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Preface

Health systems play an increasingly central role in every country, but perceptions of health systems are mixed. On the one hand, they are viewed as an essential feature of modern society and a key component of a country's safety net. Health systems may be also viewed as inefficient, wasteful, and a major driver of budget crises. Increasingly, health systems are arenas within which ideological battles are carried out, often between those who believe in healthcare as a right and others who view health services as a commodity whose distribution should be guided more by the market than by government intervention. Like many politically charged debates, the views of each side are often misconstrued, often with deliberate political intent. Even among players in the health sector, there is ongoing debate about how scarce health resources should be deployed. This second edition of *World Health Systems* settles no ideological arguments; rather, it presents information about health systems in what we believe is a dispassionate manner.

In this edition of *World Health Systems*, the core chapters in Part I have been strengthened, expanded, and redefined to enable the reader to acquire a broader understanding of the central issues in health systems. Part I includes core concepts about health systems that we see as relatively stable over time. For example, all health systems need to have financing mechanisms and regulation—as discussed in chapters 3 and 4. Information is also presented about core issues and concepts common to all health systems, including points of debate about the role of a health system and the impact of a variety of internal and external factors.

Part II contains profiles of the health systems in 25 countries. In most cases, these have been written by authors from each country. The authors have been careful to present information in an objective manner. Readers may, however, disagree with specific speculation or conclusions about the future of a health system. We see this as healthy and characteristic of the alternative ways in which health system trends may be interpreted in each country. If there is a common set of values guiding the authors, it is the

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premise set forth by the World Health Organization, which has established that health systems should seek to achieve four sets of goals: quality health services, accessibility of services, financial protection to individuals from the costs of illness and treatment, and efficiency. The extent to which achieving these goals is the role of government versus the markets is treated as a variable rather than an intrinsic value.

In the description of each health system in Part II, we and the authors acknowledge the dynamic nature of health systems. A change in government, a financial crisis, an epidemic, or armed conflict can cause changes in disease patterns and a realignment of the health system. In light of this, the authors have been encouraged to impart information about the country and health system that can help the reader understand the evolution of the health system—how it got to its current state—and well-substantiated projections of alternative and likely future trajectories of the health system. The reader is encouraged to view the country profiles as a foundation for understanding each country's health system and to use this information as a basis for understanding current changes that may be taking place in the health system.

In Part II, we have included examples of health systems in low-, middle-, and high-income countries. However, students of health systems should appreciate the uniqueness of each health system and the distinctive forces that caused a health system to evolve in a particular way. While we have sought to include a representative set of countries, the reader should be aware that there are vast differences between countries *within* each income category; generalizations within income category are misleading. Health systems evolve from a complex interacting mix of social, cultural, political, economic, and historical forces. For those interested in examining additional health systems, we recommend using a framework similar to that used in the health system descriptions in this volume. Of critical importance, however, is that any useful analysis of a health system—including projections about the future direction of a health system—must consider the broader context of the country and the unique history and forces that resulted in the system's current state. The authors in this book have attempted to provide this essential contextual background.

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For instructors who use this book in the classroom, instructor's resources can be requested by writing to hap1@ache.org. Included in the instructor's resources are a sample course syllabus and selected class assignments, an extended reference list, and a PowerPoint presentation for each of the six introductory chapters.

Bruce J. Fried

Laura M. Gaydos

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