INTERNATIONAL COOPERATION OF PUBLIC HEALTH SCHOOLS

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The place of public health is in the ascendency in many of the world’s universities. They are typically the focus for research and teaching about health promotion and disease prevention. In addition they often take a leading role in addressing other major agendas of health such as maintaining a healthy environment, addressing social inequality, encouraging behaviour change and improving the effectiveness of health care. In most universities they are home to academics with an interest in health policy and health advocacy.

Despite their apparently common agenda the major schools of public health differ greatly in such matters as their areas of academic strength and their relationships with medical schools, government departments and non-government organizations. The relationship with other parts of a medical faculty is particularly variable. In some universities schools of public health are closely integrated with clinical departments because of a belief that clinicians should be able to use their knowledge to prevent disease as well as cure it. In many other parts of the world the schools prefer a more distant relationship, considering that population health requires a different mindset to one-on-one clinical practice. The heterogeneity has created some fragmentation within the academic public health community that has sometimes impeded efforts at collaboration.

Regardless of the differences, research in most areas of public health is increasingly underpinned by access to large data-sets and this in turn is transforming schools of public health into centers of expertise in epidemiology, social sciences, bio-statistics, demography, modeling, data-management and health economics. These skills are in short supply internationally and yet are increasingly in demand as more and more data is collected and the evidence derived from such data is used to underpin policy decisions. The skills are increasingly underpinning clinical research and health services research as well as public health research. Thus in many parts of the world schools of public health are developing a key role in supporting the whole spectrum of applied sciences and becoming a highly valued academic resource.

Schools of public health are increasingly the custodians of the large data-platforms derived from cohort studies, registries, bio-repositories and clinical trials. In many cases these collections have been established at great expense and duplication in other countries would be wasteful and inappropriate. An example is the Framingham data that has been assembled in the US since the early 1950s. Strategies to allow the sharing of data from these ‘platforms’ is of increasing relevance to public health researchers. With considerable foresight the NIH has recently required that all such data funded by that organization will become publicly accessible within 12 months of the publication of key results. As more of these unique data resources become available to researchers in other countries it is likely to increase opportunities for collaboration but also increase the need for better governance of these resources and greater clarity in matters such as data-access and publication rights.

These trends will increasingly drive interaction and collaboration, not only among schools of public health but between the schools and other health related institutions. In the first place many of the technical skills described above are in very short supply. In most cases they are taught effectively only at post-graduate level and frequently require further on-the-job training at centers of excellence before one becomes “judgment safe.” Another strong driver to collaboration will be the increasing need for large-scale projects to be funded and carried to completion in a ‘consortium’ of countries. For example large scale intervention studies may now require budgets of many millions of dollars and this cost will increasingly need to be shared. Finally public health schools will increasingly need to be aware of advances in biomedical sciences across the world, particularly in the development of new biomarkers for predicting disease or providing new possibilities for disease screening.

The shortage of ‘public health’ skills is a particularly urgent matter to address with even the most advanced countries struggling to find sufficient expertise in many of these areas. At the same time fewer postgraduates (especially in developing countries) have the luxury of being able to spend years abroad studying. New innovations in teaching such as the “block and web CT model” may assist by allowing students to concentrate one or two week “blocks,” then return home to study the remainder of a unit through the web. More efficient approaches to teaching the core units of public health may allow more training funds to be allocated to the practical training needed to achieve competence as a public health practitioner or researcher.

Over the years a number of attempts have been made to bring together schools of public health into regional associations. An example is APACPH (the Asia-Pacific Academic Consortium for Public Health) which has achieved substantial success in bringing together schools of public health of countries around the Pacific Rim. The association is about to conduct its 46th annual meeting and publishes its own journal. However the great variety of interests among the different schools and their involvement in a range of other specialty groups has sometimes made it difficult to find common interests. It may be time to re-examine what features the schools now hold in common and what common interests could be served by promoting greater international interaction.

M8 may be able to assist and promote collaboration in several ways. These include:

1. Promoting greater awareness of the skills, platforms, capabilities and training opportunities that are available in the different member institutions
2. Developing protocols and governance processes to facilitate sharing of data and bio-specimens across borders
3. Helping to broker collaboration to undertake major projects (particularly intervention research) that are beyond the budget of many single countries

It has been said that the basis of most collaborative ventures is undermined by friendship, money or mutual self-interest. The imperative of redressing the skills shortage, and the need to collaborate on large projects can certainly provide self-interest. The M8 Alliance has been very successful in promoting friendship. The remaining goal is to find the resources.