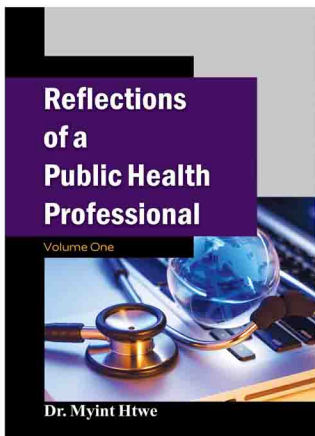


Improving the Domain of Public Health



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2. Improving the domain of public health

Promoting public health is one of the best approaches to improve and sustain the overall health status of the population. Unlike the clinical domain in which patients can be treated and get well immediately, improvement in public health domain takes time and can be achieved only through systematic implementation of public health interventions in a phase-wise and step-wise manner, involving several players. There are *several approaches that can promote the public health domain of the country*. Each has its own merit and significance either from a short-term or long-term perspective.

The following strategic interventions may be considered together with its inter-related factors. *Each strategic intervention is composed of a certain set of activities to achieve its objectives*. It may be prioritized in the context of the urgency of the specific scenario for implementation. Some of the interventions may have already been carried out but it is worth fine-tuning and reviewing it in the light of the changing epidemiological situation in the country.

The following interventions may be considered but *not in order of priority*.

(1) We may do a *quick review of the existing public health scenario* from a broader perspective using systems approach and systems thinking while strategizing it. One caveat is that we cannot apply *in toto*, the strategies used in developed countries for improving public health domain of developing countries. Each country's characteristics in terms of overall administrative machinery, political climate, socio-economic factors, customs, culture, and habits of the people need to be taken into account.

(2) The strategic interventions finally selected should be considered *in the context of various factors* such as overall development policy of the government, national health policy, national health research policy, available human resources for health, *modus operandi* and performance of health care delivery system, available budget, and collaborative activities of UN agencies, organizations, foundations, societies, INGOs and local NGOs, etc.

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(3) As an initial step, we may consider forming an independent “*Think Tank for Promoting Public Health*” and establishment of a “*Policy and Strategy Analysis*” unit. It can propose innovative and practical approaches for improving public health to all concerned parties through the Ministry of Health (MoH).

(4) We may think of *promoting and strengthening networking* among public health institutions, public health associations/councils and civic societies in the country for mutually enhancing the capacity of all nodal points in the network.

(5) We may conduct public health conferences and so-called *Peoples’ Health Assemblies* as effective platforms for sharing contemporary views, innovative ideas and ground realities. It can also be a stimulating and nurturing environment for young public health professionals and also for developing and establishing *essential public health functions* in the country.

(6) We may consider further enhancing the *capacity of faculty members* of Preventive and Social Medicine, Departments of the Universities of Medicine, University of Public health, and the University of Community Health, as they are crucial players in sustaining the growth of public health in the country by way of ingraining basic concepts of public health and epidemiologic principles into the virgin minds of young graduates.

(7) We may *strengthen linkages of in-country networks with outside groups* such as, WHO-sponsored SEAPHEIN (South-East Asia Public Health Education Institutions Network), or relevant WHO Collaborating Centres or other like-minded organizations and associations. Strengthening the network will be a strategic advantage to move the public health agenda forward in the country.

(8) We may further reinforce the following measures for development of *quality human resources for public health*.

- *Conducting quick reviews to see the appropriateness of preventive and social medicine or public health subject curricula for Final MBBS part I, MPH, MPTM courses, all reorientation public health training courses in the context of existing public health scenario, and overall health situation in the country. Contemporary topics of public health importance can be incorporated in the curricula based on analytical findings. This can result in long-term dividends.*

- *Aiming at getting quality, committed, ethically minded and competent public health professionals from our academic institutions and faculty development together with effective teaching-learning methods should be continuously improved without fail.*
- *A vigorous and enabling teaching-learning environment, together with the establishment of a good library system, is essential. WHO HINARI (Health Inter Network Access to Research Initiative) and HELLIS (Health Literature, Library and Information Services) network must be fully utilized. Students should also be primed to inculcate a culture of utilizing library services and research, which is currently not happening.*
- *Field trips of Final MBBS part I students are very crucial as interest and enthusiasm in public health can be initiated or ingrained firmly into the minds of young medical students during field visits. Special attention must, therefore, be accorded to this activity.*
- *Dynamic and effective medical education units should be put in place immediately and also simultaneously allowing independent decision making in promoting the field of medical education in the country.*
- *Consider the possibility of teaching public health subjects throughout the MBBS course.*
- *"Are we producing public health minded professionals who are in line with current needs of the country?" If the answer is affirmative, we are on the right track. If not, we may need to take remedial actions immediately.*

(9) We may conduct systematically planned and properly managed regular *Continuing Medical Education (CME) courses* (certificate must be issued for use as one of the factors for staff promotion) for various categories of public health professionals, including community-based health workforce (CBHWF), in collaboration with Myanmar Medical Association and relevant entities of MoH. Ongoing *"Continuing Public Health Education" (CPHE) courses* may be reviewed for streamlining and improvement.

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(10) We may consider producing a *compendium of technical, policy and administrative directives* issued by MoH concerning public health over the years as well as policy speeches of Chair of National Health Committee and also Ministers of Health delivered at several important events. This would be for easy reference and application by public health professionals working at different levels of the health system in performing their duties and responsibilities.

(11) We may do a *quick review of relevant resolutions* of the World Health Assembly, the Regional Committee for South-East Asia, and Declarations of South-East Asia Health Ministers meetings. These resolutions and declarations contain key public health-oriented strategic interventions in various technical areas that a Member State needs to consider for implementation, as appropriate. Currently, these are not being given due attention.

