

Mixed health systems and the challenge of governance

Kabir Sheikh MBBS MSc PhD

Professor of Global Health Systems and Policy

Global Business School for Health, Faculty of Population Health Sciences

University College London

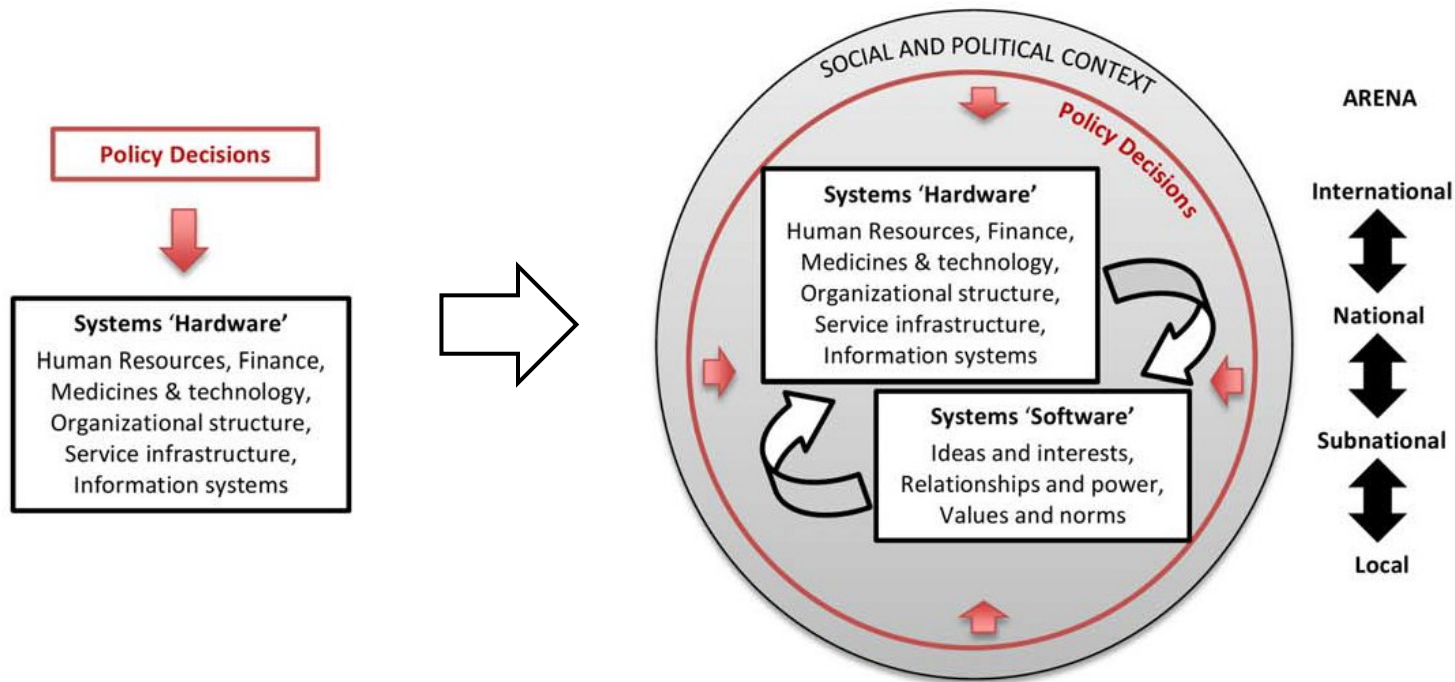
Global China Dialogue, London, 8 December 2023

1. Mixed health systems

2. Challenges of governance

3. Strengthening health systems for the future

Health systems as social institutions



Level of analysis:	MACRO Architecture and Oversight of Systems	MESO Functioning of Organizations and Interventions	MICRO The Individual in the System
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 Policy Forum
Building the Field of Health Policy and Systems Research: Framing the Questions
 Kabir Sheikh^{1*}, Lucy Gilson^{2,3}, Irene Akua Agyepong⁴, Kara Hanson⁵, Freddie Ssengooba², Sara Bennett⁶

