

SEHAT SAHULAT PROGRAM AND SUSTAINABLE DEVELOPMENT OF KHYBER PAKHTUNKHWA

Haji Rahman, Assistant Professor, PI NRPU-17555, University of Buner, KP, Pakistan. Email: haji616@yahoo.com

Fawad Ahmad, PhD Scholar, NRPU-17555, Pakistan. Email: fawadkmu@gmail.com

Norsiah, BBA Graduate, NRPU-17555. Email: norsiahghafoor9@gmail.com

Abstract. *Sehat Sahulat Program is health initiative initially launched by the Khyber Pakhtunkhwa Govt for the people of the province. This paper is*

aimed at looking at the program from the patients and doctors' point of view. The study is qualitative in nature and is interview-based assessment of the program. For this purpose, five doctors from the top tiers and ten patients have been interviewed. The central point of these to see as to what extent the program is viewed by these two main stakeholders. The findings are expected to benefit both the research community as well as all the stakeholders. It will enable the policy makers to how to improve the program so that its set target can be achieved as postulated in the program. The authors believe that though this is simple approach to an issue that is related to almost all people, it is hoped that these findings would help the future researchers to look at the program from more complicated aspects.

Received 20 May 2023

Revised 28 June 2023

Accepted 29 June 2023

Keywords: SDG, WHO, UHC, MNHS, Sehat Card Plus, OOP Expenditure, SSP Scope and Benefits

Introduction

According to the Article 9 and Article 38(d) of the constitution of the Islamic Republic of Pakistan, it is the responsibility of the state to provide health facilities to its citizens (Constitution of 1973). The United Nations (UN) established the Sustainable Development Goals (SDGs) to be achieved till 2030, where the SDG number 3rd is related to health of the common people. It talks about access to the health facilities (Musa, 2022). This charter of the World Health Organization (WHO) bounds the states and countries to provide health facilities to all its residents without any discrimination based on sex, race, etc., and named it as Universal Health Coverage (UHC). The Govt of Pakistan started its journey towards the achievement of SDGs and WHO's UHC through the Ministry of National Health Services (MNHS) by devising the Sehat Sahulat Program (SSP) (Forman et al., 2022). The Govt of Khyber Pakhtunkhwa took the lead in the

implementation of this policy and developed a micro health insurance program, the Sehat Insaf Card in 2016 (Din, et al., 2022). This Program is one of the major healthcare initiatives in Khyber Pakhtunkhwa (KP), providing access to quality healthcare services initially to the deprived and poor population of some selected districts and now to all the citizens in the province (Khan et al., 2022).

The Sehat Sahulat Program (SSP) with the name of Sehat Card Program or Sehat Card Plus Program is a free of cost healthcare initiative aimed at providing quality medical care to the citizens of Khyber Pakhtunkhwa without any financial obligation (Din, et al., 2022; Hasan et al., 2022). The program was launched in 2016, since then successfully provided health coverage to hundreds of thousands of individuals and families of the KP.

As this program is a new initiative and needs popularization among the common people from the lens of a researcher. This paper is aimed at introducing this program and to familiarize the program to the general public of the province so that more and more people can be benefitted. At the same time there is a need to look as if there are still areas that need to be improved and so that the program can achieve its broader objective.

Scope of SSP Program

All the residents of the province having CNIC are eligible for the program. For the sake of one's satisfaction, one can be confirmed by messaging the CNIC number to 8500. This program offers a range of benefits to the individuals and their families, including consultation to surgery, hospitalization to diagnostic testing, the program covers all necessary medical expenses up to rupee one million per family per year without any additional cost (Farooq & Kunwal, 2022). But this can be availed at empaneled hospitals, clinics, and laboratories across the province. The program covers all immediate family members, including children, spouse, and parents (personal meeting minutes with the CEO of SSP).

