For consumers\(^1\) in many low- and middle-income countries (LMICs), the journey to essential quality health services and products tends to be far from linear. Making that journey easier is at the core of PSI’s strategy to scale consumer-powered healthcare.

The many challenges consumers face along their journey through the health system – i.e., the barriers to access – can vary greatly, not only across geographies and population groups, but also depending on the type of health service or product, as well as over time. Elevating the voices of consumers to those who create the policies and practices that shape health systems can increase their understanding of these challenges and accelerate progress toward Universal Health Coverage (UHC). They can use this understanding to shape systems that make it easier for consumers to access the quality, affordable health services and products they need.

Over the course of 2023 and beyond, we will share insights and reflections, and facilitate discussions around different themes that we selected based on (i) their relevance in making the consumer’s journey through the health system easier, (ii) their importance for shaping stronger, more resilient, and more responsive health systems, and (iii) their relevance to the health systems strengthening (HSS) community of practice.

**THEMES**

The themes we will be covering will likely include the following:

**INTEGRATING PHARMACIES INTO THE HEALTH SYSTEM**

In many countries, pharmacies and retail outlets are a critical, yet largely untapped, delivery channel for quality, affordable primary health care (PHC). For many consumers, pharmacies are often the first point of contact with the health system, preferred for the convenience and privacy they offer. Better integrating them into the health system, including into health financing arrangements, can contribute to easing the consumer’s journey to quality, affordable health services and products.

**BETTER DATA FOR STRONGER HEALTH SYSTEMS**

LMIC governments’ limited ability to routinely collect, analyze and act on real-time, high-quality data contributes to inefficiencies in the use of scarce resources and to poor health outcomes. Within this broad theme we will focus on three specific challenges. Firstly, few governments have put in place effective mechanisms to gather relevant data from health care providers in the private sector. Secondly, health

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\(^1\) The healthcare consumer has always been at the center of PSI’s work. We don’t call healthcare consumers patients or beneficiaries, even when they are receiving healthcare products, services and information for free. Whether consumers pay out-of-pocket or not, ultimately, they decide whether and how they will choose and use quality healthcare. We seek to listen to them, to help inform them, and to elevate their voices, knowing that health outcomes will be better when we design with consumers instead of designing for them.
area-specific information systems often coexist side-by-side with little or no interoperability, creating fragmentation and duplication, putting unnecessary burden on frontline health workers, and hampering consumers’ continuity of care. Finally, available data tends to serve reporting goals more than decision-making. The data is not always packaged in a way that is relevant to decision makers and that can be easily acted upon. Establishing and streamlining mechanisms for the routine collection and compilation of real-time, high-quality data (including private sector data) and translating this data into insights that inform key stakeholders’ decisions will contribute greatly to making mixed health systems stronger, more resilient, and more responsive to consumers’ needs.

DIGITALLY SIGNPOSTING TO QUALITY PHC AND ESTABLISHING FEEDBACK LOOPS

In its most basic form, digital signposting will direct consumers to nearby providers who offer the health service or product they need. But this is only the beginning. There are many ways in which digital signposting can be further developed to facilitate the consumer’s health journey and strengthen mixed health systems. For example, it can be used to capture and share client experience of care and keep health providers accountable for how they interact with patients; or it can be used to incentivize health providers to seek accreditation.

INTEGRATING SELF-CARE AS A LAYER OF THE MIXED HEALTH SYSTEM

The WHO has identified self-care as an innovative solution to address some of the critical barriers to UHC, including that of health worker shortage. Most of the existing initiatives and efforts to roll out self-care, however, are focused on a specific product or service. We now have an opportunity to integrate and support self-care more sustainably as a critical layer of the health system. This will provide consumers with another convenient and affordable option to access quality care. At the same time, it will contribute to making health systems more resilient in times of health emergencies.

STRENGTHENING HEALTH SECURITY

Recent health emergencies, such as the COVID-19 pandemic, Ebola outbreaks or emergencies resulting from extreme weather events, have shown how quickly and severely both the provision of and demand for essential health services and products can be disrupted. To be more effective, national efforts to prevent and mitigate these disruptions need to be better rooted in local realities. To that end, it is critical to more fully engage consumers, community-level

As we go through the different themes, we will regularly refer to the visual of a maze, representing the complex health system that consumers need to navigate through. There are multiple ways through the maze. Many are fraught with challenges, poor quality, and out-of-pocket expenses. Some lead to better health while others don’t. The maze itself is not static. It is continuously being reconfigured by health system actors, for better or for worse. What makes the consumer’s journey unnecessarily complicated? How can we make that journey easier while increasing the odds of a positive health outcome? These are two questions that are at the core of many of the themes we will be discussing.

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2 In a mixed health system, centrally planned government health services and private markets for similar or complementary products and services operate side-by-side. The latter often existed long before the creation of national health ministries and have grown organically [Results for Development Institute (2016). Intermediaries: The Missing Link in Improving Mixed Market Health Systems? Washington, DC: R4D].
actors and private healthcare providers in efforts to prevent, detect and respond to health emergencies.

