

Federal Ministry of Health:

A Study into the Information Management System

and

How Best the Ministry can Implement FOI Ordinance 2002

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1. Introduction

Freedom of information is impossible to conceive in the absence of elaborate and efficient information and data management systems. Only when such systems are in place and are effectively implemented, it can be expected that information or data required for various purposes can be retrieved and put to use to support policies or relevant decisions. Lack of such systems creates a totally undesirable situation, which leads to uninformed decisions and policies, and the consequent failure of service delivery by related agencies. The significance of information and data management is, therefore, well established, and is given utmost importance in the developed countries. It is also crucial to make citizens' right to know feasible and operational as data and information must exist and be properly indexed before it could be made accessible to the requesters.

However, many developing countries suffer from serious difficulties in connection with information and data management systems. The related problems range between sheer non-existence of crucial data to its poor maintenance, non-indexing, and loss. This state of affairs has serious implications for relevant decisions, formulation of policies and accountability processes. Sometimes, public officials deliberately destroy data and information with the aim of concealing their inefficiencies and corrupt practices. At the same time, it is a fact that countries like Pakistan also lack resources and required capacity to respond to this challenge. Various ministries and departments are heavily under-financed and lack even the very basic infrastructure to perform their official responsibilities. Among the tasks assigned to them, data and information management happens to be the last priority; and it is normal that old files are dumped in store-rooms where they are sometimes impossible to retrieve from after a few years. System of archiving data has in general been a totally neglected area.

In fact, the information and data management system that Pakistan had inherited from the British was extremely good one. It provided for an efficient file maintenance and tracking system, and was fully capable of meeting the needs of the time. At the district levels, there existed the vastly appreciated practice of regularly writing and maintaining District Gazetteers, which provided an excellent source of information. Over the years, such practices and systems have witnessed visible degeneration, especially the record-rooms and archives. Over and above that, no innovative thinking has gone into improving on the system that the British had left. Hence the systems are often not capable of coping with the contemporary challenges, where public departments need to react to problems and situation on extremely short-notices. Part of it is explained by the fact that many departments and sections are yet to have even the basic infrastructure such as computers and photocopy machines.

Considering this state of affairs, and keeping in view the promulgation of Freedom of Information Ordinance 2002, it is important to analyze whether various ministries and departments are adequately prepared to deal with the information requests by citizens. Obviously, just the promulgation of the Ordinance is not going to change anything on the ground until and unless the potential problems that may be faced by ministries and departments in its implementation are examined and effectively addressed. It is for this purpose that this study has been carried out. It focuses on the Federal Ministry of Health, and aims to highlight the issues and concerns which may impede implementation of citizens' right to information. More

importantly, it also aims to identify the opportunities and capacities that exist and can be easily optimized for the purpose of implementing the Ordinance.

2. Health Sector: An Overview

Health is one of the most neglected areas in Pakistan. Infrastructure of health sector covers establishment of hospitals, dispensaries, basic health units, maternity child health care centers; and their staff comprising doctors, dispensers, nurses, lady health visitors (LHVs) and midwives. The existing national network of health services in the public sector consists of 877 hospitals, 4,625 dispensaries, 530 rural health centers (RHCs) and 5,152 basic health units (BHUs). The total availability of beds in these health facilities is estimated to be 91,919. By all standards, this infrastructure is inadequate to meet the needs of about 140 million people of Pakistan.

A large number of problems and inadequacies in the health sector relate to the lack of adequate finances. This partly explains the poor quality of health services, over-burdened outdoors, out of order equipment, insufficient medicines, and the relatively small number of beds, doctors and paramedic staff for patients in the hospitals. At the same time, however, there is a whole set of problems, which relates to the utilization of resources that are made available. It is widely believed that whatever limited resources are allocated to the health sector are not efficiently and optimally utilized. There exist huge inefficiencies and widespread corrupt practices, which result in wastage of resources. Very often, such inefficiencies and corrupt practices remain out of the public eyes, particularly because these occur behind the doors and people do not directly experience them.

