
Mapping the Knowledge Landscape of Health Insurance for the Poor: A Bibliometric Review

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ABSTRACT

Health systems throughout the world have an important goal of improvising its efficiency so that it can be accessed and availed by all people and this also requires the continuous efforts from government and its various sectors like military, education etc., This helps in considering issues related to health sector as a national issue for better prioritization. The debate of health-related policies and coverage includes issues like mortality risks and inequalities associated with it. These issues can be assessed through various means of indicators. The first and foremost motive of Laws related to health policy is the regulation of right to health. The concept of medical insurance is the better provision of benefits for all irrespective of their financial status. Thus, the current study collates 235 scholarly papers through means of bibliometric analysis and R-tool for the thematic analysis. These papers are taken from the Scopus database and all these articles are published during the period of 2004 to 2024. Therefore, the study aims to analyst and map the health insurance for the poor and disadvantaged people. Results show that studies and researches in this field has considerably grown and it also indicates a skewed development, yet there is still a huge room for further research and development on this domain.

Keywords: *Health Insurance, Medical Insurance, Poor, Low Income Populations, Global Trends, Bibliometric Analysis*

1. Introduction

Risks are considered to be inherent part of one's life. Several strategies are implemented by various businesses, communities, households and individuals for avoiding risks and managing accordingly. It can be said that people especially belonging to weaker class of the society are more prone to risks than others (Cardona, 2013). Countries like India, Angola, Ghana, Brazil etc., which are still in the phase of developing have more population with lower-income and they are more susceptible to wellbeing risks (Majid, 2001). Risks includes various kinds of accidents, health related problems, sudden demise of breadwinner and even asset loss and management of these risks are becoming more difficult for rural communities than the urban communities (Heltberg & Lund, 2009). This is majorly due to the reasons like no means to save money for such unforeseen losses. So, such people either go for other options like auctioning their properties, or other movable assets, cost cutting by stopping education or health expenses and this cannot save them in longer run either (Sneha *et al.*, 2017; Olsson *et al.*, 2014). All these mentioned risks can be solved by properly designing products related to finance and this can help disadvantaged people in preparation for risks and its reduction and also enhancing the investments in businesses despite such risks (Vaughan, & Vaughan, 2007).

2. Health systems and services around the world

Health systems throughout the world including regional and national level has an important goal of improvising its efficiency so that it can be accessed and availed by all people and this also requires the continuous efforts from government and its various sectors like military, education etc., This helps in considering issues related to health sector as a national issue for better prioritization. The debate of health-related policies and coverage includes

issues like mortality risks and inequalities associated with it. (Afriyie *et al.*, 2023). The first and foremost motive of Laws related to health policy is the regulation of right to health. The concept of medical insurance is the better provision of benefits for all irrespective of their financial status (Damayanti *et al.*, 2019; Rudiger, 2016; Fenny *et al.*, 2021).

Medical insurance which can also be termed as health insurance encompasses several types including public and private. Yet, these insurances do not cover all the types of illness or diseases and so as a result of which financial risks is still not averted for the poor people through this (Suprianto, & Mutiarin, 2017). WHO stated that “nearly 15-20% of individual’s income goes to medical expenditures and this constitutes to nearly 40% net income of many families which can result in biggest financial crisis in the world very soon” (Doetinchem *et al.*, 2010).

Thus, most of the people belonging to underprivileged category rely more on the free health services offered by their government or public hospitals yet these services and hospitals seems to very limited in developing countries. This is where the issues rise. Disadvantage people with severe illness and inaccessibility to free health care services either borrow money and end up in severe debts or continue to work with same illness resulting in increased mortality rate (Holst *et al.*, 2021; Armocida *et al.*, 2020). The history of health insurance coverage has progressed worldwide, contrasting to prior scenario, where individuals especially from industrialized nations are receiving medical care at the primary care physicians' clinics

and nearly 150M population has been facing monetary problems throughout the world yearly because of these out-of-pocket expenditures for their health-related issues (Nandi, & Schneider, 2020).

As everyone knows that the wellbeing and quality of life are the determining factors of a country’s health status, management of healthcare and services have grown to be the primary topic in the field of health insurance coverage. There are several researches and studies that are conducted for finding the core reason for constantly increasing medical bills and its impact on wellness and health (Navarro, 2022). Consequently, various health care institutions and organizations are coming towards enhancing and offering better medical services to their patients. Along with this, the effectiveness and accessibility have also been constantly improvised for meeting the customers’ demands (Ramlan, & Sugiarti, 2017; Yip, 2019). Most of the countries are now investing in creation and development of effective health insurance system in order to ensure that all people have access to universal health care and thereby many schemes and policies have been introduced as a result of this (Agustina, 2019; Nugroho, & Kusumaningrum, 2021)

Countries like Senegal, Mali, Cameroon, Burkina Faso, India, Nepal, Rwanda have taken up schemes like (CBHI) which is abbreviated form of community-based health insurance and mutual health insurance (MHI) for covering up the medical expenses of self-employed and people working in the informal sector (Hunter *et al.*, 2022). Both the schemes MHI and CBHI are voluntary in nature and all the funds that are pooled out of this are at community level (Berhan *et al.*, 2022; James, & Acharya, 2022). Similarly, other nations like Peru, Mexico and Vietnam have introduced schemes that are usually non-contributory in nature and this makes use of general tax revenues. This is specially made for those who do not have social security schemes. Thailand for instance, has 3 primary health financing arrangements namely scheme that covering medical benefit for the civil servants and their families, scheme offering social security for people belonging to private formal sectors and finally a scheme called UHC scheme and this is not associated with other two mentioned policies (Nandi, & Schneider, 2020).

Recent studies and researches carried to discuss the impact of health insurance schemes in LMIC (Lower-middle-income countries) shows that there is significantly optimal effect insurance rollout on goals of UHC goals. It was also shown that there is considerable decrease in the economic and monetary barriers because of CBHI and also these insurances are proven to improvise social health, thereby resulting in saving people from too much out-of-pocket expenditure. Yet, it still remains unclear of its success in achieving complete healthcare and wellbeing coverage for the poor people and this is due to certain factors like improper awareness and knowledge among the underprivileged people, payments related to the scheme, health Centre distances and thus the enrolment of people in these schemes are considered to be very less in rural areas when compared to urban areas (Armocida *et al.*, 2020). Thus, the aim of this study is to highlight and stress the importance of understanding the concept of health insurance and coverage for the poor and underprivileged people and mapping of its landscape across the world.

