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HEALTH GOVERNANCE IN KP: ANALYZING THE SEHAT SAHULAT PROGRAM

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ABSTRACT

Health governance refers to the systems and structures guiding healthcare delivery. In Pakistan, the Sehat Sahulat Program (SSP)—a social health insurance initiative—seeks to improve access to quality care for low-income populations. This study evaluates the program's strengths and shortcomings through interviews with healthcare workers, doctors, and beneficiaries at major public hospitals in Peshawar, including Lady Reading Hospital, Khyber Teaching Hospital, and Hayatabad Medical Complex. While SSP shows promise in expanding access, challenges persist, including substandard medication, weak accountability, mismanagement, and misuse by private facilities. The findings highlight the need for strategic reforms to enhance transparency, equity, and effectiveness in health service delivery.

Key Words: *- Governance, Health, System, Sehat Saholat, Program.*

INTRODUCTION

Pakistan's healthcare sector faces numerous challenges, including funding, governance, workforce, service delivery, and data management issues. Rising healthcare costs and improved quality of life have made healthcare a luxury for many in Pakistan, where the individual must primarily pay out of pocket for services. As a result, only the wealthy and privileged can access comprehensive healthcare services (Qazi & Khatak, 2019). Healthcare reforms and programs play a pivotal role in a country's development, aiming to ensure the health and well-being of its citizens. Pakistan's Sehat Sahulat Program (SSP) is a notable step toward universal healthcare. This initiative, designed to make healthcare affordable for all, highlights the need for fundamental changes to address the medical needs of marginalized populations. These changes must encompass expanding access to care, reorganizing and funding primary healthcare, enhancing professional training, and broadening the scope of acceptable primary care services (Schorr, 1990). With over 220 million residents, Pakistan is a low- to middle-income country (LMIC) in South Asia. Geographically, it spans from the Hindukush Mountains in the north to the Arabian Sea in the south, covering an area of 796,095 square kilometers. The country comprises four provinces—Punjab, Sindh, Khyber Pakhtunkhwa (KP), and Balochistan—along with the autonomous regions of Gilgit-Baltistan (GB), Azad Jammu and Kashmir (AJK), and the federal capital, Islamabad. Pakistan achieved independence on August 14, 1947, with limited healthcare infrastructure, including a university in Lahore, an allied medical teaching college, and a few district hospitals. The establishment of the Medical Reforms Commission in 1954 marked the government's initial efforts to structure medical services (Khan, Akhtar, & Khan, 2000).

The disease burden in Pakistan consists of 40% infectious and communicable diseases,

such as acute respiratory infections, malaria, tuberculosis, hepatitis B and C, and vaccine-preventable illnesses. Reproductive health problems contribute 12%, while 6% stems from nutritional deficiencies like iron deficiency anemia and vitamin A and iodine inadequacies. Non-communicable diseases (NCDs), accounting for nearly 10% of the burden, include cancers, diabetes, and cardiovascular illnesses, driven by sedentary lifestyles, environmental pollution, poor dietary habits, and smoking. Drug addiction, especially among youth, is a growing concern, with approximately 5 million addicts in the country, half of whom are heroin users. This situation exacerbates unreported cases of hepatitis C and HIV/AIDS among the addicted population. Pakistan also struggles with high infant mortality rates (101 per 1,000 live births) and a life expectancy of 62 years, highlighting the need for targeted health reforms (Akram & Khan, 2007). Governance plays a crucial role in shaping health systems and addressing public health needs. This study focuses on the health sector in Khyber Pakhtunkhwa (KP), particularly in Peshawar, the provincial capital and largest city. Peshawar, with a population of over 2.3 million, serves as the region's economic hub. It houses 47 hospitals, including 30 private and 17 government facilities, catering not only to local residents but also to patients from across the province. KP has faced significant health challenges due to natural disasters, terrorism, floods, and droughts, which have further strained its healthcare infrastructure (Uddin et al., 2017).

Health sector devolution in Pakistan has transferred decision-making and regulation responsibilities to provincial health departments, while district governments oversee service delivery and staff management. However, major teaching hospitals and higher-level human resource tasks remain under provincial government control. Patient satisfaction with hospital management, staff, and facilities often leads to better adherence to prescriptions and treatment plans (Ammo et al., 2014). The Sehat Sahulat Program (SSP), launched by the KP provincial government in 2015, is a health insurance initiative aligned with the World Health Organization's (WHO) Universal Health Coverage (UHC) framework. Implemented in three phases, SSP aims to provide healthcare to nearly 4 million people across KP's 35 districts, covering treatment costs of up to 1 million PKR (approximately $6,000) per family annually. The program allows beneficiaries to access services in both public and private health facilities, which constitute 25% of the province's healthcare facilities. Despite the region's economic struggles, including a low per capita income of $800 and minimal industrial development, SSP represents a significant effort to address healthcare disparities (Hasan et al., 2022). SSP's primary goal is to enhance health outcomes, particularly for impoverished populations, by reducing financial barriers to care. Initially funded by donor organizations like the German Development Bank, the program transitioned to government funding in subsequent phases. SSP was launched in 2015 in four districts—Mardan, Malakand, Chitral, and Kohat and expanded to cover all 26 districts of KP in 2016. The program's benefits include maternity allowances, transportation subsidies, and funeral allowances, making it a comprehensive initiative for the underserved.

