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KEYNOTE MESSAGE

**Schools of Public Health and Their Role
in Development***

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Abstract: *Schools of public health have an important role in leadership for their local community, but also for the broader society. They should train health workers, influence public policy, and do research, as well as collaborating with health workers in other places for both learning and teaching purposes.*

In many countries around the world, schools of public health are departments within schools of medicine or nursing where they are often called “Department of Community Health.” This is because public health is seen as a branch of medical training. In the USA however, schools of public health are separate academic institutions within universities and this might explain why they have been influential nationally and internationally. I will try to describe and compare my observations in the US schools of public health and those of schools of public health in the developing world, particularly in Malawi.

Public health is defined as “the science and art of promoting health, preventing disease, prolonging life and improving quality of life through organized efforts of society” (Winslow, 1923). The Association of Schools of Public Health (2006) has outlined the following as the three core public health functions:

- Assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities
- Formulating public policies, in collaboration with community and government leaders, designed to solve identified local and national health problems and priorities

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- Assuring that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care

An examination of the curricula in all accredited schools of public health will disclose how they have covered all of these areas. Most schools have the following departments: epidemiology and biostatistics, environmental health, health policy and management, health promotion and education, nutrition, and global or international health. The larger schools such as the Johns Hopkins Bloomberg School of Public Health, Harvard, Columbia, Tulane, and Emory have centers for specialized initiatives in each department.

The primary role of schools of public health is to train public health professionals in the three core public health functions listed above. This should apply to any school, whether it is in a developed or developing country. In developing countries where communicable diseases are rampant, schools of public health can help mobilize communities around simple preventive interventions. Patient-centered clinical care is important, but it should be balanced by community-based interventions such as the adoption of health-promoting behaviors.

Public health academics and students are able to assess and monitor the health of communities and provide feedback to them via different media. Empowered communities are able to change behavior because they learn to prioritize health as a very important asset. Healthy communities in turn will focus their efforts and resources on economic development instead of taking care of their poor health. This is why it is very important for schools of public health to strengthen community linkages so that their graduates are aware of real grassroots problems and challenges. Most schools in the US require their students to spend time in communities in the country, and international or global health programs encourage their students to do their research or field practicum overseas.

Public health policy design and implementation are areas in which schools of public health should be involved. This starts with training of practitioners capable of designing evidence-based policies in public health practice. Policy design requires a partnership between policy makers and academicians. In most developing countries, public health academicians act as consultants to ministries of health in critiquing policies and priorities in health care. For instance in sub-Saharan Africa, where HIV is rampant, policies needed to be developed on voluntary counseling and testing, confidentiality, informed consent and anti-retroviral treatment. The scaling up of anti-retroviral treatment has been achieved because of the strong partnership between public health practitioners and policy makers in government and the private sector.

In the United States, health policy research and debates are common in schools of public health. This keeps the government aware of public health issues that need more funding, or reduction in funding. Universal health coverage continues to be a major policy and political issue and schools of public health have contributed much to the debate. Academic institutions are better equipped to join the debate as they do not have a political agenda of their own, rather they are interested in providing the best good to most people in order to improve the public's health.

Schools of public health can make a large contribution to the identification of health disparities in any given country. In the United States, health disparities continue to exist among different ethnic groups with the best indicators for health among whites. Even where socio-economic status is the same between whites and minority groups, some indicators are still better among whites. Research in health disparities has now become a specialty within public health. Schools of public health have contributed greatly to the much needed understanding of this subject.

In the developing world schools of public health must begin to bring health disparities to the forefront in policy circles. There is evidence that more health care funding is spent on providing services in urban centers rather than in rural areas where there is greater need. The results are quite obvious; much poorer health indicators among rural populations which result in poorer productivity and development as a whole. Health financing under the cost sharing and cost recovery mechanisms or under the universal "free" public health care system are issues that need further research in order to come up with how best to finance health care in resource-poor settings.

Most countries in sub-Saharan Africa now allow a parallel health care delivery system with the private sector providing more expensive and therefore more sophisticated care than the public sector. Studies need to be carried out to determine the efficient use of resources in both sectors and whether this is the best model for health care. Schools of public health can contribute to this area since they have the academic know how to formulate research questions and provide feed back to policy makers.

One of the most interesting areas in which schools of public health have entered, at least in the US, is partnerships and collaboration with non-governmental organizations (NGOs). These partnerships have been successful because of the recognition of each other's strengths and weaknesses. In many countries NGOs have been implementing community health interventions and have built strong links and understanding of those they serve. Universities bring in the ability to assess and analyze these programs and making recommendations to improve performance while maintaining their independence and objectivity. NGOs have been faulted for not being able to document and

disseminate their work effectively to the wider development community and universities have helped them do this. The success of some of these partnerships has led to joint applications for funding, program planning, and implementation.

Finally, schools of public health in developed countries have established centers of research and training in partnership with schools in developing countries. For instance, the University of North Carolina has a center in Malawi, where the Johns Hopkins University Bloomberg School of Public Health also has one in partnership with the Department of Community Health in the University of Malawi's College of Medicine. Scientists from both countries spend time at each other's institutions learning and sharing their research findings and there has been a substantial transfer of appropriate technology to Malawi. This has resulted in building capacity in all sectors of health care in the country, thus contributing to overall development. This sort of development is part of what schools of public health need to be doing as they seek to widen their sphere of influence and meet their goal of promoting world health.

References

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