
International health is undergoing fundamental change as it becomes more complex, fragmented and problematic. Many actors crowd the stage and compete for leadership. Their mandates often overlap or collide. As a result, some fundamental issues look increasingly blurred, making experts less assertive. Fashions change, following a rapid turnover. Emerging diseases, new needs and expectations shake the confidence of many practitioners. The technical edge traditionally retained by medical professionals is challenged by colleagues with expertise in other fields. The effectiveness of some interventions is criticized. Evidence against once popular strategies accumulates. No easy reductionism is now at hand when dealing with crucial health issues. There is an emerging consensus that complex problems need articulate answers. This increasing sophistication of thinking about international health is in some ways welcome, and long overdue. It is hoped that crucial issues will be tackled within broader perspectives, with the growing awareness that even effective solutions may have attached negative side-effects, which need to be understood and anticipated.

Important agencies are reconsidering their approaches. Proponents of simple (or simplistic) strategies are reassessing them. The changing international climate has had a powerful influence on the global debate. Funding for international assistance is decreasing and institutional actors feel the pressure and reassess their positions against budget reductions and increasing competition. Even agencies known for their single-mindedness in pursuing specific approaches, such as family planning or selective PHC, are now becoming more prudent and open to discussion (if not yet to criticism).

Given the overall picture, this book is a very valuable contribution to the clarification of a number of issues. It reviews a large amount of published literature, often making strong cases against or in favour of certain positions. In the discussion the authors are explicit about their conceptual stance. In their own words: ‘Three principles – social justice, equality and respect for human dignity – have influenced our views and formed the starting point of our analysis in this book.’ The authors’ position has not distorted their analysis, which is evidence-based whenever possible, and balanced. And when the argument is value-based, this is frankly stated as such. The book is the result of a study commissioned by the Finnish Government, and published in 1996 under the title International Organizations and Health Policies. It has been updated and expanded for a larger audience. Some international agencies are studied in detail – the World Health Organization, World Bank, UNICEF, UNDP and UNFPA – following a common format: a) organization, b) finances, c) accountability, d) policy, e) concerns and constraints, and f) challenges and future prospects. These agencies are examined in depth, exploring their role and position in the international health arena, as well as their evolution over time. The reader (as well as the prospective applicant for a post in one of the agencies) finds the information necessary to get an adequate picture of the agency under scrutiny. The chapters about the World Bank and UNICEF are particularly strong and illuminating.

The second part of the book deals with major issues attracting considerable international attention, namely a) health for all and primary health care strategies, b) health care reforms, c) drugs policies, and d) population policies and reproductive health. Here too, the review is comprehensive and informative. The analysis of the position chosen by major agencies in relation to each issue is particularly useful. A wealth of information, critically appraised by the authors, is therefore brought together in a single book, which will be helpful to scholars and practitioners based in donor and recipient countries.

The least satisfactory chapter is the seventh: ‘Other Actors in International Health’. In less than 30 pages,
a host of organizations, such as other UN agencies, the International Monetary Fund, the World Trade Organization, regional development banks, the OECD, the European Union and non-governmental organizations are briefly reviewed. Key bilateral agencies deserve a closer look and should be dealt with at length. They are crucial not only in influencing policymaking and implementing large programmes at country level, but also, as major donors to multilateral agencies, in influencing their policies. Bilateral agencies are only occasionally mentioned throughout the book, and it is difficult to have a complete and exhaustive picture of international health without considering major players, such as USAID or the Nordic countries, or for instance Britain and France in their former colonies. In addition, the rise of the European Union as one of the richest donors deserves a detailed discussion. Indeed, it is curious that the brief of the Finnish Government, which originated the study, did not include the role and performance of fellow bilateral agencies. A tentative explanation of this bias in favour of UN agencies might be that the existing literature about neglected organizations is less abundant. If this is the case, better knowledge of these actors is even more necessary.

