try's government propaganda: we can even mention one case where the level of infant mortality has been used to glorify the achievements of a military occupation.

As recognised through the book, many indicators are culturally and socially specific (for instance the perception of good health). Determinants of health have different weights in different communities. They may rapidly become obsolete, of little interest, or lose their validity and reliability, even within the same country. Canada is not, at the moment, a country with a homogeneous culture and background. The adoption of a core set of indicators should be paralleled by the promotion of more culturally specific indicators. Though comparisons may be less easy, the approach would improve the system validity.

It is assumed that the main users of the book are (unspecified) decision makers. The questions of how much and what type of information they do need and for what purposes, remain largely unanswered. Indeed it is not clear whether decision makers have been amongst the experts providing their opinions on the formulation and selection of the indicators. Lists of health and social indicators have also been developed in recent years in a number of countries like the USA, UK, and Australia. The main characteristics of their approach have been:

- The identification of areas of priority health and social concerns;
- The organisation of process, output, and outcome indicators within specific priority health concerns;
- The sections of a large number of indicators;
- The formulation of the indicators as targets' measurements.

This approach seems to be more appropriate to the decision makers' planning, monitoring, and forecasting purposes. It provides also a more articulated and flexible tool to assess the state of community health.

Despite the simplified approach followed by the authors, the CIHI's book remains a positive contribution to the debate on means and ways of improving the population health

and social information system. It is essential, however, to remember that, beside their intrinsic technical limitations, macro-indicators of the kind suggested in the book can convey a limited representation of what they are meant to represent. More research is particularly needed on the role of the decision makers (and the public) in the construction and utilisation of a community health information system.

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Investing in Women's Health: Central and Eastern Europe. WHO Europe. (Pp 44; SFr 11.00). Geneva: WHO, 1995. ISBN 92 890 1319 2.

This publication is the result of one of the first works of the Investing in Women's Health Initiative, which was created by the WHO Regional Office for Europe in 1993. The goal is to expand knowledge about the situation of women's health and social conditions in the countries of central and eastern Europe and the newly independent states of the former USSR, to facilitate the informed development of policy and programmes to address their needs.

One of the expected outcomes of the economic and social changes suffered in the central and eastern Europe and the newly independent states of the former USSR is the worsening of the health of their inhabitants, and a widening gap in health between the eastern and western European countries. So, we live in times in which sustainable development in the European citizens' health, as a whole, has ceased. That could mean more health inequalities in Europe at the present time and in the future.

This work shows how women, although a sizeable potential in the workforce and a specialised resource in the social structure of the central and eastern Europe and the newly independent states, are becoming a particularly disadvantaged group due to the economic crisis. They are, as a consequence,

suffering increased health risks. Moreover, recent elections show a decline in the proportions of women in the parliaments of the central and eastern Europe and the newly independent states and thus in their positions of influence.

Although the authors have made important efforts to obtain objective and quantifiable information, there are problems in relation to the range of subjects covered in the reports – which varies between countries – and the data on many subjects are not comparable. On other occasions, population data were unavailable. In these cases, the authors have tried to solve the problem by consulting relevant country experts who provided descriptive summaries of the situation.

This interesting publication follows the philosophy established in the World Health Assembly, in 1992: "Women's health must be given the highest level of visibility and urgency". Its chapters are guided by the Investing in Women's Health Initiative principles: investment in health, human rights, life span health, empowerment, woman friendly and appropriate service, and gender relationships. The last two chapters are dedicated to future directions and the Vienna statement on investing in women's health in the central and eastern Europe.

The message of the authors is:

- That the definition of crisis and emergencies, which stimulate protective responses from the community, must be broadened to include the specific threats to women;
- To develop measures to secure women's safety;
- To create options for healthy ways of living; and
- To establish a monitoring system of the developments and expanding sources of information.

Those involved in the area of women's health in Europe will find this book a useful source of information and ideas.

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