individual leader profiles; not only of health ministers, but of all health officials and leaders. Our experience is saturated by negative examples of notorious personalities—even some of democratic and well educated backgrounds—that once inserted in that power structure end up being more “holier than the Pope”, and end up using an alternative progressive lexicon, supposedly counter-hegemonic, to disguise their truly neoliberal misdoings.

S K Kapoor

The ideal minister of health

Background and outlook matters, not necessarily medical qualifications

Ideals exist only in fiction but shape our thinking. Over the years, only a few health ministers in India have managed to leave a lasting impression. In my personal opinion, the two best were Rajkumari Amrit Kaur and Karan Singh. Both had a royal lineage and were steeped in Indian values and part of the freedom struggle. While Rajkumari provided the initial impetus and dynamism to the ministry immediately after independence, Dr Singh came at a time when health was declining in importance in the government. Both of them were philosophical (Dr Singh has a doctorate) and had a very broad vision and looked at health in its entirety. India also had doctors as the health minister, though they did not do as well. Our experience has been that doctors as health ministers tend to have a narrow interpretation of health and look more into curative aspects than public health aspects. While in general, it is believed and is probably true that, women have more empathy for this kind of work, our experience is that this empathy does not get translated into any concrete action at policy or implementation level. Having a real grass root experience, preferably with a rural background, has its advantages. This gives you a sense of equity and a real close look at the problems that you are trying to solve. However, you should be careful that, while you get a ringside view of the things, we need a bird’s eye view for policy matters so that we get the right perspective.

In India, the health ministry currently gets a very low priority. On many occasions there is not a full fledged cabinet minister but only a minister of state. Partly the reason for this is that health is in a concurrent list, which means that state governments have an equal part to play. Many states are larger than most countries in the world in terms of population. In states, the priority for health is even less important. In this era of decentralisation and restructuring, there was even a thought as to whether a health ministry is needed at all at the central level. Only the fact that many of the disease control programmes are centrally funded and the state governments are not inclined to pick up the bills, has ensured its continuation. Undoubtedly there is a need to bring health into the centre of focus. We therefore need people who have a high public profile and are media savvy. However, it is also true that such a high profile politician is unlikely to be happy with the health ministry and might consider it as a “let down”. Unlike in the past, we now have young urban, sophisticated professionals entering politics. This augurs well for politics in general but whether this will usher professionalism in the health ministry is to be seen.

In conclusion, there is no doubt that we need to clean the Augean stables of the health ministry. There is nothing like a woman, preferably a dominating one (a la Brundtland perhaps!) to wield a broomstick for cleaning the corridors of the health ministry. We need to jolt the bureaucrats and technocrats of the health ministry into action.

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Japan is now in transition to fundamental reform of its administration system. It is moving a large, rigid government bureaucracy to a system that favours deregulation, transparency, and smaller government. In this context, the work of Japan’s ministry of health is expected to change from a vertical approach to a comprehensive one that can act promptly and incorporate intersectoral collaboration. However, this change has not been progressing quickly enough.

Japan’s rigid bureaucratic system led health development through the entire country in the past through vaccination programmes, school health programmes, a public health insurance system, and so

T Takano

The ideal minister of health

Should be an outsider

The ideal minister of health needs to be a vigorous political or social leader, above all. The minister needs to be someone who knows political realities and can push their health policies forward. The minister should selflessly devote themselves to serving the public. This person needs to be a visionary, a strategic thinker, a master of organisational skill, and a skillful communicator to the general public and with ministry of health bureaucrats.

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