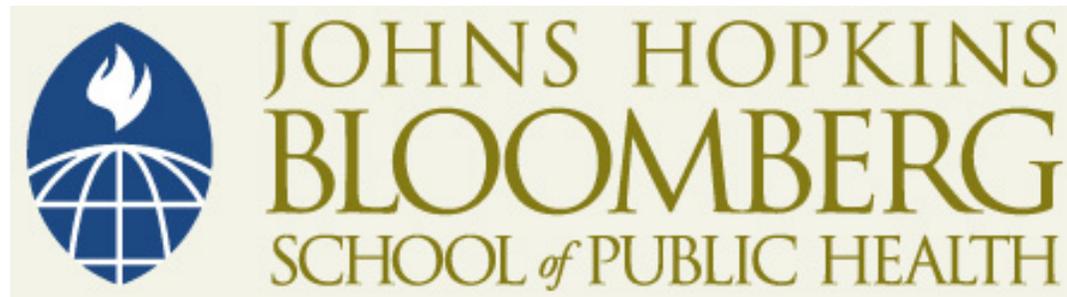


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# Urban Health in Developing Countries

Live Talk 2

Urban Health Issues

14 April 2009

# Overview of Live Talk

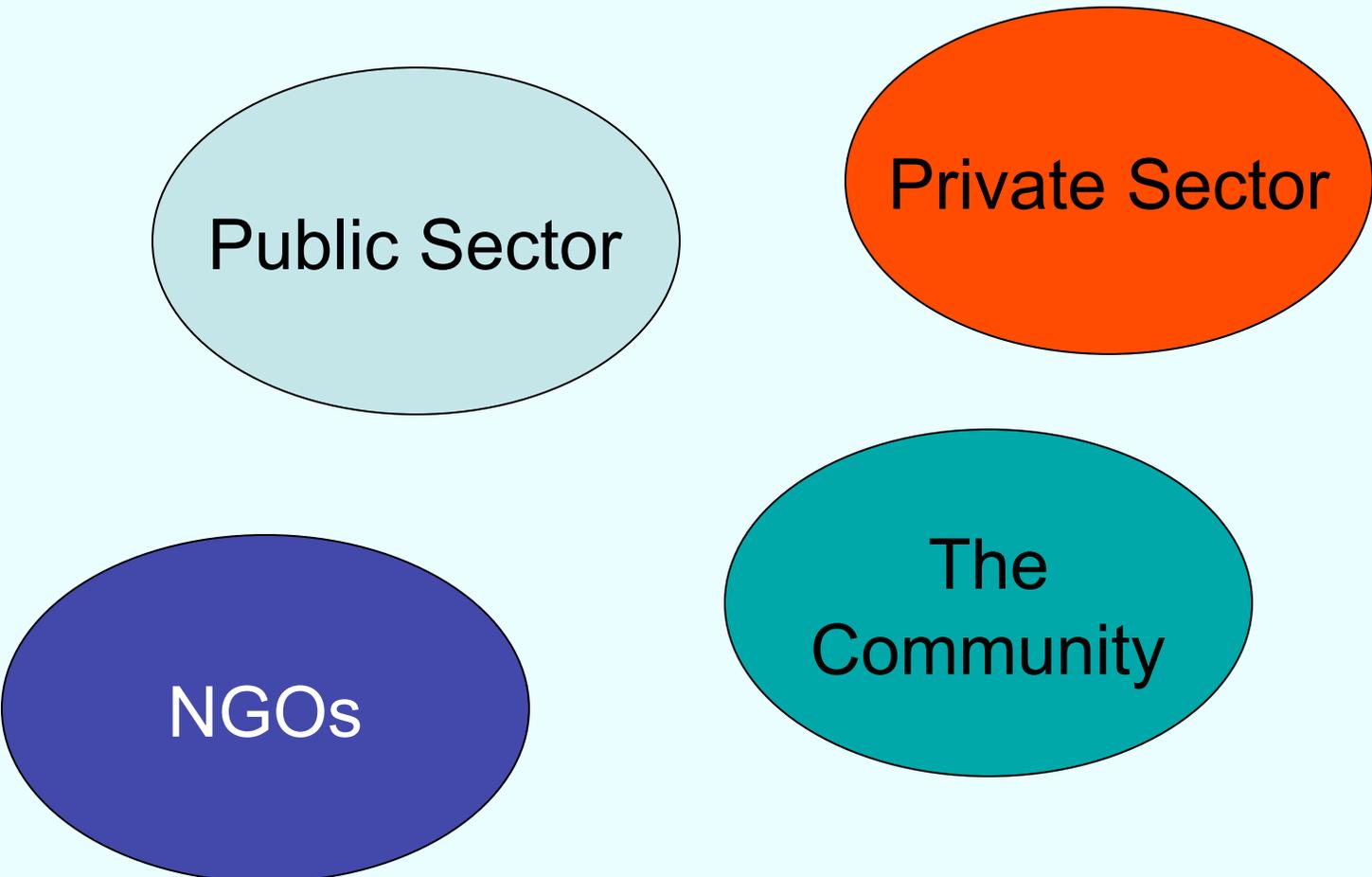
- Our course has three planned live talk sessions
- Each session will be divided into two parts
  - First we will have a guest speaker who will share some experiences
  - Secondly we will take questions and comments from the BBS and respond to them
- As time allows we will encourage additional questions for our guests and about the current Module

