

Opportunities and challenges for health systems in developing countries

• Unorganised markets are spreading.

There is widespread access to drugs and advice, but the safety and quality of services varies.

- **Information and communications technology** is mushrooming, which could lead to new ways of organizing health systems and monitoring health providers.

- **Demand for low-cost health services is growing rapidly** in countries experiencing rapid economic development, creating opportunities for new types of health service provider.
- **New kinds of organisations** are evolving, based on specific diseases, social movements and local organisations. They enable communities to assert their rights and providing mutual support.



Beyond Scaling Up: improving access to health services

From STEPS Working Paper 40,
Beyond Scaling Up: Pathways
to Universal Access

STEPS briefing 40

More reading

Beyond Scaling Up: Pathways to Universal Access to Health Services, STEPS Working Paper 40 by Gerald Bloom and Peroline Ainsworth (2010) ISBN: 978 1 85864 950 1

Health in a Dynamic World, STEPS Working Paper 5 by Gerald Bloom, Jerker Edström, Melissa Leach, Henry Lucas, Hayley MacGregor, Hilary Standing and Linda Waldman (2007) ISBN-13: 978 185864 654 5

Beyond Scaling Up on the STEPS Centre website: <http://www.steps-centre.org/ourresearch/beyondscalingup.html>

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Credits

This briefing was written by Gerald Bloom and edited by Nathan Oxley.
About the STEPS Centre

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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 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.

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Contact us

STEPS Centre, Institute of Development Studies, University of Sussex,
Brighton BN1 9RE, UK
Tel: +44 (0)1273 915673
ask for Harriet Le Bris
Email: steps-centre@jds.ac.uk
Web: www.steps-centre.org

Ill health is still a major human problem and a high burden for many countries, despite the availability of effective interventions. Growing impatience with this situation, at both national and international level, has led to big political and financial commitments; and large new international organisations have been set up to improve health outcomes globally. But these big changes have not been matched by consistent improvements

on the ground, where many people still have difficulty accessing effective health services.

Managing rapid changes in health systems in low and middle-income countries remains a challenge. 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. There is a need



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to better understand how to successfully make the large and the small work together – to combine large scale interventions with local adaptation and innovation – if potential improvements in health outcomes are to be realised.

“There is a need to better understand how to successfully make the large and the small work together”

The ‘scaling up’ view

The process and management of health system change can be approached or ‘framed’ in different ways. Currently, one influential global narrative views health system change as a process of taking successful interventions ‘to scale’: implying that technical and management innovations can be replicated easily in different contexts. This narrative has been important in convincing heads of government to make commitments to substantially expand access to health services.

Questions have been raised, however, about this narrative. It assumes that changes are easy to replicate; and it tends to underplay the social and political consequences of change in many of the places where poor people live. In those places, financial and other incentives (formal and informal) strongly influence the performance of a health system. What’s more, interventions have sometimes had unexpected and unforeseen results: for example, the training of community health workers thirty years ago has contributed substantially to the emergence in many countries of largely unregulated markets for drugs and medical services.

Is change a linear process?

Until now, the progress of health-related innovations has commonly been viewed as a linear process: basic science informs translational research, which then informs intervention design and finally

implementation. This view continues to dominate much health systems thinking. But another view of health system change is to think of it as the diffusion of organisational innovations: in other words, the various parts of a system interact with each other, with feedback at every stage and innovative practice emerging at all levels. This dynamic is particularly present in low and middle income countries that are experiencing rapid economic growth.

Some innovations are better than others

It would be a mistake to think that all innovations are beneficial. Private providers of health-related goods and services, for instance, have strong interests in encouraging a costly style of medical care. The challenge is therefore to encourage good innovations that increase access to safe, effective and affordable services. Achieving this involves removing regulatory and other barriers to their emergence and spread, and creating institutional arrangements that make health providers accountable for their performance.

Challenges and opportunities

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

The first is the spread of largely unorganised markets 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.

Second is the 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.



Vaccination drive / Sean Warren / iStockphoto

Third is the rapid growth of demand for low-cost health services in countries experiencing rapid economic development, and the opportunities this is creating for new types of health service provider.

Fourth is the emergence of new types of social arrangement based on specific diseases, social movements, local governance bodies and so forth, which enable communities to assert their rights to health services and provide mutual support in managing health problems.

Moving towards better health systems

It is important to distinguish between a vision of an ideal future health system and the pathways for moving towards this vision. To manage change, we need to understand the influence of institutions and incentives; recognise the political aspects of reform; and encourage adaptation to local realities. The management of health system change needs

to take into account the complex and rapidly changing social, technological and economic context through an iterative process of experimentation and learning about what works well and what does not.

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Policy makers, and those creating institutional arrangements to influence health system performance, need to remember the many stakeholders involved in health systems. The direction of change strongly depends on the degree to which their interests and points of view are taken into account.