

Imperial College
London

Health System Ingredients for effective primary care serving a national health insurance

Iraq – Health Insurance Organisation

29th April 2022

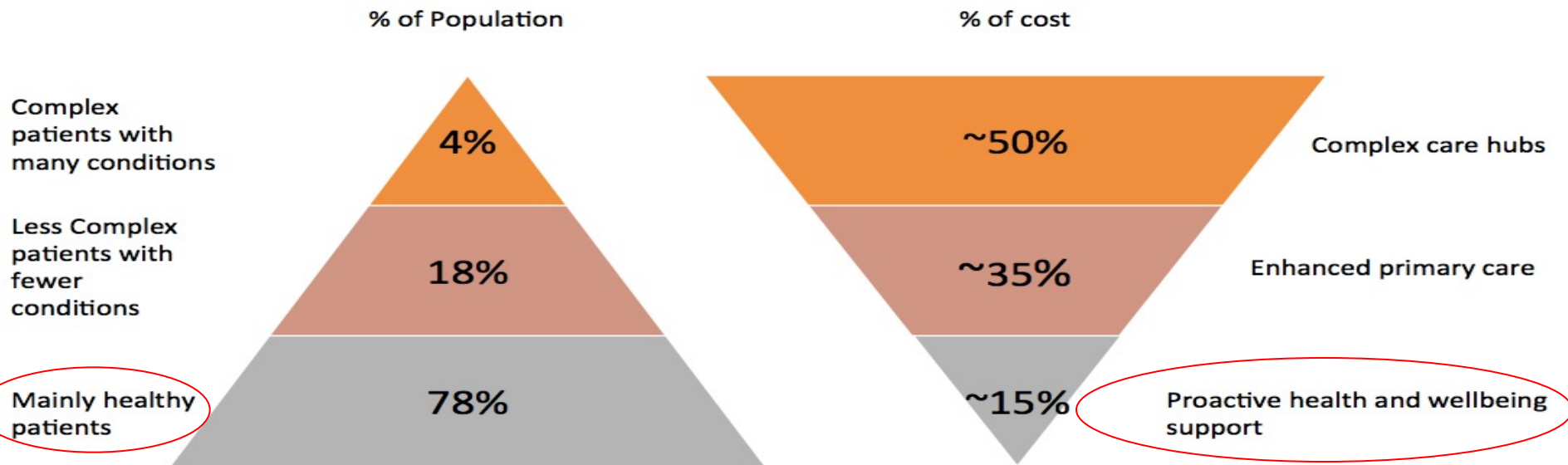
Salman Rawaf

Celine Tabche

Overview

- A primary Care-led Health System
- Why Primary Care?
- Preparing Health System for NHI
- Enabling Financial Framework
- Integrated and Value-based Provisions
- Market Regulations & Management
- Flexible Workforce
- Robust Governance
- Technological Applications
- Conclusions

