



Abstract: *The technological revolution has brought the whole world connected to each other. Technology is incorporated into almost every commercial and social sector of life including health too. E- Health has took its pace in the 21st century in various parts of the world. Pakistan, too is running a lot of programs that incorporate technology and digitization in the health sector. This paper focuses on the health incentivization via Sehat Sahulat Program launched by the government of Pakistan. It will cover all the essentials relating to the program including some case studies of the people who are using this service. The case studies will highlight the merits and demerits of the program too.*

Key Words: Health, Sehat Sahulat Program, Pakistan

Introduction

What is e-Health?

According to Intel, e-health is defined as “a concerted effort undertaken by leaders in health care and hi-tech industries to fully harness the benefits available through convergence of the internet and health care.” A member of the JMIR editorial board said, “stamping a definition on something like e-health is somewhat like stamping a definition on ‘the Internet’: It is defined how it is used- the definition cannot be pinned down, as it is a dynamic environment, constantly moving.”

Health is an emerging field which lies in the intersection of medical informatics, public health, and business. It refers to the health services and information delivered through the internet and latest technologies. It also characterizes a state of mind, an attitude, and a way of thinking and commitment for a networked and global approach to use information technology to improve health care locally, regionally, and worldwide.

What are Health Smart Cards?

Health Smart Cards are an application of e-health. A smart card has an embedded circuit chip in it which makes it smart. The small circuit chip is a powerful microcomputer, microprocessor that contains compressed, encrypted data is programmed for serving various purposes. These cards can be read with a remote contact less electron magnetic interface.

It is usually the size of a credit card. It stores and accesses data. It helps in exchanging the data with readers and systems securely. This technology ensures high levels of security and privacy protection.

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Need for Health Smart Cards

The health smart cards serve the following benefits:

Reduced Costs

Switching from paper records and prescriptions to digital platforms and electronic technology has reduced the costs of paper records and data retrieval efforts. The reduction in paper usage also helps in protecting the environment. According to CNBC, administrative costs account for 8% of total national health expenditures in the United States. The other countries (Sweden, Germany, France, Japan) range from 1 to 3%.

Increased Efficiency

Digital electronic transformation in the health care sector has led to increased efficiency.

Security

These smart cards have high levels of security systems embedded in them. These cards cannot be read, manipulated, copied, or counterfeited.

Privacy Protection

It filters the access to sensitive data. Only the authorized persons have the permission to use and extract information from the cards.

User-Friendly

These cards are pocket friendly and very easy to use. They can be used anywhere in any situation.

Cross Verification

The smart cards require cross verification before using. The doctors must present their own medical professional smart cards to cross verify with the card of patient. This ensures double protection.

Pakistan's Sehat Sahulat Program

Due to increasing health care expenditures across the globe, millions of people are pushed towards extreme poverty. This program aims to provide health insurances to families, initially to those living below the poverty line then to the rest of the population free of cost. In Health sector reforms, the Government of Pakistan has made this Universal Health Coverage a priority. This initiative is initiated by the Federal Government, which is accompanied further by participating provincial and regional governments.

The covered population of this Sehat Sahulat program includes

- Vulnerable and Marginalised groups
- People with disabilities (PWDs)
- Trans-genders (TG)

Health policymakers have ignored these in previous times. Health card comes with different brand names like Qaumi Sehat Card, Sehat Insaaf Card, Sehat Card plus, etc.

Sehat Sahulat program has a strict, precise evaluation and monitoring system in Place. The critical element is the Central Management Information system (CMIS). Through CMIS, the management of the Program monitors the real-time activities. CMIS includes activities from Admission to Discharge from the delivery of proper services to patients or families. To get independent feedback from patient and families, Sehat Sahulat program has established a call Centre via third party NADRA whose representative calls discharged patient to take their feedback about quality of services provided and the satisfactory level of patients or family to improve services further.

Who is Eligible?

Currently, all individuals under the poverty line earning than 2 USD daily per score of the National Socio-Economic Registry (NSER) in Punjab, AJK, KPK, GB, and 100% population of districts Whitehat Similarly, District Tharparker of Sindh is 100% covered in this. In addition, disabled persons of Punjab, AJK, GB, and Islamabad have been covered; meanwhile, all transgender who has NIC are also covered.

