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The economics of medical insurance in Iraq in the period 2015-2023 AD

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Abstract

The recent global recession and concurrent rise in job loss makes unemployment insurance (UI) increasingly important to smooth patterns of consumption and keep households from experiencing extreme material poverty. In this paper, we undertake a realist review to produce a critical understanding of how and why UI policies impact on poverty and health in different welfare state contexts between 2015 and 2022 in Iraq. We relied on literature and expert interviews to generate an initial theory and set of propositions about how UI might alleviate poverty and mental distress. We then systematically located and synthesized peer-review studies to glean supportive or contradictory evidence for our initial propositions. Poverty and among unemployed and even the employed, are impacted by generosity of UI in terms of eligibility, duration and wage replacement levels. The research relied on the analytical descriptive approach by analyzing statistical data and time-series financial and economic indicators in order to obtain and analyze results. A series of laboratory studies of insurance decision making shows that people buy more insurance against events having a moderately high probability of inflicting a relatively small loss than against low-probability, high-loss events. This research provides insight into other, often puzzling, and facts about people's insurance behavior. Relevance for public policy is discussed.

Keywords: Iraq, health insurance, insurance, healthcare, discussed

Introduction

In considering the recession and the current circumstances Iraq is facing, this research aims to concentrate on the significant and useful a part enduring health care structures play in achieving the principle of social solidarity among members of Iraqi society. Insurance activities play a significant role in modern economic and social life, as they are one of the ingredients the center of the economic system and a crucial aspect of institutional and societal life. The significance of this research comes from the fact that it addresses the health insurance market, a significant service sector with profound effects on human existence. Individual insurance has two effects.

Although insurance and medical services play a crucial role in creation, the initial component has an impact on economic growth since departing one's job demonstrates one to impoverishment and starvation. Additionally, medical insurance lessens the feelings of anxiety and anxiety that comes with departing one's job because of a medical sickness, incapacity, or trauma.

In regard to the economic downturn which Iraq is currently experiencing, one of the foremost significant subjects which the analysis seeks to clarify is the crucial function that health insurance serves and its implementation of the concept of social camaraderie by cultivating a spirit of assurance among people one organization as well as society in general. The health insurance business continues to struggle in numerous developing nations, such as Iraq.

People have grown more and more conscious of the link between impoverishment and sickness. Developing nations have begun introducing more and more health insurance programs over the past few decades to give impoverished people better opportunities for medical as well as stop the detrimental spiral of sickness and misery. The argument regarding the best health insurance policies for the impoverished has not stopped, despite overwhelming proof suggesting these policies have enhanced the availability of healthcare overall.

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The current research uses an approach for assessing utilization of medical care to examine four facets of availability, covering acceptability of offerings, availability, cost, and geographical availability. It's does that by drawing on the appropriate research.

In spite of the health insurance plan in use, the research Politicians and architects ought to consider those essential factors when deciding concerning how to make use of health insurance and health medical facilities, as they influence the least fortunate and least fortunate in their relatives decision-making concerning enrolling in the system as well as utilizing medical care. This will help guarantee that the particular requirements of the impoverished are properly taken into consideration. Many people are aware of the significant impact health services have on a variety of facets of life as well as the trajectory of economic and social development. Whether considered from a purely humanitarian or productive standpoint, medical services pay off.

A suggestion concerning an Iraqi health insurance scheme is included in order to put one in place. It ought to come without saying that each fresh framework ought to be implemented, together with the components and the rationale behind their establishment and management. Lastly, the expenditures required to build this structure and the possibilities of financing for it was explored. In an effort to deliver excellent medical care and enhance Iraq's health status, the framework came to several inferences from the research and made suggestions that open the door for the implementation of a healthcare system that is comparable with advanced nations' health insurance programs.

