STORIES OF CHANGE

Future Health Systems
Innovations for equity

Issue 11 | June 2018

In from the cold: shifting the discourse on informal providers in Bangladesh and India

In Bangladesh and India, informal healthcare providers (IHPs) have long been part of the countries' health systems. However, formal recognition of their existence is sensitive, partly due to resistance and concern from professional health bodies. Research by Future Health Systems (FHS) partners ICDDR,B and IIHMR has been instrumental in bringing the issues to discussion tables. Consequently, stakeholders have begun to recognize and work with IHPs – something previously unheard of.

Background

In remote areas of India and Bangladesh, the majority of the IHPs are village doctors (VDs), also known as rural medical practitioners (RMPs). These VDs or RMPs practice modern medicine without formal training or authorisation and provide most health services. This often fills gaps where public healthcare facilities are either non-existent or non-functional. Informal healthcare providers typically offer 24-hour services, flexible payment methods and are also embedded within and trusted by the communities they serve. In Bangladesh, 96 percent of healthcare providers are IHPs, and in the Sundarbans in West Bengal, India, about 75 percent of children and 60 percent of adults are treated by RMPs.

The safety of care offered by IHPs is often questionable, due to varying quality and lack of regulation. A review of 89 cases treated by VDs in Bangladesh revealed that only 18.4 percent of drugs used for treating diarrhoea, pneumonia and fever and cold were appropriate according to relevant treatment guidelines, 7.1 percent were harmful, and 74.5 percent were unnecessary.

This widespread existence of IHPs and their significance within rural communities in Bangladesh and India means it is important to improve the access, quality and safety of their services. Indeed, early FHS studies (2006–2010) in these countries highlighted the importance of working with IHPs.

From 2006 on, FHS teams have worked with IHPs in Chakaria, Bangladesh and West Bengal, India, with the aim of improving skills, increasing accountability and ensuring adherence to established standards for treatment and drug prescription.

Our research in Bangladesh

To address inappropriate prescribing behaviour among VDs, the FHS team at the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) offered VDs in Chakaria harm-reduction training focusing on the "Dos and Don'ts" of antibiotics and steroids. VDs who completed this training were then able to join the *Shasthya Sena* franchise (brand for trained VDs) which ICDDR,B began in 2009 to encourage good practice.

As a result, when FHS compared the levels of three categories of prescribing (appropriate; inappropriate, harmful; and inappropriate, non-harmful) between baseline and end line in intervention and control areas, there was a statistically significant decline in the prescription of inappropriate and harmful drugs in the intervention area.

In 2011, FHS partnered with the Telemedicine Reference Centre Ltd to establish eClinic24 - Bangladesh's first 24-hour telephone-based helpline for VDs. Although VDs saw the benefits of this service, technical problems resulted in low uptake.

FHS research in this area was complemented by other activities – in 2014, the ICDDR,B Technical Training Unit and pharmaceutical company Advanced Chemical Industries Limited (ACI) jointly undertook a training programme to improve the quality of RMP services in Bangladesh, aiming to train 1,800 RMPs by the end of 2016. The objectives were to enhance knowledge and skills for management of common illness and provide primary treatment to rural people; use drugs rationally, especially antibiotics; and promote timely referral of patients to appropriate health facilities. As of December 2016, 1,812 RMPs from all 64 districts of Bangladesh attended the training.

mPower Social Enterprises Ltd, Bangladesh has also collaborated with the FHS Bangladesh team to evaluate their RMP training programme which aimed to provide affordable, convenient, and quality healthcare to under-served populations, using telemedicine and remote doctors.

Our research in India

In West Bengal, the FHS team at the Indian Institute of Health Management Research (IIHMR) started by collecting data in three districts (Malda, Bankura and North 24 Porgonas) through a household survey, patient interviews in selected government facilities and in-depth interviews with 71 RMPs.

In 2007 – 2008, FHS research started generating evidence on the spread and practice of RMPs. This fed into a 2010 report, which found that 62% of the adult outpatient population of the Sundarbans are treated by RMPs, and that RMPs were starting to provide inpatient care. In 2013, an FHS India report again highlighted the overwhelming dominance of RMPs in the Sundarbans. It found that, despite many RMPs having up-to-date knowledge on commonly used modern medicines and their primary purpose, their diagnosis and treatment practices often reflected irrational use of drugs.