3. Methodology

As mentioned above, in order to understand the landscape of health insurance, the method of bibliometric analysis is chosen for this study and it is divided into following sections.

3.1 Article Inclusion and Preparation

This research has made use of descriptive study which is completely literature based and involves bibliometric analysis. The papers and articles and other documents are taken from the Scopus databases and all these articles are published during the period of 2004 to 2024. The study data were retrieved from the Scopus database by making use of the search string ((“Health Insurance” or “Medical Insurance”, “Medical Coverage”, “Medical Cover”) AND (“Poor” or “Weaker” or “Marginalized” or “Disadvantage” or “Impoverished”)) AND PUBYEAR >2004. The language was limited to English, and the database included all publication types. There was a yield of nearly 235 filtered documents such as books, conference papers, editorials and articles and all these records are stored in the Excel spreadsheet with proper citations. And then exported for analysis.

3.2 Identification of Review Sources

The repository of data which was used for this particular study in order to extract and search documents majorly relies on Scopus index. This provides a comprehensive coverage, especially in health insurance surpassing the web of science (Paul-Hus & Mongeon, 2015). Even though the web is science is considered to be offering higher-quality sources (Archambault *et al.*, 2009; Hallinger & Kovačević, 2019). Still, this is known to provide restricted number of sources in certain objects. Several studies have revealed that there is a significant correlation between Web of Science and Scopus for cited sources and publications but Web of Science does not include the necessary health information (Zupic & Čater, 2014; Falagas *et al.*, 2007). Thus, for the broader coverage needed in the study, Scopus is selected. By means of using certain filters and keywords, nearly 235 results were found.

3.3 Bibliometric Analysis Strategies

Biblioshiny was employed in this study for carrying out bibliometric analysis (Moral-Muñoz *et al.*, 2020) and along with this Microsoft Excel was used to perform and present the data analysis and results (Aria & Cuccurullo, 2017), essential systematic results and findings on the medical insurance and coverage were calculated and described in several groups throughout the phase of performance analysis and this encompassed most relevant sources, Bradford's law for identifying core sources, the most locally cited sources, the most pertinent authors, the most pertinent affiliations, the formation of affiliations over time, the corresponding authors' countries, the most cited nations, the most globally cited papers, the collaboration network, the collaborated world map. Additionally, visual assessment of the association between countries, sources, keywords, affiliations and authors were also found. In the segment of network and cluster analysis, the collaborative network of the words, citations and authors was plotted through means of the social structure factor of the bibliometric R-package (Derviş, 2019) offered in the UI. Further, thematic map analysis altogether was performed though the help of theoretical structure component of the R-tool for expressing research themes and trends in the area of health insurance and coverage.

4. Results and Discussion

The primary data from the databases is included in this bibliometric research study, together with details about the most frequently referenced journals, authors, and documents, as well as word clouds, keyword clusters, and affiliations,co-occurrence network and collaboration network. This section presents the results and discussion of findings, which reflect the growth and trends of health insurance research in terms of publication output, distribution, source, and citations. It also glances the prolific scholars, connections, and social networks in this field, as well as the thematic focus of research in the area of health insurance.

4.1 Descriptive Analysis

Timespan	2004:2024
Sources (Journals, Books, etc)	170
Documents	208
Annual Growth Rate %	8.84
Document Average Age	4.99
Average citations per doc	13.35

References	7492
DOCUMENT CONTENTS	
Keywords Plus (ID)	2070
Author's Keywords (DE)	705
AUTHORS	
Authors	996
Authors of single-authored docs	22
AUTHORS COLLABORATION	
Single-authored docs	22
Co-Authors per Doc	4.95
International co-authorships %	21.63
DOCUMENT TYPES	
Article	187
Review	26
conference paper	4
Editorial	12
Book Chapter	5

Table 1: Descriptive Analysis

The table 1 represents the descriptive analysis of the bibliometric data. The data covers the period from 2004 to 2024 and is retrieved from 235 different sources having a total of 187 journal articles published by 996 authors. The average age of the documents is 4.99 years with average citation of 13.35. “The included studies had a total of 7492 references; 2070 keywords plus and 705 author keywords.

4.2 Most Relevant Sources

Most relevant sources are International Journal for Equity in health, International Journal of Environmental Research and Public Health.. The analysis of the sources and articles retrieved from Scopus for this research reveals a diverse range of journals contributing to the field of health insurance. For instance, International Journal for Equity in Health leads with nearly 7 article papers highlighting its focus on promoting health and health insurance for poor. , International Journal of Environmental Research and Public Health has published 6 article papers, representing its role and dynamics in the exploration of the intersection of health insurance and poor. The “Health Policy and Planning” has published 5 articlesand focuses more on the strategic aspects of various health policies and its implementation. Next, Global Health Action and Social Science and Medicine, both carry 4 papers each highlighting their broad interdisciplinary methods and approaches for global health related issues. Three papers each have been published in BMC Health Services Research, Cancer, Health Policy” and “Journal of Health Management” place emphasis on the multifaceted nature of healthcare research including policies of health-related coverage. Further, The Annals of the American Thoracic Society offers 2 articles, adding to the overall research landscape pertaining to health insurance.

