Theme 4: Formal and Informal Healthcare Systems

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A systems perspective

- Standard view of functions of a healthcare system according to key ‘building blocks’
- Current thinking is to conceptualise health systems as ‘complex adaptive systems’
- UK provides an example of a large, state funded public sector healthcare system with institutional arrangements for monitoring and regulation
- The concept of a single system can be limiting: plural health markets and heterogeneous therapeutic landscapes a reality
Formal versus informal healthcare

- Distinction based on the extent of regulation and institutional recognition and accreditation
- Best viewed as a continuum with blurred boundaries
- Evidence of interrelationships and cross referral between the formal and informal
- Complex health knowledge economy means multiple sources of information and advice a reality
Significance for understanding different contexts of antibiotic use

**UK setting:**
- informal access illegal
- regulation of prescribing practices in primary care and hospital settings (the informal practices might not always follow formal protocols)

**Many LMIC settings:**
- people can obtain antibiotics in less organised markets eg. from informal providers or drug sellers
- Spread of markets for healthcare and drugs can outstrip the institutional arrangements to influence their performance
- Concerns about sub-standard drugs, partial doses and high levels of use
Understanding influences on antibiotic use in LMIC settings

- Belief in the efficacy of antibiotics as a result of government campaigns, advertising and personal experience
- Lack of access to diagnosis has encouraged the use of drugs to treat symptoms or even prevent disease
- Incentives encourage high volumes of sale by suppliers of drugs
- Producers and distributors of drugs actively build markets

Access to antibiotics through informal markets may have contributed to substantial falls in mortality from post-natal sepsis and childhood pneumonia in Bangladesh.
Issues for stewardship: moving towards sustainable and just use

- Access from government or health markets seen as an entitlement in many settings: regulation can have a political cost where alternative ways to ensure access to basic healthcare and drugs are limited.

- Measures to slow emergence of resistance should include provision of quality appropriate antibiotics at affordable price.

- Lack of capacity to enforce regulations is a reality: is ‘safe informality’ a possibility? Could some ‘informal’ practices and alliances be drawn upon?

- Likelihood that newly developed antibiotics will be copied and sold to meet high demands (despite policies to retain their efficacy): how can systems for global agreement be achieved and multiple actors involved?
Thank you.