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 Policy Forum
Building the Field of Health Policy and Systems Research: Social Science Matters
 Lucy Gilson^{1,2*}, Kara Hanson³, Kabir Sheikh³, Irene Akua Agyepong⁴, Freddie Ssengooba⁵, Sara Bennett⁶

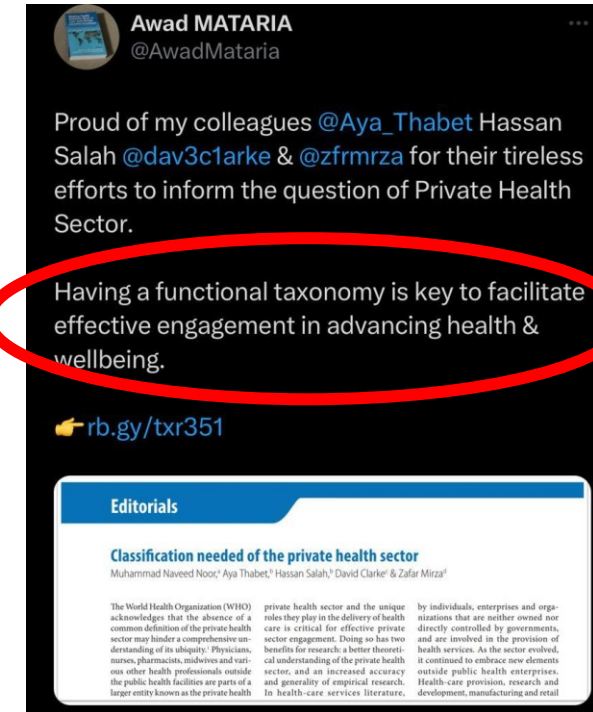
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 Policy Forum
Building the Field of Health Policy and Systems Research: An Agenda for Action
 Sara Bennett^{1*}, Irene Akua Agyepong², Kabir Sheikh³, Kara Hanson⁴, Freddie Ssengooba⁵, Lucy Gilson^{4,6}

