

Global Health Histories

Human Women



**World Health
Organization**

Global Health Histories: Values and Purpose

- Understanding the history of health helps us respond to today's challenges
- Sharing health knowledge that is inspired by history enriches global public health and benefits society at large
- Learning from history helps us shape health policies, meet current needs and create opportunities for the future



Global Health Histories: Current Activities

- An independent history of WHO
- An official history of WHO, 1968 - 1977
- Oral histories of leading health figures
- A comprehensive GHH website.
- Seminars by international health historians.
- An African health historians network.



"Global health: a history of WHO"

A one-volume history that will contribute to reflection, discussion, and diffusion of knowledge of WHO's history in the global health context:

"It will place WHO's principal initiatives and policies in the context of changing international relations, shifting political alignments, and transforming economic realities, such as the Cold War, decolonization, and globalization." -Authors

- International network of health historians
- Core group of WHO senior and former staff at HQ and regional offices
- Comprehensive bibliographies in WHO Library
- Rich resources from WHO's unique archives



Updating WHO's official history

- The third decade of WHO's history (1968–1977) is now being researched and written
- Publication aimed for WHO's 60th anniversary
- Further volumes will cover the three decades from 1978 to 2008



Global Health Histories seminars

- Beginning in January 2005, GHH has staged a series of seminars at WHO HQ, Geneva, with presentations from leading health historians and key figures in global health
- The seminars are open to all WHO staff, former staff, students and visitors





The Role of WHO in the History of Global Health



Wednesday 26 January 2005
12.00 - 13.30
Executive Boardroom

Dr Elizabeth Fee, Chief, History of Medicine, National Library of Medicine, USA

Dr Marcos Cueto, University Cayetano Heredia, Peru

Dr Halfdan Mahler, former Director-General, WHO

Records and Archives and KMS Global Health Histories are presenting a historical exhibition from 24-26 January in the main lobby.



GLOBAL HEALTH HISTORIES
Dept of Knowledge Management & Sharing
LUNCHTIME SEMINAR
Friday June 24, 2005
12.30 - 14.00, Salle D

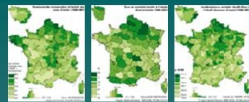


Going global: Uruguay, child well-being and international health, 1890-1940

Presenter:
Dr Anne-Emanuelle Birn, Canada Research Chair in International Health, University of Toronto
Commentator:
Professor Bernardino Fantini, Director, Faculty of Medicine, University of Geneva

contact: prenticet@who.int

GLOBAL HEALTH HISTORIES
Dept of Knowledge Management & Sharing
LUNCHTIME SEMINAR
Wednesday January 11, 2006
12.30 - 14.00, Salle C



From medical geography to the geography of health

This presentation traces the historical relationship between geography, epidemiology and public health. It argues that to reap full national and international benefits, biomedical paradigms must be overcome, and that health (not just disease) and the system of health (not just the health care system), must be considered in their spatial and territorial dimensions. The presentation develops this point of view with the help of precise examples drawn from research in developed and developing countries.

Presenter:
Professor Gérard Salem, Professor of Medical Geography, University of Paris

Commentator:
Professor Bernardino Fantini, Head, Faculty of Medicine, University of Geneva

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GLOBAL HEALTH HISTORIES
Dept of Knowledge Management & Sharing
LUNCHTIME SEMINAR
Friday February 10, 2006
12.30 - 14.00, Salle D



Contemporary approaches to the construction of knowledge in public health: the social construction of the concept of "jungle yellow fever" - a case study.

Using the contemporary approaches of Social History of Medicine and Sociology of Knowledge, this presentation discusses the social construction of knowledge in public health, analyzing the social process of construction of the concept of "jungle yellow fever", between 1907 and 1948, as a case study. The lecture describes the principal phases of the process of construction of the concept, framing them in the scientific, technical, politic, socio-economic power relationships in play during the period studied.

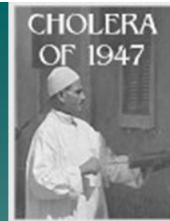
Presenter: Dr Emilia Quevedo
Director, Centro de Historia de la Medicina, Facultad de Medicina
Universidad Nacional de Colombia

Commentator: Dr Hooman Momen
Managing Editor, Bulletin of the World Health Organization

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GLOBAL HEALTH HISTORIES
Dept of Knowledge Management & Sharing
LUNCHTIME SEMINAR
Wednesday October 5, 2005
12.30 - 14.00, Salle G



Cholera in Egypt and the Origins of WHO

How a lethal epidemic in 1947 prompted one of the earliest emergency responses in the history of WHO, generating issues that resonate to this day such as: how to combine relief with prevention, how to modernize quarantine regulations, and how to interact with different national and local health authorities.

Presenter: **Professor Marcos Cueto**, Universidad Peruana Cayetano Heredia, Lima, Peru.
Commentator: **Dr Elizabeth Fee**, Chief, History of Medicine Division, National Library of Medicine, Bethesda, USA.