Pervious Study

The primary goal of a nation's health system is to guarantee that everyone is healthy by providing timely, excellent care in accordance with demographic demands [1]. In order to be able to adapt to various alterations to the population's health and surroundings and to effectively tackle various problems and requirements, the healthcare sector must go through a procedure of ongoing modifications and improvements [2]. Originally in the 1920s, Iraq had a formalized medical infrastructure; nevertheless, the Ministry of Health (MoH) was founded in 1952, and their organizational framework was codified in 1960. Throughout its inception, such organizational framework has undergone minimal modification [3, 4]. Iraq's healthcare system has a hospital-focused, heavily capital-intensive paradigm which necessitates substantial imports of pharmaceuticals and medical supplies [3, 5]. Iraq had remarkable social and economic growth in the 1970s and early 1980s, which paved the way for the creation of an effective healthcare system that was regarded as among the best in the region at the time. Gains in a number of important medical results were linked to that time frame [3, 6, 7]. Yet, due to both wars and economic penalties, the ability and efficiency began to degrade in the course of the 1980s and 1990s, which resulted in a significant fall in overall health indicators of outcome that were on par with those of some of the poorest countries [3, 8]. The MoH of the Iraqi Kurdistan region's government was established in the first decade of the 1990s and adhered to the fundamental organizational framework and framework established by the Iraqi the Ministry of Health.

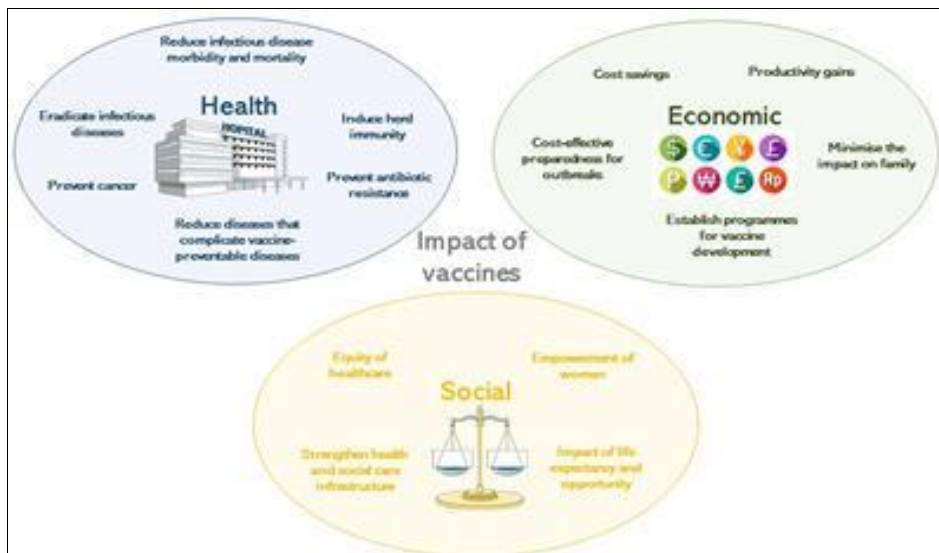


Fig 1: Vaccinations' effects in terms of their positive effects on health, the economy, or society

Several researches, as far as we are aware, has looked at how health care providers see the Kurdistan area of Iraq's medical sector [11, 12]. Politicians ought to hear the opinions of every category of medical experts about the essential components of overhaul, considering the scope of today's endeavor to improve the medical system within Iraqi Kurdistan and its possible impact on the generations to come.

In light of the lack of actual information, the purpose of this study is to analyze the healthcare system in the Iraqi Kurdistan area from the standpoint of medical experts and attempt to identify its shortcomings and areas that need to

be improved.

This paper addresses Iran's medical insurance programmer and the opaque strategic intentions behind it, an issue that has drawn attention from throughout the globe. Given their fears that Iran wants to have health insurance, the nations in the area and throughout the world are quite fixated on this issue. This led us to wonder about the future of Iranian health insurance economics in light of the country's complicated regional relationships, the US government's unresolved stances, and the changing regional and global environment.

