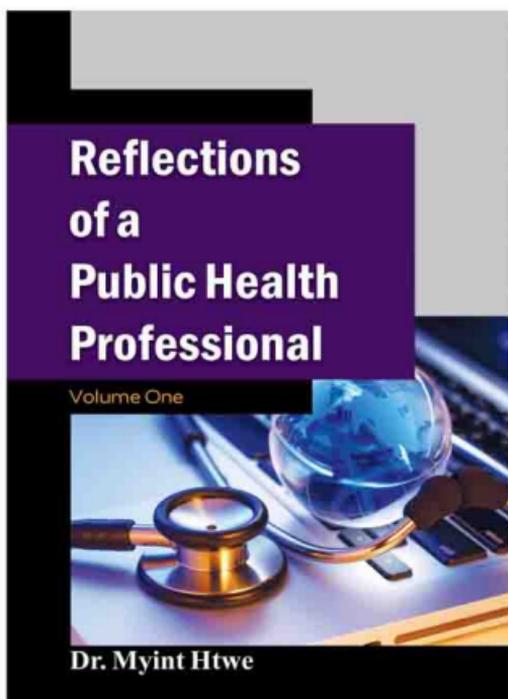


Tripartite Collaboration for Promoting Public Health



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3. Tripartite collaboration for promoting public health

(Based on the lunchtime talk given at the University of Medicine I, 29 September 2014)

The purpose of this article is to give further insight into a range of issues requiring attention with the ultimate aim of improving the overall health status of the population by way of producing quality graduates from health institutions (medical, medical technology, pharmacy, community health, traditional medicine, public health and nursing) in the country.

Tripartite connotes:

- (i) Clinicians including general practitioners;*
- (ii) Public health professionals ranging from epidemiologists and programme managers to basic health service workers; and*
- (iii) Health institutions under the Ministry of Health.*

Clinicians must be brought on board in improving the public health domain for reasons apparent to all of us. The reason being that due to the untiring efforts of public health professionals, hundreds of cases of Dengue and Dengue Haemorrhagic fever (DHF) and other mosquito-borne diseases would be prevented. But, it could go unnoticed by the community. However, the community or parents are thankful to a clinician if the child suffering from DHF is treated and cured. *Involvement of clinicians in public health activities, therefore, is highly desirable.*

It must be emphasized that *clinicians and health institutions are equally as important as public health professionals in promoting the public health domain* in the country. The most cost effective way to improve the health status of the population, including high life expectancy and good quality of life, is by improving the effectiveness and efficiency of public health programmes through various means. Only through good public health practice we can have

Reflections of a Public Health Professional

a healthy population and decrease the incidence of communicable and noncommunicable diseases, as causation of diseases is always multifactorial. Therefore, it could be justifiably said that *good public health practice is equivalent to good population health.*

Each of the tripartite players has a unique role and characteristics. Their collaborative action is synergistic and could lead to achieving multi-faceted benefits in geometric progression. When one considers how the tripartite could work effectively, the following principles must be applied: *thinking out of the box; practicing epidemiologic thinking; mutual respect in networking; compromising attitude to achieve a common objective; fact-finding rather than fault-finding; using phase-wise and step-wise approach; and applying systems approach and systems thinking.*

The three players have also *specific lead roles* in an endeavour to improve the domain of public health. In their day-to-day work (teaching and curative services), clinicians need to emphasize not only curative but also preventive, promotive, rehabilitative and palliative aspects of diseases and conditions. *“On Discharge Information Dissemination Units” must be established in big hospitals,* where group talks and ready-made printed discharge information leaflets for common diseases and conditions could be explained by clinicians and distributed. It is the most appropriate time of giving health education as the patients are in a receptive mode. In addition, *clinicians must be actively involved in public health activities of the Ministry of Health* such as:

- (i) Development of strategies and interventions for communicable and noncommunicable diseases and other health conditions;*
- (ii) Formulation and reformulation of National Health Policy, National Health Research Policy, and National Health Plan; and*
- (iii) Annual programme evaluation meetings of the Ministry of Health.*

It could create a sense of ownership when these policies, strategies, interventions and recommendations are put into action. Clinicians and public health professionals should work in tandem in preventing and controlling outbreaks of diseases.