# Part Two

Comments and Discussion from the  
BBS

Note that portions in red are to  
stimulate class discussion

# Key Theme – Coordinating the Players



Public Sector

Private Sector

NGOs

The  
Community

# Public vs Private ...

- **A Student** asks whether motives of the public and private sector are all that different
- Neither seem to be interested in 'the greater public good'
- Staff in both are concerned about personal profit
- This gives rise to the question of corruption

# Are they so different?

- **A student** adds that when there is basic lack of infrastructure and supplies in the public sector, no wonder health workers don't care
- **Abdullah Baqui** responds that there are multiple providers for health services that have little or no coordination, usually leading to under-provision of critical services in the poor areas ...

# Public and Private Challenges

- The government services are not well developed which may be an opportunity to create alternative approaches
- The private sector provides a large proportion of health services in urban health markets
- However, there are problems with both affordability and quality of private services

# Poor Quality at High Cost

- Several studies document that the urban poor spend a disproportionate share of their income on poor quality health care, much of it from the private sector
- Because private providers' curative care services are largely unregulated and they rarely engage with public health programs for preventive care

# NGOs help but are fragmented

- Private sector contribution to improving the health of the urban poor is minimal
- NGOs and charitable organizations help fill the gaps, but their services are usually not comprehensive, and they are fragmented in terms of geographic coverage
- The challenge is how you develop a coordinated, cost-effective system for urban residents or at a minimum develop a safety net for the poor

# Contracting

- Several recent experiments with contracting of health services provide one possible viable alternative
  - Contracting is a means of ensuring accountability
- What are your ideas to fill these gaps in quality services?

# Three questions

**A student** raises 3 questions from the foregoing discussion

1. How can civil society play a role in setting a standard such as a min package of services for a peri-urban community in the setting of a good for nothing government?
2. Examples of programs with public-private collaboration? Why would private sector be interested in collaborating?
3. Why are private practitioners the main providers in many urban cities?

Can you offer some answers?

# Lining Pockets

- **A student** offers more observations on government problems
- In many of the developing countries where I have worked, the governments show little stewardship in ensuring delivery of services.
  - Many of the government officials, workers are so corrupt that public and donor money targeted for vulnerable groups is used to line their pockets
  - I also agree with all of you that the governments are rarely interested in the greater public good

- 
- As a **student** says, “I’m not sure I understand how and why effective planning could change this
  - Do any of you understand?
  - Back to an earlier comment – is it a desire for bribes or a wish that clinics had the infrastructure and supplies to make the work fulfilling?

# Lack of Regulation

- **A student** also sees a connection between public and private and it is not a pretty picture
- The Ministries of Health often are not able to regulate their own public hospitals and clinics, even with external WHO (and other partner) support, so one wonders how they could adequately regulate all of the health providers in the urban area
- I suspect that with government regulation, corruption would continue as private clinics and individuals may be able to bribe their way into receiving accreditation despite inadequate provision of services – **what do you suspect?**

# Invisibility

- Finally a student explains that the poor are often invisible – not living in places where they are counted
- She wonders if efforts toward universal coverage would help
- **What solutions can you offer?**

# Different Types of Community

- **A student** also points out that in urban areas churches appear to take the place of 'community', But then people go home and still live isolated from their neighbors
- **Bill Brieger** suggests that people belong to many social networks that may not overlap with their geographical area of residence – coalitions bring these together
- **What is your experience with urban communities?**

# Action without a budget

- **A student** says she am interested in any ideas/ models that would help people that work on a more grassroots level
- I do not work on a level (or have the staff, funding) to "create a system"
- I am just trying to help with training community health workers in the area of disease prevention through education and very basic daily acts that can affect their health (safe sex, water sanitation, etc.)
- **How can community action get started?**

# Community Involvement

- **A student** relates a similar concern
- Here at Hopkins, we always learn about community involvement. To what extent, in urban areas, is community involvement utilized when it comes to healthcare provisions?
- **Let's think again how to utilize some of the existing networks – plus other ideas!**

# What is the Voucher System?

- **A student** notes that she was hoping we could talk a little more about the "voucher system" that was mentioned in lecture 6. Not sure I'm clear on how that works.
- There are vouchers for specific services that may allow one to get the service or commodity free or at reduced cost – what are your experiences and who pays the difference?

# Other Questions

- Thanks for your comments and thoughts
- Are there any more questions
  - For the guest speakers?
  - For the course instructors?

# Thank you

- Thank you for attending tonight's Live Talk
- Please remember to complete the evaluation
- Contact us any time you have questions