

## A growing menace

*An increasing number of people are falling prey to the inadequacies of the private sector due to lack of awareness regarding competence of the provider*

*By Sarah Rahman*

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In a poor slum of the bustling city of Karachi, Attiya (name has been changed to maintain privacy) tries to avoid tears from rolling down her cheeks as she watches her two children play in the courtyard. She is grateful for all that God has blessed her with but reminisces about her past, wondering how life would have been different if her other two children had lived to see the day.

In the last 10 years, Attiya has experienced two stillbirths, both of which occurred in the last term of pregnancy and were due to the carelessness of the health provider. At the time of delivery during her last pregnancy, she did not have enough time to rush to a health centre, thus she procured the services of a dai (traditional birth attendant) at home.

It is a well known fact that dais are not equipped with the instruments or knowledge required to deal with complications nor do they observe hygiene standards when carrying out obstetric-related procedures, which is why Attiya's husband sought the help of a doctor before the situation got out of hand.



Little did they know that the doctor was as incompetent as the dai, and was, in fact, a quack! She had no medical qualification and had previously worked at another clinic in the community performing menial jobs. The only medical skills she had was what she acquired from observing the doctor. Many women in the community had consulted her during their pregnancies and she was responsible for a number of them dying during childbirth. Fortunately, Attiya survived the ordeal, but her baby did not. The doctor struggled to resuscitate the baby after it was delivered, but was unsuccessful in doing so because labour had been prolonged and water had flooded its lungs while in the uterus.

The lack of regulation in the private health sector allows such self-proclaimed doctors to flourish. The preceding account is just one of the many examples that illustrate this predicament. It is evident that people are often willing to pay for health care when they consider it to be of good quality, but they are rarely in a good position to judge the technical quality of the service provider or the place where services are procured. Moreover, the lack of relevant legislation and monitoring of the private sector has significantly hampered the expansion of high quality services across the country, due to factors such as the lack of a permanent employment structure.

The unfortunate incident of Maria Shah, a midwife who was a victim of an acid attack while on duty and who succumbed to her wounds just recently, is a telltale sign of

the of insecurity felt by qualified providers in this field, as well as the need for the enforcement of necessary legislation.

In times of such disillusionment, the recent initiative of the Sindh government to draft three bills pertaining to the regulation of hospitals, the identification and accountability of quacks, and mandatory pre-marriage blood tests has given hope to the people. Considering that a similar draft ordinance proposed by the state administration in 2004 remained pending with the Governor's House until 2007, the renewed effort by the Sindh government is welcome.

In view of the poor health scenario in Pakistan, the prompt implementation of the proposed bills is imperative for sustainable development. Even within South Asia, Pakistan's performance in terms of some major health indicators has been poor, even in comparison with countries like Bangladesh. Moreover, Pakistan has fallen short in terms of attaining the Millennium Development Goals (MDGs) related to maternal health and mortality. The government has committed to reducing maternal mortality rate (MMR) dramatically; however, a recent survey puts the figure at 276 deaths per 100,000 live births, which is well below the country's commitments under the MDGs.

The issue of increasing the quality and access of medical services in Pakistan is exacerbated by the trend of government expenditure on health. According to the World Health Organisation (WHO), public health expenditure as a percentage of gross domestic product (GDP) decreased from 2.5 percent in 2000 to 2.1 percent in 2005, which sheds light on the potential of the private sector to pave the way for a healthier Pakistan. Though private expenditure as a percentage of total expenditure on health slightly increased from 80 percent in 2000 to 82.5 percent in 2005, this change was not sufficient to meet expectations as the sector still remains plagued with a plethora of problems.

The absence of regulations in private hospitals and clinics, the threat to human lives from quack doctors and healers, and the ad hoc administrative policies continue to remain the significant menaces of the private health system. Additionally, many of the services provided in this sector are of low quality despite being high in cost. These factors are entwined with the plight of many others like Attiya who fall prey to the inadequacies of the private sector due to lack of awareness regarding competence of the provider. While mourning the death of her last child, Attiya had turned to her husband and said: "If only I had known who could save my baby, I would have showered all my wealth on her."

*(The writer works with the Collective for Social Science Research, Karachi.)*