Another limitation of the book is the point of view from which agencies and policies are studied. The main sources utilized to portray agencies and discuss policies are official documents, the reciprocal perceptions of high-level officials and the work of scholars. The missing component is how such agencies and policies are perceived at the level of recipient countries. The image of a given agency that prevails in Geneva or Washington is not always the same at country level. For instance, recipient officials interact more frequently with WHO through special programmes, rather than with the organization as a whole. The country-level image of WHO may therefore diverge significantly from what is retained at international level. Agencies in specific countries may take positions diverging from headquarters’ instructions. This ability to adapt to local contexts is critical to their success or failure, and should be further explored.

Nevertheless, the book is a useful map for a tour of the field. Even if the picture is incomplete, the reader will feel at an advantage once having read it. The book deserves wide circulation, particularly among politicians and diplomats, who have to take difficult decisions in a field which is not theirs, within serious time constraints that limit their ability to explore critical issues further. It is hoped that success will stimulate the authors to expand the book’s scope in a new edition, and make it ultimately comprehensive.

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Whenever I find a new book on AIDS, I look forward to reading it but, no matter how good the book is, I am usually disappointed since the book usually discusses a situation in Europe, the USA or Africa. AIDS in Asia has many unique features not observed in other regions. A book focusing on Asia has been long overdue. The HIV/AIDS epidemic is said to have shifted from Africa to Asia. ‘Shift’ may not be an appropriate expression as AIDS has not gone from Africa, but it is spreading much more rapidly in densely-populated areas of Asia.

Partly because of the relative newness of the Asian epidemic, the number of references on AIDS in Asia has been smaller than for Africa, except for that on Thailand. Also, many existing references have not been easily accessible to the general public. However, this book makes common sense information from those working on AIDS more accessible to people outside the field; an effort of tremendous value because AIDS is not just a health problem and cannot be fought by health professionals alone.

The book reviews what is known and has been reported, and also introduces new information collected by the author himself in the field. Since prevention works and is considered cost-effective, why is the HIV epidemic becoming more and more serious? This is a question to which the book provides several answers. It contains multi-disciplinary approaches, all of which are needed to understand what the HIV epidemic is. This angle is made possible by the fact that the author is a physician, an epidemiologist, and a public health professional who has lived, worked and travelled in Southeast Asia. But he did not write the book based solely on his academic public health skills; he wrote it from his own experi-
ence on the ground, in the field. This is what public health is really about, though. Sometimes he crossed national borders illegally and obtained information secretly. His being a gay man no doubt helped in understanding the background of the stories discussed.

The book has three parts. The first introduces issues essential for understanding AIDS in each of the seven countries studied: Thailand, Burma, Cambodia, Laos, Malaysia, Vietnam and China’s Yunnan province. The author recognizes the importance of Indonesia and the Philippines as well but feels he does not know enough about them to include them.

It would have been useful to have a map of the region in the book. Although I am relatively familiar with the region, I needed to go back to a map at times to see how the national borders are shared. Understanding the geography helps to understand the background described in the book to explain what drives AIDS.

While AIDS issues have different features and characteristics in different countries of different ideologies, politics, economics, social systems and cultural values, and must be looked at for each country separately, AIDS issues must also be looked at in the region as a whole. This is especially the case when looking at the Golden Triangle area which covers Northern Thailand, Burma, Laos, and Yunnan province, China. People migrate between these areas on almost a daily basis.

Thailand’s successful policies on AIDS are discussed; it is a pity that other neighbouring countries are not following the Thai success story and its policies. One small point, the acronym ‘R&R’ is not spelt out in the book. For those readers who are not familiar with it, R&R stands for ‘Rest and Recreation’ which the Thai and the Philppino Governments promised to provide to the US troops on the way to and from Vietnam during the war, responding to a request from the US Government.

Yunnan is where 80% of HIV cases in China have been reported. Being a part of the Golden Triangle, Yunnan plays a critical role in the HIV epidemic.

