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CRITICAL EVALUATION OF SEHAT SAHULAT CARD AND STRATEGIZING SEHAT SCHOOL INITIATIVE: LESSONS LEARNT AND WAY FORWARD

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ABSTRACT

The Sehat Sahulat Card is a government initiative aimed at providing health insurance to underprivileged families in Pakistan. Its primary objective is to improve access to quality healthcare services, thereby reducing the financial burden of medical expenses on the low-income households. The Sehat School Initiative is a proposed extension of this program, focusing on promoting health education and preventive healthcare practices among school children. This study utilizes the qualitative approach by incorporating qualitative data. Quantitative data is gathered from government health databases, insurance claims records, and surveys conducted among beneficiaries of Sehat Sahulat Card. The results provide significant information in reaching the conclusion. Sehat Sahulat Card has significantly increased access to healthcare services of underprivileged families, leading toward reduction in out-of-pocket medical expenses. Key challenges identified are logistical issues in card distribution, limited awareness amid potential beneficiaries, and constraints in healthcare infrastructure coupled with financial crunch. It is advised that there is a need to strengthen healthcare setup and capacity-building initiatives by pouring in more finances to support the increased demand generated by Sehat Sahulat Card.

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INTRODUCTION

The federal government, along with the provincial governments, developed the Sehat Sahulat Program, a significant health insurance initiative that is designed to cover the medical costs of low-income individuals in particular. Its main goal is to lessen/eliminate financial burden that impoverished individuals bear in an effort to combat poverty. Besides the OPD treatments, which are not yet included in the program, it covers the range of emergency treatment and

in-patient services needing secondary and tertiary care. Financially speaking, budget allocated in current financial year is about Rs. 70 billion for Islamabad and Punjab (Business Recorder April 5, 2021) while for the KP, it is Rs. 14 billion (The Express Tribune May 15, 2024). Thus, total treatment coverage ranges from Rs.720,000 to Rs.10,000,000. It includes transportation for maternity care (in the event of childbirth), transportation for tertiary care referrals from secondary care and burial allowance (in the event that a family member passes away while a patient). The fact that "out of pocket (OOP)" health expenditures in Pakistan exceed 70% is another factor driving this health effective endeavor. This is concerning since it means that lower middle class and impoverished individuals in Pakistan are not receiving the health care they need (Statistics, 2011-12).

In 2015, Khyber Pakhtunkhwa provincial government launched the "Sehat Sahulat Program" (SSP), also known as the "Health Facility Program," under the auspices of Universal Health Coverage (UHC). The "Sehat Insaf Cards" were given to family as part of this program in three stages to increase coverage across the province of KP. It offers financial protection against high healthcare costs and covers a wide range of medical treatments and services. While the proposed Sehat School Initiative aims to integrate health education and services within schools to improve the overall health of students. Thus, providing healthcare to over 30 million people across all 35 districts of the province of KP was the aim of the SSI. In more than 400 public and private hospitals in the KP, which account for almost 25% of the province's health facilities with a population of over 30 million, residents can receive care for up to Rs. 1 million (around $6000) per family annually under this scheme. SSI program in Pakistan is run by State Life Insurance Corporation (SLIC). The government fully subsidizes it, paying SLIC a set premium for each qualifying family. The SLIC then oversees registered users' in-patient healthcare expenses. By end of three-year contract, government receives return of 90% of any net premium that was not used (ILO_GIZ, 2019).

Problem Statement

The Sehat Sahulat Program was first introduced in Pakistan i.e. in the KP province in 2015, which later on, extended to Punjab, Islamabad Capital Territory (ICT), Azad Jammu Kashmir (AJ&K), Gilgit Baltistan (GB), Sindh, and Baluchistan provinces leaping into nation-wide health coverage for provision of free of cost health facilities to the citizens. Reportedly, the program has remained suspended for some time due to financial constraints which raised serious questions over its sustainability. This needs to critically assess and evaluate Sehat Sahulat Card/ Program gaps and shortcomings affecting its sustainability and finding the ways/means and way forward for its effectiveness, durability, sustainability while keeping in view execution challenges and lessons learned.

