

*Key Note Address by
Dr Samlee Plianbangchang
Regional Director, WHO South-East Asia*

At

National Consultation on Public Health Workforce in India

*New Delhi
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Mr Vineet Chawdhry, Joint Secretary, Ministry of Health and Family Welfare, Government of India, Dr Shiv Lal, Special Director General (Public Health), Ministry of Health and Family Welfare, Government of India, distinguished participants, honourable guests, ladies and gentlemen:

The prevailing public health problems in the WHO South-East Asia Region, both old and new or emerging, call for robust “public health systems” to tackle them. WHO in this Region accords high priority to supporting Member States in strengthening their “public health infrastructures and workforces”. Our collaboration with countries in this important area has been carried out through our ongoing public health programmes, and through the Special Programme of Public Health Initiative launched in the Region in 2004.

The initiative is to ensure our “focused attention” specifically to the “strengthening” of public health systems in the Region. The emphasis of our efforts in this connection has been on the development of “education and training programmes” in public health. This seems to have a very broad purview. However, our attention is drawn to certain specific aspects of public health

education and training. We advocate the development of public health professionals, who acquire a “broad vision” in “health policy formulation” and in “health programme planning”.

Intercountry and inter-institutional cooperation has been promoted through the network of public health education institutions, SEAPHEIN. This network was created to facilitate WHO’s collaboration with institutions concerned in Member States to pursue the development of public health education and training programmes. The network holds its annual assembly in conjunction with a high-profile regional meeting on a topical subject.

Our high-profile regional meeting last year was on “Revitalizing Primary Health Care”. The meeting was held as a part of our celebrations to commemorate the 30th anniversary of the Alma Ata Declaration on PHC in 1978. For this year, the subject for our high-profile regional meeting will be “Health Care Reform in the 21st Century”.

We intend for this year’s meeting, to revisit our “health care systems” with the view to promote the balanced development of health-care services, secure an optimum balance between promotive, preventive, curative and rehabilitative care, and, most importantly, promote the development of health care for all people — urban and rural, rich and poor — through public health actions and the PHC movement.

Distinguished participants, now, allow me to say a few words on the development of public health in this country. Beginning with the Bhore Committee

Report on Health Survey and Development in 1946, India formulated a national health plan that was considered a model for health planning and for public health development in the country.

The concept of “primary health centre”, as enshrined in the plan, had been a cornerstone for the development of community and primary health care in India. The success of this development, certainly, depended on the wisdom of national public health experts at that time. Even though there were not many schools on public health in the country; India had greatly contributed to the development of public health specialists in many fields.

The institutions involved in such a development included:

- National Institute of Communicable Diseases (NICD) in Delhi.
- National Institute of Nutrition in Hyderabad.
- National Institute of Virology in Pune.
- National Institute of Tuberculosis in Bangalore.
- All India Institute of Hygiene and Public Health in Kolkata.

Today there are many more such institutions which contribute significantly to the development of a public health workforce in India and in other countries. WHO has been collaborating closely with these institutes in the past, and at present. These institutes have formed an important part of the WHO global expertise network. The international health community always appreciates

valuable contributions from these institutes. It will be very useful if a more formal national network is formed to ensure more efficient coordination among these public health institutes.

It is also heartening to learn about the attempts made by the Government of India to develop new schools of public health. This development will go a long way towards ensuring a more robust public health workforce and infrastructure in the country.

Ladies and gentlemen, another important contribution to the development of a public health workforce in India is the public health education imparted in various medical colleges. This may be in the form of preventive and social medicine, community health or community medicine.

WHO in the South-East Asia Region is interested in the teaching of public health in medical schools. We plan to hold a regional meeting on this subject at the end of this year. This is in order to review the situation and to see whether there is any need to effect changes in such teaching in medical schools. This review will focus, in particular, on the prevailing dynamic situation with regard to global public health. These situations include persisting trends with new, emerging and re-emerging diseases, health impacts from climate change, and the impact on health from the global economic downturn.

Today there are several postgraduate programmes in public health education in India. Many of these programmes aim to produce a public health workforce at the professional level. Public health professionals are those who are

able to effectively undertake the development and management of public health programmes. Public health programmes are involved particularly in areas such as maternal and child health, disease prevention and control, nutrition, and environmental health, including water and sanitation. It is indeed a commendable endeavour of the Government of India to ensure the presence of an adequate number of such professionals in the public health workforce.

While developing a public health workforce it needs to be kept in mind that public health work requires “multidisciplinary and multisectoral” action. This is even more important in areas of health promotion and health protection as well as disease prevention and control in the community. Therefore, the opportunity for public health education and training should also be extended to several related disciplines and to staff of other sectors.

Other related sectors also need a public health workforce for their contribution to health development. The involvement of other disciplines in public health work will certainly spare the time and efforts of medical professionals for more important tasks in the institutional settings.

Ladies and gentlemen, Community Health Workers (CHWs) and Community Health Volunteers (CHVs) are doing public health work right within the community and they should be recognized as a part of the public health workforce. In reality, these people have already formed an important part of this workforce. They should be given the opportunity for appropriate orientation and training in public health, the orientation and training that is relevant to their

community work. CHWs and CHVs also need special attention from the government at all levels to their development and training as well as their retention, welfare and career advancements.

Distinguished participants, public health problems lie heavily on the poor, underprivileged, marginalized and the vulnerable. In designing the delivery of public health services to the community, priority attention should be paid to the health needs of these people.

Furthermore, in accepting the importance of “health risks” and “health determinants” in health development, public health programmes should also be planned and managed within the sociocultural, economic and governance context of countries. Public health education and training programmes should be developed on the basis of the ground realities within such sociocultural, economic and governance context. Community settings with their prevailing health problems are the best training ground for the public health workforce.

With rapid changes in all spheres, locally and internationally, it may be time to revisit the public health education curricula and programmes. Even though the basic principle of public health still remains the same, with the current global changes today we are working on the changing paradigm of public health.

Public health professionals need to be aware of the emerging trends and their impacts on the health of the people. As already said, these include climate change, the global economic downturn, and persisting trends in new, emerging and re-emerging diseases, both communicable and non-communicable.

Primary health care is an important tool of public health interventions and should find a prominent place in public health education and training.

Furthermore, the launch of the “National Rural Health Mission” by the Government of India in 2005 has laid a concrete basis for the further development of public health workforce in the country.

Therefore, this national consultation is timely indeed in providing a significant contribution to the effective implementation of the NRHM. WHO stands ready to collaborate with the Government of India in pursuing this challenging mission in the years to come.

With these words, ladies and gentlemen, I wish the Consultation all success.

Thank you.