commercial nature of health services with inadequate or no regulation has also led to the proliferation of charlatan providers, inappropriate care, and pressure for people to pay for expensive and sometimes unnecessary care. Commercial providers have limited incentives to use interventions (including public health measures) that cannot be charged for or that are what the person who is paying can afford.

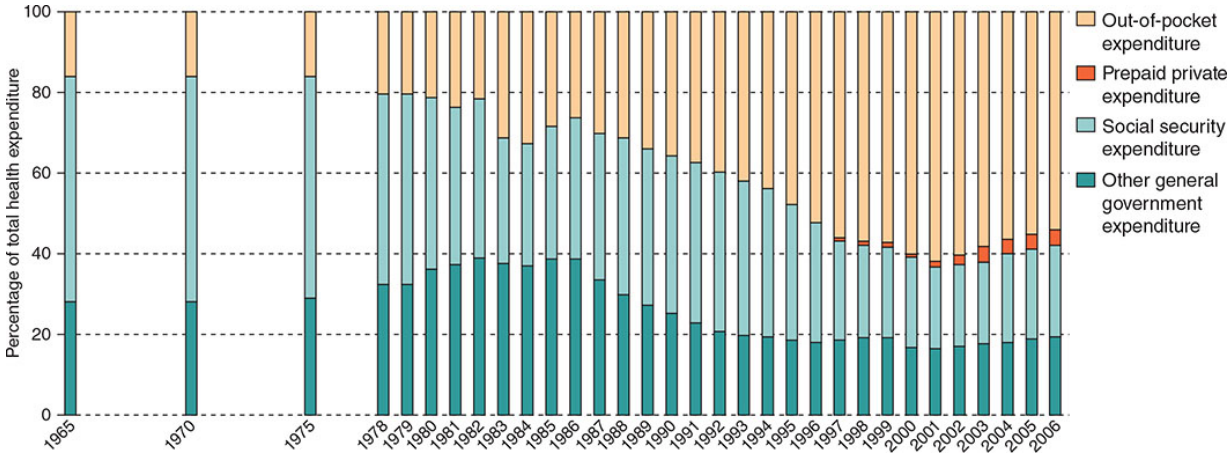

FIGURE 474-9 Changes in source of health expenditure in China over the past 40 years. *(Reproduced with permission from World Health Organization: Primary Health Care: Now More Than Ever. World Health Report 2008.)*

Faced with these problems, China and India have implemented measures to strengthen primary health care. China has increased government funding of health care, has taken steps toward restoring health insurance, and has enacted a target of universal access to primary care services. India has similarly mobilized funding to greatly expand primary care services in rural areas and duplicated this process in urban settings. Both countries are increasingly using public resources from their growing economies to fund primary care services.

These encouraging trends are illustrative of new opportunities to implement a primary health care approach and strengthen primary care services in low- and middle-income countries. Over the past decade, all countries have adopted universal health coverage—the provision of quality health services in a timely manner at affordable