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Future Scenarios for Health Service Delivery

Hilary Standing

Plenary presentation for the 12th Annual Scientific Conference (ASCON): *Health Systems Research: People's Needs First* 10-12 February 2009, ICDDR,B, Dhaka, Bangladesh

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Acknowledgements

Research partners and colleagues:

- Future Health Systems Consortium
- ICDDRB and BRAC University School of Public Health, Bangladesh
- Health and Social Change Programme, Institute of Development Studies, UK

- ***Photography***
  - Thanks to Dr Shah Mohammed, BSPH MPH batch 2007-8

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Health service delivery in low and middle income countries

Operational and research challenges for the (not-so-new) Millennium

A changing world:

- Epidemiological transformations
- Health inequalities
- Marketisation of goods and services
- Shortage and maldistribution of health human resources

Which ways forward?

- Challenges present opportunities
- Look “south” rather than “north” for innovation
- Move away from sterile debates

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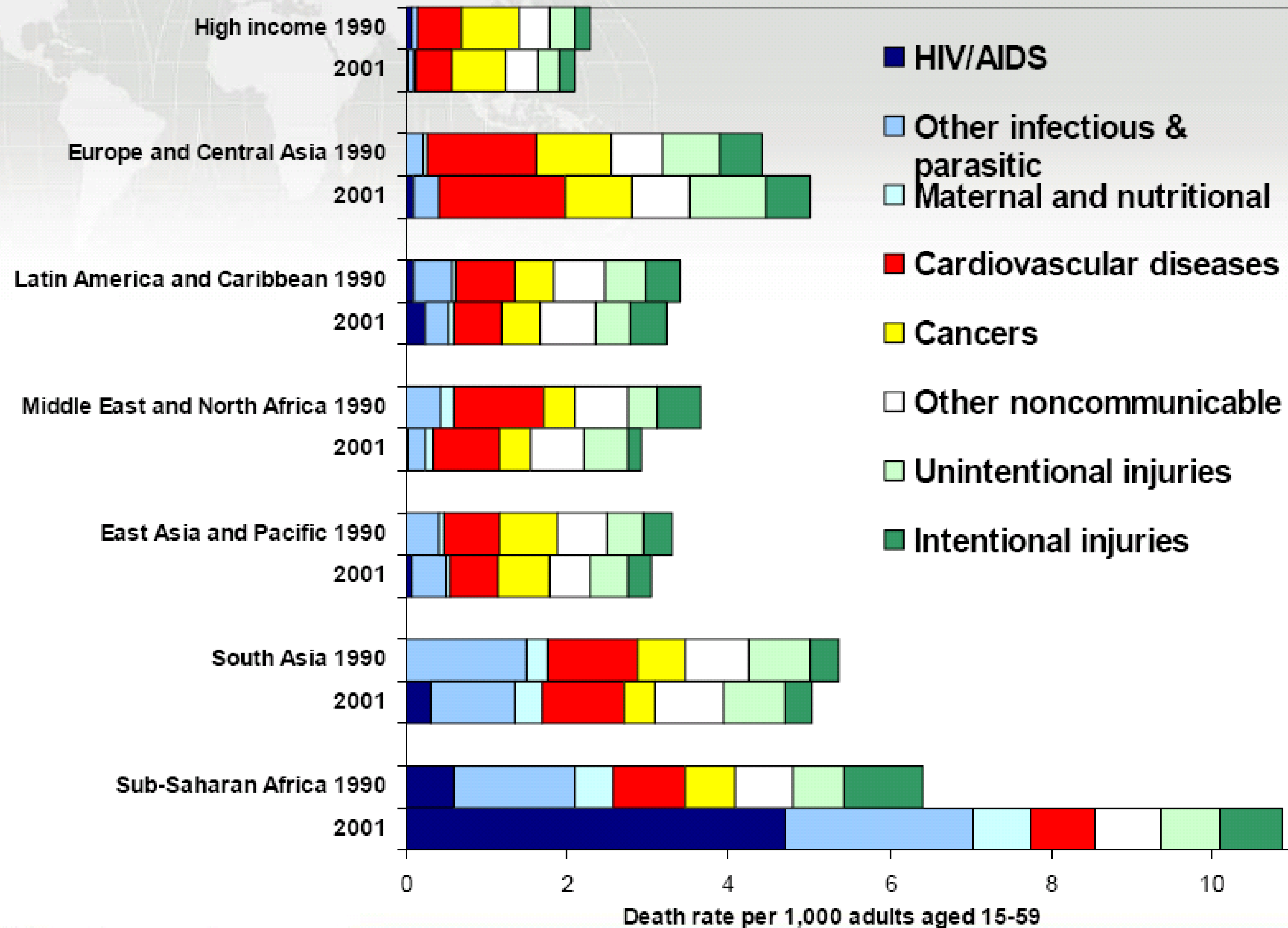
Challenge 1: Changes in the burden of disease



