

# SUMMARY: STUDY ON THE ROLE OF INFORMAL PROVIDERS IN HEALTH CARE DELIVERY



Center for  
Health Market  
Innovations



*Drug Sellers, also called Village Doctors, outside of Dhaka, Bangladesh*

## BACKGROUND

Informal providers (IPs)—the plethora of independent and largely unregulated health care practitioners—are a vital source of care for many in lower- and middle-income countries, comprising over 50% of health care workers in India and close to 96% in rural Bangladesh, according to some estimates. They are utilized for a wide variety of health interventions and often represent the first point of care for patients, particularly the poor. Although they are heavily utilized, IPs pose a number of challenges. They generally have little formally recognized training and operate outside of the purview of regulatory authority. As a result, the quality of their care is not well known.

Despite these challenges, informal providers may also present an opportunity to address several high-priority health systems concerns. Policymakers often struggle to ensure equitable access to health care in countries with health worker shortages and where most qualified doctors—both public and private—are primarily concentrated in urban centers. IPs represent a large component of the private health sector and routinely fill gaps in formal health care provision. Furthermore, unlike formal practitioners, IPs appear to be effectively reaching the “last mile”, traditionally hard-to-reach population located in rural and remote areas. Thus, with proper interventions, informal providers can potentially be harnessed to expand access to care.

## THE STUDY

Despite strong indications that the informal health care sector is sizable and influential, literature on informal providers is still limited. Moreover, IPs have been largely overlooked by the broader global health community, much of which is focused on public sector or NGO-delivered solutions. While the role of informal practitioners in health care delivery remains relatively unexplored, there is a growing interest in harnessing the private sector to improve access to key health services in the developing world. Recognizing that IPs are a significant component of the private market, the **Center for Health Market Innovations (CHMI) launched a study to explore the characteristics of informal providers and the dynamics of their interaction with the broader health system.**

As a starting point, CHMI, in collaboration with the Global Health Group at the University of California, San Francisco (UCSF), carried out a literature review on informal providers to determine the extent of current knowledge on the topic. The literature review—as well as subsequent meetings of a Technical Working Group on Informal Providers convened for this study—identified a need for further research into informal health market dynamics, including additional on-the-ground research in countries where the informal sector plays an important role in health service delivery. **A competitive proposal process led to the selection of grantees to carry out fieldwork in Bangladesh, India and Nigeria.**

**Table 1: Study Sites**

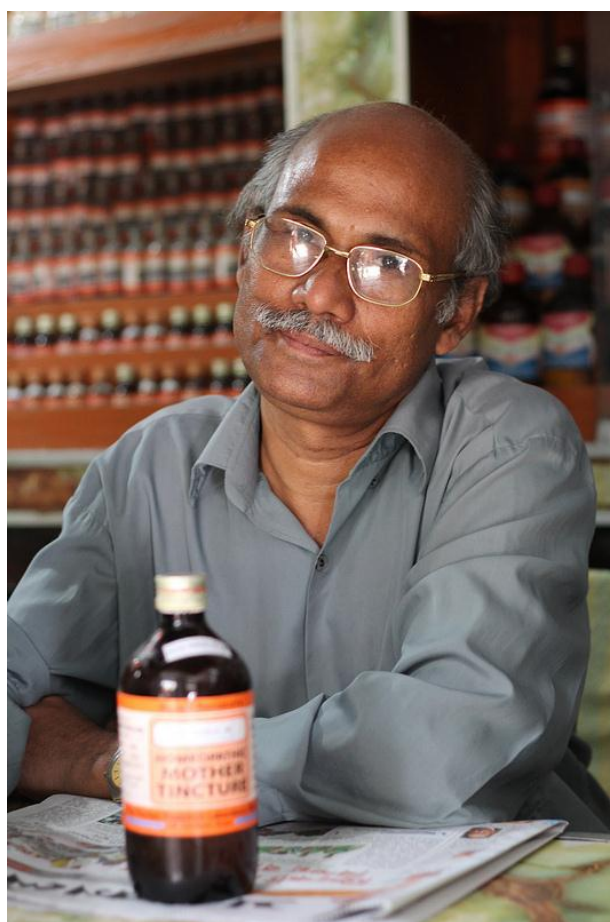
	Grantee	Study Site	IP Studied
Bangladesh	Nabeel Ashraf Ali, Shams El Arifeen, et. al. <i>International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B); James P Grant School of Public Health-BRAC University</i>	<ul style="list-style-type: none"> <li>Mirzapur Upazila, Tangail district (n=68)</li> </ul>	Village Doctors, also referred to as Drug Sellers
		<ul style="list-style-type: none"> <li>Jagannathpur Upazila, Sunamgang district (n=44)</li> <li>Gangachhara Upazila, Rangpur district (n=70)</li> <li>Chakaria Upazila, Cox Bazar (n=128)</li> </ul>	
India	Dr. Meenakshi Gautham <i>Garhwal Community Development and Welfare Society (GCDWS); Centre for Research in New International Economic Order (CRENIEO)</i>	<ul style="list-style-type: none"> <li>Guntur district, Andhra Pradesh, 9 blocks selected out of 57 (n=368)</li> <li>Tehri district, Uttarakhand, all 9 blocks in the district (n=263)</li> </ul>	Rural Medical Practitioners (RMPs)
Nigeria	Professor Oladimeji Oladepo <i>Faculty of Public Health-College of Medicine, University of Ibadan</i>	<ul style="list-style-type: none"> <li>Oyo State, 10 Local Government Areas randomly sampled (n=226)</li> <li>Nasarawa State, 10 Local Government Areas randomly sampled (n=196)</li> </ul>	Patent Medicine Vendors (PMVs); malaria practices

