



Health & Development
Information Team

*Providing high quality accessible information to policy
makers and practitioners working in health and development*

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Non-state health care providers

Health reporter, December 2008

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Feature: Non-state health care providers

In recent years there has been a proliferation of non-state health providers in developing countries, with such roles often playing a significant function in health service delivery. This increase is partly due to the large number, scope, scale and impact of informal providers which have expanded to fill the gap left by weak state capacity. The privatisation of some public services and the private management of public services on

behalf of the government have also contributed.

Non-state providers vary widely, and can include formal providers, such as NGO-run medical clinics, and informal ones such as traditional healers. They can include market-based for-profit providers, from large private firms to informal local entrepreneurs, and non-profit providers such as NGOs, volunteer groups and faith based organisations. At the individual level, alternative health care providers can be described as providers of advice and of biologically active preparations (such as drugs or vaccines) who are not licensed doctors, nurses or health care assistants. They can work in the home, the community and at first-level health facilities, and include community health workers, assistant pharmacists, drug-sellers, unlicensed doctors, and traditional healers.

Private health care is an area of particular growth, utilised by both the poor and the rich. Reasons for using private care include more flexible access, shorter waiting times, greater confidentiality and greater sensitivity to user needs. Such providers are often encouraged by policy makers on the grounds that they offer consumer choice, increase competition in the healthcare market.

However, problems with non-state providers often occur, including dual practice, informal charging, and low quality of care provided by unregulated, informal, or unqualified practitioners. Consumers often lack information and capacity to exercise judgement about the quality of the providers. The negative affects of unregulated service provision often disproportionately affect the poor, who spend a greater proportion of their income on health care, often using less qualified or untrained private providers. In order to reduce the negatives affects of such service provision on public health, it is important to widen access, improve quality and ensure non-exploitative prices. This will involve multi-faceted interventions involving policy makers, providers and users. Suggested interventions include community education strategies, accreditation schemes, and free services for target groups.

More information:

- Bangladesh healthwatch report
<http://sph.bracu.ac.bd/publications/reports.bhw.htm>
- Selective review of work aids for alternative health care providers in developing countries <http://www.hlspinstitute.org/projects/?mode=type&id=239735>
- Eldis - Non-state providers in health
<http://www.eldis.org/index.cfm?objectId=23545944-EA11-9714-85AA6D3C8A26E6C6>
- GSDRC - Non-state providers
<http://www.gsdrc.org/go/topic-guides/service-delivery/non-state-providers>
- Private health care in developing countries

http://findarticles.com/p/articles/mi_m0999/is_7311_323/ai_n27570641/pg_2?tag=artBody;coll

Recommended readings

1. Can working with the private for-profit sector improve utilisation of quality health services by the poor? A systematic review of the literature

Authors: E. Patouillard; C. A. Goodman; K. G. Hanson; A. J. Mills

Publisher: International Journal for Equity in Health, 2007

This paper published in the International Journal for Equity in Health reviews the literature on the effectiveness of interventions that involve working with private for-profit providers to expand access to quality health services for poor and disadvantaged populations. Interventions include social marketing, use of vouchers, pre-packaging of drugs, franchising, training, regulation and contracting-out health services.

The paper finds few studies that provide evidence on the impact of private sector interventions on quality and/or utilisation of care by the poor. The data indicate that poor people make significant use of the private sector to access health services but the quality of services they receive is at best variable. It is, however, evident that many interventions have worked successfully in poor communities. The authors conclude that better evidence of the equity impact of interventions working with the private sector is needed for more robust conclusions to be drawn.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems/health-service-delivery/non-state-providers&id=36996&type=Document>

2. A new face for private providers in developing countries: what implications for public health?

Author: N. Palmer; A. Mills; H. Wadee; L. Gilson; H. Schneider

Publisher: Bulletin of the World Health Organization: the International Journal of Public Health, 2003

The use of private health care providers in low- and middle-income countries is widespread and is the subject of considerable debate. This article, produced by the Bulletin of the World Health Organization, reviews a new model of private primary care provision emerging in South Africa, in which commercial companies provide standardised primary care services at relatively low cost. The structure and operation of one such company is described, and features of service delivery are compared with the most probable alternatives: a private general practitioner or a public sector clinic.