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GLOBAL HEALTH HISTORIES
Dept of Knowledge Management & Sharing
LUNCHTIME SEMINAR
Tuesday March 21, 2006
12.30 - 14.00, Salle B



Health and Social Change How comparing South Africa, Russia and 19th century Sweden gives clues on human resources for health today

Comparing contemporary Russia and South Africa with early 19th century Sweden offers insights into how human resources to protect welfare and health are established, eroded and re-established over time, and who become "winners" and "losers" in the construction of the social fabric. Despite chronological, economic, social and cultural differences, societies may share many common experiences during periods of rapid social change. Knowing more about these forces may also offer clues to where the resources should be directed in order to meet the challenges, help minimize stigmatisation of vulnerable groups, and increase understanding across cultural borders.

Presenter: Professor Jan Sundin
Department of Health and Society, Linköping University, Sweden

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Exhibitions and special events for WHO's 60th anniversary in 2008

- World Health Report
- Global Health Histories exhibition (with National Library of Medicine)
- How public health changed the world: 60 years of WHO
- Getting the message across: public health campaigns: 1948-2008
- A collection of "Public Health Classics" reprinted from *The Bulletin of the World Health Organization*



Public Health Classics: Collectors' Edition

Spanning hundreds of years, a collection of some of the most famous and important public health papers or publications ever written, accompanied by commentaries from today's experts, brought together in one volume



Public Health Classics

This section looks back to some ground-breaking contributions to public health a commentary on their significance from a modern-day perspective. Elizabeth public health in England and Wales in the 19th century, with special reference reproduced below.

The Public Health Act of 1848

Elizabeth Fee¹ & Theodore M. Brown²

The Public Health Act of 1848, legislating on the sanitary conditions of England and Wales, is one of the great milestones in public health history. "the beginning of a commitment to proactive, rather than a reactive, public health" (1). For the first time, the state became the guarantor of standards of health and environmental quality and provided resources to local authorities to make the necessary changes to achieve, if standards. The Public Health Act established a General Board of Health empowered to create local boards of health, either of Health, or compulsorily when the average mortality rate in the district, or compulsorily when the average mortality rate in the area exceeded the national crude death rate of 25 per cent over a period of seven years. The local boards had authority to deal with water supplies, sewerage, control of offensive trades, and the quality of food. A local board could appoint a medical officer of health, an inspector of nuisances, a surveyor, a treasurer, and sanitary matters. A local board of health were authorized to levy a rate, National and local boards of health were authorized and underwritten by the national Treasury, and to the Privy Council. Loans for capital expenses were authorized by the central government and subsequently financed by the local authorities.

The circumstances in which this ground-breaking health legislation was conceived and enacted studied and discussed by historians (3). The Act was viewed as a response to the social and health problems by the industrial revolution. Starting in the 18th century, with the expansion of the market economy and the growth of the factory system of production, the dominance of the factory system of production, the industrial revolution demanded labourers to feed the growth of machine production and thus had to be brought into the factories and cities.

Mobilizing this industrial labour of the older system of poor relief, agricultural production, had enlarged and thus began to drive rural population first, provision was made for the

¹ History of Medicine Division, National Institutes of Health, Bethesda, MD, USA
² Department of History, University of California, Berkeley, CA, USA
 Ref. No. 04-015842

Public Health Classics



ANNO UNDECIMO & DUODECIMO

VICTORIÆ REGINÆ

C A P. LXIII.

An Act for promoting the Public Health.

[31st August 1848]

WHEREAS further and more effectual Provision ought to be made for improving the sanitary Condition of Towns and populous Places in England and Wales, and it is expedient that the Supply of Water to such Towns and Places, and the drainage, cleansing, and paving thereof, should, as far as practicable, be placed under one and the same local Management, subject to such general Supervision as is hereinafter provided: Be it therefore enacted by the Queen's most Excellent Majesty, by and with the Advice and Consent of the Lords Spiritual, Temporal, and Commons, in this present Parliament assembled, by the Authority of the same, That this Act may from the first day of January next ensuing, or from such other day as may be appointed by the Queen's most Excellent Majesty, in manner herein-after provided, to any Part of England and Wales, except the Parts next herein-after mentioned, and to the City of London and the Liberties thereof, the Parts of the Limits of certain Commissions of Sewers bearing Date the Thirtieth Day of November in the Year of our said Majesty's then present Majesty Queen Victoria the eighth, and the Parts of the Limits of a certain other Commission of Sewers bearing Date the Fourth Day of December in the Year last aforesaid, and to the Parts subject to the Jurisdiction of the Commission of Sewers, the Execution of an Act of the Fifth Year of the said

Parts to which this Act may be applied.

