Editorials

Making a difference
Gro Harlem Brundtland1

A new era is beginning. The imminent new millennium reflects only one way of recording history, but it does serve to heighten our awareness of transition. This is a time that brings with it unprecedented risks and opportunities for human health. As a result of global interdependence, epidemics can become pandemics more rapidly than ever before, but protection against an increasing number of diseases can be more inclusive than ever before. With technological development comes the power to destroy, but with it also comes the power to solve problems thought until now to be insoluble. With economic turmoil come hardship and insecurity for the health sector in many parts of the world, but with it also comes intense pressure on policy-makers to find better ways to protect people’s health.

Whatever our expectations may be, the future depends to a large extent on the choices we make today. The task of the World Health Organization is to help find ways of constructing that future to avert the threats and use the opportunities it holds for health. To do so more effectively, WHO itself is going through an intense period of change. We are redefining our work as the global agency for public health, and reorganizing our activities to get it done.

This work has four dimensions: building healthy communities, combating ill-health, sustaining health, and reaching out to partners in development. These are the themes around which we have arranged the activities of WHO headquarters, placing them in nine clusters of related programmes. My guiding conviction in this whole reform effort is that each of us individually and the Organization as a whole can make a difference. We can make a difference to the health of the people in our Member States, to the health systems that serve them, and to the policies on which their well-being depends.

Commitment to making a positive difference requires us to base our decisions on the best evidence. “Evidence and information for policy” is the name of one of our nine programme clusters. It includes developing research policy, managing information, and building up a solid base of evidence on the best ways to promote health. The Bulletin of the World Health Organization plays a key part in carrying out these functions, and it has been expanded and re-designed to do so more effectively.

The Bulletin now places research findings and policy-relevant discussions side by side in the same publication. In doing so it is making an important point: people with different responsibilities for health cannot afford to ignore each other’s work. Health decisions are aimed at saving lives, reducing suffering and promoting well-being. It is hard to think of any area of decision-making that can be more important for individuals and for society as a whole. Clearly, such decisions must be based on the most rigorous analysis possible of the technical and scientific factors involved. But equally clearly, they must be based on how people see things. Perceptions of such matters as justice, desirability and acceptability differ. Different kinds of information and different points of view must be included if the right decision is to be made.

Recent examples of the need for debate include the control of some of the emerging diseases, and the use of new genetic technologies. Here the risk–benefit ratio cannot always be quantified, so it has to be weighed up in other ways. Even where the numbers are available there may be no agreement on what an “acceptable” level of risk would be, or what preventive measures should be taken. More general questions of public health policy and practice, such as financing and priority-setting, require a similar interaction of disciplines and viewpoints. It is clear that poverty increases ill-health and that ill-health increases poverty. The vicious circle cannot be broken by health workers alone any more than it can by economists and politicians alone. Education, lifestyle and environment also have a direct bearing on most of the pressing health problems of today.

The Bulletin in its new form will be open to every perspective that can increase our understanding of health problems and how to solve them. In this way it will reflect our decision to make WHO not only a participant but a leader in the current fast-moving interactive process of global change. It will provide valuable information on the hard work the health community is doing around the world, and at the same time try to convey some of the excitement this work brings with it, and some of the courage and imagination it requires of all of us.

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Editorials

A new role for the Bulletin
Richard G.A. Feachem

With this issue, the Bulletin of the World Health Organization has a new look. As it starts its 52nd year, WHO’s Bulletin also takes on a new and bigger role in public health, appearing monthly and covering an even wider range of topics than before. Digests containing selected articles will also appear twice a year in Chinese, French and Spanish.

Since 1948, the Bulletin has been reporting internationally important health research, much of it from developing countries. Now two of WHO’s other journals, the World health statistics quarterly and the World health forum, have been incorporated into the Bulletin to make it, as its subtitle states, “the international journal of public health”. By merging these journals with their separate emphases on epidemiology, information exchange and science, WHO aims to bring together all that is best in the theory and practice of public health worldwide. It is a mark of the Organization’s commitment to seeing health from a broad perspective that integrates disciplines and combines scientific enquiry with policy analysis.

Building on its well-established foundation, the Bulletin will be the place to find not just articles on the latest internationally relevant scientific research but also reports and commentaries on a wide range of health-related topics of direct interest to health practitioners and policy-makers. It will report regularly on WHO’s own research, such as that on the global burden of disease and injury, and will encompass issues such as health ethics, the financing of health care, and research policy. Readers will be invited to express their views in letters to the editor, there will be round table discussions on timely and controversial issues, and reviews of books and electronic media will keep readers up to date with the latest sources of information in international public health.

While regular Bulletin readers will notice many changes in this issue—both in content and in presentation—the aim of the Bulletin remains simple and straightforward. It is to provide a sound basis of evidence that will contribute to the achievement of better health for all. The Bulletin will not shrink from publishing well-founded arguments that are critical of current paradigms or the policies of governments and agencies, including WHO. To support this ambitious task, a number of internationally recognized figures are being recruited to serve on the journal’s editorial board to guide policy and provide expert assessment of all material submitted for publication. Together with an internal WHO team of experts, the board will ensure the highest possible standards for the Organization’s flagship journal.

WHO’s standpoint is clear: as a platform for the widest range of health-related information and analysis, the Bulletin will further the greatest equity and efficiency, and the highest quality, in health policies and programmes worldwide. We cannot be satisfied with less.

1 Editor-in-Chief