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## Book reviews

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*Sustaining Primary Health Care*. Anne LaFond. Pp. 218. London: Save The Children Fund, 1995. £13.95.

The 1980s and 1990s were characterized by economic recession, political change and structural adjustment programmes in all the poorest developing countries. These factors led to drastically reduced public health sector budgets, constraining the primary health care systems which were built up during the relatively expansive 1970s. As a result, poor developing countries increasingly looked to external aid to help them fund their health systems. Today a large percentage of public health expenditure comes from donor agencies: more than 60% in Uganda, and between 30 and 40% in Nepal.

No wonder then, that donors have been asking 'Is aid to developing countries hitting the spot?' [1]. However, it is easier to pose the question than it is to know precisely what to measure in order to provide an answer. While this book does not set out to do either directly, it does provide a background against which to consider the complexities of investments in health (from external or domestic sources) and how to assess such investments.

For example, a favourite measure of effectiveness of aid is the concept of sustainability: usually applied to particular aid projects, aid is considered to have been effective where the project continues once external resources are withdrawn. This is a rather narrow view of sustainability, and precludes assessment of aid which is programme rather than project oriented. LaFond uses a broader definition in this book. Sustainability is perceived as 'the capacity of the health system to function effectively over time with minimum external input.' LaFond thus approaches the discussion of sustainability by looking at the process of health system development, and asking 'what are the factors that determine the shape and direction of that process as well as the outcome?'. By doing this, she shifts the focus away from donor agencies' concerns about the effectiveness of aid, and towards governments' concerns with meeting national health needs. She also accepts that for many of the poorest developing countries external resources will be needed for a long time, and that it is unrealistic to expect that they can be withdrawn completely even in the medium term.

The central focus of this book then, is the role and effect of aid in the health sector in resource poor, developing countries. Its central value lies in its analytical approach, which demonstrates that many complex factors have to be taken into account in order to understand, let alone to prescribe, the role of aid in sustaining primary health systems. It is extremely rare to find a book written about the

health sector which takes into account the policy environment in which decisions are made and implemented, and the interactions between the different actors in influencing those decisions. Drawing on five country case studies (Uganda, Ghana, Nepal, Pakistan, Vietnam), LaFond examines the opportunities and obstacles which result from the sorts of investments governments and donors put into the health sector.

Chapter 1 starts with a thoughtful discussion of the concept of sustainability, and how it is seen through different lenses. The next chapter heading is candid in its assumptions: entitled 'contextual hostility', it analyses how poor economic conditions, the international aid system and domestic political scene interact to provide the backdrop against which health policymaking occurs. The figures are stark. The cost of immunizing a child against the six childhood diseases is estimated at \$15. In Nepal, government expenditure (excluding aid) on the health sector is \$1 per capita. Nepal simply does not have sufficient resources to fully immunize all its children. For donors, immunization programmes are attractive because they provide measurable outputs, and make an impact on children's health. For the Nepalese Ministry of Health, there are many demands on insufficient resources.

The third chapter focuses on the actors – the stakeholders – and how they influence decisions about investment in the health sector. Here the tensions between ministries of health and donor agencies become manifest. LaFond shows how financial insecurity affects every aspect of policymaking and priority setting – and leads Ministries of Health to take three main investment strategies: maximizing resource flows into the health system at any cost (for example, accepting external aid for projects that are not priorities); taking low-risk investments – not upsetting the status quo; and following the lead of powerful stakeholders (whether they be important donors or an elite group of doctors). While donors are much less affected by political and financial insecurity than are Ministries of Health, they also experience budget pressures, which leads donors to adopt specific strategies in giving aid (for example, designing programmes for countries but not involving them in the process; biasing aid towards capital projects).

The final chapter links investment practice and sustainability, analysing some of the contradictions between the two, and ending by considering strategies to improve the quality of investment and to secure sustainability in the health sector. Given the foregoing analysis which demonstrates just how complex and difficult it is to change policy environments, this is a reflective and useful chapter, which

should be read by policymakers in governments and donor agencies everywhere.

LaFond has written an accessible and interesting book, which looks deceptively simple, but only because its careful analysis is peppered throughout with insightful examples from the case studies which form the backbone of the book. Anyone concerned about the relationship between aid and effectiveness should read this book, just to understand the complexities of the policy environment within which decisions about health are being made.