In addition, implications for public health policy of the emergence of this new model of

private provider are discussed. It is argued that encouraging the use of such clinics by those who can afford to pay for them might not help to improve care available for the poorest population groups, which are an important priority for the government. It is concluded that encouraging such providers to compete for government funding could, however, be desirable if the range of services presently offered, and those able to access them, could be broadened. [adapted from authors]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=12724&type=Document>

3. Literature review of non-state provision of basic services

Authors: D. Moran; R. Batley

Publisher: International Development Department, University of Birmingham, 2004

This paper reviews the recent literature on non-state provision of health, education, and water and sanitation services, focusing on how government and civil society relate to the providers of those services.

General findings include the following. The political and ideological significance that the education, health, water and sanitation sectors may carry is a theme hardly developed in the literature. Non-state providers (NSPs) vary widely, and can include communities, non-government organisations (NGOs), faith-based organisations, private companies, small-scale informal providers and individual practitioners. All three sectors include both formal providers such as private schools, commercial water sale from tankers, and NGO-run medical clinics - and informal ones such as for-profit 'budget schools', traditional healers, and one-man latrine digging. Staff in the education and health sectors may work for both state and non-state providers, or behave within the public sector as if they were offering a private service. Non-state provision has often grown up in response to a failure of state provision, and is often the only available option. The government response to small (especially informal) providers is usually to suppress their activity rather than to enable improvements in their provision.

Specific issues raised by non-state provision in health care include:

- problems of dual practice and informal charging
- concerns over the quality of care provided by unregulated, informal, often 'less-than-fully-qualified' practitioners; and whether and how to seek to integrate them
- low levels of consumer information and capacity to exercise judgement
- weak government capacity to work with NSPs, specifically in contracting and regulation.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=24045&type=Document>

4. Health workforce in Bangladesh: who constitutes the healthcare system?

Publisher: Bangladesh Health Watch, 2008

This report from Bangladesh Health Watch assesses the state of the health workforce in 2007 in Bangladesh with a special focus on production, availability, and quality of services. The report finds that although a wide variety of health personnel, from qualified, unqualified, allopathic, non allopathic, traditional to faith healers, are providing healthcare in Bangladesh, there is a severe shortage of skilled health workers.

The report looks at the strengths and weaknesses of providers and offers suggestions for where improvements can be made. It argues that the variable quality of services supplied by informal health providers demonstrates the need for them to be trained and managed effectively. They conclude that the quality of care - in both public and private sectors - needs improvement. Currently, unqualified providers give drugs and advice but rarely rely on laboratory testing or refer patients when appropriate to the formal sector. Thus problems related to the inefficient and improper prescribing of drugs can lead to continuing ill health and impoverishment.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=39507&type=Document>

5. Partnerships for malaria control: engaging the formal and informal private sectors

Author: HLSP institute; World Health Organization

Publisher: HLSP Institute, UK, 2006

This review, conducted by the HLSP institute, examines the role of the private sector in malaria control. The private sector comprises all providers who exist outside the public sector whether their aim is philanthropic or commercial. The paper discusses key interventions for effective malaria control: insecticide treated nets (ITN) and malaria treatment; and assesses how they might be financed, distributed and accessed by end users. It finds that commercial markets for nets exist in many parts of Africa, but they are concentrated in urban areas. Provision of antimalarial treatment is dominated by the informal and formal private sector, and suffers problems including inefficiency, low quality commodities, and counterfeit drugs.

The document discusses options for engaging the private sector in malaria control. Ways of supporting consumers in using private sector providers include voucher schemes, verbal instructions and insurance schemes. On the supply side key options include pre-

packaging of anti-malarial drugs; promotion of rapid diagnostic tests; social marketing. The paper concludes that policy makers need to acknowledge the role played by formal and informal private sector providers and integrate them as major actors in health sector development plans and strategies. Commercial sector production of nets is effective, but insecticide treatment requires public-private partnerships and policy interventions to ensure greater equity in access.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=23642&type=Document>

Latest additions from the Health resource guide

1. Participation guide: involving those directly affected in health and development communication program

Authors: M. Tapia; A. Brasington; L. Van Lith; Health Communication Partnership - Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs; USAID

Publisher: International HIV/AIDS Alliance, 2007

Participation in health and development communication programmes can strengthen the voice of ordinary citizens and ensure their involvement in decisions that affect them, their families, and their communities. Those directly affected by the issue addressed in a health and development program have wisdom, abilities, and experience the programme can and should build on.

