance



Publically owned

- NH Insurance
- Social Insurance

Non-profit basis

- Social Insurance

For profit

- Private Insurance

Social Solidarity

Ability to Pay
(Groups / Individuals)



Publically owned

Non-profit basis

Normally provided universally:

By Governments, as:

1. Social Solidarity
(Europe)

2. Gov Charity
(US: Medicaid)



Financial Protection: The Process

Estimating the overall costs of health & Health Care
Or
Estimating the overall risk of health care expenses

Develop a finance structure (collecting, pooling etc)

- *State-controlled National Wealth (natural resources)* OPC
- Payroll Tax & other Taxation UK
- Monthly Premium US

Resource Allocations
Or
Identify benefit and beneficiaries

Managed by:
The State / Government Agency / Private Business



Types of Health Insurance

Insurance

➤ **Role of State:** *Financial Protection*

➤ **Type of Insurance:** *The Wealth of the Country*

Types	Social Protection	Management Cost
Tax-based funding (<i>National H Insurance</i>)	Extremely High	Very Low
Pop-based Insurance (<i>Social Insurance</i>)	Very high	Low/Medium
Private Insurance	Very Low	Very High



For profit health insurance

Private H Insurance

	Types	Coverage	Cost
➔	Comprehensive	% of the costs <i>+ vast array of benefits</i>	Very Expensive <i>High potential benefit payout</i>
➔	Scheduled	Day to day healthcare <i>Basic</i>	Low/Medium <i>Limited benefits</i>



For profit health insurance

Private H Insurance

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➔ **Not effective for catastrophic events**



For profit health insurance

Rising Costs of Private Insurance

- Increased utilization (consumer demands)
- New Treatment
- Intensive Diagnostic Testing

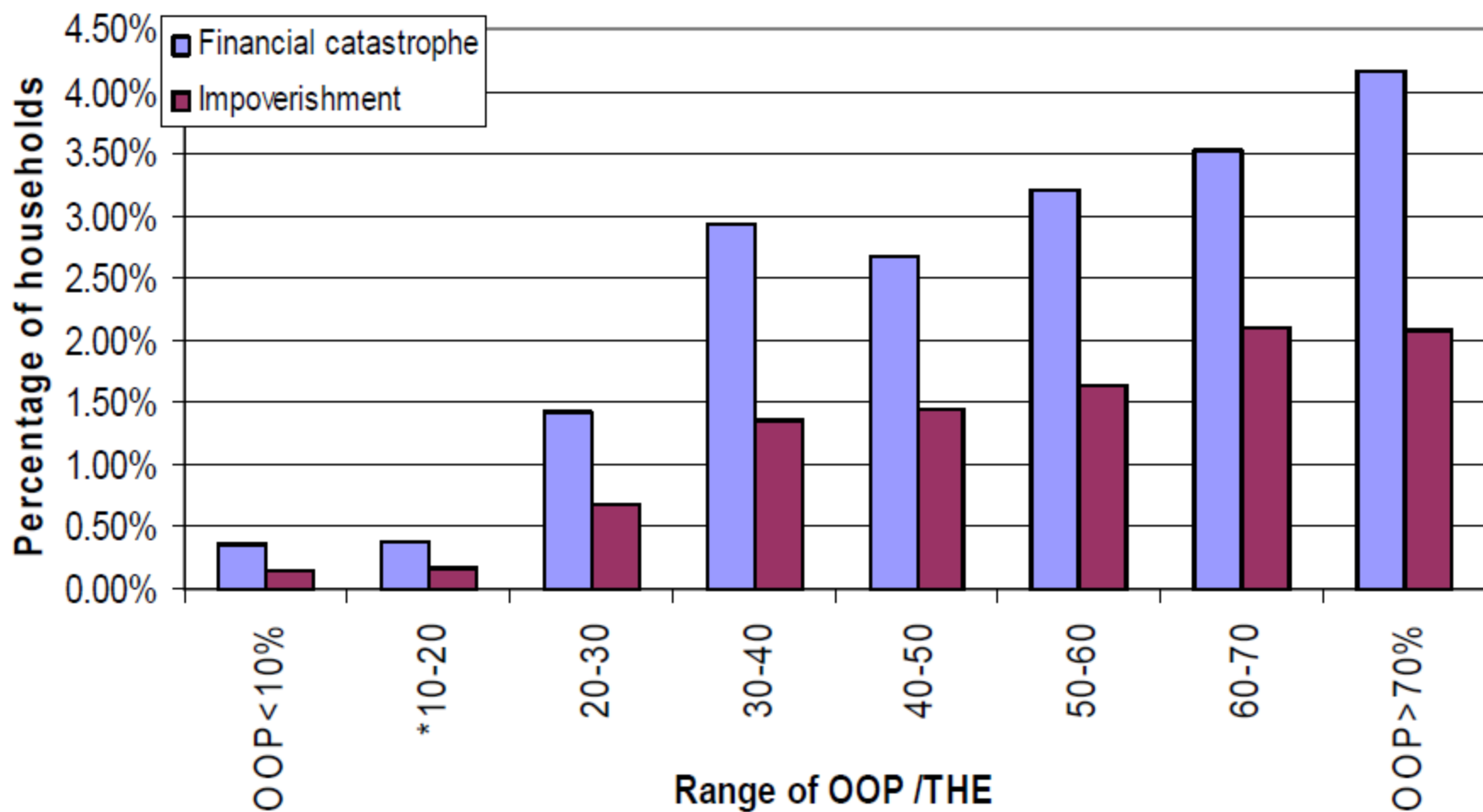
-
- Ageing population
 - ? Advance in medical technology
 - Lifestyles (*Obesity, alcohol, smoking, drugs etc*)