Health institutions with support from Medical Education Units may consider *inclusion of the following topics, as appropriate, in the curriculum of medical, medical technology, public health and nursing subjects throughout the scholastic years*. Some of these are:

- (i) *Basic epidemiological principles and methods;*
- (ii) *Basic data presentation and analytical methods;*
- (iii) *Basic research methods (quantitative and qualitative), research ethics, responsible conduct of research, research management);*
- (iv) *Public health ethics and medical ethics;*
- (v) *Basic management techniques (Delphi, Delbecq, brainstorming methods, etc.);*
- (vi) *Basic medical statistics including indicators, mortality and morbidity statistics;*
- (vii) *Disease transmission and principles of communicable and non-communicable disease control;*
- (viii) *Presentation skills (by way of conducting mock or actual presentations, speeches, debates, panel discussions, symposia, and seminars).*

These topics could be spread out across different scholastic years. In other words, subjects under the domain of public health should be taught throughout the scholastic years. The whole purpose of introducing these initiatives is to have public health-minded medical, nursing and medical technology graduates.

Reflections of a Public Health Professional

Public health professionals must also *exercise free, provocative and futuristic thinking, thinking out-of-the-box, epidemiologic thinking, and introspection* in addition to possessing monitoring and evaluation skills. These could be considered and discussed in MPH and allied courses conducted by health institutions under the Ministry of Health.

Do we need more health institutions to improve the domain of public health? Building more hospitals is not the answer but establishment of Centres of Excellence such as National Cardiology Centre, National Nephrology Centre, National Endocrinology Centre, National Hepatology Centre, National Trauma and Orthopaedics Centre, National Respiratory Centre, National Public Health Centre, etc. is desirable. *Networking* of these centres must be strengthened and public health perspectives must be equally emphasized in all these centers.

Public health and research domains are closely linked. Promoting research culture in health institutions can lead to multiple benefits for graduate and postgraduate students because critical and analytical thinking skills are significantly improved by way of conducting research and use of library and internet services. Medical Education Units of health institutions and Department of Human Resource for Health should create a conducive and enabling environment of learning for students. Clinical research units should also be created and the existing ones strengthened in regional and state level hospitals and specialist hospitals.

Collaboration between clinicians and public health professionals is required and mutual benefits could be easily obtained. Research thinking or research culture is not that strong in the country compared with nearby countries. Public health professionals should focus on *implementation research* whereas clinicians concentrate on *clinical research*. In fact, these two types of research are complementary. In support of this, availability of research funding could be explored from pharmaceutical companies and major industries under the umbrella of *Corporate Social Responsibility* and also from budgets of the Ministry of

Health. It is important to review the *National Health Account* regarding the trend and extent of allocation of budget for research activities at the health institutions under the Ministry of Health.

Conclusion

The aforementioned issues and challenges could preferably be discussed in detail and further explored by conducting *national public health conferences*. In other countries, *Peoples' Health Assembly* is held to obtain and expose the real scenario at the ground level as seen and felt by the recipients. The discussion points, issues, and challenges could serve as inputs for the *national public health conference*. The recommendations could be prioritized and implemented in a phase-wise and step-wise manner. All in all, combined, concerted and coordinated efforts of all those involved are essential under the policy and strategic guidance of policy makers. The *demarcation line between clinicians and public health professionals must be dissolved* through various avenues and means. It is hoped that this short article serves as an initiator or prime mover for developing a realistic roadmap jointly by clinicians and public health professionals for improving the domain of public health in the country. (NB. This is the updated version of the article, which appeared in the Bulletin of Preventive and Social Medicine Society, Volume 1, Number 2, January 2015.)