

2nd Nepal Public Health Foundation
Lecture On

Understanding Public Health:
Conceptual &
Philosophical
Foundations

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About NPHF:

Nepal confronts with the triple burden of diseases, malnutrition and weak health system as the major threat to nations health as well as a formidable barrier to meeting Millennium Development Goals. While communicable disease are still an important cause of preventable deaths, the chronic non-communicable disease have emerged as the major killers, injuries and disasters, along with emerging and reemerging diseases associated with the change in environment, constitute the third category in the burden of diseases.

In spite of economic backwardness, difficult terrain and decade of violent conflict, there has been remarkable improvement in the health indicators such as Infant Mortality Rate, Maternal Mortality Ratio and Total Fertility Rate. The right of Nepali people for basic health care is enshrined in the interim constitution of 2007. However, the nutritional status has not achieving health for all, calling for a need to integrate health action with equitable and sustainable development efforts; strengthen health system through revitalization of Primary Health Care and ensure good nutritional status through multi-sectoral collaboration.

To meet such challenges, a concerted public health response is needed which gives as much emphasis on multi-sectoral cost effective intervention for health promotion and disease prevention as to affordable diagnostic and therapeutic health care. It requires

both capacity for “research for health”, healthy public policy development and analysis, pilot interventions and evaluation in developing models of prevention and control strategies, health system organizations. It highlights the role of systematic review and system thinking as important tool to strengthen health systems. Such response demand effective and efficient networking with public health professionals and institutional both within the nation and on regional and global level, so as to ensure policy and intervention that are evidence based, context specific and result oriented.

To launch such response, a critical mass of public health experts and activists have to come together in an apex body that has full autonomous, exercised by its governing board and general body. Such an organization should be able to work together with government and non-government organizations, private sector and community based organizations, health sciences and research institutions, and most importantly people movements. It would be the principle vehicle of

Civil society to ensure public health advocacy and community based action that would empower the people at community level and above.

Nepal Public Health Foundation is conceived to become such organization.



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He promoted public health research extensively while he was the professor of community medicine. He contributed largely in shaping the national policy on health research as the chair of NHRC and in the South-East Asia Health research activities as the member of the WHO advisory council for health research.

Dr. Shrestha graduated from Andhra Medical College, India and is a gold medallist in Masters of Community Health from Liverpool School of Tropical Medicine. He has received many distinguished international awards such as Asia Pacific Academic Consortium of Public Health, leadership achievement award and Academic Appreciation Medal, Hawaii University School of Public Health.



Understanding Public Health: Conceptual and Philosophical Foundations

Many people ask me why I am engaged with public health. In answer to their question I talk about the conceptual and philosophical foundation first laid down by Buddha more than 2500 years ago. His major principle **anitta or anitya** that means impermanence can be applied to public health as well.

Physical probes are very important at all points of time, without which we may fall into a trap called aspect blindness. Aspect blindness is the most suitable term to use even though it is not a concept well known to all. The term blindness here does not refer to people with visual disability. Aspect blindness is the phenomenon in which people do not recognize the importance of things they do not like.

The boundaries of public health are becoming blurred and it's safe to say there are no boundaries anymore. Therefore, the second aspect of this lecture is about understanding public health and its principles. I will not be able to touch upon all the principles due to the time constraint. However, I will mention some important principles of public health. The first principal is that Public Health can simply be understood as health of the people, by the people and with the people and nothing mysterious beyond that. I'd also like to quote the definition of Public Health given by Nuffield Institute of Medicine in 1988, "Public Health is what we as a society do collectively to assure the conditions in which people can be healthy."

The second principle is that Public Health or health by itself is a politics in the grandest possible way. Dr Mahesh Maskey has already quoted Rudolph Virchow by saying that “Medicine is a social science and politics is nothing more than medicine in grand scale”. Social science and politics is the granted form of medicine. Politics is a matter of health and even WHO has attested it as a matter of international health.

The third principle is that health is the right and responsibility of all irrespective of any attributes of the people who qualify to be included in that category of all. Thus, people will not be discriminated because of social, political, physical or any other possible attributes.