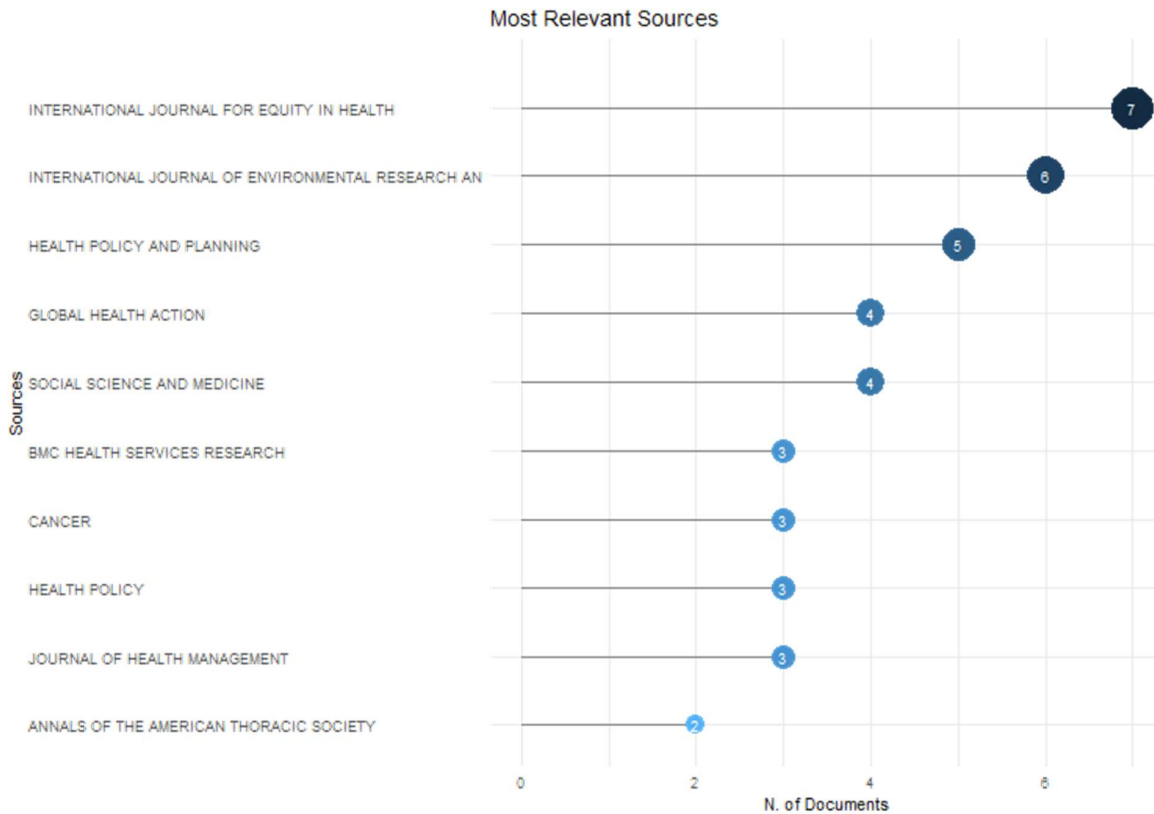


Figure 1. Most Relevant Sources

Thus, this distribution of sources showcases a well-rounded compilation of research from numerous high-impact journals, each contributing specific perspectives and insights. The multiplicity in representation of journals underlines the interdisciplinary nature of health insurance for the poor and also this broader coverage offers a more inclusive understanding of the opportunities and challenges associated with the field.

4.3 Most Relevant Authors

This section presents an analysis of the most relevant authors who have contributed to the field of health insurance and coverage amongst the disadvantaged sections. The authors Chien *et al.*, (2004) Guendelman *et al.*, 2006, Laksono *et al.*, 2022 and Wulandari *et al.*, 2020) are the most relevant authors who have contributed nearly 3 documents in the field. Other relevant authors like (Agyemang-duah *et al.*, 2020, Akazili *et al.*, 2017, Angulo 2016, Aryeetey *et al.*,2013, Baltussen *et al.*, 2006 and Barasa *et al.*, 2021) have also contributed to this field with 2 documents each, thereby offering more understanding on subject .. Agyemang Duah *et al.*, 2020, Akazili *et al.*, 2017, and Angulo 2016 have concentrated on the health insurance amongst the poor and needy in countries like Africa, where medical facilities and insurance related coverage are still at a nascent phase ie while other authors have focused on the economy of the poor and policies related to schemes and insurances. For instance, (Barasa *et al.*, 2021) have explored policy impacts and healthcare financing on low-income populations stressing the importance of providing practical solutions and recommendations related to it.

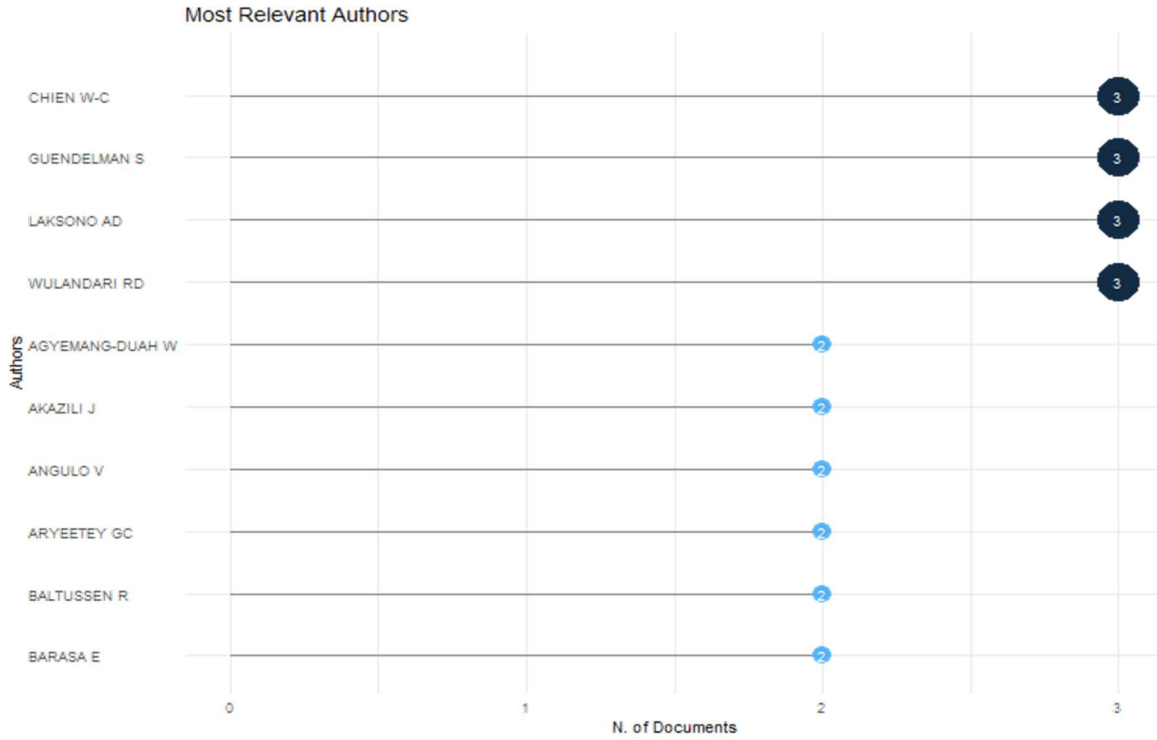


Figure 2. Most Relevant Sources

4.4 Most Local Cited Sources

This section discloses the contribution of key authors along with their influence on the research domain of health insurance amongst the poor by means of citation analysis. Wagstaff (010) is known to be the most cited author and written many articles and is known to have 44 citations thereby emphasizing the significant impact in the field of insurance. The author’s extensive research in the context of health economics and policies highlights the interest in health insurance especially for disadvantaged populations.

