

# Public vs Private

- Health Systems in Low & Middle Income Countries



**“Health policies and systems are complex social and political phenomena, constructed by human action rather than naturally occurring.”**

[\(Gilson et al. 2011, p. 6\)](#)

# Background

- Research focus: Invisible health providers: non-government, not-for-profit hospitals and clinics in fragile countries in Asia
- Key Document: The Rockefeller Foundation (2008) PATH & Harvard School of Public Health – survey, key informant interviews.
- Finding: No agreement about what the “private sector” or a “public private partnership” was.
- How does Health Policy and Systems Research Literature understand the ‘private’ sector?

# Health Policy & Systems

- 1996 – identified as a neglected area
- Not one body of research - ‘borrows’ from a range of disciplines and conceptual frameworks.
- Development studies, health administration, public policy, organisational theory, governance, global health, health economics, sociology, biomedical research, nursing, history, geography, health financing, political science, anthropology, epidemiology, and religious studies

# Terminology Issues

- No consistency on terminology
  - Non-State Sector (NSS)
  - Non-State Providers (NSP)
  - Private for-profit
  - Private not-for-profit
  - Non-governmental;
  - Public-private partnerships
  - NGOs
  - Faith Based Organisations / Faith Inspired Institutions
- Lack of consensus on how to define and classify nongovernmental organizations (NGOs) has inhibited progress on both the theoretical and empirical fronts in the effort to better understand and facilitate the functioning of the NGO sector. ([Vakil 1997](#))

# Methodology

- Systematic review
- Grey literature & academic literature
- Sources: PubMed Central; Google Scholar; World Health Organization; World Bank; Trove
- Some dispute in literature on whether Google Scholar can be used as a suitable replacement for other specialized databases or should be used only in concert with those databases (Bramer et al. 2013)
- Tools: import.io and Harzing's Publish or Perish
- Limitations – English only

# Methodology #2

Database / Search Engine	All the words	Any of the words	None of the words
Google Scholar World Bank (Topic: health)	health + public + private	LMIC developing	veterinary agriculture "book review"
WHO Publications (ISIS)	private + sector + development		
PubMed Central	health + public + private + LMIC		veterinary agriculture "book review"
Trove	health + public + private + LMIC		veterinary agriculture

# Methodology #3

Currently in progress

- Integrating all using import.io to remove duplicates
- Title review
- Abstract pool

# Preliminary Observations

- Accords with Rockefeller funded research of 2008
- Many articles either don't define or use very broad definition, even when clearly talking about a specific sub-group – e.g. World Bank
- Work synthesising donor attitudes shows confusion (Wakefield 2004)

NSP informal corporate  
sector pharmacy  
faith-based faith-inspired  
doctor non-governmental  
NGO visiting-medical-team  
non-government for-profit  
traditional philanthropic non-state  
humanitarian backpack INGO  
healer

# Broad Definitions

- “We defined non-state providers as including all those that exist outside the public sector whether they operate on for-profit or not-for-profit principles, and including individual practitioners, firms, citizen-based organisations, NGOs or faith-based organisations.” (Batley 2006, p. 194)
- “In most countries health-care delivery involves both public provision and a range of entrepreneurial initiatives, usually referred to as “private sector” or “private provision”. These terms cover many realities from faith-based and other nongovernmental non-profit organizations to individual health-care entrepreneurs and private for-profit firms and corporations. Private provision is a substantial and growing sector that is capturing an increasing share of the health market across the world.” ([World Health Organization 2010](#))

**A key tenet of health policy  
and systems research is the  
understanding that we  
“must know a system  
in order to strengthen it”.**

**(De Savigny & Adam 2009, p. 19)**



## Backpack Doctors

Image by [www.burmalink.org](http://www.burmalink.org)



## **Traditional Healer**

Image by Charles Roffey on Flickr



## Local Pharmacy

Image by Belinda Thompson.



## Humanitarian

Image by Courtney on Flickr



## NGOs

Image of Bairo Pite Clinic, Timor-Leste by Chie Shimodaira on Flickr



## Private For-Profit

Image of Apollo Hospital - [Apollo\\_apolloahd.com\\_photo\\_gallery.php](http://Apollo_apolloahd.com_photo_gallery.php)



## Aid Funded

Image by European Commission DG ECHO on Flickr

# Agreement?

- “We need to move beyond a simple public-private dichotomy to develop a more nuanced understanding of markets and the influence of the state and other agencies on performance.”  
([Bloom et al. 2012, p. 6](#))
- “The traditional categories of ‘for profit’ and not for profit’ NSPs did not adequately capture the range of NSPs that were involved in the case studies... Yet even breaking down the category of private providers into not-for-profit and for-profit providers is arguably not sufficient because of the range of non-state providers involved in health. ([Palmer 2006](#))
- Non-profit more likely to have own established practices and ideologies than private for profit. ([Lewis 2006](#))

# New Definitions?

“The core of the matter really is that the adjectives private and public refer to the institutional identity and type of administrative guardianship of a given health service, taking for granted that...automatically determines the nature of the service that is actually offered to people...

this assumption is no longer justified.

If a distinction between public and private needs to be made, we think it cannot be based exclusively on the institutional set-up of a given service, but rather on the performance and output of that very service.”

[\(Giusti, Criel & De Béthune 1997, p. 194\)](#)

# Solutions & Difficulties

- Giusti et al propose an alternative classification based on the individual facilities' objectives and outputs, with criteria including a social perspective, non-discrimination, population-based service delivery, government policy guided and non-lucrative goals. (Giusti, Criel & De Béthune 1997)
- “The categorization of market players in terms of their ownership, assumed mission and accountability requirements may not be clear cut in countries without developed market-related institutions.” ([Bloom et al. 2012, p. 11](#))

# Significance?

A 2009 study published by the Alliance for Health Policy and Systems Research discusses three relevant questions:

1. Role, magnitude and capacity of the non-state sector in the provision of health care.
2. How should/ could government integrate non-state sector into national strategic planning and policy?
3. Defining the role of private sector in the provision of 'public goods' ([Walker et al. 2009](#))

# Looming....

- Master List of Health Facilities (MLHF) – WHO
- Push for better regulation of health sector
- Universal Health Care

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