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## ***Book Reviews***

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### ***Public Service Reforms and their Impact on Health Sector Personnel***

This book presents the background and the main results of a Round Table including six country studies, which was held in Berlin during 13 - 15 October 1999. The six country studies are Cameroon, Colombia, Jordan, Philippines, Poland and Uganda. The Round Table was jointly organised by the International Labour Organization (ILO), the World Health Organization (WHO) and the German Foundation for International Development (DSE). The objective was to exchange experiences and dialogue on the reforms process and their impact on health sector personnel. The outcome was expected to support more effective planning and implementation of further reforms. Each country study illustrates the scope of public service reform in the country, its impact on health sector employment and working conditions and lessons learned. Finally, comparison and transferability of reform experiences were drawn.

This Round Table ended up with a very concrete, and operational set of critical questions. This book is extremely beneficial for international consultants and national policy makers in designing, introducing, implementing and evaluating public service and health sector reforms taking into account human resource development policies.

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## **The World Health Report, 2000 Health System: Improving Performance**

The World Health Report (WHR) is published annually by the World Health Organization. In the past years, the report usually illustrated the overall health situation and factors affecting health in the member countries.

This WHR 2000 breaks new ground in presenting an index of health system performance. The index was developed based on three fundamental goals, i.e., improving the level and distribution of health, enhancing the responsiveness of the system to the legitimate expectations of the population, and assuming fair financial contributions. It is one of the most praised and criticised WHR ever published.

The specific measurements include:

1. Attainment of goals

1.1 Health Status

(1) Level as measured by Disability Adjusted Life Expectancy - DALE

(2) Distribution as measured by the distribution of child survival

1.2 Responsiveness: level and distribution

1.3 Fairness in Financial contribution

2. Health system performance through measurement of goals attainment against health expense.

2.1 Index on performance on level of health (DALE)

2.2 Index on overall health system performance (including 1.1, 1.2 and 1.3)

This report is a very good reference for health planners, health policy makers, and students. Member countries can further modify and adapt the index for measuring the health system performance of each state or province, particularly with the situation of decentralization.

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*World Health Report*

*World Health Organization*

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*Fax: (41-22) 791 4870, Email: whr@who.int*

*Copies of this publication can be ordered from: bookorder@who.int*

*Price: Sw.fr. 15-*

*Price in developing countries: Sw.fr.10.50*

***Issues in Health Services Delivery. Discussion Paper No.1: Improving provider skills******Strategies for Assisting Health Workers to Modify and Improve Skills: Developing Quality Health Care - a Process of Change***

The World Health Organization (WHO), Geneva, published this paper for health care personnel and managers who are interested in improving the quality of health care system by fostering change in the process of care and in the performance of practitioners. It is also hoped that this paper can help in conceptualizing how to promote change and how to overcome barriers to positive change.

The book is divided into 4 sections i.e.,

- 1) An overview of how quality health care may be developed;
- 2) Promoting behaviour change to improve quality of practice: a conceptual model;
- 3) Strategies for promoting behaviour change; and,
- 4) Creating an environment that supports health care quality: strategies for managers.

The first section provides an overview of how quality health care may be developed and describes strategies for improving the performance of health care workers.

The second section describes the stages involved in behaviour change and the kinds of strategies that assist people in changing.

The third section focuses on strategies used to assist health care practitioners in changing their behaviour. Strategies aimed at individual workers are described and the evidence for their effectiveness is reviewed.

The final section outlines ways that middle managers can provide leadership in the quality development process and promote positive change in aspect of the health care system for which they have responsibility. It presents examples of how to create a climate for improved health care quality that predisposes workers to think about changing. It suggests involving them as key stakeholders in thinking through and developing opportunities for quality improvement. It describes the steps in planning and implementing change to improve the quality of health care. It highlights the need for partners in developing and supporting change, notably the effected health care practitioners, education and training institutions, professional associations and other key stakeholders. The need to monitor and evaluate the change is stressed. The factors that increase the complexity of changes are described, and finally, the role of the manager as an agent and champion of change is outlined.

