Financing solutions to reduce out-of-pocket expenditures for assistive products in Pakistan

Summary

Despite some financial allocations and social security initiatives for assistive technologies (AT) in Pakistan, 94% of AT users pay out of pocket. This results in a substantial unmet need for assistive products (APs) among individuals with rehabilitation needs.[i] The existing reimbursement mechanisms for APs are limited to relatively few individuals, mostly working with and for the government, and are scattered and overlap across different sectors, organizations, and insurance schemes and only cover a limited range of products. This fragmented responsibility structure leads to inefficiencies, confusion, and obstacles for a comprehensive and cohesive reimbursement policy for APs.

To address these challenges, key stakeholders and members of the National Technical Working Group on Rehabilitation and Assistive Technology convened a policy roundtable, generating solutions and formulating key stakeholder-specific recommendations.

Assistive technology is the application of organized knowledge and skills related to assistive products, including systems and services.

Assistive products maintain or improve an individual's functioning and independence, thereby promoting their well-being. Examples of assistive products include hearing aids, wheelchairs, communication aids, spectacles, prostheses, pill organizers, and memory aids.

Of the estimated 47 million Pakistanis who could benefit from rehabilitation services, **only 20% have access to the assistive products they need**.

Key Recommendations

- Include reimbursement for APs in the packages of existing social security and welfare schemes, such as the Sehat Sahulat Card, Benazir Income Support Programme (BISP), and Pakistan Bait-ul-Mal (PBM).
- Revise the existing reimbursement rules for government employees to include a broader range of APs, ensuring government employees have access to necessary products.
- Incorporate rehabilitation and AT service provision in national policy and planning documents like Universal Health Coverage, Essential Package of Healthcare Services, Health Workforce Policy, and the Five-Year Strategic Plans.

Introduction

According to the 2019 Global Burden of Disease study, one in five Pakistanis experiencing health conditions could benefit from rehabilitation.[ii] However, only 20% of this group have access to the APs they need. Access to AT is an investment in the health and well-being of people; it gives people the means to be more independent, enabling both users and their caregivers better access to education and employment opportunities. While many factors contribute to this large unmet demand, the absence of adequate government reimbursement for APs is one of the key contributors, leading to high out-of-pocket payments for AT users, particularly for high-cost APs, such as prostheses, hearing aids, and customized wheelchairs.

It is necessary to identify effective financing mechanisms that adequately address the unmet need and protect AT users from financial hardship.

Problem Statement

Currently, there is no comprehensive government mechanism for reimbursing AP users that could efficiently cover a wide range of products and the population in need. Although the government allocates funding for rehabilitation services in various public sector departments, including health, social welfare, and special education, out-of-pocket payments remain a major contributor to the national rehabilitation expenditure. The government's responsibility for reimbursing the purchase of APs is fragmented and spreads across different sectors. Additionally, reimbursement for APs often applies only to a limited range of products, such as wheelchairs and lower limb prostheses, or specific groups, such as government employees and armed forces personnel. APs currently not eligible for reimbursement by the public sector employees include, but are not limited to, clubfoot braces, canes/sticks, orthoses, hearing aids, deafblind communicators, and walkers.

With some public health insurance schemes, like the Sehat Sahulat Program, APs are included in their benefit packages; however, eligibility is restricted to lower limb prostheses, and coverage is limited to families below the poverty line.[iii] Additionally, current insurance schemes cover a range of conditions but do not specifically cover those that require APs.

Global evidence on government reimbursement mechanisms for APs

Globally, government reimbursement mechanisms for APs vary widely, depending on the country's health systems.

In Pakistan, **94% of AT users pay out of pocket.**

APs financed by government schemes:

- Wheelchairs, lower limb prostheses

APs NOT financed by the government schemes:

- Clubfoot braces, canes/sticks, orthoses, hearing aids, deafblind communicators, walkers

Government AP providers in Pakistan

- National Institute for Handicapped
- Pakistan Bait-Ul-Mal
- Sehat Sahulat Program
- Social Welfare Department
- Ministry of Human Rights and Special Education
- Fauji Foundation
- Paraplegic Centre Peshawer (PCP)
- Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS)

Non-government AP providers in Pakistan

- International nongovernmental organizations (INGOs): International Committee of the Red Cross (ICRC), Handicap International (HI), Sightsaver, Christian Blind Mission (CBM)
- Local NGOs: Chal Foundation, Indus Hospital and Health Network (IHHN), Health And Nutrition Development Society (HANDS), Pakistan Poverty Alleviation Fund (PPAF), Network of Organizations Working with Persons with Disabilities

In countries with an established national public health insurance scheme, such as the United Kingdom, Germany, and Thailand, two common characteristics of reimbursement mechanisms for APs are observed:

- Essential APs are covered by the national health insurance scheme.[iv]
- The government has set well-defined, predetermined criteria for determining reimbursement.[v]

In South Asian countries, such as India, Bangladesh, and Nepal:

- Local governments are mandated to allocate a certain percentage of their budget (e.g., at least 5%) to programs and services for persons with disabilities,[vi] and some of this allocation can be utilized for APs and AT services.
- Predetermined eligibility criteria for reimbursing users for APs are in place. In India, the government provides APs to people depending on the degree of their disability. Therefore, only those who match the predetermined criteria are eligible, which stops many people who need AT services from accessing them. Since only people with higher degrees of disability receive a government subsidy for AT services, many people are left without APs.[vi]

Reimbursement for APs often **covers only a limited range of products**, **presenting financial barriers that limit access** for individuals who need products outside this range.

Key findings of the Policy Roundtable

- Rehabilitation and AT services are not prioritized in Pakistan's health care financing mechanisms, leading to limited access and, in some situations, exclusion from health care products.
- The responsibility for reimbursing the purchase of APs is fragmented and spreads across different sectors, organizations, and insurance schemes within the government, causing inefficiencies, confusion, and challenges in coordinating reimbursement efforts, limiting individuals' access to APs.
- Reimbursement for APs often applies only to a limited range of products. Individuals who require APs outside the specified range may face financial barriers, hindering their ability to access the necessary products for improved quality of life.
- The current reimbursement rules for government employees do not include APs in the list of reimbursable medical devices. Achieving consensus among stakeholders and governmental bodies to include APs is important, especially if there is an increased demand for reimbursement of broader range of APs.
- Health care data does not adequately capture information about the provision of rehabilitation and AT services within the health system, making it challenging to gauge the effectiveness and impact of existing services.

Way forward for policymakers and key stakeholders

1. Conduct a scoping review to assess the inclusivity of existing policy documents in addressing rehabilitation and AT needs in Pakistan.
2. The Ministry of Planning Development & Special Initiatives should convene a meeting of concerned ministries and departments to improve and streamline the reimbursement mechanisms for APs.
3. Engage the Establishment Division and/or Finance Division to advocate for the necessary amendments to the “Medical Attendance Rules 1954” to include APs in the list of reimbursable products.
   - This may involve collaborative efforts between health care policymakers and governmental departments.
   - Consult with relevant stakeholders, including representatives from government departments, health care professionals, and advocacy groups, to build support for the revision.
4. Currently, there is no rehabilitation and AT-related data. Explore the possibility of including relevant data in the management information system or the District Health Information System (DHIS2) and upcoming surveys. There should be efforts to:
   - Integrate the World Health Organization (WHO) rehabilitation module into DHIS2.
   - Incorporate rehabilitation and AT modules in various national-level surveys.

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