



HOW CAN WE ACHIEVE UNIVERSAL HEALTH COVERAGE WITH PLURAL HEALTH SYSTEMS?



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A health system that has a variety of different providers, funding sources, and traditions, like government-run hospitals, private clinics, charities, or traditional healers, is called a Plural Health System. It can be a strength, offering more choices and better access to care. But if not carefully managed, it can also lead to confusion, unequal treatment, and gaps in quality.

Universal health coverage is when health care services are accessible to everyone, when and where they need them without suffering financial hardship.

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. The aim of the review is to discuss key concepts and experiences from around the world to deepen our understanding of plural health systems in our communities. This is a summary of a much more detailed scoping review on plural health systems.



EXPERIENCES FROM AROUND THE WORLD

Affordability

Which healthcare provider is within my budget?

Accessibility

Which provider can I reach quickly and easily?

How do you decide where to go when you're sick?

Quality

Which provider has the right skills and tools to treat me?

Care

Will I be treated with respect by a healthcare provider?

In India and Nigeria, public clinics are often understaffed or far, so many people turn to informal providers such as traditional birth attendants, local healers, or unlicensed drug sellers. However, their quality can vary.



UNDER-STAFFED



FAR-OFF



LOCAL HEALERS



UNLICENSED DRUG SELLER



UNCERTAIN QUALITY

To address this mismatch, India has introduced "Mohalla Clinics" which are small, neighbourhood health centres staffed by private doctors but paid for by the government. This has brought basic care to millions of people in slums.



NEIGHBOURHOOD CLINICS



PRIVATE DOCTORS



- **Brazil's** public healthcare system works with nonprofits to reach poor communities.
- **Thailand's** mix of public hospitals and regulated private clinics covers nearly everyone at low cost.

- In **UK** and **Germany**, experiments with privatization have often led to higher costs WITHOUT better care.
- In **Mexico** and **Colombia**, insurance systems that include private companies have expanded coverage but still leave many struggling with high bills and often some treatments not being available to them.



FACTORS HOLDING US BACK

Access to Treatment

- Even when healthcare is available, people face barriers.
-  Colombia: Poor patients skip treatment because they can't afford bus fare.
-  Bangladesh: Women prefer private midwives because public hospital staff treat them poorly.

The Matter of Quality

- Fragmented systems lead to uneven quality.
 - Private providers push unnecessary tests for profit
 - Underfunded public clinics lack basic medicines
-  UK: Private providers focused on cutting costs instead of patient care

Coordination

- Too many providers working together can create chaos.
-  Nigeria: Patients visit a traditional healer → then a pharmacy → then a public hospital. No one keeps track of their overall care, making the process inefficient and it can also be dangerous.

HOW CAN WE BUILD BETTER SYSTEMS?

1 Better Regulation

 Chile and  Thailand: Clear standards with strong enforcement → Keeping private providers from cutting corners, making profits while providing low-quality care.

2 Empowered Communities

Brazil  and Thailand : Citizen watchdogs and community councils keep providers honest. When people have real power, health systems become more responsive.

3 Technology Can Connect the Dots

 India and  South Africa: Digital health records and medicine-tracking apps → smart tech can reduce waste and fraud. Simple tools for better systems!

4 Contracts That Care About Outcomes

When governments hire private providers, ensure robust monitoring and evaluation of performance and adequate payment systems.

For example, Brazil : Partnerships with nonprofits and full payment is only done if they meet targets for child vaccinations and maternal care.

MOVING FORWARD

At its heart, the healthcare debate isn't about public versus private. It's about building systems that put people first. Three principles can guide us:



Strong public systems should be the foundation, with private providers filling specific gaps, such as we see in Thailand's model.

Whether a provider is public, private, or traditional, they should meet the same quality standards and face the same accountability.



Metrics that reflect healthy lives should be the ones being measured rather than procedural metrics like clinic visits or profits.

Health care systems are complex, diverse and constantly evolving. We need to organise that complexity so that it serves everyone fairly.