In its four phases, SSP evolved to include secondary and tertiary healthcare services. Initially, it covered inpatient secondary care provided by district headquarters hospitals. Later phases introduced tertiary care for conditions such as cardiovascular diseases, cancers, diabetes complications, and organ failure (excluding transplants). Phase 4 expanded the program to cover all long-term residents of KP, shifting the eligibility criterion from poverty to residency. Financial coverage also increased, with tertiary care receiving significant focus. By 2020, SSP had enrolled nearly all of KP's residents, merging the rich and poor into one beneficiary group. While SSP has made significant strides, it faces challenges related to financial sustainability, institutionalization, and integration with national health objectives. The program relies on government funding and donor aid to fill budgetary gaps. A reserve fund ensures financial protection for patients exceeding

their insurance limits. SSP also collaborates with private sector hospitals to deliver services, with the government reimbursing providers through an insurance framework. Despite these efforts, primary healthcare services remain limited, highlighting the need for a greater focus on affordable and accessible primary care. SSP represents a positive political development, with former Prime Minister Imran Khan describing its population-wide coverage as a step toward a welfare state. However, the program's rapid expansion has hindered its ability to institutionalize effectively and address the most vulnerable populations comprehensively. Its hospital-centric approach limits its capacity to serve as the foundation for UHC in KP. Despite these limitations, SSP provides a framework for achieving UHC in Pakistan, thanks to its alignment with the National Health Vision and action plans (Ayub et al., 2018). To enhance its impact, SSP must address political, technical, and economic challenges. Coordination with national health programs and alignment with broader health objectives are essential for its long-term success. By focusing on comprehensive primary care, mental health services, addiction treatment, and preventive care, SSP can become a cornerstone of Pakistan's healthcare system. Although it currently serves as a model for health insurance programs in LMICs, SSP's success will ultimately depend on its ability to overcome structural and systemic barriers while ensuring equitable access to quality healthcare for all.

Literature Review

The Asian Development Bank (2019) published a comprehensive report on the health sector of Khyber Pakhtunkhwa (KP), emphasizing the Sehat Sahulat Program. The report states that the program's overarching objectives include reducing poverty and improving health outcomes by increasing access to quality healthcare services. It provides insights into the program's structural goals and its potential to bring transformative changes to healthcare in the region. Despite its merits, the report underscores certain gaps, such as the lack of universal access and challenges in implementation. Outpatient services, which comprise 60% of healthcare utilization, are not included in the program. Furthermore, the Sehat Card's limited financial coverage often fails to meet the healthcare needs of large families, particularly for specialized procedures like liver transplants, which are unavailable in KP. Hussain (2019), a policy columnist, provides a critical analysis of the prospects for universal health coverage (UHC) in Pakistan through government-run health protection initiatives. He notes that the Sehat Sahulat Program aims to eliminate financial barriers to healthcare access. However, he points out that financial limitations and structural inefficiencies hinder the program's ability to achieve its objectives fully. The program's pilot phase in KP highlighted the importance of addressing these barriers to expand access effectively.

Malik (2022), in his article titled "Sehat Card and Its Stumbling Blocks," discusses the program's implementation challenges in Peshawar. He emphasizes that sustainable healthcare systems must mobilize resources efficiently to meet both individual and public health needs. Drawing comparisons with successful SHI systems in countries like the Philippines, Germany, Thailand, and Costa Rica, Malik highlights the gaps in Pakistan's health system, including inadequate funding and lack of institutional capacity. Mashhadi et al. (2016) note that the Pakistani healthcare system struggles to provide services to its population of over 190 million due to financial constraints and lack of infrastructure. They emphasize that healthcare costs in Pakistan lead to financial hardship for many households, further exacerbating poverty. Similarly, Ayub et al. (2018) discuss the constitutional and legal challenges in implementing large-scale health initiatives like the Sehat Sahulat Program. They note that while Article 38 of the Constitution outlines social protection provisions, it lacks enforceable legal mechanisms to guarantee healthcare as a fundamental right. Islam (2022), in the Journal of Pakistan Medical Association, underscores the importance of health sector reform in improving the efficiency and equity of healthcare systems. He

identifies systemic inefficiencies and the absence of a functional framework as key barriers to progress in Pakistan's health sector. The article provides a broad perspective on health sector reforms, emphasizing the need for technical and distributive efficiency, quality improvement, and revenue generation.

Acharya et al. (2012) explore the global context of health sector reform, highlighting that economic constraints are a major barrier to healthcare access for marginalized populations. They estimate that a significant portion of the world's 1.3 billion poor lack access to health services due to financial barriers. This observation is relevant to Pakistan, where out-of-pocket expenditures for healthcare remain a significant challenge. Tariq, Aslam, and Khan (2021) provide insights into the implications of healthcare financing on Pakistan's health outcomes. They argue that the absence of a robust financing framework has hindered progress toward achieving the Millennium Development Goals (MDGs) related to health. Chronic illnesses and long-term healthcare costs place a significant financial burden on households, limiting access to essential services. Ather and Sherin (2014) discuss the impact of the 18th Amendment on Pakistan's healthcare system. The amendment devolved healthcare responsibilities to provincial governments, creating opportunities for structural reforms. However, the authors note that provincial governments face significant capacity challenges in managing healthcare systems effectively.

