

Summary of Session IV

Public Health Significance of Special Strategies for the Future

In her paper “**Public Health, Health Ministries and Governments: In Juxtaposition? Possible Strategic Approaches for the Road to Success**” **Dr. Gillian Biscoe, Health Consultant from Australia**, outlined possible strategic approaches for Public Health. While Public Health had been characterized in the nineties by attempts to revitalize its approach, the effort expended has not yielded sufficient achievement. Instead, Public Health functions often remain narrow in their approach at a time when a vigorous and systemic approach is critically needed to have strategic impact.

According to Professor Biscoe, the health system is characterized by a “strife of interests” reflected in organizational structures of ministries. These structures are used to perpetuate territorial demarcation and separation from strategic inter-linkages within and across ministries. Professor Biscoe stated that building a strong Public Health culture within their own teams and between fellow Public Health practitioners across countries is admirable, it could hinder the whole performance and focus of a country in strategically advancing Public Health.

According to Professor Biscoe, there should be an understanding of the specific system elements that need strengthening or changing. These elements need to be targeted within the framework of the determinants of health and well-being, and the development of ‘cocktail measures’. These measures would provide the vital signs on which to develop the evidence to focus policies, strategies and services, the monitoring of progress and evaluation of their achievement. Furthermore, essential future competencies in senior Public Health personnel should include leadership ability, capacity for strategic thinking and planning, and skills for change management and enhanced communication.

Dr. A.T. Ariyaratne, President of the *Sarvodaya Shramdana* movement in Sri Lanka, discussed the role of communities in Public Health practice. He asserted that the United Nations and affiliated organizations had, over the past 5 decades, set targets to alleviate suffering, which have yet to be attained. He further asserted that the results would have been positive had they enabled the people to decide their own targets. According to Ariyaratne, Public Health authorities should not consider organized efforts by the people to be a threat, but rather as an opportunity for constructive cooperation.

Dr. Ariyaratne stated that health care had been used as a means of dominance since knowledge and expertise rest within specific power groups. He stated that local intelligence should be utilized and knowledge had to be used in a practical way. By mobilising money from local sources, dependence on international aid and hindrances, such as fluctuation in exchange rates, could be avoided. He stated that when external aid is given to a self-reliant society, there is a concomitant imposition of the external knowledge base and weakening of the existing local knowledge base.

Discussing the role of Health economics in choosing interventions, **Dr. David B. Evans** from the **Global Program on Evidence for Health Policy, WHO, Geneva** emphasized the need for strengthening the scientific and ethical foundation for evidence-based policy formulation. Policy formulation required information on major causes of mortality and morbidity, costs and effectiveness of interventions, and impact of interventions on other goals of system. According to Dr. Evans, health economics could be used to identify cost-effective interventions and facilitate resource allocation to these programs.

In his paper “Epidemiology for Sound Public Health Policy,” **Professor Klim McPherson** from the **London School of Hygiene and Tropical Medicine** stated that Public Health policy must begin with measuring the burden of ill health and then concern itself with the solutions – be they biological, social, economic, or all of these. Thus, descriptive epidemiology and demography form the basis of good Public Health policies.

Professor McPherson summarized the applications of epidemiology in Public Health as tackling the roots of health and disease, addressing life-cycle issues, focusing attention on settings,

taking action in many sectors beyond those boundaries typically thought of as being health-related, working in both public and private domains, and measuring success of health policy in terms of health of populations.

Session Discussion Summary:

The group discussed the idea that leaders should not be task-oriented. Instead, leadership depends on the ability to influence people and making them feel that the Public Health program is their program.