(12) Do we have a *full-fledged Public Health Journal* in the country? If not, it is not too late to consider producing it. We may even think of arranging platforms or forums or debates for in-depth discussions on public health issues of contemporary importance, from time to time. This will not only generate interest in the field of public health but it can also serve as an effective medium for sharing public health experiences among health professionals. It will also serve as eye openers for upcoming public health professionals. Public health professionals consist not only of medical professionals trained in public health but also those at the level of the community-based health workforce.

(13) *Clinicians need to be put on board* in generating public health views on various diseases and conditions. They need to be stimulated to teach or deal with public health aspects of diseases and conditions even during bedside teachings and ward rounds. At a later point in time, we may consider producing a book titled *“Public Health Aspects of Diseases and Conditions for health professionals in Myanmar”*.

(14) We may craft *ready-made quick checklists*, which are very useful to quickly assess the performance of staff and the scenario of public health activities being carried out at the ground level. Some examples of quick checklists are:

- *To review the performance of (i) RHC and sub-centre; (ii) Township Hospital; (iii) State/Regional General Hospital; (iv) Specialist Hospital, etc.;*
- *To review the performance of (i) MW; (ii) LHV; (iii) PHN; (iv) PHS I and II; (v) HA; (vi) TMO; (vii) THO, etc.;*
- *To review the performance of (i) Hospital Laboratory; (ii) Medical Store; etc.;*
- *To review the performance of (i) Health Information System; (ii) Hospital Information System; (iii) Surveillance and Sentinel Surveillance System; etc.*

These checklists must always be updated. By using checklists, we will know whether in-depth review or probing or further investigation is required on any issue. These could also be used as monitoring tools for improvement of an overall public health domain in the country.

(15) Over the years, the WHO Regional Office for South-East Asia in collaboration with Member States has formulated *overarching regional strategies* on various public health subjects. Many of these strategies are very relevant and it is worthwhile to review them for possible application after appropriate modification in line with the needs of the country. Some examples are:

- *Regional strategy for strengthening health information system;*
- *Regional strategic plan for health workforce;*
- *Strategic directions for strengthening community-based health workforce and community health workers;*
- *Regional strategic plan for strengthening health service management;*
- *Regional ten-point strategy for health system strengthening based on Primary Health Care (PHC) approach.*

There are many strategies for countries in the South-East Asia Region on the control of various communicable diseases, family and community health, noncommunicable diseases control, immunization, research, mental health, maternal and child health, environmental health, health system, etc.

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(16) It is also worth *reviewing the recommendations made at several WHO Regional Office-sponsored regional or inter-country meetings* on various public health subjects where many officials from MoH attended. Some of the relevant recommendations in the area of public health may be considered for implementation in the country.

(17) *The role of UN agencies and organizations* is crucial in promoting the public health domain in the country. All health and health-related UN agencies and organizations are working seriously to assist the country. The majority of activities are oriented towards promoting public health in the country. It is high time to see that these activities are not duplicated and redundant but cost effective, cost efficient and fulfilling the contemporary needs of the country. We may sunset some activities. The International Health Division of MoH in collaboration with various technical sections in departments under MoH could easily coordinate and improve the scenario effectively. It can benefit the country enormously. We may even think of forming a *“Think Tank on International Health”* which is a reasonable option to enhance the role of public health in the country. Strengthening the International Health Division is one way of promoting the public health domain for getting effective and coordinated support from UN agencies, organizations, etc.

(18) *The role of research in promoting public health is the sine qua non.* We may consider giving serious attention for conducting *“Implementation Research”* where the findings can be immediately applied to improve technical, management, logistics, and administrative aspects of public health programmes. Professionals of service departments and Department of Medical Research should sit face-to-face and jointly identify priority research areas on an annual basis. This can lead to the likelihood of increasing the utilization of findings of research being conducted in the country.

(19) *Reviewing, revising and enforcing Public Health Laws and Acts* is one avenue by which we can promote the effective functioning of public health interventions. Some of the laws and acts are outdated.

(20) The last but not the least is *enhancing health literacy promotion activities* through effective health education of the population at large, factory workers, and especially all students of different grades. This activity is not only a strategic public health intervention but also a complementary and synergistic activity. It can simultaneously promote the domain of public health in the country by way of changing mindsets in terms of positive health behaviour of the recipient population. It can result in wide-ranging beneficial effects and can yield long-term dividends.

Conclusion

The following generic and overarching facts can be considered holistically.

- We need *combined, concerted and coordinated efforts* to consider carrying out some of the points mentioned above in a phase-wise and step-wise manner.
- *Systems approach, systems thinking, and epidemiologic thinking* should be applied in the context of National Health Policy and National Health Plan in promoting public health domain in the country.
- *MoH is only one of the players in the field of public health.* Other relevant players need to be primed and properly informed about the situation so that everybody will be on board, having the same wavelength, in improving the public health domain in the country.
- *The role of teaching institutions* under MoH is very crucial in promoting the public health domain in the country from a long-term perspective.
- How to efficiently and quickly produce *competent public health professionals* in the country is an important issue, which should be tackled on a priority basis.
- All in all, it would be beneficial to conduct a *national-level public health seminar*, involving all players and stakeholders, for an in-depth discussion on promoting public health in the country.

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- *Collective thinking, collaborative approach, respecting each other, and a compromising attitude* are key to success in this endeavour of promoting public health in the country.
- In essence, promoting *public health is key to improving the overall health status of the population of Myanmar.*

(NB. This is the updated version of the article, which appeared in the Bulletin of Preventive and Social Medicine Society, Volume 1, Number 1, September, 2014)