

'Invisible' healthcare providers: not-for-profit, non-government hospitals and large clinics in developing countries

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Not-for-profit, non-government hospitals and large clinics are the last hope for many communities in developing countries with no other means of accessing emergency healthcare. They provide free, or extremely low-cost, care relying on volunteers to assist by staffing, promoting and funding their operations. For funders, they provide both opportunities and risk. The positive motivation of the organisations and the need for care is undeniable and they offer easily packaged news stories. But often they have limited administrative capacity; their needs are primarily based in 'consumables' which many large donors will not fund; and their place as 'outsiders' in traditional public health systems can pose problems. Best practice principles usually prescribe that funding is channelled based on the host government's priorities. So, given their outsider status, who is funding these organisations and how do they keep going in the long-term? What characteristics unite these disparate organisations? This paper highlights the 'invisible' healthcare providers who work with a broad range of non-state actors to provide emergency care to those least able to access healthcare. It explores the range of providers and classifies them into a broad typology based on questions of ownership and funding. The categories include: the traditional faith-based mission healthcare delivery prevalent in Africa and parts of the Pacific; emergency organisations who stay to run facilities for the long-term such as the ICRC and MSF; mining-affiliated hospitals; personality-based organisations who form around the dedication of an individual or couple such as the Mae Tao Clinic and Bairo Pite Clinic; and specialist facilities formed to address a specific sub-section of need such as the Hamlin Fistula Hospital. The paper explores what we don't know from the existing academic literature and why these hospitals and clinics should be studied further as an important contributor to the principle of universal healthcare for all.