Global health: a positive addition to public health training?

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‘For half a century, many countries have achieved impressive progress in their health conditions. Yet the causes of ill health do not stand still—humanity’s very progress changes them.’1

Factors that influence health, both enduring and emergent, more than ever extend beyond national borders. Worldwide trade, migration, travel and communication technologies have all served to create a smaller world where notions of boundaries and nation states become less meaningful for health. No country is unaffected by the health threats posed by the global economic crisis, climate change, emerging novel diseases and increasing prevalence of chronic disease. The need to rebalance emphasis on disease-centred models and the search for technological health service-related solutions with social models of health that recognize the influence of wider determinants is evident.

Those engaged in efforts to improve public health will need the knowledge and skills to deal with complex problems that bridge the gaps between biological, environmental and social sciences. Active participation in the development of innovative policies to tackle such problems will draw on explanations, methods and interventions from a range of disciplines. Effective communication of benefits, in terms of health outcomes and cost-effectiveness, to policy-makers will be required at local and global levels. Complex hierarchies created by multiple donor–recipient relationships are likely to be ineffective and inefficient. Global networks of partners collaborating on an increasingly equal basis require approaches that champion advocacy, equity, consensus and partnership underpinned by the best available evidence from research.2 Public Health will have to show its worth in this new environment demonstrating how a robust public health infrastructure and a trained public health workforce are paramount for economic growth and prosperity.

Recognizing the growing demand for well-trained individuals to work within the field of global health many schools of public health and university faculties, including our own, have created new courses with modules covering areas such as global health politics, health diplomacy, global trade and health and global environmental change.3 These courses have in many cases also recognized the importance of continued exposure to established public health subjects including epidemiology, health economics, policy analysis and infectious disease control. Such courses should be considered complementary to more traditional courses on health problems that predominantly affect populations in low-income countries, which are designed to equip students with practical skills and conceptual understanding to improve health in such settings.

Undertaking a postgraduate qualification is one route to acquisition of new competencies required, the experiences offered by international placements are another. Placements provide opportunities to become immersed in other cultures, to appreciate perspectives based on different value systems and to grasp the interdependencies and the possibilities for mutual learning. Experiences within complex, resource constrained healthcare settings or government structures with direct responsibility for providing care or implementing policies provide invaluable learning. The insights gained have the potential to promote a flexibility of approach needed to bring innovative solutions at whichever level the practitioner chooses to work in the future. As Nigel Crisp advocates in his book ‘Turning the World Upside Down’ such experiences have the potential to contribute to the development of public health infrastructure.
and training of public health professionals internationally, which in turn creates global health benefit.\(^4\)

The accompanying paper\(^5\) sets out to discover how well current postgraduate training programmes in public health in the UK prepare graduates to practice public health in a globalized world. The analysis, although limited by the low response rate amongst trainees, found that there was little explicit reference to international topics in the training curriculum or the questions set for professional examination and that there appeared to be a demand for more internationally relevant content. However, the authors were not explicit as to whether ‘international content’ referred to topic areas linked to new concepts of global health ‘where the determinants of health circumvent, undermine or are oblivious to the territorial boundaries of states and therefore effectively addressing health outcomes exceeds the capacity of individual countries acting alone through domestic institutions’\(^6\) or to improving health in developing country settings. In any event it is pertinent to ask how well current training prepares graduates for a world where public health is practiced in a range of settings more diverse than now and where global influences on health are increasingly being felt at local levels.

The configuration of public health provision will be radically shaken up in England over the coming years.\(^7\) The public health workforce will need the flexibility to work within new settings such as local government and with a wider range of partners in an increasingly devolved health system. From this perspective, it becomes clear that the knowledge and skills needed to adapt to change at a local level in England may be developed by properly supervised experiences in other settings. The Faculty of Public Health, with responsibility for accrediting the training of future public health professionals may find it useful to review its curriculum in the light of these changes. A facilitative approach to trainees wishing to gain experience in a wider range of settings including internationally would seem excellent preparation for the evolving world of public health but needs to be managed so that it results in two-way learning. If there is openness to overseas experience in UK training programmes, it will be important that such experience is not gained at the expense of already overstretched training programmes in low-income countries. Such posts will need to be properly resourced and should ideally be part of broader capacity strengthening relationships between UK and overseas institutions including, where appropriate, the possibility of reciprocal experience for overseas trainees.

**References**