**INCREASING HEALTH INSURANCE UPTAKE AND ALIGNING PROVIDER INCENTIVES**

Many countries have opted for a pathway toward UHC that includes the development of national health insurance arrangements, yet most struggle to increase health insurance uptake and guarantee effective coverage. As a result, progress in terms of increased access to essential health services and improved financial protection – i.e., the two dimensions of UHC – tends to be rather limited. A more holistic approach is needed to make consumers’ uptake and use of health insurance easier and more effective – i.e., an approach that (i) draws upon complementary disciplines that are rarely used to their full potential in this particular area (e.g., insights gathering, social and behavior change (SBC), behavioral economics, and digital health), (ii) more deliberately seeks to understand and respond to issues relating to the political economy, and (iii) simultaneously addresses the multiple pain points on both the demand and the supply side.

**IMPROVING THE EFFECTIVENESS AND EFFICIENCY OF HEALTH WORKFORCE DEVELOPMENT**

In 2018, the Lancet Global Health Commission on High Quality Health Systems in the SDG Era concluded that an estimated five million deaths per year are due to poor quality among people using healthcare and admonished that “spending scarce resources on expanding access to services without ensuring quality is wasteful and inefficient.”³ To make the most of their limited resources, governments need to rethink their approach to training and quality improvement. They need to move away from traditional piecemeal (e.g., each department within MOH planning its own trainings independently), “blanket” approaches (e.g., all members of a given cadre need to go through the same training), to more holistic yet targeted ones that focus on where quality deficits are the greatest and that can be easily taken to scale. At the same time, governments need to enhance accountability for quality throughout the health system. Ultimately, they should aim to make the consumer’s journey to quality health services shorter.

**CHANGING BEHAVIORS WITHIN THE MIXED HEALTH SYSTEM**

SBC techniques have long been largely seen as an approach to influence the behavior of consumers and patients. Yet, they can equally be applied to alter the behavior of actors at all levels of the health system. Ideally, these techniques should synergistically complement other approaches typically adopted to change health system actors’ behaviors (e.g., around rules and regulations, training and supportive supervision, provider payment mechanisms). Making the health system more responsive to consumers’ needs and preferences calls for a more concerted effort to align consumer’s and health system actors’ behaviors.

**ENHANCING GOVERNANCE OF THE MIXED HEALTH SYSTEM**

In many LMICs, efforts to better organize a highly fragmented private sector and to improve private providers’ quality of care have long been dominated by donor-funded interventions. Examples include the establishment of social franchising networks and the introduction of voucher schemes. While these interventions have helped many individuals and households access quality essential health services and products, allowed for the development of important foundational functions, and greatly contributed to a better understanding of the private sector, it is also important to recognize their limitations. These include their donor dependency, which makes them unsustainable, their relatively narrow scale and scope, and their lack of integration into national systems and processes. We now have an opportunity to build on these experiences to strengthen the governance of the mixed health system (i.e., to help governments more fully play the role of steward of the health system). We can use the learnings to inform the development of more sustainable and scalable government-led interventions and national health financing strategies.

CROSS-CUTTING FOCUS

Woven throughout these themes will be three important topics. The first one is trust. Trust in the health system is a critical factor that greatly influences people’s decision to seek care. But trust is also an important determinant of the relationship between other actors in the mixed health system – for example, the relationship between private sector and the government, or between healthcare providers and third-party payers. As we go through the different themes, we will have an opportunity to approach the topic of trust from different angles and highlight innovative ways in which trust can be enhanced at all levels of the system.

The second cross-cutting topic is that of measurement. How can we measure the extent to which new policies and initiatives are responsive to the needs and preferences of consumers? How can we measure the extent to which these policies and initiatives succeed in making the consumer’s journey through the mixed health system easier? These are tough questions that highlight the urgent need for new metrics and new measurement approaches. Work in this area is still in its infancy – e.g., work around the measurement of client experience of care or catalytic impact (i.e., the impact of lasting improvements of the health system), or work around the use of remote engagement mechanisms as a more efficient and continuous alternative to traditional, costly, and ad hoc surveys – and we look forward to joining forces with researchers, implementers and decision makers to advance it.

The third topic that we will be repeatedly coming back to is the tension between vertical funding streams (i.e., funding for a specific health area, such as malaria or sexual and reproductive health) and a horizontal mandate (i.e., the government’s commitment to the more cross-cutting UHC goals). This tension is not new. We can witness it in many donor-funded projects or interventions. It is also quite prevalent within LMICs’ ministries of health. We will discuss how vertical funding can be used to also strengthen the overall health system and how vertical interventions can be better integrated.

JOIN US

As we share insights and reflections across these themes, we invite you to share and reflect with us through honest and constructive discussions that do not only focus on what we know, but that also acknowledge what we do not know, and that do not only highlight what works, but that also recognize what does not work. We also hope that these interactions will lead to new partnerships that will ultimately benefit consumers for the long-term – partnerships that shape health systems in which they can more easily access the quality, affordable, essential health services and products they need.

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