-
- Physicians' Competencies, safety, behaviour
 - Shifting costs
 - Lack of investment in public health



Impact of social protection or lack of it

Financial risk protection and OOP as a share of THE



National Health Expenditure MENA 2006

Country	Health expenditure, private (% of GDP)	Health expenditure, public (% of GDP)	Health expenditure, public (% of total health expenditure)	Health expenditure, total (% of GDP)	Out-of-pocket health expenditure (% of private expenditure on health)
Algeria	0.8	3.4	81.1	4.2	94.6
Bahrain	1.1	2.5	68.2	3.6	68.0
Djibouti	1.8	5.0	74.1	6.8	98.6
Egypt, Arab Rep.	3.7	2.6	41.4	6.3	94.9
Iran, Islamic Rep.	3.4	3.4	50.7	6.8	94.8
Iraq	0.8	2.7	78.1	3.5	100.0
Israel	3.5	4.5	56.0	8.0	75.3
Jordan	5.5	4.2	43.3	9.7	75.9
Kuwait	0.5	1.7	78.2	2.2	91.6
Lebanon	4.9	3.9	44.3	8.8	76.1
Libya	0.8	1.6	66.3	2.4	100.0
Malta	1.9	6.5	77.0	8.4	90.4
Morocco	3.9	1.4	26.2	5.3	77.3
Oman	0.4	1.9	82.3	2.3	57.7
Qatar	0.9	3.4	78.2	4.3	88.2
Saudi Arabia	0.8	2.5	77.0	3.3	13.4
Syrian Arab Republic	2.0	1.9	47.8	3.9	100.0
Tunisia	2.8	2.3	44.2	5.1	81.7
United Arab Emirates	0.7	1.8	70.4	2.5	69.4
West Bank and Gaza
Yemen, Rep.	2.4	2.1	46.0	4.5	95.2

