

Marcos Cueto, Theodore M. Brown, Elizabeth Fee *The World Health Organisation. A History*  
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In my early years on the staff of the London School of Hygiene and Tropical Medicine, my research programme (on AIDS policy making in the UK) was briefly located in a research unit which specialised in evaluation and planning overseas in developing countries. At the weekly staff meetings, our group grew used to a litany of characters and organisations from an overseas world which we knew little about- such as ODA, later DfID, the British overseas development agency, and its relationship with WHO. Colleagues flew regularly to meetings in Geneva and the role of WHO loomed large in my colleagues' professional lives. Research and policy development for international health were inextricably entwined and WHO was the focus. Later, these researchers became concerned about the strains under which the organisation laboured.

Now there is a history of WHO which places some of those characters, meetings and tensions in historical perspective. This history of WHO has been long in the making. Sadly, one of the authors, the historian Elizabeth Fee, died shortly before publication. A classic article by Marcos Cueto on the tensions between different versions of primary health care was published as long ago as 2004. The authors may have begun the work as commissioned history but they point out that they have worked independently since 2008.

The story they tell is a compelling one. WHO emerged in 1948 as an amalgamation of aspects of the international health order which had begun with the nineteenth century international sanitary conferences and which continued in the inter war period with the League of Nations Health Organisation (LNHO) and others. It brought together four functions of previous organisations: centralised epidemiological surveillance; campaigns against epidemics; disease control; and the reform of health systems. From the start, the organisation was torn between two different

perspectives : the socio- medical outlook of some of its founders, influenced by social medicine ideas; and the technocratic, biomedical perspective with a focus on top- down disease focussed campaigns which carried with them remnants of the ‘ civilising mission’ of the western colonial powers.

The WHO was part of a broad post war design, the authors point out, (p.6)whereby the industrialised Western nations-the United States, the United Kingdom and Western Europe- created a reorganised stable international capitalist economic order with a set of organisations which facilitated the hegemony of the United States while respecting the colonial legacy. Similar imperatives can be seen in the reorganisation of international drug control, another separate international system, during the same post war period.

The first major campaign mounted by the new agency, the Malaria Eradication Programme, (MEP) was underpinned by this political mission. A technocratic, vertically driven programme, it drew on the US State Department’s belief that such interventions would counter communist influence in the developing world. Most communicable diseases could be wiped out within the foreseeable future , so it was believed . But by the end of the 1960s malaria eradication seemed a hopeless cause , the victim of manifold issues : changes of focus in cold war politics ; resistance to DDT; and the growing impact of the environmental movement among them.

Smallpox eradication,by contrast, the follow on programme which lasted from 1966-1980, operated in a very different way and achieved a successful and triumphant conclusion. This is celebrated by a prominently placed plaque in my own institution ( from where one of the last outbreaks of the disease originated ), unveiled by D.A.Henderson, the architect of smallpox eradication, who had been assigned by the US Centers for Disease Control(CDC) to Geneva. The programme also took place during a period of détente between the US and the Soviet Union which allowed a greater degree of cooperation. WHO was able to transcend national initiatives to develop a truly global

initiative ,while developing nations themselves came to understand and use their powerful new international role.

Health systems were also a focus in these years, in particular the development of Primary Health Care (PHC) through the declaration of Alma Ata in 1978. Alma Ata brought the goal of 'Health for All by the Year 2000' in response to demands for equity and social justice, a call which led to the establishment of health promotion as a movement and with particular resonance in the work of the WHO's European office (WHO-EURO). Nevertheless PHC became embroiled in organisational and ideological divisions, in particular through promotion of the alternative vertically oriented Selective Primary Health Care, which was promoted by UNICEF and embodied the technocratic perspective.

By the 1990s there were changes in the international order, in particular the dissolution of the Soviet Union, and the organisation faced challenges from without. The funding nations increasingly questioned the legitimacy of the UN and its agencies ,supporting neoliberal policies and health reforms. A whole set of new organisations came on the scene, from the World Bank to funding organisations such as the Gates Foundation . WHO, despite the initial charismatic leadership of Jonathan Mann, lost its leadership of the response to the growing crisis round HIV/AIDS in the 1980s, to a new UN agency, the United Nations Programme on HIV and AIDS.(UNAIDS)

Despite the vicissitudes of international politics, the authors identify personalities and leadership as crucial to WHO's operation . Halfdan Mahler's role as Director General was central to the developments round smallpox and PHC, while Hiroshi Nakajima's much criticised period as Director-General coincided with the problems in relation to AIDS. More recently Gro Harlem Bruntland , former Norwegian Prime Minister, aligned WHO with new donors and major industrialised nations, and managed to produce, among other initiatives,the Framework Convention on Tobacco Control. Margaret Chan ,her successor, supported the Commission on the Social Determinants of Health , which embodied the social medicine perspective.

The end point of the book is the WHO response to Ebola in 2014, heavily criticised for Chan's lack of leadership and the poor response from AFRO, WHO's African office : and finally the election of the first African Director General in 2017.

Inevitably , with such a rich canvas to cover, some aspects are missing. I was struck by a lack of mention of WHO's pioneering role in the alcohol field in the 1950s . Likewise the history of the regional offices (WHO -Euro and health promotion in the 1980's for example) could have been more fully covered. WHO's key role in the ICD (International Classification of Diseases), controversial in the addictions field, with the rival American DSM for mental health, is not mentioned. But with such a broad canvas to cover, each chapter of this book could have been a book on its own. The authors end with a set of questions about the potential role for WHO in the future, nailing their own colours to the vision of a holistic understanding of health , the social medicine approach, underpinned by the recent increase in grassroots health activism. Whether this will be the ' lesson of history' which is drawn remains to be seen: the authors have produced a rich historical analysis which should be required reading for international health policy makers today.