The method of registration is very simple, as each and every empaneled hospital has a registration and verification desk, just produce your CINC and the hospital documentation. The health care services covered in this program are, Consultations, Hospitalization, Diagnostic tests, Surgical procedures, Maternal and child health services, and Emergency care. The empaneled hospitals include government and private hospitals, clinics, and laboratories (Ayub et al., 2018).

As per the documents and the discussion and meeting with the SSP officials, Dr. Muhammad Riaz Tanoli, CEO and Dr. Aamir Rafiq Khattak, Director SSP.

1. The program goal is the provision of healthcare services to everyone, regardless of their status, education, income, or gender.

2. The program promotes the renovation of healthcare facilities and the development of modern medical infrastructure, hence Improved healthcare infrastructure.
3. The program aims to alleviate poverty by ensuring that health costs don't push families into financial turmoil, Prevention of catastrophic health expenditures.

Sehat Sahulat Program Covers

1. Preventive Care: Child immunization, family planning, antenatal care, Screenings for Hepatitis B and C, HIV, and TB
2. Inpatient Care: Hospitalization expenses, Tests and diagnosis procedures, Pharmaceuticals and surgical consumables, Dialysis, and chemotherapy.
3. Emergency Care: Emergency hospitalization, Trauma care and ambulance services.
4. Transportation and Homestake medicine: One time transportation for the gynae patients and one week home take medicine for the discharging patients.

Benefits of the Sehat Sahulat Program

1. Improved health outcomes: The program has led to a significant reduction in maternal mortality, infant mortality, and other diseases as per the qualitative analysis of the hospital data and overall perception of the medical professionals.
2. Enhanced accessibility and affordability: The program have facilitated the provision of quality healthcare services to people from all backgrounds as evident from the opinion of the public and its expansion to other provinces of the country.
3. Boosted economic productivity: The program ensures that people don't have to choose between their health and income. This has helped to reduce absenteeism and increase productivity. As it has reduced out of pocket expenditures.
4. Boosted private sector Hospitals and their infrastructure: the requirements for becoming empaneled in the program and improved admissions, increased inflow of the patient population towards the private sector hospitals, the availability of advanced equipment and tools become possible.

Methodology

The study is qualitative in nature. Purposive sampling technique has been employed. The reason behind this technique is that only experts have been selected for interview as they are believed to have firsthand knowledge about the program. The sampled patients are those who have availed the services. They have been selected out of many because they have found better assessor of the program.

Results

Interaction with the major stakeholders revealed that Sehat Sahulat Program is one of the best initiatives of the Government. The program has a number of benefits for people especially those who are living below the poverty line. They were of the opinion that the program in Khyber Pakhtunkhwa has set an example of how a health insurance program can play a vital role in achieving the goal of universal health coverage. The program offers an integrated solution to healthcare issues, ensuring that no one is left behind and that everybody has access to basic healthcare facilities. This initiative leads the province towards the sustainable development. Because it facilitates the population and help in minimizing the burden of out-of-pocket (OOP) expenditure, hence providing rooms for the economic activities. No program can be perfect. Therefore, all the stakeholders have emphasized on the improvement of the program in terms of expanding its scope to include all the disease that human can face. They are of the opinion that if it is not financially viable for the govt to provide 100% health related facilities to all, at least it should be made poor oriented. In other words, this program be such that a declared poor should not exempted from any health facility under this program.

Discussions

Sehat Sahulat Program in Khyber Pakhtunkhwa is the first micro health insurance program and is running successfully (Said, 2020). The success is evident form the fact that it is replicated by the other provinces. It got universal coverage, and the India is also now planning implementation of such program in their health care services (Abrejo & Shaikh, 2008; Habib & Zaidi, 2021). If the finances available, then the future of this program is bright. As it provides jobs on one hand and practice and team work on the other hand for health professionals. On one side it lesser the financial burden on the patient and the other side it provides finances for the empaneled hospitals for the improving of their infrastructure revamping (Ahmed & Shaikh, 2008; Khan et al., 2022). As the program does not cover all the aspects of heath. Some of the diseases are not included in this program, like mental health and psychological health, dental health, and skin related issues (Siddiqi et al., 2020).