Burden of Disease + Share of Health Spending



Spending and costs

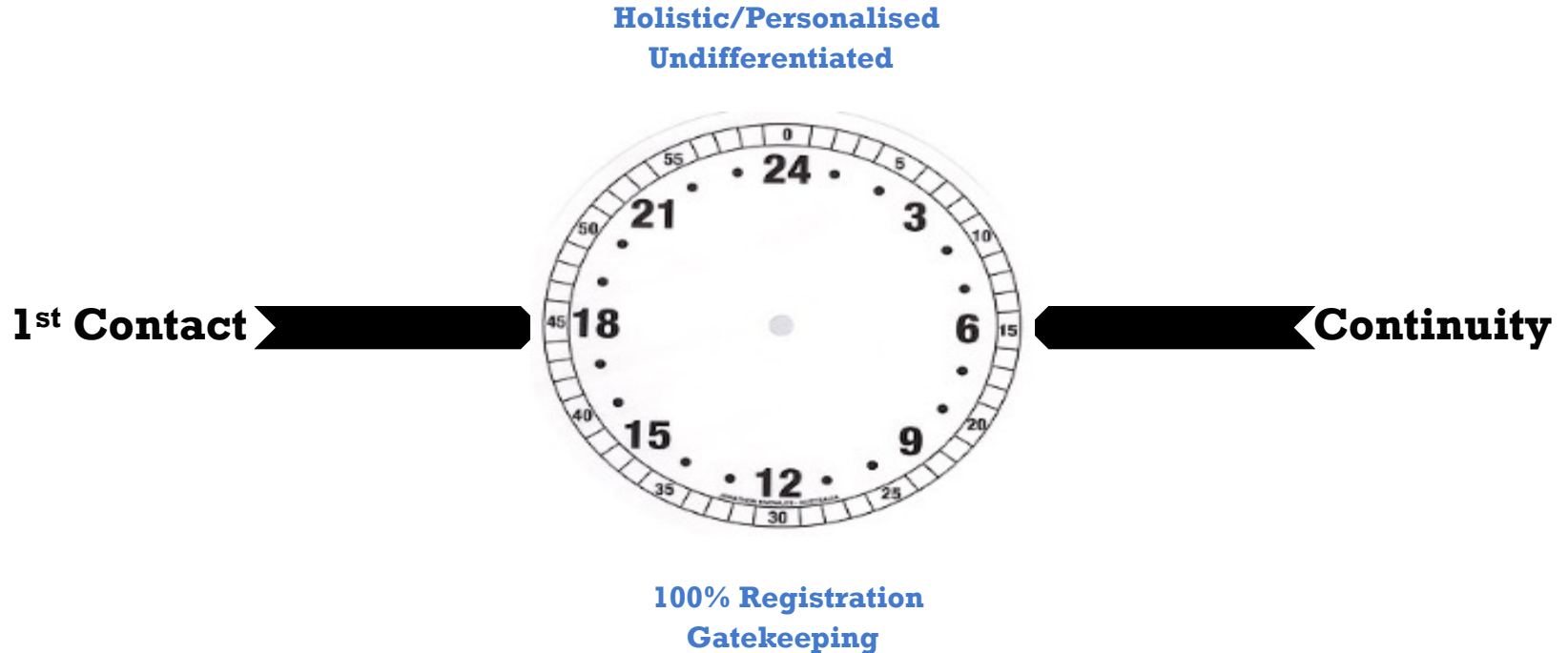
The costs of health and care services are not widely known. Some costs can be avoided or reduced through cost-effective public health interventions.



UK: England

Source: King's Fund, 2015

What is Primary Care?



WHO Policy
25 Oct 2018

Rawaf et al, 2018



TECHNICAL
SERIES
**ON PRIMARY
HEALTH CARE**

Primary health care:
closing the gap between
public health and **primary care**
through integration

Health System's Ingredients for NHI

Health
Insurance

```
graph TD; HI[Health Insurance] --- Finance; HI --- SP[Service Providers]; HI --- MM[Market Management]; HI --- Governance; HI --- Workforce; Digitalization[Digitalization]
```

