

Public Health Years Ahead: Rethinking and Redesigning

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Abstract

Globally, public health is increasingly acknowledged as a separate academic field. Nevertheless, there are little chances for study, research, and practise in this area in India. Started public health practice has seen some alterations as a result of the shifting needs of the global communities from roughly two centuries ago. Considering the historical context that gave rise to this distinct field of study and practise by incorporating pertinent facets of the humanities and technical innovations of the natural sciences, especially from the engineering and biomedical sciences, a critical review of the principles, core values, and approaches of public health is necessary to address the social needs of the present and to serve the demands that may emerge in the future.

Keywords: WHO • public health • Pathogens • Sustainable Development Goals

Introduction

As there are public measures to avoid epidemics, the state is now responsible for health protection, and public authorities have been appointed to implement these laws. Social protection laws were also passed in an effort to lessen other people's suffering. Public actions, such as the development of government hospitals and workhouses that provide free assistance to the poor, were made possible by social ideals about the desirability of this purpose. Several authors, including Frederick Engels, Edwin Chadwick, Lemuel Shattuck, and others, demonstrated how industrial cultures produce significant health disparities. Social activists drew together this set of information and principles in the political sphere to create a political strategy to confront social injustice as the main cause of widespread ill health.

Because of this, sociopolitical systems did alter in some regions of the world in favour of public health, but these modifications were short-lived. Instead of addressing the social, political, and economic roots of illness, the biomedical approach rose to prominence, leading to techno-managerial remedies. Instead of focusing on improving people's health and well-being, growth in the gross domestic product has been touted as an important objective. Despite the fact that some provinces in British India passed public health laws and appointed sanitary commissioners to oversee compliance, the Indian government merged public health and medical care at all levels of health services in 1946 based on recommendations made by the Health Survey and Development Committee chaired by JW Bhore. Medical professionals with little knowledge of political economy and little

involvement in addressing social determinants of health are in charge of public health. CEA Winslow, who defined public health as "the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organised community efforts for the sanitation of the environment, the control of community infections, and the education of the individual in principles of personal hygiene," has had an impact on public health thinking throughout the world. His definition was published in 1920.

The first public health institute in India created distinct curricula with a strong focus on biomedicine for students studying medicine, engineering, and social science. Only medical graduates receive ongoing training in preventive medicine, social medicine, and community medicine at medical institutions, which mainly relies on the principles of the medical sciences with a cursory inclusion of some public health concepts. Only one central university's faculty of social science has considered public health within a larger sociopolitical context. Schools of public health, which were established independently of medical schools in other nations, like the USA, accepted faculty and students from non-medical streams and incorporated some aspects of behavioral and environmental sciences, but the curricula remained heavily influenced by biomedical approaches.

As a result, the conventional public health strategy continues to ignore the concerns associated to "social machinery" to provide "a standard of living appropriate for the maintenance of health." Even today, public health schools barely give the socioeconomic model of health production much attention, and the concept of "right to health" has remained elusive. In spite of the World Health Organization (WHO) declaration that "health is a condition of complete physical, mental, and social well-being, not only the absence of sickness or infirmity," health is still commonly defined in medical terminology as the "absence of disease." Although the WHO has endorsed the role of public policy for enhancing health as advised by its Commission on Social Determinants of Health chaired by Michael Marmot, it has also made little progress in the nations. In the current situation, when the threat posed by the climate emergency, escalating conflicts, and growing disparities has put our planet and its inhabitants in danger, a new strategy is needed to make public health development the main priority of the society. Hence, the field of public health should reassess its sociopolitical and ecological moorings and develop a plan to address the new problems. The third aim of the United Nations' sustainable development goals, which is to "guarantee healthy lifestyles and well-being for all at all ages," should be adopted instead of a narrow concentration primarily on biological treatments (SDGs). Since the majority of the SDGs have an impact on people's health and well-being, directly or indirectly, public health must be at the forefront of efforts to fulfil all of the SDGs.

A narrow focus on universal health coverage, an idea promoted by the WHO that largely gauges its success in terms of a decrease in out-of-pocket or catastrophic health expenditures, encourages large investments in medical care interventions rather than public health-oriented actions to address social determinants of health. Since most academics with a medical background lack the capacity to linger in this subject and typically credit improvements in health to exclusively medical interventions, the social determinants of health play a role that is overlooked in medical institutions. In order to build this capacity, it is crucial to redesign the public health education system. This can only be done by placing public health schools in multi-faculty universities with a solid history in the social sciences. These universities can then develop courses at the undergraduate, postgraduate, doctoral, and postdoctoral levels that place a strong emphasis on social determinants of health. Instead than concentrating on an individual's ailments, which should be handled by the medical system, the public health sector should concentrate on the social system to address the underlying hazards to health.

Instead of focusing all of its efforts on the eradication of particular diseases, public health should discover ways to target the elimination of fundamental

causes that are shared by all illnesses. In order to achieve these aims, it will be necessary to look beyond the individual and to take on the social structure in order to secure fair wages and fair trade and enhance living standards so that people may satisfy their basic necessities (shelter, food, clean air, and potable water). It would take political courage to take on vested economic interests that create and spread harmful products and practises in order to implement public health initiatives across many sectors. Thus, public health practitioners should be capable of creating methods to convince lawmakers, government officials, and the general public of the value of public health efforts in order to increase the number of supporters for these initiatives. Public health should be viewed as the science and art of effectively allocating all of society's resources for

everyone's health and welfare. Any policy or conduct that is damaging to one's health should be justiciable under a constitutional guarantee of that right. To achieve multisectoral activity for advancing public health, departments of public health should be established at every level of government, including the central, state, district, cities, and villages. Above all, a Public Health Commission should be established to ensure that public health education systems are established in all higher education institutions with adequate funding, that periodic audits of all public policies are conducted, and that only policies that promote health are advocated, developed, implemented, monitored, and evaluated so that health and wellbeing of people can take centre stage in all necessary socioeconomic policies and programmes.