This guide presents a simple set of guidelines to design and implement participatory health and development communication programmes. It provides examples of how to include those most marginalised that a health or development communication programme is meant to empower. These people could include low-income women of reproductive age, youth, orphans and vulnerable children, people living with HIV/AIDS (PLHA), or staff from organisations working with affected individuals or groups. This guide is intended for programme officers, programme staff, and development practitioners interested in effectively involving those directly concerned in the health and development communication programmes they support.

The structure of the guide follows the P-Process's five stages: analysis; strategic design; development and testing; implementation and monitoring; evaluation and re-planning. The first part of the guide answers some common questions that apply to all stages of communication programme design. The second part addresses participation in each specific stage. Each stage includes a brief description followed by a list of steps on how

to involve affected individuals and groups. A list of additional resources is also provided.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=41174&type=Document>

2. Beyond deaths and injuries: The ILO's role in promoting safe and healthy jobs

Authors: S. Al-Tuwaijri; I. Fedotov; I. Feitshans

Publisher: International Labour Organization, 2008

This report, by the International Labour Organization (ILO), is an introductory report from the 18th World Congress on Safety and Health at Work which took place in Korea, 2008. It provides an overview of the most recent ILO estimates of work-related accidents and diseases. It also summarises new instruments to build preventative safety and health cultures, awareness raising and advocacy activities, and development of specific occupational safety and health (OSH) standards, management systems and technical assistance. The report also covers recent ILO international collaborations in areas such as asbestos and HIV/AIDS in the workplace. Finally, several emerging OSH strategies are discussed, including the impact of changing patterns in the workforce demographic, as well as forecasting of hazards and risks, and their potential impact on the future of OSH.

The ILO's primary goal is to promote opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and dignity. OSH and the protection of workers against work-related sickness, disease and injury continue to be a high priority. The ILO will continue to devote significant resources to promoting OSH through its standard-setting process, technical cooperation programmes and cooperation with relevant intergovernmental and international organisations. The report highlights that implementation of the Promotional Framework for Occupational Safety and Health Convention will help greatly to improve the preventative safety and health culture in countries throughout the world. The authors emphasise that the integration of OSH principles and requirements as key elements in national and international priorities and actions is urgent, and that national and international efforts should increase their focus on promotion, knowledge, prevention and management of OSH.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=41126&type=Document>

3. World day for safety and health at work 2005: a background paper

Authors: International Labour Organization

Publisher: International Labour Organization, 2005

This background paper was written by the International Labour Organization (ILO) for World Day for Safety and Health at Work. The paper highlights some of the major findings in the ILO's latest statistical data on occupational accidents and diseases, and work-related deaths. 2.2 million people around the world experience work-related accidents or diseases every year. Worldwide, there are around 270 million occupational accidents and 160 million victims of work-related illness annually. Death due to work-related accidents and illness represent 3.9 percent of all deaths.

The report outlines the role of the ILO in occupational safety and health (OSH), and highlights the growth in occupational accidents in three specific cases of China, Latin America and fatalities worldwide. It also presents data on work-related diseases, the construction industry, and younger and older workers. The ILO advocates the adoption of a strategy which includes actions on promotion, awareness raising and advocacy, and the establishment of an operational framework for OSH, technical assistance and cooperation, knowledge development and international collaboration.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=41124&type=Document>

4. New strategic tools and treatment strategies are required for visceral leishmaniasis

Authors: F. Chappuis; S. Sundar; A. Hailu

Publisher: Nature Reviews Microbiology, 2007

The article, published in Nature, describes the needs for diagnosis, treatment and control of visceral leishmaniasis (VL). VL is a vector-borne protozoan disease that is transmitted by sandflies that particularly affects poor and neglected populations in East Africa and the Indian subcontinent. Early and accurate diagnosis and treatment remain key components of VL control, and accurate and simple tests are also needed to identify treatment failures.

