Child public health
Authors: Mitch Blair, Sarah Stewart-Brown, Tony Waterston & Rachel Crowther
Publisher: Oxford University Press, Oxford, England; 2003
ISBN: 0-19-263192-6; 262 pages; price: £29.50 (paperback)

It was a pleasure to review this excellent introductory textbook on child public health written jointly by respected paediatricians and public health professionals. The presentation is clear and authoritative, with key points helpfully placed in text boxes for emphasis. It is an ambitious work that very successfully covers an extremely large body of theory and practice. This is one of the two main strengths of the book — bringing together in one text various disparate elements and showing how they contribute to an understanding of child health. The other area in which it excels is in presenting thoughtful summaries of milestones in the history of child public health in the United Kingdom, the determinants of health in children, and lessons learned in tackling child health problems.

The coverage of the book is impressive, ranging from family and community perspectives and approaches through to advocacy and national policy. It thus presents an excellent overview for those coming from medical, nursing or social science backgrounds but who are training in child public health. The breadth of coverage necessarily means that the approach is not an evidence-based one, in which the link between recommendations and primary research is carefully documented. Rather, the expert judgements of the authors are drawn upon to select the key points and references that are presented. This is not a problem in an introductory text.

About a quarter of the book is taken up by background theory, concepts and methods in relevant public health disciplines such as epidemiology and health promotion, and public health practice. Risk and causality and methods, such as needs assessment, are also explained. This is done clearly and competently, although more effort could perhaps have been made to present this material from a child health perspective. All these issues have been well covered elsewhere, of course, but spread over a number of disparate textbooks. Presenting them together in this way should be an attractive alternative for those looking for a single text to cover this field.

The scenarios that are used to illustrate how child public health can be practised in real life are both novel and helpful. However, examples illustrating the application of lessons learned in clinical child health to the public health sphere would have been welcomed. This section could also usefully have been extended to include examples of the contribution to child health of other professionals not employed by health services.

For a first edition, this book has made an excellent attempt to cover the essential elements of the topic. What is missing? Really very little and it seems churlish to be critical of the coverage. More mention could, however, have been made of global polio eradication (one of the most important child public health programmes globally), the achievements of the global Expanded Programme on Immunization (EPI), neonatal problems (a major cause of global burden of disease among children) and the health of young people/adolescents. Also, there is also no discussion of how to tackle the hugely important public health problem of nicotine addiction/smoking, which often finds its origins in adolescence.

This book will be found extremely helpful by health professionals who are training in child public health or who wish to develop their understanding of and skills in this field. These include community paediatricians, public health specialists, general practitioners, and community or public health nurses. It may well become a standard text on this topic for these professionals. However, more could be done to present the perspective of non-health professionals in education and social services departments. The book deserves to be read widely and may well have an important impact in training a new generation of health professionals involved in child public health. If it achieves the success it deserves, I hope that in future editions it will shift the book’s primary focus from the United Kingdom since many of the issues it covers are universal.

Harry Campbell

Global public health: a new era
Editor: Robert Beaglehole
Publisher: Oxford University Press, Oxford, England; 2003
ISBN: 0-19-851529-4; 304 pages; price: £27.50 (paperback)

The contributions published in the most sizeable section (part II) of this useful global survey of public health (chapters 3–11) range between two poles. Some, such as those covering the United Kingdom and North America, equate public health with the activities of formally designated and established public health professions and organizations. They don’t make particularly gripping reading. More engaging are those that deal with avoidable human suffering, the institutions that generate and sustain it, and about the strategies whereby it might be reduced. The chapter on Latin America, for example, traces the contours of economic advance before the serious slowdown of the “lost decade” of the 1980s, and sets out the demographic and health parameters for sub-regional groupings of countries. Interestingly, in the low- and middle-income countries of Latin America, road traffic crashes and interpersonal violence are estimated, respectively, to make the third- and fifth-largest contributions to the burden of disease and injury. The authors seek guidance from the Pan American Health Association’s list of 11 “essential public health functions” and go on to note that the effective practice of public health requires “many civil servants”. However, “due to the current structural adjustment policies, there is...
instability and high turnover among public health administrators”. Latin America “faces a decrease in the incentives for working in governmental institutions and the labour conditions in the field are deteriorating” (p. 128).

Other contributors to the book see in the Global Fund to Fight AIDS, Tuberculosis and Malaria a new push towards vertical programmes. The chapter on public health in Africa concludes that, unless the resources for such programmes “contribute to the development of infrastructure, human capacity and management processes”, they are likely to have only a short term impact (p. 149).

The unravelling of economic and political institutions in the former Soviet Union, under external pressure and in the absence of adequate arrangements for institutional transition, has so far been associated with 2.5–3.0 million excess deaths (taking the already elevated mortality levels of 1991 as baseline).a The widespread indifference to this public health tragedy, both within the Russian Federation and elsewhere, makes it seem that the dictum that one can’t “make omelettes without breaking eggs” has acquired a new life — this time to excuse the combination of Soviet legacies and foreign meddling that has made such a mess of the “transition” to liberal democracy. The excellent and comprehensive chapter on Eastern Europe and the former Soviet Union provides a few precious insights on why the Soviet public health system, which had dealt successfully with communicable disease, failed so disastrously in tackling chronic disease and injuries. This failure is traced to the low status of public health as a professional activity, to the vertical nature of the disease control programmes, to the stifling effects of authoritarianism in Soviet academia and to the closing of communication with western science. The idea that chronic diseases were “transitional” phenomena that did not require a concerted institutional response provided a further escape hole.

Although the lack of investment in the appropriate public health science contributed powerfully to Soviet failure, there is curiously little acknowledgement in the book of the extent to which success elsewhere has depended on advances in the sciences relevant to public health. Soviet failures also sharpen appreciation of the importance of public trust in state institutions and public engagement to disease control efforts. The chapter on North America laments the weakening of governmental public health organizations by the anti-state policies of economic liberalism but fails to pay tribute to the vigorous engagement of the public with health and its determinants. The Californian Tobacco Control Programme, for example, which stands as a global beacon in the fight against this most deadly of enemies, receives no mention. The institutions that have enabled North America to add so substantially to the global stock of public health science receive no recognition.

Other chapters in part II cover Sweden (but not, curiously, the star public health performer, Finland), China, South Asia, and Australasia and New Zealand. Part I consists of two useful introductory chapters (on the global context of public health and on global health status), while and four concluding chapters (ranging from bioterrorism to ethics and public engagement before a concluding overview chapter) make up part III.

All this in around 300 pages makes for thought-provoking reading. The incoherencies and oversights reflect the state of the field. If the editor’s dream of a new “golden age” of public health is to be realized, a lot more work will need to be done.

John Powles

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The Perspectives section of the Bulletin publishes views, hypotheses, points for discussion, or commentaries on issues of current public health interest. We are making this section a regular feature of the Bulletin and welcome submissions. Contributions should consist of a maximum of 1500 words with no references; they will be edited and may be shortened.

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