

**THE KHYBER PAKHTUNKHWA UNIVERSAL HEALTH COVERAGE ACT, 2022.  
(KHYBER PAKHTUNKHWA ACT NO. XVII OF 2022)**

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**AN  
ACT**

*to provide for health protection to the all the families in the  
Province of Khyber Pakhtunkhwa.*

**WHEREAS** it is expedient to provide for health protection of all the permanent resident families of the Province of Khyber Pakhtunkhwa through a systematic approach and clear delineation of roles of key stakeholders towards better performance in the health system and to ensure that all the permanent resident families of the Province of Khyber Pakhtunkhwa registered with NADRA are guaranteed equitable access to a predefined package of healthcare services and to provide for other matters ancillary herewith and incidental thereto;

It is hereby enacted by the Provincial Assembly of the Khyber Pakhtunkhwa as follows:

**CHAPTER-I  
PRELIMINARY**

**1. Short title, extent and commencement.**---(1) This Act may be called the Khyber Pakhtunkhwa Universal Health Coverage Act, 2022.

(2) It shall extend to the whole of the Province of Khyber Pakhtunkhwa.

(3) It shall come into force at once.

**2. Definitions.**---In this Act, unless there is anything repugnant in the subject or context,-

(a) **“additional income”** means income generated by the empanelled hospitals through the Programme;

(b) **“basic package”** means the free of cost healthcare service provided under the Programme;

(c) **“beneficiary” or “beneficiaries”** mean any member of the family registered with NADRA as permanent resident of the Province;

(d) **“Department”** means the Health Department of Government;

(e) **“empanelled hospital”** means a hospital, nursing or maternity home or such other medical service providers in public and private sectors, selected for provision of healthcare services to the beneficiaries and policy holders of the Programme;

- (f) **“family”** means a group of persons registered as family with NADRA;
- (g) **“Fund”** means the Fund established under section 14 of this Act;
- (h) **“Government”** means the Government of the Khyber Pakhtunkhwa;
- (i) **“health insurance services”** mean the healthcare services under the basic package offered to the beneficiaries under this Act;
- (j) **“member”** means a member of the Policy Board;
- (k) **“NADRA”** means the National Database and Registration Authority established under section 3 of the National Database and Registration Authority Ordinance, 2000 (Ordinance No. VIII of 2000);
- (l) **“Policy Board”** means the Khyber Pakhtunkhwa Universal Health Coverage Policy Board established under section 7 of this Act;
- (m) **“policy holder”** means an individual, family or a group who has purchased an additional package under section 4 of this Act;
- (n) **“premium”** means an amount paid annually by the Policy Board or by a policy holder to the hired insurance firm/third party, in order to provide them a basic package or, as the case may be, the additional package alongwith the basic package of services as explained in sections 3 and 4 of this Act;
- (o) **“prescribed”** means prescribed by rules or regulations;
- (p) **“Procurement law and rules”** means respectively the Khyber Pakhtunkhwa Public Procurement Regulatory Authority Act, 2012 (Khyber Pakhtunkhwa Act No. XI of 2012) and the Khyber Pakhtunkhwa Public Procurement of Goods, Works and Services Rules, 2014;
- (q) **“Programme”** means the Sehat Card Plus Programme as provided in section 3 of this Act;
- (r) **“Province”** means the Province of the Khyber Pakhtunkhwa;

- (s) **“registered population”** means the population registered with NADRA as permanent residents of the Province;
- (t) **“regulations”** mean the regulations made under this Act;
- (u) **“rules”** mean rules made under this Act;
- (v) **“Social Health Protection Initiative”** means the Social Health Protection Initiative of the Province branded as Sehat Card Plus Programme; and
- (w) **“universal health coverage”** means provision of needed healthcare services to the beneficiaries of the Programme when and where they need them, without financial hardship in the manner as provided in section 3 of this Act.

## **CHAPTER-II** **THE PROGRAMME**

**3. Sehat Card Plus Programme.**---(1) Soon after the commencement of this Act, Government shall, under the auspices of the Policy Board, provide health protection to the beneficiaries under a Programme to be known as the Sehat Card Plus Programme in accordance with section 5 of this Act.

(2) The Programme shall be a body corporate having perpetual succession and a common seal with powers to acquire and hold property, enter into contract, sue and be sued by its name.

(3) The Programme shall be executed by the Policy Board through a third party insurance firm having expertise in the field of health insurance. The third party insurance firm shall be selected through a transparent bidding process, in accordance with the provisions of the Procurement law and rules.

(4) For the purpose of sub-section (3), the Policy Board shall enter into an agreement with the selected insurance firm, covering all the matters relating to the execution of the Programme, including the basic package, claims management and other ancillary matters.

