

THE PUNJAB PRIMARY AND SECONDARY HEALTHCARE SERVICES ACT 2025

(Act LX of 2025)

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¹THE PUNJAB PRIMARY AND SECONDARY HEALTHCARE SERVICES ACT 2025

(Act LX of 2025)

[1st July 2025]

An Act to provide the mechanism for provision of healthcare services, as well as operation and management of primary and secondary healthcare facilities

It is necessary and expedient to provide for a framework for provision of primary and secondary healthcare services through a complete structure of outreach community services, primary essential package of healthcare services and hospital based secondary healthcare to ensure universal access to quality healthcare, digitization of public healthcare records and building a digital referral mechanism within the province of Punjab.

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

1. Short title, extent and commencement.— (1) This Act may be cited as the Punjab Primary and Secondary Healthcare Services Act 2025.

- (2) It extends to the whole of Punjab.
- (3) It shall come into force at once.

2. Definitions.— In the Act:

- (a) “Act” means the Primary and Secondary Healthcare Services Act, 2025;
- (b) “agreement” means a written contract stipulating terms and conditions between service provider and the Department for provision of Community Health Inspectors or management of health facilities between the health manager and the Department;
- (c) “Community Health Inspector” means an accredited healthcare professional designated under this Act;
- (d) “Department” means the Health and Population Department, Government of the Punjab;
- (e) “Director General” means the Director General Health Services, Punjab;
- (f) “Directorate” means the Directorate of Monitoring and Evaluation as established under section 10 of the Act;
- (g) “electronic medical records” means digital records of a person’s medical history, diagnostics, clinical assessments and healthcare services received through Community Health Inspector, outreach mobile healthcare units or at any primary or secondary healthcare facility;
- (h) “Government” means the Government of the Punjab;
- (i) “healthcare facility” means premises provided under section 3 of the Act;
- (j) “health manager” means medical practitioner for outsourced service delivery or specialist consultants provided under sections 5 and 7 of the Act;
- (k) “healthcare services” means and includes all services relating to primary and secondary healthcare as notified by the Department from time to time for improving quality of healthcare service delivery;
- (l) “health data” means the data described in section 11 of the Act;

¹This Act was passed by the Punjab Assembly on 26 June 2025; assented to by the Governor of the Punjab on 01 July 2025; and was published in the Punjab Gazette (Extraordinary), dated 01 July 2025; page 05-10.

- (m) “medical practitioner” means an MBBS doctor registered with the Pakistan Medical and Dental Council and has a valid registration throughout his engagement as service provider;
- (n) “patient” means any individual who visits a healthcare facility and receives a healthcare service;
- (o) “prescribed” means as prescribed by the rules framed under the Act;
- (p) “service provider” means medical practitioner, specialist consultants, health manager, outsourced agency providing Community Health Inspectors, or any person who has been hired for any purpose under the Act;
- (q) “specialized hospital” means a hospital which is directly under the control of the Specialized Healthcare and Medical Education Department, Government of the Punjab; and
- (r) “Union Council” shall have the same meaning as provided in the Punjab Local Government Act, 2022 (Act XXXIII of 2022).

3. Healthcare Facilities.— Following premises shall serve as healthcare facilities under the provisions of the Act:

- (a) Maryam Nawaz Health Clinics;
- (b) Maryam Nawaz Hospitals;
- (c) Tehsil Headquarter Hospitals; and
- (d) District Headquarter Hospitals.

4. Maryam Nawaz Community Health Services.— (1) Maryam Nawaz Community Health Services Programme shall provide basic healthcare to people from birth to end of life at home and in communities through Community Health Inspectors.

(2) The Government shall determine terms and conditions, fee for services and responsibilities of the Community Health Inspectors.

(3) In addition to the general responsibilities, the Department may from time to time notify designated area, description of services and additional tasks, related and ancillary to healthcare services, for Community Health Inspectors.

(4) The Department shall hire Community Health Inspectors either directly or through third party service providers.

Provided that in case Community Health Inspectors are hired through a third-party service provider, all modalities shall be finalized through a written Agreement.

5. Maryam Nawaz Health Clinics.— (1) The Department shall make arrangements for provision of essential package of healthcare services through establishing one or more fully equipped Maryam Nawaz Health Clinics in each Union Council depending on population of the Union Council by either upgrading the existing healthcare facilities or by constructing new healthcare facilities wherever required, to be determined by the Government.

(2) Maryam Nawaz Health Clinic shall be made operational on performance-based financing, through complete outsourcing to a medical practitioner as a health manager, for operational management, including clinical services, provision of allied health professionals and free medicines to patients.

(3) The Government shall determine eligibility criteria and devise a mechanism for hiring of health manager through an open competitive process for the purpose.

(4) Terms and conditions of Agreement of outsourcing shall be determined by the Government containing, *inter alia*, the following:

- (a) Scope of services;

- (b) Responsibilities of parties;
- (c) Financial terms;
- (d) Duration of contract;
- (e) Monitoring and evaluation mechanisms;
- (f) Termination and dispute resolution clauses; and
- (g) Any other special policy instructions issued by the Department from time to time.

