

The third ten years of the World Health Organization: 1968–1977

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Important institutions deserve a historical record and at the same time have the obligation to provide their constituents with an account of their purpose and achievements. The World Health Organization (WHO) is such an institution and it has recently published a record of its third decade, reviewing its activities from 1968 to 1977.

Based almost entirely on WHO publications, this is an invaluable summary of what happened within the Organization during those years. This book provides brief notes on the contemporary activities of all the departments, programmes, World Health Assembly decisions, Executive Board meetings, Expert Committee discussions and other matters concerning the Organization and world health. It helps the reader see rapidly what was happening then and saves him or her from consulting the mountain of *Official Records*, a search that could still be done easily as all the recorded facts are fully referenced. Being a “record of records”, as the author states, this book is a digest that provides researchers, staff and health ministries with a handy information tool about WHO, in particular about its third decade.

But this facility also constitutes its relative weakness. In its care to summarize the records, there is no attempt for analysis nor a search for trends, interrelationships or interactions. This obviously was a deliberate decision, as it is stated that “the advantages of hindsight have been firmly resisted” and “no effort has been made to look forward in time to assess successes or failures”. This singular approach to history is a marked departure from the original idea of the 10-yearly volumes. In the first issue (1948–1958), the then Director-General noted that “... an effort has been made not only to review the history of these past ten years but also to place the events of that period against the background of previous achievements,

and to indicate the broad lines along which future activities could develop”. The present volume’s limitation to a “record of records” does provide the bones and material for a history but does not write the history of this now historically mature sexagenarian Organization.

The 14 chapters of the book touch upon the entire field of WHO’s work, some more extensively than others. The highlights of the decade are well recorded and the initial steps for smallpox eradication rightly receive special mention. Perhaps the best rendition is in the epilogue, which gives an excellent account of Alma-Ata: the international conference on primary health care that, paradoxically, falls outside the decade in question. It provides inspiration and sufficient analyses to make one year for more and to make it worth owning the book. ■

review by S William A Gunn^a

Choked pipes: reforming Pakistan’s mixed health system

Sania Nishtar
Publisher: Oxford University Press, 2010; ISBN-13: 978-0195479690; 336 pages; 750 Pakistani rupees.

Choked pipes presents an in-depth case study of Pakistan’s health system, identifying systemic bottlenecks and proposing areas for reforms. It serves two main purposes: (i) it contributes to the as-yet-limited evidence base on comparative organization and functioning of health systems in low- and middle-income countries; and (ii) it provides a systems analysis linked to a multi-dimensional reform agenda.

The book refocuses attention on health systems as the lynch-pin that shapes progress on health indicators. As current development dialogue centres on the achievement of Millennium Development Goals and poverty reduction targets, this book provides a timely spotlight on the investment needed to develop effective, transparent and pro-poor health systems.

The book opens by outlining the “mixed” public and private sector configu-

ration of Pakistan’s health-care system. It explains this design by the colonial origin of the public sector and unharnessed growth of the private sector. The main body of the book then provides a detailed description of the health system and its operational realities. Discussion is structured around World Health Organization domains of health policy, governance, financing, service delivery, human resource, medicine and technology, and health information systems. The most critical problem is institutional decay due to rigid bureaucracies, staff malpractice and low government priority social sector reform. This blunts the public system’s performance and limits its ability for “out-of-the-box” responses for creatively dealing with the growing private sector and responding to intra-sectoral issues. The last chapters are the analytical ones providing a framework for reform. This perspective is refreshingly based on a wider interpretation of health as a broad social policy vision and a universal right rather than the more commonly applied interpretation of health as a commodity.

The book is well articulated and candidly sets out issues constraining health system outcomes. Although drawn from the Pakistani setting, this book will be relevant to other low- and middle-income countries. It could have further benefited from the use of primary research and case studies to illustrate some of the key discussion points and to delve into reasons for failure of projects for health systems improvement.

Nishtar’s book has something to offer for both the local and global audience. To the local audience, it argues for a radical overhaul of Pakistan’s poorly performing health systems – hence the analogy to “choked pipes” – and charts a pathway for reform. Of relevance to the global audience is the analytical linking of health systems improvements to pro-poor macro-economic reforms, institutional re-engineering and adequate resourcing of the public sector, strategic use of technology and creative harnessing of the private sector. ■

review by Shehla Zaidi^b

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