Kickbusch and Gleicher (2012) emphasize the role of health governance in promoting and protecting public health. They argue that health systems must adapt to changing social, economic, and political environments to remain effective. Their analysis highlights the interconnectedness of health and development, framing health as both a fundamental human right and a driver of socioeconomic progress. The Lancet (2022) published an article titled "Sehat Sahulat: A Social Justice Policy in the Medical Field," which recognizes the program as a significant achievement in KP. The article praises the program's success in improving healthcare access and reducing financial barriers. However, it also identifies challenges, such as limited coverage and sustainability concerns. Khan (2022) provides a critical perspective on the Sehat Sahulat Program, describing it as a neoliberal strategy to privatize Pakistan's healthcare system. He argues that the program prioritizes private sector involvement over strengthening public healthcare infrastructure. This approach, while addressing immediate healthcare needs, raises concerns about long-term sustainability and equity. Forman et al. (2022) highlight the chronic underfunding of Pakistan's healthcare system, which ranks among the lowest in the world for low-middle-income countries. They argue that insufficient budget allocations have led to poor health indicators and limited progress toward UHC. The article emphasizes the need for increased investment in healthcare to address systemic challenges. The World Health Organization (WHO, 2000) defines health systems as organizations, institutions, and resources dedicated to implementing health activities. It emphasizes the importance of efficient resource utilization and equity in funding to improve population health. The WHO's initiatives, including UHC, aim to provide essential health services to all citizens without financial hardship.

While existing literature provides valuable insights into the Sehat Sahulat Program and health sector reform in Pakistan, significant gaps remain. Previous studies have highlighted the program's objectives, challenges, and implementation issues. However, there is limited understanding of the program's effectiveness in reaching marginalized populations and addressing systemic barriers. One critical gap is the lack of infrastructure and mechanisms to identify deserving beneficiaries. The absence of transparency and accountability in the program's implementation undermines its effectiveness, leaving vulnerable populations underserved. Furthermore, there is insufficient research on the program's long-term sustainability and its impact on reducing poverty and improving health outcomes. Additionally, previous studies have not adequately explored the role of provincial governments in managing healthcare systems post-18th Amendment. The

capacity constraints and resource limitations of provincial governments remain a significant challenge. Comparative analyses with successful SHI systems in other countries could provide valuable lessons for improving the program's design and implementation. This study aims to address these gaps by examining the Sehat Sahulat Program's infrastructure, governance, and impact on healthcare access and poverty reduction. It will also explore strategies to enhance transparency, accountability, and sustainability, contributing to the broader discourse on health sector reform in Pakistan.

Research Methodology

The research methodology of this study employed a qualitative, descriptive-analytical approach to examine the strengths and weaknesses of the Sehat Sahulat Program (SSP) in Khyber Pakhtunkhwa (KP). The study focused on teaching hospitals and beneficiaries in Peshawar, specifically Lady Reading Hospital, Khyber Teaching Hospital, and Hayatabad Medical Complex. Using a convenient sampling method, the researcher selected 10 healthcare workers and 30 beneficiaries from each hospital. Data was gathered from both primary and secondary sources, with primary data collected through open-ended interviews and secondary data sourced from journals, articles, newspapers, and credible websites. The interview process involved 12 open-ended questions, ensuring confidentiality and informed consent from respondents. Thematic analysis was used to process and interpret the data, supported by a triangulation method to enhance reliability. Despite challenges such as time constraints and limited access to some participants, the study successfully incorporated diverse perspectives from both male and female beneficiaries and healthcare providers. This comprehensive methodology enabled the researcher to explore the perceptions, opinions, and experiences of SSP beneficiaries and service providers, contributing valuable insights to the program's evaluation and improvement.

Health Governance in Kp, An Analysis Of Sehat Saholat Program

- **Data Analysis.**

The data analysis of beneficiaries' and healthcare professionals' perspectives on the Sehat Insaf program is covered in this chapter. The information is given in line with the study's research goals. The interviews with healthcare professionals and patients from various teaching hospitals in the Peshawar district were collected, interpreted, and studied sequentially until theoretical saturation was achieved. The purpose of the current study is to determine the opinions and perceptions of the program's health service providers and beneficiaries regarding the Sehat Insaf program hospitals have sufficient infrastructure to meet the needs of this program and either patients facing barriers or hurdles in the way to access this program. And challenges faced by healthcare workers in this regard. Opinion regarding Sehat Insaf program. Furthermore, the researcher generated themes and sub themes from the responses of the respondent and assign codes to these themes by using the thematic analysis technique.

- **Healthcare workers**

Government programs that offer a minimum level of economic support to people and households living in poverty are referred to as social assistance. These programs assist in the form of direct cash transfers or in-kind benefits such as food stamps, health insurance, and rent subsidies. Social assistance has been proved to increase impoverished people's buying power and boost their living standards. In terms of public health, additional income can help people avoid dangerous exposures and embrace health-promoting behaviors. (Solar, 2010) As a result, theory predicts that social assistance programs can help maintain the health of socioeconomically disadvantaged people while also reducing the severity of health disparities. (Tariq, Aslam, & Khan, 2021)

➢ **Appreciation (Good initiative by Government)**

If appreciation is used properly benefits are assured.While praising the PM's relief efforts, Retired Information Officer Misal Khan stated that the Sehat Saholat Program was a groundbreaking idea that provided the populace with much-needed assistance. He said that thanks to the Sehat Saholat program, every Pakistani citizen may now receive free care worth up to Rs 1 million at any of Pakistan's best hospitals. (Editor, 2022) They said that it's a good initiative for the poor people of Khyber Pakhtunkhwa, and good for the poor if implemented completely. Others said that it is good for some people but still, it has limitations. It is good now but seems failure in the future, some said it is not bad, it is a good initiative but needs a lot of improvement. Keeping work burden and patient flow in in mind need to control corruption in it. (Haq d. u., et al., 2022) Some of them said that it is a very good initiative by government .fruitful for patients it's a good health reform. It is a good reform but not implemented all over KP. (Haq S. U., 2022)