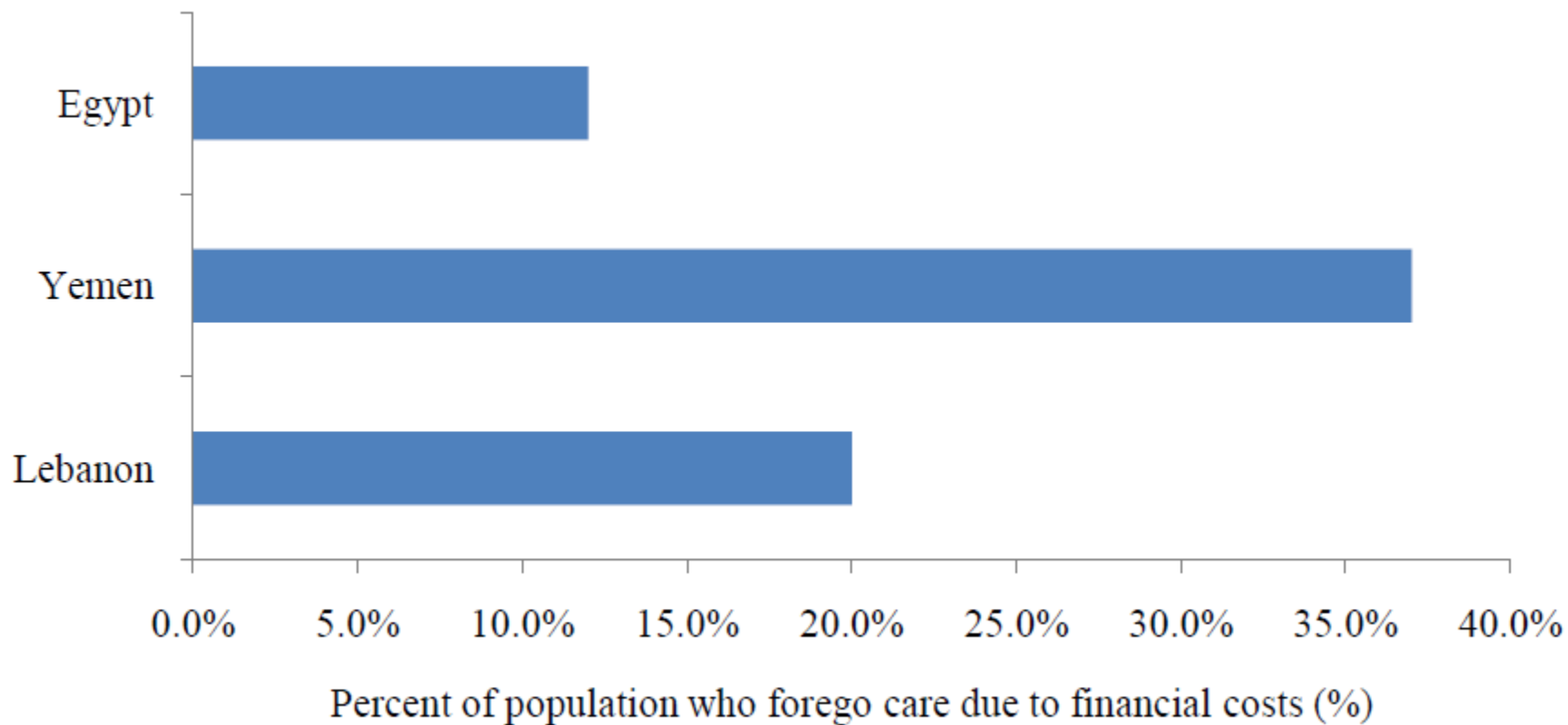


Coverage Rate by H Financing Scheme MENA 2008

Country	Est. % of population enrolled in social health insurance	Est. % of population enrolled in private health insurance	Est. % uninsured	Est. % of population entitled to subsidized/free governmental health services or insurance
Yemen	n/a	n/a	n/a	100.0
Libya	n/a	n/a	n/a	100.0
Lebanon	52.0	15.0	>48	23
Iran	69.3	n/a	30.7	67.0
Egypt	45.0	<1	55.0	100.0
West Bank-Gaza	48.5	10.2*	22.4	18.9**
Tunisia	78.0	n/a	14.8	7.2