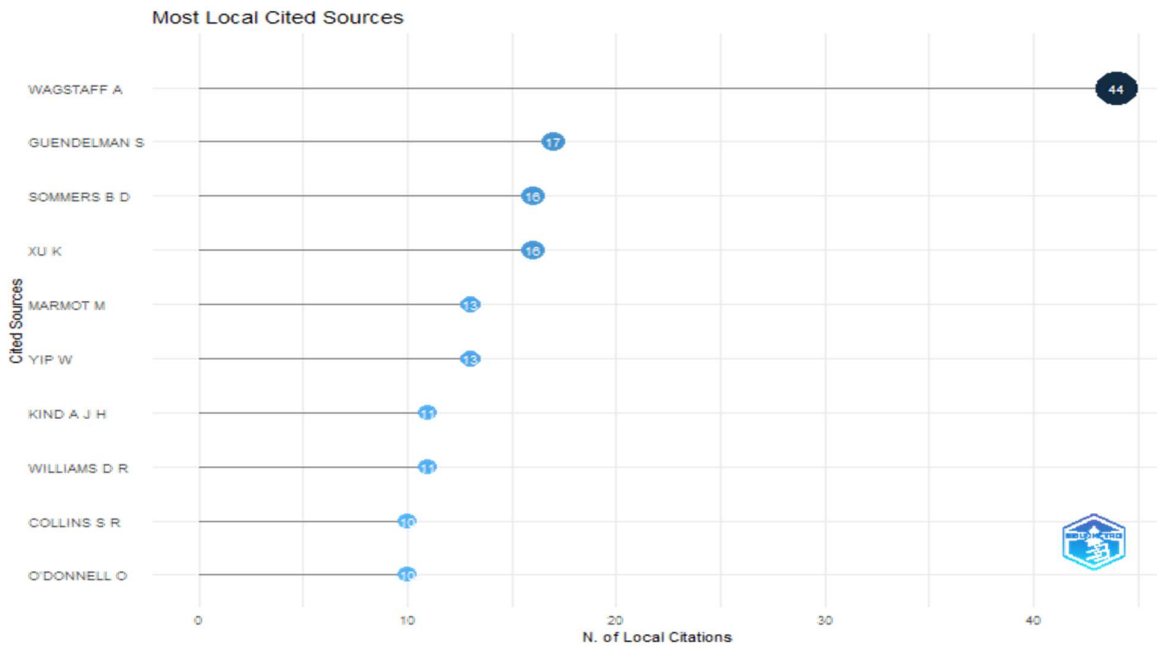


Figure 3. most local cited sources

Next, (Guendelman *et al.*, 2006) has known to have garnered 17 citations and this reflects on the considerable contributions in comprehending the disparities related to health and medical coverage and its access. Similarly, authors like (Sommers *et al.*, 2016) and (Xu *et al.*, 2007) known to have 16 citations each and this indicates the influential work in healthcare financing. The studies conducted by them offers crucial perceptions and insights into the economic and structural hurdles that are usually faced by poor in health insurance access. Also, authors like (Yip *et al.*, 2019) and (Marmot *et al.*, 2022) have 13 citations each and they have stressed on the importance of social determinants of health and how the improvisation of such can amplify the usage of health and medical insurance for the poor. Lastly, (O'Donnell *et al.*, 2005) and (Collins *et al.*, 2008) possess 10 citations each and they have offered better contribution in economic evaluation of health-related policies and coverage showing how much prioritization needs to be given for people especially belonging to most vulnerable populations.

4.5 Most Relevant Affiliations

As presented in Figure 5 many leading institutions have significantly contributed to this particular research. The “University of Alabama at Birmingham”, “Washington University”, “University of Ghana” have shown more interest on the global issues and these institutions have also given more emphasis on the diverse geographical set up of the medical coverage field. Along with these other institutions like “University of Texas MD Anderson Cancer center” and “Boston University School of medicine” highlight the intersection between medical institutions and researches on health insurance for offering an analysis regarding the policies.