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#### REFERENCE

Garner P. Is aid to developing countries hitting the spot? *BMJ* 1995; **311**: 72–3.

*Malaria (Ballière's Clinical Infectious Diseases)*. Ed. G. Pasvol. Pp. 408. London: Ballière Tindall, 1995. £30. ISBN 0 7020 1983 6.

One sometimes wonders what drives a group of international experts to come together and devote their time and effort to produce a collection of state of the art chapters, beautifully written and heavily referenced. Is it sympathy for the editor, or flattery from the publishers that moves them, or is there really an audience that they are driven to reach? Little books of this sort are so crammed with facts, that they risk being put on the shelf and left to be read another day.

A sound knowledge of epidemiology, pathogenesis, malarial biology and clinical immunology would seem to be an essential basis for handling clinical malaria. Yet it is surprising how little the explosion of knowledge in these fields has yet led to practical change. One wonders how much nearer molecular biology has really brought the grail of a malarial vaccine. These chapters remind us how much research is needed for small and unpredictable steps of practical progress.

The working clinician will appreciate the full account of the complications of malaria and the discussion of the contentious issues in management of severe malaria. The recent refinements of the use of quinine and chloroquine are backed up by detailed discussion of the underlying pharmacokinetics and the rationale of the controversial loading dose. There is a succinct account of the use of artemisinin derivatives and the problems of their development and availability. New diagnostic techniques are briefly discussed. The account of chemoprophylaxis includes the less commonly used drugs.

Slowly information is beginning to emerge on important questions like variation in the genetics of parasite and host that underly susceptibility to malaria. The central mystery of cerebral malaria however remains, as does that tantalising question of how best to use the newer drugs to reduce its mortality.

This fine work is for the specialist in Infectious Diseases and Tropical Medicine. Yet there is something of value and

interest to everyone interested in infectious diseases, especially to the clinician who can look beyond the bedside.

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*Infectious Diseases in an Age of Change*. Ed. Bernard Roizman. Oxford: National Academy Press, 1995. £36.95 (hardback). ISBN 0 309 95136 3.

Infection is a condition of life for all but the smallest organisms. Microorganisms, as parasites, make their living (feeding and breeding) by wresting nutrients from their host. Often the parasitism is of mutual benefit; symbiotic. Often it is selfish, but benign. Sometimes it causes disease; the parasite is then a pathogen.

The world of parasitism is hugely diverse and, because of the ultra-short generation time of parasites and their microfaunal vectors, genetically restless. What microorganisms lack in size and muscle they make up for with rapid-response opportunism. So it should be no surprise that the accelerating changes in modern human ecology – population size, urban density, food and water handling, migration, travel, trade, sexual behaviour, blood contact (transfusions, surgery, dialysis, intravenous drug usage), and use of antibiotic therapy – have resulted in a global proliferation of new and resurgent infectious diseases.

Yet we have been surprised: HIV, Lyme Disease, new strains of cholera and multi-drug resistant tuberculosis, rapid increases in food poisoning, resurgent diphtheria, Ebola virus, and many more. We thought the age-old battle with infectious diseases had, in developed countries, been won. This book, *Infectious Diseases in an Age of Change*, makes clear that although we have understood much of the microbiology for a hundred years, we must now learn to understand the complex ecology of infectious disease.

The 15 chapters, the updated proceedings of a 1993 U.S. National Academy of Science conference, provide mostly clear and authoritative accounts of the major infectious disease categories. The chapter authors are prominent American scientists, and hence the orientation of the book is a little towards the U.S. and other Western countries. There are chapters on the resurgence of Lyme Disease (with its complex spirochaete–mouse–tick–deer–human ecology) in temperate northern hemisphere regions, and on cytomegalovirus as a hazard of middle-class child day care. Much of the book, though, is of worldwide relevance.

Two chapters deal with the world's dominant duo of vector-borne diseases: dengue and malaria, both rife and spreading in Southeast Asia, Sub-Saharan Africa, and Central America. They account annually for 100 million and 300 million new cases, respectively. The rise of dengue, from a localized episodic Asian and Central American problem, illustrates well the genetic and geographic lability of vector and virus. Dengue spread rapidly in Asia immediately after World War II, aided by troop movements, rapid urban growth, and increased human travel. The *Aedes aegypti* mosquito adapted quickly to urban life, with its