SEHAT SAHULAT PROGRAM EFFECT ON PATIENTS PRESENTING TO SECONDARY LEVEL HOSPITAL IN MARDAN

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ABSTRACT

OBJECTIVES

The aim was to find the difference between government and private hospitals at the Mardan secondary level for sehat sahulat card effect on patients for their selection of hospital, dates, and time issues for elective and emergency cases with department facilities.

METHODOLOGY

This quantitative cross-sectional study was conducted to see the difference between the government and private hospitals for sehat the sahulat program effect on patients. Patients care is important on both sides but to find out the difference where more work should be done to achieve universal global health under the Khyber Pakhtunkhwa government for the benefit of their people's health.

RESULTS

Total patients 10112 visited District Head Quarter (DHQ) hospital from February 2021 to February 2022 while 5672 were in a private hospital in which the ratio for gynaecology was 19 % (854 pts. DHQ) and 31% (1652) private hospital. Medical admissions were 2224 (50%) for a government hospital and none for private while surgical admissions were 1379 (31%) for government and 2665 (50%) for private hospitals. The significant ratio for chi-sq was P<0.5

CONCLUSION

Government hospital flow of patients is more than the private sector in admission ratio for medical cases then surgical while private has more flow for surgical admission than medical with all facilities provided on the desk and timely managed at the time of admission. Senior consultant's ratio of surgeries in private is more than in government hospitals.

KEYWORDS: *Health Insurance, Social Health Protection, Health Financing, Sehat Sahulat*

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INTRODUCTION

Health care is so unaffordable, that about half of the world's population cannot use basic medical facilities. In order to receive healthcare, more than 930 million people have to pay 10 per cent of their family income. Due to the cost of obtaining critical healthcare, more than 100 million people are forced into extreme poverty each year. Universal Health Coverage (UHC) can be acknowledged as a significant and effective policy in the health systems of nations, one that can raise the standard of living for people to a desirable level by offering affordable, high-quality healthcare to everyone, everywhere. Consequently, implementing UHC can significantly influence health promotion, make it simpler for people in need to receive care, and

promote public health, especially for the poor. Sehat sahulat program is a Khyber Pakhtunkhwa, Pakistan government initiative to improve the health status of its population through government resources.[1,2,3] Each new family is added to this health project every year. Both Secondary and tertiary care is provided to each individual in the family. It is a contribution toward achieving universal health coverage. The world population is increasing day by day with fewer resources for health, population of Mardan according to Pakistan metro area population is 396000, a 2.06% increase from 2021.[4] According to Khyber Pakhtunkhwa health statistics, 3894 doctors work in the province's government hospitals and the per doctor population is 7075.[5,6] 23rd September 2019 UN world leaders assembled to build universal health coverage for all the world.[7,8] Policy making and systems need more work which requires new literature, facilities, and knowledge.[9,10] In achieving progress, we must see many challenges which may be in the faces of capacity, building, sufficient funds and productive findings from both sides.[11,12,13] Elective cases were routinely done two days a week while in a private hospital they were performed on daily basis. The capacity of government hospitals is always more than private which is always dependent on management.

METHODOLOGY

This quantitative cross-sectional study was conducted at Mardan secondary-level hospitals. We want to point out the difference between government and private hospital patient presentations in each department at the secondary level. There are some issues which need to be focused on for the betterment of health and the project. Public favors private hospitals with all facilities rather than the government. Results were analyzed through SPSS version 24. Fisher exact test was performed for statistics P- value.

RESULTS

Table 1: Patients Visiting District Head Quarter Hospital

	f(%)
Admission	4449.8(44%)
Visit	56662.72(56%)
Departments	
Medicine	2224(50%)
Gynecology	854(19%)
Surgery(Ortho & General)	1379(31%)
Neurosurgery	0
Urology	0
Endoscopic Procedure	0

Table 2: Patients Visiting Private Hospital

	f(%)
Admission	5331.68(94%)
Visit	340.32(06%)
Departments	
Medicine	0
Surgery(Ortho & General)	2665(50%)
Neurosurgery	533(10%)
Urology	479(09%)
Gynaecology	1652(31%)
Endoscopic Procedures	0

Table 3: Fisher Exact Test for Significant P-Value

	Admission	Visits
DHQ	4449	5662
Private	5331	340

Table 4: Department with a Lack of Facilities/Instruments/ Equipment at DHQ

		Doctors	Instrument/ Equipment
DHQ Hospital Departments	Cardiology	Present	Nil
	Gastroenterology	Present	Nil
	Neurosurgery	Present	Nil
	ENT	Absent	Nil
	Eye	Absent	Nil
	Orthopedics	Present	Nil
Private Hospital Departments	Cardiology	Present	Present
	Gastroenterology	Present	Present
	Neurosurgery	Present	Present
	ENT	Present	Present
	Eye	Present	Present
	Orthopedics	Present	Present
	Interventional Radiology	Present	Present

DISCUSSION

Covering all secondary and tertiary level diseases in the provisional government sehat sahulat program is a huge initiative in covering millions of people. The 1973 constitution of Pakistan does not give health as a fundamental right while article -38 gives it as social protection.[14,15] This program covers all Khyber Pakhtunkhwa citizens according to Universal Health Coverage (UHC) with Beneficiaries bearing no copayment, premium or coinsurance.[16,17] According to the census, 2017 data Khyber Pakhtunkhwa's population is 35.55 million. Patient's record presenting to Out-Patient Department (OPD) of bone marrow transplant center Combined Military Hospital Rawalpindi is 1400 per month, out of these 1400 ratio 40% are from Khyber Pakhtunkhwa's and having blood-borne diseases which suffer from congenital anemia, thalassemia, multiple myeloma, aplastic anemia etc. which need a bone marrow transplant. Such patients need the same attention as liver and kidney transplant patients were given in sehat sahulat program in which 5.1 million will be spent on each patient.[18] There should be no variation in

hospitals and departments at the government level. Each department should be highly equipped and facilitated to achieve UHC.[19] In DHQ we have all the doctors but have no equipment and instruments which has shifted the patients flow from the government to the private sector. The sharing formula for DHQ has more concern by the junior doctors who are qualified but not getting their share as equal to consultant/HOD where they practice more at private rather than government hospitals. The cornerstone for this project is to bridge financial gaps, which are usually enhanced by government revenues or foreign donor.[20] The amount received from this project should be utilized to make the department's needs fulfilled and will help the patients and government revenues. Government should allow secondary-level hospitals to make their own pharmacy under their pharmacist so that quality-based medicines should be available to patients at the hospital desk.

LIMITATION

Most of the government and private hospitals were not included in the study. This study was performed in one district of Khyber Pakhtunkhwa.

CONCLUSION

A significant step toward UHC is covering the whole province. Government should take steps to make government hospitals better with departments and equipment. Amount received should be utilized in departments for expenditure which will improve population health. Senior consultants should perform their best in a government hospital. Pharmacy issues are the main concern in all KP government hospitals which should be solved on an immediate basis. The flow of patients in medical admission is more than surgery which is vice versa in private hospitals. The private hospital provides all facilities on the desk which is a one-roof program while the government hospital has vendors for medicine and public dealing is difficult with two departments which wastes time for patients and attendants. Daily basis elective cases should be entertained in the morning list and institutional base practice (IBP). Senior consultants should perform more surgeries in government than in private for the betterment of government hospitals.

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