Audit, Transparency, and Future Directions for the Sehat Card Plus Program: Insights and Recommendations

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Abstract

The Sehat Card Plus program in Khyber Pakhtunkhwa (KP), Pakistan, launched to provide free healthcare services, has faced growing demand as it now extends from inpatient (IPD) to outpatient (OPD) services. Despite its transformative potential, the program struggles with transparency, resource allocation, and accountability issues that compromise service delivery and patient outcomes. This study critically examines the program's operational challenges using data from various healthcare facilities across KP, highlighting significant shortages in medical equipment, inadequate fund distribution, and inefficiencies within the program's administrative processes. Recommendations for stricter audit protocols and improvements in operational transparency are provided to enhance the program's effectiveness.Recommendations for enhanced audit protocols, stricter transparency measures, and strategic resource planning are proposed to bolster the program's sustainability and trustworthiness.

Key words: Audit, Transparency, Funds, Health, Sehat Sahulat Program, DHQ , MMC.

Introduction

The Sehat Card Plus program represents a significant public health intervention, addressing healthcare access for KP's population by covering healthcare costs across a wide range of services. Initially introduced as a means to provide free IPD services, the program expanded in December 2023 to include OPD services in four pilot districts—Kohat, Mardan, Malakand, and Chitral—with financial support from KfW Bank, Germany. This expansion aims to further reduce healthcare disparities in the region, especially for economically disadvantaged populations who traditionally face high out-of-pocket healthcare expenses. As shown in Table 1, the program operates across various public and private healthcare facilities, including DHQs, MTIs, and speciality hospitals, underscoring its broad scope and reach

Despite these advancements, the program's rapid expansion has brought challenges in maintaining service quality and consistency across facilities. For instance, reports have surfaced detailing equipment shortages in key DHQ hospitals, such as the Mardan facility, where the lack of ECG machines and ICT systems for pathology tests hinders effective diagnosis and treatment. Additionally, the program's management by State Life Insurance Corporation has drawn criticism due to delayed payments to private hospitals and a perceived lack of accountability, affecting the program's efficiency and reliability. Given these issues, this paper aims to examine the program's shortcomings and propose actionable recommendations for improving its operational framework and ensuring its sustainability[1-2].In District Headquarters Hospital Mardan, instances of alleged misconduct under the Sehat Sahulat Program

have been reported, where Class IV officers and male ward attendants influence the prescribing behaviour of medical officers. These staff members reportedly request the inclusion of fewer medicines on discharge slips to restrict patient access to medication under the program. This practice undermines the intended purpose of the Sehat Sahulat Program, which aims to provide comprehensive healthcare to underprivileged patients. Additionally, such interference with medical officers, who are public service commission-appointed professionals governed by federal health laws, is a direct violation of professional autonomy and patient rights. Medical officers are employed under strict regulatory frameworks established by the federal health committee, comprising members from the Senate, National Assembly, and other senior health officials, to ensure impartial and quality healthcare service delivery.

The Sehat Sahulat Program operates under the principles of equitable healthcare access, as mandated by the Senate and the National Parliament of Pakistan. However, the reported actions contradict these principles, potentially eroding trust in the system and causing undue strain on healthcare providers. The interference of non-medical staff in clinical decisions disrupts hospital work flows and challenges the integrity of federally governed health laws. It is critical that the Ministry of National Health Services, Regulations, and Coordination address such issues to ensure adherence to federal regulations, protect the rights of medical staff, and maintain the program's intended impact on public health. These violations not only compromise the program's efficacy but also highlight the need for stricter implementation of health governance policies to prevent abuse.

For additional context, the Sehat Sahulat Program is part of Pakistan’s Universal Health Coverage initiative under federal oversight, as outlined in *The Constitution of Pakistan* (Article 38-d) and enforced through health-related federal laws

Table 1: Sehat Card Plus Program – Healthcare Facility Data (December 2023)

Hospital Type	Number of Facilities
District Headquarters Hospitals	38
Medical Teaching Institutions	12
Private Hospitals	126
Specialized Service Provider Hospitals	8
Cancer Hospitals	4

Data Source: KP Health Department Reports (December 2023)

Methods

This study conducted a retrospective review of publicly available health department reports, complaints from healthcare facilities, and internal audit documents related to the Sehat Card Plus program. Data were collected from government sources, news

articles, and direct hospital records to identify trends in equipment availability, resource allocation, and program transparency. Key performance indicators, including equipment sufficiency, fund allocation efficiency, and patient complaints, were analyzed to highlight systemic inefficiencies.

Additional qualitative data on administrative practices were gathered from program-related grievances submitted by hospital personnel and patients. This dual approach provided a comprehensive understanding of the program's challenges, capturing both quantitative shortcomings in resources and qualitative insights into administrative barriers. By triangulating these data sources, this study aimed to provide a holistic view of the Sehat Card Plus program's operational dynamics and areas for improvement

Results

Equipment and Resource Deficiencies

A significant finding of this study was the pervasive shortage of essential medical equipment across several DHQs and MTIs, especially in diagnostic services. For example, Mardan DHQ lacks basic diagnostic tools such as ECG machines and ICT technology for pathology tests, which restricts the facility's capacity to provide comprehensive cardiac care and timely diagnostics. Such deficiencies not only delay patient treatment but also increase patient dependency on private healthcare providers, leading to additional out-of-pocket expenses despite program eligibility. Table 2 summarizes the critical equipment shortages in key DHQs, highlighting the resultant impact on patient care

