



Future Health Systems
Innovations for equity

Quality of underground health care: A case study of Indian RMPs

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Rural medical practitioners (RMPs)

- RMPs: village doctors who practice modern (allopathic) medicines without any formal registration / approval or legal sanction
- Dubious / unrecognized qualifications
- Independent practitioners after a stint with other qualified / unqualified practitioners
- Primarily treat common ailments but also treat major ailments
- Unique market penetration strategy make them highly popular and a dominant player in outpatient care market

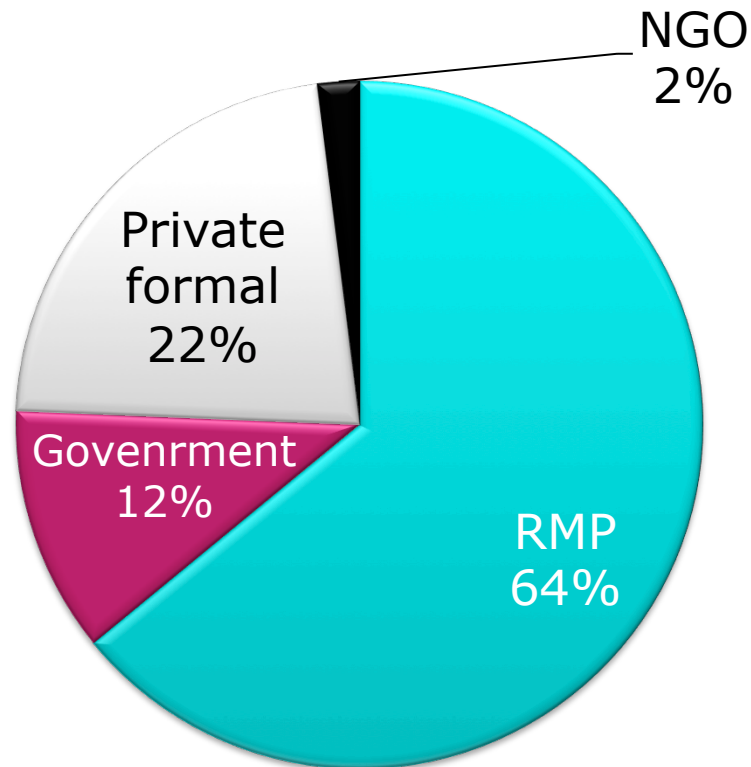
Problem

- RMPs' quality of care highly questionable but both market and government fail to address it.
- Dilemma in policy making ———→ silence / neglect
- What kind of regulatory framework would be appropriate for an underground but highly relevant market force?

Setting

- Data collected from the Sundarban islands of India – a geo-climatically challenged area inhabited by 4 million people
- A KBP survey on about 200 RMPs
 - Knowledge on common diseases treatment procedure and medicines
 - Comparing with a standard protocol prepared by a team of public health experts
 - Qualitative study

Sources of treatment (% of ailing persons)