Scope of Study

This research will focus on Sehat Sahulat Card/Program including its goals, implementation, effects, challenges, lessons learned and recommendations for moving forward to achieve the goals of Universal Health Coverage as per as[pirations of WHO. The study aims were explored by reviewing secondary data collected from previously published sources. The study is limited

to thematic analysis of program implementation, its impact, challenges, lessons learned, and further steps to be taken for developing the future strategies for its durability and sustainability. In order to highlight Sehat Sahulat Card/Program's internal, external benefits and challenges, various analyses have been used.

LITERATURE REVIEW

In order to increase access to high-quality healthcare, health insurance program with the name of Sehat Sahulat Card/Programme was first introduced by KP government and then by Federal government on behalf of the remaining three provinces, Gilgit Baltistan and Azad Jammu & Kashmir. In this paper, we define concept of access under SSP, give stakeholders' perspectives on access-related difficulties and lessons learned, and recommend future steps to realize SSP's acces-related goals in the larger context of its support for Pakistan's efforts to attain Universal Health Coverage (Sheeraz, 2023). According to analysis, KP Government is required to solve SSP's issues with acceptability and geographic access dimensions. The fact that a weak supply side may prevent demand-side action (insurance) from improving access is crucial lesson that can be used elsewhere. Thus, in order to achieve UHC, governments thinking about expanding service accessibility which must allow for supply-side and demand-side factors. Both supply-side and demand-side factors play major role in healthcare use. While there is room for improvement in the supply of health infrastructure to meet the demands of the populace, the primary obstacle to meeting demand is affordability, particularly for low-income households. The ability to use reputed medical facilities is made possible by health insurance. In order to provide fair and inexpensive indoor health treatments through publicly funded health insurance, the Pakistan government established the Sehat Sahulat Program (Nayab, 2022).

How Sehat Sahulat Card actually works

The Sehat Sahulat Program covers Preventive Care i.e.,child immunization, family planning, antenatal care, Screenings for Hepatitis B and C, HIV, and TB 2. Inpatient Care: Hospitalization expenses, tests and diagnosis procedures, pharmaceuticals and surgical consumables, Dialysis and Chemotherapy. The emergency care includes Emergency hospitalization, Trauma care and ambulance services. Transportation and Homestake medicine includes one time transportation for the gynae patients and one week home take medicine for the discharging patients. The use of healthcare is primarily partial by supply-side & demand-side variables. Since industrialized nations have well-organized supply-side infrastructure and funding sources such as the health insurance programs, demand-side issues mostly influence the situation there. Still, the needy people are unable to use the health facilities because of issues with availability and pricing, consequently, access to healthcare and quality of healthcare services are the main concerns in the low-income countries (Khan, 2022).Pakistan and the majority of other low-income nations confront supply-side and demand-side barriers so as to access efficient health finance options. They lack the top-notch healthcare infrastructure that is equally accessible to all facets of the population.

On demand side, only a small portion of the population can access health insurance programs and the unofficial marketplaces. Additionally, social security programs are unable to provide

low-income and vulnerable families access to health insurance. Because of this, majority of the people must pay for their expenses out of pocket. Their current vulnerability is increased by the high health costs, which force them to avoid or compromise on treatment and plunge into the intergenerational and chronic poverty. They mostly borrow, reduce their consumption, sell assets, and make fewer investments overall, such as in their children's education, as a coping mechanism. In 2015, KP provincial government launched "Sehat Sahulat Program", also known as "Health Facility Program," under auspices of Universal Health Coverage (UHC). The Sehat Insaf Cards were given to family as part of this program in three stages to increase coverage across the province of KP. In Pakistan, SSP is run by State Life Insurance Corporation (SLIC). The government fully finances it by financing the SLIC, which oversees registered users' in-patient medical expenses, set premium for each qualifying family. According to agreements, after the conclusion of the three-year contract, government will receive a refund of 90% of any net premium that is not used (ILO_GIZ, Actaurial Analysis of Federal Sehat Sahulat Program, 2019).