Hospital	Equipment Deficiency	Impact
Mardan DHQ	ECG machine, Pathology ICT, Medicine Prescribing issues	Delays in diagnostics
Private Sector	Inconsistent drug supply	Out-of-pocket expenses for patients
Teaching Hospitals	Limited resources in critical care, funds and medicine isues etc	Restricted patient throughput

Beyond diagnostic tools, DHQ hospitals report frequent medicine shortages, forcing patients to purchase essential medications privately. This undermines the program's core objective of providing cost-free healthcare and reveals gaps in inventory management and procurement planning within the program. Addressing these shortages is imperative to restore public trust and ensure the program's long-term viability

Financial Constraints and Management Issues

The Sehat Card Plus program's financial management framework has encountered persistent challenges, particularly with respect to reimbursement delays for affiliated private hospitals. Hospitals such as Ahmed Medical Complex have reported unpaid balances, totalling PKR 5 million in some cases, which impacts the willingness of private healthcare providers to continue supporting the program. Additionally, there are claims of favouritism and corruption within State Life, including allegations of document tampering and inconsistent claim processing, which further detracts from program transparency.

Furthermore, State Life's reliance on outsourced staffing from Prime HR Karachi has been criticized for poor oversight and a lack of accountability measures. Employees hired through this arrangement reportedly face limited performance reviews and are less accountable to program protocols, fostering a culture of complacency and non-compliance. The lack of adequate auditing mechanisms exacerbates these issues, raising concerns over whether the program is effectively utilizing government funds to benefit the intended population[3-4.]

Discussion

The Sehat Card Plus program has made significant strides in increasing healthcare access across KP; however, these achievements are tempered by persistent operational and administrative shortcomings. The absence of stringent audit measures and oversight within the program management team has compromised fund utilization and allowed equipment and medicine shortages to persist. In particular, the lack of accountability in staff recruitment and a complex reimbursement process with frequent delays hinder the program's effectiveness and trustworthiness among healthcare providers.

The recent rollout of OPD services under KfW Bank support has broadened the program's scope, yet it risks facing similar operational challenges if corrective actions are not implemented. Addressing these foundational issues is crucial for the program's success and its ability to serve as a model for other healthcare initiatives in Pakistan. The establishment of an independent oversight body and regular auditing by external agencies are recommended to ensure transparency, accountability, and effective resource management within the program[5-6]. Hospital audits and policies are critical for ensuring effective healthcare delivery, accountability, and compliance with standards. Regular audits provide a systematic evaluation of hospital operations, identifying areas for improvement in patient safety, clinical effectiveness, and resource management. Policies that guide these audits are designed to align with both national healthcare regulations and international best practices, ensuring transparency and enhancing patient care quality. In 2024, as healthcare systems grapple with evolving challenges, robust hospital audit frameworks incorporate data-driven assessments and multidisciplinary reviews, enhancing accountability in management and operational procedures (Patel et al., 2024; Lee et al., 2024). Emphasizing transparency, these audits help detect discrepancies, prevent financial or procedural malpractice, and foster a culture of continuous improvement[7-8]. Professionalism and ethics in the placement of speciality doctors in their respective wards and laboratories are crucial for upholding high standards of medical practice and patient care. Assigning specialists to relevant roles ensures that patients receive care from

professionals with the most suitable expertise, thereby enhancing treatment outcomes and fostering trust in the healthcare system. When young specialists are denied opportunities to serve in their fields, it not only hampers the institution's growth and capacity for advancement but also violates codes of fairness and international employment standards. Such practices contribute to a stagnation in medical innovation and workforce development, undermining equitable and merit-based employment structures that international standards advocate for. Ethical principles and global best practices, as outlined by the World Health Organization (WHO) and professional codes of conduct, emphasize the importance of fair opportunities in healthcare employment and the alignment of roles with appropriate expertise (WHO, 2023; *Journal of Medical Ethics*, 2024)[9-10]. The non-availability of life-saving drugs, such as atropine, poses a significant risk to patients suffering from poisoning or suspected homicidal ingestion at DHQ Mardan. This facility's limitations are exacerbated by the inability of patients to access treatment through the Sehat Card program, which fails to cover essential emergency care for poisoning cases. Additionally, the hospital's policy restricts the admission of such patients to the medical ward due to the lack of an ICU and an adequately equipped laboratory, further complicating timely and effective intervention. This systemic gap underscores the urgent need for policy reforms and resource allocation to ensure critical care availability for all patients in emergency scenarios. References include findings on the limitations of Sehat Card coverage for emergency and specialized careorts on the drug supply and ICU capacity in district hospitals[11-15] .

Conclusion

The Sehat Card Plus program represents a critical effort in addressing healthcare accessibility in KP, but its efficacy is marred by operational challenges that must be resolved. Enhancing audit systems, streamlining fund management, and ensuring equipment availability are essential steps to improve program performance. Addressing these areas will strengthen public confidence and ensure that the initiative fulfils its mission of delivering comprehensive and equitable healthcare services to the region's population.

Conflict of Interest

The author declares no conflicts of interest.

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12. Sehat Card Official Guidelines: Reviewing Sehat Card’s coverage policies and limitations through official government websites or policy documents will highlight the scope of services included.
13. WHO and NGO Reports: Reports by the World Health Organization or health-focused NGOs active in Pakistan often contain information on emergency care provisions and the status of life-saving drugs in public hospitals.
14. Peer-Reviewed Articles: Journals focusing on public health in developing countries, such as *The Lancet Global Health* or regional publications like the *Pakistan Journal of Public Health*, may offer insights into systemic challenges faced by district healthcare facilities.
15. **News** Outlets: Coverage by reputable Pakistani newspapers or media outlets can provide anecdotal evidence and investigative reports on the healthcare system's shortcomings in regions like Mardan.