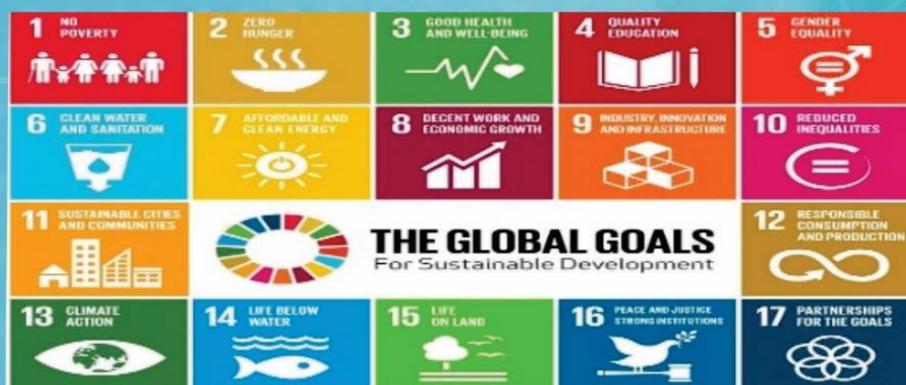




Role of Social Health Protection in Universal Health Coverage



ROLE OF SOCIAL HEALTH PROTECTION IN UNIVERSAL HEALTH COVERAGE



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Social Health Protection (SHP) is a significant package for improvement in health of the people to enhance economic growth. A healthier population is more creative and productive; labor supply increases in the economy when morbidity and mortality rates get lower. Conversely, the nonexistence or no access to necessary health care has significant social and economic outcomes. It can push people into poverty and out of the workforce, which results in poor economic growth. Responsive Social Health Protection system delivers Universal Health Coverage (UHC) to desirable health care that is affordable, available, of adequate quality and offers financial protection in time of need. Objective of this study are to access the progress towards UHC through SHP. Primary data is used through structured interviews. For this purpose, questionnaire is designed and this was cross-sectional study.

In Pakistan, patients pay around 70% of their health expenditure out of pocket expenditures (Khalid and Sattar, 2016) and access to SHP is still limited. Back In 2008, the Government of Pakistan initiated the tax-funded Benazir Income Support Program (BISP) to provide basic Social Protection (SP) to those living under the poverty line. In 2012 BISP launched the Waseela-e-Sehat Micro Health Insurance Scheme (MHIS) to protect its beneficiaries from the financial risks of ill health. The management and detailed design of the scheme has since been entrusted to the State Life Insurance Corporation (SLIC).

Affordable access to healthcare services is a key issue in many developing nations. The increasing costs, financial restrictions of public spending and economic considerations in regards to global effectiveness are calling for changes in SHP as a political need. Out of pocket payments (OoP) is the most important requirement for access to health care services. Pakistan's per capita income is \$1641 and 70% of the Pakistani population spend their money on the healthcare. These healthcare expenses are paid directly by the households in the form of

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out of OoP. Payments for medicines, diagnostic tests, and medical supplies constitute 67%, 10%, and 7% of out of pocket expenditures made in public health facilities respectively (Pakistan Bureau of Statistics 2013-14).so, these health expenditures are the main hurdle at the time of healthcare which push house hold into poverty. There is very limited private pooling of finances for health; private health insurance makes 0.59% of total health expenditures (Pakistan Bureau of Statistics 2013-14).

Analysis of the OOP health expenditure 2015-16 data reveals that in Pakistan, around 24% of the total OOP expenditure are incurred on in-patient services while OOP spending as outpatient care for their illness is 29%. About 47% are spent on Medical Products, equipment & appliances. Some indicators or questions pertaining to the category “Medical Products, equipment & appliances” indicates that this category also covering the expenditure mostly incurred on self-medication. Self-medication means those who are taking medicines from pharmacies without consultation/prescription, or all those people who are taking medicines for long lasting diseases like diabetes and high blood

pressure that was al-ready prescribed by doctors.

Major findings

Based on analysis of primary health care data to describe the UHC indicators following finding were observed

- Immunization coverage in this analysis is 54% because according to the data only those children included in immunization who are under 5 year of age. 45% with no immunization shows that children are above 5 years of age and they are in excluded from this question of immunization coverage.
- Pre-natal care during last pregnancy is 96%, whereas overall 97% of women had received a tetanus toxoid injection during their last pregnancy.
- 24.4% of the respondents are using a condom as family planning methods and this is the most frequently used birth control method.
- Hypertension was the most frequently found disease in family members of our respondents.
- The results show, that OoP is the most utilized source for financial

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assistance in case of health care services which is 58.8%.

- Majority of the respondents have availed government facility to diagnose their disease which is 66.0%.

Conclusion

The Social Protection strategies need to include custom-tailored approaches for the identification of persons, their needs and health risks. Despite these modifications, there will be a risk that protection schemes will not ensure that regulations can be implemented in true letter and spirit.

To access the informal sector thoroughly the country will have to improve government-owned health sector as well as come up with better-integrated schemes based on collective risk sharing at the community level. The rising trend of mutual health organizations and micro-insurance schemes in the country is fascinating in this regard. Health programs have been initiated by hospitals, NGOs or local associations. Schemes are usually restricted to a specific region or community covering a limited number of people.

Furthermore, health insurance packages do not cover all aspects. In spite of limitations micro health insurance holds

signs of future success by extending healthcare coverage to conventionally excluded and marginalized individuals since it carries the potential to integrate a big chunk of the rural population in Pakistan that has been without health facilities. While the scope of each individual scheme is very limited there are other ways to expand and maximize the coverage such as building federations between schemes and using community institutions such as co-operatives, widely spread the insurance product and find synchronicity between the community and public efforts e.g through subsidies. Attractive schemes having low transaction costs are the way forward. The challenge to be faced by policymakers lies in the need to promote expansion and scaling up of schemes and linking them with public policies. This will need deliberation so let insurance schemes to flourish.

Recommendations

- Health services are covered by social protection programs are important for preventing people from severe financial loss. Individuals and families may still fall into the vicious cycle of poverty trap despite being covered by insurance if the benefits package offered do not cover all

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aspects of health. There is no gold standard regarding benefit package but its highest objective should be protecting the vulnerable and the poor against excessive costs incurred.

- Policy interventions regarding social protection focused on the supply side in the past, for example, providing subsidies for the healthcare facilities, providers and the ministry of health but lately the focus is shifting to the demand side in the eyes of the policymakers as they are considering patients as economic agents and not just beneficiaries or target groups but actors interacting with other stakeholders such as healthcare providers, government authorities etc. This is a breakthrough but still, more is needed to be done in this field as the individuals and families face others risk as well.
- High level of coordination is needed to achieve such an ambitious agenda. The way Cambodia established Technical Working Group (TWG) to formulate an extensive and all-inclusive Social Health Protection policy framework including social assistance and insurance both.

- After present SHP schemes the foremost responsibility will make sure the external funding is properly channelized to aid the government in achieving its objectives as stated in the new policy framework.
- As Pakistan is gradually inching towards UHC, the government should increase the aggregate level of public expenditure in SHP. To achieve this government will have to consider reallocation of public expenditures, raising tax revenues or maximizing contributory revenues.
- Alternate financing like health insurance shall be implemented on sustainable grounds to ensure achievement of the Universal Health Coverage (UHC).

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