
“Critical Perspectives in Public Health” integrates selected articles from the journal of the same name with introductory chapters and some new articles. As a book title “Critical Public Health” might not suggest much to the average reader, but a definition from Lee Harvey inside explains further: Critical Public Health involves “deconstructing taken-for-granted concepts and theoretical relationships by asking how these taken-for-granted elements relate to wider oppressive structures and how these structures legitimate and conceal their oppressive mechanisms”. This is worth repeating simply because it is integral to the purpose and organisation of the book, which is in four sections: social inequalities; evidence for practice and evaluation; public health and globalisation; and technology, the environment and public health. Some chapters fit within these sections better than others; for example, a chapter on female genital mutilation (FGM) does not seem an obvious fit with the section on public health and globalization, but when the book is taken as a whole, the chapters do fit very well with the overall theme (and the chapter on FGM is actually one of the best chapters in the book).

Other highlights are Mickey Chopra’s chapter on how one might compensate for the gaps in the evidence base around effectiveness by using descriptive research, and how different research types can be used to reveal the causes of inequalities in developing countries. Muntaner and colleagues’ critique of social capital on the other hand illustrates well the political baggage terms like this often carry—in particular the association of social capital with “Third Way” politics, characterised by a reduced role of the state. The reference to the example of the Third Way is something of a “blast from the past” (the paper was originally published in 2000), but the chapter is still topical and a useful corrective to the tendency to over-interpret the linkages between social capital and health.

In some of the chapters—particularly in Part II—the tension between experimental and non-experimental designs surfaces. The Introduction to this section argues that policy interventions do not lend themselves to randomisation, though Linda Bauld and Ken Judge’s pragmatic view in a subsequent chapter on evaluating complex community based initiatives is that different methods are appropriate as depending on the context. Another interesting short paper (by Chris Bonell) identifies why RCTs are, or are not done, describing two attempted RCTs of HIV prevention. It uses interviews and documentary analysis to explore how evidence is defined, produced and used and includes the graphic quote from an interviewee: “The very mention of the words evaluation, methodology, random, control or trial can reduce the most dedicated HIV prevention worker to a whingeing mass of indifference and excuses.”

Finally, the introductory sections they are excellent—thorough and analytical. The chapters are in the main very readable and thought-provoking, and an encouragement to the development of new and more critical thinking around some well-worn public health topics.

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‘Health policy and politics’ is mainly drawn from papers given at the annual conferences of the Health Politics Group during 2005–06. It states that it aims to contribute to the ongoing critical analysis of policy making at the macro level and at the intermediate level of professional institutional relationships. In seeking to meet this aim, it throws its net wide, covering local and international-level analyses, and ranging from case studies focused on topics or places to wider analyses, for example of decentralization.

In some places this book reminded me of a historical textbook, rather than a current analysis of policy. This is not a criticism, and indeed some of the chapters work very well in this respect—that is, as a summary of events during a particular period or point in time. For example, Chris Nottingham’s chapter (‘Two cheers for public health’) analysing why Scotland pursued a New Public Health (NPH) Agenda is helpful in locating current concerns about the wider social determinants of health in a much longer timespan. A section of this chapter also summarizes the arguments of the opponents of NPH, and in particular he reminds us that Ivan Illich saw NPH as another aspect of the expropriation of health by medicine, and this is still ongoing. On another page he accurately notes the lack of nuanced political debate which characterizes NPH: ‘New Public Health campaigners acknowledge the political nature of their prescriptions. Yet they see politics as not more than a mechanism for transferring their insights into practice .’

Other chapters with a similarly long rearward view include one on consumerism in health policy (‘Where did it come from and how can it work’) and Susan Pickard’s chapter on accountability in the UK NHS which explores this before and after 1997 (when New Labour led by Tony Blair ousted the Conservative government).

Overall I found this a much more interesting analysis than the slightly ‘grey’ title suggested, because of this wide range. However what it gains in breadth, is sometimes lost in length, and some of the chapters seem short, and are just warming to their theme when they seem to stop abruptly. However,
even the shorter chapters provide useful entry points for further reading—for example, the chapter on pharmaceutical policy in the United Kingdom, and the case study on the operation of NICE in the United Kingdom. The blurb on the back of the book suggests that this is a useful compendium for those wanting to know more, rather than a definitive text, and indeed some of the background chapters would work well as background reading for courses, supplemented with more recent academic articles.

Finally, the editor, Alison Hann, states in her biographical note that she has published widely in the British White Cattle Society Journal—yet more evidence of the influence of Big Farma.

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As surprising as the appearance of AIDS was to the world as surprising it was that this gruesome and inexorable disease could be efficiently treated—not cured that is, but critically ill patients could return to life as a Lazarus effect. AIDS wards were closed and people prepared to die could go back to work and caring for their children. It was not to be expected that this particularly complicated retrovirus, its DNA incorporated in the genome of our cells life-long and constantly changing by a promiscuous mutation rate could ever be restrained by antiviral products. Initially, it was thought that the very expensive and exacting therapy could never be applicable to people in resource-constrained settings. Further, it was thought that poor people and drug users would not understand or would not be able to cope with the strict daily routines. Bad adherence would follow with a catastrophic development of resistance to the antiretrovirals.

All these apprehensions did not come true. On the contrary, prices of the drugs for poor countries have been reduced in a revolutionary way, by 95%. Funds have been mobilized and today four million people in low or middle income countries have access to antiretroviral drugs. Adherence is acceptable. Resistance is a worldwide problem related to the nature of the retrovirus. The pharmaceutical characteristics of the drugs have constantly been improved towards increased efficiency, lesser side effects, simpler regimens and more combination formulas, even reducing the daily number of tablets to one or a few. However, there are many serious problems remaining, e.g. lack of access due to health structure deficiencies and inefficient prevention resulting in five new HIV infections counted on two patients starting treatment. The epidemic is gaining all the time.

However, antiretroviral therapy is a remarkable success story, well worth to be told. The book ‘A decade of HAART – The Development and Global Impact of Highly Active Antiretroviral Therapy’ is doing just that in a very ambitious way where more than 70 authors are recording a conference in 2006 arranged by the International Association of Physicians in AIDS Care (IAPAC) on more than 500 pages. The text is overwhelmingly rich, almost suffocating. It is difficult to specify who would benefit the most to read the book; the clinician or public health worker looking for references for a lecture or for writing a scientific paper or policy makers trying to understand the background for implementation and planning ahead. The field is moving so fast that knowledge which was state of the art in 2006 is already history. Therefore, the most valuable sections are those dealing with the historical development or with further challenges in the next decade of HAART. It feels brutal having to say this with reference to the enormous and collective efforts of the many top, world renown, experts but the book deserves its place in the libraries of clinical research departments, public health institutes and for medical, public health and health economic education.

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