For instance, astronomical rise in the prices of drugs is one of the most significant consumer concerns. The drugs with the same contents have lower prices in the neighboring countries and are being smuggled into Pakistan due to their lower price and higher demand. Drug prices in Pakistan are regulated under Section 12 of the Drugs Act, 1976. As per the statistics of the Ministry of Health, during the year 2000-01, 80 new cases of price fixation were processed in the pricing section. Prices of 65 essential drugs were reduced, while 2,500 cases of renewal of drug registration were processed. The prices of 1400 drugs were calculated including 211 new molecules. About 200 cases of additional packing were also decided. It is only recently that the pricing section has initiated the computerization of pricing data including the raw material rates etc. But in the absence of transparent procedures and citizens' right to full information, these claims lack credibility.

Similarly, pilferage of life-saving drugs is common but it is hard for citizens to know because they are told that drugs had not been made available by the government. It also happens that doctors and other health staff are posted to rural areas in official documents but many of them do not do their jobs, while people of the related areas rarely get to know about it. They often remain under the impression that department lacks resources to employ a doctor for their health centre. Hence, corruption and inefficiencies are hidden from the public eyes, and lack of health services is attributed to lack of resources. While people generally do not trust the health department, they have no means to access authentic information. Freedom of information, if effectively implemented, can help in dealing with such information gaps and thereby reduce the opportunities of corruption and enable citizens to demand elimination of inefficiencies. Most importantly, by doing away with the culture of secrecy, adopting transparent procedures and

implementing freedom of information, public departments can build confidence among citizens about their claims and performance.

3. Existing Information Management System in the Ministry of Health

3.1. Organization of the Ministry

The Ministry of Health, in association with the Ministry of Planning and Development and Ministry of Finance, is responsible for health policy-making. The Federal Government retains the overall responsibility for coordination and orderly management and development of all health services across the country. The Minister of Health heads the Federal Ministry of Health. Next to the Minister is the Secretary who, in fact, is the executive head of the Ministry. On the technical side, the Director General Health is the executive head who is invariably a doctor with high degree of professional competence and experience.

In effect, this structure maintains two layers of top management one bureaucratic and the other technical. In performance of his/her duties, the Director General Health is assisted by:

- i) Joint Secretary (Finance & Development);
- ii) Deputy Director Generals (on the technical side);
- iii) National Programme Managers (for execution of different health projects); and
- iv) The Drugs Controller for planning and execution of Drugs Policy at the national level.

3.1.1. Federally Administered Medical Facilities

The major medical facilities that are administered by the Federal Ministry of Health include the following:

- i. Federal Government Services Hospital, Islamabad;
- ii. Pakistan Institute of Medical Sciences, Islamabad;
- iii. Jinnah Postgraduate Medical Centre, Karachi;
- iv. National Institute of Child Health, Karachi;
- v. Central Health Establishment, Karachi;
- vi. National Institute of Cardiovascular Diseases, Karachi;
- vii. National Institute of Health, Islamabad.

3.1.2. Medical Education and Research

The Federal Ministry of Health also controls and oversees a number of educational and research establishments in health sector all over the country. These include:

- i. Pakistan Medical Research Council, Islamabad;
- ii. Pakistan Medical and Dental Council, Islamabad;
- iii. College of Physicians and Surgeons, Karachi;
- iv. Pakistan Nursing Council, Islamabad;
- v. Health Services Academy.

3.1.3. Health Programs and Projects

Apart from the facilities and organizations listed in the above paragraphs, the Ministry of Health oversees designing and implementation of various health-related programs and projects. These include:

- i. National Program for Family Planning & Primary Healthcare;
- ii. Expanded Program of Immunization;
- iii. National Aids Control Program;
- iv. Health Education Program;
- v. National ARI Control Program;
- vi. Women Health Program;
- vii. National TB Control Program;
- viii. National Hepatitis-B Immunization Program;
- ix. Drug Abuse Program;
- x. Malaria Control Program;
- xi. Iron Deficiency Program;
- xii. Protection and Promotion of Breastfeeding;
- xiii. Food and Nutrition Program;
- xiv. Anemia Control Program;
- xv. Vitamin-A Deficiency Control Program;
- xvi. Iodine Deficiency Disorder Control Program; and
- xvii. Primary Healthcare Program.

3.1.4. Miscellaneous

The Ministry of Health is also responsible for the coordination and management of the following organizations and initiatives:

- i. National Health Management System;
- ii. Drugs Control Organization;
- iii. Development Programs and Finances in the Health Sector;
- iv. Gathering of Vital Statistics.