Both reports recommended that RMPs be trained in providing basic healthcare and that strict monitoring mechanisms be established to ensure quality services. As a result, the government and some non-government agencies used evidence from these reports to build a favourable environment for key stakeholder dialogue.

In November 2015, despite concerns from the Indian Medical Association, the Government of West Bengal took a landmark decision to train RMPs through the state Nursing Training schools and integrate them into the formal health system as 'Village Health Workers' (VHWs). The government is preparing a standard operating procedure for VHWs in consultation with clinical pharmacologists, physicians, surgeons and administrators. There will be clear delineation of the care that VHWs can provide, and they will be prohibited from using the 'doctor' prefix. Training of trainers and State and District Monitoring cells would also be established.

How did FHS contribute to the changes?

FHS Bangladesh's engagement and training with VDs created awareness of the number of VDs and their potential for harmful and inappropriate practice, leading to initiatives to address this issue. Although not yet formally recognised by the Government, the initiative undertaken by ICDDR,B and ACI – influenced by FHS's long engagement with the VDs in Chakaria – has contributed to growing recognition of VDs being part of the Bangladesh healthcare system.

In India, FHS helped build a favourable environment to initiate dialogue on IHPs, breaking the policy silence. Before FHS research, there was little scientific evidence on the nature and extent of the informal health market in West Bengal. The evidence produced and communicated by FHS provided important input to build policy momentum to take positive action on IHPs.

In both countries, FHS research highlighted that IHPs cannot be eliminated from the system and must instead be trained and incentivised to improve their quality of care.

What next?

The progress made in West Bengal is just the beginning. FHS India would like to continue to collaborate with organisations and forums working on RMPs to monitor and add value to the scale-up process. The Principal Secretary of the health department has asked FHS to undertake research on the pilot so government can fine-tune the intervention. FHS is also conducting a Social Network Analysis Study to assess RMP's network and linkages with formal and non-formal providers to better understand referral dynamics.

Despite progress on training VDs in Bangladesh, the challenge of establishing an appropriate and effective regulatory framework to monitor and control the drugs VDs prescribe remains. Government should construct a regulatory framework with incentives and penalties for VDs for adhering to or disregarding the framework.

CREDITS

This Story of Change was prepared by Leah Murphy, Shibaji Bose, Aazia Hossain and Shaila Mahmood.

This document has been funded by the UK Government. However, the views expressed herein are those of the author(s) and do not necessarily reflect those of the UK Government or the partners in the Future Health Systems research consortium.

This work is licenced under a Creative Commons Attribution-NonCommercial 3.0 Unported License. 2018.

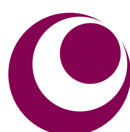
Key references

Iqbal M, Hanifi A and Wahed T (2009) Characteristics of Village Doctors, in Bhuiya, A. (ed.) *Health for the Rural Masses: Insights from Chakaria*, Dhaka: ICDDR,B

Das J et al (2016) The impact of training informal health care providers in India: A randomized controlled trial, *Science* 354, DOI: 10.1126/science.aaf7384

Kanjilal B, Mondal S, Samanta T, Mondal A and Singh S, (2007) A parallel health care market: Rural medical practitioners in West Bengal, India, Future Health Systems Research Brief No. 2, Institute of Health Management Research

Wahed T, Rasheed S and Bhuiya A (2012) *Doctoring the Village Doctors: Giving Attention Where it is Due*, Dhaka: ICDDR,B



Future Health Systems
Innovations for equity

futurehealthsystems@gmail.com
@futurehealthsys
www.facebook.com/futurehealthsys
www.futurehealthsystems.org

Future Health Systems is a research consortium working to improve access, affordability and quality of health services for the poor. We are a partnership of leading research institutes from across the globe, including: Johns Hopkins Bloomberg School of Public Health; China National Health Development Research Center; International Centre for Diarrhoeal Disease Research, Bangladesh; Institute of Development Studies, UK; Indian Institute of Health Management & Research; Makerere University School of Public Health, Uganda; International Institute For Primary Health Care in Ethiopia; Liberia Center for Outcomes Research in Mental Health; and Sierra Leone Urban Research Centre.