Letter to the Editor

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Dear Editor,

Reading the editorial "Sustainable Development Goals (SDGs) and HIV/AIDS prevention and control: Call to sustain the momentum" in your Vol 30, No 3(2016) issue, reminded me about the healthcare landscape in Supaul district of Bihar state of India. Sustainable Development Goal no.3 is "Good Health and Well Being". To ensure good health and well being, it is critical to ascertain access to healthcare. If we are to ensure this in India, we would most certainly have to give proper attention to quacks/informal healthcare providers, who are recognized as important health care providers. I had served in Bihar as an Acute Flaccid Paralysis (AFP) Surveillance Medical Officer with the World Health Organisation between May 2011 and July 2013. I was flabbergasted to see the preponderance of quackery there. 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] pretends to have medical knowledge and skill (1)." We relied on a network of healthcare providers to report cases of AFP to us. More than 80% of the 200 odd informers on my list were quacks (informal providers). And this was not a comprehensive list either. There were many more, but we only spoke to the more popular ones. Barely a few km from the district administration and law enforcement headquarters, one would find informal provider's clinics with several more in the villages. One of the reasons for such widespread practice of informal providers has to do with the utter failure of the government to provide safe and accessible healthcare. 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.

The rest of the state of Bihar, and I suspect most of India, would reveal variations of the same theme. Estimates show 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 (2). This ratio may go upto 30 informal providers for every public sector doctor and about 75 percent of primary care visits is to an informal provider (3).

In Supaul informal providers formed formed associations and held official meetings on a regular basis. One of the prominent office bearers on my AFP informer list found it quite interesting that informal providers are considered illegal by the law but are indispensable in the current Indian healthcare landscape. If they have the capacity to organise themselves so well, it would certainly not be wishful thinking to believe that they would be receptive to inputs that would enhance their skill levels, resulting in improved quality of healthcare delivery.

If we must have equitable access to healthcare in India, it would be imperative to involve these informal providers (4). Is this possible? There has been stiff opposition from the Indian Medical Association to any attempts at the possible legitimisation of these informal providers, but given how interwoven they are with the communities, the popular trust and support that they enjoy and India's abject failure to build a half-way decent public healthcare system, it is becoming obvious that training and regulating these informal providers is the only way forward (3,5). It would be beneficial to train these informal health care providers so as to eliminate the most common medical errors and enable them to provide basic minimum health care thereby contributing to the achievement of Sustainable Development Goal no.3.

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