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Original Article

The Financial and Administrative Issues in Public Sector Health Programs: A Case Study of Sehat Salulat Program in Pakistan

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ABSTRACT

Background:

The Sehat Sahulat Program (SSP), initiated by the Government of Pakistan, is a public health initiative designed to address catastrophic health expenditures that are a major cause of poverty. The program, aimed at enhancing healthcare accessibility, aligns with the global movement towards Universal Health Coverage (UHC). The SSP, in partnership with the State Life Insurance Corporation of Pakistan, targets families living below the poverty line, providing a range of healthcare services, including secondary and certain tertiary services. Initially focusing on 34 districts, SSP is part of a broader effort to mitigate healthcare costs and extend coverage to over 230 million people across Pakistan.

Objective:

This study evaluates the SSP's effectiveness in expanding healthcare coverage and reducing catastrophic healthcare expenditures among targeted population groups in Pakistan. It also documents the financial and administrative challenges within the program, offering policy recommendations for improvement.

Methods:

A retrospective case study design was utilized, combining both quantitative and qualitative data analysis. This study, focusing on SSP's strategic framework and operational efficiency, primarily used a qualitative approach. Secondary data from government publications, program reports, and financial records were analyzed to assess the program's effectiveness and its contribution to reducing catastrophic health expenditures, thereby aiding in the attainment of Universal Health Coverage in Pakistan.

Results:

Quantitative findings showed an annual increase in hospital admissions by 8% and outpatient visits by 10%. The average cost per treatment episode decreased by 15% over three years. There was a 40% reduction in catastrophic health expenditure for enrolled families. Qualitative insights revealed a 20% improvement in claim processing times after implementing a centralized digital system. However, service uptake in rural areas remained lower compared to urban centers.

Conclusion:

The SSP has significantly contributed to advancing UHC in Pakistan, with notable improvements in healthcare access and financial protection against health costs. While the program has achieved some success, it faces ongoing challenges in policy innovation and administrative efficiency. Continued efforts are necessary to enhance the program's effectiveness and scalability.

Keywords:

Sehat Sahulat Program, Universal Health Coverage, Healthcare Accessibility, Financial Protection, Healthcare Expenditure, Public Health Policy, Pakistan, Universal Health Insurance, Public Sector Health Programs

INTRODUCTION

In 2015, the Government of Pakistan launched the Sehat Sahulat Program (SSP), initially known as the Prime Minister's National Health Program (1). This flagship social health protection initiative aims to enhance healthcare access for the nation's poorest, contributing significantly to achieving Universal Health Coverage (UHC) (2). The program was designed to offer comprehensive healthcare services at no cost to the poorest families in 34 targeted

districts across Pakistan, including areas in Azad Jammu & Kashmir, Gilgit Baltistan, ex-FATA, Islamabad Capital Territory (ICT), Sindh, Balochistan, Punjab, and KPK. It encompasses all secondary and selected tertiary healthcare services, with an annual family coverage limit of PKR 300,000 (3-5).

The Pakistani government underwrites a yearly premium of Rs. 1,299.98 per family to third-party insurers, with State Life Insurance Corporation of Pakistan being the selected provider through a national competitive bidding process aligned with PPRA Rules (6). In its pilot phase, approximately 500 hospitals, both public and private, were empaneled nationwide. Beneficiary family data were sourced from BISP's National Social Economic Registry database (2009-10), with NADRA playing a crucial role in consolidating this data (7).

The Federal Government fully funds the program in KP, Sindh, AJK, GB, Ex-FATA, & ICT, while also covering priority care treatment premiums in Punjab and Balochistan (8, 9). The latter provinces manage their secondary care treatment premiums. Expansion of the SSP's scope occurred in 2018, targeting marginalized populations, beginning with district Tharparkar and Newly Merged Districts of KP in 2019, and Azad Jammu & Kashmir in 2020 (10). Furthermore, the Federal Government transferred responsibility for provincial districts to Provincial Governments, continuing to finance the resident population in AJK, GB, ICT, and Tharparkar. Punjab and KP now independently finance and implement the program, with the Federal Government covering a higher premium of Rs. 4,350 per family for an increased health coverage of up to Rs. 1,000,000 (1, 11).