The Research Methodology

The research aims to shed light on the significant role that insurance for health contributes in establishing the fundamentals of social camaraderie by fostering a sense of security within the offspring of a single organization as well as society at large. The significance of this research is underscored by the economic recession that Iraq is currently experiencing and the fragility of the insurance industry. Gesundheit is a problem because, in contrast with industrialized nations, there are no regulations requiring health insurance. It is important to note that one of the requirements of the host countries for health insurance requests is that students who are sent abroad to study and those who request citizenship must meet certain basic requirements.

The Importance of the Study

- **Theoretical Importance:** A different concept included in the National Development Plan is a system of social insurance that would offer access to healthcare for everybody. The study is aims to describe the economics of medical insurance in Iraq in the period of 2015-2023 AD.
- **Practical Importance:** This strategy coincides with the emphasis on private industry, the privatization of certain public tasks, and the emergence of possibilities for private investment. All doctors in Iraq are now employed by the public business. Physicians serve in the governmental sphere for varying amounts of a period of time but they also work in hospitals or private clinics to augment their income. Long-term viability of this dual job arrangement is questioned. Thirty One of the main policy challenges are the emergence of distinct job opportunities for physicians in the public and private sectors.

Problem Statement

1. Given the crucial part that medical facilities play in the course of creation, health services continue to encounter numerous obstacles, particularly in emerging economies like Iraq.
2. Possibly one of the biggest factors impeding the advancement of medical amenities is the drop in A lack of comprehension of health insurance among authorities, citizens, and organizations is one of the factors impeding the creation of medical facilities,

along with a lack of resources as well as poor living standards.

3. This is since the majority of governments, citizens, and organizations do not set aside enough money for the insurance procedure, which makes health insurance a critical component of growth.

Methods

The conceptual framework of the Iraqi health system is described in the study. The participants and classifications that made up this industry. Primarily the governmental and private sectors, in addition to foreign organizations operating in Iraq.

Groups of clients A favorable membership composition is what those involved in the private medical insurance market strive for in order to minimize taxation and other obligations and produce steady earnings. In order to maintain equilibrium, health insurance companies including Medicare, Arista, Anthem, Colgate, and the Well Care Medical Plans are putting more of an emphasis on government-sponsored and foreign registrations.

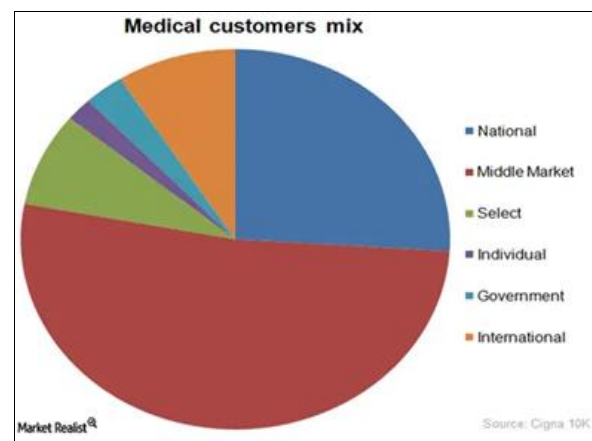


Fig 2: Customer Segments

The organizations in question include Medicines Sans Frontiers, UNICEF, the Iraq Health Access Organization, the World Health Organization, and the global Red Cross and Red Crescent Association. Several of these organizations have been providing support and collaborations with the Ministries of Health (MOH) in Iraq for centuries.

