

Institutionalising of Public Health

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ABSTRACT

Though public health situation in Nepal is under-developed, the public health education and workforce has not been prioritised. Nepal should institutionalise public health education by means of accrediting public health courses, registration of public health graduates in a data bank and increasing job opportunities for public health graduates in various institutions at government sector.

Keywords: Nepal; public health education; public health practice.

INTRODUCTION

Public health situation in Nepal is under-developed as indicated by basic health indicators: life expectancy, infant mortality, maternal mortality, stunted children, safe drinking water, and safe disposal of excreta. Around 50 children of under-five years of age and 2 mothers are dying out of 1000 live births.¹ About one-quarter of new born has low birth weight and half of children under five years of age are stunted.² Nearly a quarter of all deaths occur in children under five year, mainly by pneumonia, diarrhoea and measles.³ Overall, there is rapid population growth, low environmental measures, high infectious diseases and problems related to pregnancy, childbirth and child survival and low status of women. Health inequities between urban and rural and rich and poor are wide. It is embarrassment to have such situation when it is acknowledged that health service is fundamental basic need and human right. Without good health and well-being, people are unlikely to be productive in their life. This means health is related to economic and social development of the nation and should become a central concern of the policy-making process at national level.

Health is usually equated with absence of disease such that medicine and physician can make us healthy. Still, this narrow view of health has dominated our society. This is reflected in our interest to become doctors, to open medical colleges, to open well equipped hospitals and diagnosis centres. These are all needed when we become sick but there are ways not to become sick. While there are very few causes that we cannot prevent ourselves from being sick, such as ill functioning of our body organs or accidents, a majority of ill health is preventable. The leading causes of morbidity in Nepal are reproductive issues (both maternal and prenatal), infectious diseases, and nutritional disorders. These three types of problems constitute two-third of overall disease burden and are mostly preventable. Major causes of death are infections, particularly among children of under-five years. Child marriage, early marriage, low status of women, nutritional deficiencies, and a cultural tradition of delivery at home without skilled attendance at birth are the causes of maternal mortality.⁴ Unhygienic environmental conditions and unsafe water are causes of infectious diseases such as vector-borne diseases malaria, kala-azar, Japanese encephalitis and water-borne diseases such as dysentery, cholera, typhoid,

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Hepatitis A.

We cannot create a healthy nation just by hospital services unless we tackle those underlying causes and conditions that make people sick. After all, what can we benefit by just treating people's illnesses and then sending them back to the conditions that made them sick? We should promote late marriage, family planning and women education. We should provide safe water and create safe environment. We should inform, educate and empower people about health issues. This is possible by the combined effort of various sectors and disciplines, in partnership with the communities and with population wide preventive and promotive approach. This combined effort, where various disciplines such as sociologist, epidemiologist, politician, environmentalist etc.; and various sectors such as water, agriculture, environment, finance, justice etc. converge for sustained population-wide health improvement, is public health.⁵ Public health workforces comprise those human resources who provide non-personal health services to protect and promote the health of populations.

WHO/SEARO regions has already recognised public health capacity building and expertise as essential requirement for health development and pursuit of health for all by its landmark Calcutta declaration on public health in November 1999.⁶ It specifically calls for national governments to strengthen public health by creating career structures at national, regional and district levels with clear job responsibilities and to strengthen and reform public health education, training, and research. Accordingly, many countries in South Asia have initiated efforts to establish Schools of Public Health. India has already realised the acute shortage of public health professionals that has impacted on the performance of health system. An autonomous and empowered "public health foundation of India" has been established in 2006 with governing body consisting of high government officials, academicians, civil society representatives and corporate heads. The foundation has been working to establish various Indian Institutes of Public Health, to engage public health expertise to collectively undertake analytic work for generating policy recommendations related to public health action, to develop a vigorous advocacy platform and to establish an independent accreditation body for degrees in public health.⁷

Millions of dollars have been invested to improve health in Nepal. Dozens of bilateral agencies and hundreds

of national and international non-governmental organisations are working in health sector in Nepal. However, there are not many schools or institutes that could produce competent public health workforce and serve as national think tank and advocacy platform for health policy and management in Nepal. Further, the mutual collaboration of academic sectors and non-governmental organisations for the improvement of public health is not evident. A good public health school or institute can be established with a fraction of a cost of a hospital, diagnosis centre or medical school or a sum of money invested in a particular disease say, Malaria, Tuberculosis, AIDS, or Kala-zar. The cost would be small but the impact on health would be immense in a long run.

If the public health issue is not managed at national level, the public health movement and public health workforce will be in disarray. There is an urgent need to prioritise and institutionalise public health discipline, public health workforce and their placement. Public health professionals should be involved and should get sufficient positions in health system, municipalities, schools, universities and private sectors associated with health. A national level public health council that can govern, manage and accredit public health institutions should be established. University leaders and high government officials especially in Health Ministry in partnership with donor agencies should initiate efforts for public health capacity building, management and placement of public health professionals in health system for a long-term health and development agenda of Nepal.

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