Treatment Packages

Services provided by the Sehat Sahulat program covered by two distinct treatment packages; one is Secondary Care, where the initial coverage is 60,000 per family per year and additional coverage of 60,000 per family. Another one is Priority Treatment, where the initial coverage is 300,000 per family per year and further coverage of 300,00 per family.

Tertiary care packages cover all high-cost treatments that could be critical like heart diseases (Angioplasty/bypass), Diabetes Mellitus Completion, End-stage kidney diseases/ dialysis, Chronic infections (Hepatitis/HIV/Rheumatology), Organ Failure, Cancer, or Neurosurgical Procedure.

Secondary care packages cover all the remaining surgical and medical treatments like medical conditions, accidents, surgeries, Emergency Treatment requiring admission, and maternal consultation for family planning, immunization, and nutrition. Fractures or injuries etc.

What is a Health Card? How Patient ID Works Technically?

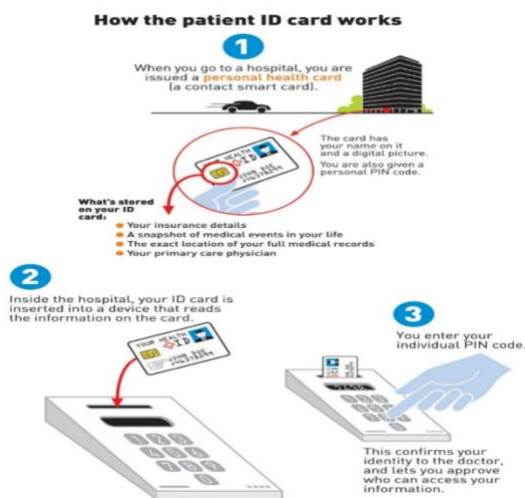


Figure 1

Facts about Sehat Sahulat Program

In Sehat Sahulat Program, the total number of families enrolled is 77,85,680. In contrast, up to now, the total number of hospital visits counts 17,75,900. In these numbers, NADRA received inevitable complaints. Out of 42469 complaints, 37950 complaints have been resolved. 97% of people who gave feedback showed positive responses against Sehat Sahulat Program. However, few flaws have also been noted in the system, further discussed in the paper.

Program Operational Status

Despite being the country's unstable political situation, it is visible that every Government showed keen interest in health sector reforms as this Sehat Sahulat Program initiated in 2016 when PML-N was in power. It started with Islamabad; the Government gave the first health card to residents of Islamabad who were eligible on 1st January 2016. Then from federal, it moves to other cities and provinces of the country. After Islamabad, it got operationalized in Muzaffarabad on 25th January 2016. Now it is spread across the country, covering 68 cities and regions in different country provinces.

Relevant Case Studies

Case Study #1

One of the beneficiaries, Mr. Qassim Mughal belonging to a very deprived region of Rajanpur, shared his experience with Sehat Sahulat Card. He had an only child, a 19-year-old named Tauseef, who suffered from bladder cancer. Though, symptoms appear in the early stage and screened cancer too. But what next? He took Tauseef to various hospitals but, he cannot afford the expense. I did arrange the amount, taking debt from people but still was not enough for the treatment procedure. Mr. Qassim expresses his sorrow telling us that it was a period of great misery, and I have left all hopes in his survival. As the day progressed, his condition got worse. I could not see my son in this condition. His mother cries day and night, praying for his son. I had to stay strong, but despair gets hold of me. One day, I got to know about the Sehat Sahulat card Scheme. I got registered for it and received my card from the card distribution center. Due to this card, I have access to multiple empaneled hospitals, and we took him to the best hospital for cancer treatment. We have not spent a single penny. It was all paid through the government Sehat Sahulat Card. Even the additional cost was given by them as well. He feels so satisfied as he has his son with him, cured of cancer and living a healthy life. If he had died, all his parent's hopes on him for bright days in their life would have gone with him. They gave loads of prayers to the Prime Minister who has activated this scheme. More people like Mr. Qassim have benefited from this scheme all over Pakistan. There is no discrimination based on caste, sect, race, etc. Whoever fits in the eligibility criteria can have access to their entitled medical health care in a dignified manner without any financial obligations. Millions have received their Sehat Sahulat Cards overall Pakistan. It is a great initiative taken by the Government of Pakistan to provide Health to all. Now poor can have access to Medicinal treatments and services.

