



Providing high quality accessible information to policy makers and practitioners working in health and development

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Making health markets work for poor people

Health systems reporter, 24 March 2009

Feature: Making health markets work for poor people

Recommended readings:

- Health markets and future health systems: innovation for equity
- Malaria treatment in Nigeria: the role of patent medicine vendors
- Health seeking behaviour in Chakaria
- The vital role of the private sector in reproductive health
- Choice of healthcare provider following reform in Vietnam

Latest additions:

- The Global Fund: managing great expectations
- Architecture amidst anarchy: global health's quest for governance
- Biosecurity, bioterrorism and the governance of science: the increasing convergence of science and security policy
- The international response to highly pathogenic Avian Influenza: science, policy and politics
- Epidemics for all? Governing health in a global age

Announcements

Feature: Making health markets work for poor people

People use a variety of market-based providers of health-related goods and services ranging from highly organised and regulated hospitals and specialist doctors to informal health workers and drug sellers operating outside the legal framework. Many encounters with health workers and suppliers of pharmaceuticals involve a cash payment. The boundary between public and

private sectors is often very porous, with people either paying government health workers informally or consulting them outside their official hours. Unregulated markets, in particular, raise problems with safety, efficacy and cost.

Almost everyone agrees that governments are responsible for making markets perform better, particularly in meeting the needs of poor people. However, serious weaknesses in public sector management and in governance arrangements have contributed to problems with safety, efficacy and cost, and the same factors affect efforts to strengthen regulation. Successful strategies for constructing more effective regulation increasingly involve partnerships between government, civil society organisations and the private sector. Health sector initiatives can learn from experience in managing other types of market relationships, while taking the special characteristics of health into account.

A growing body of research and experience is addressing ways to improve the performance of markets that poor people use. One example is the 'markets for the poor' approach. This Asian Development Bank and DFID-funded regional technical assistance project has carried out research on the relationship between providers and users of goods and services in a number of sectors. The evidence demonstrates the influence of both formal and informal rules on this relationship and the multiple agencies that undertake supporting functions.

Strategies for change thus need to go beyond improving the management of a single organisation or intervention to include measures that consider the diversity of contexts and how to influence them. They also need to acknowledge the importance of conflicts of interest and the degree to which power relationships influence the organisation and functioning of markets. For example, many health-related markets are segmented, with well-regulated components used mostly by the better off and unregulated ones used by poor people.

Strategies are more likely to be scaled up when complemented by strong political leadership and effective support from government systems.

More information:

- Making Health Markets Work for Poor People, id21 insights 76, March 2009 www.id21.org/insights/insights76/index.html
- Future Health Systems Research Programme Consortium www.futurehealthsystems.org
- Non state providers, Health service delivery, Eldis Health Systems Resource Guide www.eldis.org/go/topics/resource-guides/health-systems/health-service-delivery/non-state-provider
- Non-state provision, Public sector and service delivery, Eldis Governance Resource Guide www.eldis.org/go/topics/resource-guides/governance/public-sector-and-

- [service-delivery/non-state-provision](#)
- Making Markets Work for the Poor Network
www.m4pnetwork.org
- Private Health Care in Developing Countries
ps4h.org

[Back to top](#)

Recommended readings

1. Health markets and future health systems: innovation for equity

Authors: G. Bloom; C. Champion; H. Lucas

Publisher: Global Forum for Health Research, 2009

The spread of market relationships has advanced so far in many countries that official policies often have limited relevance to the realities that poor people face when coping with health problems. This article in the Global Forum for Health Update proposes an approach which explores the operation of health markets in order to help explain how health systems are changing. The authors identify potential opportunities for intervention and innovation, and guide the design of monitoring systems that can track and learn from both the intended and unintended consequences of such innovations. Different types of emerging innovations are examined with a specific focus on two in Nigeria and Bangladesh.

Given the pervasiveness of markets for health-related goods and services and the great degree to which the poor obtain medical care in these markets, the authors argue that it is time for health policymakers to take action to improve their performance, based on a systematic understanding of how these markets operate. In doing so, they need to take a number of things into account. The authors argue that this includes attempts to achieve long-lasting change through the efforts of a single organisation or a particularly innovative individual which tend to be unsuccessful. The article also warns that it is important to understand and address market systems as a whole in order to achieve sustainable change. Interventions intended to benefit the poor need to acknowledge and take into account the influence of power and conflicts of interest on their outcome and this should be anticipated in a detailed stakeholder analysis.