¹ Head of Library and Information Services, Royal College of Physicians, London, UK
² Fellow, James Lind Library, The James Lind Initiative, Oxford, UK
 Ref. No. 03-006361

Public Health Classics

This section looks back to some ground-breaking contributions to public health, adding a commentary on their significance from a modern-day perspective. To complement the theme of this month's issue, we have selected a classic from 1753: *Treatise of the scurvy*, an extract of which is reproduced below.

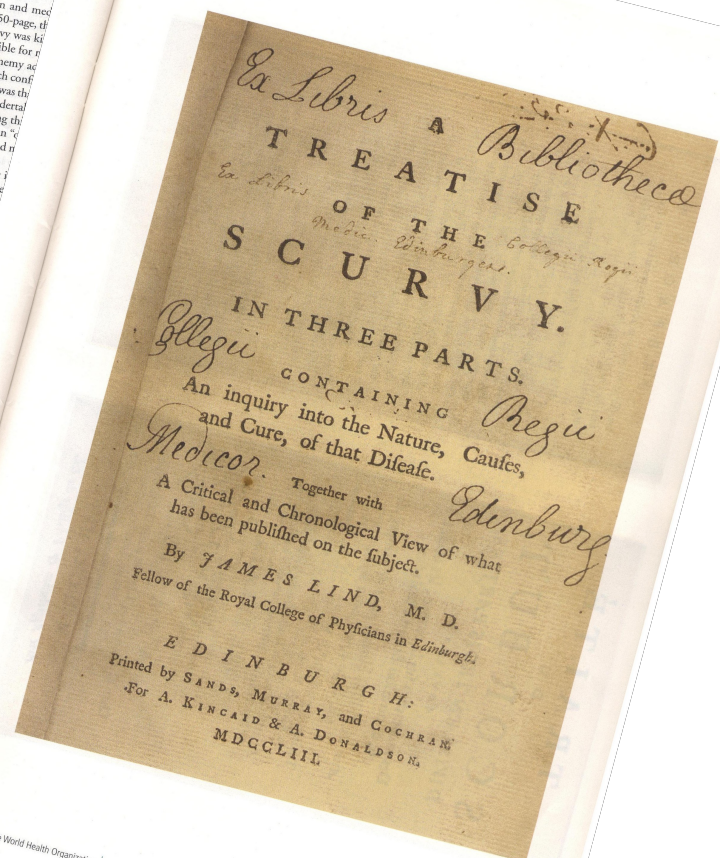
Documenting the evidence: James Lind's *Treatise of the scurvy*

Iain Milne¹ & Iain Chalmers²

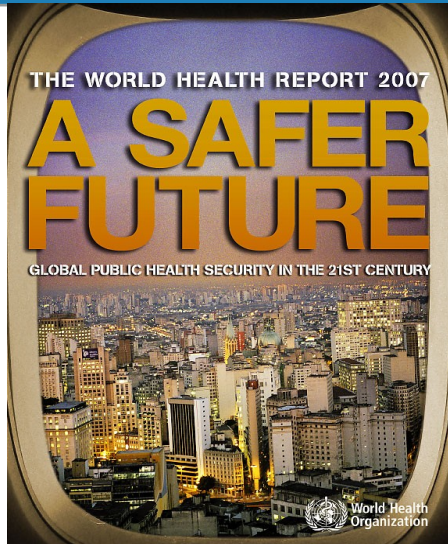
In 1753, James Lind, a Scottish naval surgeon and medical graduate of Edinburgh University, published a 450-page treatise, *Treatise of the scurvy* (1). At that time, scurvy was killing thousands of people every year and was responsible for more deaths of sailors in the Royal Navy than enemy action. Believing that one of the reasons there was so much scurvy was the lack of fresh fruit and vegetables, Lind set out to test his theory. He divided his patients into six groups, each receiving a different treatment. The results showed that the group receiving citrus fruits recovered the fastest. Lind's work was a landmark in the history of clinical research and public health.

Lind's *Treatise* is a classic for two main reasons: it was the earliest accounts so far identified of a prospective controlled clinical trial, comparing six different treatments for scurvy, and it is a systematic review of a condition and treatment of scurvy.

While serving in the Channel Fleet aboard HMS *Porpoise* in 1747, Lind reports having selected 12 sailors who were afflicted with scurvy, and he divided them into six groups, each to receive a different treatment. The treatments were: 1) a quart of cider daily; 2) 25 spoonsful of elixir of garlic three times a day; 3) a concoction of nutmeg, mace, and ginger three times a day; 4) two oranges and a lemon three times a day; 5) two spoonsful of vinegar three times a day; 6) two spoonsful of vinegar three times a day. The results showed that the group receiving citrus fruits recovered the fastest. Lind's work was a landmark in the history of clinical research and public health.