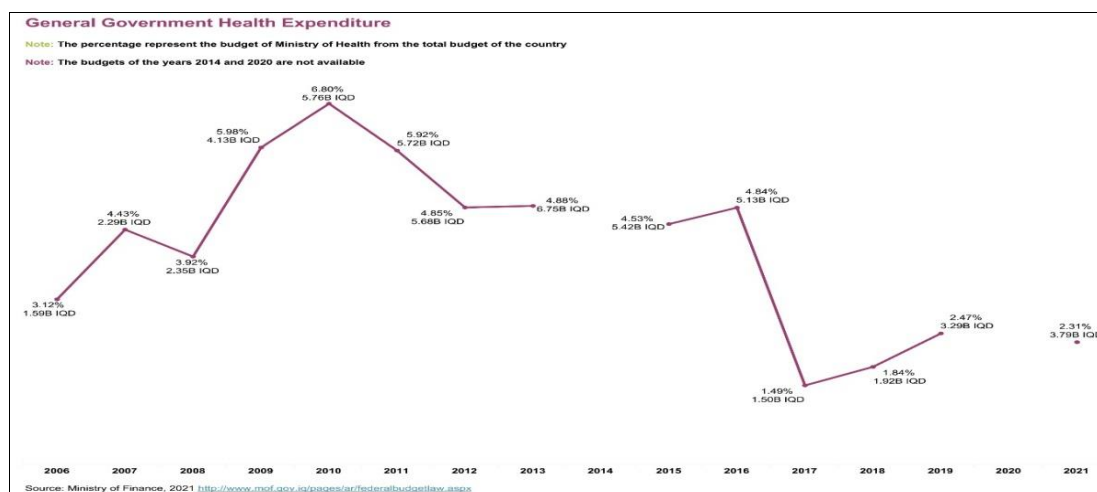


Fig 3: Healthcare Sector

Three areas make up the research framework. The first covers health insurance systems, and regarding the second subject, it was Iraq's health insurance system. It covered how the system evolved under the new state between 1920

and 2023 as well as how it affected the country's growth. The third topic, which dealt with a proposed framework for the health insurance system in Iraq, was discussed first.

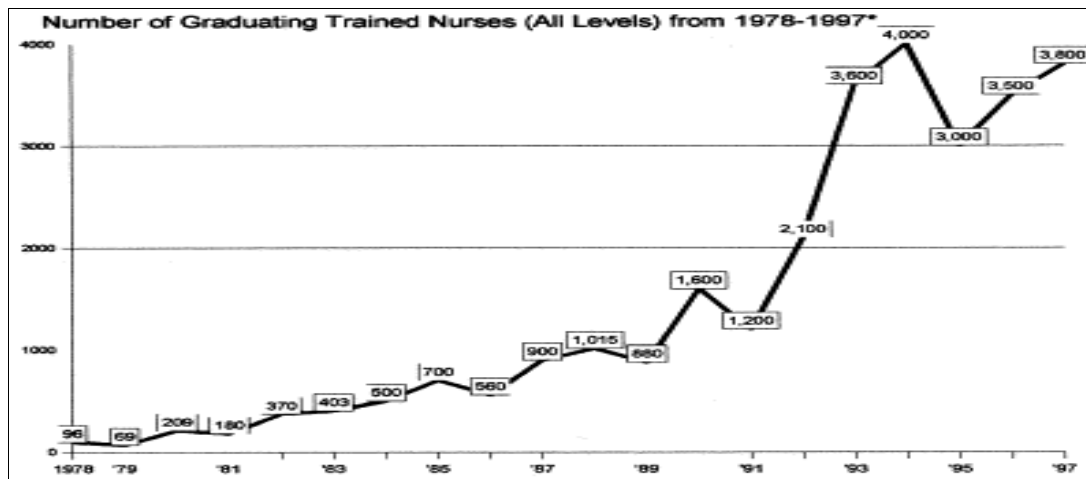


Fig 4: Healthcare in Iraq

The inhabitants and customs of Iraq encompass a wide range of tribal, spiritual, and cultural affiliations and viewpoints. Iraq developed into a contemporary, global civilization with a metropolitan culture, an elevated level of formal schooling, and artistic endeavors that were infused by indigenous cultures as a result of the expansion of the petroleum industry, expanding possibilities for learning, and a more centralized Capital. In 2017, a vessel the Census of Iraq found that approximately 80 percent of Iraqis were urban dwellers.