➢ **Health expenses transformed from unpredictable to predictable**

The high price and expenditures of health care for the less privilege or the general population are significantly reduced by insurance. Due to Health insurance, unpredictable health expenses have been transformed into predictable ones. In general, it is acknowledged that Social Health Protection's key component is insurance against significant and unpredictable health expenses (Qazi & Khatak, 2019)

➢ **Flaws in the SSP**

Inadequate system design has resulted in mistakes, substandard care, and disappointment. The recently introduced health cards appear to be a full healthcare package, the largest problem is really the inconsistency between official and private prices for treatment. Because so many people qualify for the Naya Pakistan Qaumi Sehat Card, the Tehreek-i-Insaf's program of the Pakistan's government program, the incompatibility between the government-set rates for treating some diseases and the fees at private hospitals is forcing patients to endure the brunt of an administrative mistake. Many who cannot afford private hospitals' rates are being denied treatment. The ambitious program is of course still in its infancy. (Malik, 2022) According to respondent there are so many flaws in the Sehat Saholat program. Respondent said that there are certain limit expensive medicines cannot be supported by Sehat card. There are chances of corruption as there are more power with clerical staff. They said that usually registration to private hospitals is done on political background. Respondent Healthcare workers said that there are poor quality of medicine .which will never treat your infection and also cause resistant. And if complication develop after surgery then Sehat card can't cover it and you have to pay by yourself. If any medical center do for instance cholecystectomy with Sehat card that center charged Rs.60 thousand from Sehat card but doctor got only8 to 10 thousand .80% profit goes to private medical center.

Health system is in the hand of non-doctors who don't know the a.b.c. of hospital administration because of this all senior professors have leave their respective posts and juniors have become the HODs (Head of Department) A junior doctor can fulfil the space of a senior professor which will affect the standard of healthcare in near future. According to Respondent doctors community of district Peshawar said that no proper check and balance, economic stability is the basic pillar of every system so proper allocation must be insecure .insured to minimize corruption in medicines, equipment and to prevent unnecessary and un advised interventions and surgeries. Further said that it's a total failure and time will prove it some of them said that it is a good program but extreme limitations and there is chances of corruption. And other doctor community also said that it is not implemented all over Khyber Pakhtunkhwa. (Haq d. u., et al., 2022)

➢ **Mismanagements in the program**

In Khyber Pakhtunkhwa, currently no any system placed to support high-quality care. The

ultimate goal of quality management in any industry, including the (provincial) health care system, is continuous quality improvement (CQI), which must be built on the foundations of two pillars: internal performance management, which includes clinical protocols and pathways, and external performance management (benchmarking with hospitals of the same level). Checking indicators and establishing results of internal quality management initiatives (Government of KP Comission ,Asian Development Bank, 2019) Beneficiaries hurt in disputes are not eligible for treatment through the HI program, according to the management and DMOs of a select few hospitals; this creates a problematic value judgement and violates the program's and hospitals' fiduciary duty to the public. It is outside the purview of the program and hospitals to determine the causes of these harms, find out the aggressor and victim. People must be treated completely in accordance with their medical conditions, according to the equity principle in the delivery of healthcare services. Many recipients of the government's HI program did not get information on the balance on their card at the time of entry, according to primary data from the program. Similarly, many beneficiaries who received hospital discharges were not advised of the remaining balance on their cards. The patients' degree of satisfaction has been negatively impacted by this situation. (Qazi & Khatak, 2019). According to respondent healthcare workers they said that Board of Governors must contain qualified and experienced health professionals, nonprofessionals must not be the part of BOGs merit must prevail.to manage this program efficiently. (Shams, Haq, Rahman, & Khalid, 2022)

- **Substandard medicines**

Pakistan has historically had low health results due to pitiable public health facilities, restricted use of health services, substandard medicines, and insufficient public sector accountability and utilization of health services, and substandard care. (Hasan, Mustafa, Kaw, & Marchant, 2022). The respondent claims that local medications are of poor quality. Which is insufficient to treat a patient's specific symptoms at a specific moment. Moreover, we can assert that patients are having difficulty with the healing process and that the medications are time-consuming. And which could eventually lead to resistance. And which is unaffected in comparison to multinational medicines. (Haq, et al., 2022)

- **Corruption in private hospitals (Sehat Saholat Program)**

Opening private hospitals will turn into a lucrative business getting factious insurance thanks to this insurance system, which would create new opportunities for corruption. Additionally, it will be a brand-new method of political bribery used by the government to reward its preferred hospitals and their proprietors. The government will eliminate public hospitals and further degrade the quality of life for the populace by using financial constraints, poor management, or corruption as justifications. (Khan M. T., 2022) There is a risk of corruption, where the mafia from the business sector might pay off government representatives to include them in the program for their financial gain. Here, merit might be undermined and corruption and other cancers might be nurtured. Additionally, it should be remembered that in a developing nation like Pakistan, this program can place a significant financial strain on the government coffers because money is being granted despite the probability that many province residents will fail to use it. (Zada, 2021). According to my respondent, there is a smell of corruption felt in private sector hospitals. Which is highly needed to be taken in attention .immediately upon this program should achieve its goals, which were prescribed before making it. (Haq, et al., 2022).

