



The Role of Non-State Health Providers

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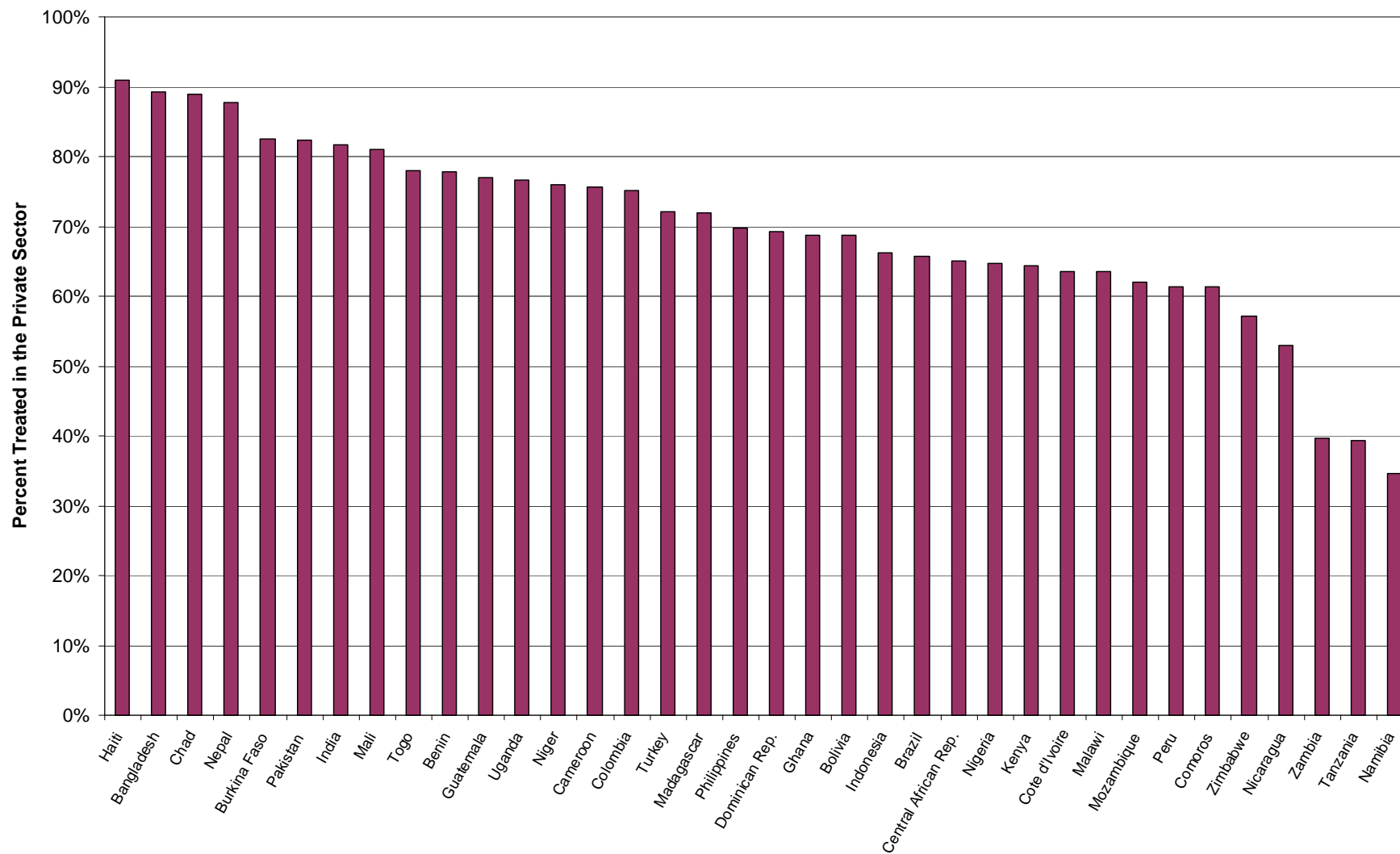


Introduction

- Large, heterogeneous, “unruly”
- Subject areas discussed:
 - How non-state sector works
 - How to harness advantages of non-state sector
 - How to minimize harm

“Private Sector” → “Non-State Sector”