(5) Subsequent to digitization of health data of catchment population for each health clinic; the Government may decide to make the said clinic operational through outsourcing of services to a health manager on capitation payment basis.

(6) The Government shall determine the designated catchment area of health clinic, the rate of capitation payment per person and the duration of Agreement for the purpose.

6. Outreach Mobile Healthcare Units.– The Department shall make arrangements for provision of healthcare services in uncovered urban areas or hard to reach areas through mobile healthcare service units.

7. Maryam Nawaz Hospitals.– (1) The Department shall make arrangements for provision of healthcare services including but not limited to pediatrics, dental, gynecological and surgical procedures, and related diagnostic services across the province either through establishment of at least one fully equipped Maryam Nawaz Hospital to address the needs of population constituting catchment area of maximum five Maryam Nawaz Health Clinics by upgrading the existing facilities or constructing such new hospitals wherever required, to be determined by the Government.

(2) Maryam Nawaz Hospitals shall be made operational through complete outsourcing on performance-based financing to health manager, comprising the prescribed specialist consultants, for operational management, including clinical services, provision of allied health professionals and free medicines to patients.

(3) The Government shall determine eligibility criteria, qualification and the mechanism for hiring specialist consultants through an open competitive process for outsourcing purpose.

(4) Terms and conditions of Agreement for outsourcing are to be determined by the Government containing, *inter alia*, the following:

- (a) Scope of services;
- (b) Responsibilities of parties;
- (c) Financial terms;
- (d) Duration of contract;
- (e) Monitoring and evaluation mechanisms;
- (f) Termination and dispute resolution clauses; and
- (g) Any other special policy instructions issued by the Department from time to time.

8. Tehsil Headquarter Hospitals.– (1) The Department shall make arrangements for provision of wide range of secondary level specialist healthcare services and related diagnostic services at tehsil level, except district headquarters, across the province by establishing at least one fully equipped Tehsil Headquarter Hospital, to be determined by the Government.

(2) The Department shall determine and notify the range of specialist services, outpatient, inpatient and emergency services to be provided by Tehsil Headquarter Hospitals.

(3) The Government may determine operational mechanism for Tehsil Headquarter Hospitals through administration by the Department or complete outsourcing to eligible persons for management, provision of administrative and clinical services, provision of allied health professionals, support staff and free medicines to patients through open competitive process on performance-based financing.

9. District Headquarter Hospitals.– (1) The Department shall make arrangements for provision of complete package of secondary level specialist healthcare services and related diagnostic services at district headquarters across the province, except where specialized hospitals are set up, by establishing at least one fully equipped District Headquarter Hospital, to be determined by the Government.

(2) The Department shall determine and notify complete range of services relating to each specialty, outpatient, inpatient and emergency services to be provided by District Headquarter Hospitals.

(3) The Government may determine operational mechanism for District Headquarter Hospitals through administration by the Department or complete outsourcing of management, provision of administrative and clinical services, provision of allied health professionals, support staff and free medicines to eligible persons through open competitive process on performance-based financing.

10. Monitoring, Reporting & Evaluation.– (1) The Department shall establish a Directorate comprising of a Command & Control Center for monitoring, reporting, evaluating and regulating service delivery at all primary and secondary levels.

(2) The directorate may employ an integrated approach of collection, verification and analysis of real-time health data from the healthcare facilities through electronic medical records, including, *inter alia*, provision of community services, preventive services, patient visits, general physician and specialist medical practitioner consultations, diagnostic services, surgical and other curative procedures, emergency care, maternal and child healthcare services, immunizations, family planning, closed circuit television footage, routine and surprise field visits through designated monitoring assistants.

(3) The Department may appoint and post such number of officers for this directorate as deemed necessary keeping in view its requirements.

(4) The Department, for the purpose of defining the mandate of this directorate, shall notify specific responsibilities from time to time.

11. Health Data Protection and Confidentiality.– (1) Subject to the provisions of this Act, all data or information acquired or collected by the Department, either through physical or electronic methods shall make part of the “health data”, which shall include:

- (a) person’s demographic and medical information and any other ancillary data acquired during the course of service delivery;
- (b) any information acquired through electronic medical records;
- (c) data regarding stock details of bio-medical or other equipment, machinery, medicines, consumables, vaccines and any other moveable or immovable assets pertaining to the Community Health Inspector or healthcare facilities;

- (d) Any data or information to determine service delivery performance of Community Health Inspectors, Health Managers, Healthcare Facilities or any service provider;
- (e) Any data relating to key performance indicators;
- (f) Any data relating to communicable and non-communicable diseases;
- (g) Any data acquired in the course of performance of contractual obligations under the Agreement;
- (h) Any data which is acquired directly or indirectly under the provisions of the Act, rules framed hereunder and the Agreement; and
- (i) Any other form of data as may be prescribed in the rules or as the Department may notify from time to time.