World Health Report 2007



Historical images to illustrate

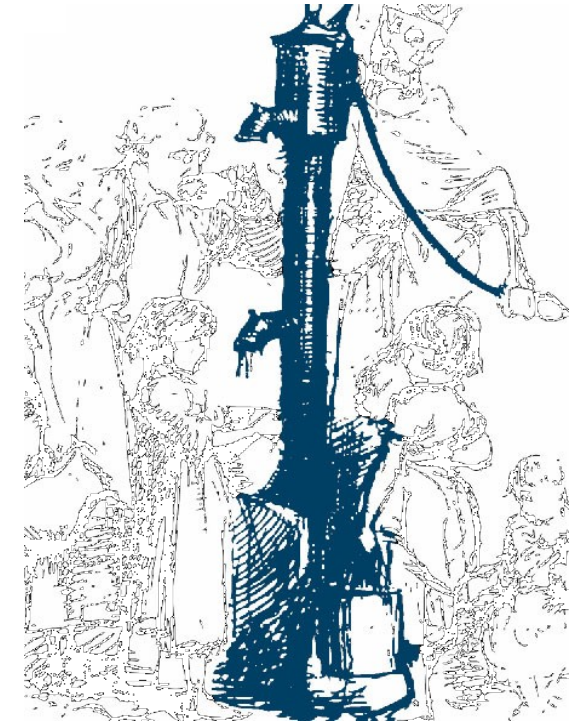
- ❖ quarantine
- ❖ sanitation
- ❖ vaccination



From the 14th century, plague doctors wore protective clothing, a mask containing strong-smelling herbs.



First vaccination against smallpox in 1796



In 1866, connection between contaminated water supply and outbreaks of cholera.



Director-General Margaret Chan on Primary Health Care

"I plan to promote integrated primary health care as a strategy for strengthening health systems.

"The reason is simple: It works. This is the only way to ensure fair, affordable, and sustainable access to essential care across a population. We have the evidence. I have experienced this personally."



GHH and Primary Health Care

- Contributing to WHO's work on the reinvigoration of primary health care
- Providing historical input to the World Health Report 2008
- Participating in WHO PHC Task Force
- Special history seminars on PHC



GLOBAL HEALTH HISTORIES
Department of Knowledge Management & Sharing
LUNCHTIME SEMINAR
Tuesday 8 May 2007
12.30 – 14.00, Library Meeting Room

Primary Health Care in the 21st century: Which way forward?

(Presented by Dr Fernando Antezana)



Almost 30 years ago, Dr Antezana took part in the historic Alma-Ata international conference on primary health care. He went on to hold several senior posts within WHO, including Deputy Director-General, and was later appointed Minister of Health in Bolivia. In the light of WHO's renewed interest in primary health care, he reflects today on the importance of the 1978 meeting, and on the progress and setbacks encountered in the following three decades in the quest for access to health and health care for all. He looks at the new challenges facing PHC today, and offers some ideas on the best way forward.

Dr Antezana is the current Chairman of the WHO Executive Board

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GLOBAL HEALTH HISTORIES
Department of Knowledge Management & Sharing
LUNCHTIME SEMINAR
Thursday 29 March 2007
12.30 – 14.00, Salle B

African Health History: PHC, women's health and the gender trap

(Presented by Glen Ncube, University of Zimbabwe)



Improving the quality of life of African women through better health care remains a daunting task. Over the years, creative methods of intervention have met with notable but varying degrees of success among countries. The primary health care (PHC) package enunciated at Alma Ata in 1978 and ratified by most African governments, still occupies a privileged position as the preferred answer to the health problems faced by women. In addition, it is increasingly seen as a key to their empowerment. However, PHC has also had an undesirable – but perhaps avoidable – effect of placing a premium on women with whom its success is supposed to rest. As the African disease burden further increases, women continue to bear the brunt of being community care providers. This presentation examines some of these processes and argues that the problem stems partly from the gender interpretations of PHC that have flourished for many years. This has resulted in affecting public opinion in ways that have helped consign women to the sick room. The seminar is part of WHO's newly-launched African Health History initiative.

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Website: http://www.who.int/global_health_histories/africa/en/

GLOBAL HEALTH HISTORIES
Department of Knowledge Management & Sharing
LUNCHTIME SEMINAR
Monday February 19 2007
12.30 – 14.00, LIBRARY MEETING ROOM



Primary Health Care: Not the best of beginnings?

(Presented by Dr Socrates Litsios)

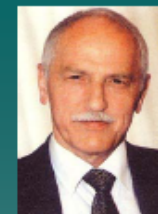
Under the leadership of its new Director-General, Dr Margaret Chan, WHO will soon embark on a renewal of primary health care. Next year will mark the 30th anniversary of the historic Alma Ata "Health for All" conference. But did WHO make mistakes when it began the primary health care movement in the 1970s? And if so, how can it avoid repeating them now?

In this presentation, Dr Socrates Litsios, former WHO Chief of Primary Health Care, argues that the Organization did not choose the best strategy for incorporating PHC principles in its own work. Other options were available which might have been more successful then, and which could still be valuable to WHO today.

