



# EDUCATION FOR HEALTH

## LETTER TO THE EDITOR

# How to Make Healthcare Delivery in India More “Informed”

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**Dear Editor,**

The state of healthcare delivery in India is well summarized by the World Bank<sup>1</sup> that reported: “a detailed survey of the knowledge of medical practitioners for treating five common conditions in Delhi found that the average doctor in a public primary health center has around a 50-50 chance of recommending a harmful treatment”. If that is the condition of the doctors, what then is the likely condition of the patients? This letter tries to outline the present state of “informed” healthcare delivery in India, as well as note and suggest ways for improvement.

Education and literacy have been considered as key determinants for health<sup>2</sup>. For better informed healthcare delivery, there is a need to raise awareness about health literacy. *Health Literacy* implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. Thus, health literacy means more than being able to read pamphlets and make appointments. By improving people’s access to health information, and their capacity to use it effectively, health literacy is critical to empowerment. Health literacy is itself dependent upon more general levels of literacy. Poor literacy can affect people’s health directly by limiting their personal, social and cultural development, as well as hindering the development of health literacy. Also, the spectrum of health literacy should cover the range from school children to healthcare delivery personnel.

Surprisingly, authentic and more extensive health information on India is found at the Centers for Disease Control (CDC) and the World Health Organization (WHO) sites compared to the official sites of the Ministry of Health and Family Welfare, Government



of India (MoHFW)<sup>3</sup>. There have been numerous Indian studies in recent times regarding the role of “information” among patients, family members of patients, doctors, dentists, medical students, nurses and various other healthcare professionals. The essence of all these studies is that most of the time users of the healthcare delivery system are “ill-informed”.

The National Knowledge Commission<sup>4</sup> has recommended availability of the *India Health Portal* that is presently under development. As a member of the Working Group on Health Literacy and Portal, I have the pleasure of being involved in the current phase. We are planning to make it interactive, and the local needs-based content will be translated in the relevant vernacular languages. However, the most important factor in ensuring its success will be through appropriate capacity-building to create and update relevant content – preferably through community participation.

Another bottleneck for spreading health literacy in India is the level of literacy itself. Therefore, pictorial messages will be more informative and useful instead of text-based messages. An encouraging development is the focus of healthcare becoming more user-driven. Conventionally, physicians have acted as the sole fountain head of “knowledge source”. In the backdrop of increased social interactions through online networks, now patients are also acting as knowledge sources for better healthcare delivery. An example of such a community is at Facebook<sup>5</sup>.

Apart from doctors and patients there is also a growing role of information specialists or dealers like librarians. ‘Healthcare Information for All by 2015 (HIFA2015)’<sup>6</sup> is a campaign and knowledge network with more than 3000 members representing 1800 organizations in 150 countries worldwide. Members include health workers, publishers, librarians, information technologists, researchers, social scientists, journalists, policy-makers and others – all working together towards the HIFA2015 goal of: “By 2015, every person worldwide will have access to an informed healthcare provider”.

## Conclusions

There are various ways of communicating appropriate health information. Although online courses are becoming popular and useful<sup>7</sup>, adequate supply of power and uninterrupted Internet connectivity still remain considerable problems in India. A few years ago, Sarbadhikari<sup>8</sup> suggested better interactions among the Indian governmental ministries of health and the ministry of information technology, and now this appears to be happening. Hopefully, community participation can be successfully implemented for generating and updating the contents of the proposed health information portal to make it useful to all stakeholders. There have to be state-sponsored programs for capacity-building in healthcare information. Involving private players like Non-Governmental Organizations through sustainable public-private partnership may be able to overcome the inherent bureaucratic red tape issues that come with pure government-run programs.

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