Forgone Health Care Use due to Financial Costs MENA 2008



Average OOP Spending in Healthcare in MENA 2006

Country	GDP per capita, 2006 (current US \$)	OOP as % THE (%)
Yemen	882	58
Lebanon	6,060	75
Iran	3,152	44
Egypt	1,489	62
West Bank-Gaza	1,187	40
Tunisia	3,072	56

Egypt: Substantial increase between 2006-2010

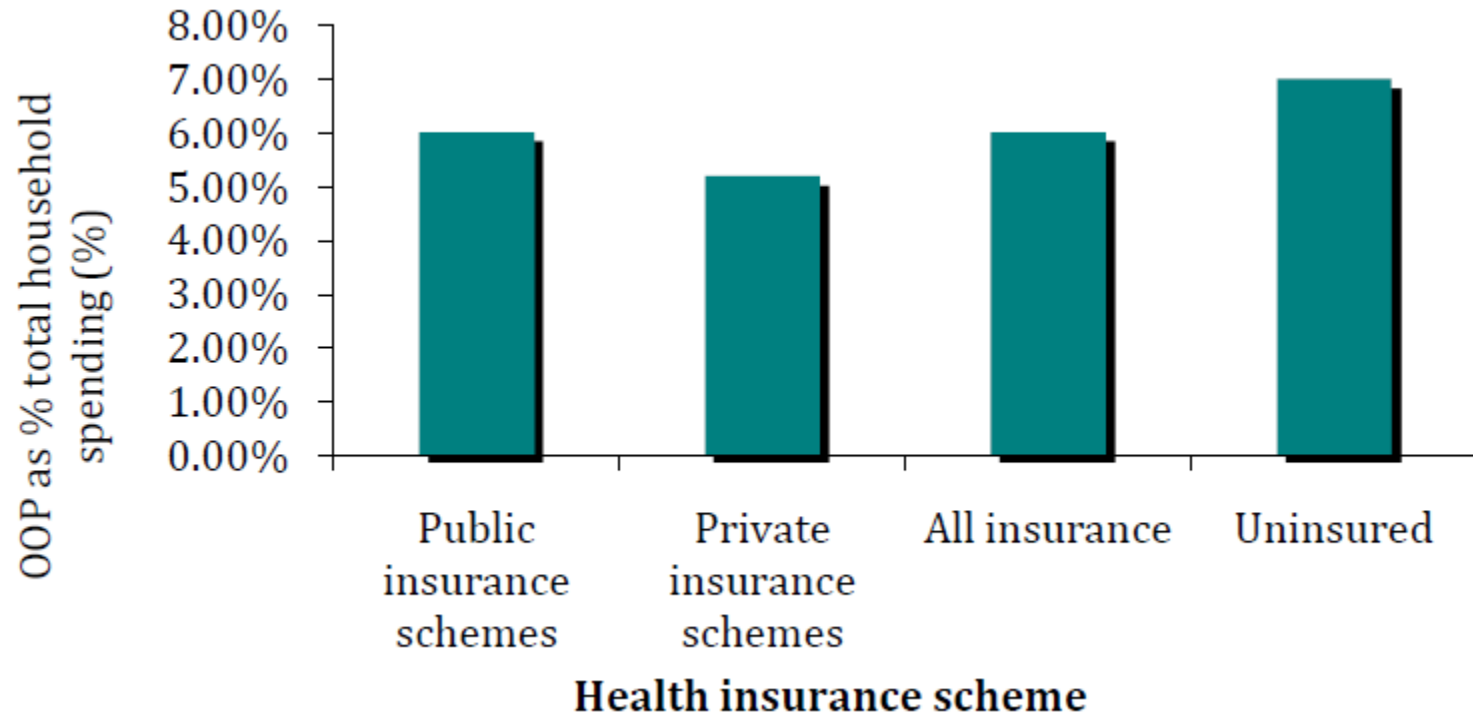


OOP Spending across Soci-economic Status MENA 2006

Country	Proportion of total household expenditure spent on health care across income quintile (%)					
	Poorest	2 nd Poorest	Middle	2 nd Richest	Richest	Total
Yemen	1.7	1.8	2.2	2.5	3.7	2.7
Lebanon	4.8	6.3	6.5	7.5	8.2	6.6
Iran	4.3	4.2	4.1	4.2	5.9	5.1
Egypt	5.2	3.1	4.4	3.7	1.0	3.4
West Bank-Gaza	3.0	2.9	3.1	2.9	3.5	3.1
Tunisia	4.0	4.3	4.4	4.7	5.1	4.5



