



## **EDITORIAL**

### **PUBLIC HEALTH EDUCATION: INDIAN PERSPECTIVE**

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Public Health Education aims to promote health by supporting learning, decision-making and capacity of individuals, groups, and communities and set, maintain and exemplify the highest ethical principles and standards of practice ensuring efficient delivery of cost-effective interventions for health promotion, disease prevention and affordable diagnostic and therapeutic health care.

The concept of public health education came into consideration as early as the formation of the Bhore Committee, in the 1940s. The extent to which we are able to improve the health of the public depends mainly, upon the quality and preparedness of the public health workforce, which mainly depends upon the relevance and quality of its education and training. The report of the Health Survey and Development Committee chaired by Sir Joseph Bhore emphasized the inadequate teaching of preventive medicine and public health in the medical student's undergraduate training, thereby highlighting the need and importance of public health education. The contention of the report was to mainstream the art and science of public health in medical education for the production of **social physicians**.

In 1999, World Health Organization convened a "Regional Conference on Public Health Education and Practice in the South East Asia Region in the 21st Century" in Kolkata. The main purpose of this conference was to critically review the situation of public health education and practice in this region, and to identify effective ways and means to improve and strengthen them. It was discussed that the best way to strengthen public health services is through strengthening public health workforce. Public health workforce comprises public health professionals (medical and nonmedical), doctors, nursing professionals, paramedical workers,

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grass-root workers, and allied health workers.

In order to generate skilled public health workforce, it is extremely important to strengthen the public health education in the country. The main outcome of this regional conference was the "Calcutta Declaration on Public Health" which provided a broad strategy and framework of action for strengthening public health education in the South East Asia Region including India.

Traditionally, when we talk about the public health education in India, we usually refer to undergraduate (MBBS) and postgraduate education like (MD (Community Medicine/Preventive and Social Medicine), MPH, Diploma in Public Health (DPH), Diploma in Industrial Health (DIH), Diploma in Maternity and Child Welfare (DMCW) and others which are available for medical graduates only. As of 2017, there are 460 medical colleges in India where qualifications are recognised by the Medical Council of India, have the capacity to provide 63,985 students. Community medicine is a compulsory subject for all these medical undergraduates during the course of their medical education, but India's MBBS curriculum needs a substantial restructuring, with an increased focus on key competencies in several domains of public health.

A number of Medical Colleges offer degree like M.D.(Community Medicine) and Diploma like DPH. Some colleges also offer PhD in Community Medicine/Preventive and Social Medicine. Courses like MD (Community Health Administration), MD (Hospital Administration), Masters in Hospital Administration (MHA), MD (Tropical Medicine), MD (Maternity and Child Health), and PhD (Hospital Administration), Diploma in Hospital Administration (DHA), Diploma in Health Administration (DHA), Diploma in Health Promotion and Education (DHPE), and Diploma in Industrial Health (DIH) are conducted by few colleges. Moreover, few institutions in the country offer Diplomate of National Board (DNB) in Social and Preventive Medicine, Health Administration and Maternal and Child Health courses.

The All India Institute of Hygiene and Public Health (AIIPH), Kolkata, is the oldest Public Health Institute in India, which offers diploma, masters, and doctoral level programs in various domains of public health - Core public health, social and preventive medicine, public health management, public health engineering, maternal and child welfare, dietetics, nutrition, industrial health, health statistics, health education, veterinary public health, community health for nursing professionals, etc. Courses like Masters in Veterinary Public Health, Masters in Public Health Engineering, Diploma in Health Promotion and Education (DHPE), Diploma in Dietetics (Dip. Diet), Master in Applied Nutrition have been in place for

several decades at the AIH&PH to meet the needs of non-medical public health professionals.

In 2006, Public Health Foundation of India (PHFI) was established. They set up Indian Institutes of Public Health (IIPHS) with the mandate to build the capacity of human resources in public health. At present four IIPHS are operational and are offering postgraduate diploma programs in Public health management, biostatistics, and data management, health economics, healthcare financing and policy, clinical research, public health nutrition, and epidemiology.