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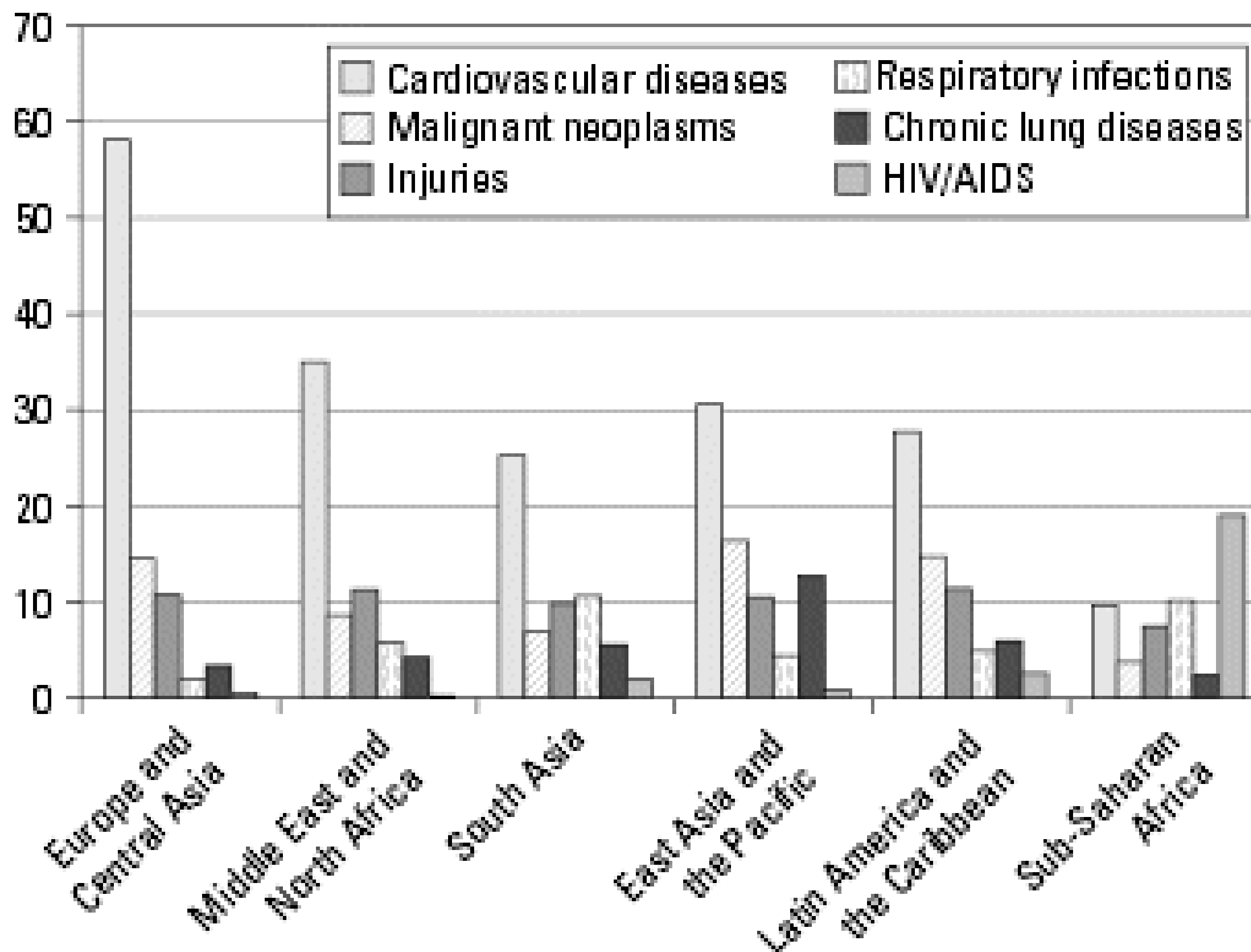
Disease Control Priorities Project