The aim of the study is to bring further attention to the prevalence and practices of informal providers, encourage greater focus on this issue among global and national policymakers, and lead to more creative solutions for the challenges posed by the informal health care sector.

## THE FINDINGS

Fieldwork for the studies was conducted between the summer of 2011 and winter of 2012. Preliminary findings include:

- **Informal providers and the communities in which they practice.** Informal providers appear to have strong local roots and well-established, long-running, practices. Furthermore, they are often well-regarded and trusted members of the community that they serve. In India, for example, more than half of the IPs in both districts studied were born in the same block or district where they practiced. Moreover, the majority of IPs in both districts studied were found to have long-running businesses, with an average presence of 10-15 years in their current work location.
- **Education and training received by informal providers.** The studies demonstrate that the majority of practitioners operating informally are relatively well-educated, completing secondary levels of schooling and beyond. In fact, they appear to outpace the average education levels of their patients. Furthermore, while the duration, formality, and content of health training undergone by many IPs varies widely, most practitioners do have some form of training, including commercially offered courses and public training for community health workers. In Bangladesh, for example, 91% of providers studied claimed that they received some form of professional training, most commonly Rural Medical Practitioner training, Local Medical Assistant and Family Planning training, Pharmacist, Diploma Homeo Medical Sciences, Local Medical Practitioner, or Village Health Worker training.



*Traditional medicine provider, Dhaka, Bangladesh*

- **The quality of care delivered by informal providers.** The studies, which explored limited aspects of care quality, found evidence that IPs are relatively knowledgeable about certain care standards and undertake appropriate practice in some areas. For example, the Nigeria study—which focused on malaria practices—suggests that PMVs have some knowledge of government policy on malaria, with an average of 58.8% of those surveyed indicating that ACTs were the first-line treatment. Furthermore, exit interviews suggest that 75% of PMVs took patients' illness histories and 48% prescribed ACTs. It is also evident, however, that IPs are not knowledgeable on all important aspects of care and their knowledge

does not always translate into practice. Findings show that IPs may engage in harmful, unnecessary, and wasteful medical practices, including inadequate testing before diagnosis, dispensing of multiple drugs for a single episode, performing unnecessary injections, and over-prescribing antibiotics and other medications.

- **The relationship between informal providers and the formal healthcare sector.** Informal providers function within a broad and complex health market and have established some ties to other parts of the market. In particular, many providers have some ties to formal sector doctors for new medical information and referrals, although the nature of these interactions varies greatly by study site. In the Guntur District of Andhra Pradesh, India, an overwhelming majority of informal providers were found to refer patients to private doctors and hospitals. In fact, over 40% said that they receive commissions from private doctors for referrals, and a smaller percentage claimed to receive gifts such as small medical equipment and medicine samples.
- **The organization and recognition of informal providers.** The organization and political strength of IPs varies between the different study sites. Some governments have supported a growing formalization of their practices, while others remain either ambivalent or hostile. IPs appear to be organized in two of the four sites studied. In Nigeria, PMVs are relatively formalized due to the strength of the PMV Association, an organization that exists to register and monitor members, promote and defend their interests (with legal action, if necessary), and provide training through workshops. The vast majority (96.2%) of PMVs surveyed stated that they were registered with the PMV association, although only about half were able to provide evidence of registration.

The research teams are currently finalizing their analysis of the data and plan to publish some of the key findings over the next year. CHMI is also drafting a synthesis publication that will highlight several of the overarching themes observed in each study location.

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**THE CENTER FOR HEALTH MARKET INNOVATIONS (CHMI)** promotes policies and practices that improve privately delivered health care for the poor in low- and middle- income countries. Operated through a global network of partners since 2010, CHMI is managed by the Results for Development Institute.

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