



DATABASE AT A GLANCE: Pakistan, Reaching the Last Mile

Pakistan, a country well known for its mountainous terrain, has struggled for decades to overcome challenges of accessibility to healthcare, both physical and financial. Rural communities in Pakistan face greater obstacles in receiving healthcare, as evidenced by significantly higher rates of maternal, under 5, and infant mortalities compared to urban populations. A close look at programs in Pakistan profiled by the Center for Health Market Innovations reveals a vibrant community of innovators making use of modern technology to overcome these obstacles to deliver healthcare to the very last mile. Of the 42 programs profiled in Pakistan, 38 are delivering care to rural communities, where 63% of Pakistan's population lives.

Overcoming the Miles: Improving physical access to care in Pakistan

Connecting rural patients to qualified medical providers continues to be a challenge in Pakistan, particularly in the northern mountains. In order to overcome this roadblock to improvements in health 12 programs profiled by CHMI are virtually connecting health providers and patients.

Making Virtual Connections

[Sehat First](#) is one profiled program delivering basic health care and pharmaceutical services across Pakistan through a unique social enterprise approach. Sehat First establishes self-sustainable franchised telehealth centers in rural Pakistan, which consist of a health clinic, pharmacy, tele-center and general store. The simple IP based videophone in the telehealth center

supports local clinic staff by linking them to qualified physicians. Sehat First has pioneered engaging female Pakistani doctors who have completed medical school, but for cultural reasons have not joined the work force. This innovative approach has enabled access to specialists including gynecologists and pediatricians which patients would otherwise not have access to. Within its first year in 2008 Sehat First established 3 pilot centers and served over 9000 patients.

Bringing Care to the People

Of the programs profiled on CHMI in Pakistan, 7 report they are using mobile clinics to close the healthcare gap to rural populations. [Sehat Sahulat Clinic Basic+](#) has taken its Maternal Newborn and Child Health Services onto the road in Pakistan. Having retrofitted an ISUZU truck into a Mobile Health Clinic (MHC) the Sehat

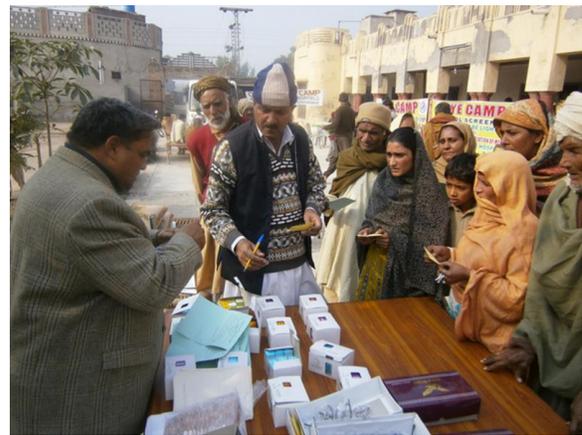
Sahulat team is seeking to enhance the accessibility and coverage of quality primary MNCH services in rural communities and hard-to-reach areas of Pakistan not covered by formal public or private health care providers on a regular schedule. The MHC truck has been designed to not only include a doctor's examination room, but also a pharmacy and laboratory. Sehat Sahulat Clinic Basic+ is 1 of 23 programs in Pakistan offering primary care services, and 1 of 9 offering MNCH services.

Reducing the Burden on Health Workers

Difficulties in providing Directly Observed Treatment, Short-course (DOTS) to Tuberculosis patients are particularly pronounced in rural settings. Pakistan ranks fifth amongst TB high-burden countries worldwide, and accounts for 61% of the TB burden in the WHO Eastern Mediterranean Region.[1] For rural healthcare workers the difficulties in traveling daily between patients to observe their treatments are insurmountable. [X Out TB](#), which was launched in 2008 in Pakistan and Nicaragua, has created a new strategy for observing TB treatment.

Participating patients are required to urinate daily on test strips that detect whether or not they have taken their medication. Patients are given a monthly supply of test strips, which are dispensed automatically by a dispenser provided to the patient to take home. If the patient has followed their drug regimen appropriately the urine analysis strip will detect traces of the medication and reveal a unique code that the patient can SMS to a central database monitored by healthcare workers and doctors. Positive compliance by patients is rewarded with a transfer of a small amount of monetary credit to their cell-phone at the end of the week. X

Out TB's approach to non-compliance could save healthcare workers from spending countless hours traveling between patients in a rural setting. X Out TB is just one of 19 programs in Pakistan using Information Communication Technology to improve access to care, and one of 4 programs tackling TB.



Above Photo: @Al-Shifa Trust

Improving financial access to healthcare in Pakistan:

Economic shocks involving catastrophic spending on health are a common risk that households in Pakistan face, especially for those employed in the informal sector where organizing insurance under a specific employer is unfeasible. Several programs profiled by CHMI are streamlining systems to finance care for the poor.

Using cash transfers to reduce the risk of catastrophic spending

[Heartfile Health Financing](#) is an mHealth-enabled health financing program, aimed at protecting the poor from catastrophic expenditures on healthcare. Local health care workers seeking urgent support for individuals who are running the risk of catastrophic spending on health can submit requests through the Heartfile website for funding from

a social protection “health equity fund.” Heartfile processes the requests from healthcare workers, then ascertains the eligibility of the patient, verifies requests and authorizes cash transfers to underwrite the cost of the treatment. The automated system has been designed to eliminate duplication and abuse, improve transparency and provide better visibility to donors.

Cross subsidization to cover the most in need



[Al-Shifa Trust](#) operates a chain of hospitals in four locations in Pakistan which utilize cross subsidization to finance care for those not able to pay. Those who are able to pay full price, subsidizing the cost of treatment for those unable to pay. The program manages to reduce costs by conducting regular community

outreach initiatives, screening and identifying patients with eye diseases at the earliest possible stage. The program also trains and educates doctors, paramedics and nurses through the Pakistan Institute of Ophthalmology in order to increase the health workforce qualified in eyecare. To date the hospitals have performed over 500,000 operations with 70% of patients being treated free of cost based on their financial need.

CHMI in Pakistan:

The innovations and trends profiled here represent only a fraction of Pakistan’s vibrant health market. CHMI maintains an active presence in Pakistan through its regional partner, [Interactive Research and Development \(IRD\)](#). Working with the Center for Health Market Innovations, IRD surfaces promising solutions and creates exciting peer-learning opportunities between programs. CHMI and IRD will continue working together to help identify, analyze and connect promising innovations. Check in shortly to see CHMI’s upcoming Pakistan Topics Webpage.

Photo at Top: @Sehat First