The fourth principle is that health rights have synergistic relationships with ‘rights to education’ for all. I think by the term ‘education’ we must understand education not only for academic purposes and academic excellence but also for human resource development and for informed, free and responsible decisions and actions of the people who pursue that education. Education should be liberating and should help in the creation of productive employment and contribute to societal stability and both mental and physical well-being. Another synergistic effect is the ‘right to employment’. Employment should be dignified and consist of a safe working environment. I am happy to say that our interim constitution has made health, education and employment a constitutional right. Lastly, food also has a synergistic effect with public health. Health correlates very well with food security. Here, I would like to mention the concepts of 12 levels of living which was developed by UNESCO in 1953 and later dropped by UN bodies. The 12 levels include: food security; shelter; cultural relations; education; health; social security; clean environment; productive employment; transportation; entertainment; participation of political, social, cultural, developmental and ecological activities; and human rights. Food security includes safety, nutrition and food culture. Shelter refers to safety, protection and convenience. I have already mentioned education and health. Social security includes peace, harmony and assurance of safe, respectful living at all stages of human life cycles. Productive environment includes

work and work place safety. Transportation refers to freedom of movement without borders. Entertainment includes recreation, creativity and indulgence in rights to dream and imagine. Human rights are the basic rights and freedoms that all people are entitled to regardless of nationality, sex, age, national or ethnic origin, race, religion, language or other status.

Another important point is that health is intrinsically related to overall peace and harmony. Ill health generates conflict. Public health or health is a key to human progress, socio-economic and material well-being and wellness without guilt complexes. Well being with guilt complexes cannot be called human progress. Similarly, without any sense of freedom from compulsions or obligation, it cannot be called human progress.

Finally, in terms of principle, for the last 30 years there has been a significant growth in GDP in countries all around the world and inter country’s wealth inequality along with increment in health gaps. Inequality, exploitations and socio political disseminations are the key determinants of poor health, bio security and human insecurity.

Many people think that public health is a western contribution originating from the Christian culture. However, this is not actually true as all the diverse cultures present in the world has contributed in the development of public health. Public Health or health is also related to democracy. Previously there used to be slavery, women had no rights and people believed in evil spirits occupying human body. Public health has become a matter of democracy where everything is about “we the people”. Another historical fact which is quite surprising is that 10,000 years ago people were healthier than the present generation of people. A new development in science called archaeological anthropology explored that the humans 10,000 years ago i.e. before agriculture was introduced, were healthier than the present generation. They were taller and stronger. Their average life span was 100 years or even more and infant mortality rate was lower too. This piece of historical information points out that unhealthy society and consequential poor health were the product of inequality, exploitation and differen-

tial access to the health and health groups.

Another aspect of my lecture is about the functioning theory and principle of public health. Previously I mentioned some principles and now I want to talk about the functions of those principles, or more simply what should be the function of public health. Public health is a public and collective good focused on prevention. It encompasses all aspects of human life. Hence, whatever relates to human life and living relates to public health. Literally, it means health of the people.

I have consulted a book from WHO that consists of the WHO's constitution. The government of Nepal had signed it in 1953. This means that our country now has more responsibilities to undertake. The constitution basically points out that health care to everyone is a right. Our government's responsibility for the health of the people should be fulfilled by the positive approach of adequate health and social measures, accommodating private sector as well. The main responsibility to ensure proper health of the people lies with the government. In context to Nepal, public sector implies "sarwajanik kshetra", which means it is the sector of all people in the country. However, this doesn't apply to all governments in the world.

system, evidence of universal access, partnership (inclusive of inter-sectoral partnership, international partnership and country partnership) and enhanced performance of WHO. Public health should focus on its principle of assuring its transparency, accountability, quality and availability of services, evidence based decision making and measuring its efficacy and success. It is important to enhance and facilitate communication between public health and sectors beyond public health.

