Editorial

Public health through fostering collaboration and building resilience

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DOI: https://doi.org/10.4038/jccpsl.v30i3.8775

Received on 5 Sep 2024
Accepted on 6 Sep 2024

Public health services

The value of strengthening the public health services has been recognized worldwide. The World Health Organization (WHO) has summarized the aim of public health as to provide the maximum benefit for the largest number of people (1). The role of public health has been vividly described by the University of Boston as "in a sense, public health is the heart disease that never developed, the epidemic that did not happen, the outbreak of foodborne illness that never occurred, the child that would have developed asthma, but did not, and the disaster that did not happen" (2). With the evolution of public health, concepts like essential public health services have come to the limelight. A discussion paper of the WHO has described these essential public health functions as "a list of minimum requirements that countries need to assure the effectiveness of public health in their own context." The revised list of essential public health functions published by the Center for Disease Control and Prevention focuses on ten domains (3). Fernando, Gunawardene and Weerasinghe have identified the tasks for each of these essential public health functions in local context (4). As again shown by the Centers for Disease Control and Prevention, the model for public health approach includes four elements. They are determining what is the problem, what is the cause, what works and how you do it. These are technically termed as 'surveillance,' 'risk factor identification,' 'developing and evaluation of interventions' and 'implementation of effective and promising interventions. The three core functions of public health are termed globally as 'assessment,' 'policy development' and 'assurance' (5). The assessment includes systematically collecting, analysing and making available information on healthy communities. The policy development is aimed to promote the use of a scientific knowledge base in policy and decision making while the assurance is meant to ensure provision of services to those in need. Thus, the public health services are not arranged haphazardly but are based on evidence-based theories and principles.

Sri Lanka has been having a strong public health service infrastructure and is blessed with the century of years old health unit system. Every household in the country has been assigned into a specific "medical officer of health" area which offers well-defined services. This is the divisional level of the organization of public health services in Sri Lanka

and delivers routine public health services such as lifecycle based maternal and child health services, disease control services, environmental and occupational health services through dedicated field level staff members. Above the divisional level, public health services are arranged in a hierarchal manner at district level, provincial level and national level. Public health services are critically important in achieving the targets under primary health care, universal health coverage and sustainable development goals. Hence, like in all other settings, continuous attempts must be done to improve the quality of these services in Sri Lanka.

Fostering collaboration

Most public health services and activities are termed as complex interventions. This is due to the multi-faceted elements that are involved in their implementation. As explained by Wills and others, "Complex problems, including those related to behaviour change at a population level and altering environments, rarely respond to single, simple or one-off solutions. In contrast, complex problems require complex interventions, involving multiple components, which target multiple levels in a socio-ecological system, and that adapt and change in response to different contexts" (6). As such, in delivering these complex interventions, fostering collaboration becomes an essential strategy. Collaboration can manifest in the form of partnerships, alliances, coalitions as well as networks. The Robert Wood Johnson Foundation, with other stakeholder institutions, proposed a framework to achieve improvement in health, well-being and the equity in the population. It includes four action areas and the second of those is mentioned as "fostering cross-sector collaboration to improve well-being" (7). The framework identified three drivers for this action area namely, number and quality of partnerships, investment in cross-sector collaboration and policies that support collaboration. However, these collaborations should be well-planned, and the common goal should be agreed upon by all stakeholders. Otherwise, the theoretical benefits of the collaboration would not be achieved in practical settings to the same level as expected (8).

Building resilience

The WHO describes resilience as "the ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions through risk management" (9). When this is applied to public health, the WHO highlights that a resilient system would "ensures countries can effectively prevent, prepare for, detect, adapt to, respond to and recover from public health threats while ensuring the maintenance of quality essential and routine health services in all contexts, including in fragile, conflict and violence settings".

The recent COVID-19 pandemic opened the eyes of everyone to the critical necessity of having resilient systems, which would otherwise lead to setback in achieving Universal Health Coverage (UHC) and expected health indicators. The WHO has proposed seven policy recommendations in building a resilient health system based on primary health care. The first of these includes leveraging the current response to strengthen both pandemic preparedness and health systems. The second is investing in essential public health functions including those needed for all-hazards emergency risk management. Building a strong primary health care foundation is the third and investing in institutionalized mechanisms for whole-of-society engagement is the fourth. The fifth is creating and promoting enabling environments for research, innovation and learning. The sixth includes increasing domestic and global investment in health system foundations and all-hazards emergency risk management. Addressing pre-existing inequities and the disproportionate impact of COVID-19 on marginalized and

vulnerable populations is mentioned as the seventh (10).

Role of CCPSL

Community Medicine is a postgraduate specialty that has close links with the concepts of public health. It may be regarded as the medical domain of public health. Kadri AM in 2017 has referred to Community Medicine as Version 3 of public health (11). Community Medicine enables a country to get two functions accomplished. First is the linking of the curative services with the community. Second being illness prevention and wellness promotion in the community. The College of Community Physicians of Sri Lanka (CCPSL) is the apex professional organization encompassing the membership of public health professionals in Sri Lanka. The vision of our college goes as "an excelling and universally acclaimed profession dedicated to achieve the fullest potential for health, wellbeing and quality of life of the people in Sri Lanka."

The members of our college- both specialists and trainees, are in a position to contribute to further strengthening the public health services through fostering collaboration and building resilience due to many reasons. They are being placed at national, provincial, district as well as at teaching institutions and at international organizations. They serve at medical administrative grade as well. Furthermore, they involve and guide the service delivery at divisional level institutions. These facts make our members in an ample position to penetrate various levels of healthcare organization and to reach the community members in delivering public health services. The curriculum our members undergo in their postgraduate training equips them with the skills needed in delivering essential public health functions. In addition to the generic training, they receive the dynamics and contexts of the working institutions that facilitate their potential roles in further strengthening public health services. The CCPSL always acknowledges the utility of collaborative efforts and building resilience of the system. Even its mission goes as "Working together to promote public health through professional approaches".

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