Global Health: Challenges Without Borders

For Americans tempted to believe that other nations have the answers in health care, this issue of Health Affairs offers a reality check. It’s given that health systems in China and India—the focus of this global health thematic issue, funded by the Bill and Melinda Gates Foundation—don’t bear much resemblance to our own. At the same time, it’s instructive to read how many fundamental issues we do have in common—and how these similar concerns flummox policymakers from Washington to New Delhi to Beijing. Given the growing role of India and China on the global stage, the way they confront our common health care challenges may merit as much attention as how they tackle other issues, ranging from terrorism to global warming.

Winnie Yip and Ajay Mahal provide an overview of the health care conundrums facing both nations. Rapid economic growth has let a genie out of the bottle: growing demand for health care. So China’s proposed health reforms would now reverse the decline in public-sector health spending that followed market-based economic reforms of the 1970s. Governments in both countries are committed to public spending increases of 1–2 percent of gross domestic product (GDP), up from total health spending today of about 5 percent of GDP in India and 5.5 percent in China. As China’s health minister, Chen Zhu, put it in his interview with Tsung-Mei Cheng, the goal is a flourishing health sector that’s “a new shining spot” in the nation’s economic and social development.

But just as the United States has learned, a flourishing economy and health sector can bring...
its own set of headaches. The United States is not the only nation where a widening income gap is exacerbating problems of health care access. Nearly half of Chinese reporting an illness in 2003 did not seek care, largely because of cost. There's also wide variation in insurance coverage; four out of five of the richest fifth of Chinese have it, but only one in four of those in the poorest fifth do.

Uwe Reinhardt famously described the tension inherent in America's booming health sector: each dollar of relentlessly higher spending is a dollar of someone's income. Translate the greenbacks into yuan or rupees, and you capture China's and India's dilemma as well. As Jin Ma and colleagues describe, China's move to a market-based economy has unleashed a “medical arms race” in which doctors and technology-rich hospitals congregate in urban areas where patients can pay, at the expense of rural areas where they can't. William Hsiao describes how China's doctors earn extra profits from drugs and tests, leading to their overprescription. India reins in doctors' salaries in the public health system but lets them moonlight in private practices. That leads to long lines at public clinics, while better-off patients abandon the queue to see doctors in their private offices.

If many of these dynamics sound familiar to Americans, so will Indian and Chinese trends in health. As Barry Popkin writes, more than a fifth of China's adult population is overweight—and obesity and chronic disease are now the major causes of death and disability. That's partly the legacy of a “nutrition transition” from periods of famine to a Westernized diet rich in fats and animal products. Television ownership has also skyrocketed, conjuring up images of Chinese couch potatoes snacking as they watch vigorous Olympic athletes compete. Somnath Chatterji and colleagues observe that the growing burden of an aging population already weighs heavily on these two most populous of nations, portending a 200 percent increase in China's cardiovascular disease rate by 2040.

There's no more consensus in India and China over what to do about many of these problems than there is in the United States. That's all the more reason to celebrate the success stories that do exist. As Miriam Claeson and Ashok Alexander report, there's mounting evidence that HIV prevention in India is in fact helping curb the virus's spread. Aman Bhandari and colleagues chronicle the achievements of the “focused factory” approach inherent in the Aravind Eye Care System, a specialty care network in India that has saved the sight of millions through cataract and other interventions. An ethic of service to humanity, spiked with “lean production” techniques and continuous quality improvement, earned Aravind this year's $1 million Gates Award for Global Health. (As a board member of the Global Health Council, I sat on the awards jury before becoming editor-in-chief of Health Affairs.) That's testament to another happy circumstance: that increasingly in global health, solutions to common challenges will know no borders.

Susan Dentzer
Editor-In-Chief

From The Editor