



Research Article



Reviewing the Sehat Sahulat Program

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Abstract

The former government of Pakistan began a program which offered health insurance to those strata of society who otherwise could not afford the costly health facilities offered in Pakistan. The Sehat Sahulat Card was meant to target around 40 million people or 11% of the country's population. The program was begun by KP in 2015 and eventually was expanded to include Sindh, Baluchistan, Gilgit Baltistan, Azad Kashmir and the Federal Capital. The program boasted free-of-cost hospitalizations, surgical procedures, maternity services, cardiac issues and procedures etc. but during the early and even the later days of the program, a wide variety of complaints were raised by patients nationwide. Out-patient services, medical tests and medications were not covered. Private hospitals were said to have benefitted more from this program as opposed to public hospitals. The lack of quality control, monitoring and transparency leads to malpractices and corruption in the health sector. Hospitals were found to send bills for the procedure which were in fact not done to insurance companies. In conclusion, this is an ambitious venture which if treated with transparency and monitored closely holds the potential to revolutionize the healthcare industry in Pakistan but there is a huge room for improvement.

Key Words

Health Insurance, KP, patients nationwide

Introduction

The Sehat Sahulat Card (SSC) was a health insurance card issued by the Government of Pakistan that provided coverage to its citizens for medical services. The card was introduced in 2020 by the former Prime Minister of Pakistan, Imran Khan. It was said to provide a financial safety net to citizens who were unable to access quality healthcare services due to a lack of resources. The SSC was a physical card that was linked to a government-sponsored health insurance scheme that provided coverage up to Rs. 500,000 per family. It could be used to access services at over 6,000 hospitals and clinics across the country. The card was said to provide coverage for in-patient and out-patient services, including doctor visits, lab tests, and medicines. It also covered pre and post-delivery care for pregnant women, as well as vaccinations for children up to the age of 5.

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The card was introduced to address the significant health inequality in Pakistan. According to a 2019 report by the World Bank, 20% of Pakistan’s population is uninsured and another 20% are underinsured. The SSC seeks to bridge the gap by providing a low-cost health insurance option for those who can’t afford more expensive plans. The government planned to issue the SSC to 10 million households by the end of 2021. It was estimated that this would provide coverage to over 40 million people, or roughly 11% of the population. The card was free to eligible households and was renewable every year. The government had set up a network of hospitals, clinics, and pharmacies that accepted the SSC, making it easier for people to access health care services. The SSC was a major step forward in improving access to health care and was an example of the former Government of Pakistan’s commitment to providing universal health coverage.

Implementation

The World Health Organization's (WHO) project known as *Universal Health Coverage* (UHC) aimed to fulfil everyone's entitlement to basic health care, enabling illness prevention, diagnosis, treatment, rehabilitation, and palliative care. The Sehat Sahulat Program (SSP), also known as the "Health Facility Program", was first implemented in Pakistan's Khyber Pakhtunkhwa (KP) province in 2015 in accordance with WHO recommendations. A similar scheme was approved by the provincial government in Punjab, the nation's most populous province. The program was eventually expanded to include the provinces of Sindh, Baluchistan, Gilgit-Baltistan, Azad and Jammu Kashmir, and Islamabad Capital Territory (ICT), giving the entire country coverage. Holders of Sehat Insaf cards can receive treatments as determined by the government rules for 6 months (July 2020 to December 2020).

Sehat Sahulat Program was launched on 15 December 2015. It was implemented in four phases, with a gradual expansion in the population, services and cost coverage. In 2015, SSP covered the poorest 21% of the population in four pilot districts. On 20 August 2020, the coverage was expanded to 100% of the population of Khyber Pakhtunkhwa. SSP conferred free access to an expanding list of inpatients and secondary and tertiary care services.

The lowest 21.0% of households in four districts (about 2.0% of the population of the province) were eligible for the SSP in Phase 1 (2015–16).

The objective for Phase 2 (2016–17) was to enrol households with a PMT score of 24.5 or less. This standard was satisfied by about 51.0% of the households in the province.

The enrollment unit was altered from six households to a family for Phase 3 (2018–19).

Phase 4 (2020) saw the expansion of SSP's population coverage to include all of KP's long-term residents.

Program Operational Status

Table 1

Some of the districts' operational statuses are given below:

S. No	District	Starting Date
1.	Attock	5 May 2019
2.	Bahawalpur	21 April 2018
3.	Chakwal	15 February 2020
4.	Faisalabad	8 November 2019
5.	Gilgit	23 September 2020
6.	Gujranwala	3 January 2020
7.	Islamabad	1 January 2016
8.	Jhelum	23 December 2019
9.	Kasur	24 October 2019

S. No	District	Starting Date
10.	Lahore	15 February 2020
11.	Multan	4 April 2019
12.	Okara	22 November 2019
13.	Neelum	15 October 2019
14.	Sahiwal	19 November 2019
15.	Toba Tek Singh	6 December 2019

Coverage/treatment Packages Offered in SSP

There are two packages available for the *Sehat Sahulat Program*. One was a priority treatment package, while the other was a secondary care package.

