

LETTERS

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Partnerships In Health Markets Need Regulation

The article by Michael Goroff and Michael Reich (Dec 2010) proposes an interesting and probably realistic future model for care for chronic diseases in emerging markets. We consider it important to add a few cautions, however.

The proposed strategy will not directly benefit the billion poorest people on the planet, and it might even make health care less equitable than it is today. To benefit patients and not duplicate negative effects, such as those of managed care in the United States, the model needs further elaboration. For example, the authors' comments about out-of-pocket expenses ignore the fact that health systems are not merely health-producing factories but also social institutions, and one of their goals is to protect citizens against rising health care costs.^{1,2} Therefore, the remark that the authors' proposed partnerships could lead to payment systems that include risk pooling, a form of social protection, is important.

Because health systems are social institutions embedded in a context, the state has a crucial role to play in

steering the systems through regulation and other incentives, to develop balanced systems that serve patients and are sensitive to local realities. The partnerships that the authors describe might offer part of the population increased access to care in the short term, but unregulated growth risks weakening some of the state's key functions. If the authors' proposal is to be aligned with global advocacy for universal coverage,³ the issue of governance needs much more attention before experiments with the model begin.

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NOTES

- 1 Gilson L. Trust and the development of health care as a social institution. *Soc Sci Med*. 2003; 56(7):1453-68.
- 2 World Health Organization. *World health report 2000: improving performance*. Geneva: WHO; 2000.
- 3 World Health Organization. *World health report 2010*. Geneva: WHO; 2010.