*Christel A. Woodward*

*Published by: Evidence and Information for Policy*

*Department of Health Services Delivery*

*World Health Organization, Geneva, 2000*

*Original: English, 54 pp.*

*Code: WHO/EIP/OSD/00.1*

**Issues in Health Services Delivery. Discussion Paper No.2.  
Human Resources for Health.  
Achieving the Right Balance: the Role of Policy-making Processes in Managing  
Human Resources for Health Problems.**

This paper is divided into 4 sections:

- 1) Country HRH problems and policies;
- 2) Context for HRH policy development;
- 3) HRH policy-making processes; and,
- 4) Assessment of HRH policy implementation and impacts.

The study's major findings are:

1. In general, in response to similar HRH problems, similar strategies are being pursued. Strategies to redress distribution and management problems often reflect ideas that were popular at the time they were adopted, while education and training strategies are more consistent across time;
2. Country case studies show that the contents of nearly all the HRH strategies of the 18 countries studied have been adapted to reflect the unique political and economic context, government administrative policies, and national health policies or health reform strategies of each country;
3. The HRH policy formulation analytic framework suggests that, in addition to the content, aspects of the process are critical to adoption and implementation to HRH policies;
4. Indicators of progress vary widely across countries, making it difficult to accurately compare relative progress. Thus, only a rough measurement tool could be devised to assess each country's progress in ameliorating the key HRH problems identified by each country;
5. Country experiences in trying to apply the WHO framework, though it is somewhat complex, demonstrate that it can be a useful tool for improving HRH policy formulation. To be more effective in solving human resource problems, some specific lessons can be drawn from country experiences and from the study analysis on the keys to effective HRH policy development and implementation. The political context determine the feasibility of various HRH strategies and the potential to implement them;
6. Continuous data collection is important for several purposes i.e., determine policy and plan, monitoring and evaluation etc.;
7. In countries that depend heavily on external aid, HRH policies may be driven by donor agencies and consultants. But, if HRH policy directions and strategies do not reflect the views of those in the country, it will be very difficult to stick to priorities and fulfill objectives;
8. Ownership, in turn, appears to require a critical mass of supporters for HRH policies and strategies within and throughout each country; and,
9. The last key to effective HRH policy development and implementation is highly skilled, dynamic, and committed HRH leaders.

This paper is very beneficial for HRH experts, researchers as well as managers.

*Dominique Egger, Debra Lipson and Orvill Adams*

*Published by: Evidence and Information for Policy*

*Department of Health Services Delivery*

*World Health Organization, Geneva, 2000*

*Original: English, 53 pp.*

*Code: WHO/EIP/OSD/00.2*

***Issues in Health Services Delivery. Discussion Paper No.3.  
Skill Mix in the Health Workforce.  
Determining Skill mix in the Health Workforce:  
Guidelines for Managers and Health Professionals.***

This book examines the context in which decision on skill mix are made, drawing from country case studies, and provides practical guidelines for health professionals and managers.

It is intended as a support tool for managers and health professional who might be interested or involved in skill mix. There are 3 sections i.e.,

Section1 presents the general lessons from published research on skill mix in theory.

Section2 focuses on skill mix in context which highlights the importance of the organizational and system context when assessing which, if any, approaches to skill mix may be appropriated for specific requirements.

Section 3 provides guidelines on skill mix in practice. It will help decision-makers determine which approach(es) to skill mix can or should be implemented.

*James Buchan, Jane Ball and Fiona O'May*

*Published by: Evidence and Information for Policy*

*Department of Health Services Delivery*

*World Health Organization, Geneva, 2000*

*Original: English, 30 pp.*

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## **Articles Review**

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### ***Gender comparisons of income expectations in the USA at the beginning of medical school during the past 28 years***

This study investigates the anticipated professional income between male and female medical doctors who entered Jefferson Medical College from 1970 to 1977. The results show the significant differences between men and women on their anticipated future incomes in different time periods. The gender gap in income expectations was more pronounced for those who planned to pursue surgery than their counterparts who planned to practice family medicine or pediatrics. A unique feature of this study is that its outcomes could not be confounded by active factors such as experience, working hours, age and productivity.

*Hojat M, Gonnella JS, Erdmann JB, Rattner SL, Veloskit JJ, Glaser K, Xu G. Social Science & Medicine 2000;50:1665-1672.*