3.2. Functions of the Ministry of Health

There is a long list of functions of the Ministry of Health. They are briefly discussed as under:-

- (i) Planning and formulation of national health projects;
- (ii) Containment of communicable diseases such as malaria, tuberculosis etc.;
- (iii) Coordination of health functions;
- (iv) Drugs control (Registration, Quality Control, Pricing etc);
- (v) Inter-provincial coordination of health services;
- (vi) External relations in the field of health (bilateral and multilateral foreign aid); and
- (vii) Administration of postgraduate medical centers and colleges.

It may be noted that the Ministry of Health is a small ministry with limited resources and budget. The budget allocation of Rs. 6245.995 million (Rs. 1873.470 for non-development and 4372.525

million for development) for the year 2003-2004 seems insufficient to respond to the health-care needs of the people.

4. Existing Data and Information Management System

4.1. Record-keeping Arrangements

The Secretariat Instructions (i.e. Instruction No. 70) provide detailed guidelines for proper preservation of record. Instruction no. 53 provides details on the Inspection of the Secretariat, whereby strict compliance of the instructions is to be monitored and ensured. It is in line with the Secretariat Instructions that the Health Ministry, like others, has a Receipt and Issue (R & I) Unit, which is open round the clock to receive and issue all the correspondence for and from the Ministry. There also exist Dak Registers, File Registers and Movement Registers from where all the record and information can be traced and tracked down. Most of these instructions are strictly complied with without much difficulty. Actually, this system has been in place for decades and is fully institutionalized.

However, the record preservation aspect has become neglected over the years. There are only two record rooms in the Ministry but the record is not regularly provided to them according to Instruction nos. 77 to 80.

There exist Secretariat Instructions for indexing of the record (Instruction no. 73), and about quarterly and annual weeding system (Instructions nos. 75 & 76). These Instructions, however, are not strictly implemented. The result is that indexing that could have made the information retrieval system very efficient does not exist. On the other hand, offices are full of records, which should have been weeded out as per Secretariat Instructions. If effectively implemented, the weeding out system can give offices a leaner look, provide space for necessary records and improve efficiency.

Computers are not yet available to all the sections of the Ministry and, therefore, government officials still depend on the conventional methods of correspondence, file handling as well as record management. Considering the workload, certain sections are just unable to cope with the job requirements and ensure compliance with various Secretariat Instructions. However, the Health Management Information System is better equipped and has all the proper record keeping arrangements.

Poor record-keeping sometimes creates very difficult situations for officials in the Ministry. In the course of interviews for this study, an official in the Ministry narrated an interesting case to the research team. One of the public bodies under the Ministry of Health wanted to increase the inspection fee from some Paisas to Rs. 1000 per inspection. It is because the fee had been fixed in the 1980s and had become very low in the current circumstances. The case was examined thoroughly in the Ministry, and rates of similar inspections in other countries of the world were compared. In the end, case was presented to the Finance Division for concurrence. The Ministry of Finance desired the letter of the 1980s whereby the earlier approval had been granted. In spite of all efforts, the officials in the Health Ministry have been unable to trace that letter or file. As a result, the case of fee increase is still pending. The loss to public exchequer through possible fee increase can be estimated in millions. Many more examples of similar nature can be quoted ---

sometimes involving extremely serious implications for public health and efficiency of resource utilization.

4.2. Flow of Information in the Ministry

There are Secretariat Instructions meant for official correspondence between different Ministries, Divisions and other public bodies. All this is done in a highly formal manner with the record on file's correspondence portion. However, its formal approval is taken on the Noting portion of a file. Telephonic and oral conversations are used only in case of hurry and to remind or recheck on certain aspects of information. If oral conversation involves decisions or important information on which an important decision is going to be based, an approval or formal receipt of information is sought afterwards. It is, however, practiced rarely and only in exceptional circumstances.

Considering that the Ministry lacks computerization, the flow of information between various sections of the Ministry or with other ministries and departments is normally very slow. In urgent cases, this flow is expedited through special instructions issued by the high-ups.

