

# Pakistan's <sup>Heal</sup> health burden <sup>fat</sup>

By Zubeida Mustafa

THE government has ingenious ways of naming evils in our society. A ghost school is termed as a dysfunctional institution. Quacks are called "unlicensed medical practitioners". The National Assembly was informed by the health minister last Friday that Pakistan has 200,000 — bluntly termed — quacks who are posing a serious threat to people's life.

This unpleasant fact of our health system has been known generally for long. But what has not been fully known so far is that conventional wisdom regarding the flaws of our health delivery infrastructure needs to be updated.

It is generally believed that quacks flourish because health facilities are not accessible to the common man who is forced to visit the so-called unlicensed medical practitioners when he falls ill. The government is held responsible for this failure since it has not opened enough dispensaries, clinics and hospitals to address the health needs of the ailing population.

The data released by the federal health ministry for 2006-07 is quite dismal. With the ratio of one doctor to population being 1,475 and one health facility catering to the need of 11,413 people, we cannot really expect the scenario to be satisfactory.

Besides, national averages present a distorted picture. For instance, if the health facilities are concentrated in the urban areas when the bulk of the population lives in the countryside, most people would be denied easy access to healthcare. Thus there are only 595 basic health units in Pakistan which is said to have 45,000 villages.

It can be said that people are forced to turn to quacks. And that is why the government does not even bother to crack down on them because it knows that it does not have the capacity to provide the service, howsoever spurious, the quacks are providing — while posing a serious threat to the lives of many people.

However, an uneven picture emerges in the urban scene. Many low-cost primary health facilities cater-

has an international standing.

All this is not enough. Many people have remained outside the pale. That has benefited the quacks. Cracking down on the quacks will drive them underground if alternative facilities are not provided. In this situation it is shocking to see how minimal the government's role has been in the area of preventive medicine. Reducing the incidence of disease would automatically reduce the burden of the health sector. This has always been the Achilles heel of our public health system.

It is well known that sanitation and the supply of potable water would cut down phenomenally diseases, especially diarrhoeal disorders and parasite-borne illnesses. The dissemination of health education can also help people lead healthy lives without visiting hospitals and doctors to obtain treatment.

Why is it not being done? We do not know where the funds for sanitation, the malaria control, AIDS prevention and family planning programmes and immunisation drives go. These efforts do not appear to be paying the expected dividends although none call for great expertise. But they do call for commitment, integrity and dedication that have been eliminated instead of the parasites and viruses that cause disease.

Another neglected area is that of public health education. The electronic media which should have been an excellent instrument for the dissemination of knowledge on health has apparently forgotten its social responsibility and is more concerned about the rat race. If a health message is linked to an ad — as one exhorting children to wash their hands — it will receive much air time because it generates revenues. But not every message has a commercial dimension.

Health professionals should seek to fill this gap by arranging for trained volunteers to talk to people who visit hospitals and clinics. The waiting

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scene. Many low-cost primary health facilities catering to the needs of the common man have sprung up in big cities like Karachi and Lahore.

Those set up by the private sector charge a fee, but a nominal one (ranging from Rs30 to Rs100), which people pay willingly if they are assured of good professional care. Besides, some departments of the public-sector hospitals offer excellent services while charging a few rupees — the *parchi* fee as it is called since Gen Ziaul Haq deemed the people to be undeserving of any free healthcare whatsoever.

In the government hospitals the services offered depend on the head of the department concerned. If he is an honest, compassionate and dedicated medical practitioner with a vision he manages to uplift his department notwithstanding the constraints a public-sector institution faces.

There are quite a few such examples, the Sindh Institute of Urology and Transplantation being a notable one. With an OPD attendance of 700,000 patients per annum, the institute has come a long way from its humble beginnings. It has grown into a leading urology/nephrology centre in Pakistan that does not charge a penny from its patients and

room of any hospital or private practitioner is jam-packed. Here many patients would benefit from a health talk. This can be done by volunteers who could be briefed about the kind of information they should disseminate.

Given the prevailing state of ignorance on health matters — even the educated are not always well-informed — and the constraints on time that doctors are faced with, it would make a difference if enlightened and educated volunteers talked about health issues as patients await their turn.

This would certainly help to reduce the disease burden in the country and lighten the load on the health sector. It would also improve the quality of life, enhance productivity of the labour force and upgrade the academic performance of students.

A study estimates that childhood and infectious diseases (most of which are preventable) account for 66 per cent of the burden of disease in Pakistan. Chronic diseases and injuries were among the top 10 causes of HeaLY (Healthy Life-Year) loss. With health education, the spread of disease can be minimised. ■

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