Key findings

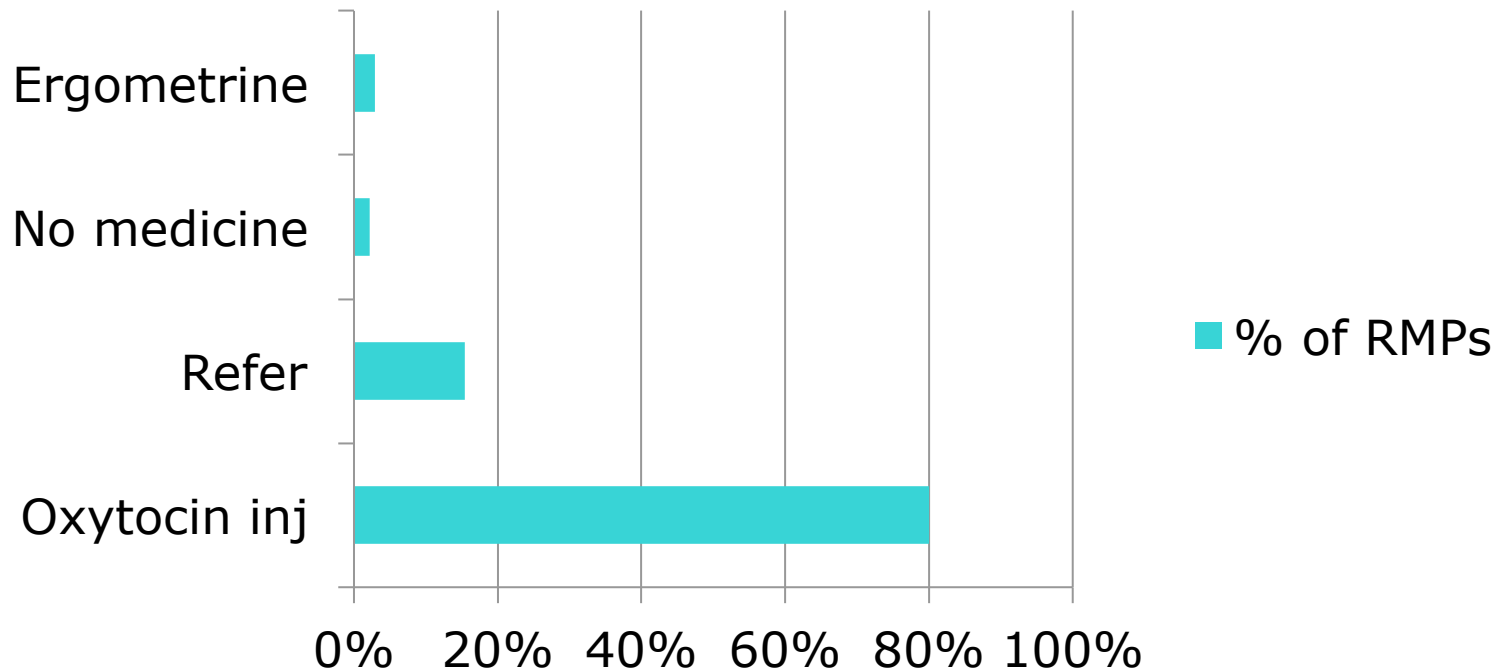
- Knowledge on medicine reasonably high – up-to-date on latest drugs
- Deliberate effort to keep treatment process indistinguishable from authorized practitioners
- The distorted clinical quality is packaged with unique non-clinical strategies.
- Bounded rationality of the clients and unique delivery strategy help build a trust element in the quality

Major Threats

- Indiscriminate use of antibiotics
- Minor / major surgeries
- Gradual penetration to inpatient care market

