

## POLICY BRIEF

# Population needs: Facility preferences, chronic diseases, and OPD care utilization

June 2023 – No. 4 | KfW - Implementation Research on OPD Services in the SHPI, Pakistan

### MAIN FINDINGS

1. The vast majority of households state public higher-level as their preferred facility for OPD care. Among all actual OPD visits, public higher-level facilities make up a much smaller share (around 40%), and a considerable share of households uses primary care facilities.
2. Chronic diseases are quite prevalent in the target population: around 15% of individuals have at least one diagnosed chronic disease (mostly hypertension, diabetes, and heart-related diseases), creating substantial regular out of pocket expenditure.
3. The health care seeking situation of the population in KP in early 2023 is similar to the situation during early 2022.

### BACKGROUND & MOTIVATION

**Study objectives.** One year after the baseline survey, our research questions are:

- Which specific facilities are preferred? Which are commonly used?
- How prevalent are chronic diseases in the potential beneficiary population?
- How is the OPD health care utilization of the potential beneficiary population one year after the baseline?

**Context.** In 2023, a new pilot insurance scheme covering OPD services will be implemented in some districts in KP for the poorest fraction of households. We do implementation research on this pilot scheme and this project component assesses the population needs and preferences with a repeated household survey.

### METHOD

**Survey mode & sample.** We re-interviewed households in four districts of KP (Mardan, Malakand, Kohat, Chitral) from our baseline in-person survey in early 2022. We conducted this follow-up survey via telephone in March 2023 and successfully reached and interviewed 564 households. For analysis, we use a sample of 543 households with 3532 core family members of the main cardholder.

### RESULTS

**Lesson 1: Public higher-level facilities are popular for OPD services.** Public higher-level facilities are the preferred option for OPD care for 82% of households. In contrast, these facilities make only make up around 37% of actual OPD visits

(Figure 1). Less than 3% of households prefer a private primary facility, even though 35% of the OPD visits were to such facilities. Similarly, only 6% of households prefer a public primary facility, but they make up 20% of the OPD visits.

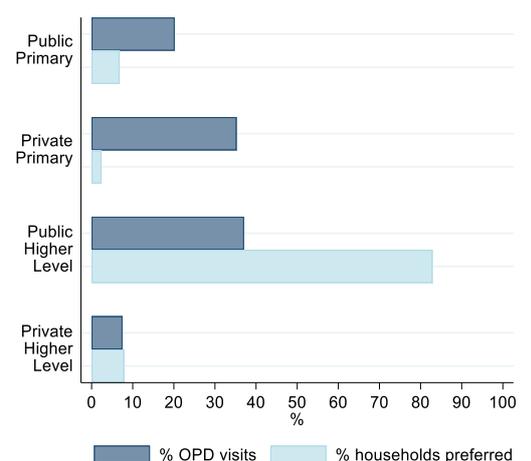


Figure 1: Preferred vs. used OPD facilities

Looking into the specific preferred facilities by name, we see clustering in a few

public secondary facilities, but a large variety of primary facilities. For Mardan, the most popular facilities by far are Mardan Medical Complex and DHQ Mardan. For the public primary sector, RHCs are named as well as BHUs and CDs. Private primary facilities mainly seem to be private practices run by single practitioners as only the doctor's name or a location were mentioned by the respondent (see separate fact sheet for a full list of facility names).

**Lesson 2: Chronic diseases are prevalent.** Around half of households have at least one member with a chronic disease. Around 15% of individuals suffer from at least one chronic disease, around 3% of multiple. 44% of all members with any chronic condition suffer from hypertension, around

18% from diabetes, and 14% from heart-related diseases. Other chronic diseases such as asthma, mental health issues, and kidney and stomach problems were also reported. Substantial expenditures on regular medication for chronic diseases are borne out-of-pocket by the households. On average, monthly medication expenditures per chronically ill person are PKR 3387 and make up around 8 % of average total monthly household expenditures.

**Lesson 3: OPD utilization is relatively high. Lessons from the Needs Assessment (06/2022) are still applicable.** Monthly OPD utilization as well as foregone OPD care remains similar but is slightly higher compared to 2022. OPD care usage is on average around one OPD visit per person per

month to a potentially covered facility type (public and private primary and higher-level facilities). We find that across facilities, most individuals have the same utilization patterns as in 2022 and the increase in usage seems to be driven by users who did not report seeking ODP care in the previous month at baseline. This seems to be a normal fluctuation between users and non-users: family members who have not used OPD in neither of the survey waves tend to be younger and have less chronic diseases, while the opposite is true for those having reported OPD usage in both periods. The expenditure for an average OPD visit in one potentially covered facility is PKR 2023 and hence very similar to baseline (PKR 1954) and the largest expenditure component remains medication.

**RECOMMENDATIONS**

- We recommend to keep the following points in mind when designing the registration process:
  - Given free choice, registrations might be concentrated at public higher-level facilities.
  - If registration at primary facilities is desired, one should consider measures to strengthen confidence in those facilities.
  - Private primary facilities are very diverse and achieving sufficient registrations at single providers might be difficult.
- Chronic diseases and their financial burden play an important role for the potential beneficiary population. The OPD scheme has to consider their particular needs (such as regular medication) to improve social protection effectively.
- Patterns, utilization rates and foregone OPD care are similar to baseline. The population's needs as presented in the Needs Assessment from June 2022 remain.

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