Locating Itinerant Drug Vendors in Ghana's Health Care System

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The restructuring of African economies is producing substantial changes in health care delivery systems. Cutbacks in health sector spending, large staff layoffs, and salary reductions leave clinics without drugs or medical personnel (Stock 1995). Currency devaluations make imported medical supplies prohibitively expensive, thereby limiting their availability, while salary freezes and high inflation devalue the income of health workers and undermine their morale. User fees and cost recovery programs compel people to postpone or forgo treatment. Health issues in Africa have become the focus of considerable scholarly interest (Stock and Anyinam 1992; Logan 1995; Oppong 1997; Turshen 1999).

The deteriorating quality of public health services coupled with the escalating cost of private health care has created a burgeoning demand for affordable and accessible health care services. The present study explores how recent structural changes in Ghana have produced a new category of entrepreneurial health providers – itinerant drug vendors – who meet demands not served by government-sanctioned means of health care delivery. Itinerant drug vendors (IDVs) are a broad group of mobile pharmacists and itinerant health providers (variously termed drug peddlers, fringe practitioners, bus-stop dispensers) who sell both modern and indigenous pharmaceutical products, primarily on a cash basis in open markets, homes, villages, and towns (Twumasi 1988; Oppong and Williamson 1996). In Ghana, they are a primary source of medications and supplies used for self-medication. Although often considered illegal by government health officials, they are frequently the only viable source of health care. This study has three parts. It reviews the historical context of health care delivery in Ghana, examines the contemporary context for itinerant vendors, and presents an analysis of trends evident in a large survey of itinerant drug vendors and traditional medical practitioners.

The Historical Context for Health Care

Medical systems do not exist in a vacuum; rather they are dynamic and highly contingent, continually adopting and adapting (Cocks and Dold 2000). Cultural, political, and economic forces shape social institutions by constraining or facilitating social action and organization (Kelman 1971; Gallagher 1993; Reich 1994; Kutner 1997). National government expenditure on health care,

Reich 1994; Kutner 1997). National government expenditure on health care,

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