4.3. State of Equipment and Infrastructure

There exist only a small number of computers in the Ministry. Some of these have actually been arranged through the attached departments. For instance, E-I Section has got a computer from the Pakistan Institute of Medical Sciences (PIMS). There are sections, which have got no computers at all. One such example is that of E-II Section. Furthermore, most of the computers available with this Ministry are very old and are used only as typewriters. Situation in some sections is so bad that they do not have even electronic typewriters. The entire Ministry has got only two photocopying machines, which also fail frequently and cause delays in the official work. Certain senior officers, however, got photocopying machines for the exclusive use of their offices.

However, the situation is different in the autonomous bodies attached with the Ministry. For instance, the Health Services Academy, Islamabad, has about 40 computers including a computer laboratory for the training of MPH students. They have also got 5 photocopying machines for proper record provision at the need of hour. Similarly, Pakistan Medical Research Council has got 30 computers and 4 photocopying machines.

5. Relevant Sections and Officers for Information Disclosure or Access to Information

There exist certain sections in the Ministry that are already performing certain roles in connection with information collection, maintenance and its onward transmission to various requesting agencies. Generally, however, such information is only meant for official agencies such as Parliament, other ministries and departments, and courts; and not for provision to the public on request or otherwise. Nevertheless, these sections have got experience of information collection and, therefore, one of these can be upgraded and designated to deal with information requests filed by citizens under the Freedom of Information Ordinance 2002. This may be an efficient way of dealing with such requests, as compared to creating a totally new section. The following paragraphs briefly discuss the functions of such sections in the Ministry of Health:

5.1. Spokesman of the Ministry

Currently, a Senior Joint Secretary acts as the spokesman of the Ministry of Health. The role of the spokesman, however, is very limited and often of reactionary nature. This role includes briefings on official visits, important agreements signed or explanations on various news reports related to the Ministry. Rarely, his/her office seeks to proactively give out information in public interest, especially with the aim of ensuring transparency or building public confidence in the Ministry. It may also be noted that the Senior Joint Secretary is not exclusively appointed as a spokesman but performs such duties in addition to various other responsibilities assigned to him / her. This partly explains why spokesman is rarely seen as disclosing information or engaging media on important health-related issues.

5.2. Coordination Section

In case of any information desired by other public bodies, the Section Officer in the Coordination Section coordinates with relevant sections in the Ministry as well as with its attached departments and transmits the requested information to the quarters concerned after due approval of the authority. However, there are a number of other subjects like Annual Confidential Reports' (ACRs) management and administration of Directorate of Central Health Establishment Karachi assigned to this Section.

As for as the facilities are concerned, this Section has got one computer (P-I) with a printer attached but no Internet facility. There is no photocopying machine with this important Section that has heavy workload. However, there exists a cyclostyle machine in the Section. Until 2 years back, even the very important record like ACRs of the employees of the ministry was piled up in bags, from where the record was very difficult to retrieve. However, a separate room has now been provided for storing ACRs.

5.3. Administration-II Section

Unlike other Ministries and Division, the Ministry of Health does not has a separate Council Section to deal with Assembly / Senate questions. Instead, it is the Administration-II Section in the Ministry of Health, which gathers information from other Sections and transmits it onwards to the Parliament Secretariat. This Section has also other responsibilities including those of the General Section and administration of National Institute of Handicapped, Islamabad. The section has a computer (P-I) but no photocopying machine.

5.4. Health Management Information System (HMIS)

This system was introduced with the technical and financial aid of foreign donors in 1992. It is designed to support the information management needs of the Ministry of Health and its allied Provincial Departments. It has been established to be used as a monitoring tool to improve coverage and quality of healthcare interventions for disease surveillance and epidemic control and to monitor the availability of essential healthcare commodities. It aggregates and collects information on 118 curative, preventive and management related indicators for an immediate use and evidence-based decision making in the health system. It has got all the data compiled and computerized based upon updated monthly reports from districts and provincial health facilities. This program has got all the potential of gathering statistical data on various health facilities and their utilization according to the age, gender and areas etc. It has also got the latest computers along with special software program fed in them.

5.5. Biostatistics Section

This is a program similar to the HMIS but it collects information only from hospitals. However, the information collected by this program is not complete and not computerized.