In this review, the epidemiology, clinical presentation and pathogenesis of VL are reviewed, along with the current control strategies and research challenges. Current control strategies for VL rely on reservoir and vector control, the use of insecticide-impregnated materials and active case detection and treatment. As the clinical presentation of VL lacks specificity, confirmatory tests are required to decide which patients should be treated. Such tests should be highly sensitive as VL is a fatal condition, but also highly specific because the current drugs to treat VL are toxic.

The report concludes that although much can be achieved with the existing tools, there is a need for continued investment in diagnostics, treatment and prevention of VL, and that further drug development is needed as all of the current drugs have one or more

drawbacks. In the meantime, the evaluation of combination therapies with existing drugs remains a priority, and practical tools to monitor drug resistance are also required. An effective vaccine would also significantly improve VL control. The authors finish by stating that new diagnostic tools and treatment strategies will only have an impact if they are made widely available to patients; an increased and sustained commitment from all implementing and funding partners therefore remains an urgent priority.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=40895&type=Document>

5. World Diabetes Day

Authors: Unite for Diabetes

This document, written by Unite for Diabetes, provides information about World Diabetes Day which was set up in 2007 and occurs on the 14th of November. The UN resolution that founded World Diabetes Day establishes the global agenda required to tackle the coming diabetes pandemic, by encouraging all nations to develop national policies for the prevention, care and treatment of diabetes. Over 246 million people are living with diabetes. Without concerted action to fight the disease, this figure is predicted to reach 380 million within a generation.

The document also provides information regarding the types of diabetes, statistics of the world epidemic, the causes, symptoms and complications of diabetes, type-2 diabetes prevention, and diabetes management and treatment. It covers details of diabetes in children including how to manage the disease at school. It highlights challenges for tackling diabetes in children in the future, and introduces the International Diabetes Federation's Life for a Child Program.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=40892&type=Document>

Announcements

1. Conference: The Third EQUINET Regional Conference on Equity in Health - 'Reclaiming the Resources for Health: Building Universal People Centred Health Systems in East and Southern Africa'

Dates: 23 - 25 September 2009

Location: Munyonyo, Kampala, Uganda

This conference organised by EQUINET, the Regional Network on Equity in Health in Southern Africa, will be on the theme of 'Reclaiming the Resources for Health: Building Universal People Centred Health Systems in East and Southern Africa'. It will highlight

the opportunities sought for improving health equity in east and southern Africa:

- for poor people to claim a fairer share of national resources for their health
- for a more just return for ESA countries from the global economy to increase the resources for health
- for a larger share of global and national resources to be invested in redistributive health systems.

The event will provide an opportunity to hear original work and debate on the determinants and forces that are driving or impeding equity in health in east and southern Africa, including those at global level. The conference will hear from people working in state and non government institutions, and from academia, civil society and parliaments.

Registration opens on 30 July 2008. Early registration closes on 30 January 2009 and online/email registration on 30 June 2009.

More information: <http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=41320&type=Item>

2. Call for contributions: Global Forum for Health Research - Forum 2009, 'Innovating for the health of all: Innovation in systems of research for health and health equity'

Dates: 16 - 20 November 2009

Location: Havana, Cuba

The Global Forum for Health Research invites contributions of ideas for presentations and also welcomes innovative ideas for discussion topics and for the format of sessions in Forum 2009 in three different categories:

- Innovative presentations and discussion topics
- Innovative approaches to sessions
- Other innovative proposals

The Global Forum welcomes submissions from all sectors and all geographical locations and by students and young professionals as well as by leaders in all fields relevant to research and innovation for health.

More information: <http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=41316&type=Item>

See the complete list of announcements at: www.eldis.org/go/topics/resource-

[guides/health/health-events-and-announcements](#)

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The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet. Eldis is one of a family of Knowledge services at IDS - <http://www.ids.ac.uk/go/knowledge-services>

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Contact details:

Emily Robinson

IDS Health Development Information Team

Institute of Development Studies, Sussex

Brighton BN1 9RE, UK

Email: e.robinson@ids.ac.uk

Tel: 44 1273 877 540

Fax: 44 1273 621202