‘Good health at low cost’
25 years on
What makes a successful health system?

Edited by Dina Balabanova • Martin McKee • Anne Mills
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Front cover images

Top left Kyrgyzstan

Credit: © 2006 Anara Doolotova, Courtesy of Photoshare

Caption: An IMCI-trained visiting nurse examines an infant in Basharkorgan district, Jalalabat province, Kyrgyzstan, as part of Project HOPE's Child Survival program.

Top right Thailand

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Caption: A woman brings her 4 month old child to a doctor.

Bottom right Bangladesh

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Caption: A Non Formal Primary Education (NFPE) school. Girls writing on slate board.

Bottom left Ethiopia

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Caption: A community health worker in rural Ethiopia tests a boy for
malaria.

Back cover images

Top left Tamil Nadu

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Caption: At start of the Pongal Harvest Festival, celebrating the beginning of the Tamil New Year, a mother and her child stir a pot of sweet Pongal, the rice dish after which the festival is named.

Top, second from left Ethiopia

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Caption: A local man of the village and a community-based distribution agent are engaged in a spirited conversation about family planning.

Top, second from right Bishkek, Kyrgyzstan

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Caption: Thousands gather in Bishkek's Alatoo Square in Kyrgyzstan on November 3, 2006 to protest the slow pace of economic and political reforms since the country's 2005 Tulip revolution.

Top right Khuda Lahora, India

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Caption: A health worker educates rural women on sexually transmitted diseases and reproductive and sexual health at a health awareness camp organized by the Sports and Welfare Club and the Teen Club of Khuda
Foreword

It is now all too apparent that the presence of well-functioning health systems is a prerequisite for progress in global health. Yet, while we may know what we need to achieve in creating such systems, we know much less about how to do so. Health systems are complex, dynamic systems existing in a world characterized by limited resources and changing demands. They are designed by humans, with all their strengths and weaknesses, and are easily thrown off course by events that may be entirely unpredictable. Think, for a minute, of the transformation of health care delivery that has resulted from the emergence of AIDS.

In this book, an international team of authors have sought to understand how five countries have made progress towards the ultimate goal of Good health at low cost in recent decades (and what has happened to others that were viewed as successes 25 years ago). They take a holistic approach, demonstrating the strengths of collaboration across disciplines and continents. In doing so, they provide important lessons for other countries seeking to emulate success.

Although each of the health systems they study is unique, it is possible to discern some common factors, such as political vision and the ability
to mobilize all those who can contribute to better health care and, ultimately, health. Faced with a shortage of financial and human resources, these health systems embrace innovation. They are responsive to the changing needs of their populations while maintaining continuity over time. They combine resilience with flexibility and have developed mechanisms that allow them to learn from the past and anticipate the future. Yet health systems are, essentially, collections of people. This book contains examples of individuals who have been able to seize opportunities and implement solutions to seemingly intractable problems, adapting them to the national context.

This book provides many immediate lessons for those seeking to strengthen health systems, but it also provides an agenda for future research. There is still much that we do not understand. It also provides a rich resource for teaching, which will support the development of the next generation of health policy analysts and practitioners that the world so needs. I am delighted that the London School of Hygiene & Tropical Medicine and its network of collaborators in many countries has had the opportunity to be associated with this exercise and I look forward to following its impact over the next 25 years.

Peter Piot Director LSHTM

In a 1975 article on ‘The changing relation between mortality and level of economic development’, Samuel Preston described the characteristic log-liner curve in which at lower levels of income, relatively small increases in income are associated with larger gains in life expectancy than at greater levels of development. The relation held for data in the 1900s, 1930s and the 1960s. It further noted an upward shift over time, which suggested factors other than income accounted for 80% plus of the gains. The ‘Preston curves’ have held subsequently always showing a number of countries doing even better than expected.
With this work in mind, the Rockefeller Foundation brought together a team in 1985 including a new generation of health policy experts to ask how some countries were able to achieve much better health outcomes than would be expected given their limited resources. The ‘positive deviants’ at this time were China, Costa Rica, Cuba, the Indian state of Kerala, and Sri Lanka. The result was a seminal report entitled _Good health at low cost_. This iconic report highlighted the importance of political commitment to health, sustained investment, the pursuit of equity, community engagement and action on the wider determinants of health.

Twenty-five years on, as the Foundation developed its Transforming Health Systems initiative, it decided that it was time to revisit these issues on the comparative performance of different health systems. How had the countries included in the original study fared since the original study? How well had the lessons been learned? Are the lessons learned years ago still relevant in the new era of global health? What new lessons could be drawn from countries that had made more recent progress towards _Good health at low cost_?

This book provides many of the answers to these questions. An international team of authors, including a new generation of health policy experts, has assembled a detailed set of studies that brings us up to date on the original countries and adds five more. Based on a practical conceptual framework linking health systems to health, they confirm the enduring importance of the issues identified in the original report. However, looking across time reveals there are many distinct pathways to _Good health at low cost_. Each of the pathways is shaped by individuals, institutions, events and national context. These broad perspectives remind us of the importance of looking beyond the health sector itself, both to understand the wider determinants of health and the influences that shape health system design.
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