Size of the Non-State Sector: Childhood ARI Treatments (%)



Range of Non-State Providers



Public Sector “View” of the Non-State Sector

Characteristic	More Visible	Less Visible
Legal status and training	Formally trained and operating legally (e.g. doctors, nurses pharmacists)	Informal –untrained and illegal (e.g. shopkeepers, itinerant vendors)
Organization	Incorporated for-profit or non-profit organization	Unincorporated solo practitioners
Size of facilities	Large hospitals, networks of clinics	Solo practitioners
Nature of service	Comprehensive clinical care	Single product or service (e.g. drugs)
Public-private mix	Full time public practice or legal dual practice	Illegal dual practice



Taking Stock

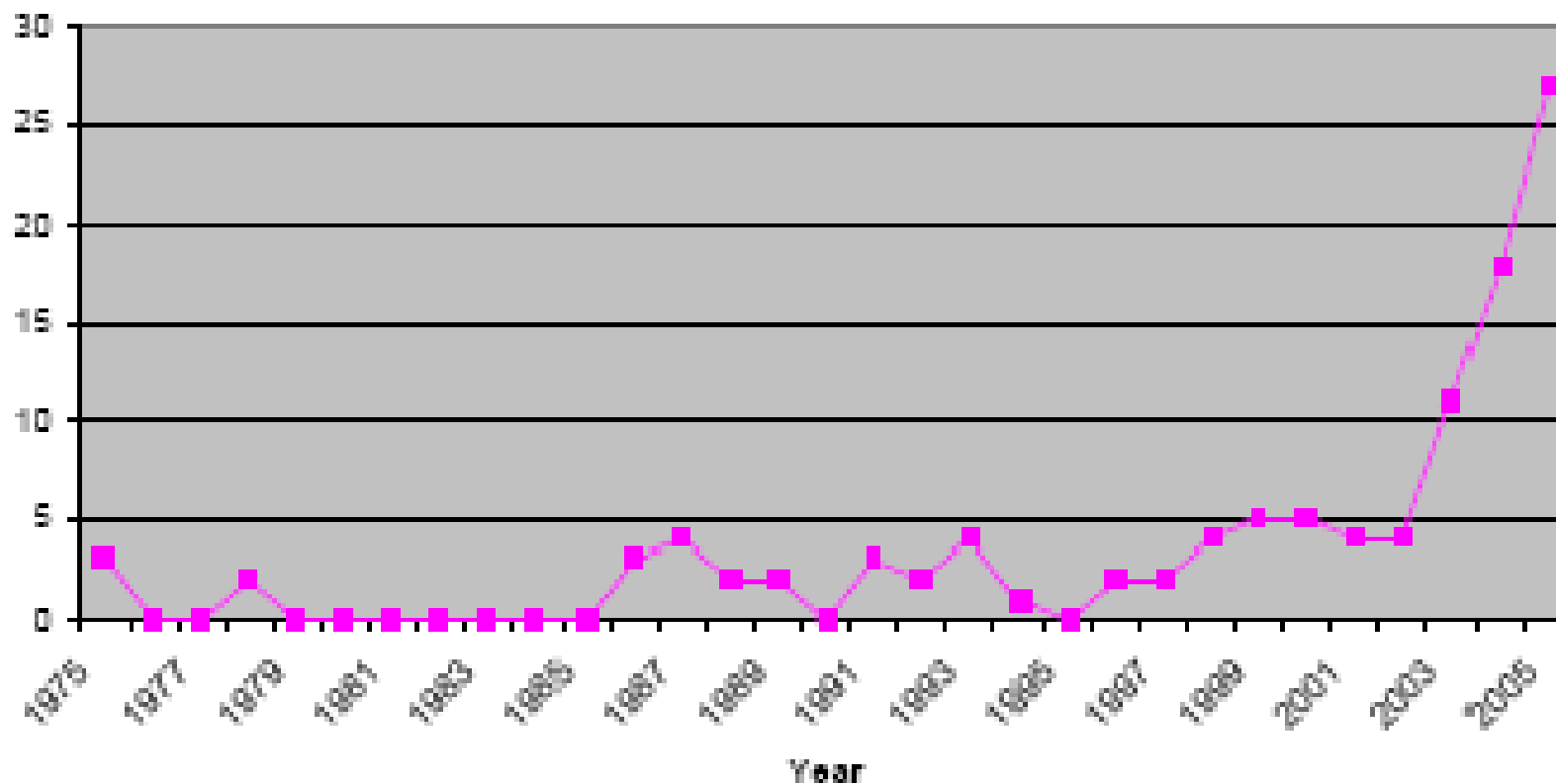
- Not identified as priority topic of the Task Force, but key research questions raised:
 - Strengths & Weaknesses of engaging the private sector effectively -- dual public & private practices
 - Impact of GATT on labor markets, and “reducing adverse consequences... the migration of highly-skilled workers from the public sector to the private sector.”
 - Equity and efficiency implications of contracting health services to NGOs on a large scale
- Absence of private sector in considerations of human resources “at district level and below”