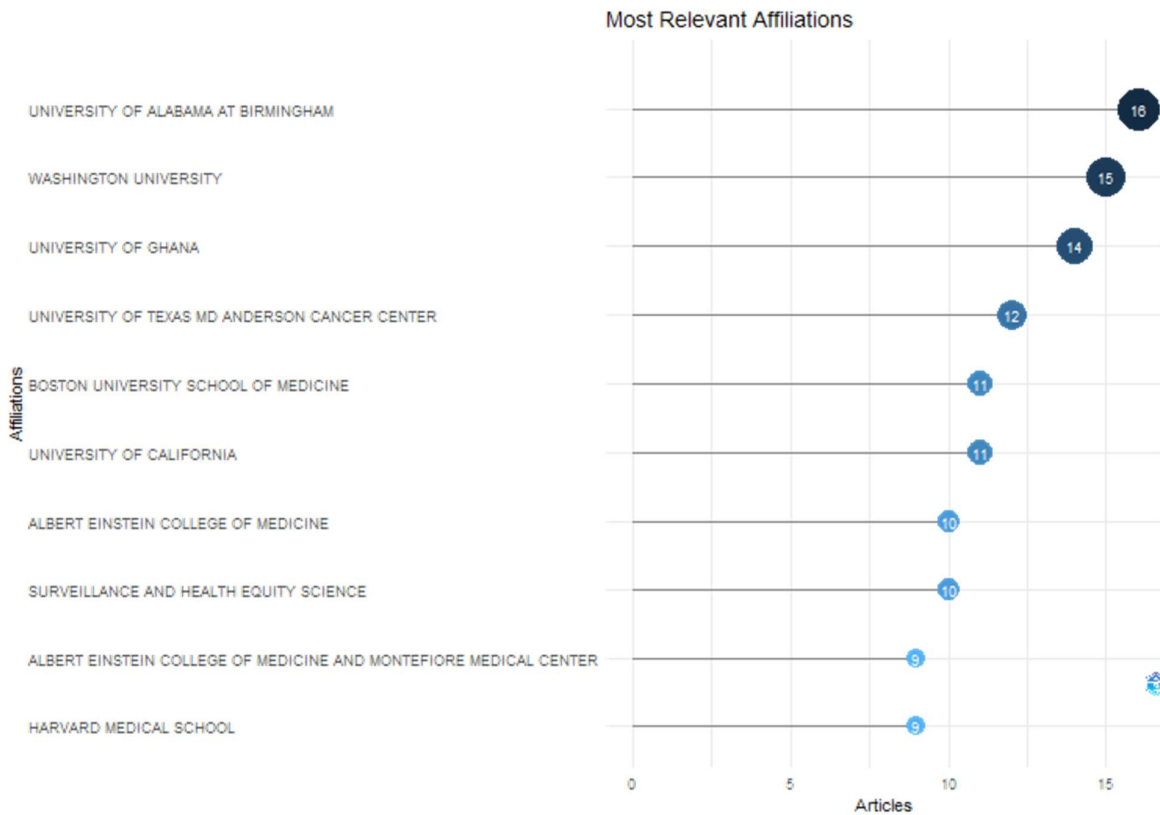


Figure 4. Most Relevant Affiliations

By the identification of the number of number of articles that are published by each of these institutions, the study can reveal most of important players and networks for collaboration that drive health insurance for the poor. For example, nearly 16 articles have been affiliated with the “University of Alabama at Birmingham” and 15 articles with Washington University with a the focus on research on low-income populations.

Contributions from medical schools and centers such as University of Texax MD Anderson Cancer Centre, Boston University School of Medicine, Albert Einstein College of Medicine and Harvard Medical School indicate the concerns amongst these stakeholders regarding health insurance amongst athe disadvantaged and marginalized. Institutions like “The Surveillance and Health Equity Science Division” shows the significance of

data collection and analysis regarding health disparities.

4.6 Affiliation Production over Time

The data highlights significant trends and evolving focus of research on health insurance for underprivileged populations across several notable universities. “University of California” has constantly contributed to the research field from the year 2005 till 2024, with a consistent output of nearly articles per year till the year of 2020. Particularly in the year of 2020, the University contributed 9 articles which increased during the years 2023 and 2024 to 11 articles per year.

With scant papers previously, from the University of Ghana” till 2013, there was constant increase in the article publication thereafter rising from 5 in 2013 to 14 from the year of 2018 and 2024 annually. In the case of Boston University School of Medicine, from 2022-2024, there was at least 11 article publication annually. “University of Alabama at Birmingham” had made no much contributions similar to “Boston University” till the year of 2022. In the year 2022 and 2023, the university produced 10 articles every year and lastly it increased to nearly 16 articles in the year of 2024.

“Washington University” contributed to the domain of health insurance from the here only from the year 2022 only and they were able to produce nearly 13 articles in the 2023 and 15 in the year of 2024 thereby highlighting their efforts on health insurance for the poor. There were no publications made till the year of 2022, however the institution was able to produce 12 articles in the year 2023-2024 in “University of Texas MD Anderson Cancer Centre”. This highlighted the institutions recent and potentially targeted effort towards the exploration of intersection of health insurance and cancer care for populations with low income.

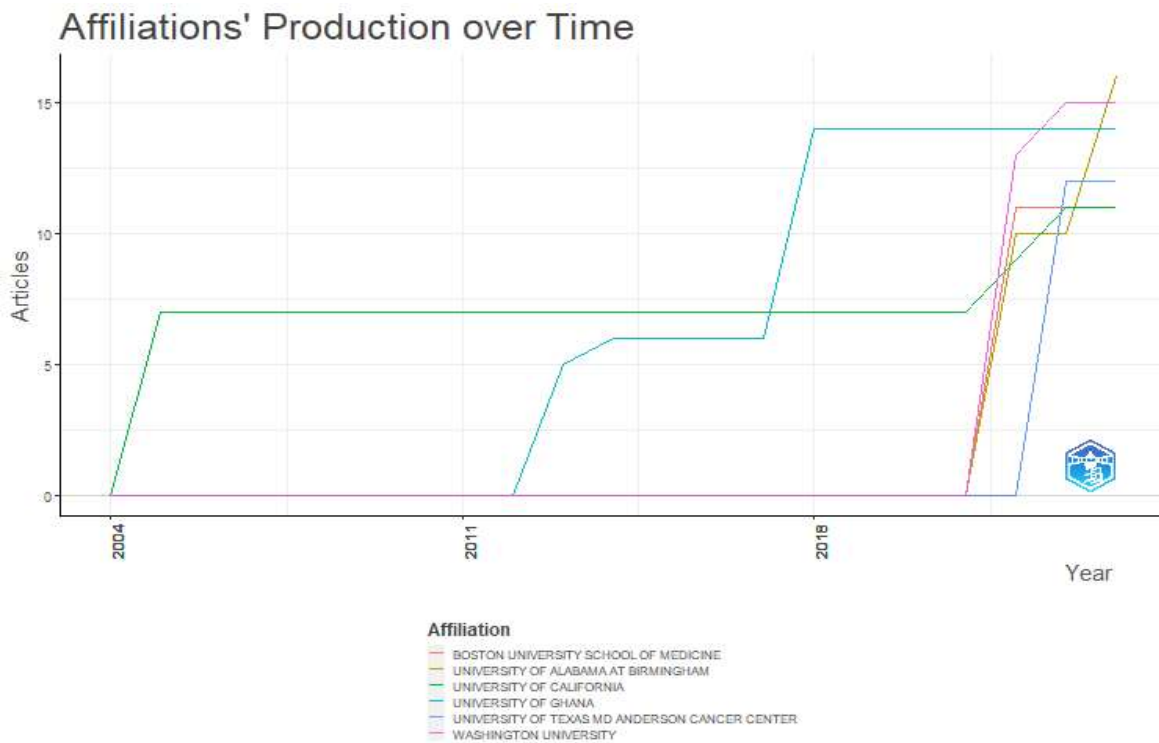


Figure 5. Affiliation’s production over time

4.7 Countries of Corresponding Authors

This section provides insights on the geographical distribution, contribution and intensity towards research across many nations. It can be seen that the United States of America is known to have highest corresponding authors of nearly 97 articles demonstrating its most significant investment and focus on health insurance. Of these 92 articles are Single-country Publications and 5 are multi-country publications. Publication of frequency is found to be high

at 0.3975 while the ratio of multi-country collaboration is very low which is found to be at 0.0515. it can be understood that USA has the ability to contribute to substantial volume of studies individually but they tend to collaborate less internationally. While looking into India which has produced nearly 8 articles with 1 MCP and 7 SCP along with MCP ratio of 0.125 and a frequency of 0.0328 indicating a strong domestic presence on the research while it has collaborated globally on occasional basis. Other countries like Israel, Ireland, Georgia and Hongkong have contributed 2 articles with differing levels of global collaboration.

