

**'Good Health at Low Cost'  
25 years on**

**What makes a successful health system?**

# **'GOOD HEALTH AT LOW COST' 25 YEARS ON**

**WHAT MAKES A SUCCESSFUL HEALTH  
SYSTEM?**

**Editors: Dina Balabanova, Martin McKee and Anne Mills**

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This study was funded by the Rockefeller Foundation.

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Cover design by: Nexus Design and Print in partnership with Pamoja Consulting Ltd, Sensor House, 10–12 Lewes Road, Brighton BN2 3HP, United Kingdom [www.pamojaconsulting.co.uk](http://www.pamojaconsulting.co.uk)

Book design by: Sarah Moncrieff, Westminster European, 23 Charlwood Street London SW1V 2EA, United Kingdom

Printed and bound by: Charlesworth Press, Flanshaw Way, Flanshaw Lane, Wakefield WF2 9LP, United Kingdom. [www.charlesworth.com](http://www.charlesworth.com)

Citation:

Balabanova D, McKee M and Mills A (eds). *'Good health at low cost' 25 years on. What makes a successful health system?* London: London School of Hygiene & Tropical Medicine, 2011.

**The London School of Hygiene & Tropical Medicine**

Department of Global Health & Development,

15–17 Tavistock Place, London WC1H 9SH

United Kingdom

Website: [www.healthsystems.lshtm.ac.uk](http://www.healthsystems.lshtm.ac.uk)

**ISBN 978-0-902657-84-7**

FRONT COVER IMAGES

Top left *Kyrgyzstan*

Credit: © 2006 Anara Doolotova, Courtesy of Photoshare

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

Top right *Thailand*

Credit: © 2010 Patrick Brown, Panos Pictures

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

Bottom right *Bangladesh*

Credit: © 2002 Shehzad Noorani, Courtesy of World Bank

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

Bottom left *Ethiopia*

Credit: © 2007 Bonnie Gillespie, Courtesy of Photoshare

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

BACK COVER IMAGES

Top left *Tamil Nadu*

Credit: © 2005 Chris Stowers, Panos Pictures

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*

Credit: © 2005 Virginia Lamprecht, Courtesy of Photoshare

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 Alatau 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*

Credit: © 2007 Pradeep Tewari, Courtesy of Photoshare

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 Lahora village, India. The clubs are affiliated with Nehru Yuvak Kender (Ministry of Youth, Welfare, and Sports) in Chandigarh.

Bottom *Thailand*

Credit: © 2011 Philippe Huguen, AFP/Getty Images

Caption: Mother and child from mountain region near Chiang Mai.

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## 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*

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In a 1975 article on ‘The changing relation between mortality and level of economic development’, Samuel Preston described the characteristic log-linear 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.

The Rockefeller Foundation is pleased to have supported this work. It is extremely timely, appearing just when many countries are facing years of economic austerity. We hope that it will stimulate a vigorous debate among academics, policy-makers, and practitioners from which will emerge innovative thinking on the most appropriate and cost-effective ways to improve health outcomes for those most in need.

Ariel Pablos-Méndez  
*The Rockefeller Foundation*

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## ACKNOWLEDGEMENTS

This project would not have been possible without the intellectual and methodological contributions of all the partners, each of whom provided valuable insights and ideas but also contributed time and effort to enable an understanding of what was happening in situations where data were often scarce. We are particularly grateful to the Thai team for their quantitative work that underpinned the initial discussions.

We are indebted to the Steering Committee for their generous and continuous support, challenging our emerging ideas and contributing their detailed knowledge and interpretations to the country chapters. In addition, Lucy Gilson was instrumental in helping us to identify research priorities, frame research questions, and identify appropriate study designs. Gill Walt provided many thoughtful comments and injected a degree of helpful pragmatism at all stages of the project.

The project was instigated and funded by the Rockefeller Foundation, who identified the importance of conducting research on aspects of health systems that are hotly debated but often poorly documented. We would particularly like to thank Ariel Pablos-Mendes, Stefan Nachuk, Lily Dorment and Mushtak Chowdhury for their continual support and stimulating ideas. Miriam Rabkin from Columbia University contributed to the initial formulation of research questions and approach. We look forward to continuing to work with them in the future.

External participants in our meeting in Bellagio in August 2010 included Scott Halstead, who led the original *Good health at low cost* report published in 1985, Joe Kutzin, Abraham Mengistu and Margaret Whitehead, all of whom helped us to strengthen the analytical rigour of the project and to distil its key messages within the framework established by the original report.