Now I would like to talk about the challenges of public health. The first challenge is the increasing consumerism that is making people energy slaves. (You can refer to Ivan Elich to know more about energy slaves.) Without energy, people cannot even imagine moving further. Increasing consumerism is virtually leading us, our living systems and our cultures into the waste produced by ourselves. So I think that is eroding our ecosystem, traditional values and human civilization. Next challenge is the extreme inequality despite of increased accumulation and growth. Another challenge is the domestic issues being blurred in regional and global agenda. There is a growing mismatch between needs and technical excellence and between political commitment and addressed needs. Nepal is a good example of that. Another challenge is globalization

Every enterprise outside the government cannot be considered as a private sector. Private sector should have at least six qualifications. Without these qualifications they are not private sector; they are simply profit making bodies. Firstly, they should hold a strong corporate and social responsibility. Secondly, private sectors should be client oriented and thus be able to satisfy their clients. Thirdly, it should be fully regulated and functioning under and in synergy with public sector, not necessarily with the government sector. Fourthly, the private sector should be totally professional. The fifth qualification is that the workers should become a part of the enterprise. Lastly, people should have proper access to its services and they should participate in its development. The private sector should be completely transparent and accountable. Only if a sector has the above mentioned qualifications it may be called a private sector.

Public health has to develop in partnership between health and other related enterprises and most importantly with people. Public health should be outcome or result oriented and should be able to be measured in the hearts and minds of the people rather than in statistics and reports. For this, WHO came up with a six-point agenda. The six-point agenda consists of equity, proper health security, strengthened health

and neo liberal hegemony. Most recently in Germany there has been epidemics known as O104:H4 and scarlet fever was eliminated because of healthy human living style. Last year cholera epidemic of severe type was seen in South Asia (including Nepal), Haiti and Nairobi. An aspect in contradiction is our strength and challenges. We are educators. Unfortunately educated people and experts are most susceptible to

a particular trend called prescription trend. Doctors concentrate more on curative measures rather than preventive ones. It is important to develop prioritized patient schedule and create participations with patients and their caretakers. This is called the development paradigms. Another challenge is making predictions as it is difficult to prevent all accidents caused by nature and man hence leading to the lack of preparedness.

Japan is very developed. They boosted atomic plant which was the highest in the world. We must all oppose nuclear energy as humanity maybe in danger. These challenges increasingly challenged immune competency, immunity and resistance of people against diseases.

I want to ask two questions. Our resistance in immunity was developed thousand years ago. Not only through various immunization measures like vaccination but also due to the development of immune system. What will happen if suddenly we find out that our immune system can no longer be effective to combat emerging new diseases? What happens if all antibiotics and treatment modules are not effective with some new diseases? One example is German E Coli. The Germans were so fast in conducting all kind of epidemiological studies but in the rapid technique they used what is called practice of decent pieces, in the sense of epidemiological studies. At first they implemented the technique on Spanish cucumber which was turned out to be a failure and thus had to pay millions of dollars to compensate their farmers. Secondly, they came to tomato and other vegetables and thirdly to beans brought in some farms. Of course they could not isolate E coli bacteria from that but they were able to isolate E coli bacteria from the river. So that is how they conducted their epidemiological study. Can that be the appropriate epidemiological study just because that has been conducted by one great power in a western country?

Finally I want to talk about Public Health Research. Public Health research consists of the philosophy of diversity. Like I have already said, Public Health research can be related to epidemiological research. It

must have the concept of diversity and holism. There are so many ways of dealing with the research of public health. It is important to combine all research strategies - not only epidemiology (including theoretical) - problem solving and cause and effect treatment. We won't be able to understand the mental aspect of public health if we neglect theoretical research. Research should consist of basic points that answer fundamental questions. I want to stress that there isn't a single method for research, such as so called western method or so called modern scientific method. It is important to consider the best of science and come up with a standard and scientific research and go beyond methodological probing.

I want to quote Mao Tsetung who during Cultural Revolution said that if you want to go ahead you have to do research and have to cross boundaries and go beyond the prescribed way, beyond the road. It's true that diversity has been the core ways of nature so diversity should be the core ways of Public Health too. Public Health research has to be extended not only to biomedical or other types of research but also to the sociological and psychological research and ways to use in varieties of methodologies including traditional empirical methods, opinions and services.

Lastly, I would like to say that public health is not new. Even the concept of new public health, commonly known as international health or global health is not new. Public health should go beyond the present paradigm and focus on unity in diversity.

Thank you very much!



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