The government of Punjab has allocated Rs. 65 billion to implement SSP on December 9, 2020, with plans to provide a "Sehat Insaf Card" to families in all 36 districts across the Punjab. This expansion of UHC to largest province in country by population is a result of its initial phase's success (Nation, 2020). Furthermore, the Prime Minister of Pakistan declared on December 28, 2020, that the SSP will now be available to residents of the Azad Jammu & Kashmir (AJ&K) in more than 350 hospitals that meet eligibility requirements. It was anticipated that this move would benefit millions of families (News, 2021). Only families making less than $2 or Rs. 530 per day poverty means test scores from Pakistan's National Socio-economic Registry (NSER) are now covered by the SSP (www.pmhealthprogram.gov.pk/faqs, 2021). It was first created in 2011 to serve as the foundation for the Benazir Income Support Program (BISP), which was designed to give the poor a social safety net by reducing the impact of fuel, food, and financial crises (Bank, 2021). Benefits of this agreement extended to eligible people of the KP, Punjab, AJ&K, Gilgit Baltistan (GB), Islamabad Capital Territory (ICT), along with certain areas in Sindh as well as Baluchistan provinces.

The program covered wide range of secondary & tertiary care in hospitals (pmhealthprogram.gov.pk/diseases.pdf, 2021). All families residing in KP, AJ&K, and Tharparkar district (Sindh) would now have universal access to program, regardless of their financial situation. Families do not need to participate in the SSP system in order to use their National Identity Cards to use health facility in KP and Tharparkar (Sindh). As of March 8, 2022, more than 27 million families from various provinces had registered for the program. In addition, the registered beneficiaries have documented more than 3.2 million hospital visits in total. The SSP was mostly provided in rural Sindh and has just recently begun to be rolled out in the province, benefiting more than 500,000 families. Therefore, at launch, the program covered six districts and more than 100,000 households registered. After that, provincial governments of Sindh and Baluchistan withdrew their support, but they intend to quickly re-join the national campaign so that their citizens might take advantage of Universal Health Coverage and help Pakistan reach WHO milestones by 2023 (Dawn, 2021).The Deutsche

Gesellschaft fürInternationale Zusammenarbeit (GIZ) on behalf of the German government commissioned the Actuarial Analysis of the Sehat Sahulat Program.

As the foundation for the projection model, the investigation examined the "base table." Under various clinical categories, including medical, surgical, and maternity, the occurrence rates and average expenses were examined. Thus, with no limitations and coverage for all pre-existing diseases for the in-patients, the beneficiary's cashless plan was designed to mimic the hospital reimbursement model. Primary-care services were limited to cardiovascular disease, diabetes and its complications, burns, auto accidents, renal disease or dialysis, chronic illnesses, organ failure management, oncology, and maternity care (with a cap of Rs. 17,000 per family per year plus Rs.350 for transportation allowance per woman discharged after. Research recognized that program will probably grow quickly and that a "risk premium" increase will be necessary for the 2019–2021 term in order to meet the anticipated claims. In order to detect irregularities and possible fraud, the report stressed introduction of alternative payment mechanisms, that were primarily based on fee-for-service reimbursement of hospital bills under current model. The main goal of Actuarial Study was to identify financial hazards through modeling and assumptions that were essential to risk management. Therefore, the goal was to uphold financial stability in Pakistan (ILO_GIZ, Actaurial Analysis of Federal Sehat Sahulat Program, 2021).

A Critical Evaluation

In order to assess the Sehat Sahulat Program, the current study focused on factors that could lower in-door use of health services using secondary analysis. To do this, we used secondary data sources to manage collection of both qualitative and quantitative data. Our investigation revealed that the program has been experiencing poor use as a result of a number of problems, such as a dearth of the knowledge and a small number of panel hospitals. There is a need to implement a robust monitoring and evaluation framework to assess the effectiveness of initiative and use data to make informed decisions and improve program implementation. In certain districts, 73,000 families are served by a single hospital. Focus is also needed on the program to guarantee that all the eligible families are enrolled to 100%; in study districts, the percentage of pending cases varies from 22% to 74%, with an average of 39%. Approximately 7% of in-patients are denied the opportunity to receive treatment indoors, either because there isn't a hospital nearby, there aren't enough facilities or the panel hospital is refusing to provide services.