(5) The Computerized National Identity Card of each beneficiary shall serve as the basis of eligibility for availing benefits under the Programme.

(6) Subject to the available budget, all the beneficiaries of the Programme shall be provided with a basic package of inpatient healthcare services to be determined by the Policy Board with the approval of Government.

(7) The maximum limit of the basic package, in terms of money, shall be fixed by Government on the recommendations of the Policy Board.

**4. Additional package.**---(1) The insurance firm may, with the approval of the Policy Board, offer additional package, which is over and above the basic package, to interested individuals, families and groups on payment of such additional premium, as determined by Government on the recommendation by the Policy Board, in the manner as may be prescribed in rules.

(2) The additional package under sub-section (1), shall be regulated in the manner as may be prescribed by rules.

**5. Service providers.**---(1) Healthcare services to the beneficiaries under the basic package as provided in section 3 or an additional package as provided in section 4, shall be provided through empanelled hospitals.

(2) Service providers shall be empanelled in the manner, as may be prescribed by regulations.

(3) The empanelled hospitals shall be paid by the insurance firm for the provision of services in a manner, as may be prescribed by regulations.

(4) Public hospitals shall retain, without loss of budget, all of the additional income.

(5) The additional income under sub-section (4), shall be retained and utilized for the improvement of quality of healthcare services and payment of incentives to the hospital staff in such a manner as may be prescribed in regulations.

**6. Central Management Information System.**---(1) For the purpose of managing information regarding the Programme, the Policy Board shall establish a Central Management Information System. The Policy Board may procure the services of a third party for the purpose of establishing the Central Management Information System.

(2) All the information regarding enrolment of beneficiaries, empanelment, admissions and treatment in hospitals, claims data, beneficiaries' grievances and any other information approved by the Policy Board, shall be collected and processed on the Central Management Information System.

(3) The Policy Board, the empanelled hospitals and the insurance firm shall provide necessary data for the establishment and updation of the Central Management Information System.

### **CHAPTER-III** **THE POLICY BOARD**

**7. Khyber Pakhtunkhwa Universal Health Coverage Policy Board.**---(1) Soon after the commencement of this Act, the Department shall, by notification in the official Gazette, establish a Policy Board to be known as the Khyber Pakhtunkhwa Universal Health Coverage Policy Board.

(2) The Policy Board shall consist of the following, namely:

- |     |   |                               |
|-----|---|-------------------------------|
| (a) | Minister for Health, Khyber Pakhtunkhwa;  | Chairperson                   |
| (b) | Secretary to Government, Health Department or his nominee not below the rank of an Additional Secretary;              | Member                        |
| (c) | Secretary to Government, Finance Department or his nominee not below the rank of an Additional Secretary;             | Member                        |
| (d) | Director General Health Services, Khyber Pakhtunkhwa;   | Member                        |
| (e) | three persons from private sector to be appointed by the Chief Minister on the recommendations of the Department; and | Members                       |
| (f) | Chief Executive Officer.  | Member<br>-cum-<br>Secretary. |

(3) The members at clause (e) of sub-section (2), may include health insurance expert, retired civil servants, retired officers of medical profession or patient's safety, financial management experts, philanthropists having significant contribution in health, quality assurance experts and a representative of civil society.

(4) The members at clause (e) of sub-section (2), shall hold office for a term of three years or during the pleasure of the Chief Minister, whichever is earlier.

(5) The members at clause (e) of sub-section (2), may resign from his office by tendering resignation to the Chief Minister:

Provided that the member shall continue to hold the office until his resignation is accepted.

(6) Any vacancy caused due to death, resignation or removal of any member at clause (e) of sub-section (2), shall be filled in by the Chief Minister through appointment of another person as member and such appointee shall hold such office for the unexpired term of his predecessor.

**8. Meetings of the Policy Board.**---(1) The Policy Board shall hold at least six meetings every year or as frequently as required. The meeting of the Policy Board shall be convened by the Chairperson.

(2) The Chairperson shall preside over the meeting of the Policy Board. In case of his absence, the Secretary of the Department shall act as Chairperson of the Policy Board.

(3) The quorum for the meeting shall be five members.

(4) The member count shall be determined by actual members present or those attending through duly authorized video link.

(5) All decisions of the Policy Board shall be taken by consensus and in case of division of opinion, the decision shall be taken by majority of votes:

Provided that in case of equality of votes, the Chairperson shall have a casting vote.

(6) No act or proceedings of the Policy Board shall be invalid merely because of the existence of any vacancy.

