

# Regional public health education: current situation and challenges

Viroj Tangcharoensathien<sup>a</sup> & Phusit Prakongsai<sup>a</sup>

At the UN Millennium Summit in September 2000, the 191 Member States of the UN reaffirmed commitments to work towards a world in which elimination of poverty and sustainable development are the highest priorities. Governments, health development agencies, nongovernmental agencies and WHO are committed to an unprecedented global effort to work towards the health-related Millennium Development Goals (MDGs) as their corporate mandates.

Although significant progress has been made for most of the goals, the most recent evaluation indicates uneven achievements within and across countries.<sup>1</sup> It is apparent that some countries in south Asia and sub-Saharan Africa need to channel special efforts through multisectoral actions to achieve maternal and HIV/AIDS mortality, and underweight targets. Poor health taxes productivity and undermines poverty reduction efforts.

Given the MDG stakes, international evidence indicates that low-cost, effective interventions do exist<sup>2</sup> but countries in south Asia and sub-Saharan Africa have failed to scale up these interventions to address the significant burden of diseases. Failure to scale up cost-effective interventions is the result of fragile health system capacity, lack of political commitment and weak public health capacity. Public health education and competency at various levels are needed to translate evidence into policy, and to implement and evaluate programmes.<sup>3</sup>

In addition to the public health aspects of the MDGs, the emergence of new infectious diseases, and multidrug and extensive drug resistance pose serious demands for scaling up surveillance as a key public health competency,<sup>4,5</sup> especially in the light of avian influenza threat and implemen-

tation of the International Health Regulations (2005). The countries around the Asia Pacific rim are perceived as the potential epicentre of future influenza pandemics.

A review of public health education in the WHO South-East Asia Region<sup>6</sup> in 2005 showed mixed results. Despite the existence of several postgraduate courses in India, Indonesia and Thailand, and undergraduate courses in other countries, there is a great variation in institutes and courses offered in the region. Challenges include quality assurance, teaching standards and faculty members' competency in practical field experience, especially in public health management and outbreak control. The absence of policy-relevant research or publication of staff in public health faculties indicates the weakness of public health education and its dissociation with real-life public health policies and practices.<sup>7</sup> At a political level, it is doubtful that those in senior policy-making positions are competent in public health. Yet these are leaders who will play a vital role in stewardship of health systems and in translating evidence into policy and programme implementation.

However, there are some positive developments in this bleak situation. In Australia, public health competencies are fostered by on-the-job in-service training, context-specific continuing education programmes and short courses, distance and self-directed learning packages, and postgraduate university-level courses.<sup>8</sup>

Experience of Field Epidemiology Training Programmes (FETPs) is worth mentioning. By 2007, 34 countries had established FETP programmes. FETP in Thailand,<sup>9</sup> established in 1980, has applied the concept of "linking education and practice" in its programme which has recently

developed into a training course for other countries in the region. Trainees spend 25% of their time in the classroom and 75% in the field and "learning by doing". For example, they conduct outbreak investigation and control. They have become the backbone of epidemiological surveillance and broader public health responses in Thailand. The programme was a key player in the Ministry of Public Health in response to both the outbreak of SARS in 2003 and to AIDS epidemics. More recently, FETP trainees and graduates were able to detect several new avian influenza cases through the review of clinical signs and symptoms, which were subsequently confirmed by reference laboratories. In response to avian influenza threats, the programme played a vital role in coordinating 1070 surveillance and rapid response teams nationwide, which was triple the number of national and international trainees.

Public health education that is irrelevant to national health priorities and divorced from public health practice is useless and constitutes a lost opportunity. Given the MDG stakes, challenges of re-emerging infectious diseases and the increasing complexity of chronic non-communicable diseases, it is the right time to revisit public health education. A regional network such as the South-East Asia Public Health Initiative can serve as a platform for public health education reform.<sup>6</sup> ■

## References

Available at: <http://www.who.int/bulletin/volumes/85/12/07-048587/en/index.html>

## References

1. *The Millennium Development Goals Report, 2007*. New York: United Nations; 2007.
2. Laxminarayan R, Mills A, Breman J, A.

<sup>a</sup> International Health Policy Program, Bangkok, Thailand. Correspondence to Viroj Tangcharoensathien (e-mail: viroj@ihpp.thaigov.net). doi: 10.2471/BLT.07.048587

- Measham, G. Alleyne, M. Claeson et al. Public health advancement of global health: key messages from the Disease Control Priorities Project. *Lancet* 2006;367:1193-208.
3. Travis P, Bennett S, Haines A, Pang T, Bhutta Z, Hyder A, et al. Overcoming health-systems constraints to achieve the Millennium Development Goals. *Lancet* 2004;364:900-6.
  4. *Asia-Pacific Strategy on Emerging Diseases*. New Delhi; WHO Regional Office for South-East Asia: XXXX (SEA/RC58/R5).
  5. *Asia-Pacific Strategy on Emerging Diseases*. Manila; WHO Regional Office for Western Pacific: XXXX (WPR/RC56.R4).
  6. *South-East Asia Public Health Initiative Report of the First Meeting of the Strategic Advisory Group SEARO, New Delhi, 1-2 November 2004*. WHO Project No: ICP OSD 001, 2005. New Delhi, WHO Regional Office for South-East Asia.
  7. Fee E. The past and future of public health practice. Editorials. *Am J Public Health* 2000;90:690-1.
  8. Rotem A, Hine B, Hodgkinson A. Linking public health education and practice: the Australian experience. *Asia Pac J Public Health* 1998;10:17-20.
  9. *The Thailand Field Epidemiology Training Program*. Centre for Diseases Control and Prevention: 2007. Available from: <http://www.cdc.gov/cogh/descd/FETP/Thailand.htm>