Finance

Service
Providers

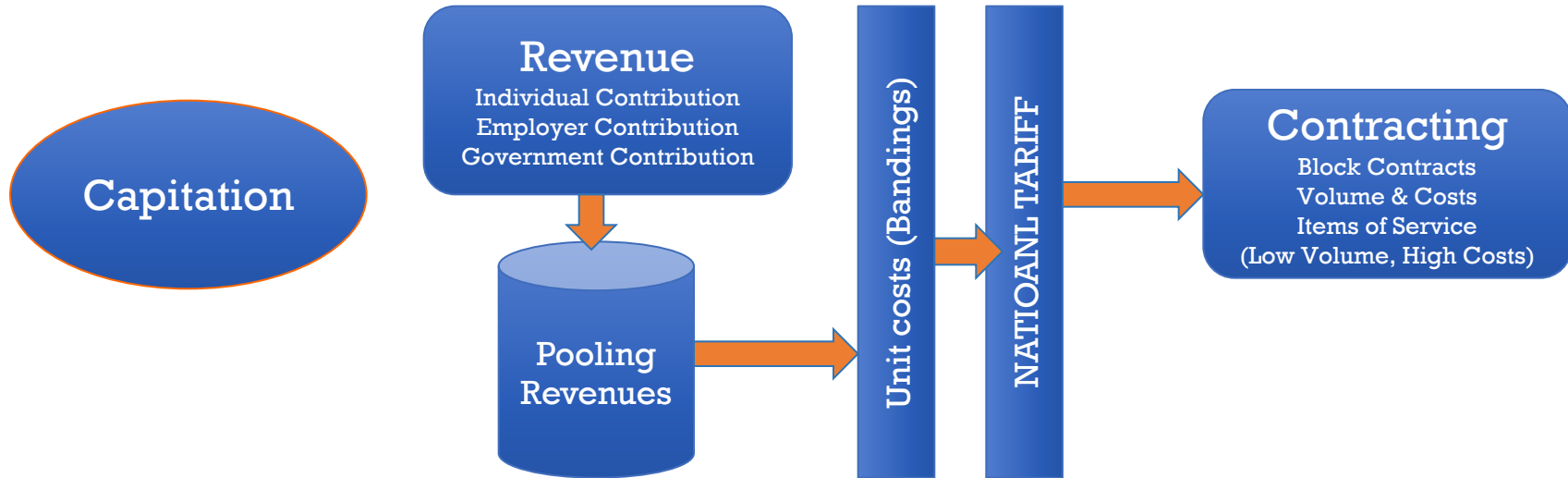
Market
Management

Governance

Workforce

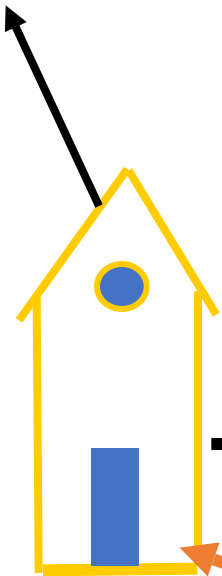
Digitalization

1. Enabling Financial Framework



Voluntary Vs Mandatory

Health Line



100%
Registration

1

Patients Group

G
P

10%

2

High Specialist

H
O
S
P
I
T
A
L

10%

Home Visits

- HV
- PN
- DN
- CPN

Midwives

Cost: 10% + 11%
 Contacts: 80% - 90%

50% Acute, 20% MH
 10-20%

Public

Providers (Public & Private)

2. Providers (Public & Private)

- ◆ Operating as self-governing bodies (Public)
 - ◆ From Budgeting to CONTRACTING (challenge to Public Hosp/Serv)
 - ◆ Operating Under National Tariff
 - ◆ Regulated through Independent Regulators
-

3. Market Management

- ❑ MOH Manage the Market – Protect all Providers
- ❑ Integrated, Value-based Services
- ❑ Risk Assessment and Management (around 2%)/ Inflation (+4%)
- ❑ National Contingency Reserve
- ❑ National Contracting (Low Volumes, High Costs)
- ❑ Enabling Role (Control): New technology / Workforce Supply / Training

4. Workforce

- **Numbers needed (MoH)**
 - Attrition rates/ Retirement (MoH)
 - Annual Production (MoH: Imposed)
 - Maintaining Standards (Independent Professional Regulatory Bodies)
 - Clinical Governance (Providers – Overseen by MoH)
-

➤ Numbers of needed

Family Physicians: 0.3/ 1000 Population (WHO EMRO)
0.6/ 1000 (Global)
0.7/ 1000 (UK)

Iraq needs: **13,500 - 27,700 Now**
(Based on 45,000,000 total Population)

A proactive general practice: Integrating public health into primary care

Salman Rawaf 

Pages 17-18 | Published online: 20 Mar 2018

 Download citation  <https://doi.org/10.1080/17571472.2018.1445946>



 Full Article

 Figures & data


 References

 Citations

 Metrics

 Licensing

 PDF

This year, we are celebrating 40 years since the WHO Alma Ata Declaration of *Health for All* first emerged [ 1]. In conjunction with the World Health Report 2008; *Primary Care: now*

R
T
o
d
s

5. Governance

- ✓ **National vs Regional:** Delegations: Insurance Office/MoH
 - ✓ **Categories of Beneficiaries:** Equity, Right to Health, Legal
 - ✓ **Universal Health Coverage:** SDG 3.8 by 2030
 - ✓ **Exclusion (? Who, Why):** Comprehensive Vs Selective
 - ✓ **Disputes and Arbitrations**
 - ✓ **Malpractice/ Mishaps/ System failure:** Risks and costs
 - ✓ **Public Engagements:** Corporate Governance
-

