SPECIAL COMMUNICATION

PROGRESS OF KHYBER PAKHTUNKHWA (PAKISTAN) TOWARDS UNIVERSAL HEALTH COVERAGE

Ayaz Ayub, Raheel Shahab Khan*, Sheraz Ahmad Khan*, Hamid Hussain, Afshan Tabassum, Jawad Ahmed Shehzad*, Syeda Sonia Shah*****

Institute of Public Health and Social Sciences, Khyber Medical University, Peshawar, *Pak Cancer Support Group, **Public Health Association, KPK, ***State life Insurance Corporation of Pakistan

Background: Khyber Pakhtunkhwa (KP) launched its flagship Social health protection initiative (SHPI), named Sehat Sahulat Program (SSP). SSP envisions to improve access to healthcare for poorest of the poor and contribute towards achieving Universal Health Coverage (UHC). Current study was undertaken to analyze SSP in context of UHC framework i.e. to see as to (i) who is covered, (ii) what services are covered, and (iii) what extent of financial protection is conferred. M**ethods:** We conducted thorough archival research. Official documents studied were concept paper(s), approved planning commission documents (PC-1 forms) and signed agreement(s) between government of KP and the insurance firm. **Results:** SSP enrolled poorest 51% of province' population i.e. 14.4 million people. It covers for all secondary and limited tertiary services. Maximum expenditure limit per family per year is Rs.540, 000/-. Government pays a premium of Rs.1549/- per year per household to 3rd party (insurance firm) which ensures services through a mix of public-private providers. **Conclusion:** The breadth, depth and height of SSP are significant. It is a phenomenal progress towards achieving UHC.

Keywords: Universal Health coverage; Healthcare financing; Health insurance; Social health protection.

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INTRODUCTION

Urdu word "*Sehat*" means "Health" and "*Sahulat*" means "Convenience". These words are conjoined by provincial government of Khyber Pakhtunkhwa (KP) to name its Social Health Protection Initiative (SHPI) as "Sehat Sahulat Program (SSP)". SSP envisions to "improve the Health Status of the population, especially the poor, and to reduce poverty through reduction of out of pocket payments".[1]

According to 1998 census, KP had 17.74 million inhabitants making 13.4% of Pakistan's total population. Estimated population of KP in 2014–2015 was 28.34 million with annual growth rate of 2.81% (2.69% for Pakistan). Rural makes 83.12% while urban makes 16.88% of the population. In 2014–2015, KP spent Rs. 87729.707 million or USD 839.2 million (34.40% of its total expendiutre) on education and Rs.24409.1 million or USD 233.5 million (9.57% its total budget spending) on health.[2]

KP has total bed capacity (hospitals) of 19142. Population per bed (persons) is 1439. There are 3894 doctors working in the province and population per doctor is 7075.[3,4] With this limited capacity, KP's share in the National OOP was 16 % and stood at Rs. 49795 million (USD 476.3 million) in year 2011–2012 (National OOP was Rs. 315 billion or USD 3013). Also, OOP health expenditure in Pakistan is greater than 70%.[5] This high OOP health expenditure and widespread poverty led to initiation of a Social Health Protection Scheme by Government of Khyber Pakhtunkhwa. Current paper analyzes this scheme, i.e., Sehat Sahulat Program, with regards to (i) who is covered, (ii) what services are covered, and (iii) the extent of financial protection is conferred. These are the three basic dimensions to be considered while moving towards universal health coverage (UHC).[6,7]

MATERIAL AND METHODS

We analyzed Khyber Pakhtunkhwa's Social Health Protection project running under the name of "Sehat Sahulat Program". We conducted thorough archival research to achieve our study objectives. Scientific and ethical approval was taken from respective forums of Khyber Medical University, KP. We thoroughly studied the concept paper(s), approved Planning Commission project documents (PC-1 forms) and detailed agreement signed by government of KP and the insurer, i.e., State Life Insurance Corporation (SLIC) Pakistan. To understand this initiative in context, we also studied (i) The 1973 constitution of the Islamic Republic of Pakistan, (ii) poverty reduction strategy, and (iii) KP comprehensive development strategy for 2010–2017. The main findings of our research with regards to three dimensions of UHC are given following section.

