**Analysing the Health Card**

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On **Apr 2, 2022**

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Once a man asked a saint, “What is the one thing to ask for if I have an option, that I should prioritise above everything.” The saint replied, “Health”. This corresponds with the cliché which everyone has heard, “health is wealth”. The revolutionary Health card launched in different parts of Pakistan is making headlines. However, there are also questions about the Sehat card’s efficacy as loopholes emerge.  
The Sehat card is no doubt a welfare state idea where citizens get healthcare facilities easily. In developing countries like Pakistan, if a person gets severely ill, the whole savings of a family may be used as a result. Here I remember a saying, “our middle class is one hospital bill away from poverty” and such instances were even observed abundantly during the Covid pandemic times owing to the financial crisis.  
The idea of a health card is to provide an equal opportunity for healthcare facilities for all throughout the country. Even large economies of the world are unable to provide proper health systems for their masses. Theoretically, it is marvellous but practically, it does have some complexities and confusions.  
First of all, let’s analyse global healthcare systems. There are multiple healthcare systems in the world right now. In the US, most Americans have health insurance but at the same time it is too expensive. But if you are an American and do not have health insurance then the healthcare expenditures would be intolerable, ranging from medicines to clinical appointments.  
It is an open market system where insurance companies fix the rate according to their own interests. So, ultimately the common American suffers. Even during every US election, cheap education and cheap healthcare are two things literally sold like hot cakes during political debates and campaigns. However, after coming into power all promises are forgotten completely or implemented poorly. ObamaCare is one of them. ObamaCare also failed due to strong lobbies of expensive and rich insurance companies.  
Then comes the famous European and UK healthcare systems. Even Cuba has a fantastic healthcare system; honestly speaking, a model for the world. The Cuban government oversees it and funds it entirely free for citizens and it’s a universal healthcare system, though the governments also charge heavy taxes in this regard for sure.  
Albeit, in our case it is a blend of government and private hospitals for the poor and the rich. The dilapidated condition of government hospitals and expensiveness of private hospitals push a segment towards donation run hospitals like Shaukat Khanum and Indus hospitals etc.  
In Pakistan, government hospitals are funded a fixed amount per annum by the government, in which these hospitals have to manage their expenses including salaries, maintenance, lab expenditures, free medicines and running expenses and obviously, patients are charged minutely.  
Most of these government hospitals with good conditions are located in metropolitan cities, which is why villagers have to move to these large cities for availing better treatment. In this way, the burden on these hospitals increases gradually and these hospitals remain unable to provide better facilities in allocated budgets. This leads public hospitals and healthcare facilities to provide poor quality and thus, the general public is reluctant to admit themselves in these public hospitals.  
Undoubtedly, the lowest strata of society is left with only this choice; to get admitted to these public hospitals. The situation of Out-Patient Departments (OPDs) is worrisome in large public hospitals; there are large numbers of patients crowded over one another at such places and it all makes the atmosphere too tense. Limited budgets, and the cost and unavailability of good equipment and competent staff are some reasons for the constant decline of the healthcare sector.  
This is where the health card comes in through the insurance provided by the government. The medical insurance provided to every family is Rs1 million per annum by the health card scheme. An insurance company is providing medical insurance on behalf of the government with an insurance premium of Rs2820 per family per annum. This health card was first experimented in Khyber Pakhtunkhwa (KP) and has now been extended to the other provinces.  
In KP, the government paid the same insurance premium of Rs2820 per family per annum for 7.5 million families at a total annual cost of Rs23 billion, assuming each family consists of an average of 4.7 persons, and the average insurance cost was Rs600 per person. According to the current population the total cost will be Rs134 Billion per annum for the whole country.  
In KP, the data has shown that 70 percent of the people with health cards used the card in private hospitals for medical treatment, whereas only 30 percent used the health card in government hospitals. The total cost of the project is around Rs390 billion.  
This whole activity can further give an economic boost by creating an economic ecosystem and producing new avenues of employment, ranging from ambulance facilities, pharmacies, food places to labs.  
Hence, new hospitals and health facilities will be ready to work in less developed and remote areas. Doctors and other medical professionals will be attracted to such places as well. This will be beneficial for the economy too.  
One of the Sustainable Development Goals is to reduce ‘s maternal and infant mortality ratio by half by 2030. So, the government must be guided by a health sector strategy to remain focused on the SDGs all the time, although there are many challenges as well because of gaps in the system.  
The health sector has been ignored for decades in Pakistan and the poor suffered a lot. Many large hospitals like Mayo and Lady Wellington were established before independence. This gap in the health sector is filled by private hospitals. The health card is a solid step and no one can deny its advantages, but proper checks to stop corruption and incapacity will do wonders for the programme.