Reinvigorating public health

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The \textit{Public Health Quintet} in \textit{The Lancet} that finishes today has pointed out that, although the scope of modern public health is broad and inclusive,[1 and 2] breadth is missing from much of modern public-health practice. [3, 4 and 5] How then can public health be reinvigorated? A reinvigoration will require an increase in commitment from the public-health workforce to a broader view of public health and to values of equity and ecological sustainability. Public-health practice needs to focus on overall improvement in population health through the reduction of the readily preventable burden of disease—both communicable and non-communicable—especially among disadvantaged groups. Reducing social and economic deprivation is the main way to achieve this goal. Public-health scientists and practitioners can contribute to this goal by clarifying the links between social and economic factors and health status, and by identifying cost-effective approaches to overall health improvement.

Health inequalities are increasingly on the public-health agenda,[6] and halving the number of people living in absolute poverty by the year 2015—the main international development goal—would do more to reduce health inequalities and improve global health status than would any other measure. [7] Unfortunately, given the limited international commitment to this goal and the population growth in the countries where most of the desperately poor people live, this goal is unattainable. The best approach to the reduction of health inequalities is to focus on the underlying structural determinants of social and economic deprivation, [8] an approach that is notably absent from the agenda of governments. Public-health efforts are all too often targeted at the "downstream" effects of exclusion. [4]

The core functions of public-health practice include: monitoring population health and the determinants of health; prevention and control of disease, injury, and disability; health
promotion; and protection of the environment.[9] As the quintet has shown, few of these essential public-health functions are carried out to a high standard, even in the most wealthy countries. [1, 2, 3, 4 and 5] Furthermore, modern public-health practice is now faced with new and even more difficult challenges brought on by the increasing globalisation of the determinants of health. [1]

There are several reasons why public-health practice is universally poor. The "public-good" nature of public-health practice itself presents a major social challenge.[10] The recent ideological ascendancy of neo-liberalism has narrowed the focus of public health. Responsibility for health is increasingly located at the personal level as national authorities attempt to reduce their costs, [11] but the determinants of health, and the most powerful means for health improvement, are increasingly located at the global level. [12]

Public-health education and research are interconnected, yet all too often academics, divorced from the communities they serve, have focused on research issues of questionable relevance to overall improvement in population health and the reduction of health inequalities.[13] Support for a broad focus of public-health teaching and a resistance to allow molecular epidemiology, clinical epidemiology, and health-services management to dominate teaching programmes is required. The recent growth in postgraduate public-health educational programmes in many countries, often in response to criticism of undergraduate medical education programmes, is a cause for optimism, although most of this growth has been in wealthy countries. [14]

Strong political and professional leadership is essential for the reinvigoration of public health. At the international level there is cause for guarded optimism. WHO is refocusing on a select group of priority issues, such as tobacco and malaria control, and increasing its focus on poor health as a determinant of poverty. The World Bank, the most important lender for health development, is now taking the underlying determinants of health into consideration in its lending programmes. [15] This strengthening of global leadership will also lead to stronger leadership at the regional, national, and local levels. Modern electronic communication technology has much to offer in building and supporting leadership and networks.

Academic public-health specialists, with their independence and autonomy, are ideally placed to take a leadership role, and closer ties with public-health practitioners will also increase the value of their research. Closer partnerships with communities will strengthen the credibility of public-health professionals.[16]

A new role for public-health practitioners is to measure the impact of globalisation on the determinants of population-health status at the national level. The tools available for understanding the process and effects of globalisation on population health are even more rudimentary than those available to global environmental-health scientists.[1] This deficiency provides an exciting opportunity for public-health practitioners to take the initiative and position themselves at the forefront of society’s response to the current phase of globalisation. The WHO, with its mandate to provide global leadership in health,
is in an ideal position to lead a collaborative research agenda that extends beyond national boundaries—the public-health equivalent of the human genome project.

Public-health practitioners are also in the position of being able to clarify the meaning of globalisation and its effects on public health and to reduce the components of globalisation into manageable and measurable segments.[17] Two important features of economic globalisation that will have long-term effects on population health are multilateral trade agreements and unregulated financial flows. Research alone is insufficient; the development of an appropriate public-health response is also required. The incorporation of the results of research into teaching and training programmes will ensure that the next generation of public-health professionals is equipped to address these emerging global issues.

Both scientists and policy-makers face unfamiliar and difficult challenges in addressing these broad public-health issues. It is important to continue to identify, quantify, and reduce the risks to health that result from specific, commonly localised, social, behavioural, and environmental factors. It is also important to be increasingly alert to the influences on population health that arise from today’s larger-scale social and economic processes and global environmental disturbances. Research within this framework will enhance the capacity to manage social and natural environments in ways that support and sustain population health.

The ultimate goal for public-health practitioners is to ensure that a public-health perspective is integrated into all health, social, and economic policies and programmes. Ideally, all public policy should have an explicit commitment to overall health improvement and the reduction of health inequalities, and these should become the key measure of how well resources and social relations are being managed. If the reinvigoration of public health gathers pace, the public-health perspective will become integral to all health and welfare policies.

References


