

Impact case study (REF3)

Institution: University of Exeter		
Unit of Assessment: UoA 28 History		
Title of case study: Embedding culture at the heart of the World Health Organization's policy and practice in Europe		
Period when the underpinning research was undertaken: 2000-2019		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s): Professor Mark Jackson	Role(s) (e.g. job title): Professor of the History of Medicine	Period(s) employed by submitting HEI: 1998-current
Period when the claimed impact occurred: October 2016 – December 2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact Public health policies rely traditionally on quantitative, mortality- and morbidity-based measures of health and well-being. Co-directed by Mark Jackson and Felicity Thomas, Exeter's unique World Health Organization Collaborating Centre on Culture and Health (WHO Centre) has embedded awareness of the historical and cultural determinants of health within the cross-sectoral work of WHO Europe. This work has generated sustained impact on public health policy and practice across the WHO European Region . Through strategic leadership of key committees, contributions to flagship research and policy initiatives, the production of policy briefs and country-level reports on well-being, and the delivery of educational workshops on mental health, the WHO Centre has provided intellectual guidance, practical training, and new forms of qualitative evidence for health policy-makers, practitioners, service users, and third-sector organisations .		
2. Underpinning research The impact of the WHO Centre is underpinned by the work of Mark Jackson, whose research explores the social and cultural determinants of health and medicine in the twentieth and twenty-first centuries, and Felicity Thomas, the Centre co-director, whose research focuses on the cultural contexts of health in the contemporary world. Their cross-disciplinary work together has generated new frameworks for understanding culture as a core determinant of health, leading to their close involvement in the development and activities of two flagship policy initiatives at WHO Europe: the Cultural Contexts of Health programme; and the Behavioural and Cultural Insights Unit. Jackson's research focuses on how social and cultural factors have shaped medical and scientific knowledge, health-care policies, and personal and political narratives of health. His work on the global history of allergy (Wellcome Trust University Award, £193,000, 1998-2004) revealed the historical and cultural specificity of links between socio-economic conditions and patterns of health and disease. Analysis of changing cultural norms and regulatory cultures highlighted how trends in allergic diseases such as asthma and hay fever relate to evolving forms of domestic, occupational, and outdoor environments, as well as variations in food consumption and hygiene [3.1]. Developing further the notion that health policies and practice are influenced by culturally-specific norms and values, Jackson has examined the manner in which scientific and clinical studies of stress and trauma in the Western world have continually refashioned – and been refashioned by – public understandings and personal experiences of mental health and well-being (WT Programme Grant, £454,118, 2007-11) [3.2].		

As part of a multi-stranded research programme on lifestyle, health and disease across the twentieth and early twenty-first centuries (WT Senior Investigator Award, £850,000, 2013-18), Jackson's latest work reveals the ways in which cultural and demographic change, as well as adverse social and occupational circumstances, can disrupt individual and family stability and threaten emotional and physical well-being across the life course. This work suggests that we are aged as much by culture as we are by biology [3.3, 3.4]. Jackson's research has been recognised in professional awards (most notably the Royal Society Wilkins-Bernal-Medawar medal in 2018 for his significant contributions to medical history and medical humanities), appointments to Wellcome Trust, AHRC, and WHO advisory committees and funding panels, and a successful bid to establish and direct the trans-disciplinary Wellcome Centre for Cultures and Environments of Health (WCCEH; funded by WT Centre Award, £4.1 million, 2017-22; extension award, £1.43 million, 2022-24), within which the WHO Centre sits.

By leading the development of new collaborative, inter- and trans-disciplinary approaches to health research – grounded in medical humanities and qualitative, participatory methodologies – Jackson and Thomas have generated clearer understandings of the cultural determinants of health and well-being. A study of antibiotic resistance, co-authored by Jackson and Thomas with members of the WHO Centre, demonstrated that tackling this complex risk to health demands systematic investigation of the historical, cultural, and socio-economic drivers of antibiotic usage [3.5]. Together, Jackson's and Thomas's research shows that addressing global health challenges of this nature requires recognising the impact of cultural contexts on scientific knowledge, the development and delivery of health-care policies and practice, and personal and collective experiences of illness, health, and well-being.

