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CONCERNS AND RECOMMENDATIONS FOR OPD SERVICES UNDER THE BENAZIR INCOME SUPPORT PROGRAM

To the Editor,

I wish to draw attention to Statlife's recently announced OPD service model for families registered under the Benazir Income Support Program (BISP). While this initiative aims to provide essential healthcare to underserved communities, critical gaps in its financial, operational, and ethical frameworks could compromise its success.

The program proposes an annual allocation of €11–€3 (approximately PKR 900) per family, paid quarterly to hospitals managing 4,000 families each. This approach excludes vital speciality care, investigations, and hospital admissions, which are essential for managing severe communicable diseases (e.g., dengue, acute hepatitis, and pneumonia) and chronic non-communicable diseases (e.g., diabetes mellitus, coronary artery disease, and stroke). These limitations significantly undermine the initiative's potential to deliver comprehensive and quality healthcare. Furthermore, reimbursing hospitals regardless of actual service provision raises ethical concerns about transparency and accountability¹⁻⁵.

Key Concerns

Audit and Transparency

The absence of a robust monitoring and evaluation framework risks misuse of allocated funds. There is no clear mechanism to verify if services were actually delivered to patients. This lack of oversight could lead to financial mismanagement, where funds intended for patient care are diverted to other uses, including distribution among staff and doctors.

Establish regular audits to track fund utilization, ensuring that every rupee spent directly benefits the public. The audits must be conducted by an independent body to prevent conflicts of interest.

Accountability in Fund Usage

Hospitals receive payments regardless of service delivery, which contradicts ethical practices and healthcare norms. Article 37 of the Constitution of Pakistan emphasizes equitable healthcare delivery, and funds not being utilized for public services breach this constitutional responsibility.

Implement strict policies linking fund disbursement to verified patient care. Payments should be contingent upon delivering specific treatments, conducting investigations, or providing admissions when required.

Failure to Address Core Health Needs

Diseases included in the OPD package, like pneumonia and stroke, often require hospitalization, advanced investigations, and long-term management plans. Limiting these to an OPD framework compromises care quality and may exacerbate patient outcomes.

Ethical Challenges

Distributing funds among staff and doctors instead of ensuring patient care violates the principles of equity and justice in healthcare. Such practices erode public trust and undermine the program's objectives⁶⁻¹¹.

Policy and Legal Framework

Audit and Accountability Laws:

The Public Procurement Regulatory Authority Ordinance (2002) mandates transparency in public spending. Funds disbursed under this program must comply with these standards.

The Controller General of Accounts Ordinance requires independent auditing of public and semi-public expenditures.

Healthcare Laws and Guidelines:

The Pakistan Public Health (Surveillance and Response) Act 2017 emphasizes equitable access to healthcare for all, ensuring that services meet the required standards.

The Consumer Protection Act protects citizens from substandard healthcare services or misuse of public funds allocated for their welfare.

International Standards:

WHO Guidelines on Health Financing: Stress that financial resources in healthcare must prioritize patient outcomes and equitable service delivery.

Audit and Financial Oversight:

Introduce quarterly financial audits by independent agencies to ensure that funds are allocated strictly for patient care and hospital services. Make audit reports publicly accessible to reinforce transparency.

Outcome-Based Fund Allocation:

Link payments to hospitals with measurable healthcare outcomes, such as the number of patients treated, investigations conducted, and admissions provided.

Strict Monitoring Framework:

Establish a monitoring body comprising representatives from the Federal Ministry of Health, BISP, and independent auditors to ensure compliance with program goals.

Adequate Service Provision:

Expand the budget per family to cover hospital admissions, speciality care, and high-cost investigations required for severe communicable and non-communicable diseases.

Public Trust and Ethical Governance:

Ensure that all funds directly benefit public healthcare services, avoiding any distribution among staff or administrative teams.

The inclusion of third-party staffing agencies, such as Prime HR, in the implementation of healthcare projects like State life undermines the sustainability and accountability of such initiatives. Projects of this scale and importance require permanent staff directly recruited and managed by government bodies to ensure continuity, adherence to policy objectives, and robust oversight. Contracting third-party staff often results in high turnover rates, lack of institutional commitment, and reduced accountability, as these employees prioritize agency directives over the long-term interests of the project. Moreover, the reliance on external agencies dilutes the government's control over critical healthcare delivery processes, leading to inefficiencies and mismanagement.

To avoid repeating the flaws observed in the Sehat Card program—such as irregular monitoring, misuse of funds, and lack of service delivery accountability—this project must be exclusively led and operated by a government body. Lessons learned from the Sehat Card initiative, including insufficient verification mechanisms and the inability to ensure equitable healthcare access, should guide the development of stringent operational and audit frameworks. Permanent staff with a clear mandate, backed by government policies, will ensure the project is executed with transparency, accountability, and a long-term vision for improving public healthcare¹²⁻¹⁷.

Conclusion

its current framework is inadequate and risks perpetuating inequities. A stronger focus on transparency, accountability, and patient-centered policies is essential to make this initiative effective and sustainable. Healthcare programs must prioritize equitable access, quality treatment, and financial accountability to uphold public trust and deliver meaningful impact.

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