

New Emphases in Public Health Training: Disease Control

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After the end of the cold war, more countries in Southeast Asia begin and continue to enjoy peace with only few exception due to inherent internal political conflicts. In this circumstance, public resources will no longer be drained mostly for war but will provide the government with new opportunities to increase its investment in economic infrastructures, production, and human resource development. As far as public health is concerned, the investment in the training of required manpower will always remain to be critical since they are the indispensable means needed to reach the changing societal objectives. Disease control is one among many of such objectives which normally derived from a common set of aspirations namely, protection against danger to societal survival, assurance of good health, prosperity, human dignity, equality of opportunity and justice, and freedom from oppression for its citizens. However, in pursuance of the various disease control objectives and in the respective investment for public health training, some points needed to be considered while new emphases and compliance are becoming more essential.

In general, public health training follows the broad guidelines recommended for countries facing the problems of epidemic or endemic in order to enable them to develop relevant national control strategies and to have the capacity to undertake efficient public health measures including application of sound interventions or technologies. In the context of the current HIV/AIDS pandemic, the emerging and re-emerging communicable diseases and impending epidemics, public health training must be fully aware of these changing needs and must be prepared to emphasize on new or additional dimensions of both graduate training and research. It is anticipated that the demand for training of manpower in Southeast Asia Region will increase drastically as the HIV epidemic will continue to spread on an intense and wide scale in many countries of this region. With relatively high endemic magnitude of tuberculosis in Asian countries, its synergistic effects with HIV/AIDS will make the problem more important than in any other part of the world. Microbial adaptation and changes can cause not only emerging diseases but also problem of multi-drug resistance. This is another

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issue of great concern for current and future public health training which has to deal with universal precaution, nosocomial infections and hospital standardization, provision of adequate and efficient treatment, and development of safer facilities and practices for laboratory testing and quarantine.

The achievement in future diseases control endeavours will depend on a wide array of bodies of knowledge and skill ranging from the wider orientation of disciplines like epidemiology, social medicine, planning, organization and management of disease control programmes including their integration into the general health services and primary health care, to a more specific area of biomedical science and biotechnology like microbiology, retrovirology, molecular biology, biochemistry, immunology, and vaccinology. In order to meet these advanced and demanding level of public health training, graduate training programmes in Southeast Asia should be strengthened by combining education and research. Postgraduate training should primarily be arranged in countries with qualified capacity assisted by visiting professors and by training courses with participation of international experts. This arrangement will be more cost-effective than by sending student abroad for prolonged periods. However, training programmes at centres of excellence abroad should continue for selected topics and students because they will be an investment that boosts the level of scientific capability in the countries of the region helping to bring these countries collectively to the international front-line.

The macro perspective of public health training in tomorrow world requires that manpower be treated both as an input in the societal system as well as an active and interested constituency of the system. As an input it is to be properly prepared and mobilized for the achievement of certain societal goals. As a constituency, it makes demands on the society for the fulfillment of its needs. Recognition of this tension is essential

because of the growing complexity in the future health care system where employment opportunities and relationship among public sector, private sector, and community involvement will undergo drastic changes. The development of national health manpower policies will deal with education and training on the one hand and manpower mobilization, assignment and on role and obligation of employers and employees on the other hand. The policy goals may have to address an urgent need for health care reform especially when governments are under great political pressure to expand health services and to make them accessible and affordable to all citizens at all times. The emergence of a rapidly growing private health service sector and the need for public health sector to reorient its own role and function will be few of the precipitating factors for reform. In some Southeast Asian Countries, health services have experienced growth rates which are far above rate of economic growth. As a result, some pressure has started to build for improvement of productivity in health services, and in this connection has naturally turned to the most expensive cost component, viz., health manpower, which often accounts for the majority of the recurring cost of providing health services.

In most settings, implementation of many of the changes noted above will require a very different mix of health personnel than currently exists. This leads to a concern for basic reforms in health manpower training and deployment. Professionals concerned with outreach, access, equity, standard quality of care, and decentralization emphasize the importance of more community health workers and other paramedical personnel relative to physicians. There is also interest in the training of physicians more concerned in community and household health issues than in traditional high-technology clinical medicine. For disease control, increased attention has recently been given to the identification of interventions or services that can produce greater

outputs -- particularly greater impact on health protection or health status improvement -- per unit of input; and on the allocation of more resources to such services or interventions. Hence in the long run it is essential that public health training must be more proactive in creating these new directions of the required reform policies, all sorts of imbalances and unmet needs should be corrected or minimized. But in the short run, shortcomings in public health may have to be overcome by reemphasizing and redefining of role and responsibilities, coupled with appropriate incentives.

Some might say that trying to teach new knowledge and impart new skills as well as reorientation of concepts in public health practices would add too much to already overloaded curricula. What is needed is not future accretion but a total rethink -- a reengineering of our public health training programmes. We also need to improve the provision of appropriate technical and information support to workers who have

been trained long before or who might require access to specialist information and assistance - in light of the new knowledge and technology at our disposal. As we approach the end of this millennium and contemplate our roles during the next, the critical challenge facing us is how we choose to utilize the window of opportunity that currently exists to influence the direction and shape of future human development and well-being. We can wring our hands and stand aside claiming that our current approaches and practices are so deeply entrenched that rethinking and reorientation are too difficult or impossible for medicine and public health. We would then become increasingly irrelevant and continue to operate in reactive mode as bystanders in the global tide of development. Or we can proactively make the necessary changes to happen so we can contribute effectively and constructively in the forefront of future development and health. The choice is ours.