



NGOs in primary health care

A benefit or a threat?

Jessica Maltha

International Non-Governmental Organizations (NGOs) have been active in primary health care for many years. The majority of these NGOs is based in Western countries and has local branches in developing countries. Most of them run their own projects, some fund and monitor local service-providing NGOs. With many national governments not being able to supply sufficient health care, NGOs are considered to be the best institution for reaching the poor and providing health care in an efficient and cost-effective way. Therefore, large amounts of official funds are being channeled to NGOs active in the health sector.

However, there is a growing opinion that NGOs do not live up to the expectations and might even make things worse. As Pfeiffer, who worked for an NGO in Mozambique for many years, states, the current NGO model is deteriorating the public primary health care programmes. Are NGOs indeed a burden to the health care systems in developing countries?

Reaching the poor

Many NGOs characterize themselves as working for the poorest of the poor. However, despite having good intentions, they seem to fail at this point. An example from Bangladesh described by Zaidi et al. shows that the largest NGOs in the country are

reaching less than 20% of landless households and fail to address the actual needs of the people. NGOs are blamed for carrying out projects the way their donors require, instead of using the ideas and knowledge of the local people to fulfill their needs.

Cost-effectiveness and efficiency

When Western donors regard a government as bureaucratic or corrupt, they often prefer to give their money to international NGOs instead. However, there is no proof that international NGOs work more cost-effective and efficiently. On the contrary, they have



East Timor



1 114 000
inhabitants



\$ 5 100
income per year



♂ 64yrs ♀ 69yrs
life expectancy



16.4%
of GDP for health



1.0
doctors/10 000 people



very high expenses compared to governments and local NGOs, mainly due to the high administrative costs (overhead costs account usually for 30-40% of project funds). Research from East-Timor, India and Bangladesh shows that the work of international NGOs is associated with high costs and that more people will benefit against lower costs if work is handed over to the government or to local NGOs.

Working environment

Most international NGOs have their own Western staff working in local projects who get paid much more than the local health workers. Pfeiffer calculated that in Mozambique in one year, an expatriate earns the equivalent of twenty times the annual salary for a similar job in the national health care system. NGOs that do hire local staff, pay them much more than the national government would. This enhances brain drain within the country as locals prefer to work for NGOs instead of for the state.

Expatriates often receive funding for housing in private compounds, transport and personal vacations. As a consequence of this exclusion from the community, developing a relationship of trust is very difficult. Furthermore, this inequality discourages

Example of good governance: East Timor

After the civil war in East Timor (1975-2001), a government-led district health system was established by the government, international agencies and NGOs. A long term plan was developed based on consensus among all actors and was carried out mainly by NGOs for the first period of time. In 2002, the government was handed over full responsibility. In East Timor, the standardization of health services and provision of the same basic package of care throughout the country improved the geographic equality and health care in general, showing that a good national coordination of aid and health care provides sufficient health care to everyone. Legitimacy of the system, trust by external actors, small size of the country and social cohesion in the state were favourable conditions to accomplish this success.

government health workers, which in turn causes frustration by the NGO workers who see the locals as obstacles to implement their projects. Moreover, it causes under-the-desk charging by local health workers. And above all it lures away the health workers from the national health system.

Coordinating aid to the health sector

Good coordination of health care and good regulation of aid is important to make sure that health care is provided to everybody at a standard level. Organizational effectiveness requires learning, communication, initiative and risk-taking. These elements are often absent in bureaucratic and highly formalized structures, which were thought to exist in governments mainly but appear to play a role in lots of international NGOs as well.

One of the major problems is that many foreign agencies arrive with their own projects, approved by their donors or head offices, with very specific objectives and targets that have to be met to ensure their funding. This entails that NGOs often neglect the overall functioning of the health care system, thus disregarding the impact of their implemented programmes.

As a good example, in Bangladesh, the Bangladesh Population and Health Consortium (BPHC) receives money from international agencies and divides it among local NGOs. The BPHC coordinates the health services throughout the country, thus making sure that the same package of services is provided to everyone, instead of different standards depending on the different levels of performance of NGOs.

There is no proof that international NGOs work more cost-effective than governments

Articles of the NGO Code of Conduct for Health Systems Strengthening

- I. NGOs will engage in hiring practices that ensure long-term health system sustainability
- II. NGOs will enact employee compensation practices that strengthen the public sector
- III. NGOs pledge to create and maintain human resources training and support systems that are good for the countries where they work
- IV. NGOs will minimize the NGO management burden for ministries
- V. NGOs will support Ministries of Health as they engage with communities
- VI. NGOs will advocate for policies that promote and support the public sector

Sustainability

There are several things that undermine the sustainability of foreign aid. First and most important is the dependency of NGOs on their donors. Donors want to see value for money, demonstrated in measurable results. As NGOs depend on these donors to be able to continue their work, they often work with very restricted projects on short-term basis which undermine the broader goals of the health system. A study in Bangladesh by Edwards et al. among four NGOs shows that success is more likely when organizations identify a clear long-term goal at the outset and stick to it over time. Agencies that change their goals too often or try to achieve too many goals often lose their way.

A second problem is the current trend of expatriates moving from contract to contract, trying to make promotion. This results in a high turnover of staff and aid workers letting their own interest prevail, which goes at the expense of establishing a sustainable national public health sector.

Conclusion

Although we can not generalize about all NGOs, it seems that they indeed deteriorate the primary health care system at some points. They create an atmosphere of inequality and exclusion in the community and lure away the health workers from the government health system. Besides, they do not live up the expectations of being more cost-effective and efficient compared to the governmental health system.

The main reason for the malfunctioning of international NGOs is the donor dependency, leading to short-term specific goals imposed by donors instead of meeting the needs of the people. This results in unsustainable aid, bureaucracy and high overhead costs. Besides, the current mentality of most expatriates (moving from contract to contract and looking for career options) leads to an instable situation.

NGOs have money and knowledge, but at this moment they are not using it in the right way. To create a sustainable health care

system they should cooperate with the state, creating a long-term plan of a national health care system and making the government the main responsible party after a few years. Aid should be channeled into the country through one national institution that should be able to divide it without being stuck to short-term direct measurable goals. NGOs should employ and train as many locals as possible instead of bringing their own expatriates, providing the same salary as the national health care system does. The example of East Timor (see box on the previous page) shows that it is possible to reach a good functioning health care system in this way in certain countries.

Although NGOs do not live up expectations, donors still have more confidence in NGOs than in governments. Donors want to avoid the corruption that takes place in some countries and it is easier for donors to influence NGOs than governments.

Concerned with accountability to their donors, NGOs fail to address the needs of the people and neglect the overall functioning of the health care system

On the other hand, the corruption in government health care is worsened by the presence of NGOs, because of the huge inequality in income. Changing the situation will be difficult because of a lack of trust in governments and in the capability of local health workers. However, NGOs should use the experience of governments to establish a long-term plan.

About the author

Jessica Maltha is a fourth year medical student at Maastricht University (The Netherlands). She is enrolled in an International Health honours programme and spent six months working in Mozambique in 2008.

Further reading

In 2008, several international NGOs developed guidance on how international NGOs should operate in developing countries with respect to the delivery of primary health care: the NGO Code of Conduct for Health Systems Strengthening.

See <http://www.who.int/workforcealliance/news/code-of-conduct/en/>