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[Back to top](#)

2. Malaria treatment in Nigeria: the role of patent medicine vendors

Authors: O. Oladepo; S. Kabiru; B.W. Adeoye

Publisher: Future Health Systems research consortium, 2008

Malaria is a major cause of illness and death in Nigeria. It is also a significant drain on its economy and a major financial burden to the poor. This scoping study by Future Health Systems provides a quick assessment of the malaria treatment markets and the role played by patent medicine vendors in Nigeria, and offers ways to improve the regulation and provision of anti-malarial drugs. It documented the sources of drugs in three states and people's problems in getting access to appropriate treatment for malaria.

The household survey confirmed that private patent medicine vendors (PMVs) are the largest source of treatment for malaria at all the study sites. Households, community leaders, government officials, PMVs, and PMV Association leaders all voiced concern about the quality of anti-malarial drugs. The document shows that despite a call for stronger regulation, around a fifth of PMVs expressed concern that corruption would impede the enforcement of drug regulations by the government. The authors conclude that actions to improve the provision of quality treatment for malaria will have to address various issues. They involve getting community organisations, PMVs and their associations, and government agencies to work together. This can be done by various methods including training PMVs and their drug suppliers about appropriate malaria treatment and about the potential role of insecticide-treated nets in malaria prevention.

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[Back to top](#)

3. Health seeking behaviour in Chakaria

Authors: ICDDR,B

Publisher: Future Health Systems research consortium, 2008

Where do people in Bangladesh seek medical help? This research brief by Future Health Systems focuses on the health seeking behaviour of the people in Chakaria, a rural area in Bangladesh. Information was collected from 1,000 households on the type of illnesses the villagers suffered from, during the two weeks preceding the survey, and their associated health seeking behavior. The study examined gender variations in illness reporting, treatment seeking behaviour and decision-making regarding treatment sought. A clear gender difference was observed in treatment seeking behaviour. Although females reported diseases more than males, treatment seeking was significantly higher

for males compared to females and this was true for almost all age groups. Findings show that in Chakaria, home remedy is commonly practiced for almost all diseases and is the second most frequently used treatment option.

This report also focuses on the role of informal health care providers, particularly the village doctors in the health care system. The village doctors were identified as key actors in the provision of health care in the area providing 65 percent of the services, irrespective of the type of disease. Thus, ensuring an acceptable level of qualification among these providers through targeted training programmes can in turn ensure quality health care for the majority of the villagers. Use of health services on the other hand, was as low as 14 percent.

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[Back to top](#)

4. The vital role of the private sector in reproductive health

Authors: B. O'Hanlon

Publisher: Private Sector Partnerships-One, 2009

Increasingly, governments and donor agencies recognise the need to engage the private sector to increase the coverage of health services. This policy brief by PSP-One (a USAID funded project) shows how in many cases, national and local governments will need to redefine their roles and broaden the scope of health planning. The private sector can help expand access to and quality of reproductive health services through its resources, expertise, and infrastructure. The brief provides an overview of the private sector, highlights the critical role it plays in delivering health services and products in developing countries, and explains how governments and donor agencies can engage this sector to achieve reproductive health goals.

Collaboration with the private sector requires an understanding of the many actors involved and what motivates them. The brief argues that the diversity of private sector groups can make collaboration a challenge, however many interventions have been successful in engaging private-sector partners to achieve public health goals. Government ministries and donors need to reassess the role of the private sector and engage it as a necessary partner in an overall strategy to improve the availability and quality of family planning and reproductive health services.

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[Back to top](#)

5. Choice of healthcare provider following reform in Vietnam

Authors: N. T. B. Thuan; C. Lofgren; L. Lindholm; N. T. K. Chuc

Publisher: BioMed Central, 2008

In Vietnam, the health-sector reforms since 1989 have led to a rapid increase in out-of-pocket expenses. This paper by Biomed Central examines the choice of medical provider and household health care expenditure for different providers in a rural district of Vietnam following health care reform. The results are based on twelve monthly follow-up interviews of over 600 randomly selected households in Vietnam. The authors find that the use of private health providers and self-treatment are quite common for both episodes and the poor tend to use self-treatment more frequently than wealthier members of the community. All patients in the study often use private services before public ones. The poor use less public care and less care at higher levels than the rich do.