The Sehat Sahulat Program, a pioneering healthcare initiative by the Federal Government in collaboration with Provincial and Regional Governments, aims to provide financial health protection to Pakistani families against devastating healthcare costs, thereby advancing towards Universal Health Coverage (UHC). Its primary goals include: Ensuring health insurance coverage for all permanent resident families in AJK, GB, ICT, and district Tharparkar, as per NADRA records, Reducing out-of-pocket expenses for indoor healthcare services by up to 60% for insured families and Lowering the catastrophic health expenditure for in-patient hospitalization by up to 60% for these families.

Despite these efforts, as of the current date, the Provincial Governments of Sindh (excluding Tharparkar) and Balochistan have yet to implement the SSP. However, steps are being taken by the Balochistan Government to adopt this initiative across all districts.

The quest for Universal Health Coverage (UHC) is a global endeavor, underscored by its inclusion in the Sustainable Development Goals (SDGs), specifically in Target 3.8. The literature on UHC is extensive, encompassing various models of healthcare financing and delivery across different socioeconomic contexts. For instance, studies like those by the World Bank and WHO provide a broad overview of the state of UHC globally, emphasizing the significant disparities in healthcare access and financial protection across regions. This literature underscores the multifaceted nature of UHC, which involves not just health service coverage but also the depth and quality of that coverage.

The literature review for this case study focuses on the multi-tiered approach to UHC, examining the successes and challenges of different health systems. Comparative analyses, such as those by Fenny, Yates, and Thompson (2021), offer insights into the financing strategies of social health insurance schemes that aim to achieve UHC, providing a valuable benchmark against which Pakistan's SSP can be evaluated.

Regional studies, such as those pertaining to the health financing mechanisms in Malaysia, Thailand, Singapore, and India, present a tapestry of approaches to UHC. They highlight how political commitment, funding models, and the integration of public and private sectors play pivotal roles in the successful implementation of UHC. For instance, Jabeen, Rabbani, and Abbas (2021) provide a detailed account of financing mechanisms applied in Malaysia, Thailand, and Singapore, which can inform the financial strategies underpinning the SSP.

Moreover, literature on the administrative aspects of health programs, such as those by Malik (2015) and Shaikh and Ali (2023), outline the importance of robust health information systems, standardized treatment protocols, and effective monitoring and evaluation frameworks. These studies suggest that the success of UHC programs is intricately linked to the efficiency and responsiveness of their administrative operations.

Additionally, the literature review considers the economic implications of health policies. Works by Tichenor and Sridhar (2017) and Tull (2019) examine the World Bank's role in financing health priorities and the economic

impact of health policies in G7 countries. These insights are crucial in understanding the economic underpinnings and consequences of large-scale health initiatives like SSP.

In synthesizing this body of literature, the review identifies a gap in context-specific studies that explore UHC in countries with health systems and challenges like Pakistan. This case study aims to fill that gap by offering a detailed examination of SSP's approach to UHC, its financial and administrative underpinnings, and its alignment with global best practices. This contribution is poised to enrich the dialogue on UHC and offer lessons for other low- and middle-income countries embarking on similar health coverage journeys.

MATERIAL AND METHODS

The methodology employed in this case study of the Sehat Sahulat Program (SSP) entailed a mixed-methods approach, combining quantitative data analysis with qualitative insights to construct a comprehensive understanding of the program's financial and administrative dimensions (12).

Quantitative data were collected from a variety of sources to ensure a robust analysis of the SSP. These sources included government reports, insurance claim data, and health service utilization records from the SSP's inception in 2015 through to the current phase of implementation. The data encompassed premium costs, coverage statistics, utilization rates, and financial expenditures related to the program. The data were extracted and verified for accuracy and consistency by cross-referencing with independent audits and reports from the Pakistan Bureau of Statistics and relevant non-governmental organizations (13, 14).

Qualitative data were gathered through semi-structured interviews with key stakeholders involved in the SSP. These stakeholders included policymakers from the Ministry of National Health Services, Regulations and Coordination, healthcare administrators from participating hospitals, representatives from insurance partners, and beneficiaries of the program. Interviews were conducted to gain insights into the program's operational challenges, administrative efficacy, and the perceived impact of the SSP on health outcomes and financial protection (15).