3. References to the research (indicative maximum of six references)

- 3.1 Mark Jackson, *Allergy: The History of a Modern Malady* (Reaktion, 2006). [Copies available on request]
- 3.2 Mark Jackson, *The Age of Stress: Science and the Search for Stability* (Oxford University Press, 2013). [Copies available on request]
- 3.3 Mark Jackson, 'Life begins at 40: the demographic and cultural roots of the midlife crisis', *Notes and Records: The Royal Society Journal of the History of Science* 25 (March 2020), pp. 1-20.
<https://royalsocietypublishing.org/doi/full/10.1098/rsnr.2020.0008>
- 3.4 Mark Jackson and Martin Moore (eds), *Balancing the Self: Medicine, Politics and the Regulation of Health in the Twentieth Century* (Manchester University Press, 2020).
<https://www.manchesteropenhive.com/view/9781526132123/9781526132123.xml>
- 3.5 Katie Ledingham, Steve Hinchliffe, Mark Jackson, Felicity Thomas, and Göran Tomson, *Antibiotic Resistance: Using a Cultural Contexts of Health Approach to Address a Global Health Challenge* (WHO Policy Brief No 2, 2019).
<https://apps.who.int/iris/bitstream/handle/10665/330029/9789289053945-eng.pdf>

4. Details of the impact

The work of the WHO Centre has had a direct and sustained impact on the internal and member-state oriented activities of the WHO Regional Office for Europe, as well as on practitioner and service-user communities in Belarus and Ukraine.

Established in 2016 on the basis of Jackson's research expertise and, in the words of WHO Director of Cultural Contexts of Health, Nils Fietje, Jackson's 'leadership ... of the history of medicine, and latterly, the medical humanities community' [5.1], the WHO Centre at Exeter is the only WHO Collaborating Centre focusing on culture and health. It was set up to enhance public health policy-making through a more nuanced understanding of the cultural factors behind perceptions of health and delivery of healthcare [5.2]. Regarded by senior staff at WHO Europe as one of the four 'building blocks' [5.2] of the 'absolutely novel' [5.1] Cultural Contexts of Health (CCH) programme, the WHO Centre at Exeter has strengthened CCH capacity at WHO and provided qualitative evidence from medical history and social sciences 'to facilitate more robust policymaking' [5.2]. Led by Jackson and Thomas, the WHO Centre

and CCH programme have been instrumental in driving change in health policy and practice. An independent evaluation conducted for WHO Europe in 2019 concluded that CCH is ‘an innovative, critical project’ that is creating ‘a focus for culture and health’, not only centrally within the WHO Regional Office for Europe but also within its member states [5.3].

1. Influencing policy and organisational practice of WHO Europe

The WHO Centre and CCH programme were launched after the Director of CCH at WHO Europe worked closely with Jackson on a chapter for the 2015 European Health Report calling for greater awareness of the cultural contexts of health and well-being [5.4]. The WHO Centre has provided Jackson and Thomas with a platform for shaping WHO policy. Jackson is Core Advisor to CCH and Chair of the CCH Expert Advisory Group; Thomas is one of its members. Jackson’s significance to WHO is evident in his membership of the European Advisory Committee on Health Research (EACHR), which feeds directly to the WHO Regional Director. Tasked with ‘developing the H&SS methodologies toolkit’ [5.2], Jackson and Thomas have provided a ‘unique intellectual ... contribution’ at WHO Europe, sitting at the forefront of ‘a unique conversation’ about the inter-relations between culture and health [5.1]. According to the Chair of EACHR and President of the International Children’s Center at Bilkent University in Ankara, the work of the WHO Centre is ‘especially important in shaping WHO Europe’s approaches to reporting on, and addressing, health challenges from a cultural perspective, as well as training policy-makers and practitioners in qualitative methods’ [5.5].

Jackson and Thomas have further embedded cultural factors at the heart of WHO Europe through a number of collaborative outputs and initiatives:

(a) **WHO policy briefs.** The first CCH policy brief, *Culture Matters* (2017), co-authored by Thomas and members of the CCH Expert Advisory Group, chaired by Jackson, is regarded as a ‘cornerstone ... publication for CCH’ [5.1], one that has also attracted attention from stakeholders beyond WHO [5.3]. A second cross-disciplinary policy brief (2019), coordinated and co-authored by Jackson and Thomas, with other members of the WHO Centre, explored the historical and cultural contexts of antibiotic resistance (ABR) – a key global health challenge – and included a toolkit of qualitative, participatory research methods for policy-makers. According to the Technical Officer for WHO Europe’s Control of Antimicrobial Resistance Programme, this publication managed to ‘open up and review the field [of ABR-control]’, highlighting the risk of being ‘too narrow in focusing on solutions or what we think the solution is without really focusing on who we’re talking to, or how we should be talking to them’ [5.1].