The results also show that those with higher education tend to choose health care providers rather than self-treatment. Women tend to use drugs or health care services more often than men do. The results are intended for policymakers and health care professionals to formulate health care policies. Of foremost importance are the methods used to reduce self-treatment and no treatment. The authors highlight the importance of management of private practices and maintaining public health care providers at all levels. This is particularly key at the basic levels where poor people can more easily access health care services.

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[Back to top](#)

Latest additions from the Health systems resource guide

1. The Global Fund: managing great expectations

Authors: R. Brugha; M. Donoghue; M. Starling

Publisher: The Lancet, 2004

This paper published in the Lancet, tracks early implementation experiences of the Global Fund to Fight AIDS, Tuberculosis and Malaria in four African countries: Mozambique, Tanzania, Uganda, and Zambia. Interim findings are

based on interviews with 137 national-level respondents.

The paper finds that:

- Members of country coordinating mechanisms (CCMs) - country-level partnerships, which were formed to develop and submit grant proposals to the Global Fund - were often ineffective at representing their constituencies and encountered obstacles in participating in CCM processes.
- Delays in the dissemination of guidelines from the Global Fund led to uncertainty among members about the function of CCMs.
- Respondents expressed most concern about the limited capacity of fund recipients—government and non-government—to meet Global Fund conditions for performance-based disbursement.
- Delays in payment of funds to implementing agencies have frustrated rapid financing of disease control interventions.

The paper concludes that new and existing donors need to coordinate assistance to developing countries by bringing together funding, planning, management, and reporting systems if global goals for disease control are to be achieved.

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[Back to top](#)

2. Architecture amidst anarchy: global health's quest for governance

Authors: D. P. Fidler

Publisher: Journal of Global Health Governance, 2007

A prominent and problematic aspect of health's political transformation involves the relationship between health and governance. This article in Global Health Governance concentrates on the growing demand for new governance architecture for global health. The author argues that this is just one aspect of the radically changed context of the relationship between the protection and promotion of health and the task of effective and legitimate governance. The growing demand for architecture is examined and the article highlights that the architecture metaphor is inapt for understanding the challenges global health

faces. In addition to traditional problems experienced in coordinating state behaviour the author argues that global health governance faces a new problem of “open-source anarchy”.

The article shows how the dynamics of open-source anarchy are such that states and non-state actors resist governance reforms that would restrict their freedom of action. In this context, what is emerging is not governance architecture but a normative “source code” that states, international organisations, and non-state actors apply in addressing global health problems. The source code’s application reveals deficiencies in national public health governance capabilities, deficiencies that are difficult to address in conditions of open-source anarchy. Governance initiatives on global health are, therefore, rendered vulnerable. This document concludes that for the new ideology of health to be an integrated global public good, a major, beyond rhetoric, commitment to capacity development is required.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=42424&type=Document

[Back to top](#)

3. Biosecurity, bioterrorism and the governance of science: the increasing convergence of science and security policy

Authors: C. McLeish; P. Nightingale

Publisher: Elsevier Science, 2007

This paper published by Elsevier explores recent changes in the governance of science and technology by assessing the relative merits of understanding the development of dual use policy in terms of either technology transfer or technology convergence. ‘Dual use’ refers to the tangible and intangible features of technologies that enable them to be applied to both hostile and peaceful ends with little or no modification. The authors aim to contribute towards the practical development of improved biosecurity policy. They do this by exploring the merits of different ways of understanding biosecurity controls and their role in preventing the proliferation of technological capabilities related to the development and production of biological weapons.

The document aims to address this dual use dilemma and assist policymaking in two areas. First, in relation to science policy, the paper draws on the security and the governance literature to show how seemingly unrelated internal changes in the science system are part of a coherent expansion of an external security regime. Second, in relation to security policy the paper draws on science policy literature to evaluate the advantages and disadvantages of understanding governance of dual use in terms of either technology transfer or technology

convergence. An alternative framework, which understands the dual use problem in terms of technological convergence, is then presented which directs policies at purposes, and aims to disrupt innovation processes. The authors show how this permits a more subtle analysis of the complex interactions between scientific research and technological development. The paper also highlights important differences between 'dangerous' science, weapons and weapons of mass destruction. It is argued that the alternative framework also helps prevent policies being overtaken by changes in science and technology.