RESULTS

Phase-1 of Sehat Sahulat Program was launched on 15th December 2015. It started with four (04) districts, i.e., Mardan, Malakand, Chitral and Kohat. Phase-II of Sehat Sahulat program was launched on 31st August 2016. KP

government extended the SHP to entire KP, i.e., 26 districts and sponsored the project through general government revenues under Annual Development Program (ADP). Comparative analyses of these two phases are given in table-1. This table is formatted with reference to the UHC network which takes into consideration three key parameters, i.e., who is covered, what benefits are covered and what extent of financial protection is conferred.

Phase-II is an improvised version of Phase-I with inclusion of wage replacement, transport allowance, maternity allowance and burial allowance as well as an additional premium of Rs.50/- per household per year for excess of loss coverage. Phase-II also covers for limited tertiary conditions, including (i) Treatment of Diabetes complications, (ii) Cancer Treatment, (iii) Coverage for treating organ failure including liver failure, renal failure and cardio-pulmonary failure but excluding organ transplant, (iv) Admission for HCV & HBV complications, (v) Cardiovascular conditions requiring admission including hypertension, myocardial infarction, congestive cardiac failure and congenital disease requiring surgery, (vi) Management of cerebrovascular accidents, and (vii) Emergencies including fractures that require surgery and implants, Head/ spine injuries and 2nd and 3rd degree.

Futuristic plans of KP government are to (i) club Government officers medical allowance with this scheme, bringing around approximately 5.2 billion (USD 49.7 million) and 36 million (USD 3.4 million) from two different heads used for the same purpose at present, (ii) integrate the insulin for life, Cancer treatment and Hepatitis programs of the KP Government with this Health Insurance initiative and create bigger common pool, (ii) do proper legislation for sustainability/ continuation of the initiative, and (iv) streamline offering coverage to individuals (not eligible for free enrollment) and establishment like factories' employees on payment of individual or group premium(s), as the case may be.

Table-1: Salient features of Sehat Sahulat program in context of UHC framework

Salient Features	Sehat Sahulat Program (Phase-1)	Sehat Sahulat Program (Phase-2)
Area	Four (4) Districts	Entire Province i.e. twenty (26) districts
Total Funding	Rs.1.4 Billion (USD 13.4 million)	Rs.5.4 Billion (USD 51.6 million)
Source of Funding	KfW + Government of KP	Government of KP
Funding (Amount in Rs.)	Total Cost: Rs. 1.4 billion (USD 13.4 million), KfW share: Rs. 1233.25 million or USD11.8 million (88%), KP share: Rs.165.9 million or USD 1.59 million (12 %).	Total cost around Rs.5.4 Billion (USD 114.8 million), all through government's general revenue.
Premium	Rs.1661/- (USD 15.9) per household per year	Rs.1549/- (USD 14.8) per household per year
Project Launching	15th December 2015	31st August 2016.
Duration of Project	ADP scheme for 5 years	ADP schemes for 2 years
		Who is Covered
Percentage of Population	21% poorest population of target Districts	51% poorest population of entire province.
Enrollment Criterions	Families with PMT Score of 16.7 or less	Families with PMT Score of 24.5 or less
Family size.	7 persons per household.	8 persons per household.
Total Population Covered	0.1 million households, comprising of 7 members, hence 0.7 million people are covered.	1.8 million households, with 8 members each, hence, 14.4 million people are covered.
		What is Covered?
Type of services	Inpatient Services only	Predominantly Inpatient Services
Outpatient Cover	Maternity services only	Maternity services and Cancer Care.
Secondary Diseases	Almost all are covered, needing admission	All secondary health conditions needing admission
Tertiary Conditions	None	Yes, limited tertiary cover.
		What amount of Expenditure is covered
Insurance Mechanism	Demand Side Financial Support.	Demand Side Financial Support.
Mode of Payment	Beneficiary-Provider interaction is cashless. The insurer pays the providers	Beneficiary-Provider interaction is cashless. The insurer pays the providers
Premium (Government paid)	Rs.1661/- per household (USD 15.9).	Rs.1549/- per household (USD 14.8), It includes Rs.50 for stop loss coverage.
Upper Limit (Secondary care)	Rs.25, 000/- per person per year. Rs.175, 000/- (USD 1673.9) per household per year.	Rs.30, 000/- per person per year. Rs.240, 000/- (USD 2295.7) per household per year.
Upper Limit (tertiary care)	None	Rs.3000, 00 (USD 2869.6) per household per Year.
Wage Replacement	None	Yes. Rs.250/- per day for 3 days.
Tertiary Transportation	None	Rs.2000/- after discharge from a tertiary care.
Maternity Transportation	None	Yes. Rs.1000/- , post-delivery at hospital.
Burial Allowance	None	Rs.10, 000/- at death of insured household member, during a hospital admission.
OPD voucher	None	One OPD visit after discharge from hospital
US dollar rate (average) on 15th August 2016 was 101.754 PKR. For simplification in this paper, we round it off to 102 PKR.		

