

## PART B | Health care services and systems

This section of the *Watch* is focused on the governance, organization and delivery of health care services.

Easy access to health care is critical for all people, and the ability to receive timely care when we are sick and at our most vulnerable is highly valued. The first chapter in this section discusses the critical determinants of access to health care and the reasons why this right is violated for many. It raises questions about the relationship between access and equity, and points to principles of health care financing that should be adopted by governments and international health agencies.

The chapter calls for a recommitment to the principles of the Alma Ata Declaration and calls for a new agenda of policies and actions that will develop health care systems capable of delivering on the principles of the Declaration.

These include reversing the growth and malign effects of the commercialization of health care over the last three decades; reasserting the role of government and non-market, trust-based relationships within health care systems; shifting the focus from narrow and selective health programmes towards a more holistic approach to health care systems development; balancing short-term, emergency responses with more long-term sustainable planning; and designing health care system that promote a multi-sectoral agenda of health promotion rather a limited medical model of clinical care.

A further chapter on the global market for health workers highlights the direct impact of the broader global political economy on health care systems in developing countries. Not only are the health care systems of developing countries under-resourced and over-burdened, but they face having their most precious assets poached and drained away by the pull of rich country health care systems. As the single biggest item of expenditure in a health care system, the world's response to the health personnel crisis of developing country health care systems must be placed under close scrutiny.

The effects of commercialization are discussed further in the second chapter on medicines. The role of Big Pharma – which portrays itself as a force for good – is placed under the microscope and reveals not just a significant deficiency in the current system for financing research and development, but also the existence of disturbing and unhealthy relationships between Big Pharma

and regulatory authorities mandated to protect public health, the medical profession and the research community.

This theme is carried over into a chapter that looks at the developments in gene technology in health care. The process of unravelling the human genome is raising questions about who owns life itself and threatens to accentuate an individual-focused, biomedical conception of health at the expense of a more efficient public health approach.

Finally, a chapter on sexual and reproductive health highlights the ongoing need to link health care to broader cultural, economic and political relations within society – in this case, in terms of gender. Advocacy which challenges injustices in access to health care needs to link with a broad range of different actors beyond the bounds of the health professions.