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[Back to top](#)

4. The international response to highly pathogenic Avian Influenza: science, policy and politics

Authors: I. Scoones; P. Forster

Publisher: STEPS Centre, Institute of Development Studies, 2008

Over the last decade, the Avian Influenza virus, H5N1, has spread across most of Asia and Europe and parts of Africa. A major international response has been launched, backed by over US\$2 billion of public money. Huge numbers of poultry have been culled, vaccination campaigns have been implemented and markets have been restructured. In addition substantial efforts have been invested in improving human and animal health systems. This paper from the STEPS Centre explores what can be learnt from this experience, and what this means for future efforts to respond to emerging infectious diseases under the One World, One Health initiative, which supports a holistic approach to health incorporating humans and animals.

The paper explores three core narratives that have shaped the response: one focuses on veterinary issues, another on human public health and a third on pandemic preparedness. All have common characteristics, emphasising outbreak control and containment. Missing dimensions are identified, including a lack of attention to underlying disease drivers, issues of poverty and equity, and broader questions of access and governance. The paper examines how discourses of security and risk pervade the discussions, affecting how the response has played out. The authors conclude with a discussion of the emerging challenges, including the implications for organisational architectures, professional training and programme implementation.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=42422&type=Document

[Back to top](#)

5. Epidemics for all? Governing health in a global age

Authors: S. Dry

Publisher: STEPS Centre, Institute of Development Studies, 2008

Current global health policy is often dominated by a preoccupation with infectious diseases. This paper from the STEPS Centre seeks to link a set of dominant narratives about epidemics and infectious disease with what is often called the architecture, or organisational landscape, of global health policy. The author shows how policy on the global scale has tended to be oriented towards addressing highly time-focussed outbreaks that threaten to cross international boundaries, rather than longer-term endemic problems that affect the most vulnerable people. Failure to address such long-term changes may make the whole global system itself more vulnerable over time.

The paper analyses how a new organisational landscape and the framing of epidemic disease interact. It explores what effect that interaction has on the ability of the global health community to respond to disease threats of all kinds. The author argues that neither organisational complexity or openness nor rigid lines of command-and-control can ensure resilience in the face of unpredictable risks. Instead, it is highlighted that methods are needed to encourage feedback and integration between competing narratives of health and disease. The author also argues that giving local people control over epidemiological information, or defining infectious disease events in terms of environmental change or migration patterns that occur over years, will change the overall contents of global health policy.

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[Back to top](#)

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[Announcements](#)

Training: LATH presents short course in international health consultancy, UK

Dates: 11 - 30 May 2009

Location: Liverpool, UK

The Liverpool School of Tropical Medicine (LSTM) and Liverpool Associates in Tropical Health (LATH) have jointly developed an intensive 3 week course in international health consultancy. The course will run twice in 2009: 11th - 30th May 2009 and 1st - 18th September.

The course will be of interest to health management and social development specialists working in government, non government and academic settings worldwide. The aim of the course is to enhance and improve professional knowledge and skills in the provision and management of consultancy services within the context of international health.

More details available online at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=42237&type=Item

Conference: 12th World Congress on Public Health 'Making a Difference in Global Public Health: Education, Research and Practice'

Dates: 27 April - 1 May 2009

Location: Istanbul, Turkey

This year's World Congress on Public Health, organised by the World Federation of Public Health Associations (WFPHA) and hosted by the Turkish Public Health Association (TPHA), is on the theme of 'Making a Difference in Global Public Health: Education, Research, and Practice'.

The Congress will address the challenges and opportunities for public health organisations worldwide and be an opportunity for getting together with the various professionals and disciplines related to public health, at a national and international level. The event will provide an arena for the latest ideas and experiences in public health education, research and practice to be shared.

Congress themes include:

- Public Health Education for the 21st Century (6 sub-themes)
- Public Health Research & Policy Development (19 sub-themes)
- Public Health Practices Around the Globe (21 sub-themes)

More details available online at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=41925&type=Item

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The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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