DISCUSSION

Sehat Sahulat Program is a huge initiative covering millions of people for hundreds of conditions. Such massive shifts in systems need legislative reforms and constitutional guarantees. However, access to healthcare is not guaranteed as a fundamental right by 1973 constitution of Pakistan.[8] Also, there is no overarching legal framework that ensures health insurance for the people of Pakistan. SSP finds its constitutional relevance in article-38 which establishes provisions of social protection (including social health protection) as a principle for state policies and not as fundamental right.

Sehat Sahulat Program is a pro-poor program, covering 51% of entire KP population (poorest). According to economics guru Jeffery D Sachs, UHC is (i) to recognize individual's right to health, and (ii) to prevent the negative spillover of poor health from individual to community and from poor to rich countries.[9] Hence, investing in poor households' health serves vested interest of society as a whole. Thus, reference to this established fact, SSP holds promise for entire population though it is covering half of it. The extent of financial protection offered by SSP is worth appreciation. Beneficiary bears no coinsurance, copayment, and is not paying the premium. The premium is paid by government and beneficiary-provider interaction is through cashless interface. It is a positive approach as evidence suggests that even smaller user fee do deter poor households from seeking needed services.[9]

Cornerstones for UHC are to bridge financial gaps and reorganization of healthcare systems. Financial gaps are usually bridged via enhancing spending from general government revenues and/or foreign donor assistance.[10] Reorganization of health system includes giving bigger role to private sector for provision of public services with support and stewardship from public sector.[11] Sehat Sahulat Program has effectively utilized this body of knowledge. Its Phase-II is entirely financed with general government revenue, though Phase-I was heavily reliant on donor support, i.e., German Development Bank. Also, SSP beneficiaries can utilize services from empaneled private hospitals on pre-determined charges.

Sehat Sahulat Program aspires catalyzing competition between public and private sector to improve service quality. Bigger role to private sector pose certain threats like: (i) price escalation, (ii) political pre-dominance of private sector in public-private mix, and (iii) inability of private sector to cope with mass-scale interventions like containing epidemics.[12,13] In 2010, friends of Democratic Pakistan showed its support for Public Private Partnership in health sector reforms.[14] The same is evident in SSP. However, as pointed out by Nishtar, provision of health services is essentially state's responsibility. Partnership with private sector shall be driven by public spirit rather than commercial interests in delivering services.[15]

CONCLUSION

Sehat Sahulat Program is a significant step towards achieving UHC in KP. Sehat Sahulat Program covers 1.8 million households (51% of KP's population) for hundreds of diseases, including all secondary and selected chronic diseases. Every household is comprised of 8 members and a household can avail services worth Rs. 540, 000/- per year. With premium paid by government, these schemes will certainly decrease OOP expenditure, avert catastrophic health expenditure and improve population's health.

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Address for Correspondence:

Dr. Sheraz Ahmad Khan, 9-A, Rehman Baba Road, University Town, Peshawar-Pakistan
Cell: +92 333 923 3757
Email: drsheraz.ak@gmail.com