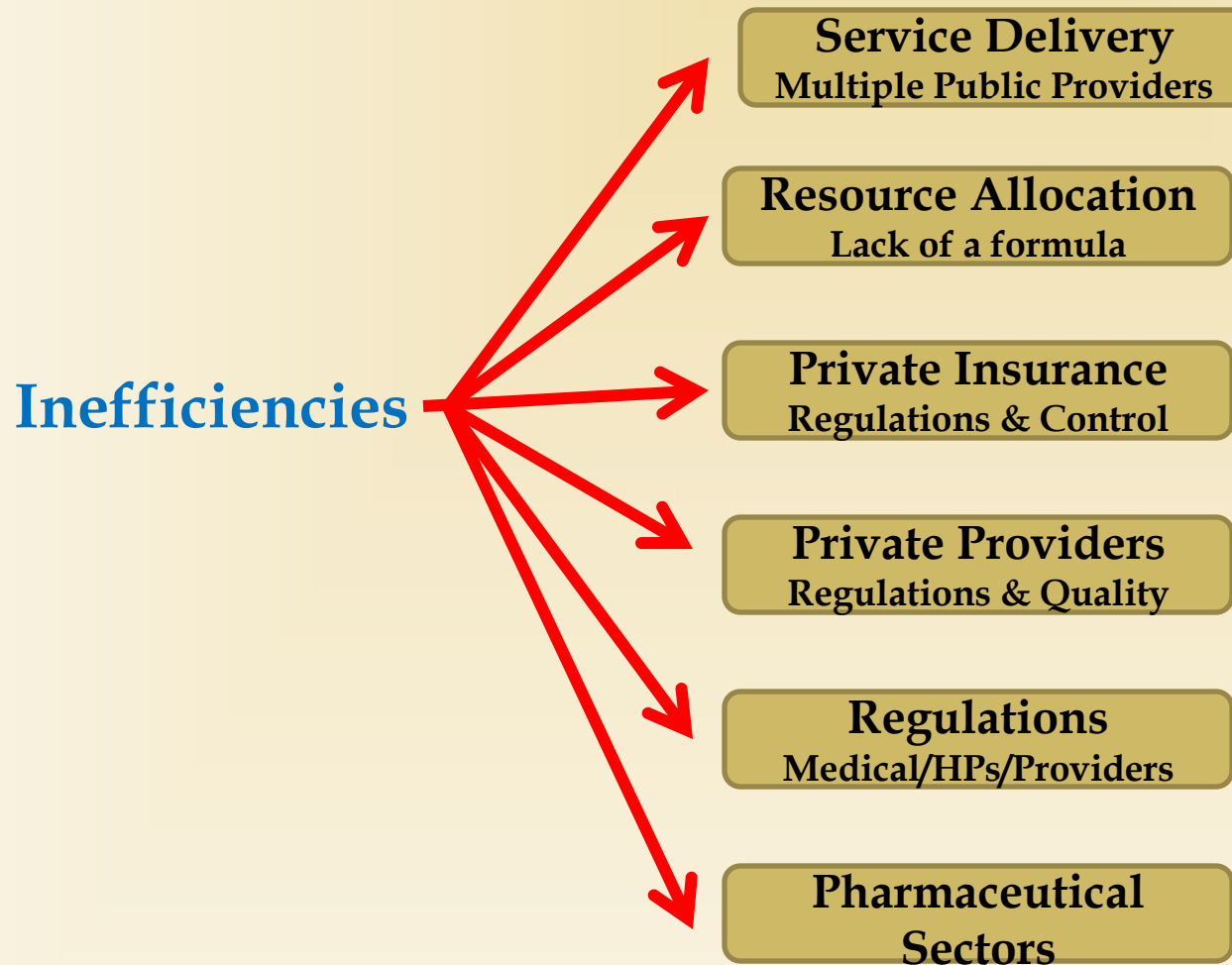
OOP by Insurance Coverage Lebanon 2005



Regional Examples

KSA Health System Inefficiencies

July 2009



United Arab Emirates:

- **33 Health Insurance Schemes (32 Private)**
- **Unit Costs up by 60%**
- **No Federal Regulations**



Private Insurance:

- Aim is make profit
- No Social Responsibility



BMJ

341:739-786 No 7776 Clinical research ISSN 0959-8138
9 October 2010 | bmj.com

PLUS Renal function and risk of stroke

Managing frequent migraine

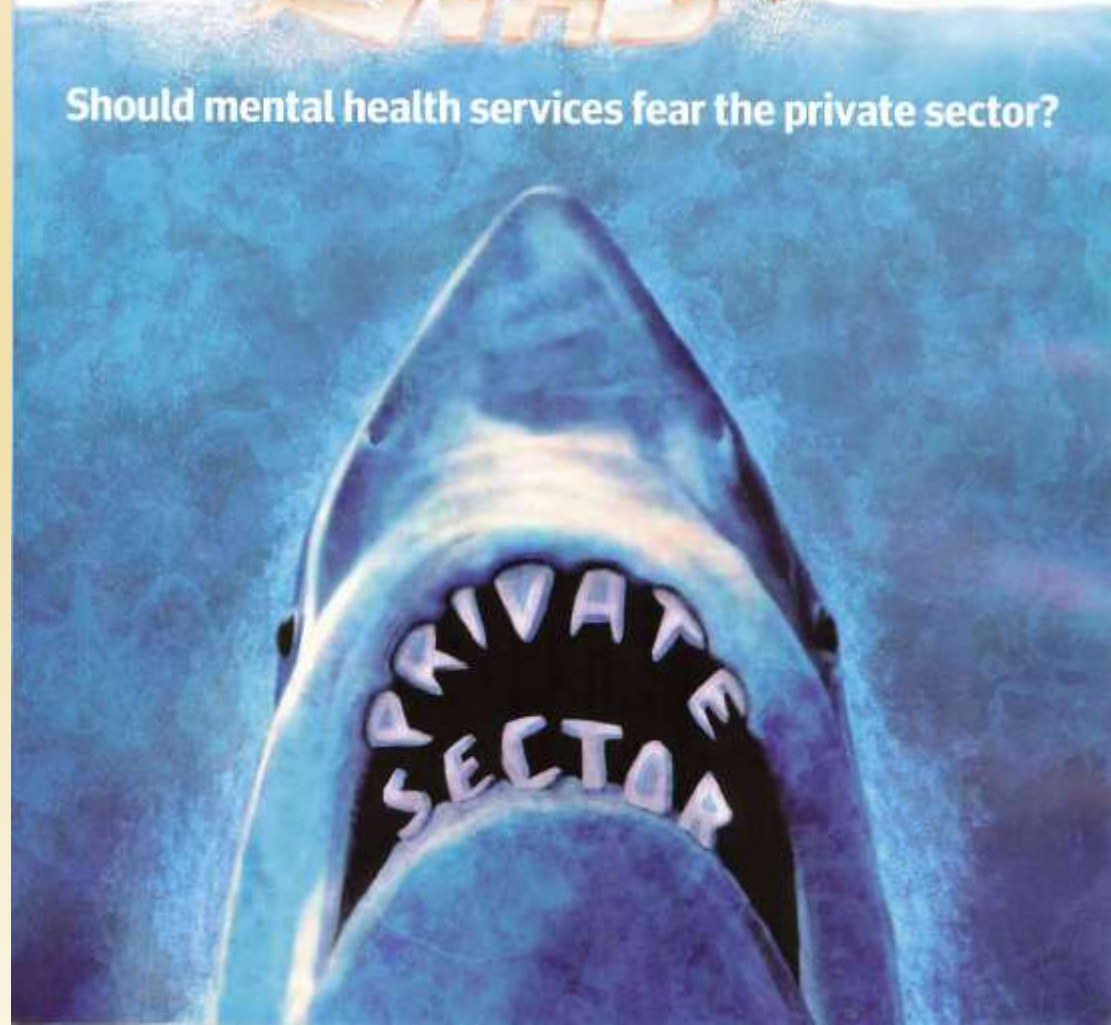
Chronic pelvic pain in women

Don't miss septic arthritis in children

JOBS, COURSES, AND CAREERS

The NHS logo is shown in a stylized, orange, 3D font. A swimmer is depicted as if they are swimming through the letters, with water splashing around them.

Should mental health services fear the private sector?



© WHO C Centre, IC London

Population Context



Do we provide enough social protection?





Population's Health Needs





Iraq

Iraq 2010

- Resource Rich Country
- High level of low income (?60+
- High level of employment
- Morbidity
- Needs exceed supply



Iraq 2010

- Resource Rich Country
- High level of low income (?60+
- High level of employment
- Morbidity
- Needs exceed supply



Iraq 2011+

- Modernise the health system & services
- HRD
- Quality & Safety
- Laws & Regulations
- Financial protection (*wealth distribution*)



Iraq 2011+

Financial Protection

**National Health Service
(State funded)**



Iraq 2011+

Financial Protection

National Health Insurance

**Gov Expenditure (12-14%)
(80% of THE)**

**Taxation on tobacco,
alcohol, petrol, vehicle,
proceed food, etc**



Iraq 2011+

Financial Protection

National Health Insurance

\$12 b (2011 prices)

Gov Expenditure (12-14%)
(80% of THE)

Taxation on tobacco,
alcohol, petrol, vehicle,