The qualified family was said to receive an initial coverage of Rs. 60,000/family per year along with additional coverage of Rs. 60,000/family as part of the secondary care package. The services covered by this package included

- In-patient services (all medical and surgical procedures)
- Emergency treatments require admission.
- Maternity services (normal delivery or caesarean section)
- Maternity consultancy/Antenatal check-ups (4 times before delivery and one follow-up after delivery)
- Maternal consultancy for family planning, immunization and nutrition
- Fractures/Injuries
- Post hospitalization
- Local transportation cost of Rs. 1000 (3 times per year)
- Provision of transport in tertiary care hospitals
- If a beneficiary passes away while hospitalised, his or her family is entitled to Rs. 10,000 in burial support.

In the priority treatment package, the family availing it was said to receive an initial coverage of Rs. 300,000/ family per year with an additional Rs. 300,000 coverage per family in cases of emergency. Services covered in this package included,

- In-patient services (all medical and surgical procedures)
- Heart diseases (Angioplasty/bypass)
- Diabetes mellitus completion
- Burns and Road traffic accidents (RTA) (life, limb saving procedures, implants, prosthesis)
- End-stage kidney diseases/dialysis
- Chronic infections (Hepatitis, HIV, Rheumatology)
- Organ failure (Liver, Kidney, Heart, Lungs)
- Cancer (chemo, radio, surgery)
- Neurosurgical procedure

([Sehat Sahulat Program, 2022](#))

Eligibility Criteria for Sehat Sahulat Program

In order to check if you were eligible for the program, an individual had to send their National Identity Card Number to 8500 via SMS. Registration through the Naya Pakistan Qaumi Sehat Card App was also available. It was necessary to have all the original documents while seeking healthcare through the Sehat Card i.e. your Sehat Card, Original CNIC, and Birth certificate. You could get your Sehat card verified by visiting an empanelled hospital. Only the individuals who were permanent residents of Islamabad Capital Territory, Punjab, Khyber Pakhtunkhwa, Azad Jammu and Kashmir, Gilgit Baltistan, District Tharparker – Sindh, and the transgender community according to NADRA CNIC could avail of the card.

Benefits

Following are some of the benefits of the Sehat card:

1. Free of-cost treatments and hospitalization
2. Free of cost medical check-ups, consultations and follow-ups
3. Equal access to healthcare by all
4. Free of-cost maternity services and procedures
5. Transportation cost covered

([Sehat Sahulat Program, 2022](#))

Expected Impact of Sehat Sahulat Card

The Sehat Sahulat card was a pioneering initiative launched by the former Government of Pakistan to make healthcare more accessible and affordable for millions of people. This healthcare card had the potential to revolutionize the healthcare industry in Pakistan and improve the health of individuals. The Sehat Sahulat card was said to provide a range of benefits to its holders, including free medical check-ups and treatments at registered hospitals, free medicines, and emergency transport services, especially for those from rural or underserved areas, and those who cannot afford expensive treatments or medicines. The Sehat Sahulat card also had the potential to reduce the burden of chronic health diseases which are a major public health concern in the country. The Sehat Sahulat card would help to ensure that those suffering from chronic diseases can access the necessary treatment and medicines to manage their conditions. This could reduce the financial burden on individuals and families, as well as reduce the overall burden of chronic diseases in the country. (The News International, 2019)

The Sehat Sahulat card could also lead to improved health outcomes, as it will make it easier for individuals to access timely and quality health care. This could reduce the number of people who suffer from preventable diseases, as well as reduce the number of people who die from treatable conditions. Additionally, improved access to health care could also reduce the overall burden of disease in the country and potentially reduce the need for costly treatments. (Ahmed Faisal, [2022](#))

Drawbacks and Failures of the Sehat Sahulat Program

The Sehat Sahulat Program was estimated to have a reach of 5 million families in Punjab alone but unfortunately, only 93,000 people were found to have benefited from this facility in the year 2019. This makes the success rate of the program a mere 0.2 percent. By the end of 2019, 11.03 billion rupees were spent on this scheme and 12 billion were further allocated in 2020 for the project. 32 million people were to have benefitted from this project making it 30% of the total provincial population. But this target was never achieved.

Moreover, the posts of CEO and Chief operating officer of the Punjab Health Insurance Initiative Management Company have been lying vacant for the past two years and the company was being run ad hoc basis. Medical services under S.S.P. can be availed only for in-patients i.e. hospitalization. It does not cover the outpatient department. The public sector and private sector hospitals which are on the panel for SSP are in a sheer unbalance. Out of 200 hospitals in the province only about 7 of them are government hospitals.

This program moreover does not cover emergency and OPD facilities which is why this facility has proven to have been largely useless for the masses. Furthermore, it does not cover self-inflicted injuries, attempted suicide, abuse of alcohol, drug addiction or sexual disorders and treatment of sexually transmitted diseases (STDs) (Express Tribune, 2020).

