

اصلاحاتی جائزہ

ENSURING THE SUSTAINABILITY OF SEHAT SAHULAT PROGRAM

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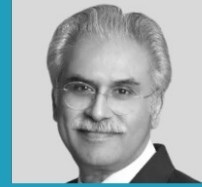
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Summary

- High out-of-pocket healthcare spending in Pakistan leads to economic shocks, and often poverty, for low-income families, making the launch of the Sehat Sahulat Program a crucial step towards breaking the disease-poverty nexus in Pakistan.
- The Sehat Sahulat Program aims for Universal Health Coverage through free health insurance for deserving populations. Around 41.7 million families have enrolled in the programme, while eight million have received healthcare benefits directly.
- In some parts of the country, the programme appears to have successfully reduced the healthcare equity gap and protected low-income families from catastrophic health expenses.
- Improvements to the Sehat Sahulat Program could include expanding coverage to preventive healthcare and mental health, and developing an appropriate balance between private and public sector provider participation.
- Focusing on coverage to the most vulnerable groups through a targeted approach, rather than wholesale universalisation may help the programme attain greater sustainability and longevity.
- With its wealth of digitised data, the Sehat Sahulat Program can afford Pakistan tremendous policy opportunities, enabling evidence-based decisions for the long-term strengthening of district and provincial health systems.

Introduction

Pakistan's volatile political and economic environment poses a challenge to the continuity of development initiatives and reforms. Government changes often lead to the abrupt halt or abolition of sound policies and reforms initiated by previous administrations. In the second episode of *Islahati Jaiza*, we engaged with key experts in the health sector to provide a robust analysis on the continuity of good policy reforms with a focus on the Sehat Sahulat Program, which began in Khyber Pakhtunkhwa.

The conversation unpacked the programme and identified roadblocks to developing a more holistic reform agenda to improve healthcare accessibility and delivery in Pakistan. This policy brief outlines the key insights and recommendations from our experts in this episode.

Key Takeaways

Pakistan's Disease-Poverty Nexus: In Pakistan, with 60% of people paying directly for health services, high out-of-pocket expenditure on healthcare is a significant concern. The public sector caters to only 30% - 40% of the population, while most rely on costly private sector care. This leads to catastrophic levels of health spending in poor households needing inpatient care. Since 2010, there has been widespread consensus among public health policy experts that the combination of rampant poverty and high out-of-pocket expenditure on healthcare in Pakistan necessitated the Sehat Sahulat Program. High out-of-pocket and catastrophic health expenditures act as "health shocks", pushing people into the poverty trap – the launch of the Sehat Sahulat Program was a crucial step towards breaking the disease-poverty nexus in Pakistan.

Protecting Reform and Continuing Good Policy: The Sehat Sahulat Program is a landmark initiative by the Government of Pakistan to work towards achieving Universal Health Coverage (UHC). Launched in 2015, the programme provides free health insurance to vulnerable segments of the population to improve access and affordability of care. Around 41.7 million families have enrolled in the programme, while eight million have received healthcare benefits directly. One of Pakistan's most significant challenges in implementing reforms is the transfer of power between governments, with frequent rollback of successful policies due to changing political priorities. In this context, an important question is how to safeguard initiatives like the Sehat Sahulat Program from such reversals during a turbulent election year. Recent media reports have raised concerns about the potential discontinuation of the programme in Punjab and Khyber Pakhtunkhwa due to economic and political uncertainties.

The PTI government tried to ensure the programme's longevity by garnering multi-partisan support, renaming it the "National Health Program" rather than the "Sehat Insaf Program" to reduce political connotations and framing it as a flagship welfare programme benefitting millions of citizens.

Impact of the Sehat Sahulat Program: The Sehat Sahulat Program has successfully narrowed the equity gap between the privileged and underprivileged regarding healthcare accessibility in parts of the country. It has significantly reduced catastrophic health expenditures for low-income families and safeguarded their livelihoods from being devastated by diseases that could lead to medical impoverishment. The primary beneficiaries of this programme are those requiring treatments such as cardiac surgeries, cancer treatment, complicated orthopaedic disorders, and gynaecological surgeries. The programme has offered vulnerable beneficiaries financial protection through a welfare model, enabling access to critical tertiary care in hospitals. A multi-partisan consensus on the Sehat Sahulat Program as a successful flagship health programme, irrespective of political transitions, would extend this protection.

Sehat, Sahulat, Sustainability: Despite its successes, the Sehat Sahulat Program currently suffers from structural and functional problems that must be addressed. The programme requires improvement in three significant areas for greater sustainability and impact.

Currently, the programme only provides financial protection for hospitalisation, but this coverage does not include ambulatory patients. Expanding the programme to include outpatient care and involving general practitioners — who account for 70% of private sector health services — will enable a shift towards preventive healthcare, as primary healthcare plays a gatekeeping role for secondary and tertiary healthcare services.

Since its original targeted approach focused on the most vulnerable groups — like people with disabilities and people experiencing poverty — the programme shifted towards universal financial coverage. Universalisation strains resources and risks subsidising the affluent, who can independently afford care. A more targeted approach based on affirmative action would allow resources to be focused and managed effectively while ensuring quality assurance during programme implementation. Effective governance of the programme is essential in protecting the most vulnerable. The decision to expand the Sehat Sahulat Program to all populations in Khyber Pakhtunkhwa and Punjab appears to have been politically motivated rather than based on technical grounds.

Lastly, the programme does not include coverage for mental health, which is an obvious and significant gap in its ambit, as major mental illnesses have devastating effects on individuals and families. Unfortunately, the entire mental health category is currently excluded from the programme due to technical reasons, such as a lack of psychiatrists or difficulties in diagnosis.

Data Collection and Decision Making: Through the Sehat Sahulat Program, Pakistan has digitised health utilisation data comprehensively for the first time, covering 70% of private sector healthcare. This data opens opportunities for policy spinoffs, such as accurately understanding disease burden and defining the preventive medicine agenda. Moreover, leveraging local data can inform major decisions in public health, providing comprehensive insights into readmission patterns, hospitalisation, patient stay, medicine prescription, and diagnostics. Developing an effective and responsive health system would benefit from adopting dynamic dashboards — as we saw in the successful Covid-19 response — and strengthening Pakistan's District Health Information System (DHIS) to match global standards.

Recommendations

1. *Building on the Gains of the Sehat Sahulat Program*

Despite political transitions, the multi-partisan consensus on the Sehat Sahulat Program as a successful flagship health programme should continue. Successive federal and provincial governments must continue building on the programme's gains through improvements instead of radical policy shifts.

2. *Expanding the Sehat Sahulat Program Beyond Tertiary Healthcare*

There is a need to expand coverage to primary healthcare by involving general practitioners and including outpatient services in the packages alongside existing inpatient care to focus more on preventive healthcare.

3. *Using Programme Data for Evidence-Informed Policymaking*

The hospitalisation data gathered through the programme provides an excellent opportunity for policymakers, as private sector healthcare has been comprehensively documented for the first time. Leveraging digitised Sehat Sahulat Program data on disease patterns, treatments, and outcomes can inform evidence-based preventive healthcare policies in future.

4. *Optimising Targeting for Effective Programme Governance*

There is an imminent need to improve targeting by restricting universal coverage to disadvantaged populations using the latest poverty and income level data. A more targeted approach based on affirmative action would allow resources to be focused and managed more effectively, while ensuring quality assurance during programme implementation.