Mixed health systems

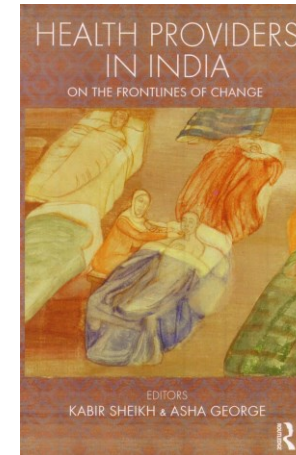
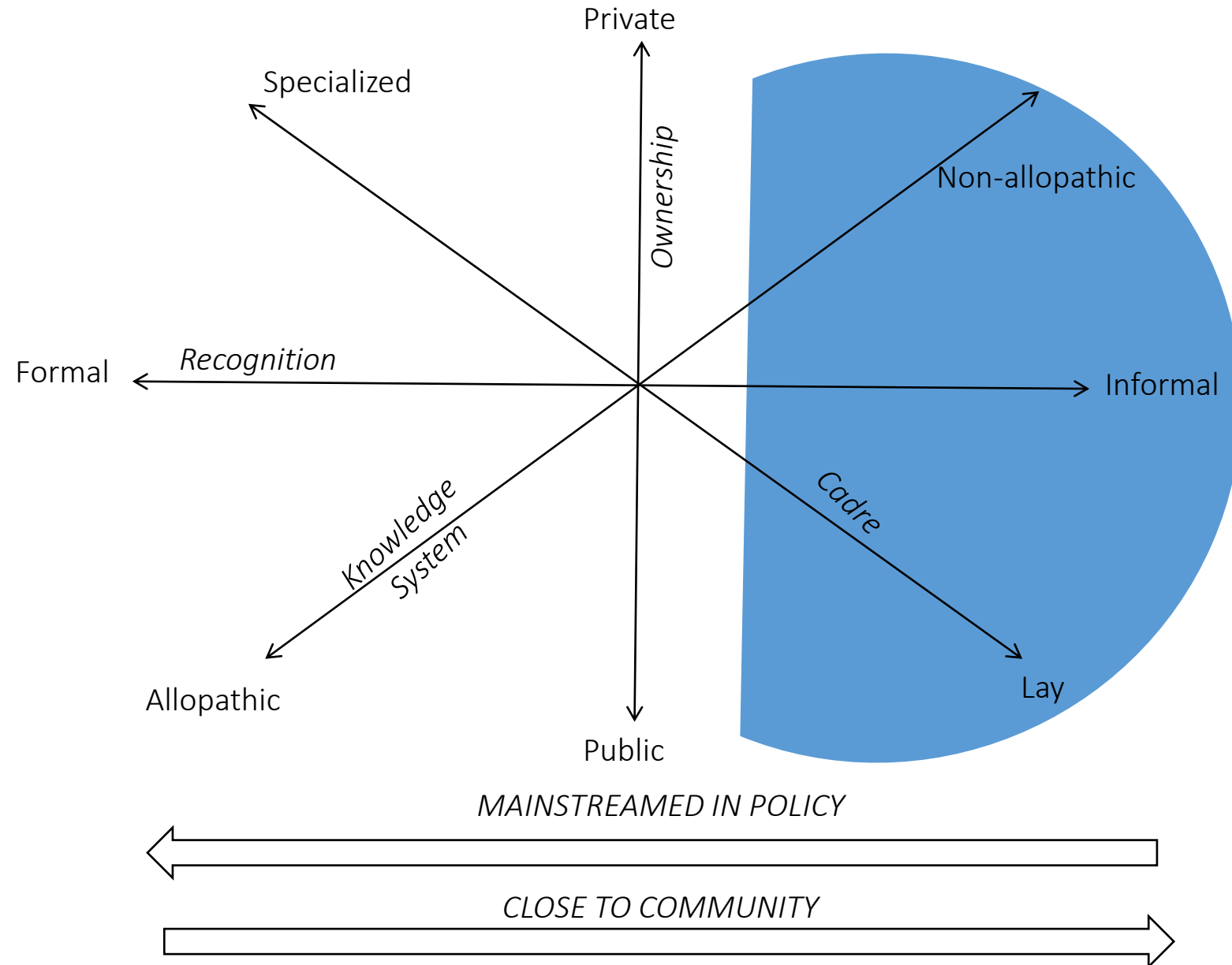
Mixed health systems in Low & Middle Income Countries (LMIC) entail “centrally planned government health services that operate side-by-side with private markets for similar or complementary products and services”

Many LMIC health systems characterized by

- Diversity in health care provision
- Dominant, poorly organized private markets
- Compromised public services



Unpacking heterogeneity in Asian health systems



(Sheikh et al. 2017)

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Mixed Health Systems “Syndrome”

Mixed health systems entail “centrally planned government health services that operate side-by-side with private markets for similar or complementary products and services”
(Oxfam 2009)

When a public and private mix of health-care delivery shows “symptoms” of compromised quality and equity, it can be “diagnosed” as having **mixed health systems syndrome**
(Nishtar 2010)

Compromised public services

- Low public expenditure
- Inefficient public spending

• Dominant, poorly organized private markets

- OOP payments predominate
 - Exploitative practices

Blurred public-private distinction

- “Private” behaviour in public services

Regulatory capture

Health systems governance in LMIC can mirror mixed health systems syndrome in its combination of declining capabilities of public organizations and infiltration of private interests (Sheikh et al 2013)

- Arrangements for health care and commodity regulation ill equipped for several basic functions
- Design of regulations and performance of regulatory organizations subject to private influence
- Incentives militate against regulatory function

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doi:10.1093/heapkcr/095

What explains regulatory failure? Analysing the architecture of health care regulation in two Indian states

Kabir Sheikh,^{1*} Prasanna S. Saligram¹ and Krishna Hort²

IJHPM International Journal of Health Policy and Management Original Article

What Can We Learn About the Processes of Regulation of Tuberculosis Medicines From the Experiences of Health Policy and System Actors in India, Tanzania, and Zambia?