A unified program's combined financial resources and risks should lower statistical variability.The program calls for enhancing the panel hospital's environments by making sure that the operational handbook, communication materials, and the front desk employee (HFO) are all readily available. Regarding demand, we discovered that the majority of beneficiaries require greater information on several aspects of the program, such as where to receive treatment, value of the package, the kind of therapy included by package, and who to contact for further details. The high degree of satisfaction among beneficiaries who have received treatment, in spite of low usage rate, is inspiring. The paper suggested biennial full reanalysis as well as routine monitoring of incidence rates and vital factors including family size. As far

as the proposed Sehat School Initiative is concerned, it would be too early to critically evaluate initiative being a new concept.

RESEARCH METHODOLOGY

The study's qualitative and exploratory character allows for a thorough examination of the problem at hand. Therefore, the task of extracting specific information from secondary sources such as the research articles, newspapers, online recourses and public opinion that have been published in a variety of sources is well suited to the qualitative research approach. Thus, the current investigation is qualitative and exploratory in character, with the majority of the data coming from secondary sources like periodicals, journals, and encyclopedias. When compiling this work, we only considered reliable and authentic resources. Also, the collected data was analyzed thematically, using Legal Analysis, Institutional Analysis, SWOT and EETH Analysis techniques.

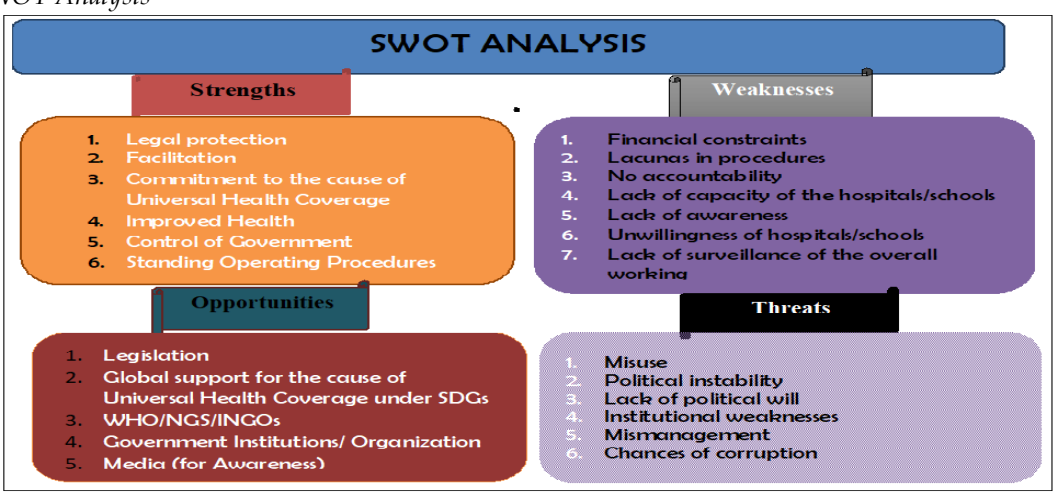
INSTITUTIONAL ANALYSIS

Ministry of Health Services, Government of Pakistan and Health Departments of respective provincial governments including Azad Jammu & Kashmir and Gilgit Baltistan

The countrywide implementation of Sehat Sahulat Card and proposed Sehat School Initiative has been spearheaded by Ministry of Health Services, Government of Pakistan, and Health Departments of provinces, including Azad Jammu & Kashmir and Gilgit Baltistan.To ensure the program's success across nation, Ministry has supplied necessary infrastructure & technical support. Gov't fully subsidizes it, paying the State Life Insurance Corporation a set premium for each qualifying family. SLIC then oversees registered users' in-patient healthcare expenses. By the end of three-year contract, Gov't receives a return of 90% of any net premium that was not used.

Figure 1

SWOT Analysis



The EETH Analysis presented in connection with SWOT analysis heightened the ways to EETH analysis presented in connection with the SWOT analysis heightens the ways to enhance the effectiveness of the Sehat Sahulat Card and Sehat School Initiative and eliminates the weak points as mentioned in the SWOT Analysis. It also mentions the ways to get advantages from available opportunities and tells how to create a fence against threats mentioned in the SWOT analysis.

Figure2
EETH Analysis

Legal Analysis

According to Article 9 and Article 38(d) of Constitution of Islamic Republic of Pakistan, it is the responsibility of state to provide health facilities to it citizens. Still Article 38 of Constitution of Pakistan, 1973 lists social protection as state duty, but it does not include healthcare as fundamental human right. According to Jeffrey D. Sachs, everyone has crucial right to good health and ill health should not have detrimental impact on entire community (JD). If money is invested to increase needy people accessibility to health care, entire community will benefit (T., 2020).

