Besrour Centre for Global Family Medicine

Title: Informality in healthcare provision in urban Bangladesh: an evidence-based argument for increased health professional training

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Background: Responding to concerns about the fragmented and outdated state of medical education worldwide, the 2010 Lancet Commission on Health Professional Education called for major reform in the training of doctors and other healthcare professionals for the 21st century. Taking stock of the Commission's impact 10 years later, one blind spot was its failure to address the realities of the massive informal healthcare sector which acts as the de-facto backbone of the primary care system in many LMICs. This paper describes the realities of informality in urban healthcare in Bangladesh and argues for the inclusion of the informal healthcare sector in health professional education given its size and importance to the urban poor.

Methods: Drawing on a suite of research studies in three cities in Bangladesh, we illustrate the scale of the informal healthcare sector using geospatial maps, survey data describing the chronic health seeking behaviour of the urban poor, and in-depth interviews that document the challenges that private sector providers face in delivering quality services.

Findings: Mapping data indicate the massive size, diverse modalities and locations of the informal healthcare sector, and in particular, its proximity to urban informal settlements. Comprised of drug sellers, traditional healers, and private practitioners often lacking formal qualifications or necessary training, the informal health sector disproportionately constitutes the frontline services of the urban poor, irrespective of their quality, appropriateness or cost. Qualitative interviews with both formal and informal private sector providers suggest potential entry points for innovations in medical training that respond to perceived needs around quality improvement. At the same time, data on the chronic health needs of the working poor suggest a particular focus on training in NCD prevention and treatment, given the massive disease burden that NCDs represent, and the limited provision of public primary healthcare services.

Conclusions: Health professional education must embrace the realities of the massive informal private sector in urban LMIC contexts, and prioritize the development of tools and training for informal providers to: 1) increase capacity in the areas of health promotion and disease prevention, 2) improve quality, and 2) reduce harmful or unnecessary treatment. A particular emphasis on the growing burden of NCDs is recommended.