In Conclusion:

- **Reduce Risk of Failure - Pilot**
- **Recognise Complexity - Analysis / Details / Consult**
- **Resistance to Change - Change Management**
- **Public Confidence / Trust - Share / Engage**
- **You are one of the beneficiaries - Design service for you**

Thank you

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29th April 2022 Baghdad

Additional Slides

Progress and outcomes of health systems reform in the United Arab Emirates: a systematic review

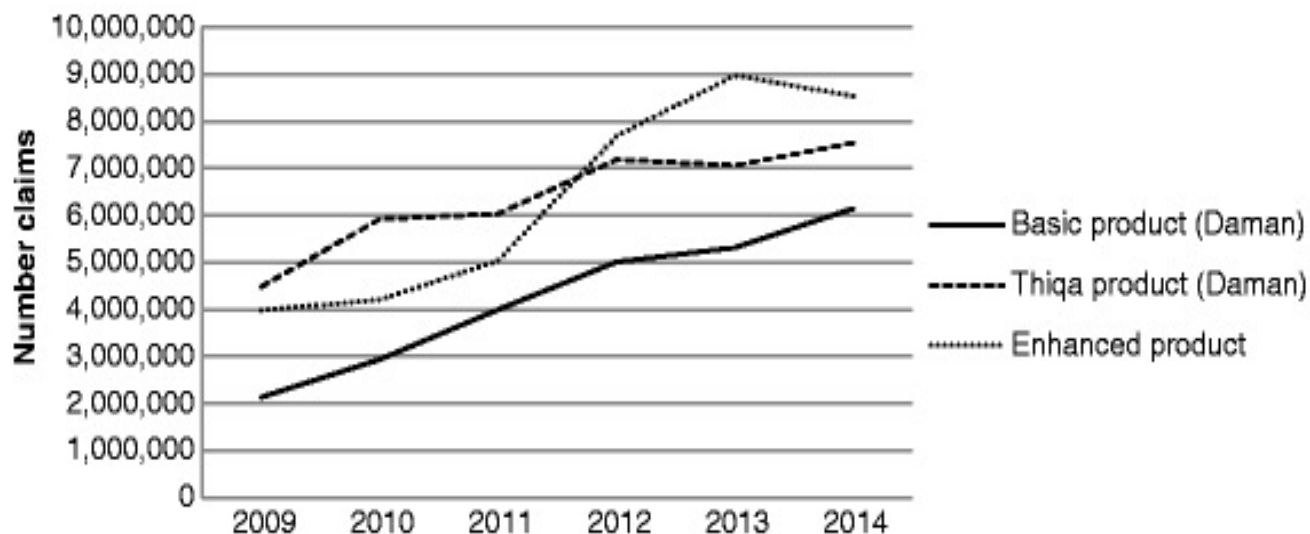
[Erik Koornneef](#), [Paul Robben](#) & [Iain Blair](#) [✉](#)

BMC Health Services Research **17**, Article number: 672 (2017) | [Cite this article](#)

19k Accesses | **23** Citations | **3** Altmetric | [Metrics](#)

Conclusions

From the existing research literature it is not possible to conclude whether UAE health system reforms are working. We recommend that research should continue in this area but that research questions should be more clearly defined, focusing whenever possible on outcomes rather than processes.



Health insurance claims by type of insurance scheme, Abu Dhabi, 2009–2014

Year	No. UAE Patients who received medical treatment outside UAE	Average cost per patient (US\$)	Total cost (US\$)
2004	808	40,436	32,672,262
2005	679	54,768	37,187,738
2006	863	57,221	49,381,471
2007	946	51,499	48,717,711
2008	850	75,204	63,923,706
2009	1073	59,128	63,444,414
2010	975	68,392	66,682,561
2011	1428	57,766	82,489,373
2012	1819	50,681	92,189,101
2013	2010	46,921	94,311,172
2014	2717	44,142	119,932,970

Source: Dubai Health Authority's Annual Reports [43]

	Healthcare Expenditure (Billion US\$)
Abu Dhabi	4
Dubai	3.5
Northern Emirates	2.5
International Patient Care	3.6
Total	13.6

Source: Dubai Health Authority, Health Authority Abu Dhabi, World Health Organization, US UAE Business Council