6. Existing Information Disclosure System

The Ministry does not have any information disclosure policy. As a general rule, all information is treated as confidential until and unless decided otherwise. The information is occasionally disclosed through the following channels:

- i) occasional statements by the official spokesman;
- ii) answers to the parliamentary questions;
- iii) information sought by courts;
- iv) reports by investigation agencies, if made public, and
- v) published reports such as the Annual Report of the Director General Health.

The very fact that the Ministry is often reluctant to disclose information and records to citizens is partly explained by various laws and rules. These include Official Secrets Act 1923 and Government Servants (Conduct) Rules, 1964. The Official Secrets Act 1923 does not even provide the definition of official secrets; and hence implicitly leaves it to the government officials to decide in their own discretion. Given the overall culture of secrecy and non-participatory attitudes ingrained since colonial times, such discretion is often used in favour of denying citizens' access to public records.

In addition to the Official Secrets Act, the Rule 18 of Government Servants (Conduct) Rules, 1964 states as follows:-

“No Government Servant shall, except in accordance with any special or general order of the Government, communicate directly or indirectly any official document or information to a Government Servant unauthorized to receive it, or to a non-official person, or to the press.”

However, the Estacode covering all the laws, rules and instructions relating to the terms and conditions of Federal Civil Servants is freely available in the market. But the problem is that the latest edition available is of year 2000. So many changes have been introduced in various laws and rules since then and it is hard for public officials as well as for citizens to access information on such changes.

In the existing circumstances, information requests filed by citizens are not generally taken seriously and responses of concerned government officials vary from person to person. In most cases, requesters never receive a reply as their requests are simply filed by concerned officials without informing requesters about it. In other cases, requesters do get a reply but it is only in rare cases that the requested information is also provided. It is provided only if it of ordinary nature and/ or is already in the public domain. All other information is just withheld and is never provided in response to such formal requests.

In case the information is addressed to the head of the ministry (i.e. Minister or the Secretary), the requester can expect two kinds of responses: (1) the head of the ministry simply asks his / her staff to file the letter / application and, in some cases, inform the requester that information cannot be provided on various grounds; and (2) the head of the ministry forwards the letter to his / her relevant subordinate colleagues and this forwarding process continues until it ends up with the Section Officer, who writes a note on it about whether it should be provided or not and sends it back to his / her senior officials. The competent official among the senior officials, as determined through relevant rules, takes the final decision and, in certain cases, informs the head of the body and / or the requester. If the request is sent to the Section Officer, he / she writes a note on it and sends it to his/ her senior officials, who are competent under the rules to decide.

However, if you are influential and know someone in the ministry, you can informally collect required information or records. But the information and record provided in such an informal manner is invariably not certified and hence is of limited utility.

7. Requirements under the Freedom of Information (FOI) Ordinance 2002

For the first time in the history of Pakistan, citizens have now been granted the right to access information and records held by various federal public bodies including the Federal Ministry of Health. Information and records that citizens can access may relate to the policies and services provided to them by the public bodies. These may also relate to details about different transactions involving acquisition and disposal of property, expenditures under-taken by a public body, grant of licenses, allotments and privileges, contracts and agreements made by public bodies. In addition, citizens have been entitled to obtain copies of orders and decisions relating to various functions of a public body.

In addition, the Ordinance requires various ministries to properly maintain records so that information requests by citizens can easily be handled. According to the Sections 4, 5 and 6 of the Ordinance, government ministries and departments have been mandated for proper maintenance and indexing of records, publication of rules and regulations, and computerization of records.

Against this background, it needs to be examined whether the Ministry of Health will be able to easily implement the FOI Ordinance. Specifically, the relevant questions include:

- i) Has the Ministry done some preparatory work in terms of orienting or training its staff?
- ii) Has the Ministry taken steps to improve its data management systems?
- iii) Has the Ministry got adequate infrastructure in terms of staff and equipment?

It became clear during interviews that no one in the Ministry was even aware of the FOI Ordinance 2002. Not even a single discussion has been held in the Ministry at any level to examine the Ordinance and see what preparations the Ministry need to make for its implementation. And it is despite the fact that more than a year has passed since the promulgation of the Ordinance. This is obviously a quite discouraging state of affairs, as one should expect ministries to take note of various laws passed, analyze their full implications for their work, and initiate preparatory work in advance.