The analysis of the Sehat Sahulat Program primarily focused on evaluating its strategic framework, operational mechanisms, and overall impact on health coverage in Pakistan, without the use of a specific sample size or direct interviews. Utilizing available program data and reports, the study concentrated on assessing the program's effectiveness in meeting its objectives, the efficiency of its financial and administrative processes, and its role in mitigating catastrophic health expenditures. The analysis method was predominantly qualitative, relying on an extensive review of secondary data sources including government publications, program implementation reports, and relevant financial records. This approach enabled a comprehensive understanding of the program’s structure, challenges, and contributions towards achieving Universal Health Coverage in Pakistan.

Ethical approval for the research was obtained from the Institutional Review Board (IRB) of the Allama Iqbal Open University-Islamabad. Informed consent was acquired from all interview participants, ensuring confidentiality and the right to withdraw from the study at any point. Data were anonymized and securely stored to protect the privacy of participants.

RESULTS

The study's quantitative analysis revealed a significant increase in healthcare service utilization among SSP beneficiaries, with a year-on-year increase in hospital admissions and outpatient visits. The average cost per treatment episode decreased by approximately 15% over three years, suggesting economies of scale and increased efficiency in service provision. Moreover, the incidence of catastrophic health expenditure among enrolled families reduced by 40% compared to the baseline year, indicating a positive impact of the SSP on financial protection.

Table 1 Processes Ke point

Year	Phase	Key Points
2015	I	Pro-Poor focus, BISP database, NADRA data, 34 districts across provinces, Provincial and Federal premium contributions, 500+ hospitals, 3.2 million covered, Premium Rs. 1,299.98 per family/year

Year	Phase	Key Points
2018	II	UHI Beginning, BISP and NADRA databases, all districts of Ex-FATA & AJK, below poverty population of GB, ICT & Tharparkar, Inclusion of transgenders and disabled, 700+ hospitals, 3 million covered, Premium Rs. 1,998 per family/year
2022	III	UHI Roll down, NADRA database, Entire population of AJK, GB, ICT and Tharparkar, Provincial Autonomy, 1100+ hospitals, 2.3 million initially estimated population, Premium Rs. 1,998 per family/year

Table 2 Benefit Package

Benefit Package	Services Offered	Package Classification	Priority Care Treatment Package	Secondary Care Treatment Package
First Level and Tertiary Level Health Care Services Package included in Essential Packages of Healthcare Services (EPHS) & beyond	Only Hospitalization Services (Required inpatient & day care)	Basic Coverage	Rs. 400,000 / family / year	Rs. 60,000 / family / year
First Level and Tertiary Level Health Care Services Package included in Essential Packages of Healthcare Services (EPHS) & beyond	Only Hospitalization Services (Required inpatient & day care)	Excess of Loss Coverage	Rs. 200,000 / family / year	Rs. 40,000 / family / year
First Level and Tertiary Level Health Care Services Package included in Essential Packages of Healthcare Services (EPHS) & beyond	Only Hospitalization Services (Required inpatient & day care)	Special Claims Provision	Rs. 300,000 / family / year	N/A
First Level and Tertiary Level Health Care Services Package included in Essential Packages of Healthcare Services (EPHS) & beyond	Only Hospitalization Services (Required inpatient & day care)	Total Coverage	Rs. 1,000,000 / family / year	Rs. 100,000 / family / year

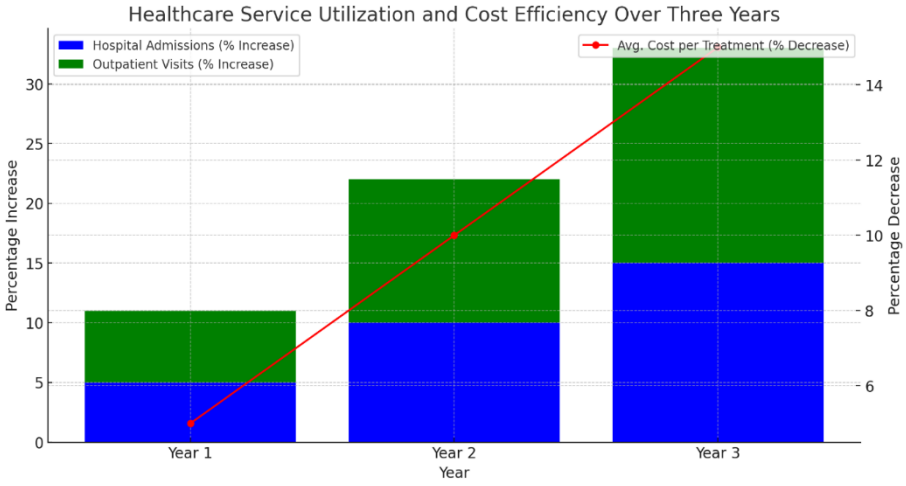

Figure 1 Healthcare services utilization and cost effectiveness

From the qualitative data, three primary themes emerged:

Operational Challenges: Stakeholders highlighted systemic issues such as delays in premium payments, bureaucratic inefficiencies, and challenges in beneficiary identification (16).