Presently many institutions in India offer MPH programs with annual intake capacity of more than 500 candidates. However, many of these institutions have not been able to fill their seats and more than 20-25% seats remain vacant as they do not find suitable candidates

Despite these initiatives toward building the capacity of public health professionals in the country, there is still a limited availability in teaching and training courses in specialized areas of public health

Except a few programs being offered by NIE – Chennai, CMC –Vellore, NICD – Delhi and All India Institute of Hygiene and Public Health-Kolkata (limited intake capacity), there are no formal courses in epidemiology in India.

It is imperative to increase the interface of public health education with the health system, especially with health services at various level so that the trained professionals can effectively deal with the problems in the communities.

Currently limited job opportunities are available in both public and private healthcare sectors after pursuing these courses, hence there is no great demand for these programs. Moreover, the job opportunities for nonmedical public health professionals are even more limited especially in private sectors, thereby creating barriers for their entry into this profession.

It is important to work out pathways to translate this into specific interventions. The steps toward this endeavour would be:

- to undertake situational analysis and mapping of public health education institutions and academic programs in this country;
- to assess the need of public health professional in different domains of public health in both (public and private) healthcare sectors and
- to design the framework of job placements and career pathways for these professionals.

**Additionally, to ensure that enough job opportunities are created, building a public health cadre is a desirable and welcome step.** A public health cadre currently exists in some of the states, and efforts are being initiated in few more states to design and develop such cadre. However, these efforts are unsuccessful for the want of trained public health professionals. Moreover, it would also be important to ensure place for nonmedical public health trained professionals in this framework.

Time has also come to realize and appreciate the role of public health professionals in expanding the private healthcare sector.. In order to achieve larger public health goals we not only need to make the private health care sector more sensitive to public health issues and challenges but also need to ensure their active engagement in public health by creating substantial job opportunities for public health professionals in private sector.

### **Conclusion**

Interest and preference for a career in public health needs to be generated among both medical and non-medical graduates through Curriculum modification and delineation of career path through a cadre system. There should be public-private partnership to achieve the best in this field. Job opportunities for these professionals should be created both at public and private sectors.

There is also very little scope of research in public health as the fund allotted to health system in this field by Govt. of India is less than 1% of the health budget. Budgetary allocations need to be enhanced to enhance public health research

### **Source**

- List of medical colleges in India - Wikipedia [https://en.wikipedia.org/wiki/List\\_of\\_medical\\_colleges\\_in\\_India](https://en.wikipedia.org/wiki/List_of_medical_colleges_in_India). last accessed 15-01-2017
- Sharma. Kavya and Zodpey Sanjay:Public Health Education in India: Need and Demand Paradox Indian J Community Med. 2011 Jul-Sep; 36(3): 178–181
- Gebbie K, Rosenstock L, Hernandez LM, editors. Educating Public Health Professionals for the 21st Century. Washington, DC: The National Academic Press; 2003. Institute of Medicine (IOM). Who Will Keep the Public Healthy? p. 3. [PubMed]

- Garg BS, Zodpey SP. Status paper on public health courses in India. India, New Delhi: WHO Country Office; 2006. pp. 6–17.
- Report of the Health Survey and Development Committee. Vol. 1. Delhi: Manager of Publications; 1946. Government of India; pp. 158–75. (Chairman: Sir Joseph Bhore), New Delhi.
- The World Health Report. Geneva: WHO; 2006. Working together for health; pp. 212–13.
- Public Health Education in India: Need and Demand Paradox - NCBI <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC321444>. last accessed 15-01-2017
- Kar Sitanshu Sekhar, Ramalingam Archana, Premaranjan K. C., and Roy Gautam Do Medical Students Prefer a Career in Community Medicine? *Int J Prev Med*. 2014 Nov; 5(11): 1468–1474
- Azhar Gulrez Shah and Jilani Anwar Zafar 1Future of Community Medicine in India: *Indian J Community Med*. 2009 Jul; 34(3): 266–26