Kabir Sheikh^{1*}, Mukund Uplekar²

COMMENTARY Open Access

Posting and transfer: key to fostering trust in government health services 

Kabir Sheikh¹, Lynn Freedman^{2,10}, Abdul Ghaffar³, Bruno Marchal⁴, Fadi el-Jardali⁵, Jim McCaffery⁶, Jean-Pierre Olivier de Sardan⁷, Mario Dal Poz⁸, Walter Flores⁹, Surekha Garimella¹ and Marta Schaal^{2,10*}

Original Article

Health worker posting and transfer at primary level in Tamil Nadu: Governance of a complex health system function

Surekha Garimella¹, Kabir Sheikh¹

¹Public Health Foundation of India, Gurgaon, Haryana, India

Professional dominance

Physicians often dominate policymaking and governance, including the governance of other health care professions and cadres

Neglect of career trajectories and welfare of non-physician cadres

Physician organizations oppose trained health workers schemes, task shifting

Professional education and incentives reward hospital specialization, and are not oriented towards primary health care



Reduced effectiveness of non-physician cadres

Attenuation of primary and close-to-community services

(Freidson 1970, Sheikh and Porter 2011, Sheikh et al. 2015, Maru 1985)

Varghese et al. *International Journal for Equity in Health* (2018) 17:98
<https://doi.org/10.1186/s12939-018-0814-0>

International Journal for
Equity in Health

RESEARCH

Open Access

Setting the agenda for nurse leadership in India: what is missing



Joe Varghese^{1*}, Annelie Blankenhorn², Prasanna Saligram¹, John Porter³ and Kabir Sheikh^{1,4}

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

ELSEVIER

“Getting the water-carrier to light the lamps”: Discrepant role perceptions of traditional, complementary, and alternative medical practitioners in government health facilities in India

K. Lakshmi Josyula^{a, *}, Kabir Sheikh^b, Devaki Nambiar^b, Venkatesh V. Narayan^b, T.N. Sathyanarayana^a, John D.H. Porter^c

^a Indian Institute of Public Health, Hyderabad, Public Health Foundation of India, Plot # 1, A N V Arcade, Amar Co-operative Society, Kavuri Hills, Madhapur, Hyderabad, 500033, India
^b Public Health Foundation of India, Plot No. 47, Sector 44, Institutional Area, Gurgaon, 122002, India
^c London School of Hygiene and Tropical Medicine, Keppel St, London, WC1E 7HT, United Kingdom

