What's New in Public Health?

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Background

According to the US National Academy of Sciences, Institute of Medicine, 'there is strong evidence that behaviour and environment are responsible for over 70% of avoidable mortality' [1]. Health is mostly a function of people's working conditions, living circumstances and lifestyles. It is affected by economic and social policies: 'Health care is just one of the determinants' [1].

This is actually time-tested wisdom with roots in all world regions. For example, at the end of the first millennium, Egypt's Chief Physician, Ibn Ridwan [2], documented the health conditions in Cairo: lack of planning, dirty crowded streets, suffocating atmosphere, lack of public health services. He advocated unpolluted air and water, and sanitary living quarters. It also resonates with the view of public health practitioners around the world today. It is at the community level that the interplay of actions that promote health is best understood: in how people live, in what control they have over their health conditions, and how this is facilitated [3].

Global Perspectives

Life expectancy improved dramatically during the twentieth century in some world regions. In the West, 25 of the 30 years of life expectancy gains have been attributed to public health measures: better nutrition, hygiene education, clean water, sanitation, safer housing, and im-

proved transportation safety. Measures such as universal childhood immunization, access to contraception, and health promotion to slow the pandemic of chronic disease are also public health accomplishments. Improved medical care for the sick, while increasingly effective, contributed only 5 years of life expectancy gains overall, and half the 7.5 years gained since 1950 [4, 5].

At a United Nations Summit in 2000, member nations pronounced the Millennium Development Goals (MDGs) to be achieved by 2015. Considering underlying social dynamics and conditions, they constructed 8 globally important goals. Three focus explicitly on health: maternal health, child health, and selected diseases of global importance (HIV/AIDS, malaria, tuberculosis) [6]. Others address conditions for health, such as gender equity, nutrition, water and sanitation.

This declaration has been matched by an unprecedented global investment of many tens of billions of dollars annually. Each year, the United Nations issues a report on progress, produced by a monitoring and evaluation team at the World Bank. The latest report was released on July 2, 2012 [7]. Several MDG targets have been met ahead of the 2015 target, and there is progress on others. Here are some highlights.

- Extreme poverty is falling in every region and the poverty reduction target has been met: the global poverty rate at USD 1.25 a day fell to less than half the 1990 rate by 2012.
- The target of halving the proportion of people without access to improved water sources has been met: the

proportion using an improved source rose from 76 (1990) to 89% (2010).

- Improvements in the lives of urban dwellers exceeded the slum target: the share of urban residents living in slums declined from 39 (2000) to 33% (2012).
- Parity in primary education between girls and boys has been achieved globally: the gender parity index now falls within the margin of error for 100.
- Many countries made significant progress towards universal primary education. Enrolment rates increased markedly in sub-Saharan Africa, from 58 to 76% (1999–2010).
- Child survival progress is gaining momentum. Despite population growth, under-five deaths worldwide fell from more than 12.0 million (1990) to 7.6 million (2010).
- Access to treatment for people living with HIV increased in all regions. At the end of 2010, 6.5 million people were receiving antiretroviral therapy in developing regions. The 2010 target of universal access, however, was not reached.
- The world is on track to begin reversing the spread of tuberculosis. Globally, incidence rates have fallen since 2002; projections suggest that the 1990 death rate will halve by 2015.
- Global malaria deaths have declined. Incidence decreased globally by 17% since 2000, while associated mortality rates decreased by 25%.

These accomplishments notwithstanding, major shortfalls remain, such as the following.

- Achievements are unequally distributed across and within regions and countries.
- Progress slowed for some MDGs due to the 2008–2009 economic crisis and its consequences.
- Vulnerable employment decreased only marginally over 20 years.
- Decreases in maternal mortality are far from the 2015 target. Adolescent childbearing is declining, but contraceptive use is growing more slowly since 2000 than in the prior decade.
- Nearly half the population in developing regions still lack access to improved sanitation.
- Hunger remains widespread: 850 million or 15.5% of the global population; almost a third of South Asia's children were underweight in 2010.
- Women still face discrimination: ... in access to education, employment, economic assets, and participation in government. Violence against women continues to impede all goals.

Issues of Regional Relevance

According to the World Bank and the WHO Commission on Macroeconomics and Health, investment by nations in their public health capacity, especially a well-trained public health cadre, is fundamental to all societies: quality public health policies and programs result in favourable health and economic development [8].

Yet, a review of Middle Eastern nations by World Bank regional specialists in 2006 revealed major deficits in the capability to assess and monitor population health [9]. Also, while many health services are well-established, functions such as intersectoral policymaking, public information and education, and quality assurance are underdeveloped. When compared with other regions, the limited interaction between governments and civil society is unlikely to meet rising social expectations. They argue that increasing health sector spending will not yield effective results if investments are not well managed or directed towards cost-effective solutions.

All this is especially true for chronic non-communicable diseases and their antecedents, for example, overweight, obesity and lack of physical fitness, which now dominate the regional health situation.

In 2004, the World Bank released a major report: *Public Health in the Middle East and North Africa: Meeting the Challenges of the Twenty-First Century* [10]. Six priority issues emerged, among which one in particular may be the greatest obstacle to a healthy future: an outmoded view of public health – as an adjunct to the health care system, rather than as its core strategic framework.

Envoi

Kuwait University should play a key role in a much needed reorientation and renewal process, by designing and implementing public health education, research and development capacities, and also helping to catalyze needed changes in professional and social attitudes. This transformation must occur if Kuwait is to succeed in building a strong public health capacity for its future.

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