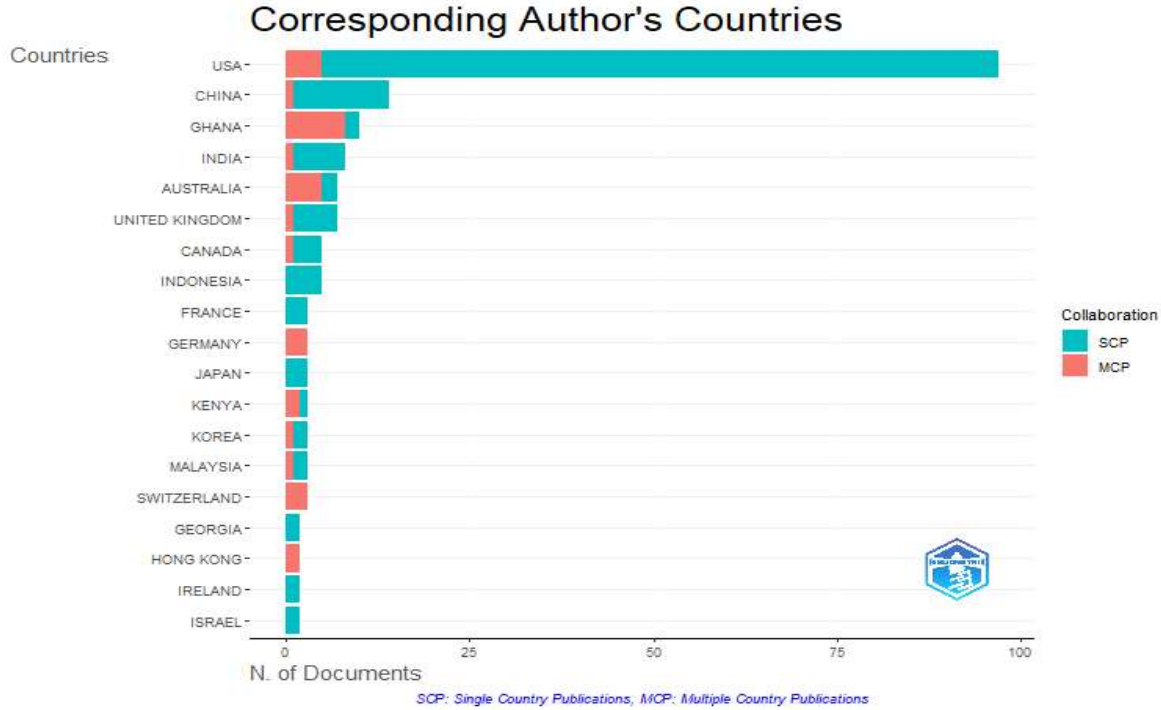


Figure 6. Countries of the corresponding authors

4.8 Most Cited Countries

This section provides a detailed timeline of research articles emphasized on health insurance for poor that is published by numerous nations over the years. This information is very critical for comprehending the trends and growth on this particular issue. The countries like UK, China, USA, Ghana and India are highlighted here. Particularly, contribution of India towards this health insurance reveals a constant increase time. from 1 article a year between the year from 2004 and 2010, there is a gradual increase from the year 2011. There was significant increase from the year 2013 as the article publication reached up to 37 in the year 2023 and 2024. This trend shows an amplifying scholarly interest and recognition in addressing issues related to health insurance among the poor. Starting in the year 2019, China's research on this topic is relatively recent. The country has shown a rapid increase in publications from 6 articles in the year 2019 to 70 articles by the year 2024. This sudden growth provides emphasis on the China's increasing concern with health insurance coverage as it underlines significant healthcare reforms and endeavors to offer better financial protection for its population. The sharp rise in the article from 2022 to 2024 indicates an increased focus on addressing gaps related to health insurance access.