International Health 4 (2012) 192–199

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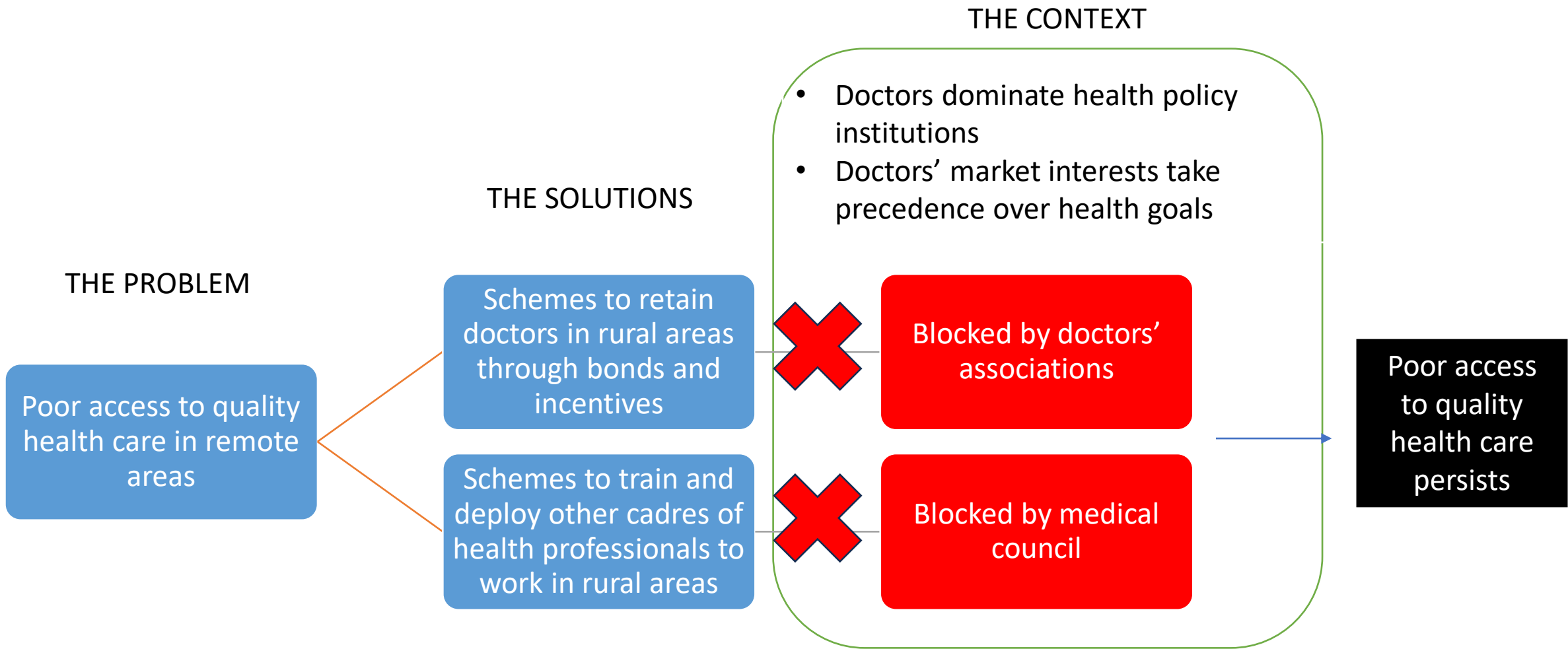
journal homepage: <http://www.elsevier.com/locate/inhe>

