

Book Reviews

NATIONAL DECISION-MAKING FOR PRIMARY HEALTH CARE: A STUDY BY THE UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

Geneva, World Health Organization, 1981. 69 pages. Sw. Fr. 12.

This report is concerned with the promotion of primary health care. It is concerned with the implementation of the primary health care approach since the approach demands radical changes in the organization of existing health care systems and in other health-related sectors. In order to find out how countries were putting into practice the principles of primary health care, the UNICEF/WHO Joint Committee on Health Policy undertook a study in seven countries that had committed themselves politically to adoption of the primary health care approach, namely: Burma, Costa Rica, Democratic Yemen, Finland, Mali, Mozambique and Papua New Guinea, the study being carried out by national teams supported by UNICEF and WHO.

On the basis of the seven country reports, the Joint Committee on Health Policy has produced a summary report, which attempts to identify the principal themes common to all the reports. The analysis of the themes is illustrated mainly by the case studies of participating countries, but situations elsewhere in the world have also been drawn upon to broaden the scope. The report first traces the historical evolution of the PHC approach in the seven countries, stressing that it represented a response to a situation in which there was mismatching between the allocation of resources and health needs. It identifies four interacting factors involved in the decision to adopt the PHC approach: internal political commitment; external influences (bilateral and multilateral); nongovernment initiatives; and health sector and government planning processes. Some of these factors are dealt with in detail.

The report also looks at community involvement as an essential principle of the PHC approach and examines how decisions on PHC are turning out in practice. Decisions on resource allocation are seen as playing a dominant role in ensuring the successful implementation of the approach. The coordination of health and development planning is often inadequate, with most of the resources still going to a small part of the population only. What progress there is in PHC often seems to be along the lines followed in the conventional basic health services approach, although "sometimes extended in a cheaper version in the form of village-based health workers"; intersectoral health-related activities are frequently rudimentary; and even vertical single-disease programmes are not yet integrated with PHC in practice.

The last chapter of the report concludes with a number of recommendations for future action by UNICEF and WHO to assist Member States in implementing the PHC approach. However, what is obvious is that the basic ingredient of success is a political will to re-orient the existing health care system to ensure that primary health care becomes the basis of "Health for all by the year 2000".

PAUL C. Y. CHEN

ON BEING IN CHARGE: A GUIDE FOR MIDDLE-LEVEL MANAGEMENT IN PRIMARY HEALTH CARE

Geneva, World Health Organization, 1980. 366 pages. Sw. Fr. 12.

This guide has been conceived and written as part of the efforts of the World Health Organization to help its Member States to reach the social target of "Health for all by the year 2000". At the Alma-Ata International Conference on Primary Health Care, it was declared that primary health care is the key to the attainment by all peoples of the world by the year 2000 of a level of health that

will permit them to lead a socially and economically productive life.

Experience with health auxiliaries and village health workers has shown that their success in primary health care depends critically upon the support and supervision they receive from middle-level management.

This guide, as mentioned by the authors, is not a textbook. It is meant to be used and applied to solve management problems as they arise.

To quote the authors:

"It may happen, as one is about to dispense a pain-reliever, that it is found to be out of stock. The problem is presumably how to replenish stocks in time. The chapter on this topic in 'Managing drugs' and the related exercises should help in dealing with the problem.

If, in studying that chapter the problem is found to be a different one, e.g., lack of administrative authority to purchase drugs, the health worker will need to study that aspect as well before raising the issue with the supervisor".

The guide itself is divided into four parts. Part I examines the question "What is management?". Part II critically reviews the problems associated with "working with people or the health-team approach", while Part III examines the management of resources (equipment, drugs, money, time, space and paper-work). Finally, Part IV looks at the problems associated with "managing primary health care services" namely, the planning, implementation and evaluation of health activities.

This guide can be of considerable value to the motivated middle-level manager of which Malaysia has many at the health centre and *linik desa* level.

PAUL C. Y. CHEN

SCHAEFER, M. (1981) INTERSECTORAL COORDINATION AND HEALTH IN ENVIRONMENTAL MANAGEMENT: AN EXAMINATION OF NATIONAL EXPERIENCE

Geneva, World Health Organization (Public Health Papers, No. 74), 121 pp. Price: Sw. fr. 9.

In most countries, control of the environment is usually, by necessity, a multi-departmental

responsibility. This division of responsibility among different government agencies has frequently produced difficulties of coordination in the planning and implementation of environmental health programmes. Increasing concern with these difficulties faced by many member states of the World Health Organization in their efforts to curb the growing environmental problems led to the commission of the present study in 1977, the findings of which are published in this book. Essentially, the study sought to determine how countries have managed to coordinate the many intersectoral agencies involved in environmental control, and what can be learned from these countries' experience that may help in future decisions.

A total of 21 countries in various stages of development was involved in the study. The collection of data in semi-structured form was carried out by rapporteurs, who were required to describe existing coordinative mechanisms in their respective countries and to compare the existing situations with a generic "model". They were also asked to explain the underlying factors in the national situations which were responsible for the strengths and weaknesses in the coordinative mechanisms. The factors identified included the basic political and economic characteristics of the country, the underlying national policy concerning environmental control, the structural features of the coordinating mechanisms themselves, process factors such as adequate management systems and level of technical involvement in policy-making, and the availability of resources.

Based on this analysis, conclusions were made by the author concerning the requirements and further steps that would be necessary for intersectoral coordination. Details of the national situations in each of the 21 countries are also given in the annex.

This World Health Organization publication is indeed a timely document which will focus the attention of national environmental policy-makers on the need and strategies for promoting intersectoral coordination, as well as stimulating research in this field.

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