The third topic, which dealt with a proposed framework for the health insurance system in Iraq, was discussed first. In

this topic, health insurance was covered under the monarchy, health insurance under republican rule prior to 2020, health insurance after 2022, and the problems of health insurance in Iraq: An evaluation from a development perspective. Secondly, the components of the health insurance system in Iraq were not established by developing philanthropic organizations. The purpose of this research was to create a healthy and social reality that lessens people's suffering, and in the end, the researcher provided a set of suggestions and conclusions that were reached via writing the research.



Fig 5: The theatre hospital of the 332nd Tactical Medical Assistance Air Force in Ballad, Iraq. There are three surgical suites in the network of shelters, and each one can handle two procedures at once. In the backdrop is visible the adjacent helicopter

The highest-acuity hospitals accessible to humanitarian victims, particularly youngsters, in the theatre of conflict are Category Three hospitals. This is challenging to release children with persistent medical requirements from deployable hospitals due to the lack of sufficient national medical facilities. The efficiency of Iraqi hospitals is jeopardized by a shortage of staff, equipment, and equipment.

Results

At the national and subnational levels, enhanced access to water, sufficient hygiene, and delivery in hospitals, trained birth staff members, and Vaccinations are expected to retain their position in 2030 after reaching the 80% objectives in 2018. By 2030, fewer than 80% of reproductive health requirements, asthma treated for acute lung infections, and rehydration by mouth will be met. In 2012, 12 percent of

Iraqi families experienced catastrophic health costs, a four-fold increase from 2007. Critical health costs increased ten to twenty-fold in several governorates. In Dial, for instance,

they climbed from 0.8% to 15.9%. Out-of-pocket (OOP) expenses caused about 3% of non-poor households to fall into poverty in 2012.

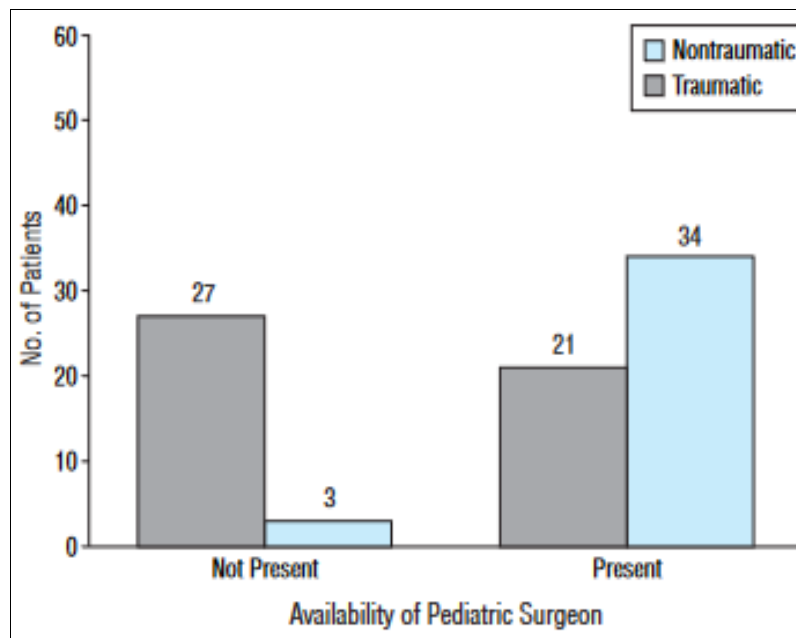


Fig 6: Youngsters who, in the 12 months prior to and within five months following the arrival of a pediatric surgeon at the institution, presented to an expeditionary military hospital for both traumatic and nondramatic disorders.

The forty-eight wounded youngsters, 25 [52%] had a disintegration damage, which was the least prevalent source of trauma (Figure 7). IEDs, abandoned ordnance, blast complications, mining operations, oblique fire (such as bricks, spacecraft, and rocket-propelled mortars), and unexploded weapons fall under this heading. The majority

of kids who suffered from disintegration injuries suffered injuries by assaults using homemade explosives. The lower limbs reported the region with the most frequently affected location among the 48 children that were harmed, with most of them having numerous areas of trauma.

