In the twenty-first century more than half of the world’s population will live in cities. There will be many mega cities with more than 10 million inhabitants. The working and living conditions of these people will need a lot of attention in order to prevent illnesses and the outbreak of infectious diseases. In order to work on the prevention of diseases and the promotion of health, the World Health Organization started the ‘Healthy Cities Project’.

The growth of the world’s population is also threatening for the environment. The use of natural resources and energy, the pollution of water, air and soil, the extinction of many species and the loss of biodiversity are disturbing life on earth. At the end it will be threatening man himself. Therefore sustainable development is important as a prerequisite for health.

In the major conference ‘Our Cities, Our Future’, held in Madrid in 1995, the importance of both elements and their interaction was discussed. The book mainly contains contributions to this important conference.

The conference was organized by cooperation between the World Health Organization (Regional Office for Europe), the Organization for European Cooperation and Development, the European Foundation for the Improvement of Living and Working Conditions and the City of Madrid. The representation of these organizations at a high level made this conference a milestone in the discussions on sustainable development and health in cities.

The contribution to the conference and, thus, to the book of representatives of important international organizations make the book a must for all people working in the connected fields. Dr Klaus Töpfer, Chairman of the United Nations Commission on Sustainable Development; Dr Agis Tsouros, Healthy Cities Project Coordinator at WHO/EURO, Mr Ariel Alexandre, Head, Urban Affairs Division, Organization for Economic Cooperation and Development and Dr Voula Mega, Research Manager of the European Foundation for the Improvement of Living and Working Condition all made clear how threatening the situation is and how much it is needed that action be taken very quickly.

Economic development, sustainable development and respect for the environment have to be seen in balance with the healthy development of the community. That is how Trevor Hancock describes his model for the development of healthy and sustainable cities. Man cannot afford to develop its own physical and mental well-being without taking care of the environment; it will even be impossible to do so. Only in paying enough attention to all aspects of the biological and material environment will there be a possibility to also enhance human health and to create conditions for human survival.

Many concrete examples from cities illustrate how initiatives are worked out in which the balance between human health and sustainable development are kept in balance. Some start from a health point of view and work out a ‘city health plan’ in which environmental protection and sustainable development is a part (Glasgow, UK). Others start with a ‘cross-sectorial integration of environmental policy’ (Schwabach, Germany) or develop a ‘green action plan’ (Cracow, Poland). Some projects explicitly link different aspects, such as the ‘housing, energy, health and poverty plan from Sheffield, UK). The mega city approach is described in the ‘Tokyo healthy city plan’.

Further some smaller but innovative initiatives are presented, e.g. ‘the urban child project’ (Milan, Italy), ‘the re-orientation of municipal health services’ (Madrid, Spain), ‘community involvement in soil pollution’ (Rotterdam, The Netherlands), etc.

The book concludes with a thorough description of the work different international organizations do in these fields. It will help workers in cities to find out what organization they might contact for specific information or when looking for examples elsewhere.

The inspiration and motivation that was generated in Madrid is not only distributed with this book. It is possible to find the whole book on the World Wide Web site of the Healthy Cities Project WHO/DP.

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This book is a well-written and thorough case study of one of the most ardent attempts at reducing the influence of alcohol in Russian society; the anti-alcohol campaign, initiated by Gorbachev in 1985. The first two chapters provide an informative overview of Russian culture and of previous attempts at modifying alcohol consumption. The anti-alcohol campaign is thereby placed in context as one of many (failed) attempts at reducing alcohol consumption. However, Gorbachev’s crusade lasted longer and was more relentless in aims and means that previous efforts. White also outlines the Russian alcohol problem’s magnitude and identifies various interests in the alcohol industry. The bulk of the book consists of a chronological scrutiny of the campaign throughout its various phases. Abundant data from different sources account for its intentions and implementation—vividly illustrating the gap between the former and the latter. The campaign is commonly viewed as a failure, although the marked decline in mortality during these years is often ascribed to the reform. As such, the book is a valuable contribution to our understanding of what went on during these years. Nevertheless, there are some fundamental problems concerning the analytical approach which must be addressed.

It is also obviously White’s contention that the anti-alcohol campaign was a flop as we learn from the promotional text on the back cover that we are holding a ‘classical case study of the limitations of politically directed social reform’. However, as an analytical approach, this is rather deterministic as the verdict is given before the trial has even begun and the underlying message from the preface onwards is that one cannot stop Russians from drinking. The bulk of the book consists of numerous accounts ‘proving’ the worthlessness of such endeavours and does not leave much hope for politically directed reform. In addition, the wealth of anecdotes becomes somewhat repetitious and sometimes balances uneasily between ridicule and enlightenment. It would, then, not have mattered if the book had been slightly more ‘boring’.