Major Causes of Death in Persons of All Ages in Low- and Middle-Income Regions



Source: Mathers and others 2006

Challenge 2: Health inequalities

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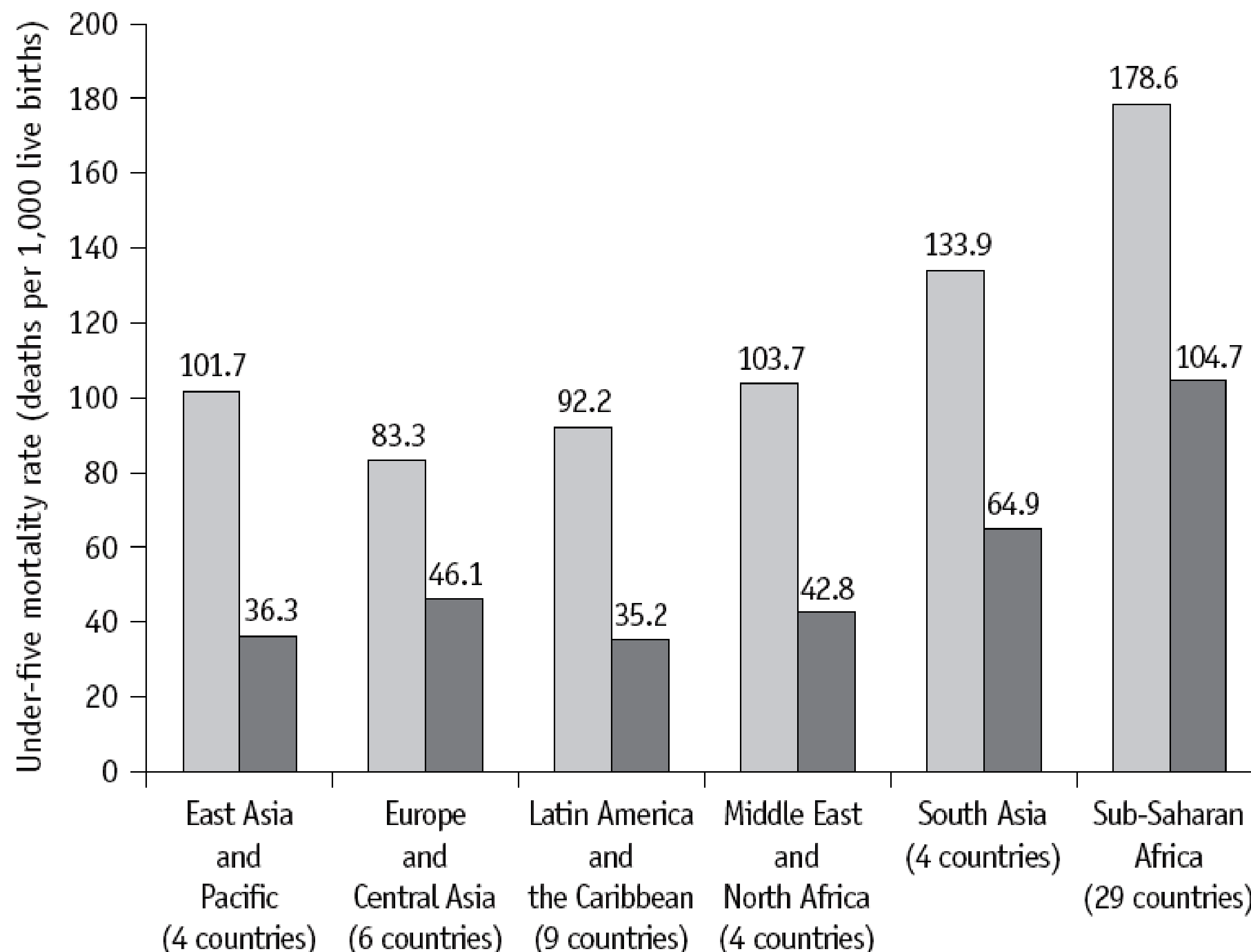
Child Health inequalities (*from Gwatkin et.al. 2005*)



