Editorial

Our purpose in this *Bulletin* is to focus on some issues that have been at the centre of debate in the health field during recent years. In this area there are many principles that apply equally to developing and developed countries and, while the majority of the articles concern the Third World, two are included about industrialised countries to make this point more concrete. We start with one of them.

It is conventional wisdom these days that health is a product of many factors, of which health care as such is only one, if a major one. The importance of social and economic conditions for health is well established and is most associated now with the present problems of Third World underdevelopment. Yet much of the evidence for the great significance of the social determinants of health comes from the historical experience of the now developed countries. In addition, it is being increasingly recognised that mass health problems also have a social basis in the industrialised world, where socioeconomic factors continue to affect the health of populations adversely, especially the disadvantaged classes. Thus though the pattern of disease and the nature of the social factors differ as between the developing and developed countries, in both contexts socioeconomic and political influences on health have been, and are, very great, and call for a broad approach to health problems involving both social and technical (medical) interventions. This overarching argument is the theme of the first article by Gray, who reviews the historical and current health experience of Britain and points out its relevance to both developed and developing world situations.

Given the many factors that affect health, intersectoral cooperation has become one of the shiboleths of the primary health care (PHC) approach, but it is an idea that is much more acknowledged in theory than acted on in practice. In the second article, de Kadt looks at some of the operational aspects of intersectorality for health in developing countries, and links that question with the necessity for government decentralisation and community participation.

Intersectoral cooperation is not the only aspect of PHC that is still more spoken about than practised, and the next two articles concern the politics of limited implementation. The first of these, by de Macêdo (now Director of the Pan-American Health Organisation) and Vieira, is a case study of Brazil. It unfolds the unhappy story of how a proposed PHC strategy for the country met an untimely end and analyses in detail the political forces that led to the early demise. While the case of Brazil may be an extreme one, it illustrates graphically the general point that the implementation of PHC — as distinct from its rhetoric — is far from straightforward in political terms. This is the theme of the article by Segall, who ascribes the slow progress of PHC in most countries to the strength of opposition forces that are insufficiently recognised and countered. After analysing the political qualities of PHC, he proposes some lines of action that may be adopted by PHC protagonists.

After these discussions of PHC politics come two articles on health economics. Since the Alma Ata Declaration the PHC approach has been adopted as official policy by most developing countries, but a major problem coming more and more to the fore is how to finance it. This is the subject of the article by Gish, who shows that the different modes of financing health care — themselves a reflection of the economic and political profile of a society — greatly affect the provision, organisation and utilisation of health services, and thereby influence health care costs. Nevertheless, whatever the system of health care, and however rich a country may be, health resources are always limited and they should be used efficiently. This is the theme of the second economics article, by Maynard, who — using a market model of analysis — looks at the efficiency issue in the health systems of developed Western countries, where the availability of the necessary data is more conducive to this approach.

This first set of articles is rounded off by a personal statement by Lambo, the Deputy Director-General of WHO, who addresses what he sees as the moral

imperative involved in resolving the health and development problems of the Third World.

The final three articles concern one of the areas that is a well recognised 'hot spot' in the health field: pharmaceuticals, especially in relation to the developing countries. Rather than retreading the undoubted, but well-worn, ground of the harmful practices of the transnational pharmaceutical corporations, the articles describe what responses can be and are being made by Third World countries, individually and collectively. Two of the articles are by ex-Ministers of Health. The first is by Valdivieso, who describes an early experience of instituting a national formulary in Chile in the 1960s, with the opposition it generated and its subsequent declining fate under the military regime. Martins then describes the considerable achievements of pharmaceutical policies in Mozambique since independence, with special reference again to the importance of a national formulary and generic prescribing, as well as of a centralised system of state drug procurement.

Much credit is often given to the UN specialised agencies for promoting rational pharmaceutical policies in developing countries; WHO's limited list of essential drugs is perhaps the best known example. This acknowledgement is fair, but what is much less well-known are the efforts of the Third World countries themselves, particularly the non-aligned group, and of UNCTAD. They were largely responsible in the mid-1970s for building up the head of political pressure that was needed to set the recent international events in the pharmaceutical field in motion. The pressure is indeed still needed to keep them on the move in all their technical, organisational and political aspects. This is the story told in the last article, by Patel, Director of UNCTAD's technology division, who makes it clear that some of the most critical episodes in the drugs saga are still to come.

In compiling this *Bulletin* we have been guided by the notion that health and health care are in the first place social phenomena, relating to and reflecting other characteristics of a society. At the present time it is advances on the economic, political and social fronts that will mainly determine improvements in health and progress towards equity in health care, and that will create the conditions for the world's peoples to benefit properly from the technical advances already made — and yet to be made — in health and medicine. We have tried to cover some of the issues in health policy and practice where movement is most needed to facilitate the next significant steps forward.

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