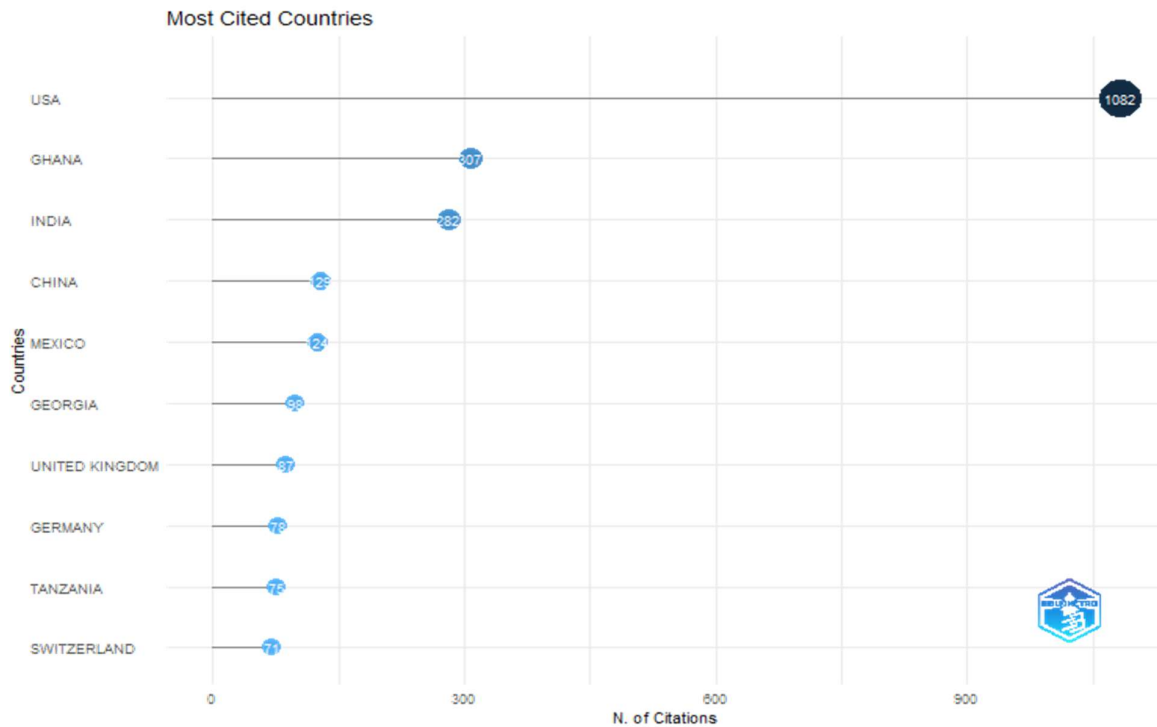


Figure 7. Most Cited Countries

4.9 Most Global Cited Documents

The section offers influential paper and its details on health insurance for the poor highlighting numerous like total citations, citations per year (TC per year) and normalized citations (Normalized TC). These metrics provide insights into the impact and relevance of each paper within the academic community. One such notable paper by Shahrawat *et al.*, (2012) published in health policy and planning stands out with 183 total citations translating to 14.08 citations per year and a high normalized TC of 3.52. Similarly, Grandner *et al.*, (2015) in *Frontiers in Neurology* has garnered 136 citations averaging 13.6 per year and a normalized TC of 2.54 underlining its impact on the intersection of health insurance and neurology. Also, the variation in normalized TC values focuses on the differing degrees of relative impact across time and disciplines with some papers like Kominski *et al.*, (2017) and Raine *et al.*, (2020) leading in terms of annual impact and others like Blumenshine *et al.*, (2008) showing long-term influence. Overall, these papers collectively map the landscape of health insurance of the poor offering a comprehensive view of the field's development, key focus area and influential research.

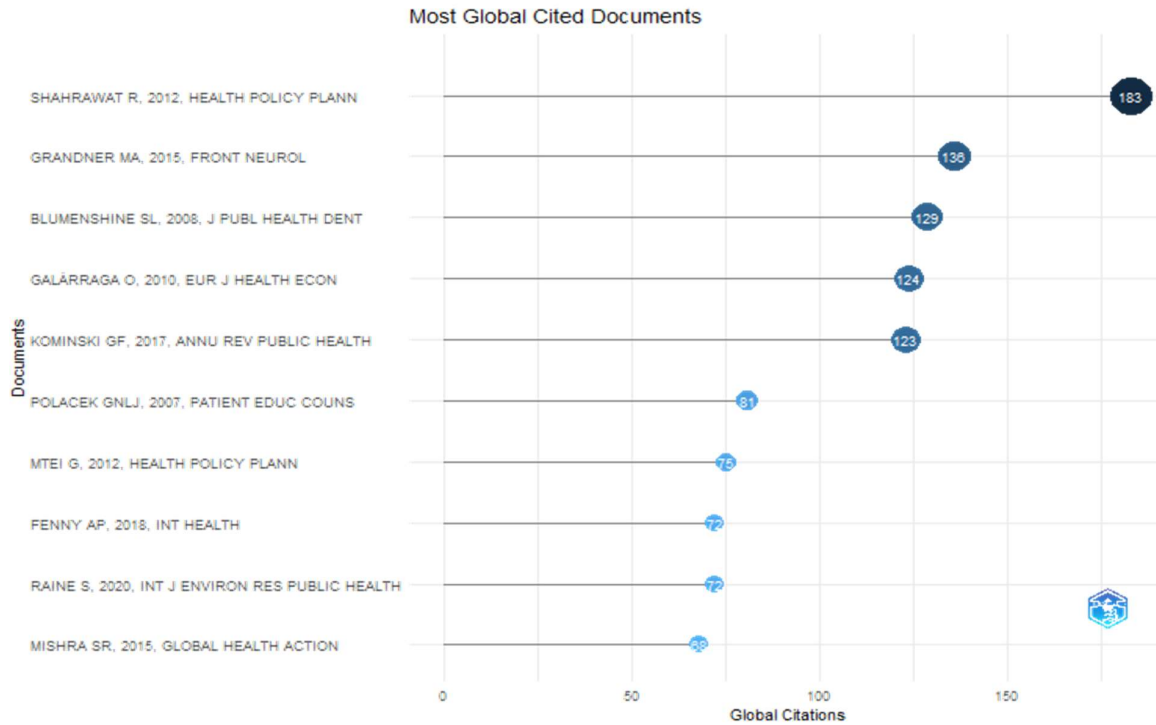


Figure 8. Most global cited documents

4.10 Word Cloud

Cloud tags are considered to be visual representation of the amount of attention and focus provided by the researcher on the particular topic. Here, the larger tags denote higher keyword usage frequency while the smaller tags mean less frequency was found for that particular keyword used. Terms like “human” which had a frequency of 219, “female” had a frequency of 212 and male had a frequency of 173 and these are known to be of highest frequency out of all words and it also reflects a comprehensive examination of both genders. Similarly, the term “Health insurance” seemed to have appeared 204 times as it forms the core of this study. Likewise, socioeconomic factors are also prominently featured with “socioeconomics” which seemed to have a frequency of 59, “social status” (46), “educational status” (38) and “income” (27) and “lowest income group” (29) are also frequently mentioned underlining the critical association between socio economic status and health insurance coverage. Terms like “health equity”, “health services accessibility” and social determinants of health” also offer reflection on ongoing discourse on attaining equitable and fair health outcomes for all societal segments. This comprehensive exploration aids in identification of gaps, policy information and finally the improvising the medical related insurance for the poor thus, addressing significant health disparities and health equity promotion.



Figure 9. Word cloud

4.11 Network and Cluster analysis

4.11. Co Word Network

The co-word network analysis of publications on health insurance for the poor offers a detailed understanding of the thematic interconnections and relative importance of various terms within the research landscape. The highest frequency of terms like human, female, health insurance, adult, male and humans showcase a predominant focus on human subjects and gender differences highlighting the comprehensive demographic scope of the studies. The network analysis also highlights the significant presence of terms related to socio-economic status and disadvantaged groups thereby underlining the research community’s emphasis on impact of socio-economic factors on health insurance and coverage. The frequent mention of USA and Ghana suggests a comparative approach examining health insurance issues in diverse geographical contexts. Overall, the co-word network analysis reveals a multifaceted and interconnected research landscape highlighting on the demographic variables, socio-economic factors and healthcare policy and delivery along with the methodological approaches and the overarching goal of achieving health equity of the poor.