Changes in Research on Non-State Providers

- NSS now considered major theme for HPSR
- Increased publication on private sector
- More attention to private sector in international health circles

Incidence of the term 'private' occurring in World Health Assembly resolutions, 1975-2005





Rapid spread of markets for health-related goods and services

- Out-of-pocket payments & NS providers are large and growing
- Emergence of pluralistic health systems, evolving relationship to legal framework
- Blurring of boundaries between public and private sectors and increased role of market relations
- Increased channels for health related information



Current Priorities

How do Health Markets Work?



How to Identify a Quack





Understanding & Overcoming Problems of Health-related Markets

1. Information asymmetry:

- Value for money; safety; quality

2. Inequity, financial risks

3. Shifting balance between prevention and curative care



How can health markets work better for the poor?

- Market mechanisms for building trust in safety, appropriateness and affordability of treatment: franchises, branding, accreditation
- Government regulation in contexts of limited reach (often represent stakeholder interests): co-regulation, information, contracts
- Civil society organisations: professions, community groups, business associations, disease-specific organisations (balance stakeholder & public interest)
- Making informed consumers

New demands on government and other agencies that represent the public interest

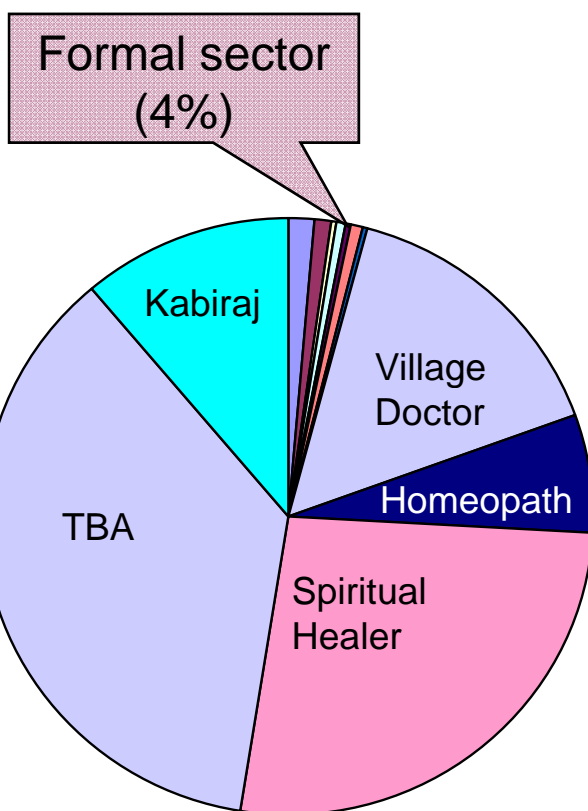




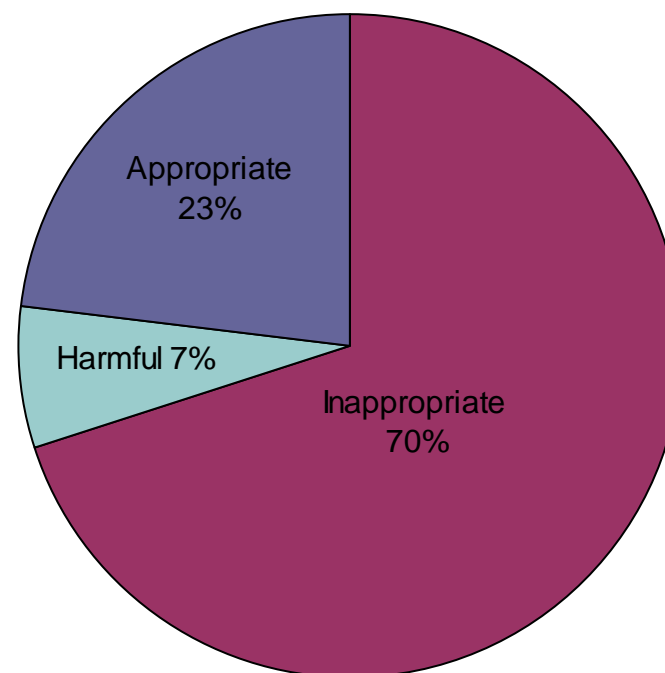
Example: Bangladesh Research on Health Markets

How does the informal health market provide services? How can citizens get involved in improving services?

Providers and Treatment Quality in Chakoria, Bangladesh



Treatment of Respiratory Infection & Diarrhea



Population: 560,000; Health care providers: 2623



Testing Market Interventions & Building Institutions

- Accountability - Bangladesh Health Watch → Local Health Watch
- Harm reduction – Informal Provider Treatment and Pricing Guidelines, Training → *Shasthya Sena* (franchise)
- Reaching the poor - Performance based payment to provider for safe delivery of poor women



Challenges: Research Priorities

1. Understanding and influencing health markets (local knowledge)
2. Innovations in market interventions
 - New business models, institutions & regulatory approaches
3. Understanding & facilitating “scaling-up”
 - Impact, organizational, political, financial scale-up; not just coverage
4. Implementation knowledge, “how” and “why” things work vs. “what” works
5. Knowledge to influence policy and program change



What else is needed

- Collaborations
 - Research organizations; policy-makers; civil society; programs/funders
