

# State of UHC: Pakistan

This snapshot summarises the key points raised in a focus group discussion held on 1 July, 2021, with 16 representatives of different vulnerable and marginalised communities in Pakistan.

## What needs to be done?

1. Adopt a rights-based approach to health care by ensuring that the Sehat Sahulat program covers everyone, without any discrimination based on gender, creed, marital status, age, citizenship, or area.
2. Develop a vulnerability index to categorise risks among different populations in terms of their physical, socio-economic, and financial access as part of UHC planning, and provide assistance accordingly.
3. Issue special cards for immigrants to ensure that they can access free health care services.
4. Provide vouchers to individuals and families to enable them to access quality health care from private facilities until quality, comprehensive services are provided at public health facilities.
5. Ensure data collection is inclusive of all groups, and improve consistency of data management systems.
6. Gradually and sustainably increase domestic financing and pool funds to delegate more power to local governments.
7. Ensure that marginalised and vulnerable populations participate in UHC design, planning and budgeting to contribute to appropriateness and service up-take.
8. Regulate pricing and establish quality standards for private health care services and facilities to prevent exploitation and ensure sound health outcomes.



## UHC context

In 2015, the Government of Pakistan aligned with the UHC 2030 vision and committed to providing UHC. It began by reaching the poorest households (those with an income of less than \$2/day) with the Prime Minister's Health Insurance Program, Sehat Sahulat. A modified package was launched in 2018 at the federal level, with provincial and regional governments to provide financial health protection to vulnerable and marginalised families. Free health insurance is now provided to over ten million families. The province of Khyber Pakhtunkhwa covers almost 100% of its population in private hospitals.

## Challenges facing those who risk being left behind

1. Women and girls cannot visit health facilities alone due to socio-cultural and religious barriers. This can be particularly challenging if health care needs to be sought for mental health or sexual or reproductive health issues. If they can reach facilities – particularly in peri-urban or rural settings, the lack of comprehensive care, safety, and skilled staff undermine service uptake.
2. The trans-community is essentially excluded from health care as the health information system forms do not recognise them. There are no separate facilities, and general discrimination and lack of privacy and confidentiality for transgender people.
3. Mental health issues and psychosocial illnesses are prevalent among people in low socio-economic situations, with limited support available.



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Discussions included representatives from marginalised and vulnerable communities including people affected by HIV and tuberculosis, civil society organisations working in health, in addition to partners including WHO, UNODC, UNFPA and people working in social protection for healthcare.



## What's working



1. Provinces are beginning to take more initiative to cover health for its citizens, including Punjab and Khyber Pakhtunkhwa, which are proactively internalising UHC in secondary-level healthcare with its domestic allocation of funds.
2. Community-based organisations have demonstrated the potential to fill gaps in government services, as happened during the COVID-19 pandemic.

## The impact of COVID-19



1. Reduced income, particularly for daily workers, created problems for people with chronic health issues, e.g. those requiring dialysis, mental health support, or accessing HIV and TB treatment, or those seeking antenatal care.
2. COVID-19 was prioritised over other testing, including TB, hepatitis, HIV and STIs, resulting in many undiagnosed and therefore untreated infections.
3. COVID-19 testing was unequal in the country and only 10% of men who have sex with men, and less than 8% of the trans-community surveyed were tested for COVID-19.

## What needs to be improved



1. Adopt a rights-based, gender-sensitive approach to health care, taking into account the severity and magnitude of health problems and needs of each individual.
2. Improve geographic equality in the uptake of UHC concepts.
3. Ensure that those without national identification cards can access health care, including immigrants, displaced populations, coal miners, and homeless persons.
4. Improve overall quality and quantity of health facilities and equipment available, particularly in rural areas, ensuring that they are fully resourced and provide comfortable settings.
5. Improve health service respect for patients, including improving communication, protection of privacy and confidentiality, and reducing wait times.
6. Strengthen accountability and create a feedback mechanism.
7. Provide more comprehensive healthcare packages to people living with HIV, students, people living in old-age homes or orphanages, prisoners, and people who inject drugs.
8. Increase coverage for more conditions, including breast cancer, neurological issues, hepatitis, trauma and accidents, liver diseases, and adolescent health.
9. Improve access to women seeking sexual and reproductive health services, and include coverage for fertility services.



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