
A lack of sufficient resources to provide a vast majority of the population with essential health services has been witnessed, particularly in many developing countries. Therefore, health planning has become increasingly important and imperative in an attempt to enable limited resources to be used more efficiently and effectively. Eight years ago Andrew Green published the first edition of this book, trying to offer a textbook on health planning in developing countries to those who are interested to learn how to plan the health sector. Since the publication there have been many changes in the international context which have implications for health planning. The new edition of the book tried to reflect and address some of the major changes, such as Health Sector Reform (HSR) as the policy agenda over the past decade.

The basic chapter structure remains the same as the first edition. The first half looks at a number of background issues to health planning. The first two chapters present the rationale for planning and different approaches to, and theories of, planning. Chapter 3 has been significantly expanded to include not only Primary Health Care (PHC) and HSR, but also the relationship between PHC and HSR and their implications for planning. Chapter 4 and 5 examine how a framework for health planning can be developed with a view that many organizations (i.e. the State, NGO) are involved in health care, and discuss different approaches to the financing of health care, strategies concerning increase of the available resources and their potential for, and the problems of such strategies.

The second half of the book introduces and discusses in detail each of different conceptual stages of the planning spiral illustrated in Chapter 2. Chapter 6 looks at the needs for information and the planning information that helps to provide appropriate information. Chapter 7 and 8 discuss the first two steps in the planning process: situational analysis and priority setting. Chapter 9 looks at cost concepts and different techniques of costing and Chapter 10 introduces approaches to option appraisal and evaluation. The following two chapters discuss, respectively, resource allocation process and budgeting, and the common causes of poor implementation and how they can be improved. The book allocates one entire chapter (Chapter 13) to illustrate different approaches to human resource planning, one of the most important issues in planning the health sector. The final chapter brings together the various elements of the planning spiral.

While it keeps many useful and up-dated information on reference and suggested introductory reading, as well as short exercises at the end of each chapter, the second edition of the book provides a list of websites providing information of interest to the readers at the end of the first chapter. In addition, many boxes and figures have been revised and are now better presented and self-explained.


Medical practice is moving steadily from a cultural tradition based essentially on priestly authority to a new tradition based on sound research evidence and full accountability to the patient and the taxpayer. The academic skills of accessing, sorting, summarizing, critically evaluating, interpreting and synthesizing information are increasingly required as core competencies in the health professions. The dozens—perhaps hundreds—of books and journals on evidence-based health care published over the past 15 years have exhorted and empowered us to move from ‘doing what seems the best’ to ‘knowing what is the best’.

What, if anything, has another ‘essentials’ book on the subject to offer? I have to say I got a sinking feeling when the book (with accompanying CD ROM) landed on my doormat. The ‘PDQ’ (pretty darned quick) series, published in Canada, is marketed to students and non-experts as a set of nuts-and-bolts introductory guides to topics such as statistics, epidemiology, and now—evidence-based practice. Under that banner, the book spectacularly misses its mark. It is neither basic nor particularly accessible to the novice.

But do not be put off by this error of presentation and marketing. Ann McKibbon’s book is arguably the one the evidence-based medicine movement has been waiting for for ten years. It is a scholarly, indeed many would say the definitive, text on how to construct such strategies for approaching electronic databases such as Medline, Cinahl, and EMBASE. McKibbon’s standing as one of the world’s leading medical informaticists (along with Brian Haynes, she produced and refined the search strategies used by the international Cochrane Collaboration and offered as an ‘Advanced Search’ option on the PubMed version of Medline) is evident in her detailed exploration of the finer points of retrieving papers on therapy, prognosis, causation, and so on. The accompanying CD ROM provides these complex search strings as a searchable resource—and this alone makes the book a worthwhile investment for anyone who wishes to go beyond the basics in approaching the medical literature.

The tiny font size, dense blocks of texts and illustrations that are largely limited to boxed lists of MeSH headings make this important book an extremely hard read. McKibbon has done an excellent job on the content. My advice to the publisher is to drop the ‘PDQ’ flag, season liberally with pictures and white space, and repackage this text as an authoritative reference book for the aspiring systematic reviewer.

TRISH GREENHALGH

Multivariable Analysis. A Practical Guide for Clinicians

This book is designed to correct the absence of an easy to read text on ‘multivariable analysis’, by which the author means techniques that use multiple variables to predict a single outcome. It succeeds in this respect, and I would recommend it...