- Lack of Checks and balance

To control expenses and stop fraud and leakage, it's crucial to implement tight risk mitigation techniques by establishing early warning indications. Lessons can be drawn from our group's earlier work analyzing the effects of national and subnational progress toward UHC universal health coverage in other nations. (Forman, Ambreen, Shah, Mossialos, & Nasir, 2022) According to

respondents Proper checks and balances should be insured to minimize corruption in medicines and equipment and to prevent unnecessary and un advised interventions and surgeries Government standard tertiary care hospitals/DHQ, RHC, and BHUs, should be constructed which will provide for treatment to each individual and are permit which Sehat Saholat program is a temporary project. (Shams, Haq, Rahman, & Khalid, 2022)

- **Protection and security of health care workers**

Protection is the basic right of any individual, and always be prior on any other subjects. Another study on an insurance program was carried out in China, and the findings again indicated a lack of knowledge about the advantages of insurance. (Ihsan ullah, 2022) In light of these findings, SSP policy makers should raise awareness of the Sehat program so that Khyber Pakhtunkhwa community may understand the insurance policies and packages that comprise. And after knowing they will not misbehave with doctors during treatment because they don't know which part of treatment is excluded and included under this program

According to my respondent Health care workers should be provided security and facilities to work in a good and safe environment continued .Recruitment of health care workers should be on pure merit basis and there should be no nepotism and political approach. (Qayyum, 2020)

According to my respondent due to unawareness of some patients and attendant of patients they misbehave with doctors and paramedic staff. (Haq, et al., 2022)

- Lack of proper equipment

In any field without proper equipment nothing has been done properly. When individuals start using free health services, the outdated and overburdened public healthcare infrastructure could end up being even more burdened. It would take a lot of work to maintain this program while embracing medical technology advancements. (Zada, 2021) Nearly all of the institutions we saw had poor infrastructure. In terms of standard requirements for set of criteria (consultation rooms with less than 16 square meters and 2-3 doctors and patients inside, without equipment for clinical examination let alone of privacy); (ii) issues related to infection control (for example, a tuberculosis lab at the end of a corridor); and (iii) distances between services that should be connected and close to one another (for example, the Intensive care unit and therapy areas), it frequently featured outmoded facilities (power and water supply, sanitary installations, and sewage system), (vi) Hospitals being either too big (one THQ hospital has 150 beds) or too small for the quantity of patients they receive, particularly in the outpatient departments; and (v) solid waste management (disposal methods are absent or inoperative). The lack of preventive and curative maintenance is partly to blame for these issues (OPDs). Khyber Pakhtunkhwa's present healthcare system is poor. (Government of KP Comission ,Asian Development Bank, 2019). According to doctors which are respondents said that Provisions for proper equipment and machines as well as proper staff for their operations must be assured etc. (Shams, Haq, Rahman, & Khalid, 2022)

- **Lack of uniform criteria**

The program now confronts a number of limitations and challenges, most notably the reimbursement standards, incompatibility of treatment costs and along with the treatment alternatives and limited accessibility of medical facilities in remote areas. (Hasan, Mustafa, Kaw, & Marchant, 2022) The termination of Sehat cards in the tribal districts has outraged the local populace, who wants the tribal areas are part of KP and funded by the province administration rather than the federal government. And then in response to the criticism, Taimur Jhaghra stated that the federal governments unlawful decision to stop issuing Sehat Cards for 1.2 million households in tribal areas. (Corespondence, 2022) Uniformity is also a part of protection from any kind of clashes. According to respondent Sehat program can be made beneficial by standardizing it like the developed countries there should be uniformed and standard

criteria for the registration of hospitals with this program. (Haq S. U., 2022)

➢ **Demotivation for surgeons**

For the benefit of government hospitals, senior consultants should do more surgery there than in private practices. (Ammad Ali, 2022). According to my respondent surgeons are paid very low fee from government sector hospitals under this program so it's a very big cause of demotivation for highly qualified surgeon to work under this program so they avoided to perform work under this program which is another hurdle in the way of Sehat Saholat program because everything or every work need encouragement appreciation for better result very low fee for surgeons are deeply discouraging them. (Shams, Haq, Rahman, & Khalid, 2022)

➢ **All diseases should be included**

The following items must be on the Secondary Health Care Exclusion List:

1. Costs associated with self-inflicted injuries, suicide attempts, and alcoholism.
2. Psychotic, mental, or nervous conditions (including any neuroses and accompanying physical and psychological symptoms, or Sexual transition, regardless of whether it's caused by psychiatric factors).
3. Hormone treatment and research, as well as the examination or treatment of fertility, infertility, disinfection, or contraception, as well as complications in relation to.
4. Engaging in or practicing for any risky or dangerous sport, activity, or competition, as well as participating in any professional sport that involves racing or driving.
5. Any injuries resulting from illegal activities that are not caused by the insured's own minor offence or misconduct.
6. Injuries or treatments brought on by hostilities, invasions, riots, acts of foreign enemies, civil wars, mutinies, civil commotions resembling or equal to popular uprisings, military uprisings, insurrections, rebellions, any act carried out by a person working on their own behalf or in coordination with a group actively seeking to topple or influence any government, armed services, seized power, or similar act.
7. Radioactive contamination or ionizing radiation from nuclear waste, nuclear fuel, nuclear fission, or any substance used in nuclear weapons.
8. Spa, hydro clinic, sanatorium, or nursing home services or treatments.
9. All illnesses brought on by or connected to the Human immune deficiency virus (HIV) or some other sexually transmitted disease, including Acquired Immune deficiency syndrome (AIDS), AIDS associated complex syndrome (ARCS), etc.
10. Unproven or experimental treatments.
11. Any type of oral surgery or dental work.
12. The cost of correcting refractive problems in the eye and procedures like excimer laser and radial keratotomy. Unwarranted admittance to the hospital.
13. Plastic or Cosmetic surgery, except when it reconstructive surgery required due to an injury that happened while Subject to the limitations and sub-limits outlined in the benefits structure, the insured person was provided by this policy. .
14. A rise through treatment costs as a result of the insured being assigned to a room that costs more than what is allowed under his regular room and board limit .
15. Every type of outpatient treatment.
16. Any fees related to the donor for claims involving organ transplants.
17. Prosthetics, correction equipment, and medical devices not requiring surgery
18. Items for personal luxury, such as telephone payments, mealtimes for people additional than the patient, or extra things that aren't strictly required for medical care.
19. Medical care received outside of the insured person's coverage area.
20. Natural disasters, such as floods, earthquakes, avalanches, and cyclones, among others. (Pakistan, 2021)

Patients and the medical community agree that all diseases should be included because their rates are higher than those of excluded diseases. Patients require all forms of care that are actually required for the welfare of underprivileged patients. Various diseases affect different patients in various ways. It may need treatment, and it is a time-sensitive issue. (Qayyum, 2020)

➢ **Proper budget**

When the program expands quickly, risk mitigation strategies are crucial to avoid a financial deficit in the face of escalating prevalence rates and claims that outstrip premiums. Such tactics could include governmental-funded affiliates, the involvement of commercial insurers, tier-based pricing schemes, and mediated reimbursement rates with the private sector well below and underpriced. Expansion without a suitable capacity increase and an institutionalized price structure is believed to pose a risk to the program's long-term success by creating a potential financial shortfall. (Hasan, Mustafa, Kow , & Marchant, 2022). Khyber Pakhtunkhwa's healthcare system is supported by tax revenue, private donations, and outside funding from development partners. Private donations made out of pocket made up the largest portion of the state's overall healthcare expenditures, followed by tax revenue and official donor agency contributions. The Khyber Pakhtunkhwa government's primary source of income is federal transfers, which are primarily derived through general income taxes and sales taxes. (Government of KP Comission ,Asian Development Bank, 2019) The Sehat Insaf card of the current administration, which provides public money to private insurance companies, was dubbed a theft of the health budget by the Pakistan People's Party chairman, Bilawal Bhutto Zardari .he further explained that If some of this money is provided to the underprivileged and the remainder is incorporated into the budget of government hospitals, the Imran khan government can better manage the healthcare sector. (correspondent, 2022). According to respondents, Economic stability is the basic pillar of every system so proper budget allocation must be secure instead of spending a lot of money on the Sehat Saholat program (Shams, Haq, Rahman, & Khalid, 2022)

➢ **OPD (Outdoor Patient Department) Services**

The Sehat Sahulat program does not include OPD services in its insurance coverage. (haider, 2020) Health improvements are achievable if more money is put into preventative care and outdoor treatment, if the Sehat Saholat program is vigorously checked and altered based on the results of impact evaluations, and if equality concerns are given special attention to ensure that nobody gets left behind. (Forman, Ambreen, Shah, Mossialos, & Nasir, 2022). According to the respondents, There are higher rate of patients in OPD as compared to indoor patients which is the biggest flaw of this program that OPD is not included which is a need of less privileged people. If someone is affordable to some extent, he or she can afford private hospital charges of OPD and emergency which is the part of primary health care but unfortunately due to above mentioned things his program seems to be partially profitable. (Haq, et al., 2022)

➢ **Misuse of program by private sector hospitals**

The fact that more than 80% of the hospitals enrolled under this program are in the private sector, which would be the scheme's main beneficiary, can be used to gauge the interest and profitability of private hospitals in the program. In the foreseeable future, it is probable that private sector hospitals will continue to proliferate, with public hospitals likely to suffer the greatest losses. According to a suggestion, public hospitals would use their money primarily for staff wages, maintenance, and development expenditures. In contrast, consultants and healthcare facilities exclusively split the revenue and profit at private hospitals. Due to this imbalance, people with Sehat cards are now being treated at private hospitals instead of public ones. The Sehat card scheme, which lacks safeguards for the private sector, has poured fuel to the flames of a corrupt gang that moves patients from public to private institutions. According to reports, consultants from public hospitals also handle treatments for Sehat card holders in private hospitals. Another problem is that private hospitals favor admitting patients to specializations with high-profit potential rather than low-package Sehat card specialties. There are rumors that private hospitals bill patients more than the agreed-upon amount for hotel accommodations,

additional disposables, or consulting fees, particularly for patients who need Gynaecology, Cardiology, or Cardiac Surgery. This is simple to do because patients are not given enough instructions for reporting such irregularities to the authorities. However, the insurance company is considering the reimbursement claims without requesting a process breakdown. Hospitals aren't requested for information on the consultants or hospitals percentage ownership of the equipment. (Chaudhary, 2022). Six private hospitals in KP have suspended their free medical services. Sehat Saholat Program's. Director Dr Mohammad Riaz Tanoli told this scribe that the free services were suspended after complaints were received from the patients that they were charged by the hospitals. (Yusufzai, 2021). According to respondent. Sehat saholat program is misused by many private sectors. And attention needed highly for this mishap. (Haq, et al., 2022)