(7) Special meetings of the Policy Board shall be convened on the request of at least one-third of the members.

**9. Functions of the Policy Board.**---(1) The Policy Board shall perform such functions and exercise such powers, as may be required to ensure health protection of beneficiaries and to improve quality of healthcare services offered to them under the basic package or any additional package.

(2) Without prejudice to the generality of the provisions of sub-section (1), the Policy Board shall,-

- (a) ensure that objectives of the Programme are achieved in light of the National Health Vision and policies of the Government;
- (b) oversee the effective management and providing strategic directions to the Programme;
- (c) approve regulations prescribing procedure for appointment, terms and conditions of service, disciplinary matters and other service matters for employees of the Policy Board and oversee the process of appointment of employees of the Policy Board;
- (d) approve annual business plan, financial plans, annual budget and major transactions;
- (e) select insurance firm or third party for execution of the Programme in accordance with the Procurement law and rules;
- (f) acquire, hold and dispose of property;

- (g) enter into contracts with any entity organization or person;
- (h) approve the hospitals or service providers for empanelment or de-panelment;
- (i) approve rates for different services provided through empanelled hospitals under the Programme;
- (j) constitute committees for any purpose in relation to the implementation of the Programme;
- (k) regulate the service providers through policy guidelines issued from time to time;
- (l) recommend policy proposals for the approval of Government on the expansion of Programme, coordination with other safety net and development programs like Zakat, Bait-ul-Mal or Benazir Income Support Programme and others;
- (m) devise and implement necessary Standard Operating Procedures to ensure that empanelled public and private hospitals provide services as per the approved health package and to take action against them in case of non-compliance;
- (n) undertake in the manner, as may be prescribed by regulations, the promotional campaigns to create awareness amongst the population for optimum utilization of the healthcare services offered through the Programme; and
- (o) perform any other function as may be assigned to it by Government or as may be prescribed in rules.

**10. Chief Executive Officer.**---(1) There shall be a Chief Executive Officer of the Programme who shall be responsible for day-to-day administration of the affairs of the Programme and shall exercise such powers and perform such functions, as may be prescribed by regulations or assigned to him by the Policy Board.

(2) The Chief Executive Officer shall be appointed by the Policy Board in such a manner, with such qualifications and on such terms and conditions, as may be prescribed by regulations.

(3) The Chief Executive Officer shall serve during the pleasure of the Policy Board for a term up to three years which may be extended for another such term.

**11. Employees of the Policy Board.**---(1) To support the Chief Executive Officer in the performance of his functions under this Act, the Policy Board shall appoint such number of employees, in such a manner and on such terms and conditions, as may be prescribed by regulations.

(2) The Policy Board may fill in the vacant positions of the Policy Board through deputation of employees from the Department till hiring of the employees from the market.

**12. Appointment of advisors and consultants.**---The Policy Board may appoint advisors, consultants and technical experts, as it may considers necessary, for the performance of its functions under this Act, on such terms and conditions, as may be prescribed by regulations.

**13. Existing employees.**---(1) Within one hundred and twenty days of the commencement of this Act, all the existing employees of the Social Health Protection Initiative regularized under the Khyber Pakhtunkhwa Employees (Regularization of Services) Act, 2018, shall be given one time option of absorption in the Programme or to remain employees of the Department.

(2) Those employees who opt for absorption in the Programme, shall be absorbed in the Policy Board on such terms and conditions, as may be prescribed by regulations. The employees, who do not opt for absorption, shall remain as the employees of the Department and shall serve in the Programme on their existing terms and conditions.

(3) All the contract employees of Social Health Protection Initiative shall be considered as the employees of the Programme till their contract period is completed on the same terms and conditions as agreed at the time of their appointment.

#### **CHAPTER-IV** **FINANCES**

**14. Fund.**---(1) There shall be a fund of the Programme to be known as the Khyber Pakhtunkhwa Universal Health Coverage Fund.

(2) The Fund shall consist of-

- (a) grants from Government;
- (b) grants from the Federal Government;
- (c) unutilized premium or savings from the previous year;
- (d) annual fee received from empanelled hospitals in the prescribed manner;
- (e) voluntary contributions or donations; and
- (f) grants and income from other sources.

(3) The Fund account shall be maintained at such bank or treasury, as may be prescribed.

(4) The Fund shall be kept in such custody and shall be utilized and regulated in such manner, as may be prescribed by regulations.

(5) The Fund shall be used for payment of premium and other costs of the Programme, as may be prescribed by regulations.

(6) A portion of the Fund shall be specified as "Reserve Fund" to be used in the manner, as may be prescribed by regulations, for payment of cost exceeding the basic package limit or to cover cost of those procedures or treatments not covered under the Programme.

