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SUCCESS

Sindh Union Council and Community Economic Strengthening Support Programme

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RSPN

POLICY BRIEF

Availability does not mean utilisation: Challenges and enablers to the utilisation of Micro-Health Insurance in SUCCESS programme

CONTEXT

Universal health coverage means access to health for every person who needs without falling into poverty. If provided, this policy has potential to transform lives of millions of people with guaranteed improvements in education, equality, poverty reduction and economic growth. This would also help to achieve the Sustainable Development Goal (SDG 3) of good health and wellbeing.

Access to quality healthcare services remains a key development challenge for Pakistan. According to a Lancet Study (2016), among 195 countries of the world, Pakistan stands at 154th position, behind its South Asian neighbours such as Sri Lanka (71), Bangladesh (133), and India (145). Pakistan spends less than 3% of its Gross Domestic Product on health. The latest National Nutrition Survey (2018) reveals that four out of ten children under five years of age are stunted while 17.7% suffer from wasting. Rural population suffers more than their urban counterparts with 43.2% stunted children than 34.8% in urban areas.

As per the research study published by Journal of Ayub Medical College Abbottabad (2016), there are large discrepancies in the availability of health services between rich and poor in Pakistan. Around 30 per cent of people are facing absolute poverty. As public health facilities are insufficient to give health services in an efficient way, people from low-income backgrounds become compelled to visit expensive private hospitals with no choice except paying the cost of treatment by borrowing money. In rural areas of Pakistan, people only have the option of visiting Basic Health Units (BHU) or quacks. After being disappointed by the service and treatment, they reluctantly visit the private hospitals in urban areas. It causes them high medical cost which increases their misery and makes them vulnerable to return the borrowed money.

Although the incumbent Government of Pakistan has moved in the right direction by extending health coverage by launching Sehat Insaf Cards, a health insurance scheme for the poor, it will be a long way to see if the benefits actually reach the poor. Also, the task of ensuring universal health coverage is too big to be accomplished by the government alone.

THE STUDY

Let us look at one such initiative in Sindh province and some of the lessons learnt that need to be taken into consideration to ensure the benefits of such schemes including that of the Sehat Insaf Cards, reach the poor.

Micro Health Insurance (MHI) is offered as part of the ongoing 'Sindh Union Council and Economic Strengthening Support' (SUCCESS) programme, to beneficiaries in eight districts of Sindh. Started in 2015 and funded by the European Union, SUCCESS would reach 770,000 rural households in eight districts of the Sindh province until 2021, with an overall budget of EUR 82.13 million including EUR 4 million for the MHI component, poorest 1,31000 households) of the poorest households would be provided with MHI covering in-patient costs for each of the household member up to PKR 25,000/- per annum. Under the project, the insurance company is paid, on average, PKR 1,000/- for an average household of six persons per annum as premium from the project.

In the period from May 2017 to July 2018, 102,769 households including 669,184 people were insured. However, for the same period, only 2815 people, less than one percent (0.42 %) of the insured people and 2.74% of the insured households actually utilised the insurance facility where insurance company paid the cost of treatment to the health facility or the insured person. At the time of the roll out of this study in July 2018, the claim to premium ratio was 29% where some districts had relatively better utilisation of MHI cards than others. Hence, this study was conducted to look into the factors that enable or challenge the utilisation of MHI.

FINDINGS

Security against debt, poverty and selling of assets

The MHI cards, where used, had immense benefits. The availability of MHI cards encouraged communities to access qualified doctors and rely less on quacks available nearby. Also, those who used cards have reported to have saved their critical assets such as livestock and from high cost (both economic and social) borrowing from landlords and money lenders.

Improved mother and child health

MHI card has been used more than 60 per cent in the cases related to gynaecology like delivery cases and more than 30 per cent in the cases of serious viral infections like diarrhoea in children as a common disease, told by a RSP official. Here are three instances out of many where MHI cards users narrate the benefit of this facility.