- **Proper medicines are not provided**

At the hospital, only necessary medications provided by the medicine supply department are accessible, and even among those, regular stock outs have been mentioned. (Government of KP Comission ,Asian Development Bank, 2019). According to respondent. There are not provided proper medicines under this program. Patients are compel to buying medicines from outsides .which are giving heavy burden to less privilege people. (Ullah, et al., 2022)

- **Beneficiaries/Patients**

Patient satisfaction regarding health care is a multidimensional concept that now becomes a very crucial health care outcome. A meta-analysis of satisfaction with medical care revealed the following aspects for patient satisfaction and overall performance of an organization: overall quality, trust, reputation, continuity, competence, information, organization, facilities, attention to psychosocial problems, humaneness and outcome of care (Hall & Dorman, 1988, p. 935). All of these factors have high influence on service quality of health care organizations and at the same time can influence the satisfaction level. (Hussain & Reham, 2012)
Based on a research conducted in three teaching hospitals in Peshawar, positive responses to the interview question on hospital quality of healthcare services under the SSP were received from a number of respondents. "In my opinion, hospitals participating in the insurance program cover almost all of the key elements which any high-quality hospital should provide, including facilities, availability to all necessary services, surroundings, accessibility, responsiveness, empathy, and care," said one respondent in this regard.

- **Activation of card should be simplified**

According to respondent Process of documentation should be simplified because it is time consuming and create hurdles for unwell people who have not ability to walk properly and, uneducated people too, who doesn't read the specific department name to go here or there for activation of card. And in case if a patient whose have not any attendant with them so how he or she could manage to complete the process. (Mujahid, et al., 2022)

- **Unavailability of some medicines**

Medicines are basic thing in healthcare system. The unavailability of medicines is due to a lack of financial resources which is an administrative matter which can be solved with little attention. (Khan M. T., 2022). According to patients, There are some medicines are unavailable which may cause hurdles for them to arrange from outside. (Mujahid, et al., 2022)

- **Include all medicines**

According to patient there are some medicines which are prescribed by their doctors which are not available on Sehat Saholat program's pharmacy so patients are compel to buy from outside which makes burden on their pockets.so there are some medicines which are not available at the time of need . And it's a kind of suggestion from them to include all kind of medicines in this program so they may avail healthcare facility properly in true sense. (Ullah, et al., 2022)

➢ **Closing Time of Sehat Saholat pharmacy**

The primary issue in all Khyber Pakhtunkhwa government hospitals is pharmacy-related. (Ammad Ali, 2022). According to patients Pharmacy of Sehat program closed on Sunday, and there is no assurance that no one get ill on Sunday nor already admitted patient doesn't need medicines on Sunday. And sometimes early closing of pharmacy on working days, also a big hurdle for poor patients. (Ullah, et al., 2022)

➢ **Intolerant Behavior of SSP workers**

Researcher currently haven't found any studies on this particular issue, but getting data from respondents in this regard. Intolerant behavior of pharmacy staff which may create sense of uncomfortable for the patients are also hurdles in the way of access in this program. And which cause hatred towards this program (Ullah, et al., 2022)

➢ **Low quantity of available medicines**

According to patient and one of pharmacy staff said that low quantity of some medicines cause misbehaving and cause of quarrel between pharmacy staff and patients ,there are not sufficient quantity available to make patients need ,so that's why patients misbehave with pharmacy staff and bought some of medicines from outside.

➢ **Post-operative Treatment**

The absence of emergency and OPD services in the program makes this facility essentially useless for the general public. The federal government rejected suggestions to include journalists, government personnel, and persons in various other professions in the scheme (Qayyum, 2020)

According to the patient and medical staff, patients are not accepted under this program to receive treatment if there are difficulties after surgery. Most of the time, problems are a normal component of surgery. However, many times after surgery, certain individuals experience a lot of complications that cause them to feel restless and uncomfortable .Therefore the Sehat Saholat program does not apply to this kind of case. Patients are therefore unhappy with this offer. Because the patient visited the OPD for a checkup after being discharged, which is not covered by the Sehat Saholat program, attention is needed for this section. (Haq, et al., 2022)

➢ **Balance of Sehat card**

Researcher haven't found any literature related to this issue which are solely found under this research from respondent, beneficiaries of Sehat Saholat program SSP so, According to the patient, the amount on the card under which they receive their specific therapy is insufficient to effectively assist them, and they are dissatisfied with this section of the program. This is especially true if more than two family members need treatment through the program. (Ullah, et al., 2022)

➢ **Latest Status of Sehat Saholat Program in KP**

Sehat card plus has been introduced budget has been increased 20 billion to 25 billion.10 billion will be spent on free medicines including outdoor patient department OPD medicines and this a massive reform in Khyber Pakhtunkhwa. And revamping for non-Teaching district headquarter Hospital. (Correspondent, 2022). According to respondent it is a good initiative but still having management issues, lack of check and balance. (Shams, Haq, Rahman, & Khalid, 2022).