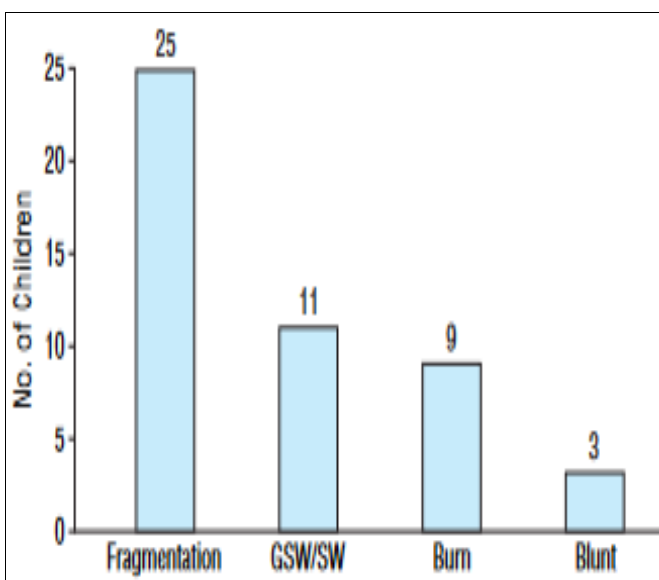


Fig 7: 48 kids receiving care at a military hospital on an expedition had different injury mechanisms. GSW/SW denotes both stab and gunfire wounds.

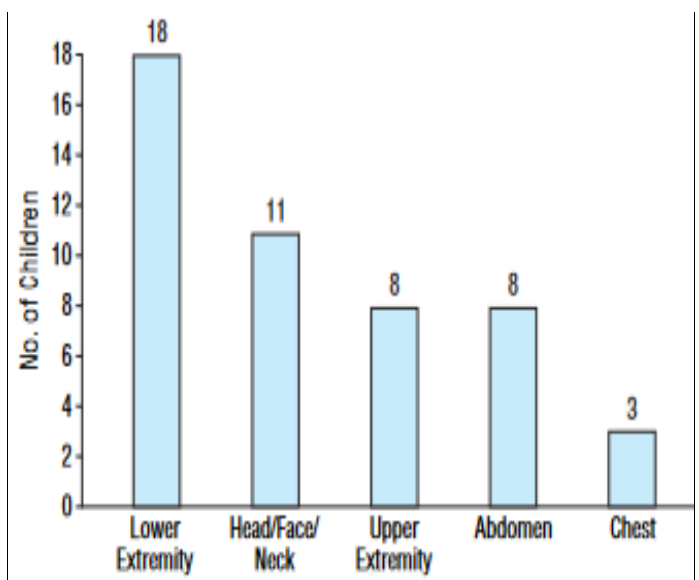


Fig 8: 48 youngsters receiving treatment at an expeditionary military hospital had injuries at the primary site.

Operations and Outcomes

Epidemics of transmissible illnesses persist. Others mainly the dysentery and cholera epidemics are linked to the inaugural Gulf War's significant ecological and infrastructural devastation, with further harm caused by the 2003 assault. 37 A significant epidemic of cholera struck the

north of Iraq in 2012, 37 after an earlier pandemic that impacted numerous parts of southern Iraq, notably Capital. 37 In 2011, there had been a suspected infectious disease epidemic in Iraq. 38 The epidemic of influenza persists, despite a decline in registrations throughout 2002 and 2007.