Provided that all the rights relating to the Health Data are reserved by the Department, and the same may be used and shared for analysis to improve the quality of health service delivery by the Department.

Provided further that the Health Data may be provided upon the directions of a Court or a forum strictly in accordance with the prevalent law.

(2) The protection and confidentiality of the Health Data shall be ensured. Any person who has acquired access to the Health Data, voluntarily or involuntarily, shall keep the same confidential and may not use or disseminate it without the specific approval of the Department.

12. Digital Referral System.– (1) The Department shall make technical arrangements and capacity building support for establishing Digital Referral System with two-way referral from primary level facilities to secondary level facilities or specialized hospitals and vice versa with the aim to optimize patient satisfaction and utilization of time, human and financial resources.

(2) The Department shall determine and notify standard operating procedures for implementation of digital referral system at all healthcare facilities and outreach mobile healthcare units.

13. Responsibilities of the Department.– The Department shall be responsible for:

- (a) allocation and provision of necessary development or non-development resources and support from local or international agencies for provision of healthcare services at all levels;
- (b) ensuring provision of necessary infrastructure, equipment, machinery, vaccines, medicines and any other ancillary items as may be required;
- (c) monitoring provision of healthcare service delivery in community and at Health Facilities and take necessary corrective measures, wherever required;
- (d) carrying out routine third-party evaluations to analyze service delivery performance in community and at Healthcare Facilities;
- (e) provision of platforms for necessary capacity building trainings and workshops for healthcare service providers from time to time on its own or through third parties, non-government organizations and other entities for improving the standard of services;
- (f) making arrangement for dissemination of information through print and social media regarding healthcare services when necessary; and
- (g) safeguarding the implementation of the provisions of this Act, rules framed hereunder, and the terms of the Agreement.

14. Director General, officers, etc.— (1) The Director General, on behalf of the Department and subject to such terms and conditions as may be determined by the Department, shall be the designated authority to ensure functioning and implementation of the provisions of this Act.

(2) The Department may appoint such number of officers, advisors, experts, consultants or other employees as per its requirements for smooth implementation of the Act.

15. Recruitment of Human Resource.— (1) All recruitment of clinical or non-clinical staff including *inter alia* administrative staff, specialist consultants, medical practitioners, pharmacists, allied health professionals and support staff shall be on special pay packages for a fixed term.

(2) The Government shall determine terms and conditions, special pay packages and job description of all positions mentioned in sub-section (1).

(3) The Government shall constitute Special Selection Committees for all recruitment mentioned in sub-section (1).

(4) Human resource hired under this Act through any mode shall neither be entitled to regularization of services regardless of the duration of their work performed for the purposes of this Act nor shall claim status of Civil Servant under the Punjab Civil Servants Act 1974.

16. Liaison with other departments, etc.— (1) For the purposes of uninterrupted healthcare service delivery under the provisions of the Act, the Department may establish liaison with any other department, authority or body of the Government or any third party.

(2) In that eventuality, such department, authority or body of the Government, third party, non-government organization or a foreign agency shall be bound to provide assistance to the best of its capacity for furthering the purpose of the Act and the rules framed hereunder.

17. Public Servants.— The Director General, an officer, expert, advisor, consultant, clinical or non-clinical staff member, health manager or community health inspector working directly under the Act, shall be deemed to be a public servant in terms of Section 21 of the Pakistan Penal Code, 1860 (XLV of 1860).

18. Indemnity.— No suit, prosecution or other legal proceedings shall lie, against the Government, Department, Director General or any other person providing healthcare service, for anything which is, in good faith, done or intended to be done under the Act or the rules.

19. Delegation of Powers.— (1) The Government or the Department may, by notification, delegate any of the powers under this Act to an officer subordinate or any other local authority or entity in such circumstances and on such conditions as it may determine.

(2) The Department may constitute committees for the purpose of completing the assignments and regulating the affairs under the provisions of the Act, and the rules framed hereunder.

20. Power to make rules.— (1) Government may, by notification in the official Gazette, make rules to carry out the purposes of the Act.

(2) Without prejudice to the generality of provisions of sub-section (1), the rules may provide for, *inter alia*, any of the following:

(a) Functioning, maintenance, and performance of healthcare facilities;

- (b) collection, monitoring, reporting, evaluation, analysis and protection of data;
- (c) provision of designated health services at the healthcare facilities;
- (d) any other matter in furtherance of the provision of the Act.

21. Act to override.— Notwithstanding anything contained in any other law for the time being, the provisions of this Act shall have an overriding effect.

22. Removal of difficulties.— If any difficulty arises in giving effect to the provisions of the Act, the Government may, by an order, not inconsistent with the provisions of the Act, remove the difficulty.

23. Saving.— (1) All actions already taken by the Department to the extent that they are not inconsistent with the objectives and provisions of the Act, shall be deemed to have been validly done.

(2) The Department may, to the extent of any inconsistency, make requisite changes for bringing the existing framework in consonance with the provisions of the Act.