Conclusion

This research aim to identify neglected area of Sehat Insaf program which makes not only boundaries to access these healthcare services but creating hurdles for achieving healthcare services under this program .This study based on a qualitative analysis, it can be concluded that The application of health governance in the healthcare industry has the potential to improve effectiveness, accountability, and openness. This study's goal is to examine the role of the Sehat card and healthcare governance in Pakistan's Khyber Pakhtunkhwa's health sector. Pakistan's economy is fragile, and the country's health system requires structural changes in particular. (Islam, 2002) Frequent change in

government has led to change the health policy which further deteriorates the health condition of the country. All governments have mostly neglected the health sector, which has only received an inadequate amount of GDP allocation. (Khan & Heuvel, 2007). There are numerous obstacles in the way of the health sector's successful implementation. Studies on health should not simply focus on the use of delivery services following the launch of Sehat cards; rather, government policies, institutional reforms, and public acceptance are required for the Sehat Insaf program to be implemented successfully in the health sector. The results indicate that that Sehat Insaf program for the patients is under certain conditions feasible, for instance outdoor patient department is not included and this card never facilitate the outdoor patients nor in case of any complications which are erupted after surgery, there are possibility of complications after surgery Post-operative complications are not treated under this program.so, which may find it partially beneficial, needs to be further improvement of this program. Very low fee of surgeons demotivates their services so In Peshawar, a persistent problem with underutilization of healthcare facilities is a lack of experienced professionals. One of the main causes of the underuse of public healthcare systems' prescription drug standards.

And substandard medicines is another reason to make this program beneficial to a certain degree, not wholly ,and purchasing standard medicines for poorest of the community have not enough resources to pay the required charges.so In order to overcome these limitations of Sehat Insaf health program, broader risk pools are required. So there is a clearly felt that fair investments in governance, service delivery structure, human resources, health information, and medical items are needed now more than ever in addition to delegating authority and responsibility. Need for proper planning (keeping in mind pros and cons of policies) before making any policies, at the provincial and district levels, institutional strengthening and building capacity are primarily done to ensure that services are delivered in a timely manner from higher facilities to the most basic levels. The fact of the matter is that this research/study opens up a door for a significant overhaul of the healthcare system. The health system in Peshawar may truly prevent the poor and vulnerable people in the provinces from suffering from health shocks, which further push them into poverty ravines, by executing this Sehat Insaf program in its true letter and spirit. More importantly, it could be shown that having access to a health card can improve the social and economic circumstances of the underprivileged residents of Peshawar. Program Sehat saholat can be financially successful.

Findings

The scholar's data collection and analysis revealed the following details concerning

- The delivery of health services is expected to improve, according to the respondents.
- The respondents expressed optimism about enhancing accountability in the healthcare system. They think that better health will increase responsibility.
- When it comes to transparency, respondents think that the health system will become more transparent. In the area of health, the Khyber Pakhtunkhwa government has started a lot of such projects. In order to guarantee the staff's presence, biometric systems have recently been introduced in all public hospitals.
- One of the main barriers to effective communication between insurance companies and hospitals is the absence of treatment protocols that could establish the parameters for various treatment modalities.
- Respondents believe that the government has started a few projects to improve health services and implement in the health sector of Khyber Pakhtunkhwa, Pakistan, which is a good step.
- Due to information transmission errors and the limited availability of health services, the majority of beneficiaries claimed that their card balance was insufficient to pay for the necessary services.
- The research found that under Sehat Saholat program medicines are sub-standard which are less effected for healing and may cause

resistance in future which spread highly negative impact on patients.

- This was evidence of the government-sponsored HI (health insurance) program's apparent success. People must be treated completely in accordance with their medical conditions, according to the equity principle in the delivery of healthcare services.
- Outdoor patient department is not entertaining under this program which is highly needed.
- Due to unawareness patients did misbehave with the doctors and nurses in this regard, they don't know which treatment is included under this program so unawareness blow the wind of hatred towards medics from patients The level of patient satisfaction has been adversely affected by this circumstance.
- Post-operative treatment (after surgical procedure) is not facilitating under this program. In case of any discomfort issue or modalities which are facing by patients aren't entertaining under SSP program.
- Behavior of Pharmacy staff with patients and closing of SSP pharmacy on Sunday and sometimes early closing of pharmacy may compel the beneficiaries of this program to buy medicines from outside.
- Low quantity of medicines make burden on the pockets of under privilege patients which may erupt the feeling of malfunctioning of this program.
- It is expected that explosive growth without an appropriate capacity increase and a pricing structure established by the institution will lead to a potential financial shortage that could endanger the program's long-term viability.

Recommendations

Here are some ideas and recommendations to strengthen this program and eliminate its flaws.

- This study examine the function of governance in Khyber Pakhtunkhwa's health sector. Therefore, it is recommended for decision makers that policies are made for combating this issue.
- It is recommended that government needs to take some practical measures towards standard of medicine which is not multinational and which in unaffected for the patient and furthermore which will cause resistance in future,
- It is suggested that government should take measures for outdoor patient department which are (according to hospital record) more than in-door patients in hospitals. They should offer the public detailed information, data protection, equipment, and cost-effective services.
- Additionally, the general public's participation and cooperation with healthcare professionals are essential, so therefore make some awareness programs or campaign to educate or aware general public about this health insurance program that these things are included and these are not so they never misbehave with health workers in the way of access of health facility. people whose are unaware they started misbehaving which creates hurdles in the way of healthcare workers for performing

Their duties effectively which is the most important part of this program for the effectiveness and for making this program alive

- For discouraging the corruption in private sector hospital reforms amendments should be incorporated in SSP

Sehat Saholat program should be provided with enough balance should be made accessible for the all family members of beneficiaries.

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