The book refers to the Japanese as consumers of the sex business. I have no objection to this, but it is something of a stereotype. From my own research experience, a Taiwanese man told me that he says he is Japanese because he gets a better ‘service’. A Korean man explained to me that he tells prostitutes he is Japanese, arguing that why should he have to tell his nationality honestly when he was doing an immoral thing of buying a woman. This is not a matter of nationality. This is what happens when one has money and others do not. Along with the socioeconomic changes in other Asian countries, their travel opportunities increase.

The second part of the book discusses issues relating to specific groups/behaviours at risk, such as women and contraception, prostitution, the military (not only Asians but also US), the heroin trade, gay sex workers, prisoners, and the work of local activities. This part refers not only to the seven countries but also to India, which is known to be severely hit by the HIV epidemic. The book repeatedly introduces ‘Asian traditional values’, ‘Confucianism’, and ‘Islamic norms’, which are used as an excuse by authorities not to follow the prevention policies of Western countries or Thailand, and which mask the realities of what is going on in these societies. I agree that we must bring attention to this so that the populations in these societies are not excluded from the outreach of the prevention programmes. However, I feel that this would be balanced if this book also covered the Philippines where Catholicism has been an obstacle in the same way. It has prevented promotion of the usage of condoms as this is not seen as a disease prevention strategy but as birth-control. It has ignored realities of behaviour such as premarital and extra-marital sex.

The third part of the book looks at policy and culture, and emphasizes the need to consider ethics, human rights, empowerment, especially for women, as well as health effects and issues beyond just the health problems. When we discuss the disease problem as public health professionals, we tend to be academic or discuss it in terms of study. But this book reassures us with the human stories behind each case. Many cannot be separated from love, and many have learnt something about love through what has brought them to be entrapped in this problem. Gay men. Straight women. When marriage is a risk factor, how can a married woman be protected?

This book describes what sex is. What it means varies in different contexts. We cannot talk about AIDS as if it is nothing to do with love. We cannot talk about sex which is nothing to do with love. I found it was very accurate when the author used the word ‘rape’ to
describe sex in brothels. No matter if the woman is paid, no matter if she did not say ‘no’, it is a rape.

When in Phnom Penh on a World Bank mission for discussion with the Cambodian Ministry of Health in February 1996, I asked an ex-colleague to take me to the famous street behind the United Nations Transitional Authority in Cambodia (UNTAC) military base, which became notorious for the development of its sex business during the UNTAC stay. In wooden barracks and shelters, girls were selling sex just behind the dirty cloth hangings. Until I read the book, I was unaware of the conditions of violent slavery under which women in this very street were forced to work.

This book reports that 15% of the Indian soldiers who served in UNTAC came home with HIV infection. In September 1995, the World Bank hosted a seminar in Thailand with other UN agencies, inviting military doctors from the seven countries who sent soldiers to Cambodia as UN troops, as well as from the US Walter Reed Army Institute for Research. I am curious as to how successfully the policies discussed here have been followed up and implemented.

This book repeatedly addresses subtypes of HIV. These are very helpful to understand the epidemic of HIV, through the combination of molecular biology and epidemiology. As to issues related to vaccine development, I was disappointed but not surprised to read that there is no major vaccine manufacturer working on a vaccine for the subtype affecting most of the world. The main genotype throughout Asia is E, not subtype B, which is found in Europe and North America, and all the vaccine trials have involved this second type.¹ How could incentives be provided for vaccine manufacturers to develop vaccines which would not bring a fortune? What is the direction of the International AIDS Vaccine Initiative fostered by the Rockefeller Foundation?

This book also introduces the debt-cycle of prostitutes in the system. How are girls put into a situation where they never finish paying-off debt, no matter how many clients they have? Once a prostitute, they are forever a prostitute in some cultures. But in a culture like Thailand’s, the situation is rather different. There, a girl who has worked as a prostitute in a big city is accepted by her hometown when she returns. She was not stealing money. She worked and has sent money home for her family. When she returns, she gets married normally.

I am glad that this book was published as it makes essential knowledge accessible to the general population. This should have been done a long time ago. Finally I would like to say that I respect the author for writing this work as I feel he has drawn greatly from his own sad experiences.

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