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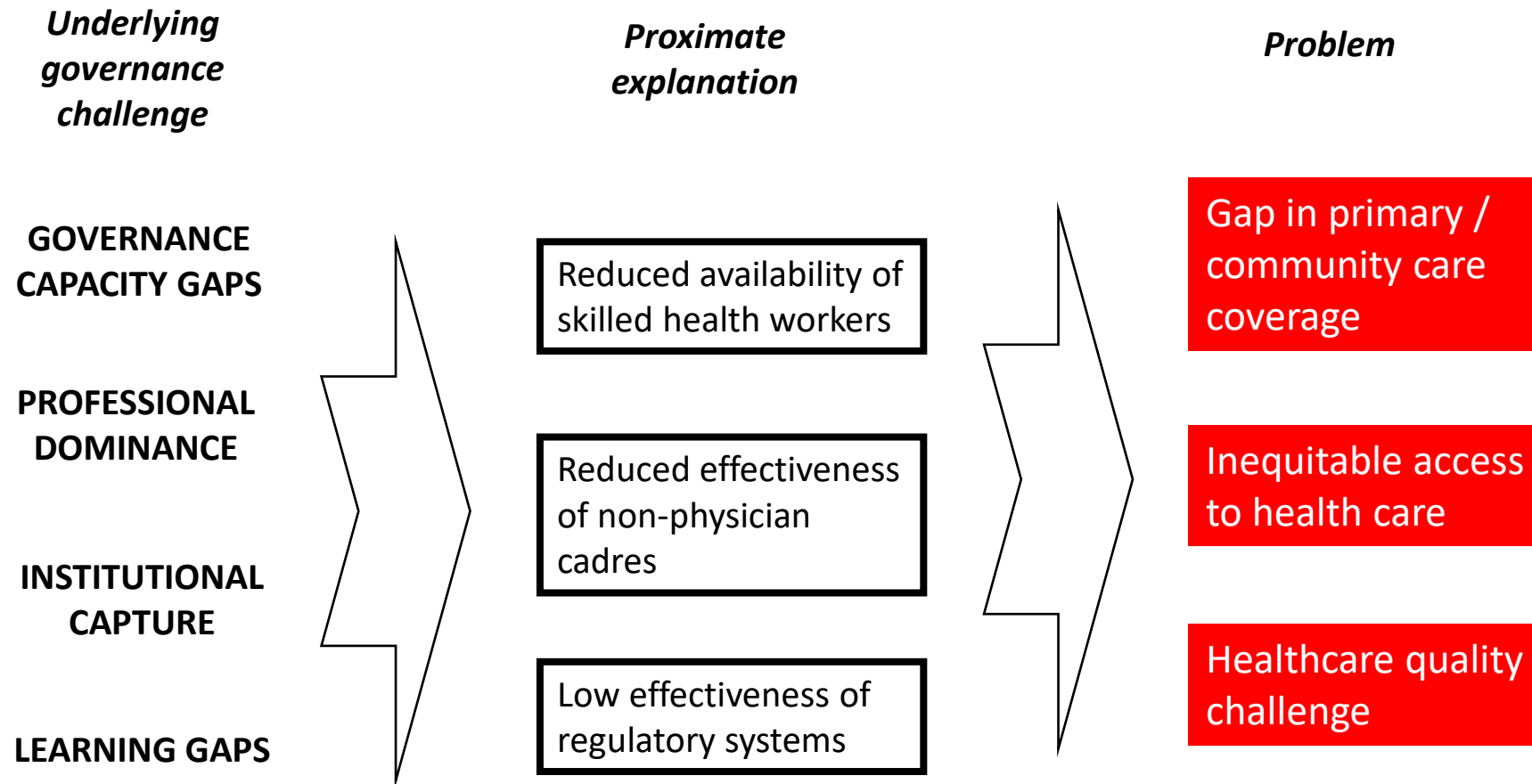
Location and vocation: why some government doctors stay on in rural Chhattisgarh, India

Kabir Sheikh^{a, *,}, Babita Rajkumari^a, Kamlesh Jain^b, Krishna Rao^a, Pratibha Patanwar^b, Garima Gupta^c, K.R. Antony^b, T. Sundararaman^c

^a Public Health Foundation of India, Institute for Studies in Industrial Development (ISID) Campus 4, Institutional Area, Vasant Kunj, New Delhi 110070, India
^b State Health Resource Centre Chhattisgarh, First Floor, Health Training Centre Building, Biji Chowk, Kalibodi, Raipur, Chhattisgarh, India
^c National Health Systems Resource Centre, National Institute of Health & Family Welfare (NIHFW) Campus, Baba Gangnath Marg, Munirka, New Delhi 110067, India