(b) **European Health Report.** In recognition of their expertise in qualitative research on culture and health, Jackson and Thomas were the only university-based contributors to the 2018 **European Health Report** [5.6]. The Report stressed the importance of moving beyond quantitative forms of health information towards mobilising qualitative evidence from research in the humanities and social sciences – including historical and ethnographic studies – in order to report more effectively on health and well-being and improve health services. Introducing the Report at the 2018 WHO Regional Committee, the WHO Europe Director of Information, Evidence, Research and Innovation regarded the new forms of qualitative evidence generated by these approaches as necessary for developing more holistic understandings of health across the life course [5.6].

(c) Complementing these new approaches to monitoring and addressing health challenges, the development of **innovative country-level reporting on well-being** has been led by Thomas, with support from Jackson and other members of the WHO Centre. The first full report – on Italy – uses historical sources and qualitative evidence of subjective well-being alongside traditional quantitative indicators. It was favourably reviewed in 2020 by the Italian Statistics Agency and by the Organisation for Economic Co-operation and Development, who declared that ‘culture is an integral aspect of well-being . . . we were excited to see someone tackle this question with a mixed-methods approach’ [5.7].

(d) The leadership demonstrated by Jackson and Thomas is having a broader impact within WHO. With WHO Centre guidance, the CCH programme is being replicated in the US through

a collaboration launched in April 2020 between WHO and the **Robert Wood Johnson Foundation**. The Director of CCH has noted that the WHO is 'delighted to see that the work being done in the WHO European Region can be of use and inspiration elsewhere' [5.1].

(e) Building on its work in CCH, the WHO Centre has played a key role in the activities and impact of a new **Behavioural and Cultural Insights Unit (BCI)**, established at WHO Europe in 2020, and helped to develop the European Programme of Work: United Action for Better Health in Europe, which sets out the strategic vision of WHO Europe for the next five years [5.8]. The work of Jackson and Thomas has been central to formulating and substantiating the health-care priorities of BCI, within which CCH now sits [5.8]. A paper on managing recovery from COVID-19, co-authored by Jackson, has been accessed over 23,000 times and has helped to shape the approaches taken by researchers and policy-makers advising the German Government's early COVID-19 response [5.8]. This work also 'laid the foundation for WHO Europe's policy framework on pandemic fatigue prevention and management' [5.8].

2. Guiding mental health policy and practice at regional and national levels

Drawing on the combined expertise of Thomas and Jackson in tracing the cultural and historical determinants of mental health across the life course, the Centre has expanded its work into Central and Eastern Europe (CEE). In 2018-2019, grants awarded by Medical Research Council and Global Challenges Research Fund TrACES funding (2018-19; PI: Thomas; CI Jackson; £54,657 combined) enabled high-level training and capacity-building in Belarus in Ukraine, in collaboration with national stakeholders. These projects were instigated at a 2017 Centre-sponsored workshop on mental health reform in CEE, delivered by Thomas and hosted by the National Institute for Mental Health, Czechia. Attended by 30 policy-makers and practitioners from Czechia, Poland, Armenia, Belarus, Ukraine, and Lithuania, the workshop provided insights on cultural factors that affect the transition from institutional to community-based health-care systems, and generated a platform for discussion, guidance, and support [5.9]. Participants from Ukraine and Belarus sought further collaboration and guidance on reforming their national systems of mental health care using a CCH approach [5.10], resulting in two projects.

(a) In 2018, workshops **supporting mental health practice** in cases of early life trauma (ELT) in Belarus and Ukraine brought together 41 academics, policy-makers, practitioners, and civil society for the first time to reconceptualise public health responses to ELT by incorporating historical and cultural perspectives. Feedback indicated that the workshops enhanced understanding and appreciation of the importance of multi-sectoral and intra-agency approaches to ELT [5.10]. One NGO leader reported that the workshops themselves were 'events for Belarus' because ELT 'was not discussed in that way in the media and amongst civil society'; the participant was subsequently invited by the Social Ministry representative to deliver training to care workers. Participants, including the Deputy Director of the Minsk Psychiatric Clinic, noted how the workshops provided opportunities for changing policy and practice, encouraging them to 'push harder for increased awareness of ELT at my hospital', 'lobby' for changes in educating practitioners, and develop 'more intensive interaction with specialists from other disciplines' [5.10]. One participant wrote a report for her organisation about the 'need to educate people [who] work with the traumatised children' [5.10]. In 2020, WHO Europe published a report in the form of narrative essays and case studies written primarily by practitioners, the first of its kind to be published by WHO Europe, testifying to the impact of the WHO Centre on WHO organisational approaches at member-state level [5.9].