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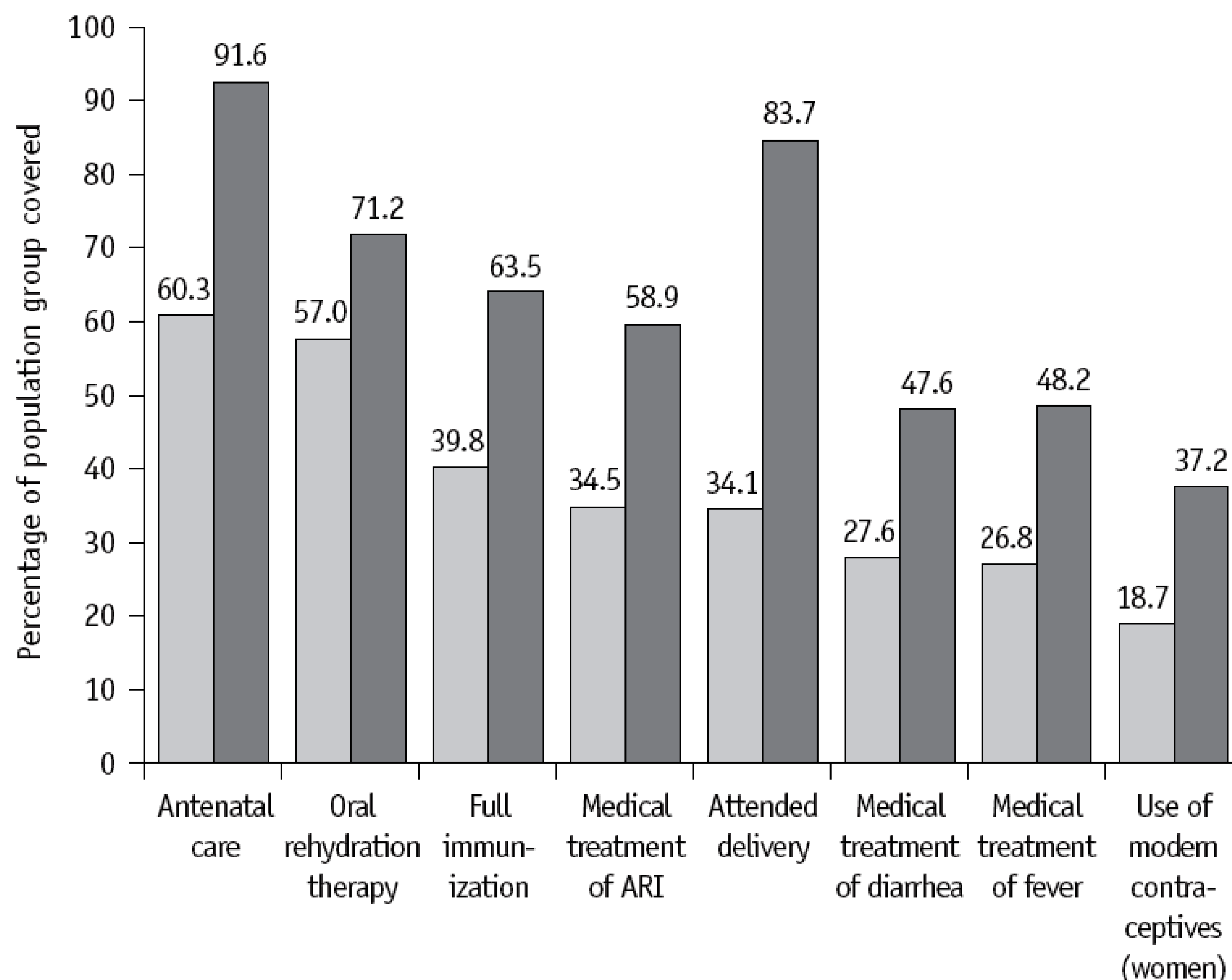
Service utilisation inequalities (*from Gwatkin et.al. 2005)*



