

CHAPTER VII

Annotated bibliography

1. Sharma K.B., Agarwal, D. S., Arya S.C., Bullock D.G., Lewis S.M., Prakash K., and Snell J.J.S.(1994). Health Laboratory Services in Support of Primary Health Care in Developing Countries. New Delhi: WHO

Part I of this book (p. 1-39) describes about the policy and standard guidelines for improving the health laboratory services in developing countries of South East Asia. The authors have clarified the advantages and disadvantages of health laboratories that related to its structure, and suggested some management practice in relation planning, networking and linkage between the various level, and guide the principle for success full operation for health laboratory services. The book also provided the standard of test for public health relevance, clinical relevance, priority, and appropriate technologies for developing countries.

2. Carter J., (1996). Basic Laboratory Services. Nairobi, Kenya: Appropriate health Resources and Technology Action Group (AHRTAG)

This article outlines the appropriate resources for the laboratory services in developing countiers. The main concept was that the basic lab services

should be provided at the district hospital and technique should be considered according to condition of facility (electricity & water supply) and availability of resources (funding & personnel). Equipment are expensive therefore, should be carefully selected. The best approach is to first decided on what test the laboratory will do, and then choose the equipment based on advise from the laboratory professional and equipment expert rather than commercial agent or manufacturers. Choose the equipment that can be purchased easily (within the country or region) with qualified engineers services and supply of spare parts. Gift of new or used equipment from the generous donors can cause the problems so that recipients of equipment should ask for manuals spares and if possible some training on the use of the equipments they provide.

3. Walt G., (1994). Health Policy. An Introduction to Process and Power. People , governments and international agencies- who dives policy and how it is made.

This book describe about how the policy is made and the factors influencing the health policy. The influencing factors were related to the people, government and international agencies. The powerful actors normally drive the policy and the process of policy making include the implementation. The book has analyzed the government policy arenas that include political parties, legislature, executive, civil services, and showed the influence of the interest group on the government policy. In chapter 8, the authors have described

about the influencing actors on the implementation in practice, which was concerned about the international influence on the recipient countries by power without responsibility and analyzed the effect of policy on the implementation.

4. Denzin K. N. and Lincoln S.Y. (1994). *Handbook of Qualitative Research*. Chapter IV p. 361- 373.

This chapter written by Fontana A. and Frey. J. , they outlines the history of interviewing , with focus on qualitative origin that include structure, group, and various type of unstructured interviewing. The chapter addresses in detail the elements of qualitative interviewing with the problems related to the interview, interpretation and reporting.

5. Walt G., Pavignni E., Gilson L.,and Buse K. (1999). *Health Policy Unit,London School of Hygiene and Tropical Medecine UK. Health Policy and Plannig*;14 (3):207-218.

This journal synthesizes the research to explore the changing practices of aid coordination across a number of countries. It reviews the key issue giving rise to increased attention to aid coordination in health sector. The paper also describes, assesses and compares the strengths and weakness of the dominant mechanisms or instruments which were found to be employed to coordinate health sector aid in the cases studies.

6. Lanjouw S., Macrae J., and Bzwi A. (1999). Rehabilitating health services in Cambodia: the Challenge of Coordination in Chronic Political Emergency. *Health Policy and Planning*; 14(3): 229-242.

This research analyses the particular constraints to effective coordination of health sector aid in situation of post' conflict transition in Cambodia. These include the uncertain legitimacy and competence of state structure; donors choice of implementing channel, and action by national and international political actors which served to undermine coordination mechanism in order to further their respective agenda. The paper indicates the particular difficulty of establishing effective aid coordination mechanism that is important to address if the long term effectiveness of rehabilitation aid is to be enhanced.

7. World Health Organization, (1978). Financing of Health services. Report of a WHO Study Group. Technical Report Series 625.

This book illustrates the relevance of financing the health policy and the problems in financing health services in developing countries. The common problems are, lack of fund; distribution of health resources; rising health cost; lack of coordination, and ineffective in spending. The group of authors have suggested the approach to improve financing of health activities by different strategies such as the extending the existing resources of finance, developing new sources of avenue, social security approach, foreign assistant, reducing spending on the services of lower priority, increasing efficiency and so on.

8. Lafond K. A. (1995). No incentive for change : the influence of local interest in Northwest Frontier Province, Pakistan. *Health Policy and Planning*, 10 supplement: 40-48. Oxford University Press 1995.

This paper analyzes the health system stakeholders and argue that the main influencing factors to health system sustainability in Pakistan is the health system stakeholder group within and outside the government. It cause adequate and appropriate health investment of government resources. Stakeholder group including the health and planning bureaucracies, politician, creating the hostile environment for sustainability. The papers suggested that reorienting investment toward sustainability requires a broad based constituency for health system development and mechanism to balance the desires of powerful stakeholders with the developmental need of the health system. The implication for health system development strategies in low-income countries is discussed in this article.

9. Henderson, P.(1995), Donor and government Constrains to sustainability in Nepal. *Health policy and Planing* 10 supplement 10:17-27.

This journal describe the issues related to the sustainability on health in Nepal. The Issues were identified as the absolute level of resources available for health investment; coordination, centralized planning, decision making and target setting with the emphasis on projects rather than sector development. The article provides the lesson on the constraints cause by the powerful actors

in government and NGO. It was concluded that if donors wish to foster the health development, they must modify their planning approach to be more sensitive to government need and process. In addition, all sectors of government must respect established priorities and accepted and use assistance in a more rational manner.

10. Matinez J., and Matineau T. (1998). Rethinking human resources: an agenda for the millennium. *Health Policy and Planning*; 13(14):345-358. Liverpool School of Tropical Medicines, Liverpool, UK. Oxford University Press 1998.

This article analyses the human resources in the context of health sectors appraisal studies. The article reviewed the relationship between human resources and health care reform as a mean to explore the management of human resources and its involvement today. The human resources are often the greatest thread to the success of reform in many developing countries. The paper provide the knowledge on how the developing counties and the donors communities can incorporate these expanded human resources management practices into the reformed the health system.