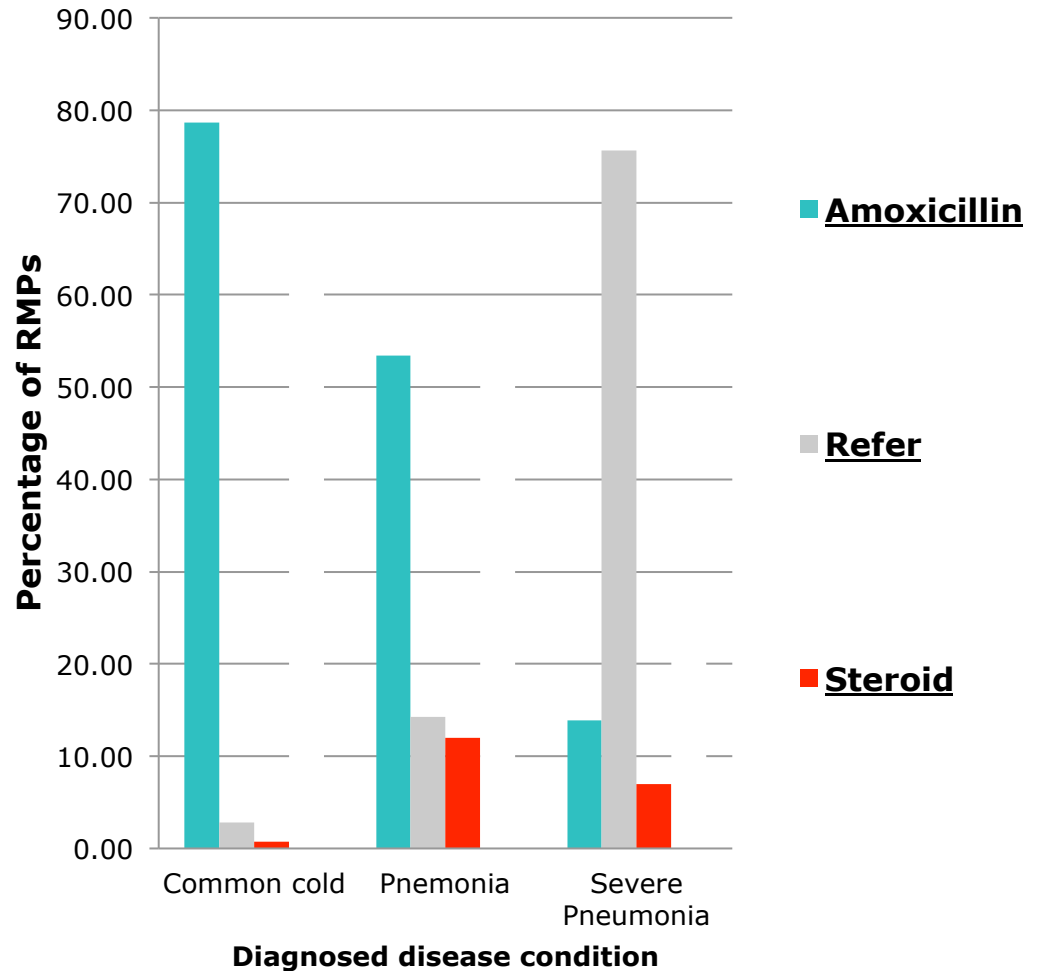
Some evidences

% of RMPs prescribing drugs in case of normal delivery



Prescription Behavior by Disease Condition (% of RMPs)

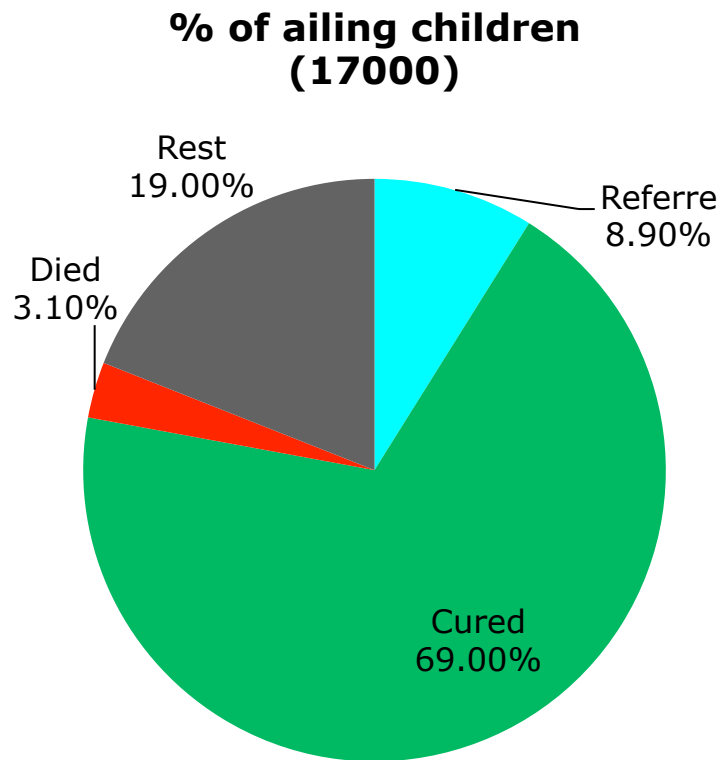
- Rampant use of antibiotics for common diseases
- Use of steroid in limited cases



Treatment of child diarrhea

- 70% admitted administration of IV Fluids for diarrhea at the outset
- Use of antibiotics irrespective of severity
- 54% recommend normal breast feeding while 37%, exclusive breast feeding during diarrhea.

Referral practice



- Dubious referral practice
- An underground nexus with local private hospitals / clinics
- Usually refer when situation completely goes out of control

Research / policy implications

- From market-based to institution-based approach of understanding quality of care – application of institutional economics for analyzing underground market.
- Focusing more on non-clinical aspects of quality – especially the neutralizing aspects of clinical quality
- More evidences on integration of RMPs and contract monitoring at the local level in an unregulated market



Thank you