

## Primary Health Care Saves Money and Lives

### INTRODUCTION

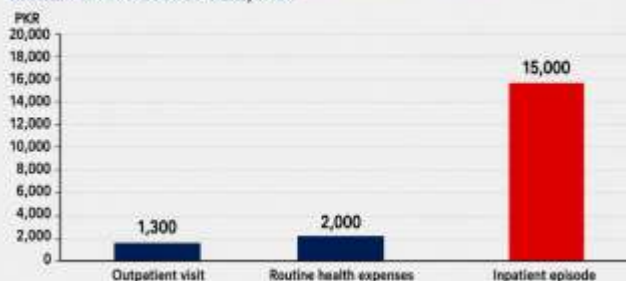
For low-income urban households, illness is often a financial shock. Costs come from consultations, medicines, and transport, but also from lost wages, school absence, and caregiving time. The Primary Healthcare – Doorstep Delivery Project (PHC-DSDP) implemented by RADS with funding support Gates Foundation looked the benefits of PHC in cost reduction and potential lifesaving in 5,010 urban poor households in Orangi, Karachi and Dhoke Hassu Rawalpindi. The objective was to generate evidence to understand how households are absorbing treatment costs and hidden income losses due to illness, late detection and missed treatments. Globally PHC is recognized to be affordable and prevents avoidable escalation and protects poor households from catastrophic income shocks.

### KEY FINDINGS

**Routine PHC Prevents Higher Cost In-Patient Care:** Among people who paid for care, the outpatient costs are **PKR 1,300** vs **PKR 15,000** for in-patient admissions. This 10-fold increase emphasizes that routine screening and PHC awareness information can identify symptoms and risks earlier, provide counselling, and refer patients before conditions become more expensive to treat.

### DIRECT HOUSEHOLD COSTS OF CARE

Median Direct Cost of Care, PKR



Recall period: outpatient and routine expenses, 4 weeks; inpatient episode, 12 months.

**PHC Saves Household Money:** Around **one in ten households** reported illness-related work or school absence in the previous month. Among affected households, the median duration was **4 days**, with a median income loss of **PKR 2,000**. When caregiving and other work disruption were included, affected households lost a median of **6 days** and **PKR 4,000 monthly**. This lost

### HOUSEHOLD ILLNESS SHOCK (Last 30 Days)



### POLICY RECOMMENDATIONS

**Finance PHC as household economic protection:** Treat last mile access to PHC (via community outreach) as a way to reduce avoidable treatment costs, missed wages, caregiving time, and income shocks.

**Use Digital Technology to Track Screening – Referral – Follow Up Pathway:** digital tools navigated by the outreach (Aapis) creates a full care pathway that is essential for PHC to be institutionalized in low-income communities.

income and health capital can be enhanced with routine PHC.

**PHC Care Pathway:** The full benefit of PHC materializes when from screening, counseling to follow-up is completed. Underserved and poor communities with high prevalence of PHC needs may benefit from more intensive referral support, affordability linkages, and follow-up. In Orangi, Karachi, median monthly income loss from illness was **20%** of household income, compared with **9%** in Dhoke Hassu,

### HOW DOORSTEP PHC CREATES FINANCIAL VALUE



Rawalpindi. Localization of the PHC need helps in

### Acknowledgement

RADS is grateful for the Gates Foundation for supporting this work. The views expressed in this document are the sole responsibility of RADS and do not reflect the funder or any other party. For any queries, please reach out to Dr. Adnan Khan, Email: [Adnan@resdev.org](mailto:Adnan@resdev.org) or our website [www.resdev.org](http://www.resdev.org)

prioritizing resources for public financing and households.

