

PREFACE

Health systems in every country in the world, regardless of their level of economic development or wealth, are struggling to manage multiple demands and pressures. These demands are well-known even to the casual observer of the healthcare scene in virtually any country, and they include:

- ensuring access to care while operating within cost constraints,
- balancing the need for preventive and curative services,
- pressures to adopt new technologies versus allocating resources for primary care,
- ensuring that healthcare services reach difficult-to-serve populations,
- achieving an appropriate balance between public and private provision of services,
- maintaining a well-trained healthcare workforce,
- balancing the need for healthcare against other needs,
- responding to current and future epidemics and other threats to health, and
- ensuring consumer participation in how healthcare services are provided.

The manner and extent to which these pressures are experienced varies by country, but in discussions with authors, we found all health systems under stress. In large part, this book is about the pressures being exerted on health systems and the ways in which a variety of countries—through their health systems—have responded to and plan to cope with these pressures. The introduction and chapters 1 through 3 provide a summary of the current issues facing virtually all world health systems, and chapters 4 through 31 profile the health systems of 28 countries. Our intent in selecting these countries was to represent different regions of the world and countries in various stages of economic development. Several Eastern European countries, formerly in the Soviet bloc (including the Russian Federation) are discussed. We feel the reader will be struck by many of the similarities in the challenges facing different countries, but also enlightened by the country- and culture-specific responses to these challenges.

Specifically, part I is devoted to better understanding the overall challenges facing health services. Chapter 1, by Gaydos and Veney, seeks to summarize a wealth of epidemiologic and demographic literature about the state of health in the world today and the relationships between and among health status, economic development, poverty, and the variety of illnesses and causes of mortality and morbidity.

In chapter 2, Sanders addresses fundamental issues in how health systems are organized and financed. Among other questions is the central issue of how health systems obtain financing, and he draws on frameworks developed by Roemer and others in developing a conceptual understanding of the role of governments and private markets in financing health services. We felt this to be a critical issue to address because it focuses so intensely on the debate ensuing in so many countries about public versus private financing. The debate is ongoing, and evidence concerning the optimal public-private mix is complicated by economic conditions, health disparities, cultural and historical factors, and a host of other factors.

Zakus and Cortinois address in chapter 3 the issue of primary care and community participation in the design and delivery of health services. They review the history of the primary care and community participation movements, which have historically occurred hand-in-hand. Although community participation has been a desired characteristic in the design of health services in so many countries—and has been cited as such by a variety of national and international commissions and statements—it has repeatedly been impeded by national governments and other interests that have restricted its implementation. This chapter is a plea to learn from past mistakes and missteps, to move beyond the rhetoric of community participation, and to consider the concept as a centerpiece of health systems.

We then move into the second part of the book, which profiles health systems in 28 countries. Veney's critical "Introduction to the Countries" provides the rationale for our selection of countries for inclusion in the book. He suggests that the countries portrayed fall into seven categories that represent the key aspects of the countries or their health services systems. As he suggests, the key defining characteristic of all health systems is wealth, which comprises three main categories: the wealthy countries, the transitional countries, and the very poor countries. Within each of these three categories of wealth, countries have adopted somewhat different approaches to the design and financing of their systems.

The approach we took in profiling the 28 countries is unique among books that attempt to describe world health systems. In each country, we identified an individual who met certain characteristics, including having knowledge of the health system and its history; having an understanding of the country-specific and cultural factors affecting the system's evolution; and perhaps most important, not having a stake in its current arrangements. We felt this important because we were interested not simply in descriptions of the population, health status indicators, and health system

characteristics, but also a critical appraisal of social and political trends and their implications for the health system.

For consistency among chapters, we as editors provided guidance to the authors about the content to be included, such as basic information about disease patterns and health system financing. However, we encouraged authors to describe in their own terms the history, present status, and future challenges of their health systems. Virtually every chapter is written by an individual from the respective country; in several cases, these authors were paired up with an individual from an English-speaking country to assist with editing and clarity. These coauthors also share an interest in the country and participated in research required for the country. We sought to provide essential information on each country's health status and health systems so that the reader could indeed compare countries. Given the difficulties involved in obtaining comparable data from so many countries, the reader will find that data from certain countries are more complete than others. We preferred to err on the side of excluding data that the authors felt were unreliable rather than include information that might be misleading.

This project was a multiple-year undertaking and involved truly global cooperation. Thanks go first and foremost to the authors who contributed their expertise and time to this project and were extremely patient with us as we faced our own time constraints.

Our editors at Health Administration Press, Marcy McKay and Audrey Kaufman, showed outstanding patience and encouraged us throughout the project. Joyce Sherman's wonderful editing showed remarkable sensitivity to the subject matter. We commend as well Matt Avery on his creative cover design.

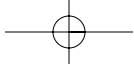
Arnold Kaluzny, Jim Veney, Sagar Jain, and Tom Ricketts provided much help in developing the concept for this book and helped identify many of the contributors in the volume.

With manuscripts arriving from all over the world, a volume such as this requires considerable editing, and special thanks go to Diamanta Tornatore and MaryAnne Gobble. Both of these individuals worked tirelessly to preserve the writers' intent in their editorial work.

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