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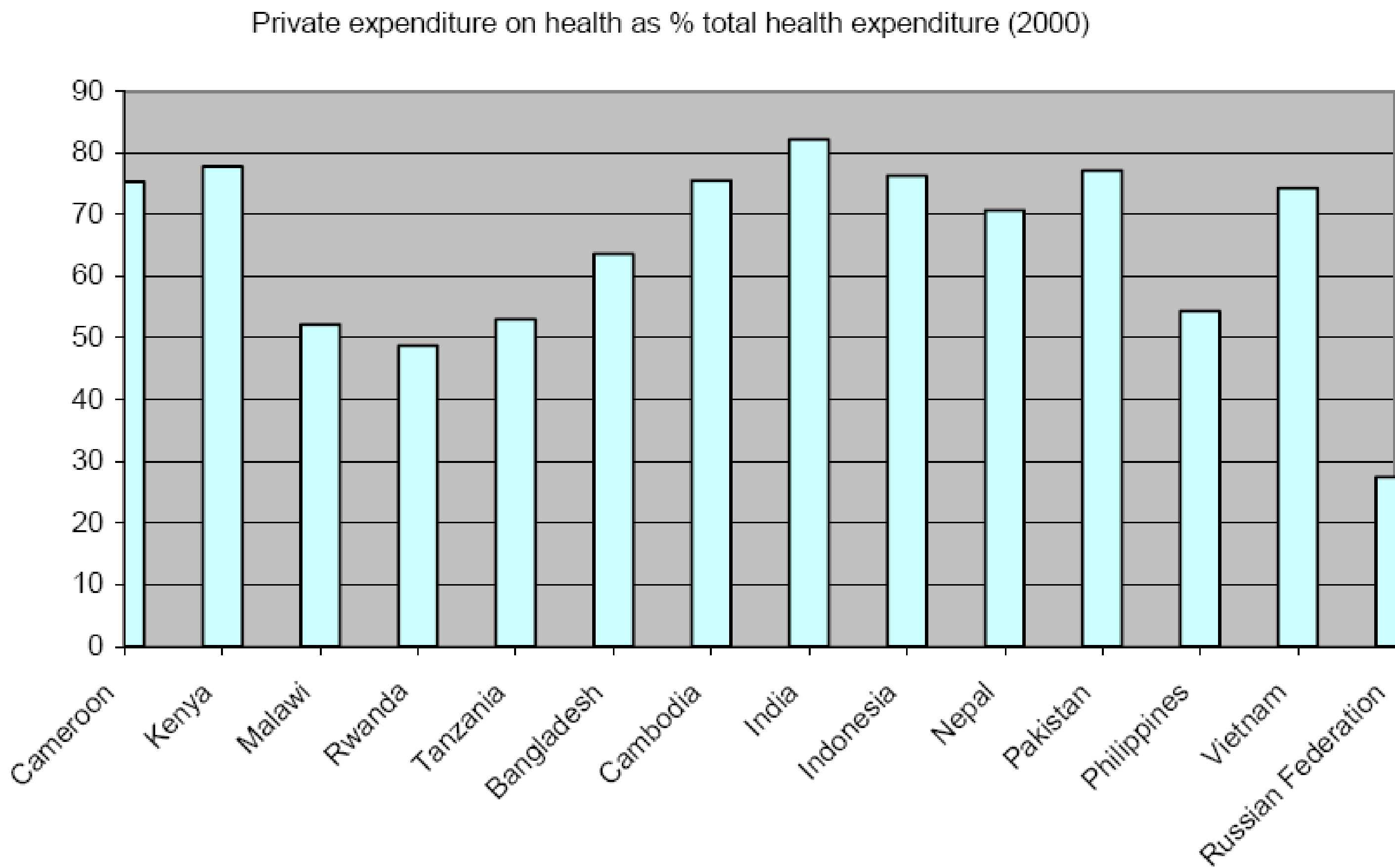
Challenge 3: The rise and rise of health markets