- Core Funding (research & capacity)
- Conceptual thinking:
 - Health markets & institutions
 - Learning & scaling-up

www.futurehealthsystems.org

The screenshot shows a Windows Internet Explorer browser window displaying the website [http://www.futurehealthsystems.org/](http://www.futurehealthsystems.org). The browser's address bar, menu bar (File, Edit, View, Favorites, Tools, Help), and toolbar are visible. The website's header features the Future Health Systems logo and tagline "Innovations for equity" with the subtitle "Innovations and knowledge for future health systems for the poor". A navigation menu includes links for Home, About Us, Country Focus, Research Themes, News & Events, Partners, and Publications. A central image shows a healthcare worker examining a baby, with a caption "Photo: Panos Pictures / Giacomo Pirozzi". To the right of the image is a box titled "New! researchers sharepoint area" with a "Researchers area login" link. Below the image is a "Research Themes" sidebar with three items: "Protecting the poor against the impact of health-related shocks", "Innovations in provision", and "Health policy processes and the role of research". The main content area is titled "Our aim" and contains three paragraphs describing the consortium's goals and focus on health, innovation, and future-looking research for the poor in developing countries.

Future Health Systems
Innovations for equity
Innovations and knowledge for future health systems for the poor

Home About Us Country Focus Research Themes News & Events Partners Publications

Photo: Panos Pictures / Giacomo Pirozzi

New! researchers sharepoint area
Researchers area login

Research Themes

- Protecting the poor against the impact of health-related shocks
- Innovations in provision
- Health policy processes and the role of research

Our aim

At a time of unprecedented worldwide focus on health, the Future Health Systems consortium wants to ensure that real health gains for the poor are achieved. Through research and partnership we want to inform and influence the health systems of the future in Nigeria, India, Uganda, Bangladesh, China and Afghanistan.

This research consortium will be **innovative** and tackle health problems with new ideas.

This consortium will be **future looking** and inform tomorrow's health systems.

This consortium will focus on meeting the future health needs of the poor and vulnerable in developing countries by thinking differently about poverty.



Public Objectives for Working with the Private Sector

- Access: Increase providers and range of services
- Quality: Improve services
- Accountability: Empower the public
- Affordability: Reduce costs and financial risks
- Convergence: Address problems that can't be tackled by government alone