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Editorial

The conference

The conference entitled *Health Care for All* was organized in Antwerp in October 2001 by the Institute of Tropical Medicine in collaboration with the Belgian Ministry for International Cooperation. The event was one of the initiatives supported by the Belgian Government during its presidency of the European Union. The meeting was attended by the ministers and directors of health of 15 African countries, officials and experts of the European Union and its member states, and representatives of WHO, UNAIDS, UNICEF, the World Bank, non-governmental organizations, the pharmaceutical industry and scientific institutes. In the context of the unacceptable state of health in large parts of the developing world, the meeting was called to examine the emerging international initiatives for communicable disease control, notably the recently established Global Fund to Fight against AIDS, Tuberculosis and Malaria.

The views expressed at the conference fell (predictably enough) into broad categories reflecting the different constituencies represented. Developing country participants maintained that universal access to essential health care was a human right and their priority was to respond to overall health needs by achieving 'health care for all'. They were concerned that single disease initiatives might lead again to expensive and unsustainable vertical programmes that would fragment, rather than strengthen, their national health systems. These systems were in any event a prerequisite for sustainable disease control. The global fund was welcome if—as was understood—the finance was to be additional to existing donor aid and it would not act to reverticalize their health services; rather the fund should also support health system development. Primary health care, which had faded from agency discourse in recent years, was still a valid policy, but had been undermined by resource shortages, political failures and international economic policies.

While not contradicting these views, the representatives of international agencies emphasized that pursuing accessible health care was not enough. They stressed the importance of working towards measurable outcomes and the need for special efforts to reduce the major disease burdens and achieve the UN Millennium Development health goals. The participants did agree on the inadequacy of the international response to the enormous health problems of the poorest countries.

Technical working groups reviewed alternative strategies for health care development and disease control, and for the utilization and management of international health aid. Affordable models for achieving universal access to essential health care were believed to exist, provided governments made the political commitment and external agencies supported the policy.

The conference adopted a 'Health Care for All' declaration (reproduced on pp S103–S106 of this issue and enclosed as a separate insert). This call for 'health *care* for all' was recognized to be less ambitious than the earlier WHO slogan of 'health for all'. But the achievement of this more limited objective is a necessary (though insufficient) condition for achieving the greater goal of equity in health, which depends also on socioeconomic equity. Urgent as is the struggle for at least a minimally decent economic deal for the world's disadvantaged, health care for all is a tantalizingly achievable goal even in today's economically unjust world, because it is technically feasible and requires 'only' the allocation of sufficient resources in appropriate forms. Only? The world is not absolutely short of resources. There is no clear resource constraint when it comes to waging wars in either the north or the south of the globe. The question is how available resources are expended and that is ('only') a matter of political priority.

The papers

This special issue of the *International Journal of Health Planning and Management* is not a proceeding of the Health Care for All conference. (The full programme, list of participants and abstracts of papers can be found at www.itg.be/hca.) Rather we publish selected papers from the conference that provide an analytical underpinning to some of the key health system themes that were debated.

In the first paper Segall reviews five key policy areas relating to district health systems, the standard vehicle for the delivery of integrated health services in developing countries. He discusses the pivotal role of the public health worker, financing and the role of user fees, priority setting and the twin objectives of equity and efficiency, decentralization and community involvement, and the integration of health programmes. The review relates the fate of primary health care to the neoliberal ideology that has prevailed since the policy was enunciated 25 years ago and makes the point that to ascribe failures of primary health care to weakness of policy design, when the political economy has starved it of resources, is to blame the victim.

Health programme integration is taken up in more depth by Unger and colleagues in the second paper. The authors argue that most—though not all–vertical programmes should be integrated with general health services and this will be to mutual advantage: on the one hand integration avoids health system fragmentation and the under resourcing of general health care, while on the other hand the pool of general health care users can be targeted by many disease control programmes to increase their rates of early case detection, treatment completion and cure. The paper makes a typology of disease control programmes according to their degree of integration and argues for a code of best practice by which programmes could avoid damaging general health services. The four points of the code could be used by stakeholders as benchmarks in the appraisal of existing and future health system strategies.

The next two papers, respectively by Buvé and colleagues and Mahendradhata and colleagues, add flesh to the integration argument with detailed analyses of the empirical literature on the control of two of today's biggest killer diseases, HIV/AIDS and tuberculosis. Both papers argue convincingly that the successful prevention and treatment of these priority diseases is dependent on the existence of

effective general health services. They doubt that the allocation of additional resources to HIV/AIDS and tuberculosis control programmes will have the desired impact unless there is simultaneous investment in the strengthening of health systems.

Health sector reform is often debated as though it were some disembodied force, but reform interventions are implemented by human beings and those human beings are mostly public sector managers. In their paper Green and Collins analyse the challenges that health managers face in a changing health service environment fraught with contradictions. They explore the tensions that emerge out of the complexities of health system change, the various contradictions that arise between public interest and private gain, and the rapidly changing forms and relations of accountability. They conclude that, for health system change to be successful, targeted support needs to be given to those people who are entrusted with managing such a complex process.

Quality is the subject of the next paper by Unger and colleagues. They propose a set of aspirational quality standards which could be used to regulate health service management and health care delivery. The proposed standards address health services that are 'publicly oriented' (irrespective of their formal ownership) and are based on 10 ethical principles that would guide health system development. The authors examine the likely impact of the quality standards on clinical practice, disease control, service management, health policy and system organization. The principles could form the basis of a new service compact between the public, health professionals, health care providers and government authorities.

Health workers are the key resource of public health services and in the last paper Marchal and Kegels address a critical problem in human resources for health in developing countries. This is the movement of health professionals trained at public expense out of the public sector and often out of the country. Though this is an old problem, labour market deregulation has made international migration much easier, resulting in large transfers of human resources, and the authors make the interesting observation that globalization has been accompanied by a linguistic sanitization of professional migration from the earlier terms of 'human capital flight' and 'brain drain' to 'brain circulation' and 'professional mobility'. The paper analyses the brain drain in terms of health workforce imbalances in both developing and developed countries. It examines the mechanisms underlying the migration of health professionals and proposes strategies in both exporting and recipient countries that might help to stem the tide.

The papers in this issue are as topical at the end of 2003 as when they were presented to the Health Care for All conference two years earlier. The Global Fund to Fight AIDS, Tuberculosis and Malaria has made its first disbursements, but the crunch will come when later rounds will be dependent on countries showing results. Will they have to demonstrate progress towards internationally driven global targets for the three diseases, such as the ambitious outcome targets set by the G8 leaders at their 2000 Okinawa summit for achievement by 2010? Will recipient countries again have to dance to the tune of an international agenda to the possible detriment of sustainable health system development? Or will they be allowed to work to home grown targets that grow organically out of their individual circumstances, policies

and health system capacities? WHO is the coordinating agency to achieve the Okinawa targets. The organization has a new director general who comes from a disease control background, but is said to be committed to strengthening health systems. History has not yet related how the world's policy makers will use the resources they now make available for health care in developing countries.

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Guest editors