Dr Litsios is currently writing the history of WHO's third decade, as part of the Global Health Histories initiative. This book is intended for publication in 2008, WHO's 60th anniversary year

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GLOBAL HEALTH HISTORIES
Department of Knowledge Management & Sharing
LUNCHTIME SEMINAR
Wednesday December 13 2006
12.30 – 14.00, Library Meeting Room



Is the World Health Organization on the right course?

(Presented by Dr Jo E. Asvall)

Former Regional Director of EURO, Dr Jo Asvall draws on his experience of almost 30 years in the region to pose some provocative questions.

Is WHO fulfilling its mandate to help all people attain better health? Is its staff exploring wisely the organization's huge potential?

Dr Asvall, Regional Director from 1985-2000, describes how EURO faced this challenge from the early 1980s to the end of the century, a period that saw 10 years of the Cold War followed by the collapse of the communist regimes, wars and socioeconomic disasters.

He concludes that, subsequently, the WHO leadership made a major mistake in dropping one of its strongest tools – the unique power of the Health For All policy.

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Getting the message across: public health campaigns: 1948-2008

- During the past 60 years, WHO has worked to influence health policy.
- Such policies are translated to the population they are intended to affect by various means, including media campaigns.
- The evolution of public health poster design – the basic unit of policy transfer – reflects diversity in local culture, advertising trends, government regulations, and health priorities.
- This book is designed to provide public health professionals, policy-makers, programme managers, and students of public health, with an important resource for informing efforts that aim to translate the public health evidence-base to the general public.



Contents

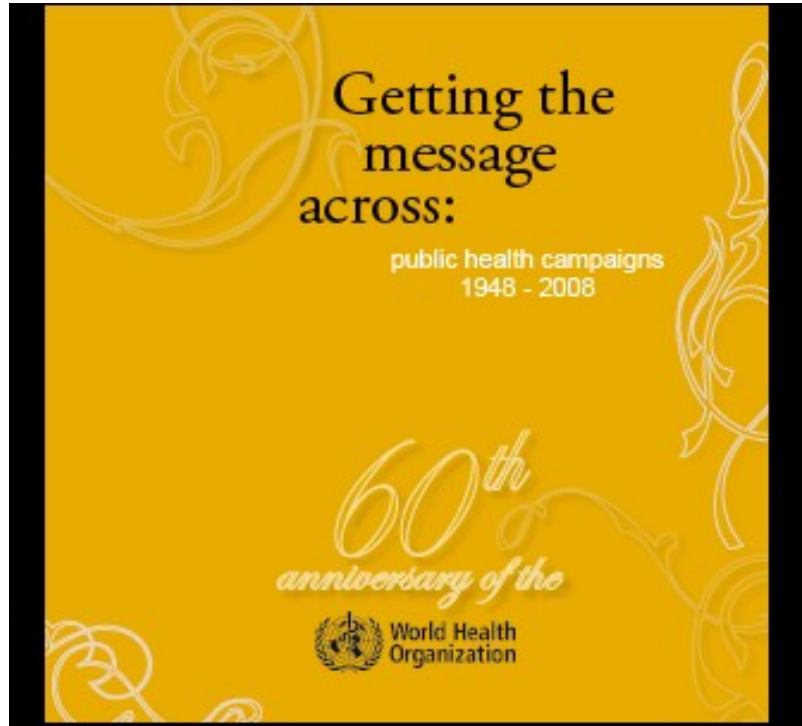
Each chapter will contain a chronologically-ordered, regionally-representative selection of posters addressing the particular public health topic or disease.

Each will be introduced by a brief history of the particular campaign target commissioned from a relevant expert in that domain.

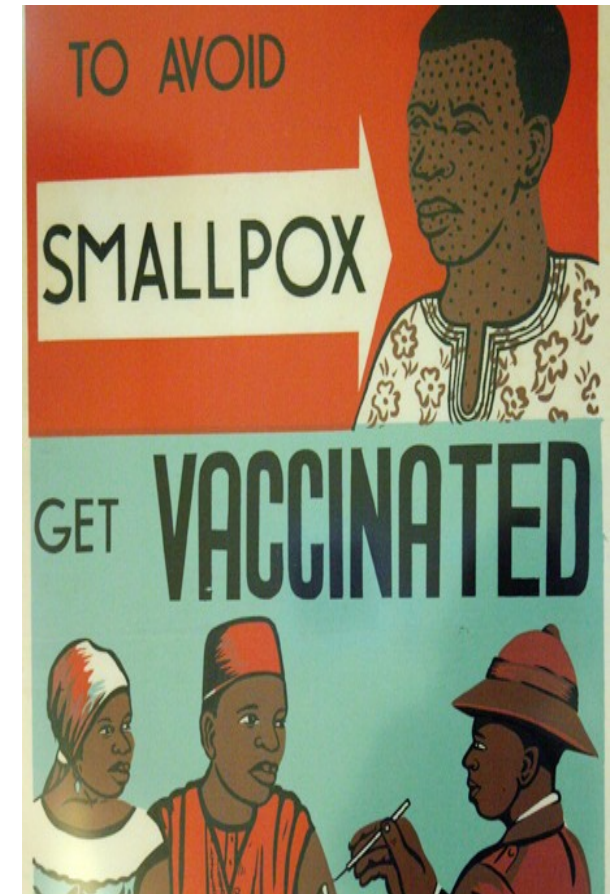
Posters have been sourced from WHO archives, regional offices, technical departments, the National Library of Medicine, the Wellcome Trust, ICRC, Swiss museums, the Clendening Library, and private collectors.



