

ENDNOTES

- ¹ Merrill, p. 70
- ² Walsh and Warren, p. 970.
- ³ Ibid.
- ⁴ Gish, "The Political Economy of Primary Care and Health by the People", Social Science and Medicine, Dec. 1979.
- ⁵ Ibid., p. 3.
- ⁶ Gish, p. 208.
- ⁷ Berry (1970), p. 68.
- ⁸ See Gaspari, "The Costing of Primary Health Care", unpublished, pp. 12-13 for reviews of the Berry and Feldstein works.
- ⁹ Ibid., p. 68.
- ¹⁰ Dunlop (1973), p. 71.
- ¹¹ Ibid.
- ¹² In his review of the literature contributing to the conceptual development of an output measure, Dunlop notes that many works have used a homogeneous output indicator for care in analyzing the microeconomic theory of hospitals as well as care in applying statistical or econometric techniques. Other works have confused inputs with outputs by terming patient days or number of visits as output. The recipients of the service and therefore the rationale for providing the service, are strangely absent from this output measure.
- ¹³ Dunlop (1973), p. 78
- ¹⁴ Gaspari, op. cit., pp. 16-17 and Appendix A for detailed explanations of the Dunlop model.
- ¹⁵ This latter purpose will be examined in a later section of this paper.
- ¹⁶ Johns Hopkins (1976), p. 206.
- ¹⁷ Ibid., p. 214

¹⁸Heller (1979), p. 39.

¹⁹A.I.D. Report, M. Over, p. F-11.

²⁰Gaspari, op. cit., pp. 26-27 for an explanation of the technique.

²¹Berry (1974), p. 291.

²²See Frank (1976), pp. 41-44.

²³Klarman (1974), p. 177.

²⁴For planning purposes however the recipient must be assured of this continued level of subsidy for the life of the project.

²⁵This is merely the principle for learning by doing or practice makes perfect.

²⁶Berry (1967), p. 126.

²⁷Gaspari, op. cit., pp. 29-33 presents various works (and their results) that have addressed this issue.

²⁸See Gaspari, op. cit., pp. 31-33 for details.

²⁹See Gaspari, op. cit., pp. 32-33 for details.

³⁰The technology matrix relates how raw materials, i.e., inputs are combined to produce the primary health care service.

³¹See Gaspari, op. cit., pp. 32-33 for details.

³²Table 1 shows this inclusion as well as indicating the difference between direct and indirect costs based on their definition and how either can be measured.

³³Anthony and Reese (1979), p. 503.

³⁴Information on the calculation of overhead costs will not be reviewed in this work but can be easily obtained from any accounting book.

³⁵(This concept is analagous to the economic concept of shadow prices; there is no economic analogue on the quantity side.)

³⁶Anthony and Reese (1979), p. 546 mention other uses which are not applicable to the health care sector.

³⁷Information on the Sine-Saloum project comes solely from, "The Sine-Saloum Rural Health Care Project in Senegal", U.S.A.I.D. 1980, Project Impact Evaluation.

³⁸Ibid., p. 1.

³⁹Ibid., p. 1.