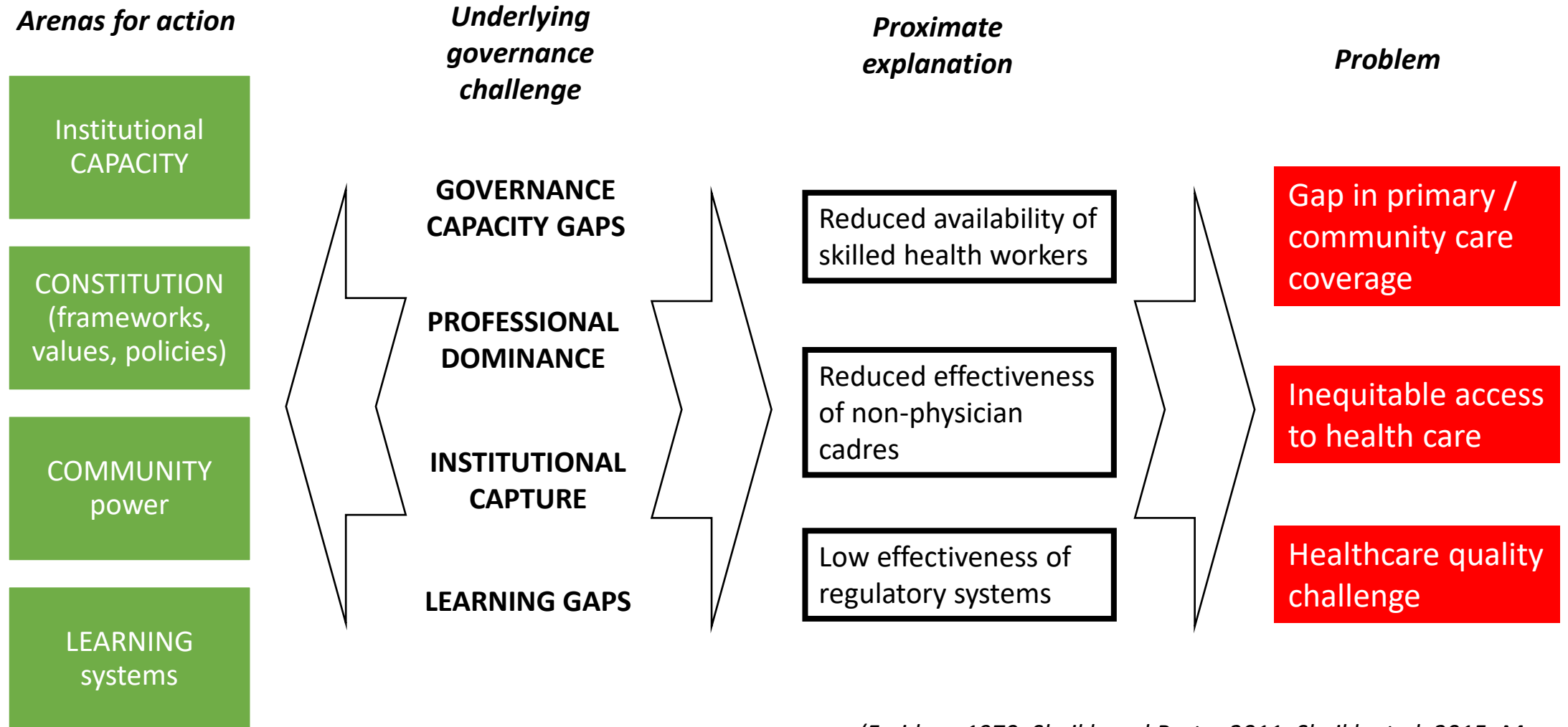


Clues to persistent health system problems



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2. Challenges of governance
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Clues to persistent health system problems (and their solutions)



