ICTs in pluralistic health systems

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Alternative framings of a health system

- Legally defined system for the financing and provision of health services
- Markets for health-related goods and services
- Arrangements to make benefits of health-related expert knowledge widely available
System for financing and provision of health services

- Health facilities
- Vertical programs
- Training and management of human resources
- Systems of finance
- Development, production and distribution of pharmaceuticals
- Providers of specialized equipment
- Regulatory framework
Pluralistic health systems

• Multiple providers in terms of training, ownership and relationship to formal and informal regulatory arrangements.

• Value chains across sectors (health, pharmaceuticals, insurance, telecommunications and so forth) and across levels (local, national, global)

• Slow creation of institutional arrangements and many aspects of the system are unregulated

• System segmented in terms of different social groups
Problems with safety, effectiveness and affordability

• Little incentive for health promotion and prevention

• Incentives encourage high volumes of drug sales

• Problems with drug quality, iatrogenic illness, ineffective treatment and unnecessary expenditure

• Lack of reward for good quality and trustworthy services
The health knowledge economy

- Organizing access to expert knowledge and advice and to specialized products, such as drugs
- Quality and trustworthiness of knowledge and advice is important to users
- Information asymmetry, the race to the bottom and imbalances in power
- “Traditional” approach has been to create self-organized professions, a highly regulated pharmaceutical sector, accredited and regulated health facilities and a hierarchically organized government health system
Where service providers obtain information on pharmaceuticals

• Pharmaceutical manufacturers and distributors, advertising to providers, drug detail men

• Training institutions, professional bodies and government advice

• Other knowledge intermediaries (m-health, internet and so forth)

• Commercial advertising on the media
Influence of institutional arrangements on drug prescribing

- Incentives and payment by patients
- Incentives provided by suppliers of pharmaceuticals
- Information available to users of drugs
- Formal and informal rules and norms of behavior
Changing health knowledge context

- Increased levels of literacy and general health knowledge
- Growing body of knowledge on prevention and effective low cost treatment of many health problems
- Spread of mass media, internet and mobile telephones provide access to knowledge and advice
- Growth of producers of content including public health services, advertising agencies, advocacy groups

Opportunities and challenges
Forces for disruption of health knowledge economy

- Response of health markets to rises in demand for health goods & services
- Growing pressure on governments to ensure access to safe, effective and affordable modern health care
- Search by telecoms for value-added content (health next?)
- Pharmaceutical companies seeking markets in response to rising demand, especially for chronic treatment of lifelong conditions
- Emergence of new types of knowledge intermediary
Dis-intermediation

- Elimination of an intermediary in a value chain (wholesaler, insurance company, doctor)
- Bypass monopolies and eliminate rents (insurance agents, bank managers, record stores)
- Increased opportunities for innovation (remove constraints to change)
- Increasing choice

Empowerment or abandonment?
Re-intermediation

- Emergence of new commercial intermediaries (telecoms, internet providers, mHealth companies)
- Intermediary roles of NGOs and civil society organisations
- New forms of vertical and horizontal integration and new types of partnerships
- The changing regulatory roles of government
Power and interests in health knowledge markets

- Competition to influence health market system development
- Civil society groups representing different interests (providers and users of services, social groups – income, age, sex, ethnicity, people with specific illnesses)
- Public goods and the need for trust-based institutions

Stewardship of the health knowledge economy
Pathways of change: a technological and political process

- Responsibilities of individuals, households and communities
- Ownership and interests of large organisations
- Health information as a public good (reliability and trustworthiness to be protected, dissemination subsidised)
- Regulatory agencies, accountability and interests
- Local, national and global governance (relative roles of markets and governments)