Simon Cousens, Mushtak Khan, Kent Ranson, Carine Ronsmans and Nicola Watt all provided valuable comments on specific draft chapters.

Our technical editors, Joanne McManus, Wendy Wisbaum, Jane Ward and Elizabeth Hoile, have made a huge contribution to clarifying the messages in the book. Sarah Moncrieff went well beyond the duties expected of a designer and we benefited greatly from her wealth of expertise.

Administrative support was provided by the LSHTM team headed by Nicola Lord, Programmes Co-ordinator in the Department of Global Health and Development; we also benefited from the wisdom of Jonathan North with the production process and from the energy of Loveday Penn-Kekana and Benjamin Palafox in helping to pull together the final product. We are grateful to the Thai team who organized an analytical workshop in Bangkok in March 2010, which brought all the partners together and helped to identify cross-cutting themes emerging from the research.

We are also grateful to many former MSc students at LSHTM, especially Jenny Maisoneuve, Adele Fox, Julia Rahman, Hamsadvani Kuganatham, Sidney Sunwoo and Aftab Mukhi, who undertook MSc dissertations on topics related to the project. Interactions with them helped us to explore alternative approaches and flesh out research areas that were beyond the scope of the book, but are important in individual country settings.

*Dina Balabanova, Martin McKee and Anne Mills  
July 2011, London*

# CONTRIBUTORS

## Partners

### The London School of Hygiene & Tropical Medicine

The London School of Hygiene & Tropical Medicine (LSHTM) is a renowned research-led postgraduate institution of public health and global health. Its mission is to improve health in the UK and worldwide through the pursuit of excellence in research, postgraduate teaching and advanced training in national and international public health and tropical medicine, and through informing policy and practice in these areas. Part of the University of London, the School is the largest institution of its kind in Europe with a remarkable depth and breadth of expertise encompassing many disciplines associated with public health.

*Dina Balabanova*, PhD, Senior Lecturer in Health Systems/Policy, Department of Global Health and Development, LSHTM

*Lesong Conteh*, PhD, Senior Lecturer in Health Economics, Centre for Health Policy, Institute of Global Health Innovation, Imperial College London (formerly Department of Global Health and Development, LSHTM)

*Lucy Gilson*, PhD, Professor of Health Policy and Systems, Department of Global Health and Development, LSHTM, and School of Public Health and Family Medicine, University of Cape Town

*Ulla Griffiths*, MSc, Lecturer in Health Economics, Department of Global Health and Development, LSHTM

*Andrew Harmer*, PhD, Research Fellow, Department of Global Health and Development, LSHTM

*Martin McKee*, MD, Professor of European Public Health, Department of Health Services Research and Policy, LSHTM

*Anne Mills*, PhD, Professor of Health Economics and Policy, Department of Global Health and Development, LSHTM

*Benjamin Palafox*, MSc, Research Fellow in Pharmaceutical Policy & Economics, Department of Global Health and Development, LSHTM

*Loveday Penn-Kekana*, MA, Research Fellow, Department of Global Health and Development, LSHTM

*Tim Powell-Jackson*, PhD, Lecturer in Health Economics, Department of Global Health and Development, LSHTM

## **Bangladesh**

*ICDDR,B* is an international health research organization dedicated to solving critical public health problems facing the people of Bangladesh and beyond – especially those who are most vulnerable – by generating knowledge and translating it into policy and practice. Located in Dhaka, Bangladesh, with nine rural and urban field sites around the country, *ICDDR,B* also provides vital humanitarian services to some of Bangladesh's poorest people. Its research activity is funded by competitive grants and its work in general is supported by over 50 donor countries and organizations, including: the Government of Bangladesh, UN agencies, foundations, universities, and private sector companies.

*Tracey Pérez Koehlmoos*, PhD, MHA, Health Systems Scientist, Centre for Equity & Health Systems, *ICDDR,B*

*Ziaul Islam*, MSc, MBBS, Associate Scientist, Centre for Equity & Health Systems, *ICDDR,B*

*Shahela Anwar*, MPH, Research Investigator, Centre for Equity & Health Systems, *ICDDR,B*

*Rukhsana Gazi*, MSc, MBBS, Associate Scientist, Centre for Equity & Health Systems, *ICDDR,B*

*Shaikh A. Shahed Hossain*, MSc, MBBS, Associate Scientist, Centre for Equity & Health Systems, *ICDDR,B*

*Peter Kim Streatfield*, MSc, PhD, Director, Centre for Population, Urbanisation & Climate Change, *ICDDR,B*

*Abbas Bhuiya*, PhD, Deputy Executive Director, *ICDDR,B* and Centre for Equity & Health Systems.