Figure: Private Expenditure on health as % of total expenditure



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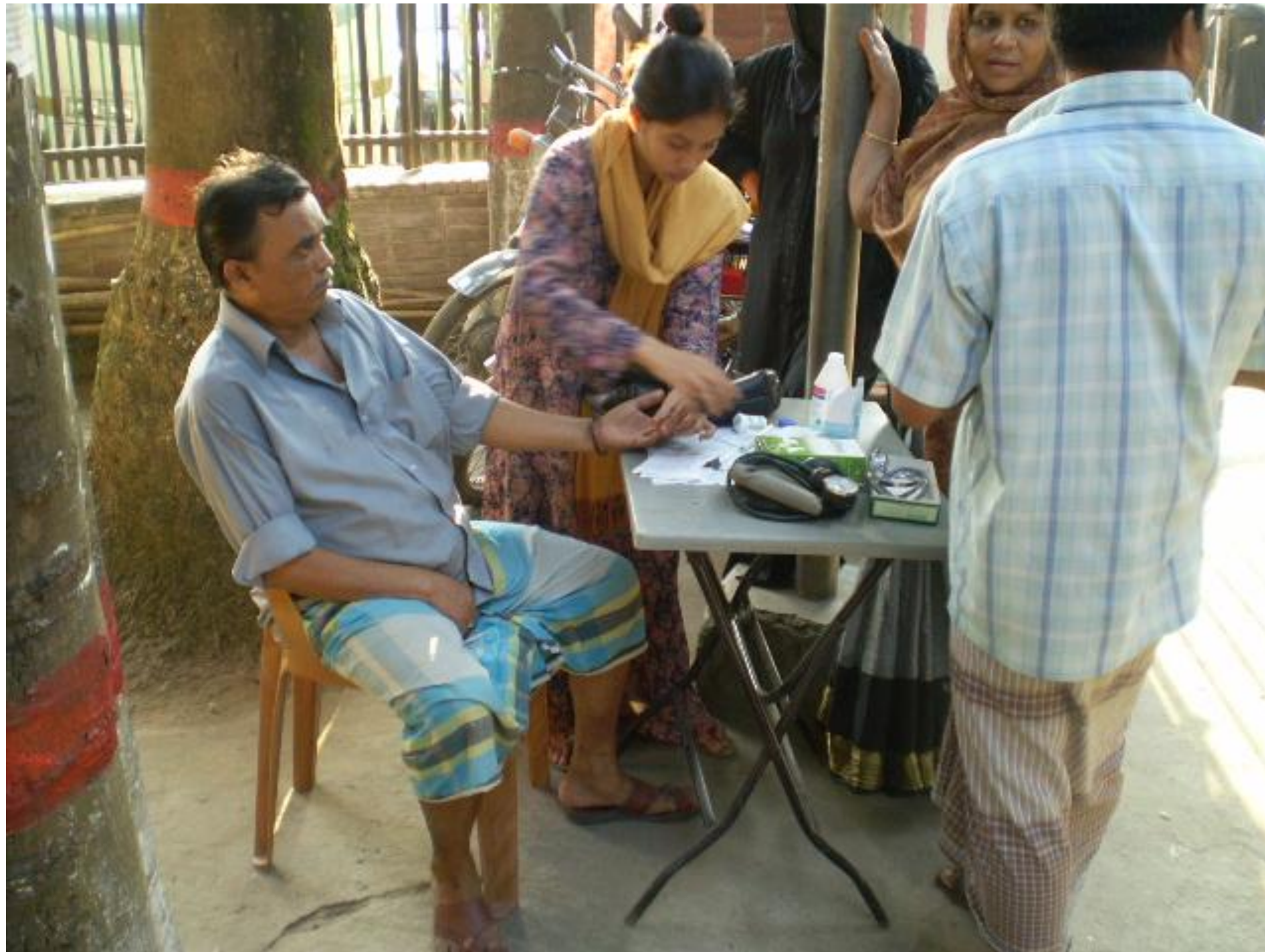
Non-state health care delivery – an increasing trend