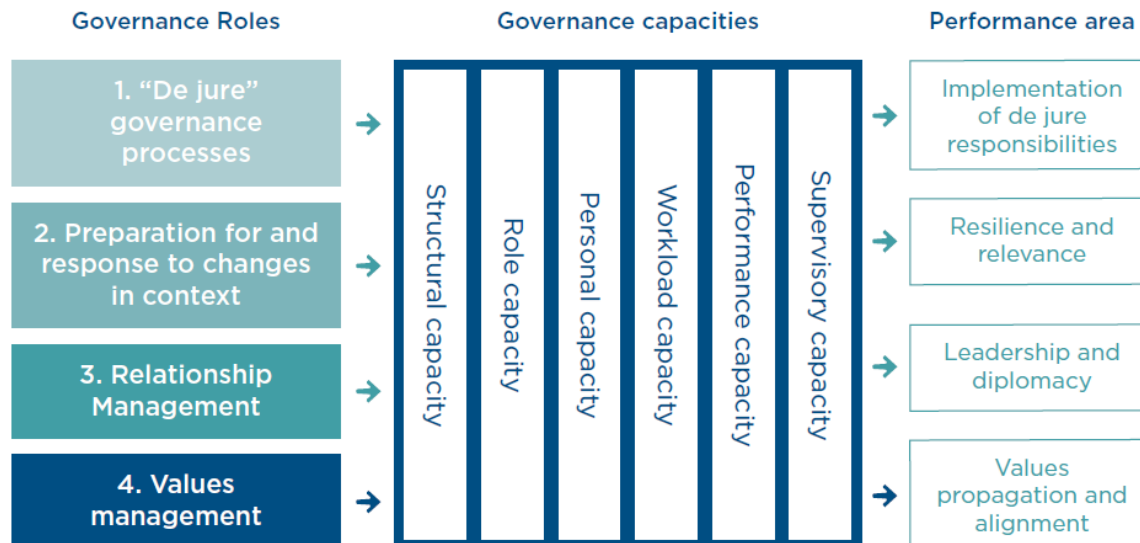
(Freidson 1970, Sheikh and Porter 2011, Sheikh et al. 2015, Maru 1985)

Ministries of Health (2017-20)

Many MOHs struggle to balance cross-cutting organizational capacities and technical depth

Increasing demand for 'soft capacities' to manage change, relationships, and values

MOH capacities for governance framework



Community systems (2014-17)

- Strengthening village **health committees** (funding: WHO, IDRC)
- Scaling up **community participation** in health (funding: IDRC, DFID)



Village Health Sanitation and Nutrition Committees: reflections on strengthening community health governance at scale in India

Rajani Ved,¹ Kabir Sheikh,² Asha S George,³ Raman VR⁴

Negotiating power relations, gender equality, and collective agency: are village health committees transformative social spaces in northern India?

Kerry Scott^{1,2*}, Asha S. George³, Steven A. Harvey², Shinjini Mondal¹, Gupteswar Patel^{1,4} and Kabir Sheikh¹

How a Technical Agency Helped Scale Up a Community Health Worker Program: An Exploratory Study in Chhattisgarh State, India

Devaki Nambiar^{*} and Kabir Sheikh
Public Health Foundation of India, New Delhi, India

Village committees vulnerable to political capture, but can amplify citizens voices + disrupt social norms

Boundary-spanning organizations mediate state + community interests, can help build community systems

Local governance laws and institutions can help in sustaining community health systems

Changing health systems

- ❖ Ecological, epidemiological, humanitarian shocks
- ❖ Increasing applications of digital technology and AI

ATTENTION HORIZON 1

- ❖ Urbanization, spreading private markets in LMICs
 - ❖ Rapid spread of (dis)information

ATTENTION HORIZON 2

- ❖ Governance challenges, health market failures
 - ❖ Power, conflict, and contestation
- ❖ Persistent inequities, fragility and vulnerabilities

PREDICT-
ABILITY



Photo credits: BBC, PATH, Indranil Mukherjee, Pulitzer centre, CNN

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Niti vs. Nyaya



Amartya Sen

- 'The Idea of Justice' 2009
- Principles of justice are anchored to **arrangements and rules** rather than directly to social realisations and human lives and freedoms
- Need to focus questions of justice on **what actually happens** and **actual lives** rather than merely looking for ideal institutions and arrangements

THANK YOU