White correctly addresses the lack of credibility of Soviet-era statistics, but is rather uncritical in his own application of data. In chapter five, we learn that various surveys performed during the campaign revealed inconsistencies between respondents' attitudes towards drinking and actual behaviour. However, such inconsistencies are commonplace in most surveys and cannot be blindly accepted as evidence of non-performance. Based on various figures in newspapers and journals, White states that the campaign 'appeared to have had only a very limited success in its larger objective of encouraging "a healthy way of life"' (p. 142). For example, doctors in Liptsk in 1994 reckoned (my emphasis) that half the local male population was alcoholic (p. 166). The inevitable question is - what makes these figures and accounts reliable? Whose purposes do they serve? Obviously, there were strong forces opposing the campaign for different reasons and, although popular in style, the study ought to have included some critical reflections about the validity, reliability and selection criteria.

The final chapter is a welcome discussion of public policy and implementation in general. Extending these deliberations at the expense of some of the preceding pages would have made this book even more valuable for students of Russian politics and society. More than an analysis of alcohol, state and society (as suggested by the subtitle), White's book is now the story of how 'Russia remains wet'.

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**Campenhoudt L van, Cohen M, Guizzardi G, Haussner D, editors.**


This collection reflects the emergence of a new paradigm in sexual health research. It takes the bull by the horns and embraces the complexity of HIV risk reduction by positing sexual behaviour as essentially interactive rather than individual behaviour. The contributors look beyond individually orientated research, which across the last ten years has been dominant within studies of HIV risk and introduce a range of alternative conceptual approaches. These approaches focus upon the interactive contexts of HIV risk as a means to better theoretical understanding and, potentially, more effective prevention. Amongst the authors' concerns are the intimate systems (i.e. relationships) within which sexual activity is embedded and the normative influences that frame both sexual interactions and various aspects of communication (from mass media discourse to peer networks). These concerns are themselves examined within changing temporal and cultural contexts (e.g. between generations and between stages of the epidemic).

Different chapters approach these key issues from a range of perspectives. This potentially overwhelming plethora of issues is managed through the book's novel structure which cushions each of the four blocks of basic texts with an introduction and a welcome summary chapter. The latter also fosters a useful dialogue between contrasting perspectives.

The translation of the work into English presents a timely opportunity to widen potential readership and introduce a distinctly European voice to the international field. This text, like many others, provides a critical overview of preceding research. Yet, unlike its counterparts, the book goes on to outline an exciting array of new and potentially fruitful directions for future HIV risk-related research. It is a welcome addition to the current literature.

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The sudden, and to a certain extent, unexpected implosion of the socialist system east of the Elbe has produced a unique political, socioeconomic situation without historical parallel. It has never before happened that countries, after a half century of utopian socioeconomic experiment, forced upon them from outside, have had to adapt themselves to socioeconomic reality, i.e. to build market economies consciously from the ruins of centrally planned economies. The health care systems were inherent parts of these socioeconomic systems. They were overly ambitious, rigid and, in the long run, inefficient. When the socioeconomic system fell apart, they also crumbled and the newly elected governments have had the unenviable task of developing a new structure for a health care system conforming to the market economy, while taking into account the previous socialist experience.

Jörgen Marrée and Peter Groenewegen have written a valuable book on the transition of the health care systems in five formerly socialist countries: the former German Democratic Republic (GDR), the Czech Republic, Slovakia, Hungary and Poland.

They describe the current state of health system change in these countries in a broad historical perspective. In the first part of the book 'the general description and analysis of the transformation of the health care systems of the above countries can be studied. This is based on the more detailed description of the developments in the individual countries in the second part of the book. Modern health insurance was started in the nineteenth century in Germany by Bismarck. Originally it only covered low-income workers. The emphasis in the Bismarck system was on insurance against work-related accidents and disability, and on protection against loss of income during illness. It was financed partly by contributions from employers and partly by premiums from employees; the role of the state was minimal. The second 'family' of European health care systems originated shortly after the Russian revolution and spread with the communist takeover in the countries of Central and Eastern Europe. The 'Semashko model', as it came to be known, of health service is centralized and funded by the state budget. It intends to guarantee free access to health care for all. The third 'family' of European health care systems has had its origin in the UK. The National Health Service (NHS) was established in 1948 according to the proposals of the Beveridge report. The NHS is a centralized organization and is funded by the state. Yet in the 'Beveridge system' private services and insurance are also allowed.

Before the communist takeover the five former socialist countries adapted various forms of the Bismarckian health insurance system. It had a decisive role in the Czech Republic, Slovakia and Hungary, while it was less developed in Poland where charity had been fairly