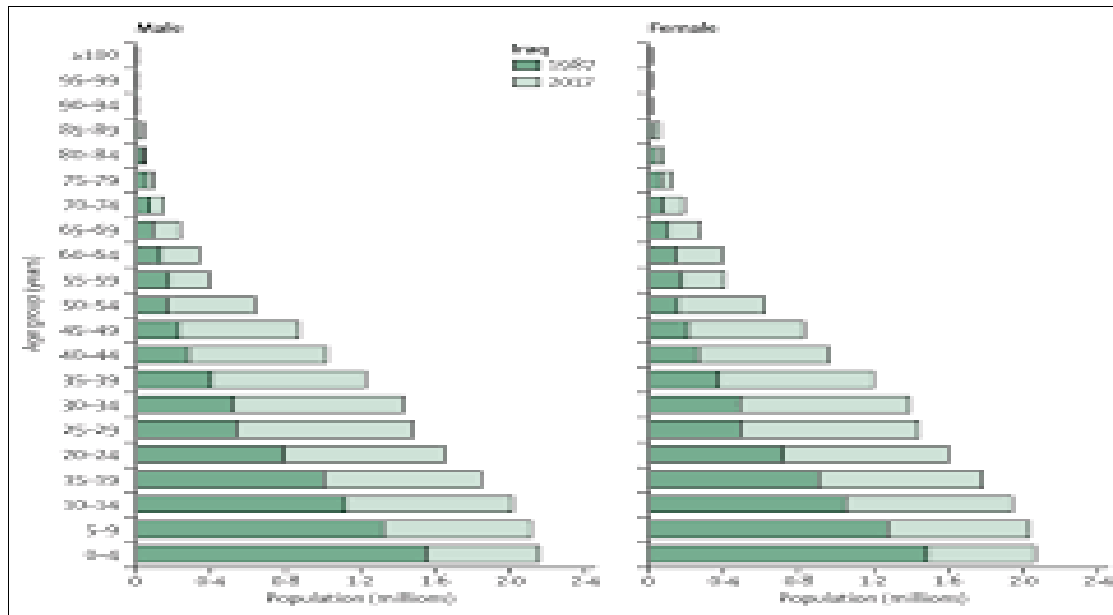


Fig 9: Age distribution in Iraq, in 1897 and 2017

The eighty-five youngsters that our clinic assessed, 63 (74%) needed a minimum of one procedure. Sixty-three kids had an aggregate of 134 surgeries done on them (average number, 2.1 procedures per kid). Throughout the research duration, the medical facility reported 3036 overall procedures, of which those accounted for a factor of four Of the 48 kids who sustained severe injuries, 47 (98%) needed surgery. Out of 37 youngsters, only 16 (43%) needed surgery due to a nondramatic diagnostic (P.001 contrasted to children with trauma injuries). Iraqi veterinary schooling and medical facilities were regarded as the finest in the area throughout the 1970s and

1980s. In 1200 basic healthcare facilities and 172 hospitals around the nation offered free medical care. Iraqi medical professionals frequently went to Germany and the UK for specialized education and licensing. The majority of medical professionals were prohibited from entering Iraq between the late 1980s and 2004.

The general classifications of inherited, transmissible, digestive and consuming food, and malignant etiology have been employed to classify nondramatic disorders (Table 1)

Table 1: Nondramatic Diagnoses in Children

Diagnosis by Category (ICD-9 Code)	No. of Children
Congenital (N=22)	
Genitourinary (ambiguous genitalia) [752.7], hypospadias [753.8], cryptorchidism [752.89])	3
Hernia (inguinal) [550.9], ventral [553.2]	3
Vascular (228.01)/lymphatic (457.9) malformation	3
Craniofacial malformation (756)	3
CNS (encephalocele) [742], meningomyelocele [741.93]	2
Thalassemia (282.49)	2
Cardiac (hyperplastic left heart) (745.3)	1
Biliary atresia (751.61)	1
Cystic fibrosis (277)	1
Spondylolisthesis (756.14)	1
Calcific keratopathy (366.8)	1
Spastic contractures (718.4)	1
Infectious (N=7) Visceral leishmaniasis (085.9)	2
Pneumonia (486) 2 Neonatal sepsis (771.81)	1
Infectious diarrhea (009.2)	1
Otitis media (382.9)	1
Gastrointestinal/feeding (N=5) Gastro esophageal reflux (530.81)	1
Rectal prolapse (569.1)	1
Aspirated foreign object (934)	1
Dehydration (276.5)	1
Failure to thrive (783.41)	1
Neoplastic (N=3) Central nervous system (239.6)	1
Mastoid (239.2)	1
Maxillary sinus (239.1)	1
Total	37