## **Ethiopia**

*The Miz-Hasab Research Center* is an Addis Ababa-based independent institution established in 1996 to conduct reproductive health research, focusing on infectious diseases, family planning and nutrition, in Ethiopia. Resources available to the Center include a devoted, well-trained and disciplined full-time staff of 16 (including senior and junior researchers); data collection and entry personnel; demographic and statistical software (including CPro, SPSS, ATLASi and NUDIST); 12 desktop, laptop networked computers, with Internet connections; a documentation center; and a vehicle.

The Center has worked (directly or indirectly) with several reputable local and international universities (Addis Ababa University, Johns Hopkins University, London School of Hygiene & Tropical Medicine), NGOs (ICRW, PATH, Pathfinder, Engenderhealth), international development organizations (USAID, DIFID, World Bank, UNDP) as well as private research companies (Abt Associates, Macro International). In addition, our Center is proud and privileged to have hosted and shared knowledge with several interns and graduate students from various local and international schools; and conducted dissemination workshops to share its findings with stakeholders.

*Hailom Banteyerga*, PhD, Senior Researcher; Principal Investigator of GHLC Ethiopia study, and an Associate Professor of Discourse Analysis and Health Communication in the College of Social Sciences and Humanities, Addis Ababa University

*Aklilu Kidanu*, PhD, Director; Project Manager of GHLC Ethiopia study

## **Kyrgyzstan**

*The Health Policy Analysis Center* (HPAC), a public foundation, was established in 2009. The Foundation is a successor of the Health Policy Analysis Project that started in 2000 with support of WHO-Euro and DFID. The main goal of HPAC is to support evidence-based decision making of the Ministry of Health (MOH) and the wider Kyrgyz public sector in order to achieve better health, good access to high-quality medical care, and reasonable financial burden of health care seeking for all Kyrgyz citizens. HPAC carries out research activities in the area of health policy. The MOH identifies the research priorities and topics; so far about 70 studies have already been conducted in such areas as

poverty and equity, health financing, public health sector efficiency, health service delivery, human resources and public health. In addition, HPAC actively participated in development of monitoring and evaluation (M&E) packages for both national health programmes (*Manas* and *Manas Taalimi*) in Kyrgyzstan and was involved in the evaluation of both these programmes. In addition, HPAC organizes round-table discussions and seminars on the research findings and important health policy issues to facilitate exchange of information, open debate and consensus building so as to support policy dialogue on current health care problems. HPAC is also actively involved in conducting local and international training courses (mainly Commonwealth of Independent States (CIS)) on health management and health systems including Flagship Courses on Health Systems Development and Sustainable Financing in collaboration with WBI and WHO-Euro. In addition, HPAC team members carrying out consultancy activities in CIS region in the areas mentioned above.

*Ainura Ibraimova*, MD, PhD, Consultant to WHO Regional Office for Europe until 2011 (currently Deputy Regional Director at the USAID-funded Central Asia Quality Health Care Project)

*Baktygul Akkazieva*, MBA, MSc, Director of the Health Policy Analysis Center until 2011 (currently Deputy Regional Director for M&E at the USAID-funded Central Asia Quality Health Care Project)

*Gulgun Murzalieva*, MD, Senior Policy Analyst until 2011 (currently Director of the Health Policy Analysis Center)

## **Tamil Nadu**

The *Indian Institute of Technology, Madras*, established in 1959 by the Government of India, is a leader in tertiary education in engineering, sciences, and humanities and social sciences, in South Asia. The master's and doctoral programmes of the Department of Humanities and Social Sciences at the Indian Institute of Technology (IIT) Madras are among the best offered in Indian Universities. During the past 15 years, the Department of Humanities and Social Sciences has been active in promoting comparative public policy studies with special reference to health sector in India. Their current research work includes health care financing, health systems efficiency, public-private partnership and history of health care in south India. They are also actively involved in the health policy-making processes both state and national level.

