

began to see that, well, we may not have 50-bed hospitals but we have a clinic where we can go to if we have a headache or a cough or a snakebite. Health needs of the larger rural population were gradually being met, and after a while people began to see the results, particularly in immunization programmes, diarrhoea in children, malaria treatment and acute respiratory infections.”

“There was no understanding of health care the way we understand it now.”

Dele Abegunde

But early advances often lost momentum, Abegunde said, because communities were not encouraged to take control of PHC schemes themselves. “Initially, they did not put a lot of emphasis on community participation and ownership,” he said, adding that later on many doctors and nurses left the rural areas for better paid jobs in the cities.



Dr Michael Asuzu talking to the Village Health Committee (VHC) in the hamlet of Elesu, Nigeria, in the 1980s. The VHC and its village health workers (VHWs) became crucial in administering primary health care, including the prevention of guinea worm disease.

WHO/D. Henrioud

Abegunde says policy-makers and administrators should note the success of the PHC scheme in Elesu. After initial reluctance to adopt the monofilament water filtration system to control guinea-worm promoted by Asuzu’s team, the villagers embraced it once they had seen how it worked.

“The success in Elesu came from people’s own experience, being able to

see it and say, ‘wow this works, we did it!’ In future, primary health care planners should adopt this recipe as it has the potency to provide ownership and sustainability.”

Asuzu, too, remains optimistic that reforms of the health system and legislation governing that can deliver a sustainable PHC system. ■

The *Bulletin* at 60: from scientific organ to public health journal

The journal’s shift of focus from science to public health has been a 60-year journey, with twists and turns along the way, writes Brigit Ramsingh in this second instalment of a three-part series on the history of the *Bulletin*.

The *Bulletin of the World Health Organization* is recognized as one of the world’s pre-eminent public health journals, having maintained its role as the organization’s “principal scientific organ”. This dual focus has not sprung up overnight but has been the result of an evolutionary process over its 60-year history. Several changes to both its content and format and, crucially, the publication of several landmark articles have helped forge the journal’s unique identity.

When it was launched in 1948, as a deliberate continuation of the earlier *Bulletin of the League of Nations Health Organization*, the *Bulletin* was expected to have an important influence on medical opinion in the widest sense, and especially on the opinions of

those responsible for formulating and guiding medical theory and practice: that is, medical scientists and teachers, and public health administrators.

The first few issues of the *Bulletin* were distributed free to national health and research institutes, medical schools and faculty libraries, often in exchange for medical journals. Subscriptions were soon offered; in June 1948, there were almost 600 paid subscribers, though few were private individuals.

The work of WHO’s Expert Advisory Committees – external international experts invited to advise WHO on specific subjects – was the main “inspiration” for much of the *Bulletin*’s early content. The journal’s main function at that time was also to publish studies relevant to the Expert

Committees’ work and to cover subjects for which there were experts within the WHO secretariat.

The Executive Board believed the *Bulletin* should publish articles on the following six categories:

- laboratory studies on topics such as biological standardization and communicable diseases, one of the main objectives being to encourage the use of uniform methods to obtain comparable results;
- internationally significant studies of results achieved by specific disease control methods;
- studies of the geographical distribution of diseases;
- reports of surveys, especially those involving studies of relevant world literature and visits to countries;
- reports of original findings made in the course of field programmes; and
- review articles based primarily on surveys of literature summarizing the present state of knowledge in different fields

By October 1958, the *Bulletin* was mainly publishing articles on communicable diseases, especially malaria and tuberculosis. By this time, entire issues of the *Bulletin* dedicated to a specific topic had started to appear, ranging from plague control (1953) and environmental sanitation (1954) to occupational health (1955) and the serology of syphilis (1956).

In 1963, the *Bulletin* started to publish supplements to the regular volumes, covering topics of interest to the public health community – often with a more public health than scientific focus. One of the first was devoted to meningitis in Africa. This balance between science and its application for public health purposes would continue to characterize the journal for decades to come.

By the end of the 1950s, the *Bulletin* had established a clear international character. A report delivered to the 25th session of the WHO Executive Board in 1959 noted that 67% of articles published since the journal's inception qualified as “international or unrelated to a geographical area”.

