

## Health in a changing world

The STEPS Centre Health domain, 2007-2011

STEPS domain briefing

### More reading

"Health": Health in a Dynamic World, STEPS Working Paper 5 by Gerald Bloom, Jerker Edstrom, Melissa Leach, Henry Lucas, Hayley MacGregor, Hilary Standing, Linda Waldman

Health in a Dynamic World, STEPS briefing 5

"Beyond Scaling Up": Beyond Scaling Up: Pathways to Universal Access to Health Services, STEPS Working Paper 39 by Gerald Bloom and Peroline Ainsworth

Beyond Scaling Up: improving access to health services, STEPS briefing 39

STEPS Centre epidemics webpage  
[www.steps-centre.org/ourresearch/epidemics.html](http://www.steps-centre.org/ourresearch/epidemics.html)

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### Credits

This briefing was written by Gerald Bloom and edited by Nathan Oxley.

### About the STEPS Centre

The STEPS Centre (Social, Technological and Environmental Pathways to Sustainability) is an interdisciplinary global research and policy engagement hub uniting development studies with science and technology studies. We aim to develop a new approach to understanding, action and communication on sustainability and development in an era of unprecedented dynamic change. The STEPS Centre is based at the Institute of Development Studies and SPRU Science and Technology Policy Research at the University of Sussex with a network of partners in Asia, Africa and Latin America and is funded by the Economic and Social Research Council. Find out more: [www.steps-centre.org](http://www.steps-centre.org)

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**Markets for healthcare and pharmaceuticals are spreading rapidly in many countries. Meanwhile, new information communications technology (ICT) is changing the way people access advice and medicines. And as recent events such as SARS, H1N1 and avian influenza have shown, changing patterns in human behaviour and the environment have meant that epidemics can spread in new ways. As institutions, policies and practitioners struggle to keep**

**up with these changes, how can alternative pathways be found which improve access for the poor?**

**For over five years, the work of the ESRC STEPS Centre's Health domain has focused on understanding the implications of these changes for poor people. This briefing explains our work so far and looks at future directions of research.**



Mother and boy being attended to by Health Education nurse. Sri Lanka. Dominic Sansoni / World Bank / Flickr CC

## Health markets

Over the past few decades, many countries have experienced a rapid spread of markets for health services and pharmaceuticals. These have spread much more quickly than the creation of institutions to ensure they perform well and in the interest of patients. In fact, poor people often seek care and purchase drugs from informal providers who work largely outside the legal framework. For example, in rural Bangladesh and West Bengal, people rely on unlicensed village doctors for healthcare and advice. In Nigeria, patent medicine vendors operate in an unregulated, informal market. The implications of this can be that people get inadequate or dangerous treatment, or spend money on drugs they do not need.

However, the dominant international narratives for health system strengthening and development give little recognition to the complex and dynamic health markets which are the reality for many poor people. The reasons behind this include an ideological stance that is opposed to the role of markets in health; the large financial commitments by donor agencies and their need for clearly defined accountability arrangements; and the lack of a well-articulated strategy for bringing order to markets.

## Beyond Scaling Up

A popular idea in health system development is that of taking a number of cost-effective interventions to scale. Working with the Future Health Systems consortium, the “Beyond Scaling Up” project asked whether this approach was realistic. Large-scale, one-size-fits-all approaches have had limited success in complex and rapidly changing contexts, and local small-scale innovations do not necessarily spread quickly.

## Beyond Scaling Up (continued)

### Some conclusions:

- We need to move beyond debates about the desirability of health markets, to an exploration of alternative development pathways involving states, markets and other actors in new kinds of partnership.
- Health development is feeling the influence of new information and communications technologies and new ways of organising people around health issues.
- Practical strategies for overseeing health system change need to recognise both the complex realities of health systems, and how much the outcome of any change process is influenced by decisions by many stakeholders who only have a partial view of those realities.
- There is a need to assess the impact of interventions, identify any unintended outcomes and support a learning approach to the management of change.

For further briefings on the project, see [More reading \(back page\)](#).

## Challenges and opportunities

Several factors are currently creating big opportunities and challenges for health systems in developing countries.

- **Unorganised markets:** Largely unorganised markets are spreading in many countries: although almost everyone has access to drugs and some form of medical advice (if they can afford to pay), there are many problems with the safety and quality of services.
- **Rapid development of information and communications technology:** This creates new opportunities for monitoring the performance of providers and for spreading access to specialised medical knowledge, which could lead to new ways of organizing health systems.

- **Rapid growth of demand for low-cost health services:** This growth is especially in countries experiencing rapid economic development. It is creating opportunities for new types of health service provider.
- **New types of social arrangement:** New arrangements are emerging, based on specific diseases, social movements, local governance bodies and so forth. These enable communities to assert their rights to health services and provide mutual support in managing health problems.

## Epidemics

A series of case studies by the STEPS Centre (avian influenza, SARS, obesity, H1N1 influenza, HIV/AIDS, tuberculosis, and haemorrhagic fevers) have shown how a ‘global outbreak narrative’ that encourages emergency-oriented, top-down responses, often driven by biomedical interventions such as vaccination and antiviral medications, has become dominant in much health policy at international and national levels.

Alternative narratives that emphasize longer-term dynamics and social, ecological and political conditions on the ground tend to be sidelined.

Alternative narratives:

- Focusing on active intervention in a particular setting to reduce disease risk and exposure. This takes account of inequity, the causes of disease and human-animal interactions.
- Another view says that infectious diseases are long-present amongst local populations who have developed culturally-embedded ways to live and deal with them. Responses can take account of local knowledge and cultural knowledge, so they are appropriate and accepted by local people.

For further briefings on the project, see [More reading \(back page\)](#).

## China

The experience of China is increasingly influencing other countries. Very devolved economic decision-making, combined with the actions of a strong state, has enabled the move to a market economy and rapid economic growth. However, China’s health system has experienced a number of problems associated with the spread of market relations. China is now implementing a very ambitious health system reform. This experience will provide important opportunities for learning by health system leaders in China and many other countries about effective strategies for managing change in contexts of complexity and rapid change.

- The STEPS Centre is contributing to this learning through its work with a network of Chinese researchers, who are studying the factors influencing the evolution of health policy and the challenges involved in translating policy into effective local institutions.

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