Ms. Fatima, a MHI card holder of Tara CO, UC Dabhoon, village Hari camp is one of hundreds of beneficiaries of the program, said, "Truly, I was left nowhere when I came to know about my husband's ailment and the required money for the surgery. I was quite upset as I was not able to arrange the huge amount for the surgery but thank God I was the beneficiary of MHI. Therefore, my husband Jumo went through the surgery and treatment on the MHI card, I received under the SUCCESS programme. Now once again, he is living a normal life with the family. I have really no words to express the gratitude for such a great support."

Asma Bibi aged 25 years, a mother of six children and resident of UC Dabhoo, village Mohammad Khan, District Jamshoro. She was passing through a tough phase of her life

owing to the ovarian cyst as she suffered a lot from this disease. When her relatives took her to the lady doctor, the problem of an ovarian cyst was diagnosed. The gynaecologist recommended her a surgery which cost an amount of PKR 25,000. She grew despondent over the situation as she did not have money to foot the bill of the operation. She had received a MHI card under the SUCCESS programme and underwent surgical process. She stated, "I am extremely happy and feel lucky to be a part of this programme. For me, this was not just a support but perhaps a life which enabled me to live again a healthy life with my kids."

Short distance and road infrastructure – the primary enablers

The first among the enabling factors is the location of the panel hospital and the mode and cost of transportation to the hospital. Highest instance of the MHI usage in Jamshoro showed that ease of access was a key enabler for the communities to benefit from the MHI utilisation. Bakhtawar General Hospital was a convenient choice for the MHI card holder of the union council 'Morho Jabal' and settlement 'Aliabad' in district Jamshoro.

Lack of travel affordability, panel hospital and low literacy – key challenges

However, challenges still remain in better utilisation of the insurance facility. These include affordability to travel to reach the panel hospital, seasonal migration, low literacy, superstition, unavailability of computerised national identity cards and lack of functional coordination between the implementing Rural Support Programmes (RSPs) and the insurance provider.

Within district Jamshoro, the lowest use of MHI cards was found in the Mole area. Close to Karachi than central Jamshoro where Bakhtawar General Hospital was located, the fastest MHI card holders could reach a hospital was in four to five hours by jeep.

One of the key factors discouraging the card holders to use the hospital was transport cost. Although the transportation cost was covered in the insurance, the card holders did not know about it.

During the fieldwork for this study and meeting with the non-users of the cards, it was revealed that many card holders went to hospitals for getting OPD (Out Patient Department) treatments. Not entitled for OPD and refused being given treatment, these cardholders assumed that these cards were fake and fraud and they further discouraged fellow community households not to use the cards.

Superstition – lack of awareness

Some instances were also observed where community women refused to receive the cards. Becoming superstitious, they believed that having insurance will be equivalent to inviting diseases and they would never like to do so.

Fallacy of taking MHI cards as cash cards

Fallacy of taking MHI cards as Benazir Income Support Programme (BISP) was also noticed. Some of the community households assumed that MHI cards are meant to draw PKR 25000/- from any bank cash machine. Therefore, some cards were recovered from bank cash machines.

Seasonal migration

Some of the geographical peculiarities such as seasonal migration and unavailability of CNICs in rural Sindh also resulted in the underutilisation of the MHI cards.

At the time of writing of this piece, the latest cumulative figures up to February 2019 show an improvement of almost twice (0.4% to 0.7%) in the utilisation of the MHI insurance. Though the utilisation still remains low, the claim ratio to premium stands at 47.79%, showing an increasing value for money with 66% cumulative increase since July 2018.

RECOMMENDATIONS

Partnerships with wider civil society and development organisations and integration of health coverage in the ongoing poverty reduction programmes are some of the key initiatives to help achieve this goal.

The RSPs now need to invest time and resources in quality interaction and dialogue with organised communities and proper social guidance to enable them to learn correct use of the MHI cards. At the RSPN level, media campaign on radio or local TV may be devised to share key messages about the proper use and benefits of using MHI cards.

JGI needs to increase the panel hospitals at least one in each Tehsil. Otherwise as inferred during the conversations with the RSPs and JGI, JGI seems to favour a status quo of MHI low utilisation rates to allow itself save on costs so as to cover the expected rise in utilisation without matching increase in premium. This perception needs to be tempered with some holistic aspirations befitting the poorest of the poor.