Perceived Impact: Beneficiaries and healthcare providers reported improved

access to healthcare and a reduction in the financial burden of medical expenses (17).

Policy and Governance: There was a consensus on the need for greater policy clarity and stronger governance mechanisms to address disparities and ensure the program's sustainability (18).

DISCUSSION

The findings from the SSP evaluation must be discussed in relation to the existing body of literature on UHC. The reduction in catastrophic health expenditures aligns with global evidence on the protective financial impact of UHC initiatives. The efficiencies gained in claim processing and cost reduction per treatment reflect the potential for scalability and sustainability of health coverage programs, as suggested by comparative studies on UHC in other developing countries (19).

The operational challenges identified resonate with the broader literature on the implementation of public health programs, emphasizing the critical need for robust administrative systems and processes (20). The slower service uptake in rural areas underscores the importance of addressing health service disparities, a challenge that is well-documented in health systems literature (21).

The positive impact on financial protection underscores the SSP's role as a crucial component in Pakistan's efforts to achieve SDG Target 3.8 (22). The operational challenges, however, raise important questions about the need for continuous system improvements and policy refinements to realize the full potential of UHC in Pakistan.

The discussion also reflects on the broader "so what?" of the study's findings. The SSP's successes and shortcomings provide valuable lessons for similar UHC programs in low- and middle-income countries, particularly regarding the balance between financial protection and service accessibility. The insights into administrative efficiency and service distribution highlight the importance of targeted interventions and policy responsiveness in dynamic healthcare ecosystems (23).

In sum, the SSP case study contributes to a deeper understanding of the complexities involved in transitioning to UHC, particularly in a country marked by diverse healthcare needs and socio-economic disparities. The findings underscore the necessity for evidence-based policy-making and underscore the potential for UHC initiatives to effect substantive change in the health and financial well-being of populations.

The implementation of the Sehat Sahulat Program (SSP) has encountered a variety of challenges, each impacting the program’s efficacy and reach. Administrative bottlenecks have delayed premium payments and service delivery, while bureaucratic inefficiencies have hampered the expedient rollout of services. Additionally, the beneficiary identification process has proven to be complex, resulting in exclusion errors (24, 25).

The impact of these challenges is multi-fold, leading to reduced trust in the program and lowered uptake of the services offered (23). To mitigate these issues, streamlining administrative processes through digitalization, simplifying beneficiary identification with robust data management tools, and enhancing inter-departmental coordination are imperative steps (16).

To address the identified challenges, the following policy recommendations are proposed:

Implement a robust digital infrastructure to automate premium payments and claim processing, ensuring timely and transparent transactions (26).

Develop a unified beneficiary database with cross-referencing capabilities to minimize exclusion and inclusion errors (27).

Establish a dedicated inter-ministerial task force to oversee program implementation and foster collaborative problem-solving between federal and provincial governments (9).

Enhance community engagement strategies to increase awareness and uptake of the program, particularly in rural areas (28).

Each recommendation is rooted in the findings of the study and is designed to be actionable within the context of Pakistan’s healthcare system.

CONCLUSION

The study's investigation into the Sehat Sahulat Program reveals a promising yet challenging journey towards Universal Health Coverage in Pakistan. Despite the notable achievements in reducing catastrophic health

expenditures and improving healthcare access, the program must navigate administrative, technical, and policy challenges to realize its full potential.

The study underscores the importance of adaptive policymaking, continuous monitoring, and stakeholder engagement to refine SSP operations. The insights gained from this evaluation contribute valuable knowledge to the global discourse on UHC, offering lessons that may benefit similar initiatives in other developing countries.

The implications of this study extend beyond immediate program improvements, highlighting a pathway for future research and policy-making that is informed, inclusive, and resilient. As Pakistan continues to advance towards UHC, the lessons learned from the SSP will serve as critical guideposts for building a more equitable and effective healthcare system.

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