(7) The Policy Board may invest money not required for immediate expenditure in a manner, as may be prescribed by rules.

**15. Budget and accounts.**---(1) The Policy Board shall prepare and approve annual budget for a financial year in the prescribed manner.

(2) No expenditure shall be made for which provision has not been made in any approved budget, except if made from any previously approved contingency funds, unless further approval is sought and obtained from the Policy Board.

(3) The Policy Board shall keep proper accounts and shall, as soon as practicable, after the end of each financial year, prepare a statement of accounts of the Policy Board through the Chief Executive Officer for the financial year which shall include a balance sheet and an account of income and expenditure.

**16. Audit of accounts.**---(1) The accounts of the Programme shall be audited by the Auditor General of Pakistan. The Policy Board shall render all out support to the Auditor General Office while carrying out audit of the Programme's accounts.

(4) The Policy Board shall also engage the services of a reputed private sector Chartered Accountancy firm for carrying out external annual audit. Both the audit reports shall be submitted in due time to the Department.

(5) The Policy Board shall, within one hundred and twenty days of the end of each financial year, together with the annual report of the Policy Board, send through the Department a copy of the statement of accounts of the Policy Board certified by the auditors and a copy of the auditor's report and the third-party audit to Government.

**CHAPTER-V**  
**MISCELLANEOUS**

**17. Delegation of powers.**---The Policy Board may, subject to such conditions and limitations, as it may deem fit to impose, delegate any of its powers or functions to the Chairperson, Chief Executive Officer, a committee constituted by it, a member or employee, except the powers to-

- (a) frame, amend or repeal regulations;
- (b) approve policy decisions, guidelines or procedures for the operation of the Fund;
- (c) determine the terms and conditions of service of the employees of the Policy Board;
- (d) constitute committees;
- (e) approve the annual budget, audited accounts and annual reports of the Policy Board; and
- (f) consider audit reports of the Policy Board.

**18. Directions of Government.**---Government or the Department may, from time to time, give policy directions to the Policy Board, including, but not limited to, defining the eligibility criteria, revising the entitlement and modifications of basic package.

**19. Succession and validation.**---On the commencement of this Act,-

- (a) the Social Health Protection Initiative shall stand transferred to the Policy Board;
- (b) all the assets of Social Health Protection Initiative shall stand transferred to the Policy Board;
- (c) all the employees serving in the Social Health Protection Initiative before coming into force of this Act, shall be dealt in accordance with section 13 of this Act;
- (d) all the actions and activities, taken under the Social Health Protection Initiative shall stand valid and shall be deemed to be taken under this Act; and
- (e) expansion of Sehat Card Plus to all population of the Province done during 2020 and 2021, through State Life Insurance Corporation, shall be deemed to have been done under this Act.

**20. Savings.**---Save as otherwise specifically provided, nothing in this Act shall affect or be deemed to affect anything done, action taken, proceedings commenced, orders, rules, regulations, appointments, agreements made, directions given or instruments executed or issued in relation to Social Health Protection Initiative and any such things, actions, proceedings, orders, rules, regulations, appointments, agreements, directions or instruments shall, if in force at the commencement of this Act and not inconsistent with any of the provisions of this Act, continue to be in force and have effect as if they were respectively done, taken, commenced, made, directed, given, executed or issued under this Act.

**21. Annual report.**---The Policy Board shall within ninety days of the end of each financial year, prepare a report on the activities and performance of the Policy Board and submit a copy of the report to Government through the Department.

**22. Public servants.**---The Chairperson, members and the employees of the Programme shall be deemed to be public servants within the meaning of the section 21 of the Pakistan Penal Code, 1860 (Act No. XLV of 1860).

**23. Removal of difficulties.**---If any difficulty arises in giving effect to any provision of this Act, Government may make such order not inconsistent with the provisions of this Act, as may appear to it to be necessary for the purpose of removing such difficulty.

**24. Overriding effect.**---The provisions of this Act shall have effect notwithstanding anything to the contrary contained in any other law for the time being in force.

**25. Power to make rules.**---Government may, by notification in the official Gazette, make rules for the purpose of this Act.

**26. Power to make regulations.**---(1) The Policy Board may, by notification in the official Gazette, make regulations not inconsistent with the provisions of this Act and the rules, for carrying out the purposes of this Act.

(2) The power to make regulations conferred under sub-section (1) shall be subject to the condition of previous publication and before making any regulations, the draft thereof shall be published in the official Gazette, two newspapers of wide circulation and on the website of the Programme, for eliciting public opinion thereon within a period of not less than fifteen days from the date of publication.