(b) In 2019, a programme led by Thomas in the Minsk region focused on the use of qualitative methods to **improve understandings of the lived experiences and needs of families in relation to mental illness**. This multidisciplinary, collaborative project enabled the development of effective community-based care and a forum for peer support. Local psychiatrists, psychotherapists, and sociologists – trained by Thomas in participatory, narrative methods – conducted interviews with families, having previously relied exclusively on quantitative methods of health research. For the Head of the Psychiatric Department of Minsk Psychiatric Clinic, the project 'completely changed my way of thinking as a doctor. I think this project is what should be taught in all medical institutes, because frankly sometimes doctors don't feel like they are working with a person but with an object! . . . I try to observe

now what is going on from the cultural point of view, from different perspectives, not just one angle' [5.10]. One of the sociologists who took part observed that 'the most important [thing] is that my personal attitude changed and it's important to transfer that to the society and to improve quality of life in this family' [5.10]. The project also helped parents and carers become more aware of the support structures available for individuals and families. One parent commented that she had 'learnt so many things', especially 'about the organisations' available to support her daughter [5.10]. Two short films, made with family members about lived experiences of mental illness, are now being used in training programmes for psychiatrists, psychotherapists, and health authorities across the Minsk Region [5.10].

Through its contributions to WHO Europe's flagship initiatives, CCH and BCI, as well as focused work with partners in CEE, the WHO Centre has had a sustained impact on WHO Europe's policies and practice. Independent evaluation of the CCH programme concluded that the incorporation of CCH ideas into key WHO documents, made possible by the WHO Centre, 'signposts a shift within the WHO, where culture was previously not considered in this manner' [5.3]. In recognition of its value to WHO, in September 2020 the WHO Centre was formally re-designated as a Collaborating Centre for a further four years.

5. Sources to corroborate the impact

- 5.1 Interviews with Nils Fietje, Director of CCH, WHO (13 February 2019), and with Technical Officer for WHO Europe's Control of Antimicrobial Resistance Programme (13 February 2019); WHO press release, 3 April 2020.
- 5.2 WHO, *A focus on culture: developing a systematic approach to the cultural contexts of health and well-being in the WHO European Region*, Strategic framework, 2016-19 (2016), internal to WHO – confidential.
- 5.3 Cultural Contexts of Health and Well-being Project Review: independent external evaluation of CCH (2019).
- 5.4 WHO, *The European Health Report 2015* (2015), <https://www.euro.who.int/en/data-and-evidence/european-health-report/european-health-report-2015/ehr2015>, pp. 51-69.
- 5.5 Letter from Prof. Tomris Türmen, Chair of the European Advisory Committee on Health Research (28 February 2020).
- 5.6 WHO, *The European Health Report 2018* (2018), <https://www.euro.who.int/en/data-and-evidence/european-health-report/european-health-report-2018/european-health-report-2018.-more-than-numbers-evidence-for-all-2018>, pp. ix, 3, 78, 80-3, 114; Report of the 68th Session of the WHO Regional Committee for Europe (2018) http://www.euro.who.int/data/assets/pdf_file/0008/392507/68rp00e_Report_RC68_180641.pdf?ua=1, pp. 11-12.
- 5.7 Email communication with OECD Statistics and Data Directorate policy analysts (9 March 2020).
- 5.8 Letter from Dr Katrine Bach Habersaat, Team Lead, Behavioural and Cultural Insights Unit (1 March 2021).
- 5.9 WHO, *Culture and Reform of Mental Health Care in Central and Eastern Europe*, (Workshop report, 2018), <http://www.euro.who.int/en/publications/abstracts/culture-and-reform-of-mental-health-care-in-central-and-eastern-europe-2018>; Jessica Frances Marais, Olga Kazakova, Dzmitry Krupchanka, Orest Suvalo, and Felicity Thomas, *Understanding and Building Resilience to Early Life Trauma in Belarus and Ukraine*, (Stakeholder narratives No.1, 2020). <https://apps.who.int/iris/bitstream/handle/10665/332184/9789289054614-eng.pdf>.
- 5.10 Evaluation Report: Belarus and Ukraine Workshops on Mental Health Care in Central and Eastern Europe (2019).