In general, however, government has taken certain steps in the recent past, which are likely to improve information management and data handling systems. One such step relates to the E-Government project, which is likely to result in computerization of records and training of staff in various ministries. For this purpose, training process has been planned for the training of officers of 36 Ministries and Divisions, including the Ministry of Health, in “ Oracle Collaboration Suite. Presently, this training program is focused on six Ministries/ Divisions like the Ministry of Petroleum, the Ministry of Industries and the Establishment Division etc. but does not include the Ministry of Health at the moment. However, the same training will be given to the officers of Ministry of Health at their turn. Hopefully, the Ministry would have received some more computers by then as well. As of now, there exists only one Internet connection in the entire Ministry and that is in the Secretary’s office.

8. Possible Information Requests under the FOI Ordinance 2002

After the Ordinance comes into force, it is likely that the Ministry of Information will receive numerous kinds of information requests from citizens and citizen groups. In order for officials in the Ministry of Health to understand the full implications of the Ordinance, the research team prepared a list of possible questions that may be put to the Ministry. Some of these questions are as follows:

Question No. 1

What amount of funds was made available to various hospitals attached to the Ministry of Health? In how many installments and when the sanctioned amount was released to these hospitals? If the release of funds was delayed, why? What has been done to ensure that such delays do not occur in future?

Question No. 2

How many transfers of doctors were made before completion of three years tenure period as provided in rules and why?

Question No. 3

Why the Antirabies or Antitetanus Toxide Injections were not available in the emergency room of a given hospital on the given date?

Question No. 4

Why the price of a given drug has been increased for so many times over the last one year? Provide us all the related criteria for price determination, including unit costs of inputs at various times of price determination.

Question No. 5

I had applied for the post of dresser in PIMS. I have got distinction in the course of dresser. I have not been selected while another person with a C- grade has got the job. Why?

Question No. 6

What is the situation of availability of life-saving drugs in various hospitals in Islamabad? Please provide a detailed report on the stock situation.

Question No. 7

How many contracts has the Ministry granted over the last 3 months? Please provide full details, including copies of those contracts.

9. Recommendations

Keeping in view the existing state of affairs in the Ministry of Health and the challenge of efficiently implementing FOI Ordinance 2002, CRCP and CCE research team make the following recommendations:

- I. The Ministry must setup a committee to review the FOI Ordinance and come up with a plan of action for its implementation, and then oversee its implementation.
- II. The Ministry must work with its attached bodies (e.g. PIMS, NIH etc.) to ensure that these bodies also take appropriate steps for the implementation of FOI Ordinance.
- III. The Ministry must take early steps to ensure that its various component sections are well-equipped with computers, photo-copying and other necessary equipment for efficient data/ information management.
- IV. Appropriate steps must be taken to ensure that records are properly maintained and preserved. For this purpose, the Ministry must provide for sufficient number of record rooms and staff for their maintenance.
- V. Records must be regularly indexed in line with Secretariat Instructions. In addition, at regular intervals, such details must also be published for the information and reference of citizens.
- VI. The weeding out system in the context of records must be streamlined with clearly defined guidelines. Such guidelines must also be made public.
- VII. The Ministry must consider upgrading of the Coordination Section to work under the Designated Official appointed under the FOI Ordinance 2002.
- VIII. The Ministry must take steps for its earlier inclusion in the E-Government Project. This would help it in staff training and obtaining latest computers and other related equipment.
- IX. Steps must be taken for regular publication of health-related acts, deeds, regulations, notifications, by-laws, manuals, policies and guidelines.
- X. The Ministry must come up with a Proactive Information Disclosure Policy, whereby most information should be made public in order to promote transparency, and citizens' participation in and monitoring of health service delivery.

Selected Bibliography / Sources

- Economic survey of Pakistan 2002-2003
- Director General Health's Annual Report 2000 -2001
- Model Freedom of Information Act, 2001
- Freedom of Information Ordinance, 2002
- Estacode, 2000
- Official Secret Act, 1923
- Secretariat Instructions, 1987
- Removal from Service (Special Powers) Ordinance 2000.
- Various websites on FOI.
- Interviews with Government Officials in the Ministry of Health.