Thematic Analysis

Theme 1: Impacts of the "The Sehat Sahulat Card and Sehat School Initiative"

Positive Aspects

1. The Government of Khyber Pakhtunkhwa was the first one taking legislative measures to give legal cover to the Sehat Sahulat Card.

2. The Sehat Sahulat Card/Program has helped to some extent achieve Universal Health Coverage by giving its residents access to necessary medical care without putting them in financial difficulty.
3. The Program has led to a significant reduction in maternal mortality, infant mortality, and other diseases as per the qualitative analysis of the hospital data and overall perception of the medical professionals (researchgate.net)
4. The program has facilitated the provision of quality healthcare services to people from all backgrounds as evident from the public opinion and its further expansion to other provinces of the country.
5. The Program provides Universal Population Coverage by providing free of cost health care to families living below the poverty line. As of July 2022, over 35 million families have been enrolled under the program and millions of the visits have been covered (lancet.com).)
6. The program ensures that people don't have to choose between their health and income. This has helped to reduce absenteeism and increase productivity. As it has reduced out of pocket expenditures.
7. The requirements for becoming empaneled in the program and improved admissions, increased inflow of patient population towards private sector hospitals, the availability of advanced equipment and tools become possible.

Negative aspects

1. The Program faced challenges due to non release of funds by the respective provincial governments resultantly, the hospitals struggled financially, impacting their ability to provide health facilities to the citizens.
2. While the Program aims to improve access, there have been concerns about quality of services provided, ensuring consistant quality across hospitals remains a challenge.
3. Some remote districts still face an under supply of private providers, affecting services avilability. Balancing public and private hospitals participation is crucial.

Theme 2: Implementation challenges to "Sehat Sahulat Card & Sehat School Initiative" & Lessons learnt:

1. Issues in quality of service provided.
2. The incompatibility of the costs of treatments.
3. Reimbursement issues.
4. The restricted availability of health facilities and treatment options in rural districts.
5. Lack of awareness among the people regarding the Program.
6. Cumbersome documentation process.
7. Absence of proper monitoring/evaluation mechanism over health service providers to ensure check and balance.
8. Poor financial planning and management.
9. Non-existance of risk mitigation strategies.
10. No capacity building of the stakeholder involved in the process.
11. Tiered pricing structure of the private hospitals.
12. Issues in accessbility and availability of health services.

13. Insuffcient number of panel hospitals.
14. Financial constraints

A Case Study for Devising Strategy for Sehat School Initiative

The Indonasian Govt introduced Sehat School Initaive (Jiva, 2021). Being a new idea and in order to attain the goal of Sehat School Initiative in Pakistan, the Government is required to collaborate with the private sector to further develop Healthy School Partnership Movement for healthy, intelligent Pakistani children with character. This initiative is set to re-define the landscape of education and student well-being. It is holistic concept encompassing three main focuses which are nutritious health, physical health and immunization health. This approach aspires to cultivate a culture of clean and healthy living in schools. With a focus on promoting nutritious habits, integrating physical activities and supporting immunization initiatives, this movement is poised to shape a healthier future for our children. We realize that the key to our transformation efforts is student's health. This is why there is the need to take Sehat School Initiative, focuses on implementing healthy behavior and daily active lifestyle in students," Collaboration is basis and there is a dire need for a united front in this context. Transforming and instilling healthy behaviors in children requires joint efforts from diverse partners from various sectors including industry, business, non-governmental organizations & government ministries.

Their support encompasses a range of programs, from health education initiatives to providing communication, information and education, as well as facilities promoting balanced nutrition and physical activities for students. This collective effort aligns with the mission to create the healthier, intelligent and talented generation.It is vital to have public-private collaboration in shaping a better education ecosystem. Thus, the private sector collaboration with the education ministry will focus on providing learning materials on hygiene to teachers and students under the Sehat School Initiative, aiming to instill clean and healthy living habits. The vision should be based on to inspire a sustained positive impact on the health and happiness of the younger generation." The initiative will offer extensive and adaptable learning materials for schools. These resources will serve as the catalyst, fostering clean and healthy living habits within the school environment. It is a tangible commitment to enhancing public awareness. The initiative aims to educate and empower communities about the importance of adopting healthy habits and lifestyles from an early age. The focus includes promoting healthy eating, active lifestyles, the mental health and environmental wellbeing, striving to create a healthy environment for children to learn and grow and helping millions of Pakistani families lead healthier, longer and better lives.