proceed food, etc

Iraq 2011+

Financial Protection

National Health Insurance

\$12 b (2011 prices)

- 100% coverage
- Comprehensive
- Free

Gov Expenditure (12-14%)
(80% of THE)

Taxation on tobacco,
alcohol, petrol, vehicle,
proceed food, etc

Examples Worldwide

But, we have to address:

- 1. The Concept of Free Services**
- 2. Family Practice based Primary Care**
- 3. Separating funding from provision**
- 4. Public vs Private**
- 5. Governance & Accountability**



Regional Health System

Progressive Health System	Non-Progressive HS
<ul style="list-style-type: none"> • Real Investment <ul style="list-style-type: none"> - Financial - Workforce - Primary care 	<ul style="list-style-type: none"> • Lack of real investment
<ul style="list-style-type: none"> • State Responsibility 	<ul style="list-style-type: none"> • Shifting Responsibility to Individual (Financial)
<ul style="list-style-type: none"> • Financial Protection: State 	<ul style="list-style-type: none"> • Private Sector, Private Insurance
<ul style="list-style-type: none"> • Strong Regulations (+ PH Laws) 	<ul style="list-style-type: none"> • Loose/Weak Regulations
<ul style="list-style-type: none"> • Strong Leadership/ stability 	<ul style="list-style-type: none"> • Weak Leadership/ changes
<ul style="list-style-type: none"> • Strong CC (MoH) on Policy/Directions/Performance 	<ul style="list-style-type: none"> • Weak CC
<ul style="list-style-type: none"> • Engaged Population 	<ul style="list-style-type: none"> • Professional Control





Thank You