Case Study #2

Sehat Sahulat Program SSP has achieved the maximum satisfaction level of people but, some facts reflect the materialistic worldview as prioritizing shortcuts to make money. It would be pertinent to investigate the case study of Aaliyah, belonging to Bagh AJK, who assist her sister during her pregnancy. She did her diploma in nursing and was serving in the local hospital. Her sister had complications, so they were suggested moving her to Islamabad specialized hospital. Aaliyah was aware of her sister's conditions and be a nurse; very well equipped with the procedures. She notices that she has been given unnecessary drugs and intravenous therapies despite her critical situation.

She highlighted the fact that it was all done to make a profit for their hospital. Individuals focus on the treatment and not on the cost. They feel safer now that financial coverage is through their Sehat Sahulat Card. Then these hospitals come into play, charging more than the actual cost for the treatment to benefit themselves and their hospital. It does create a sense of distrust in hospitals. As the government caters a fixed amount of budget for treatment, hospitals tend to withdraw as much they can extract from a single case. For this reason, to work efficiently, there must build a team to keep a check and maintain balance over hospitals. Each one should fulfill his responsibility honestly.

Merits and Demerits

Since the primary goal of health cards is to provide healthcare to those who cannot afford it, it seems reasonable to think that at first glance it would do as it was intended. However, as with most things in life, that is not the case. In its merits, it does provide healthcare to those who cannot afford it but in practical life there are several underlying problems that exist within the landscape of healthcare, economy and infrastructure that are present in multiple provinces regarding the health cards.

Advantages

As mentioned before, health cards are there to provide healthcare to those who cannot afford it. In other words, to those below the poverty line and earning below \$2/day as per a score of 32.5 PMT (Proxy Means Test) of the National Socio-Economic Registry (NSER) which makes it a sort of an eligibility criteria where chances of receiving a card increase the closer an individual's score is to 32.5.

Once an individual is approved for a card, it allows them access to healthcare that they could not access before. This includes things like being entitled to free-of-cost hospitalization, emergency services, in-patient services (all medical and surgical cases), fractures/injuries, referral transportation, maternity services, and free follow-ups. What this does is remove the financial burden for an approved card holder, reduces stress and allows for them to seek healthcare for ailments which do not seem like a big deal but are that they might have underplayed and ignored before. This means an overall healthier community and one without disease, which also props up the economy by allowing people to focus on work without worrying too much about healthcare. Overall, it is good for an individual's physical and mental health as well as for the economy in the long term.

Disadvantages

It not only has advantages but also contains disadvantages. Even if a person is eligible for a health card, obtaining it requires effort and initial costs like travelling to a place that issues these cards that not everyone may be able to afford in the first place from villages and other similar areas that are far away from the issuing centers, so the first problem is that of accessibility. The second problem lies for minorities like the transgender community, who recently have been approved to receive CNIC cards but only in legislation. The actual implementation to CNIC centers has barely seen any progress and so even though technically the transgender community has eligible people, getting a card is next to impossible for them since they do not have the required documents which is its own problem since infrastructure historically takes a long time to catch up, indicating a problem in said infrastructure not only in this specific case but other systems too which will be discussed. Healthcare professionals are also among those who can face problems since they might get an influx of patients with not enough staff on hand to handle it, putting strain on them which might reduce the overall quality of healthcare to everyone. The biggest problem might possibly be the hospitals authorized to give treatment to those with the health cards.

According to a news article by Ashfaq Yusufzai, those authorized receive funds directly from the government with around 73% of private hospitals receiving authorization as compared to 26% of government health facilities. The fund exists to improve services provided by the hospital and to accommodate salaries of the employees. Whether or not it is being used this way is another question, where it is specifically being allocated as well as how quickly, citing back to the mention of an infrastructural problem within the health institutions as well. There is an argument to be made here which states that profits are being inflated due to this and the very same news article makes that exact claim.

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