CONCLUSION

Universal Health Coverage was first implemented in Khyber Pakhtunkhwa (KP) province and has since rapidly expanded throughout the country, offering healthcare to all families living in Punjab, Sindh, Balochistan including AJ&K, Gilgit Baltistan, notwithstanding of their financial situation. Eligible families residing in GB and ICT zones can also utilize the facility. Although Program does not benefit families in Sindh or Baluchistan as a whole, but Sindh government is

already thinking about launching a provincial initiative of their own. The program's primary obstacles and limits at the moment are sustainability, incompatibility of treatment costs and reimbursement caps, as well as the limited availability of the healthcare facilities and treatment options in rural areas. Risk mitigation methods are essential as Program grows quickly in order to prevent a financial deficit in face of rising incidence rates and claims exceeding premiums. These tactics could involve private insurer inclusion, tier pricing, subsidiaries from other insurance companies or government funding, and reimbursement rates negotiated with the private sector at or below over-the-counter prices. In this linking, effective long-term financial planning and diversified funding sources are crucial for the sustainability of proposed health initiative.

It is thought that a quick growth without the sufficient boost in capacity and an institutionally negotiated pricing structure could result in the possible financial deficit and jeopardize the program's long-term viability. All important players in the public and business sectors must remain committed and keep up their efforts if these accomplishments are to be sustained. Risk mitigation methods are essential as the program grows quickly in order to prevent a financial deficit in the face of rising incidence rates and claims exceeding premiums. These tactics could involve private insurer inclusion, tier pricing, subsidiaries from other insurance companies or government funding, and reimbursement rates negotiated with the private sector at or below over-the-counter prices. It is expected that a quick growth can result in a possible financial deficit if there isn't a sufficient rise in capacity and an institutionally established price structure. As far as strategizing Sehat School Initaive is concerned, its totally a new idea. In order to attain the goal of Sehat School Initiative, the government is required to collaborate with the private sector to further develop Healthy School Partnership Movement for Healthy, brainy Pakistani children with character which is to set to redefine the landscape of the education and student's well-being.

It is a holistic concept encompassing three main focuses, or 3S's, which are Nutritious Health, Physical Health and Immunization Health. The 3S's approach aspires to cultivate a culture of clean and healthy living in schools. Transforming and instilling healthy behaviors in children requires a collective effort from diverse partners from the various sectors including industry, business, non-governmental organizations and government ministries. Support encompasses a range of programs, from health education initiatives to providing communication, information and education, and facilities promoting balanced nutrition and physical activities for students. The successful health programs require collaboration between education and health sectors as integrated approaches ensure that health education is not seen as an additional burden but as a critical part of school curriculum. The continuous training and capacity building of teachers and healthcare providers are essential for success of the initiative.This collective effort aligns with the mission to create a healthier, more intelligent and talented generation. It is crucial to have public-private collaboration in shaping a better education ecosystem. The private sector collaboration with education ministry will focus on providing learning materials on hygiene to teachers and students under Sehat School Initiative, aiming to instill clean and healthy living habits.