Table 1. Word Network

Themes	Keywords
Demographics	Human, Female, Male, Adult, Humans, Adolescent, Child, Demography, Young Adult, Ethnicity, Pregnancy, Rural Population, Age, Aged, Middle Aged,
Access to health insurance	Health Insurance, Medicare, Medicaid, Medically Uninsured, Insurance, Health Care Utilization, Health Equity, Health Care Delivery, Health Care Cost, Health Care Access, Health Care Policy, Health Services Accessibility, Health, Health Care Disparity, Health Status
Socio-economic status	Income, Economics, Poverty, Lowest Income Group, Socioeconomic Factors Social Determinants of Health, Socioeconomics, Social Status, Educational Status, Disadvantaged Population
Study methods and types	Article, Major Clinical Study, Controlled Study, Cross-Sectional Study, Cohort Analysis, Cross-Sectional Studies, Priority Journal
Geographic Focus	United States, Ghana

backbone of the literature on health insurance for the poor.

4.11. Collaboration network

The collaboration network analysis of authors in the field of health insurance for the poor reveals a highly interconnected and diverse landscape of scholarly cooperation. Each clusters represents a group of author who frequently collaborate, emphasising nature of research in this domain. Cluster 1 features like Laksono and Wulandari who exhibit strong internal collaboration as indicated by their identical betweenness and closeness scores of 1. Their PageRank scores are relatively low (0.03030303) reveals that ehilr they are central within their cluster, they may limited influence across the borader network. Cluster 2 includes Stankowski and Neuman who also demonstrate strong internal collaboration evidenced by their closeness scores of 1. Yet their PageRank scores suggest a similar limited reach across the entire network. Cluster 3 consist of Kotagal and Trinidad again showing strong collaborative ties within their cluster but a relatively low overall influence. And the clusters goes on upto 11. Cluster 11 encompasses Guendelman, angulo and Oman who exhibit similar collaboration oatterns with moderate internal connectivity. Thus the collaboration network underscores the importance of internal collaboration within clusters like cluster 7 demonstrating higher connectivity and influence across the borader research landscape.



Figure 12. collaboration network

4.11. Collaborated world map

The collaborated world map illustrates the global interconnectedness of research and academic oartnerships across various countries, emphasizing the international nature of collaboration in the field of health insurance for the poor. The data showcases diverse bilateral collaborations, highlighting how knowledge exchange trascends geographical booundaries. For example, australia shows a wide array of collaborations partnering with nations like Costa Rica, Mexico, Denmark, Nigeria, Nepal, Uganda and South Africa. Especially Nepal is a recurring partner with two instances of collaboration. India shows a robust network of collaborations including Cameroon, Belgium, Indonesia, Denmark, thailand and the netherlands illustrating its active participation in global research. The united kingdom emerges as central hub with multiple partnerships including with autralia, cameroon, belgium, canada, india, greece, the netherlands, kenya, Uganda and Tanzania demonstrating its extensive global reach. The USA also exhibits a borad range of collaborations working with canada, australia, ghana, columbia, indonesia, india, korea, kenya, thailand, mexico and turkey underlining its significant role in global research networks. This map of collaborations highlights the extensive and diverse nature of global research partnerships reflecting a commitment to addressing health insurance for the poor through collaborative efforts that span cultures and continents.

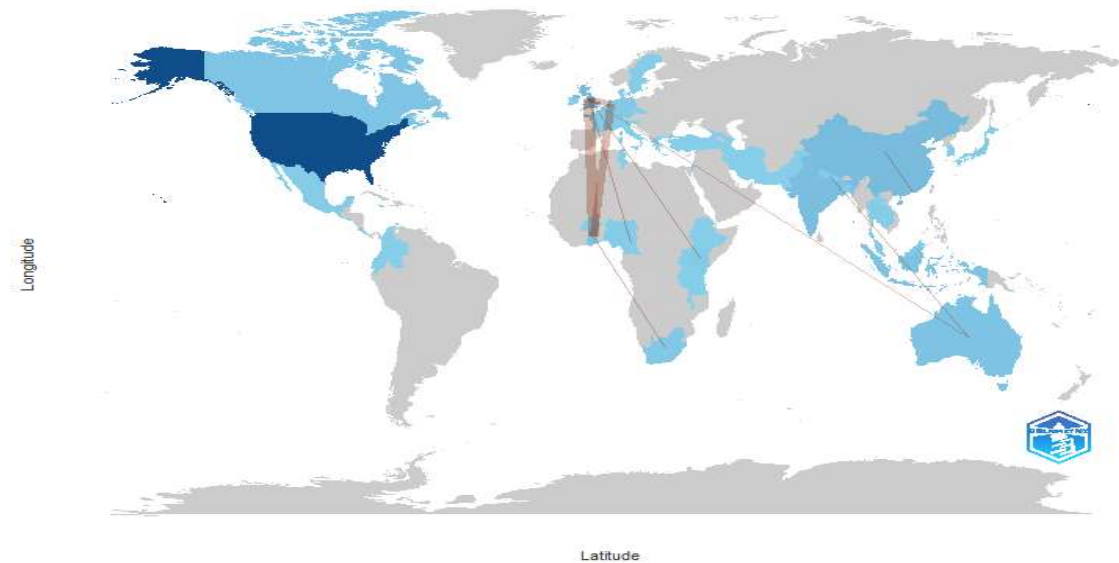


Figure 13. collaborated world map

5. Conclusion

Most of the people throughout the world completely depend on the health insurance for covering the health-related expenses. But it has to been found in various studies that not everyone can afford to pay for health insurances. People belonging to countries especially the developing and under developing ones are known to face the suffering too much because of this. Consequently, this study aimed to set the path for future studies by doing a bibliometric analysis on this specific subject.

The findings and analysis showed that one country, United States offered most of the contribution in both citations and documents level but it did not affiliate or collaborate with other countries much for publications. The map of collaborations highlights the extensive and diverse nature of global research partnerships reflecting a commitment to addressing health insurance for the poor through collaborative efforts that span cultures and continents. The outcomes of this study are exclusive and consequently, because of the analysis, it can be strongly suggested that a novel scheming a health insurance policy and strategy for the underprivileged people, which they can use for any kind of disease and do not have to pay for. In the meantime, similar to every other research article, a limitation was also found in this study The Scopus database was the only source of publications used in the study to gather data for the bibliometric analysis. Therefore, data that are not accessible or available in Scopus could have been included in other databases in order to obtain more information.

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