...Addressing a lack of evidence on what works



Vaccinate



Vaccinate



Why...Why Didn't We Listen?

Effective as it is, polio vaccine helps only when used.

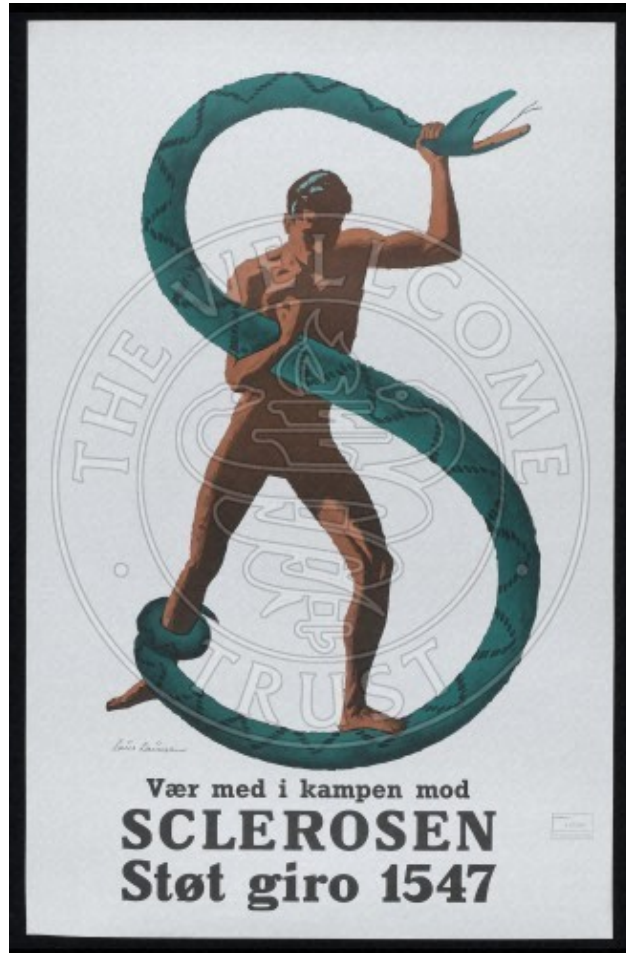
Polio virus is still widespread.

Don't wait until it's too late. Arrange now for immunization.

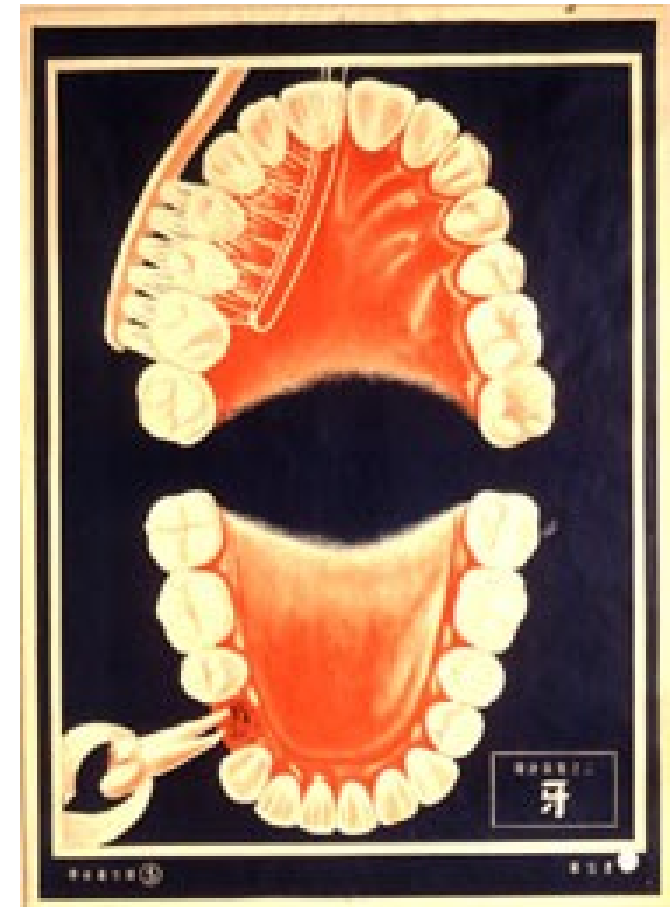
Your pharmacist works for better community health.