The *Bulletin's* format was also evolving along with the content. In 1950, a bibliographical section (containing references relevant to the international sanitary conventions) was included and the Executive Board authorized the publication of a single edition containing articles in French or English, with summaries in both these working languages.

In 1959, the format and the cover were redesigned, with a larger page size and smaller print with a double-column layout, facilitating the inclusion of more tables, graphs, maps and other illustrative material. Introductions, describing the specific topic being dealt with in a particular issue, were added. By the start of 1960, 21 volumes of the *Bulletin*, comprising 20 000 pages, had been published.

Within its first decade, the *Bulletin* had carved an identity as a reliable source of medical and scientific information, but with little public health content.

Barbara Campanini, a former staff member of the *Bulletin*, said: “It is

interesting that the present *Bulletin's* orientation is towards public health as the idea of an international journal of public health published by WHO was discussed in the first few years.”

As early as 1953, editors and senior managers discussed whether it was necessary to establish a public health quarterly, in addition to the scientific organ of WHO, the *Bulletin*.

One senior manager Dr Chu proposed including discussion articles on public health issues in the *Bulletin*. But the editor of the *Bulletin* at the time, Dr Norman Howard-Jones, rejected proposals to establish a separate public health journal or to include discussion on the subject in the *Bulletin*.

“A quarterly journal of public health would not fully serve its purpose if it were not as much a journal for discussion as for the description of current health administration structures,” Howard-Jones continued, “the *Bulletin* is very largely a journal for the reporting of scientifically verifiable results, and these two different types of material would not mix well.”

Over the years the *Bulletin* has published many landmark papers. For example, in 1956, it issued a paper entitled: *La lutte contre le paludisme en Afrique tropicale* by Médecin-Colonel PM Bernard, which identified problems with the WHO global malarial eradication campaign. By highlighting such problems, the article demonstrated how the *Bulletin* could serve as a forum of discussion that included views that were not necessarily those of the Organization on matters of public health importance.

In 1966, another landmark paper on tuberculosis treatment was published, based on a series of studies at the Tuberculosis Chemotherapy Centre in Madras, India. Authored by Kamat et al., this study was seminal in bringing about the shift from sanatorium care of tuberculosis to a more ambulatory form of treatment in that country.

In 1975, an overview study by Foege, Miller and Henderson reported that smallpox had been eradicated in west and central Africa, thanks to the surveillance-containment strategy they had tested in Nigeria in 1966. This paper provided the first convincing

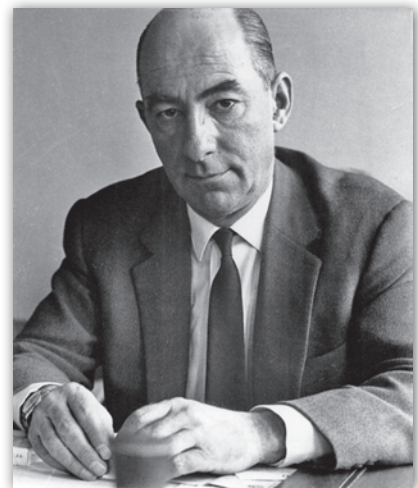
evidence that surveillance-containment was essential to eradicating smallpox across the world. It had a catalytic effect on eradication activities and led to the 1980 declaration at the World Health Assembly that smallpox had finally been eradicated globally.

By 1978, the *Bulletin* had introduced features such as the Update (*Le Point*), where external experts were invited to provide concise surveys of biomedical science and public health topics. These updates appeared alongside the ‘WHO scientific activities’ section and other regular items such as news and memoranda from WHO meetings. By 1989, the *Bulletin* had added the ‘Scientific Journal of the WHO’ to its title, echoing once again the aims of the Interim Commission that originally established the journal in the 1940s.

In 1999, however, the subtitle would change once more as the *Bulletin* underwent yet another major transformation.

The third and final instalment of the history of the *Bulletin* will detail the major changes to the journal instigated under former Director-General Gro Harlem Brundtland.

The first instalment in this series was published in January 2008. Available at: <http://www.who.int/bulletin/volumes/86/history/en/index.html> ■



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