

# **Remarks by Dr Samlee Plianbangchang**

## **Regional Director-Nominee**

Mr Chairman,

Thank you for giving me the floor.

The purpose of the Regional Conference at Calcutta in 1999 was to provide a platform for reviewing, in-depth, the situation regarding public health education and practice in WHO's South-East Asia Region, with the view to identifying means and ways to improve the situation. The Calcutta Declaration was the main output of the conference.

This regional consultation is another step to move forward in the strengthening and development of public health education and practice in the Region.

We have heard during the course of our deliberations the diverse views, perceptions and understanding on what is to be carried out together for better health of all people in our Region. Many good recommendations were made. WHO will certainly spare no efforts in providing necessary support for implementing them. However, in light of the limited resources in WHO, such support will have to be in phases with a careful prioritization of the issues.

The diversity of our views, perceptions and understanding as expressed at this consultation is not unusual. We do not come from the same school, and therefore cannot have the same views. However, to move forward together in the most efficient and effective manner, there is need to find common ground.

Mr Chairman,

Medicine and public health are not the same. While these are different, certainly there is a big overlapping area. In light of a dynamic change in the health area today, this difference will increasingly be seen. Medicine and public health are the two pillars supporting each other.

Medicine deals primarily with care of individuals in institutional settings. This care may be curative, promotive, preventive or rehabilitative.

On the other hand, public health denotes health of the public, community, population or group of population. Public health functions are primarily in the areas of health promotion and protection, disease prevention and control through cutting the transmission of disease agents and avoiding health risks.

Disease in public health is defined ecologically as a failure in the interaction between host, agent and environment, whereby environment is defined in the broadest sense to include not only the physical, but also psychosocial, cultural, political and economic factors.

Therefore, we need multidisciplinary and multisectoral actions to achieve public health goals, through the development and implementation of public health programmes, such as health education, nutrition, water and sanitation, malaria control, tuberculosis control, prevention of drug addiction and mental health, for example.

Tools used in public health are different from those used in medicine. Certainly, many tools are used together.

With these differences, thus, public health education cannot be seen as being the same as medical education, even though they very much relate to and support each other.

To better understand public health, we should know its history. But, it is unfortunate, that in most cases, the history of public health is not adequately taught, or not taught at all in medical schools or in any other health schools. At the same time the history of medicine is a standard chapter in the medical curriculum.

To achieve tangible results in measurable terms during the next few years in our attempt to strengthen public health education and practice in our Region, we need clarity in the principle and concept of public health, and we need to have a clear focus in our work. We may not be able to afford to work with vagueness any longer.

I also have the same belief as the Chairman that the principles and concept of public health as defined by its founders are still relevant to today's health issues. But, what we now need is to reorient and reform the process of application of these principles and concept. This is especially so in light of the global changes we are witnessing today.

To strengthen public health in our Region, many things need to be done. However, the most important work that needs our urgent attention is human resource development for public health. Therefore, let us go in a big way without delay in the area of public health education which will be one of my overriding priorities when I assume the office from the 1<sup>st</sup> of March next year.

Mr Chairman,

I would like to see that we have our own framework for public health education in South-East Asia Region in light of our own specific regional situation; the framework that will be relevant for use

by our Member Countries in their development of public health education programmes to suit their needs and requirements in the development of human resources for public health in their respective countries.

After assuming office, I will form a high-level professional task force to work out such a framework. Help from all of us here will also be needed in pursuing this exercise. A specially dedicated group at the Regional Office will be established to provide secretariat support to the task force.

Mr Chairman,

WHO has already put a lot of efforts in promoting and supporting the development of medical education in Member Countries. We will continue such promotion and support to ensure quality medical care services.