

Information Failure and Poor Health Services in Pakistan: How Information Communication Technology (ICT) Fills the Gap

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Introduction

It is woeful that in Pakistan the most crucial aspect of well-being is also the most neglected. Discussions around health policy in Pakistan's 70-year history have received little or no space in the agenda of any government – civil or military - that has taken over. While specific health related crises such as the spread of polio and child deaths in the tend to take the media by storm, a meaningful debate around the causes actually spurring such abysmal health services is appallingly absent. The indifference of Pakistan's government to health is reflected in the fact that a measly 0.9 % of the GDP is spent on health with only a third of that being allocated to public sector health services, leaving the public availing these services from the private sector primarily through out-of-pocket payments.

This apathy is evident in health indicators such as to name a few, the infant mortality is sky-rocketing to 66 per 1,000 births as opposed to 38 in India or a mere 8 in Sri Lanka and life expectancy in the nation for women is 67 years as compared to 73 in Bangladesh and 78 in Thailand. However, while these numbers speak volumes about the dismal quality of healthcare provided in Pakistan, they also remind us that behind these facts and figures lie heart-wrenching stories of countless lives that were ruined and cut short due to health facilities lacking the necessary care. Information failure, lack of accountability, miserly and mismanaged government funding and readiness on part of healthcare providers coupled with poor training amongst other deep-rooted

problems are responsible for the dreadful condition of the country's healthcare sector. After extensive research though we have deduced information failure as being the primal cause behind a great proportion of the problems that the healthcare sector faces and therefore our research aims to focus on solutions addressed specifically to overcome it (Malkani, 2016).

A systematic literature review being drawn from various sources has helped us analyze the major themes plaguing the health sector as a result of information failure. Assuming their prominence from the frequency of times they were mentioned in our sources along with the significance of their impact, we have narrowed down these themes and selected two to focus on for the purpose of this paper:

- Mismanaged Data Collection and Record-Keeping
- Staff Absenteeism

Keeping in special consideration the deep-rooted problems common to both the general concerns plaguing the healthcare sector and our specific areas of focus, our paper aims to expand beyond the traditional methods of physical contact with patients to the virtual platforms of e-Health as proposed solutions to correct information failure. E-health systems entail many sub-facilities including telemedicine, tele-education, telematics for improved management of healthcare and research, giving access to improved access and quality of healthcare. Both biblical and new models of healthcare are globally serving the masses side by side, with the latter pulling forward in most developed and developing societies alike, but in Pakistan the concept of e-Health is still relatively alien. Computer based health information systems are becoming the order of the day but their spread in Pakistan is still limited.

Objectives

The main objective of this study is to identify the relationship between information failure and poor health services in Pakistan. It also will investigate whether information communication technology (ICT) can fill the gap in the future.

Methodology

After a stringent evaluation of the sources used based on the credibility of their database (journal/website/newspaper), we compiled and analyzed data from several studies. We evaluated the methods of how ICT could be used to improve the health systems in Pakistan, and how the health system lacks behind in the country and developed policy recommendations based on the literature used in the report.

Results and Discussion

The World Health Organization (WHO) has listed Pakistan as one of the fifty-seven countries with a critical deficiency in its Human resources for health (HRH) (MLHW 102). The problem of health workforce deficiency is two-pronged. Firstly, there is no specific department dedicated to HRH within the ministry of health, and along with the inadequate training programs and unrevised health curriculums, health force that is being produced is simply not competent enough. With an absence of a department whose specific function is to monitor the workforce, 'slackers' take advantage of the information failure resulting from the fact that they have to meet low standards of accountability and do not take their public-sector duties seriously. Secondly, in Sindh alone, 35.7 percent of public-sector doctors are absent from their workplace during normal working hours (Agboatwalla and Niazi, 2010). This proportion is higher amongst rural regions as compared to urban regions.

A cause of inefficiency in itself, absenteeism further abates the efficient delivery of public health services within the country by presenting a dual obstacle- not only does absenteeism translate into leakage in

budgetary allocations as absence of health workers entails that budgetary allocations do not reach the beneficiaries; but absenteeism also leads to poor health service delivery due to unavailability of health personnel (Agboatwalla and Niazi, 2010).

Therefore, without the correction of information failure and a way forward being devised to improve standards of accountability and monitoring, increasing spending on the health sector is futile. Chaudhury et al. (2011) study staff attendance in health facilities in Bangladesh, Ecuador, India, Indonesia, Peru and Uganda to find that some common themes persist across countries such as generally higher absence rates in poorer regions, higher absence rates amongst higher-ranking and more powerful providers (such as the doctors), and higher absenteeism amongst men as compared to women. They also observe low evidence of financial incentives decreasing absenteeism, and instead find greater evidence that infrastructure plays a crucial role in increasing staff attendance.

We have identified the efficient keeping of medical records as a high-threat problem to Pakistan's healthcare institution due to the fact that record-keeping is a government's administration's basic tool. With records that are accurate and up-to-date, viable information is provided and this lays the foundation for future decision making and planning. A structured and effective medium to maintain records is needed such that it coordinates the care the patient receives in every department that they have received treatment in; with this not only serving the purpose of the patient receiving higher quality healthcare due to the staff having access to a complete medical history but also with the records providing evidence for the hospital's accountability for its actions and perhaps also direction for future medical research.

In line with new policies emphasizing better health care services including Millennium Development Goals, the Pakistan Government has introduced a series of federally funded vertical and horizontal programs such as Lady Health Worker Programme, Expanded Programme on Immunization, National Maternal and Child Health

Programme and Tuberculosis and HIV/AIDS Control Programme. Mismanaged record keeping is not only a consequence of information failure but also a cause of it. The purpose of this section is to highlight how important it is to carry out efficient and structured record keeping by ensuring that the information failure it both entails and creates is overcome, so as to not only record medical information of patients during consultation accurately leading to proper diagnosis and treatment but also for the successful execution of any health-related initiative.

Conclusion and Policy Implications

This report has discussed two major problems in the health sector that are caused by poor information which have often been given secondary importance in the literature on health policies. Firstly, ICT could significantly improve the condition of record keeping in Pakistan, which is a high-threat problem to the healthcare institution of Pakistan. An efficient record keeping system could improve the treatment the patient receives and also provide more informed directions for future research. The use of Electronic Health Records (EHRs) would significantly improve the record keeping system and provide quick and accurate medical information. Secondly, poor management and information flow results in stock unavailability in the pharmacies. An investment into an IT based management system could improve the budgeting and forecasts for the future, which would balance the levels of supply of different medicines. A more informed higher-level management would improve the accountability of the corruption and inefficiencies of the lower level workers.

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