INTRODUCTION

In most low- and middle-income countries (LIMCs), health-related products and services are delivered by a complex range of state and non-state actors. Research shows that, when in need of care, a large proportion of the population receive this in the private sector. For example, a recent systematic study found that about 36% of women in 46 LMICs received antenatal care from private sector providers (Powell-Jackson et al, 2015). To effectively progress towards health goals, policymakers need to engage, mobilise and optimise all state and non-state actors involved in the provision of health-related products and services (whether they are for-profit practitioners, NGOs, or even traditional healthcare providers).

Countries that have decided to engage with the private sector have taken an active decision to recognise all the resources that are available in the country for achieving and sustaining health goals (the total network), and not only that part over which the public sector has formal control (the partial network). Indeed, in many cases, mobilising and optimising the contribution of the private sector may mean engaging with markets that are actually outside of the formal healthcare system – those that are not primarily concerned with health, but provide important supporting functions to actors who are. It is often in supporting markets where the barriers to more effective mobilisation of the private sector reside (see Figure I).

This means that the correct unit of analysis is not the public delivery system, nor even the broader healthcare system – but the market system: this is the institution which all actors relevant for a particular problem interact, and these interactions determine the basis on which health-related products and services are provided to the population. It is also important to consider the directionality of the intervention – i.e. the appropriate role that government and the private sector will play in resolving market system gaps. Governments need to make a strategic decision about whether to bring the market in to address a problem in the public sector, or go out to the market to address obstacles to the attainment of health policy objectives in the wider market system.
The market system through which health products and services are provided

THE MM4H PATHWAY TO IMPACT

This course in Managing Markets for Health (MM4H) is designed for all health policymakers and their partners that have an interest in achieving and sustaining Reproductive Maternal Neonatal Child Adolescent Health and Nutrition (RMNCAH-N) goals. The course is structured as a sequence of five steps along a Pathway to Impact along which all market systems interventions – whether they are bringing in or going to the market - must travel in order to be effective.

Step 1. Observe health system shortcomings and diagnose root causes. The Pathway to Impact structure begins by identifying national RMNCAH-N priorities and the systemic gaps across the total network that impede their being fulfilled. It proceeds to diagnose the root causes of these systemic gaps and the unsatisfactory health outcomes resulting from them.

Step 2. Assess the private health sector’s contribution to RMNCAH-N priorities and opportunities for enhancement. The assessment step establishes the important features of the total network for RMNCAH-N products and services, and the nature of the obstacles faced by actors within it. The aim into generate a longlist of market systems interventions that have the potential mobilise and optimise the response to RMNCAH-N priorities.
Step 3. **Design the market systems interventions.** This step involves an analysis of the markets directly associated with RMNCAH-N objectives and their amenability to intervention, the identification of individual or (commonly) packages of policy tools to be used to influence the operating environment of key market participants, and the modelling of their likely impacts.

Step 4. **Implement and manage the interventions.** Now the policymaker is faced with implementing the prioritised interventions. However, to do this effectively requires active collaboration with a diverse range of actors the total network—requiring a new set of skills and competences to lead these actors in implementing and managing meaningful change.

Step 5. **Monitor and evaluate the results.** In a market-systems intervention, measurement takes place as implementation proceeds. The aim is identify changes in the system that can be attributed to the intervention, and make mid-course corrections as is needed. The policymaker will often be managing a portfolio of market interventions, and measurement should focus on the maximising of benefits to RMNCAH-N priorities across that portfolio.

The Managing Markets for Health Pathway to Impact

This course is organised as a pathway through these key steps, with each course module setting out the key questions and tasks related to each step.

The course is structured into six **work packages**. Each of these has a specific chapter of the course ‘textbook’ devoted to it. You will also encounter other types of learning content, such as lecture videos and podcasts. The packages also include multiple-choice quizzes to enable you to reflect on and consolidate your understanding of core concepts and principles. Your performance on these exercises will determine your eligibility to receive the final **certificate**.

The diagram below provides a quick visual guide to the course modules, when you will undertake them on the course, the content you will review and the tasks you will be asked to complete.
Structure of the Managing Markets for Health course, Spring 2018

You can enrol on the course by contacting the GFF directly at gffsecretariat@worldbank.org

Or you can enrol now on the course website here: https://edge.edx.org/courses/course-v1:UniversityofEdinburgh+MM4H101+2018T1/about

If you have any questions about the Structure of the Managing Markets for Health course, please email the course organiser, Dr. Mark Hellowell, at: mark.hellowell@ed.ac.uk

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