[**An unhealthy trend**](https://www.dawn.com/news/1674650/an-unhealthy-trend)

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IMAGINE the prime minister sitting in the lawn of his 200-kanal residence casually picking up his phone and sending his CNIC number to 8500. He is likely to get the following reply ‘Dear Applicant, Imran Ahmed Khan Niazi, you are eligible for a national health card and can avail health facilities up to one million rupees from empanelled hospitals’. This is how simply the [national health card](https://www.dawn.com/news/1618510) works. Brilliant? Not really.

Obviously, the health needs of the prime minister of the country are already covered by the government but such is the eligibility criteria of insurance under the national health card that he can still avail health insurance worth Rs1m. The prime minster would not be doing so, but many citizens despite being medically insured by their employer or being able to afford the medical charges, would opt for treatment at a private facility against the health card because no one wants to miss a free lunch. The biggest selling point — health cover for all — of the programme is in fact its biggest drawback. It is trying to provide facilities to all and sundry rather than targeting those who genuinely need it.

Who’ll benefit more from the health card? The rich or poor?

The urban population being more street-smart would leverage maximum benefits, while the needy would be spending from their own pocket. The health card covers neither outpatient treatment nor the provision of medicines. It does not even cover diagnostic tests unless one is admitted to hospital. For all such needs, the poor population must rely on existing government hospitals. But since they would be severely hampered — due to financial and administrative focus shifting to the health card — the dwindling infrastructure would not be able to cater to their needs.

An average poor family in Pakistan hardly ever visits the hospital and the cost of accessing good medical facilities in a big city would be too much for making use of the facility. It is still early days for the scheme but one can foresee the problem of over-prescription because healthcare is a multibillion-rupee industry and private hospitals would cash in on the opportunity. The government would be spending money on people who do not need it for ailments that can be treated at a much lower cost.

**Read:** [A baby step towards universal healthcare](https://www.dawn.com/news/1664820)

By conservative estimates, the KP government has spent Rs12 billion on the scheme since its inception in 2016. A 60-bed hospital typically costs Rs136m as per the feasibility report available on the Ministry of Commerce website. This cost includes the working capital as well, but we are in a generous mood, so let’s enhance the total cost to Rs200m. What it means is that had the KP government taken this option it would have been able to set up 60 such hospitals in the amount of money that has already been spent on health cards.

Now the same scheme is being launched in Punjab, the federal capital, Azad Kashmir and Gilgit-Baltistan at a planned cost of Rs450bn, whereas, the construction of a 500-bed hospital in Gujranwala would be completed this year at a total cost of approximately Rs4bn. The said hospital would have all tertiary care medical facilities including medicines, paediatric surgery, general surgery, ENT and ophthalmology departments, pathology labs, diagnostic facilities, organ transplant and cardiac units plus ICU, CCU and dialysis facilities.

Had the government not opted to pass the buck to the private sector and insurance companies, it could have established 36 such hospitals — one in each district of Punjab — and still have Rs90bn in surplus to cater for working capital and incentivising human resource to serve there. These hospitals would be an asset that would serve the public for many years to come and provide both inpatient and outpatient treatment. Needless to say, there would be easy access for the general public given the fact that these hospitals would be evenly spread across the country.

Why the government thought of involving the private sector rather than uplifting the health infrastructure on its own can be attributed to two reasons: either the private-sector mafia saw a business opportunity and convinced the government or maybe it was a tacit admission of the inability of the authorities to undertake the construction of new hospitals and control financial embezzlement. Or perhaps it was an admission of administrative failure to get doctors to serve in relatively remote locations across the country.

Lastly, the prime minister at the launch of the national health card in Punjab is reported to have said that his government was a step ahead of even the UK where similar programmes offer free treatment but only in government hospitals. Well, it is said that the difference between genius and lack of perspicacity is that genius has its limits.

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