Recomendations/ Way Forward

1. To overcome the huge financial implications, the Government is required to pointout those citizens who live below the poverty line that cant afford health facilities and devise a comprehensive strategy to extend Sehat Sahulat Card and Sehat School Initiative. This will not only result in considerable decrease in budgetary allocation but priorotize the most dserving as well.
2. A larger share of GDP should go into funding public health in order to lower household costs & offer more extensive coverage. To guarantee that the Program/Initiative efficiently targets and reaches the intended beneficiaries, make use of updated family-level data from NADRA.
3. To guarantee the program runs well, roles and duties of stakeholders such as the State Life Insurance Corporation (SLIC), Provincial Health Departments, NADRA and Federal SSP should be precisely outlined and effectively administered.
4. Keep broadening program's scope to serve additional families, particularly those who are at or near the poverty line, and make sure that all residents in the targeted areas have complete access.
5. Creating financial, institutional, and legal structure that ensures program's long-term sustainability. Make sure everyone who qualifies for the program can easily access it & that obtaining benefits should be a simple process.
6. Oversee an effective grievance redressal system to settle any problems pertaining to the treatment & enrollment. Promote collaborations between public and private healthcare institutions to boost the number of hospitals with an accreditation and enhance service provision.
7. There should be strict check and balance over the Program to ensure transparency, acooutablility so that corrupt practices could be mitigated. In this regard, establishing thorough monitoring & assessment systems to keep tabs on hospital claims, beneficiary feedback, financial utilization, and the number of enrolled beneficiaries.
8. Awareness through print, electronic and social media may be raised among public regarding Sehat Sahulat Card and the proposed Sehat School Initiative so that maximum number of deserving citizens could avail health facilities being offered by these programs.
9. It's also critical to strengthen sakeholders' capacity throughout the process. To mitigate risk and enhance capacity, expanding the Program to include private insurers may be advantageous. When private hospitals and care providers have tiered pricing structures, the state insurer may have to pay more than what it would otherwise pay for a private customer. This is where involvement of private insurers can help regulate the situation. The Program's long-term viability could be jeopardized, nevertheless, by the Program's quick expansion without corresponding increase in capacity or institutionally agreed pricing structure.
10. By enhancing the accessibility and availability of health services and reducing the documentation need, every effort must be taken to guarantee that every citizen receives in-person medical care.

11. To prevent these hospitals from offering the "pick and choose" option, there must be a sufficient number of panel hospitals that are willing to provide their services to citizens. Additionally, the packages that are supplied in exchange for a treatment must be enticing.
12. All government-run healthcare facilities need to be included in the SSP pool. All private hospitals ought to be required to participate in the SSP. The authorities must ensure that healthcare officials should be available in hospitals 24/7.
13. A number of channels, such as the website and a dedicated SMS service, should make the hospital list accessible to general public. To help patients locate the closest hospital, the program ought to include a few Android applications.
14. It is necessary to develop a grassroot communication strategy, particularly in the districts where the program is offered. Beneficiaries' doorsteps need to receive the main messages. The Program may involve notable individuals from community, departments of Education and Health, as well as other social safety net agencies with local presence (such as Pakistan Bait-ul-Mal, BISP, Zakat, and different province social protection/security bodies). Taking into account demands of population, communication strategy should be diverse overall.
15. To address the issue of the families' persistent concerns over the inconsistency of the expenses of care in hospitals in the private sector and systemic caps; it is proposed that:
    a. bringing together public health services to offer comparable care at far lower rates, and
    b. obtaining a lower cost from the private sector via negotiating, since the SSP may be a significant public buyer of healthcare.
16. The Actuarial Analysis's suggested risk mitigation techniques are vital. The state insurer is expected to experience a financial deficit as a result of the higher incidence rates and claims, which could jeopardize the entire Program. The state insurer would then need to rely on subsidiaries from other insurance companies/government money. It is necessary to develop strategies that incorporate the commercial insurers, subsidiaries from other insurance companies or government funds, a tiered pricing system, and reimbursement rates agreed with the private sector at or below over-the-counter prices.
17. Government must properly plan to reduce this risk because rapid program expansion without a sufficient increase in capacity and institutionally negotiated pricing structure could result in a potential financial deficit and jeopardize the Program's long-term sustainability. This was demonstrated in case of Khyber Pakhtunkhwa, where Program was temporarily suspended.
18. In order to attain goal of Sehat School Initiative, Government is required to collaborate with the private sector to further develop Healthy School Partnership Movement for Healthy, Intelligent Pakistani children with character which is to set to redefine the landscape of education and student's well-being.
19. Providing learning materials on hygiene to teachers and students under the Sehat School Initiative, aiming to instill clean and healthy living habits.

20. Transforming and instilling healthy behaviors in our children requires a collective effort from diverse partners from many sectors like industry, business, non-governmental organizations and government ministries.
21. In order to attain goal of Sehat School Initiative, government is required to collaborate with the private sector to further develop Healthy School Partnership Movement for Healthy, Intelligent Pakistani children with character which is to set to redefine the landscape of education and student's well-being.

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