Governments are willing to commit along with many other examples, Egypt’s oral rehydration initiatives, health insurance scheme, Indonesia’s SA, and Seguro Popular de Salud initiative, Mexico’s health, nutrition community health worker programme (nationwide coverage. Brazil’s communal health worker programme (see Panel page 86) and the Bolsa Familia initiative, Mexico’s health, nutrition and education programme, PROGRESA, and Seguro Popular de Salud health insurance scheme, Indonesia’s community health workers and Egypt’s oral rehydration initiatives, along with many other examples, show the potential for scale-up when governments are willing to commit even scarce funding to health and social welfare programmes.

Ownership is more than just funding, however. Governments must also be committed to creating and sustaining the required technical and administrative capacity. Support at each level of health-system administration – federal, provincial and district – is required to coordinate and supervise the expansion. Sustainability issues must also be addressed at the national level, and the programme fully endorsed by the political system – including the legislature – to ensure that it outlasts political transitions and changes.

Governments can provide the capacity and will to creating a national network based on community health. When this has happened, the results are often significant. In the case of China, for example, the Government set itself a tremendous challenge with the launch of the National Iodine Deficiency Disorders Elimination Program, a strategy for ensuring a nationwide supply of commercially marketed iodized salt and promoting universal compliance. At that time, China had the highest number of children unprotected from iodine deficiency, the leading cause of preventable intellectual impairment in the world. Iodine deficiency disorders can be prevented with a single teaspoon of iodine spread over a lifetime. The challenge was to raise public awareness of the vital importance of iodized salt, especially in salt-producing regions where local residents resisted the idea of paying for salt.

With political support from provincial governors, rigorous monitoring and enforcement of iodized salt regulations, as well as a nationwide public health campaign that used posters on buses, newspaper editorials and television documentaries to inform consumers and create demand for fortified salt, adequately iodized salt reached 90 per cent of the households around 2005, up from 51 per cent around 1995.30

Addressing the political dimension in creating sustainable continuums of quality care requires more than compelling technical arguments. It also necessitates a broad understanding of the constraints and opportunities for fostering will and commitment among key political players.

Politicians may need to be convinced that actions in support of the continuum of care satisfy several expedient criteria, including that they:

- Demonstrate visible and tangible results within a relatively short time frame.