Epidermal or tissue-based wound treatment (including water supply, cleaning, fasciotomy, escharotomy, epidermal transplant, bandage shifts, and brace application) constituted the most frequently done procedure. 16 children with nondramatic illnesses underwent 23 surgeries or treatments. The director was among the most often injured body part, subsequent to the lower extremities. This is not the case with adolescent injury records, where brain injuries are less common than traumas to both the upper and lower extremities. 8, 11, 14, and 16 Because of its smaller height and relatively bigger heads, toddlers might display an alternate shape. The skull is a more likely target for disintegration gadgets because of these variables. After fixing fractures and orthopedic lesion surgeries, craniotomies for head injuries were the third most prevalent type of surgery done. At our premises, nondramatic disorders were addressed. Iraqi facilities which were unwilling to offer the necessary level of intensity of treatment sent to certain children. Some

made the decision to inquire about care at a Pentagon installation due to a variety of factors, including struggling financially, relatives receiving treatment at our medical facility, or a recommendation following an interaction with US troops. We managed to maximize the care given to these kids despite the harsh circumstances and little resources because to the creativity and initiative of the medical staff. Hospitals close to a battle zone ought to be prepared to handle casualties, even young ones. The forehead and lower torso are among the more frequently injured areas in young ones, with disintegration injuries being the primary cause of damage. Contamination disintegration fractures lead to tissue destruction and need frequent, cautious cleansing.

Table 2 shows the 111 surgeries that were done on 47 youngsters who had suffered catastrophic injuries. Most of the children in question needed treatments at several different lesion locations

Table 2: Operations and Procedures performed on children

Operation No of Operations	
For Traumatic Injuries	
Skin and soft tissue wound care	83
Fracture fixation	10
Craniotomy/cranioplasty	6
Exploratory laparotomy	4
Vascular exploration/repair	3
Thoracotomy	2
Bronchoscopy/esophagoscopy	1
Nucleation	1
Surreal nerve graft	1
Total	111
For Nondramatic Conditions	
Vascular access	4
CNS (resection of tumor, meningomyelocele repair, decompression)	3
Bronchoscopy	2
Excision of head and neck mass	2
Orthopedic fixation	2
Hernia repair	2
Computed tomography while under general anesthesia	2
Orchidopexy	1
Repair of rectal prolapse	1
Roux-en-Y hepatoporojejunostomy	1
Bone marrow biopsy	1
Thoracoscopic decortication	1
Ophthalmologic evaluation while under general anesthesia	1
Total	23

The remarkable results of piercing head trauma in this environment shocked the neurosurgeons assigned to the hospital. It's possible that the disruption of neighborhood medical facilities may prevent youngsters from being securely released until they recover sufficiently to live with their relatives. Expeditionary medical facilities must be ready to care for children during wartime by having the right staff, education, and supplies.

Conclusions

The insurance industry's overall weakness has a detrimental effect on health insurance in particularly. Inadequate medical insurance in Iraq was caused by the private sector's instability and the inability of wealth holders to invest in insurance and medical insurance businesses in especially. The nation's government has to create an aggressive plan for

growing the business community in order to promote private sector employment.

The inadequate framework of insurance firms, namely in the medical insurance sector, has a detrimental impact on their ability to deliver insurance services to the insured. The vulnerability of the Iraqi participation market, particularly with regard to foreign expenditures, serves to revive the insurance industry by providing protection for entrepreneurs and their ventures in different insurance companies.

A strong analytical instrument for evaluating the role that health system funding plays in providing healthcare is the national health budget. The report offers several recommendations for enhancements and adjustments that will enhance the objectives of the wellness system, which include fairness and risk mitigation for medical expenses. The Ministry of Healthcare will keep working to enhance its

methods and data resources, and the first iteration of national health accountancy is a great accomplishment for national health organizations. So this research paper deals with the analytical and interpretation of the economics of medical insurance in Iraq in the period 2015-2023 AD.

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