In line with the global drive for reform of the health sector, programmes have been increasing their efforts to provide a set of essential health services to communities. Such efforts have, however, been exacerbated by the resource constraints facing many countries. Access to services is further complicated by the ever growing diversity of groups living in countries, such as groups may have their own particular sets of needs, demands, and expectations. Health-care professionals, managers, and policy-makers, therefore need to find ways and means of ensuring equity in access to health care for vulnerable groups such as children, women, the elderly, and the poor.

Accessing health care: responding to diversity provides a welcome compilation of evidence on the difficulties faced by various vulnerable groups in accessing the health-care services available in their respective communities. Although the book brings together a large number of disparate case studies, their overarching theme is constant: ensuring access to adequate, appropriate, and effective care and improving the health of specific population groups that historically have been marginalized. The examples are drawn from a selection of developed countries in North America, Australasia, and Europe. The editors are to be commended on producing a book worth reading in its entirety, “with diligence and attention.”

The book consists of 18 well written, easy-to-read chapters, 16 of which discuss the delivery of services to “marginalized populations” including, in addition to the frequently studied age and gender groups, refugees, “overseas citizens”, and imprisoned populations. Each chapter briefly provides a historical survey of the health-care services available to the specific group it deals with before giving updates on the current situation. The cases shed light on “invisible” groups whose needs and expectations are often neglected, even though such groups have been or could be a critical resource to their communities. Each chapter finishes by either examining current practices or providing recommendations for improving access to services.

The final chapter of the book provides an excellent summary of the barriers and challenges that diverse groups face in obtaining access to health care and outlines potential solutions presented by alternative delivery models to mainstream care. Much of the discussion on barriers to access, though based on the experience of developed countries, could be also applicable to developing countries. The principal reason for the lack of adequate and equitable access to the health-care system, irrespective of where, is the political environment in which it is embedded. This difficulty is further aggravated in settings where there is evidence of corruption and squandered resources.

Even though the editors have strived to bring an international context to the issue of diversity and access to care, in the final analysis the book’s emphasis is on the experiences of a select group of wealthy developed nations. The lessons learned, though concerned with issues that are of general relevance to developing countries, might therefore not be feasible or effective in such settings. Also, it was difficult to “assimilate” certain segments of the book, bearing in mind that its stated aim is to present “examples of good (and bad) practices”, when in fact most of the settings it describes exhibit only the latter in terms of providing health services to their diverse population groups. Some of the chapters recommend potentially effective approaches to improving access to health care; in others, it is apparent that governments have already examined inequity in access and use of health care by the less fortunate and have proposed programmes and policy changes to improve it. Nevertheless, the impact of these programmes and policy changes on the populations concerned is by no means always positive.

Beyond these contextual issues, the book presents an evolving agenda for the future, and a call for a change in the policies and procedures framing the delivery of health services. It is a book of hope. Hope for the best health in all countries; hope that we all, individually and collectively, will some day have easy access to quality care.

Kassem Kassak

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**Call for papers on Maternal and Child Health**

The *Bulletin of the World Health Organization* is seeking Research and Policy and Practice papers dealing with maternal and child health for a projected issue on this topic to be published in the first half of 2005. We are particularly interested in papers that deal with the following topics: why it is important to invest in the health of women and children; how care for women and children has been affected by global policy change; assessment of the public health challenge; how to meet the needs for effective care of women and children; human resources aspects of maternal and child health; economic aspects of maternal and child health; and countries’ responsibilities towards the health of mothers and children. We will also consider relevant submissions on this topic to the other sections of the *Bulletin: Perspectives, Round Tables, and Public Health Reviews*. Manuscripts should be submitted to http://submit.bwho.org by 1 December 2004, respecting the Guidelines for Contributors, and accompanied with a cover letter mentioning this call for papers.

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