Abstract

The thread of this paper is that vested interests prevail consistently in the formulation of health policy and provision of health services. Several African countries illustrate how the health care standard becomes an end in itself, however ineffective it becomes as population and needs change. Policy is not an exclusive prerogative of governments. Industry of all sorts, non-governmental organizations (NGOs) and development agencies use policies to determine, guide and shape investments and, in the case of the private sector, prevail favourably in competition. With a few exceptions, planners plan to depict and alter a particular situation, to improve conditions according to a particular mode, ideology or belief. The planner, like the policy maker, assumes that certain changes will occur if certain decisions are made or actions are taken. In reality, however, policy makers and planners are seldom satisfied with the status quo. The policy maker decides on the basis of available information, albeit incomplete or inconclusive, and believes one option is better than another or that it will achieve the desired goal optimally and at least cost. To formulate policy is to choose a course of action and to plan is to pursue a particular interest. However implicitly, vested interests are entrenched in every policy action. There seems to be four main, but related reasons for any specific health policy: availability of adequate health care; equity of access; cost; and effectiveness/relevance of the system under the prevailing technology. While concerns differ, sometimes quite widely, concern for an effective health system is always paramount. Less than two decades ago, African countries had more robust economies than they have today.