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## From Mosquito Nets to Life-saving Moisturiser: The London Team Tackling Global Health and Development

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India project, (c) IGH

Academic and medical research lies at the core of the advocacy and consciousness-raising that global health journalists undertake, although the details of their vital labour, fieldwork and analysis are often unseen by lay readers. Sometimes academic and medical rigour is necessary to advocate, without polemic, for what you know to be true - even obvious - at the social, cultural and humanitarian levels. In time, they lead to concrete policy changes backed up by meaningful investment and management with integrity, in which local action, national vision and international progress are integrated and nourish each other.

Accordingly, it was with pleasure and admiration that I discovered the work of the UCL Institute for Global Health-affiliated Economics of Health and Development Group, who have recently made six presentations at the

just-ended 9th World Congress of International Health Economics in Sydney. Working with a wide-ranging set of funders including the Gates Foundation and the Wellcome Trust, the group's work first caught my eye because of their projects with women's groups in Bangladesh, Nepal, Malawi and India. Through engaging women at a grassroots level in education about nutrition, the health aspects of childcare, maternal health, postpartum care and related issues, it was shown that women's proactive participation and assistance of each other laterally, across communities and local networks in deprived or disadvantaged areas, could halve the maternal death rate. It was a powerful indication of how easy it is to reach out to communities and solve grave problems with almost shocking ease - but also an endorsement of the women's own interest, intelligence, confidence, motivation, unity and supportive connections to each other. Other projects developed by the group look at the effect of health workers' home visits on child survival, growth and development in India and Pakistan during pregnancy, immediately post birth, in the postpartum months and in infancy; the development of a network of international scientists and field sites dedicated to researching and effecting a reduction maternal and child mortality and child morbidity in affected regions in sub-Saharan Africa and South Asia; and a study of the effects of antenatal multivitamin and mineral supplements for pregnant women in increasing the birth weight of newborn babies in Nepal.

It is no secret, nor is it controversial, that women's health (starting from the most basic level), education, social enfranchisement, empowerment, inclusion and equality result in better results according to every single broad indicator - health, education, peace, equal representation, infrastructure, economy, development, liberty from abuse and violence - at a state level and beyond. Every global health and development project I have researched quite rightly focuses much of its efforts on women and our children.

Yet it is certain other projects of the UCL group which are catching my attention. These focus on a wide range of diseases and proposed treatments and assess their viability. The treatments are not costly in themselves but prices, practicality of delivery, human resources (from researchers and scientists to trained practitioners or advocates and grassroots connections on the ground) and the effectiveness of treatments must all be considered. In Malawi, beginning in October 2011 and continuing until late summer 2014, they will be studying the effects, and cost-effectiveness, of vaccines on young children at risk of pneumonia. Other studies have also been made into TB treatment in Cape Town and, in a separate project which ultimately echoed the World Health Organisation's recommendations, the effectiveness of the distribution and use of insecticide treated mosquito nets in combating malaria.

I was most intrigued by the just-finished study the group undertook in four different African sites, exploring the possibilities of a trial looking into the use of emollients as a barrier against infections - an assumption for which there is some research precedent. The reasoning is that, as skin is sometimes an entry point for infection, the application of emollients - oils and moisturisers - onto the skin through massage would reduce infection in newborn and prematurely born babies.

Sometimes, the simplest approaches and remedies can have immense power.