

Global Health Histories and the University of York

By Thomson Prentice

The establishment of the Centre for Global Health Histories at the University of York (CGHH) in mid-2011 has been the most important development of the year in the continuing and expanding relationship between the University and Global Health Histories project (GHH) based at the World Health Organization headquarters in Geneva, Switzerland.

The relationship dates back to the early days of the project, set up by WHO in late 2004 to promote a better understanding of the history of medicine and public health, especially during the previous 60 years. Such an understanding is regarded as vital to a comprehensive response by the global health community to the challenges of the 21st century.

The Wellcome Trust Centre for the History of Medicine at UCL, London, was an early and enthusiastic partner, and that support has been strengthened through the transfer of the WTCHOM-based Global Health Histories activities to the University of York. Support from the Wellcome Trust has been instrumental in allowing CGHH to work with the WHO on some 50 lunchtime seminars in Geneva, bringing in eminent historians social scientists and other experts from many countries to share presentations with WHO counterparts.

The aim has been to bring together researchers and policy-makers to stimulate a fusion between historical evidence and current approaches to many of the most urgent health issues of today. The common goal is to construct new and enduring bridges between academia and global health policy, while at the same time promoting public engagement. In this regard, seminar audiences and participants, including those taking part through live internet broadcasts, have been able to contribute to the discussions. One result of this has been the steady development of a unique web-based archive that now contains presentations from almost all the seminars held so far.

The latest of these seminars spanned the first half of 2011. They included sessions on infant growth and nutrition, antenatal care, childhood immunization, tobacco control, health systems and health promotion, health systems and maternal care, and reproductive rights.

This article highlights those six presentations and is also a curtain-raiser to the second half of the 2011 programme, beginning in September 2011, which embraces subjects such as food security and environmental health.

The first seminar of the year focused on *infant mortality, infant feeding and infant growth*, in which [Lawrence Weaver](#), Professor of Public Health at the University of Glasgow, and of the Centre for the History of Medicine, used a 100-year retrospective to argue that the WHO infant growth standards should not alone be regarded as an ideal growth trajectory for all babies. His co-speaker, Dr Mercedes de Onis, of the Department of Nutrition for Health and Development, WHO, traced the development of the standards, which have been adopted by 120 countries so far. They provide an improved tool for identifying children at risk of becoming undernourished or overweight, and improve the management of severe malnutrition. However, she said a new growth reference is needed to improve infant health management of severe malnutrition.

In a presentation entitled “Health and care in pregnancy and beyond: putting women centre stage”, Professor Mary Renfrew of the Mother and Infant Research Unit at the University of York, reviewed *the global impact of maternity care practices* in the 19th and 20th centuries, including shifting policies in the UK from 1980 onwards which, based on research evidence and advocacy by women’s groups, midwives and others, resulted in an emphasis on women-centred care, minimalization of interventions, with women’s views seen as crucially important.

Her lessons from history included recognizing over-medicalization, over-reliance on technology, fragmentation of care between disciplines across the child-bearing cycle, and the disempowerment of women. Midwives still struggle to be seen as academic equals and should be more involved in the overall research endeavour. Evidence-based policy should be implemented across all disciplines, communities and programmes, and programmes should be integrated to avoid fragmentation. The key principle, she said, was whether women’s needs and rights were at the core of planning and service delivery. From WHO’s perspective, Dr Metin Gülmezoglu, of the WHO Department of Reproductive Health and Research looked at the evolution of knowledge and lessons learned for packages of antenatal care for low-risk pregnancy. It was crucial to monitor the evolution of knowledge, especially for complex intervention packages.

The third seminar focused on the *global history of tobacco use* and the implications for tobacco control policy. [Professor Hilary Graham](#), also of the University of York, showed how cigarette smoking follows the contours of socioeconomic inequalities within countries – how

in fact, smoking gradually becomes entrenched as a habit of the poor. In some countries, weak tobacco control policies widen inequalities in smoking. Strong, comprehensive policies are needed both to reduce overall rates and to narrow inequalities in smoking. She argued that such policies need to be embedded in wider policies to reduce inequalities in life chances and living standards.

Her co-speaker, Dr Douglas Bettcher, Director of the Tobacco Free Initiative at WHO, reviewed the history of the WHO Framework Convention on Tobacco Control, and also examined the social determinants of tobacco use. He said efforts to prevent and control tobacco consumption among disadvantaged groups are unlikely to succeed outside of an integrated approach that seeks to reduce the underlying social inequities that predispose these groups to tobacco use, and confer on them a relative disadvantage in accessing cessation services.

In the following seminar on *sexual and reproductive health promotion*, Professor Cathy Campbell of the Institute of Social Psychology at the London School of Economics showed how communities can be mobilized for such promotion, which is often difficult to implement in poor countries, but can lead to optimal use of prevention, care and treatment services. She used contrasting case studies from South Africa and West Bengal, India, involving marginalized women in HIV/AIDS management. She showed how the gradual involvement of women in organisational decision-making and leadership can reap rewards. The challenges include how to create conditions where the poor have a voice and where relevant social groups are willing to listen. Her co-speaker, Dr Lori Newman, of the Department of Reproductive Health Research at WHO, discussed WHO efforts in this area, including examples of community mobilization principles that have supported the elimination of congenital syphilis. WHO has developed a range of tools to support countries in this work.

The challenges for policy in tackling *socioeconomic inequalities in access to maternal health care* in India was the subject of the presentation by [Professor Rama Baru](#), of the Centre of Social Medicine and Community Health at Jawaharlal Nehru University, New Delhi. She argued that commercialization of health services has accentuated inequities and contributed to the persistence of poverty. Health services planning and regulation must be in tandem; and there is a need for intersectoral coordination and greater convergence between health services and poverty reduction strategies. Her co-presenter, Dr Ritu Sadana, of the WHO Department of Health Systems Financing, gave one WHO perspective. In a wide-ranging global review,

she looked in particular at health system constraints on achieving the related Millennium Development Goals, and drew on evidence from the report of the Commission on Social Determinants of Health.

Controversies and myths have surrounded vaccination, particularly *child immunization*, since its early days. In her presentation, [Dr Helen Bedford](#) of the Centre for Paediatric Epidemiology and Biostatistics at the UCL Institute of Child Health, London, discussed these controversies, focusing mainly on the UK immunization programme to consider how approaches should be targeted to maximize vaccine uptake based on the best available evidence. The real challenge is to develop a better understanding of public concerns about vaccines, and to build and sustain trust with the public, using rigorous evidence of safety and efficacy. Dr Thomas Cherian, of the WHO Expanded Programme on Immunization, gave a global immunization overview. He spoke of the Decade of Vaccines initiative (2011-2020) and its goal of extending the full benefits of immunization to all people, on the principle that access to safe and effective vaccines is a human right.

In the final of the six seminars, the attention switched to *reproductive rights*. [Dr Gayle Davis](#), of the University of Edinburgh, presented a national perspective on reproductive rights, using research from Scotland since 1950. [Dr Adrienne Germain](#), President of the International Women's Health Coalition, reviewed commitments made at the UN International Conference on Population and Development and the contributions of women's health and rights activists over the past 25 years.

The programme for the second half of the 2011 series include sessions on food security, environmental health, asbestos pollution, environmental law, and torture as a public health issue.

About the author:

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