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## BOOK REVIEW

### **Anders Mellbourn, editor Health and Conflict Prevention**

Madariaga European Foundation, Brussels, 2006, 184 pp.

The Anna Lindh Programme on Conflict Prevention published already two books of articles on topics of prevention of conflicts in the modern world: in 2004 on developing a culture of conflict prevention, and in 2005 on development, security and conflict prevention. In the 2006 issue there are discussed countless connections between conflicts and health.

There are many different layers of the problem, which are not recent: already in the first introductory part *Javier Solana* quotes the American microbiologist and epidemiologist Hans Zinsser that the historically common infectious diseases as typhus, plague, cholera, typhoid fever or dysentery decided more military campaigns than Hannibal, Caesar or Napoleon. Disease can cause social instability – a good example are contemporary epidemics of HIV/AIDS of 2004, and SARS epidemics which only in South East Asia caused a loss of 2% GDP. The threat of BSE or the avian flu is endangering the economics and social stability globally. There are 1.8 million of Nigerian children, who lost their parents due to HIV infection. *Marcos Kyprianu*, the European Commissar for Health and Consumer Protection writes about the European answers to threats such as mad cow disease or avian flu: the proposition of European Public Health Programme is the proper step in approaching future dangers. Surveillance and early warning shall be part of the European Policy in this field. In the following chapter *Zsuzsanna Jacob* writes about the possible role of European Health Policy in conflict prevention. The European Centre for Disease Prevention and Control, which was borne out of the recognition of EU member states, can play an important role in this field.

The relationship between conflict prevention and health can create also new opportunities, as states in his chapter *David*

*Hamburg*. Poverty reduction could have an important impact on national health. Health seems be important in future contents of diplomacy and can also create the bridge to peace in many countries and regions of the world. Both health and development can prevent violent conflict, an orientation toward education is an important stone of such a structure. Among others is the necessity of commitment in international development policy, vital is the building of civic society. Democracy is not a luxury, but an important condition for sustaining peace and prosperity. Education is one of the important underpinnings of successful developmental policies. Educational policy has to involve also women which is an important part of such activities.

*Professor John Wyn Owen* from Cardiff and Sydney quotes Prof. David Fidler in his Maloy lecture in October 2004 who claimed "the nature and extent of foreign policy devoted to health is unprecedented", however, the question remains whether foreign policy is influenced by health issues, or if health is influenced by policy. Globalization has shifted health from being a national issue to an international one. Erosion of boundaries as well as modern traffic have changed local horizons dramatically.

In the today's world, where 2.8 billion people are living on less than 2 US dollars a day, nearly 500 million people are living in areas of conflict and 1.2 billion people are struggling for clean water every day, 40 million men and women have HIV/AIDS infection. 1.3 billion people are smoking cigarettes and 1.2 million of people are killed yearly by traffic accidents.

*Frida Kuhlau* from the Stockholm International Peace Research Institute reports about the danger of terrorism and stresses the importance of the European Centre for Disease Prevention and Control in future protection of European Citizens from the

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danger of infectious diseases. It is necessary to continue at the European level in the policy to develop and examine new vaccines, diagnostics and antibiotics and also the diagnostic and therapeutic strategies in order to protect people from possible future epidemics. *Scott Ratzan* vice president of Johnson and Johnson Company is discussing the role and possibilities of the private sector in global health problems in the 21<sup>st</sup> century. The tsunami 2004 disaster led to broad health diplomacy, which also led to involvement of the Johnson and Johnson Company according to its *commitments and responsibilities* to customers, employees and communities. The author also stressed the role of modern media tools such as Google, America on Line and Yahoo in communication about acute serious global disasters and the possibilities to create direct links to organizations like the Red Cross, UNICEF or Oxfam. One of the concrete projects where the private sector was involved, was its support to a John Hopkins University project to support midwifery in Indonesian Aceh.

*Jerker Liljestrand* from Lund University and *Jeffrey Lazarus* from WHO Europe in Copenhagen describe the situation with HIV/AIDS infection. They demonstrate that in Botswana, Lesotho, Namibia, South Africa, Swaziland and Zimbabwe well over 20% of pregnant women are infected. "This creates millions of orphans and decimates teachers and health workers" (*Kofi Anan*, former UN Secretary General, 2000). Social instability, worsening of security and slower development are consequences at the local level. The role of health care could not be isolated and without broader governmental and international involvement, success is not imaginable.

*Zihe Rao* from Tsinghua University in Beijing reports about combating SARS in China. He analyses the reasons, why the Chinese response was slow. The atypical pneumonia in Guangdong province was originally regarded as possibly caused by *Chlamydia pneumoniae*, which was the conclusion of a renowned senior microbiologist. On the contrary, the scientists at the Academy of Military Medical Sciences (AMMS) in Beijing isolated the virus in February 2003, but they were cautious to report it to the media or WHO network. Rao reports there was also some hesitation by the AMMS scientists to criticize the official Chlamydia story. The consequent Chinese reaction, according to Rao, was swift and efficient. 7,000 construction workers were quickly able to build a new hospital for 1,000 patients in Beijing. Parallel, in Beijing, which was particularly badly hit, schools and universities, theaters, and discos were closed. Still before the outbreak of SARS in China, the Chinese CDC was established in January 2002 to replace the Chinese Academy of Preventive Medicine. Epidemics of SARS led in China to important reforms in biomedicine, the life sciences and public health.

*Anthony Zwi* and *Natalie Grove* from New South Wales see the modern threats as a challenge to human security, and expressed reflec-

tions on health, fragile states and peace building. For the maintaining of human security, military forces are often needed to protect civilians and to quell the violence. There is a need of good projects for health care in affected areas. The responsible health sector has to build trust. *Hans Blix* and *Manne Wangborg* (Sweden) report about legal and diplomatic issues countering biological weapons. They describe some deficits in the Biological and Toxin Weapons Convention (BTWC) and were concerned about the lack of a verification mechanism in the early nineties. Although something has improved in last years, there is still a lot of reasons for public awareness in this field. *Pekka Haavisto*, EU Special Representative in Sudan and former Finnish minister for environment describes the EU response to the Darfour crisis. The EU supported the people in Darfour in the years 2004–2006 with nearly 500 million Euros. *Anders Mellbourn* (Halmstad University, former editor in chief of Stockholms daily newspaper Dagens Nyheter) in the last section of the book stresses the responsibility of media and journalists to report about the disasters in the world to allow proper and balanced action.

As reviewer, with the interest in diabetes and nutrition, I missed more remarks about nutrition, politics and economics. This became to be of great importance especially nowadays, when high prices of rice, wheat and oil are ruining large populations in Africa and South East Asia. The global epidemic of diabetes became a real danger not only for patients, but also for governments and for national economies. Perhaps questions on nutrition and on diabetes could be part of another book of this series.

To summarize: an important book showing the complexity of the multilayer modern world.

The book should be important reading for public health specialists, physicians in the fields of infection and tropical diseases, economists as well as for politicians.

The health issues do not know frontiers: an infection in one place of the world can lead, thanks to air traffic, to its outbreak in other place many thousands of kilometers apart. Changes in the climate, the fragility of food and energy resources are other fields which can influence human health. The book is fascinating reading for anybody, who observes the world from a wider perspective. There are not too many reasons for optimism – the only responsible answer to global threats is good knowledge, good organization, good science, critical evaluation and last but certainly not at least: freedom and democracy.

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