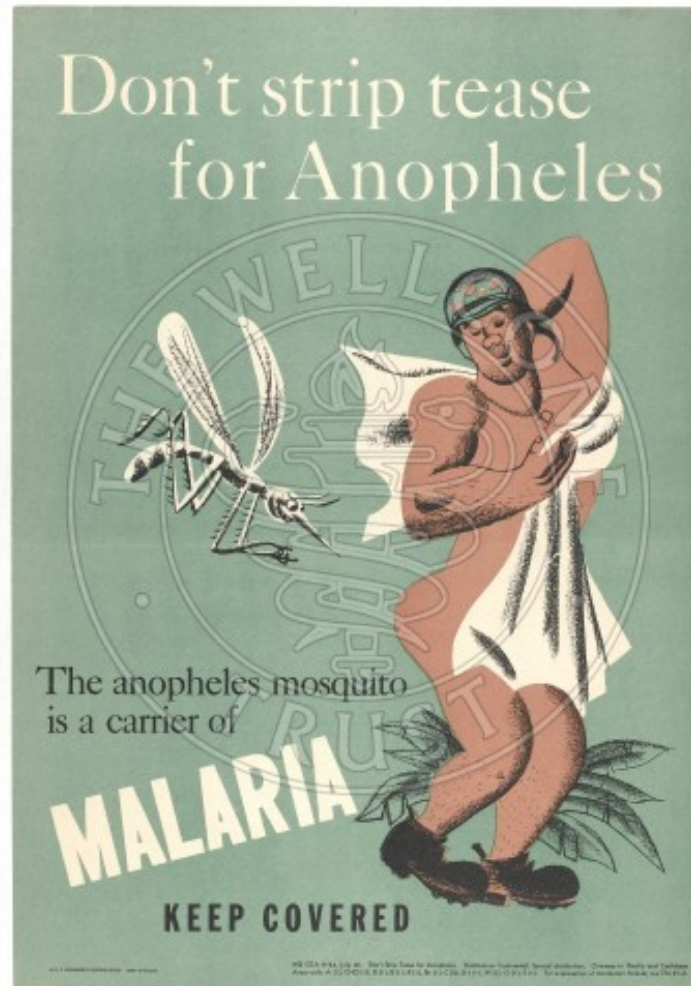
Ambiguity as a device



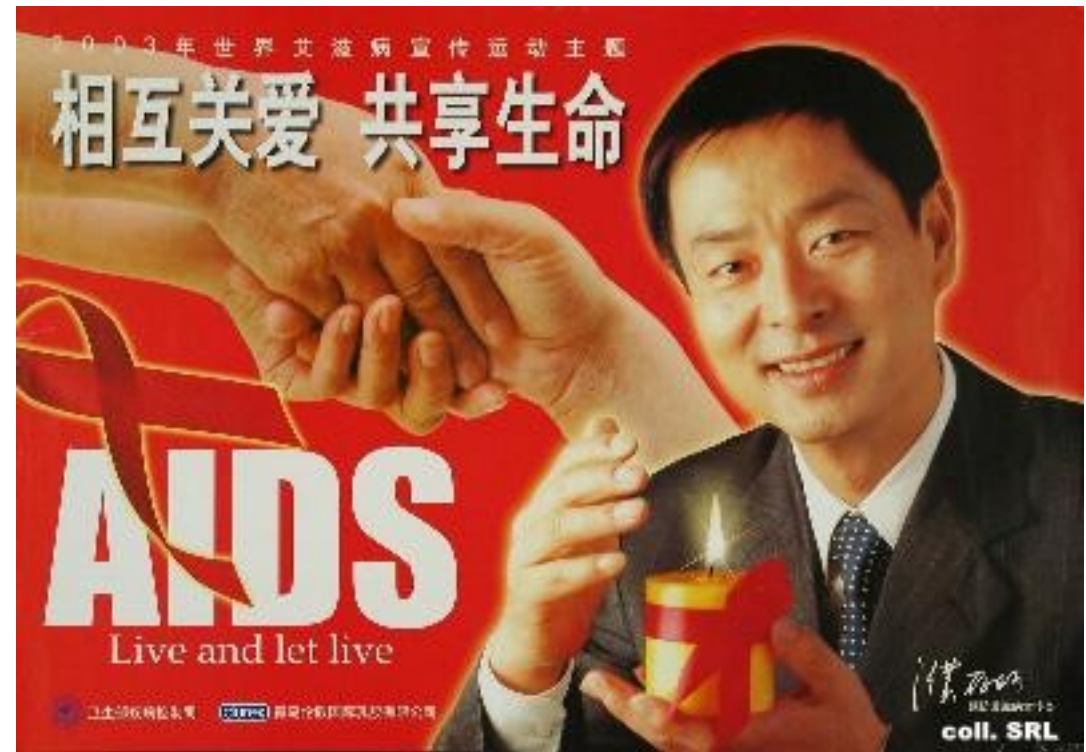
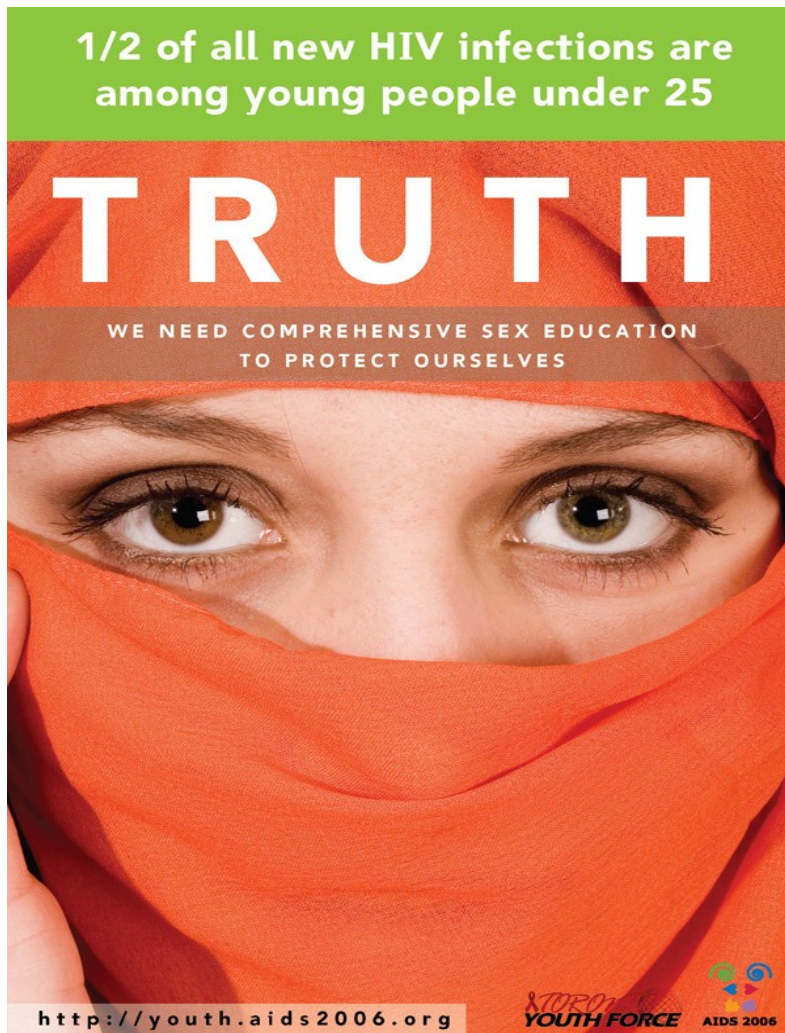
Brush your teeth