Another failure of the Sehat Sahulat Program can be noted through this case study, Manzoor Begum, an elderly patient, was among countless luckless people who were denied admission to a private hospital and then later when she was taken to a government hospital she was not administered free medical treatment until she passed away due to liver complications. Her family

was forced to have her pathological tests done and buy medicines on payment. She remained under treatment for 3 weeks at Sir Ganga Ram Hospital where her case worsened until her death. Her son complained that he had not been informed how much payment was deducted from the Sehat Card he had submitted for his mother's treatment (Malik. A., 2022).

1. Most holders of Sehat Sahulat Card complain about the misuse of these cards in private hospitals which work purely for business or earning money or the denial of complete treatment in government hospitals.
2. There is also a complete lack of quality assurance as regards the patients treated in privately run hospitals. More than 80% of the hospitals registered under the scheme belong to the private sector. The funds given to the government hospitals in this program are to be used for staff salaries, repair and maintenance and development. Whereas, the funds given to the private hospitals are to be utilised between the health facilities and the consultants. This has led to gross misconduct on the part of public hospital practitioners who prefer to carry out surgical procedures in private hospitals where there are no checks and balances.
3. Another major issue faced by SS card holders is that they are holders of low package group "cards they are refused admission. The card holders from the higher package group are preferred so that more profits are reaped.
4. Private hospitals are also known to charge extra in lieu of consultant fees etc., especially for patients requiring gynaecology or cardiology-related surgical treatments.
5. This is easy because cardholders have not been provided guidelines to report such practices to the authorities.
6. There is no clinical audit of the procedures performed by the healthcare commission or the insurance company.
7. There is an incompatibility between official and private rates for the treatment of certain diseases. Najma Bibi, a housemaid from Township visited a private hospital for the removal of gallstones of her daughter. The government rate is Rs.25,000/- she said whereas the private hospital was charging her Rs.125,000/- for the surgery alone and room rent, doctors' visits, tests, and medicines additionally. She returned without the treatment.

This pain is increased tenfold when the patients belong to far-flung and remote areas and are denied treatment at private hospitals. Like the poor man Abdul Ahad, who came all the way from Bahawalpur for his son's cancer treatment and was despondently returning as he could not afford the costly pre-therapy tests and medicines. It is frequently quoted that the SS card offers coverage of about Rs.1 million a year per family/annum.

There are two packages for cardholders as mentioned above. To date on February 20, 2022, 763,000 people used Sehat Card. Out of these 600,000 availed services from the private sector and the remaining at government hospitals.

8. As a result, the insurance company paid an amount of 120 million to private hospitals and only Rs.20 million to government hospitals. This results in sub-standard medical products being used in public sector hospitals which may harm patients and endanger lives.
9. Treatment through SS cards may eventually lead to the privatization of public sector hospitals says Salman Haseeb. A member of the Young Doctors Association, Punjab.
10. It may also lead to an increase in unethical practices like there have been cases of intrusive cardiac surgeries and insertion of stents which were in fact not required.
11. Bigger private hospitals have been known to refer patients to smaller private hospitals and then share in the profits by sending in their invoices.
12. There have been complaints also from hospitals that they have not been paid by the insurance company for many procedures they have already done which results in their renders refusing to provide them supplies due to non-payment leading invariably to the compromisation of the hospital functions and the patients' suffering.

The Health Ministry claim that no complaints have been forwarded to it. This I believe is a way of trying to dodge a problem instead of addressing it and trying to find solutions for it (Malik. A., 2022).

Conclusion

With the PTI Government no longer in power the biggest concern for all the people is whether the SSC will be discontinued or not. Many sources claim that this health program will be continued but at present, the patients are said to have encountered hitches in the process. The glaring difference in quality between healthcare provided by the government and private hospitals is increasing with each passing day. With limited healthcare facilities, the authorities are finding it harder to meet the needs of the rapidly burgeoning population.

The first point that needs to be looked into by the Government is that health facilities provided by the public and private sectors be at par with one another. Secondly, funds need to be allocated without delay in order to establish more healthcare facilities specifically in rural areas so that all citizens have healthcare accessibility. Thirdly, a more sustainable mechanism should be implemented for generating revenue for the program to be operable in the long term. For this, the administrative and bureaucratic implementation system must be overhauled to ensure transparency accountability and surveillance to check how insurance companies and hospitals are managing funds under the Sehat Sahulat Program.

There is always room for improvement and more work to be done regarding what health conditions are covered, to whom these services are provided and how they can be accessed easily under this government scheme. Additional health benefits can be attained if more funds are invested in outpatient care departments and preventive measures. Moreover, the program must be actively monitored and adjusted regularly based on impact evaluation results. Lastly, to properly guide improvements and future reforms in the program it is necessary that a check and balance system be maintained and in-depth analyses are regularly conducted to evaluate the Sehat Sahulat Program in detail.

Recently, a news flash appeared on Geo News on the 9 of February 2023 which said that the record for the Sehat Sahulat Program at Pakistan Institute of Medical Sciences (PIMS) had disappeared from the hospital's offices. It is said that 57 crores had been allocated to PIMS for this program whereas only 11 thousand patients were known to have been treated during that time. The disappearance of the record is rather alarming as it points towards an alleged corruption scandal. Hopefully, the powers that be will look into the matter and try to dig deeper. This is just the tip of the iceberg that has been discovered.

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