Recommendations

The program response from the public and hospitals revealed that such programs of micro insurance need to be introduced in other sectors like education. This is the best way of ensuring the achievement of the SDGs well before the vision of 2030. It would be more beneficial if it could accommodate some of the very expensive and becoming burdensome financial positions of the poor population like, mental and psychological health care issues, dental and skin-related issues. Its many aspects from administration, performance appraisal, impact on patients, professionals, and public and private sector hospitals and some of the main areas for further research.

Acknowledgement

This is a team effort. We are very thankful to the HEC for providing me with the NRPU-17555 titled “Sehat Sahulat Program- Lessons Learnt”, it is a product of this project. The SSP program management who provided their services in the shape of data provision and sparing time for meetings. We are also very thankful to the empaneled hospitals and the State Life Insurance Corporation (SLIC) for providing access to the data and their time.

References

- Abrejo, F. G., & Shaikh, B. T. (2008). Social health insurance: Can we ever make a case for Pakistan. *Journal of the Pakistan Medical Association*, 58(5), 4-15.
- Ahmed, J., & Shaikh, B. T. (2008). An all-time low budget for healthcare in Pakistan. *Journal of the College of Physicians and Surgeons Pakistan*, 18(6), 388-391.
- Ayub, A., Khan, R. S., Khan, S. A., Hussain, H., Shehzad, J. A., & Shah, S. S. (2018). Progress of Khyber Pakhtunkhwa (Pakistan) towards universal health coverage. *J Ayub Med Coll Abbottabad*, 30(1), 4-19.
- Din, M. U., Mashhadi, S.F., Khan, S. A., Zubair, S, Khan, A., & Hussain, S., (2022). Sehat Sahulat Program: Assessing the awareness and utilization effectiveness of Sehat Insaf Card among the general population of District Rawalpindi. *The Professional Medical Journal*, 29(07), 1061–1066.
- Farooq, S., & Kunwal, N. (2022). Potential Role of Sehat Sahulat Program (SSP) in reducing catastrophic health expenditures: Suggestions and way forward. *PIDE News Letter*, 4.
- Forman, R., Ambreen, F., Shah, S. S. A., Mossialos, E., & Nasir, K. (2022). Sehat Sahulat: A social health justice policy leaving no one behind. *The Lancet Regional Health - Southeast Asia*, 7, 100079.

- Habib, S. S., & Zaidi, S. (2021). Exploring willingness to pay for health insurance and preferences for a benefits package from the perspective of women from low-income households of Karachi, Pakistan. *BMC Health Services Research*, 21(1), 380-396.
- Hasan, S. S., Mustafa, Z. U., Kow, C. S., & Merchant, H. A. (2022). Sehat Sahulat Program: A leap into the universal health coverage in Pakistan. *International Journal of Environmental Research and Public Health*, 19(12), 6998, 2-9.
- Khan, S. A., Cresswell, K., & Sheikh, A. (2022). Contextualising Sehat Sahulat Programme in the Drive Towards Universal Health Coverage in Khyber Pakhtunkhwa, Pakistan. *Khyber Medical University Journal*, 14(1), 63–70.
- Musa, N. (2022). Universal Health Coverage; A Way Forward. *Journal of Gandhara Medical and Dental Science*, 9(2), 1-16.
- Said, M. H. (2020). Review of reforms brought by provincial government of KP In health sector. *Ilkogretim Online - Elementary Education Online*, 19(4), 13. <https://doi.org/doi: 10.17051/ilkonline.2020.04.765048>
- Siddiqi, S., Aftab, W., Siddiqui, F., & et al. (2020). Global strategies and local implementation of health and health-related SDGs: Lessons from consultation in countries across five regions. *BMJ Global Health*, 5(9), e002859. <https://doi.org/10.1136/bmjgh-2020-002859>