*VR Muraleedharan*, PhD, Professor in the Department of Humanities and Social Sciences, IIT (Madras)

*Umakant Dash*, PhD, Associate Professor in the Department of Humanities and Social Sciences, IIT (Madras)

## **Thailand**

The *International Health Policy Programme* (IHPP), Thailand is a semi-autonomous programme conducting research on the national health priorities related to health systems and policy. IHPP is a part of the Bureau of Policy and Strategy, Thai Ministry of Public Health (MOPH). It aims to improve the national health systems through generating knowledge and evidence on improving health systems and policy to the public and Thai policy-makers. Another important aim of IHPP is to strengthen the capacity of Thai researchers to conduct policy-relevant research in the areas of health financing; equity monitoring before and after Universal Health Coverage; human resources for health; health policy analysis; and health promotion and disease prevention, including alcohol study. IHPP has focused not only on research but also on policy processes and policy utility of research findings; this required researchers to work closely with related stakeholders in each particular field. IHPP has physical proximity to, but an arm-length relationship with, policy-makers in and outside the Ministry of Public Health in order to maintain policy relevance and scientific integrity and independence.

*Walaiporn Patcharanarumol*, PhD, Researcher of IHPP, MOPH

*Viroj Tangcharoensathien*, PhD, Senior Advisor of IHPP, MOPH

*Supon Limwattananon*, PhD, Associate Professor, Khon Kaen University, Senior Researcher of IHPP, MOPH

*Warisa Panichkriangkrai*, MPH, Researcher of IHPP, MOPH

*Kumaree Pachanee*, MA, Research Assistant of IHPP, MOPH

*Waraporn Pongkantha*, MA, Research Coordinator of IHPP, MOPH



## **Steering committee**

*Simon Cousens*, MA, DipMathStat, Professor of Epidemiology and Medical Statistics, Department of Infectious Disease Epidemiology, LSHTM

*Richard Coker*, MD, FFPH, Professor in Public Health, Department of Global Health and Development, LSHTM, and Communicable Diseases Policy Research Group, LSHTM, Bangkok, Thailand

*Carine Ronsmans*, MD, DrPH, Professor of Epidemiology, Department of Infectious Disease Epidemiology, LSHTM

*Gill Walt*, PhD, Emeritus Professor of International Health Policy, Department of Global Health and Development, LSHTM

## LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
BRAC	Bangladesh Rural Advancement Committee
CCSS	Costa Rican Social Security Fund
CIS	Commonwealth of Independent States
DANIDA	Danish International Development Agency
DFID	United Kingdom Department for International Development
DOTS	Directly observed treatment, short-course
EBAIS	Equipos Básicos de Atención Integral en Salud, Costa Rica
EPRDF	Ethiopian People's Revolutionary Democratic Front
GAVI	GAVI Alliance (formerly the Global Alliance for Vaccines and Immunisation)
GDI	Gender-related development index
GDP	Gross domestic product
GEM	Gender empowerment measure
GHLC	<i>Good health at low cost</i> , 1985 report
Gini	Gini coefficient or generalised inequality index Definition: a measure of inequality of income or wealth, where a value of 0 expresses total equality and a value of 1 total inequality
Global Fund	formerly the Global Fund to Fight AIDS, Tuberculosis and Malaria
GNI	Gross national income
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IHP	International Health Partnership
IHPH	International Health Policy Programme (Thailand)
IMCI	Integrated management of childhood illness
IMF	International Monetary Fund
Int\$	International dollar (Geary-Khamis dollar) Definition: a hypothetical unit of currency that has the same purchasing power that the US dollar had in the United States at a given point in time (e.g. in 2005)

LSHTM	London School of Hygiene & Tropical Medicine
MDG	Millennium Development Goal
MHIF	Mandatory Health Insurance Fund (Kyrgyzstan)
MoHFW	Ministry of Health and Family Welfare (Bangladesh)
MOPH	Ministry of Public Health
MoWCA	Ministry of Women and Children Affairs (Bangladesh)
NESDP	National Economic and Social Development Plans, Thailand
NGO	Nongovernmental organization
NRCMCS	New Rural Cooperative Medical Care System (China)
ORS	Oral rehydration solution
PASDEP	Plan for Accelerated and Sustained Development to End Poverty (Ethiopia)
PEPFAR	President's Emergency Plan for AIDS Relief
RCMCS	Rural Cooperative Medical Care System, China
SGBP	State Guaranteed Benefits Package, Kyrgyzstan
SWAp	Sector-wide approach
TNMSC	Tamil Nadu Medical Services Corporation
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USSR	Union of Soviet Socialist Republics
WDI	World Development Indicators
WGI	Worldwide Governance Indicators Definition: aggregate and individual governance indicators for 213 economies for six dimensions of governance: voice and accountability, political stability and absence of violence, government effectiveness, regulatory quality, rule of law, and control of corruption. The aggregate indicators combine the views of a variety respondents in industrial and developing countries. The individual data sources underlying the aggregate indicators are drawn from a diverse variety of survey institutes, think tanks, NGOs and international organizations
WHO	World Health Organization

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