- The "non-state" sector provides an increasingly major share of total service delivery, particularly in Asia (e.g. estimated 80% of limited curative care in India)
- Health markets have spread very rapidly in low and middle income countries, as have market type relationships, both formal and informal
- Most health care paid for "out of pocket" whether "public" or "private"
- Rise of markets associated with both rise in market type transactions generally in all economic sectors, and crises in the capacity and quality of publicly funded services
- Poor increasingly purchase services in the market.
- Largest part of this expenditure on drugs, often from unlicensed providers
- This burgeoning marketised health economy raises major issues in relation to cost, quality, competence and regulation



Challenge 4: Health human resources

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Distribution of physician, nurse and dentist per 10,000 population and nurse per physician ratio - Bangladesh
Adapted from Table 3.2, Bangladesh Health Watch Report 2008

	Physician	Nurse	Dentist	All	Nurse per physician ratio
Location					
Rural	1.1	0.8	0.08	2.1	0.7
Urban	18.2	5.8	0.8	24.9	0.3
All	5.4	2.1	0.3	7.7	0.4
(WHO recommended ratio)				(2.28/ 1000)	

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Distribution of other allopathic providers per 10,000 population - Bangladesh

Adapted from Annex 3: Bangladesh Health Watch Report 2008

	Paramedical allopathic providers*			Unqualified allopathic providers			Traditional Birth Attendants, Untrained and trained
	Community Health Workers						
	Govt.	Non-Govt.	All	Village doctors	Drug store salespeople, drug vendors	All	
Location							
Rural	3.6	7.3	10.9	13.8	10.8	24.6	42.2
Urban	2.0	3.9	5.9	8.8	13.2	22.1	6.0
All	3.2	6.4	9.6	12.5	11.4	23.9	33.2

Providers in pluralistic health systems

- Health care delivery systems highly pluralistic, practitioners vary greatly in their practice settings, type of knowledge, associated training, and relationship with the state and legal system
- Informal providers generally first provider of resort in rural areas
- *Advantages:*
  - convenient, affordable , available, better attitudes to users
- *Challenges:*
  - no quality control, reluctant to refer, over/misuse of drugs
- *BUT*
  - these problems are not confined to the informal sector.

Issues of "stewardship" and governance cut across both formal and informal service delivery systems

Research needs to respond to some new parameters

- Managing both infectious and chronic diseases from a low resource base – what does this mean for primary health care services, health human resources and financing of health care costs?
- How should services and interventions respond to the shift to prevention and long term management of chronic diseases? People live with them, they don't just die from them
- Particularly in a global economy, markets and pharmaceuticals likely to intensify spread in the health sector – chronic diseases will be an increasing market segment
- Much greater access to information from multiple sources, increasing self-treatment through retail pharmacies etc. – the trend is not going to reverse

Balancing challenges with opportunities for service delivery
Research in support of policy

- **Learning from service delivery innovations**
  - Using ICTs for training, diagnostics, remote information
  - Learning from other models e.g. ART therapy, DOTS
  - Adapting from market based approaches, e.g. licensing, accreditation, franchising
  - Delivering healthier lives, not just delivering health services
- **Rethinking human resources for health in a changing world**
  - Different skill mixes and task combinations are possible
  - Use existing health workforces more effectively
  - Revisit incentives in a pluralistic systems
  - Different approaches to expertise – expert users as well as expert professionals

More challenges and opportunities…..

- **More equitable financing and access models**
  - Moving to universal coverage through leveraging new combinations of public, private and external finance, e.g. micro-finance, social business models as well as tax revenues and external funds. *Who pays for the poor?*
  - Backing health and nutrition interventions onto anti-poverty and sustainable livelihoods programmes – what works?
- **New models of governance for the sector - "stewardship" agenda**
  - Government with new stakeholder coalitions, citizen engagement e.g. Health Watch approaches
  - Learning from other marketised sectors, increasing role for consumer protection?
  - Global governance needs for pharmaceuticals, services

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THANK YOU!

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