

Provision of Quality Healthcare Through Health Insurance Card

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Healthcare delivery in Pakistan is provided by public and private sector. However, both failed to deliver quality care to the masses.¹ The current socioeconomic status of Pakistan is such that majority of the population fail to afford private sector out of pocket expenses. Successive governments allocated funds and also encouraged public-private partnership to address the issue. Many national and international non-governmental organizations completed number of projects in health sector, as independent organizations and in joint ventures. These are mostly in the field of oncology, maternal and child health, public health etc. All these efforts, though commendable, but failed to produce desired outcome. The provision of healthcare is basically a responsibility of the government but due to number of bureaucratic hurdles and lack of accountability, a dismal situation persists. With the adoption of 18th constitutional amendment, probably in a hurry without any homework, the healthcare system was devolved to the respective provinces. The provincial governments were not prepared to face the challenge as they lack the capability and had no capacity to deal with it. It is apparent in their failure to deliver even basic needs and primary healthcare to the population.²

Lack of governance is reported as the main reason of failure of services rendered by health sector in Pakistan. The subject has been studied extensively and solutions suggested, but lethargic and unmoved bureaucracy failed to take any action. This along with political instability, political interference, uncontrolled population growth rate, ever increasing poverty, declining social and culture values and accountability system has brought the system to verge of collapse. It has become a regular practice to refer out patients

from one geographical region to another, many a times out of a province to another. There is also an issue of migration of population from under developed provinces. This adds to the burden on healthcare resources of other provinces. The resources are scarce even for their own population. These expenses are thus an additional burden on them. Decline in ethical standards of professional practices and inequity in terms of urban and rural set up, increases mortality in relation to many communicable and non-communicable diseases.

Concept of bearing healthcare related cost through insurance is not new. Different models are in practice.³ However, number of issues have been identified in its application. First and foremost is the premium to be paid against healthcare insurance and coverage provided in the package. In a social welfare set up, employer deducts some amount from salaried person and also contribute as well. Those who are unemployed are therefore left out. Universal healthcare coverage for whole of the population is not possible in a country like Pakistan where tax payers are few and the culture of documenting economy is not practiced. The NHS like model of UK is only applicable if economy is documented and tax is deducted by an acceptable mechanism.

The healthcare delivery system in Pakistan on-papers is based upon a well-designed model, from basic health units to district and tertiary level facilities. There is more emphasis on treating diseases rather than implementation of preventive public health measures. Thus a huge spending is err marked for treating diseases. This is a huge burden on federal as well as provincial governments. In this context the universal health card provision to facilitate masses to receive treatment at private sector health facilities looks attractive alternative. Similar health card scheme was also launched by previous political government, but on limited scale in selected provinces of the country. However, with the universal application of the scheme, it is feared that this may not sustain for a long, as premium paid by the government is in trillions of rupees. This huge sum at a time when government is under tremendous pressure,

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of stabilizing economy, becomes a liability difficult to meet. Another area of concern in this context is government plan to abolish its health services at district and primary level. Considering limited coverage under the health card scheme, it would be unfair to abolish existing system. This may be improved with proper governance and by making it more autonomous with accountability incorporated.

Health is a fundamental human right which was adopted by World Health Organization nearly 75 years ago.⁴ Everyone should have an access to health services based upon their needs and financial matters must not be a reason to deny such a provision. However, ground reality is quite different. Pakistan's dysfunctional health care system has failed to deliver, and in fact over many decades it has further deteriorated. In this context provision of universal health-card is a welcome step, but there are number of issues that probably are not well thought of. It is hoped that planner may look at financial sustainability of this model in years to come and ensure that it delivers the way it is planned.

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How to cite this article:

Akhtar J. Provision of quality healthcare through health insurance card. *J Surg Pakistan* 2021;26 (4):124-25. Doi:10.21699/jsp.26.4.1.