This topic of this book is whether recent health service reforms, particularly those that have been carried out in developed countries, have their basis in international and regional community treaties and accords.

The first part of the book reviews the various declarations of principle and reports on health issues produced by WHO, ILO, UN, the Council of Europe, the European Union, the Organization of American States, the African Union, and the League of Arab States. The listing is exhaustive and provides rapid access to the source material. In addition to this classification by source organization, the documents are also classified by their degree of importance, i.e. whether or not they are binding, and whether they are foundation documents, principles, harmonization or convergence agreements.

Classifying the documents by organization has the advantage of clarity. However, it means that the reader does not have a general overview of the evolution of the concepts and principles involved, unless each agency is assumed to be totally isolated from outside influence – something that is often not far short of the truth! A more critical analysis of the subject area might have been expected.

In the second part of the book, the author analyses whether the concepts and principles built up in international accords have actually proved useful in reforming national health systems. Three sets of reforms are examined: 1) financing, organization and performance; 2) access to care and equity; and 3) coordinated care networks. She concludes that there is a sizeable gap between international agreements and health system reforms. But this is surely only what we would expect? International agreements have to espouse high-flown principles and other noble goals, while individual national frameworks handle the actual nuts and bolts of health service reform. Also, since the international agreements covered in this book are mainly rather old, whereas the health service reforms being considered are recent, it should come as no surprise that they were not anticipated when earlier agreements were being drafted. For example, it is not particularly odd that the recent contracting approach to health services was not dealt with in the original agreements that set up WHO, ILO and other agencies.

Finally, it must be stressed that the author’s inconsistent use of the term “health care regime” makes the book at times difficult to read. For example, it is sometimes applied to health systems, more especially to the organization of health services (for example, when the author addresses the concept of Health for All or the Ljubljana Charter), and at other times to aspects of social welfare protection, more specifically health insurance. The book would have been clearer had the author opted to concentrate on this latter usage. Nevertheless, even if the book is occasionally hard to follow, it is a worthwhile read since it presents an up-to-date picture of the historical background to international health agreements.

Jean Perrot

Call for papers — Bulletin theme issue on contracting in public health

The Bulletin welcomes submissions for a theme issue, scheduled for autumn 2006, on contracting in public health. This theme issue will examine some of the effects associated with this relatively new approach; for example, devolution and decentralization of health services, autonomy for public providers, health insurance schemes, and development of the health care sector. Coverage will be from the perspective of both developed and developing countries. Relevant papers for all sections of the Bulletin should be submitted online at http://submit.bwho.org before 1 April 2006.

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