Journal of Health & Population in Developing Countries; 2000, 3(1) : 6-7

Summary of Session I

Priorities in Public Health

Dr. Uton Muchtar Rafei, Regional Director, WHO/SEARO reviewed the changing global scenario for the next millennium. He discussed present challenges including urbanization, ecological imbalances, changing social structures, globalization, emergence of new diseases and new epidemics, ensuring quality health care, developing healthy public policies, effecting decentralization, and focusing on the poor, vulnerable and marginalized groups.

Dr. Rafei cautioned against the possible negative impact of globalization on efforts of developing countries to improve equity in health care. He refered to inquiries into the role of Public Health conducted in the USA and Britain in the 1980's and drew attention to the general disarray in the field, ambiguity and uncertainty about the mission, and leadership capacity.

To meet these challenges, Dr. Rafei emphasized the need for achieving unity through sustainable integration of medicine and Public Health, and coordinated inputs from policy makers, health professionals and managers, academic institutions and communities. Dr. Rafei urged the participants to utilize the opportunities provided by advances in communication and information technology to develop models in their respective countries integrating medicine and Public Health, social and human development.

In her article, "Development of Public Health Function and Policy - Lessons Based on UK Experience for Developing Countries," **Dr. Sian Griffiths, Director of Public Health, Oxfordshire, UK**, reviewed the development of Public Health in the UK, highlights the current key issues, and suggests some implications for developing countries. She traced the history of Public Health beginning 150 years ago when the city of Liverpool appointed the first Medical Officer of Health (MOH). She focused on the role of the National Health Services (NHS) and discussed how financial pressures and organizational change within the NHS affected its Public Health function.

Dr. Griffiths discussed the renaissance of Public Health in the UK, which began with the creation of the Minister of Public Health position in 1997. She explained the strategy developed in early 1999, which emphasized addressing poverty and social exclusion, not just by the NHS, but in all sectors and at all levels.

While UK faced different challenges in terms of the disease patterns, scale of poverty and structures of Public Health, Dr. Griffiths believes that lessons drawn from its recent experiences might benefit developing countries. She summarized the key points of the strategy in a chart of the *9 P's*.

Reviewing the economic aspect of Public Health in developing countries, **Dr. T. J. Stamps, Honorable Minister** from **Zimbabwe** stated that power has increasingly shifted to large economies. He stressed the need to establish objective needs at intra-country, intra-regional and global levels, and develop inter-regional network for promoting Public Health. Dr. Stamps considered improving information technology and expanding pharmaceutical/bio-technological knowledge to be the biggest challenge for Public Health in poor countries.

He expressed concern about economists taking over the reigns of health development. In order to relieve the pressure debt, some countries have become "defenseless" in certain areas, and have opened their borders to trade and investment. Some have lost 40-50% of manpower.

Presently the developed world spends more than a fourth of its medical care costs for treatment of patients during the last 6 months of their lives. This has deflected and distorted resources into pharmaceutical and medical innovation, and away from the needs of the majority of world's population.

Dr. Stamps detailed some consequences flowing from the requirement of new compulsory patenting for pharmaceutical invention, innovation, and application set out in the TRIPS Agreement. He was particularly concerned with imposing price controls on products of increasing Public Health significance. While larger countries have some options available to protect their pharmaceutical industry, most small countries lack these.

Session Discussion Summary:

Mr. Chowdhury stated that the challenge before Public Health was to amend patent laws for protecting healthy human standards. He reported that of the medicines used, 90% were not patented and would not be affected by TRIPS. In India's Central drug list, 90% of medicines were generic. Studies by WHO in over 30 countries have shown that rational use of drugs could easily reduce cost of medicines by 30-40%. The price of a drug for daily dosage could change from $14-25 when the company has exclusive market to $0.75 or less when there is generic competition. India has provisions in legislation for ensuring compulsory licensing. It was suggested that, with its biodiversity, if India developed one or two plant products, and marketed them, it would benefit from the large turnover.

While basic requirements and resources for Public Health vared from country to country depending on their levels of achievement in health sector, there were common problems in Public Health, which cut across countries. Any Public Health mission envisaged should have a foundation on existing programs, with support from Public Health practice, education and research.

New windows of opportunity for Public Health have opened in the South-East Asia region. With the number of under-five children likely to remain stable, their health needs could be addressed with high quality service. The largest increase in numbers would be among adolescents and younger age group of persons in reproductive and productive ages. Morbidity is lowest in this segment. The opportunity to develop these human resources should be harnessed by planning appropriate interventions.

Public Health work requires tremendous persistence. Programs and institutions have to be involved in addressing the unfinished agenda. The "centers of excellence" should become "centers of relevance." These centers should integrate themselves with the national health care system and provide evidence-based information for policy-making, and exchange training, (e.g. Public Health professionals in administration, and administrators in Public Health).