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**Informal healthcare providers in India : Illegal and indispensable**

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**Abstract :**

*The corresponding author who served in Supaul district of Bihar state of India as an Acute Flaccid Paralysis(AFP) Surveillance Medical Officer(SMO) with the World Health Organisation between May 2011 and July 2013,observed that the district had a preponderance of quackery. A look at the public healthcare system in the district with a population of 2.2 million shows just why this situation exists. According to the latest data available on government websites, the shortfall of Health Sub Centres, Primary Health Centres and Community Health Centres in Supaul district is an astonishing 58%,87% and 88% respectively. These numbers are not significantly different from the numbers for the rest of the state of Bihar. There is no evidence of any*

*political will to tackle this shocking shortfall. The Bihar government has*

*actually reduced the allocation to health for the financial year 2017-18 to*

*Rs.7001.52 crore(GBP 840 million) from Rs.8234.70 crore(GBP 989 million) in*

*2016-17. Estimates say 70 to 80 percent of healthcare providers in India are*

*informal providers. This ratio can go upto 30 informal providers for every*

*public sector doctor in certain rural areas. Upto 75 percent of primary care*

*visits in rural areas can be to an informal provider. If we must have equitable*

*access to healthcare in India, it would be imperative to involve these informal*

*providers.*

**Key words :** Supaul, Bihar, Surveillance Medical Officer, quacks, informal health providers

Sustainable Development Goal no.3 of the United Nations Development Programme(UNDP) is “Good Health and Well Being”. An important aspect of ensuring Good health and well being is access to healthcare. The corresponding author who served in Supaul district of Bihar state of India as an Acute Flaccid

Paralysis(AFP) Surveillance Medical Officer(SMO) with the World Health Organisation between May 2011 and July 2013, observed that the district had a preponderance of quackery. The Supreme Court of India defines a quack as a “person who does not have knowledge of a particular system of medicine but practices[it] and [is] a mere pretender of medical knowledge or skills.”(1)

The SMO office for AFP surveillance relied on a network of healthcare providers to report cases of AFP. More than 80% of the 200 odd healthcare providers on the list operative for Supaul district were quacks(hereafter referred to as informal providers). And this was not a comprehensive list either. There were many more, but the SMO office listed only the more popular ones who were most likely to see cases of AFP.

A few km from the district administrative and law enforcement headquarters, informal provider clinics abounded, on the highway that runs through the district, with several more such clinics in the villages on either side of the highway. The main reason for this is the abject failure of the government to provide safe and accessible healthcare, primary or otherwise. All of the very few qualified doctors in the district worked in the very small, relatively urbanised district headquarters, while the vast hinterland was literally left to fend for itself.

A look at the public healthcare system in the district with a population of 2.2 million shows just why this situation exists. According to the latest data available on government websites, the shortfall of Health Sub Centres, Primary Health Centres and Community Health Centres in Supaul district is an astonishing 58%,87% and 88% respectively.(2,3,4,5)These numbers are not significantly different from the numbers for the rest of Bihar(6). Even among the health centres that are functioning, a plethora of issues exist: shortage of manpower; irrational allocation of manpower; Irrational location of health centres; absence of list of drugs; lack of: permanent infrastructure, hygiene, own communication system, residential facilities, regular electricity, waste disposal facility, borewell, piped water supply, separate examination room, clinic room, labour room, boundary wall, furniture or equipments.(7)

Table 1 illustrates the gap in public health infrastructure between the Indian Public Health Standards(IPHS) recommended centre : rural population ratios and the actual centre : rural population ratios in Supaul district of Bihar state of India.(2,3,4,5). At this point, it is relevant to note that this analysis has been restricted to a quantitative analysis of data of just the numbers of health centres. Additional analysis of infrastructure, human resources, quantity and quality of services, and appropriateness of location of the health centres is certain to expose more serious shortcomings.

Table 1.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Sub centres | Primary health centres | Community health centres |
| Recommended ratio – Centre : rural population | 1:5000 | 1:30,000 | 1:120,000 |
| Expected number  of centres | 425 | 71 | 18 |
| Actual number of centres | 178 | 9 | 2 |
| Actual ratio -  Centre: rural population | 1:11,930 | 1:235,946 | 1:1,061,759 |
| Percentage  shortfall | 58% | 87% | 88% |

The Bhore committee of pre-independent British India had, in 1946, recommended Primary Health Centres(PHCs) for every 40,000 population. This was supposed to be only a short term measure. The committee envisaged the scaling up of the number of PHCs till it reached a ratio of one PHC for every 20,000 population.(8)70 years of independence later, we have PHCs for every 235,000 population(2,123,518 rural population/9 PHCs) in Supaul, each PHC thus serving more than ten times the population that it was originally intended to serve. Nothing can be a bigger indictment of the government’s attitude to healthcare.

There is no evidence of any political will to tackle this shocking shortfall. When The Telegraph was doing a story on the sorry state of public health services in Bihar, calls to the health minister went unanswered. The deputy secretary of the health department, referring to the Union statistics and programme implementation ministry's National Sample Survey Office(NSSO) data, told The Telegraph: "I have not come across any such data compilation, I am unaware of this data."(6) The shortfall of health centres does not seem like it will change very soon anytime in the future, given that the Bihar government has actually reduced the allocation to health for the financial year 2017-18 to Rs.7001.52 crore(GBP 840 million) from Rs.8234.70 crore(GBP 989 million) in 2016-17.(9)

Estimates say 70 to 80 percent of healthcare providers in India are informal providers, with the political capital Delhi having 2 informal providers for each of its 40,000 registered doctors.(10)This ratio can go upto 30 informal providers for every public sector doctor in certain rural areas.(11) Upto 75 percent of primary care visits in rural areas can be to an informal provider.(11) If we must have equitable access to healthcare in India, it would be imperative to involve these informal providers. There has been stiff opposition from the Indian Medical Association(IMA)(12) to any attempts at the possible legitimisation of these informal providers, but given how interwoven they are with their communities, the popular support and political patronage that they enjoy, the fact that in many settings patients trust them more than public sector doctors and India’s abject failure at building a half-way decent public healthcare system, it is becoming increasingly obvious that training and regulating these informal providers is the only way forward.(11,13)Das et al, in a study published in Science, concluded that training informal providers increased correct case management rates. Further, training did not lead informal providers to violate rules with greater frequency or worsen their clinical practice, both of which are concerns that have been raised by the Indian Medical Association(IMA). The findings suggested that multitopic medical training may offer an effective short-run strategy to improved health care provision and complement critical investments in the quality of public healthcare.(11) With this being the case, it would be beneficial if informal healthcare providers were provided with training that would eliminate the most common medical errors that they make and enable them to provide a certain minimum level of care.

In Supaul, the corresponding author saw that they had formed associations and held official meetings periodically. They had elected office bearers. These informal providers are doing something which by its very definition is illegal but we believe is indispensable in the current Indian healthcare landscape. If they have the capacity to organise themselves so well, it would be reasonable to believe that they would be receptive to inputs that would enhance their skill levels, resulting in a higher quality of healthcare delivery. Informal providers treat millions of patients every day in India. There is simply no wishing them away, no matter what the IMA or anyone else feels. This is especially so in geographies that simply do not have enough qualified medical practitioners. Given that there is almost no political will to do anything substantial to increase access to healthcare, we fail to see any other alternative to training and capacity building of the informal providers. The sooner that the authorities realise this and draw up a comprehensive plan for them, the sooner we will see an increase in equitable access to a better standard of healthcare across the Indian hinterland.

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