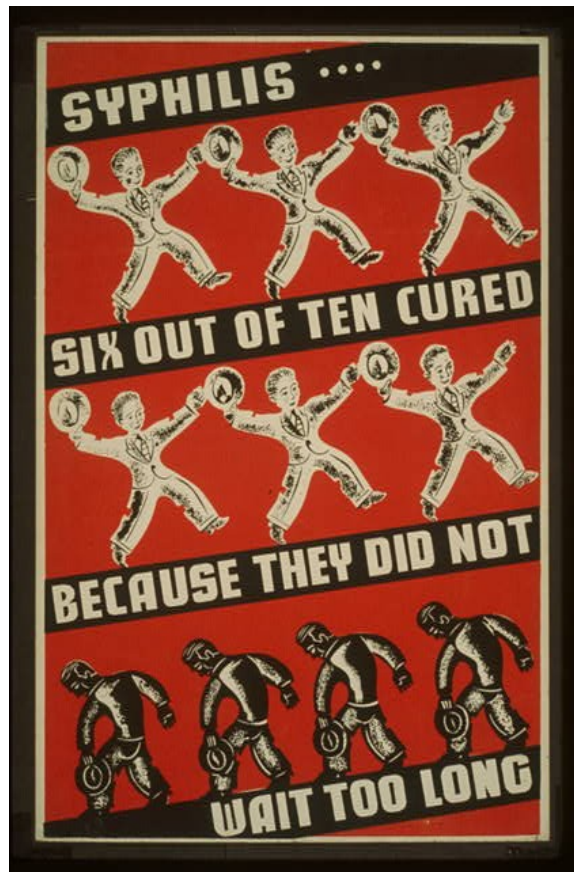
Different countries, different approaches



?Who is the audience



What works?



How public health changed the world: 60 years of WHO

- Publication in 2008 for anniversary
- WHO history book for lay audience
- Storytelling techniques to describe public health successes
- Targets young readers and diverse (non-English) language groups
- Full colour illustrations, attractive design



Three groups of reviewers

- teenagers/young readers
- cultural/linguistic readers
- technical experts



Challenges Ahead For GHH

- Promoting the value of historical perspectives for WHO policies
- Increasing recognition of GHH as a resource for WHO technical units
- Building a more permanent role for GHH within WHO
- Seeking new partnerships and initiatives

