



# HOW CAN PEOPLE'S PARTICIPATION IMPROVE PUBLIC AND PRIVATE HEALTHCARE?



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When governments use both public and private providers under a unified health system to provide health care, we talk about a plural health system (plural meaning more than one, referring to two types of health care providers: private and public).

Mixed Health System: Both private and public health providers exist, but they serve different populations.

Plural Health System: There is coordination between public and private with the aim of equitable access for all.



Private Healthcare



Public Healthcare



Private Healthcare

Public Healthcare

Community participation is an important component of the Right to Health, which is part of the international human rights framework. As countries are increasingly moving towards such a plural health system, it is important to understand how participation works – and can work – in such a system. To get a better understanding of this, we decided to conduct a scoping review.

A scoping review is a type of research project that looks at what has been studied and published on a certain topic around the world to get a broad understanding of it.

Various academic studies

Examples across countries

Similarities and differences

Further study & suggestions

## PARTICIPATION: WHAT DO WE KNOW SO FAR?

Firstly, we found that very few countries have participatory structures in plural health systems.



Secondly, Brazil and Thailand stand out as two countries with participation in Universal Health Cover, Medical Schemes, and wider health systems.



Pros:

Participation takes place at multiple levels like national, provincial and at the level of the public and private facilities, through conferences, health councils and so on.

Participatory structures in Thailand and Brazil are effective, policy discussions start from the local level and reach the national level, and have been able to effect positive change in policy.

In Thailand, participation of civil society organisations in the Board of the largest Medical Aid Scheme (which covers 75% of the populations) was found to be an effective avenue for participation.

Brazil has national health conferences. In addition, it has also established health councils at multiple levels of the health system—federal, state, and municipal—which provide structured spaces for ongoing community participation and oversight.

Beyond regular health assemblies, Thailand also ensures community participation through formal representation of the community on various governing boards, allowing civil society voices to influence health policy and decision-making directly.

In Colombia, mandatory user committees for medical insurance plans were found to be ineffective due to poor support from facilities and low public awareness.

Separate meetings for health managers and representatives, lack of information and lack of facilitation of the participatory processes were some of the challenges observed.

In Brazil, there were mixed reviews in the way that municipal councils evaluated the management of health services, primarily because the health officials saw them as a threat.



Cons:

## SOCIAL ACCOUNTABILITY AND WHY IT MATTERS

Social accountability in health means that citizens or communities hold health services accountable for the services they deliver. When you hold someone accountable, you ask them to take responsibility for something and explain why it happened and rectify any issues that need to be addressed. A common mechanism for accountability is complaint management.

Our scoping review found that the participatory structures also had a social accountability function. In addition, there were separate accountability structures in Thailand's health system with a national independent complaints committee. At local level, civil society organisations managed complaints.

## FACTORS IMPACTING PARTICIPATION

- 1 Political history was an important factor. In Brazil and Thailand, political reform preceded the inclusion of participatory structures.
- 2 A legislative mandate for participation emerged as critical. However, it's not enough on its own.
- 3 Capacity building was identified as an important prerequisite for effective participation.
- 4 Civil society organisations play an important role.
- 5 Adequate resources are critical to ensure that structures can function.
- 6 Interest from other health system actors, mainly health managers made systems work better.
- 7 The power balance between citizen/community members sitting on the participatory structure and health managers was an important factor.

## RECOMMENDATIONS

Based on the lessons from our scoping review and a human rights framework, we make the following recommendations for designing participation in plural health systems:

 Plural health systems should consider that participation should occur at all levels of the health system: local, regional, provincial and national.

Participation should be identified as participation in health governance, and involvement in planning, prioritisation, implementation and accountability.



 Participation should occur at both private and public facilities. Facility structures could be built on models that already exist in the public system, such as health committees.

Participation should occur in the following four areas -- UHS structures or Medical Scheme structures, Policy level, Governance and management level, and Facility level.



 Accountability mechanisms should exist both as part of participatory structures and independent structures.

Participatory structures should have a legislative mandate. The legislative mandate should also ensure that the best enabling conditions for participation are created by addressing the factors identified in the research.

