

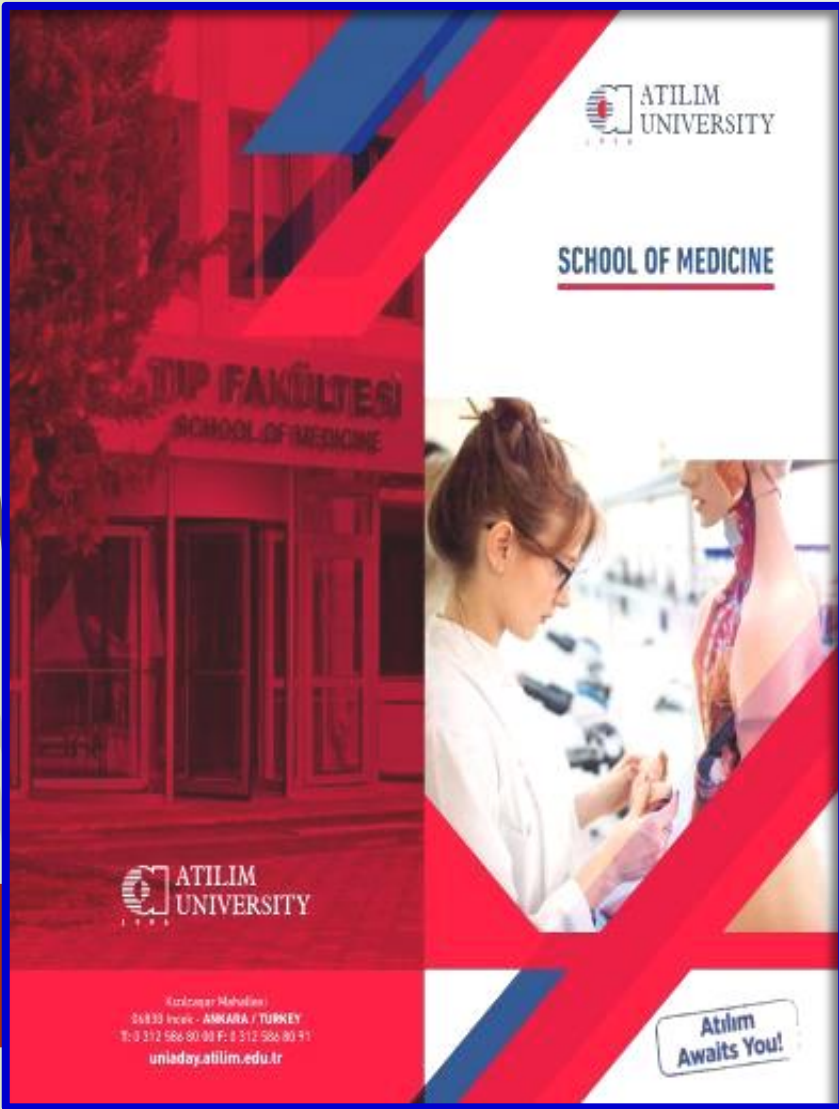
# Public Health in Developed Countries

**Ahmet SALTIK, MD**

*Professor of Public Health*

*LLM, in Health Law*

*BSc in Public Administration & Political Sciences*



**Phase 1 lecture, 2023 - 2024  
academic year, spring semester  
24th April 2024, Ankara - TURKIYE  
[www.ahmetsaltik.net](http://www.ahmetsaltik.net)**



*"...public health promotes and protects the health of people and the communities where they live, learn, work, and play."*

28.04.2024

# Learning Objectives

At the end of this lecture you will be able to :

- **Realise the vital role of Public Health Sciences & Services**
- **Describe the main Public Health organisations in different developed countries**
- **Recognise the major models of Public Health services in developed countries**
- **Discuss mutual relationships between being a developed country and Public Health system**
- **Define Türkiye's position from Public Health services and institutions point of view**
- **Understand the importance of *insitutinalisation* within the framework of health services**



# Public health in *developing* countries-1

- **Poverty** not only excludes people from the benefits of *health-care systems* but also restricts them from participating in decisions that affect their health.
- *The resulting health inequalities are well documented, and the search for greater equity attracts many concerned players and initiatives.*





# Public health in *developing* countries-2

- Fundamental to the success of these efforts, however, is the need for people to be able to negotiate their own inclusion into *health systems* and demand *adequate health care*.
- There are strong relations between having a well established *public health care system* and being a wealthy country.

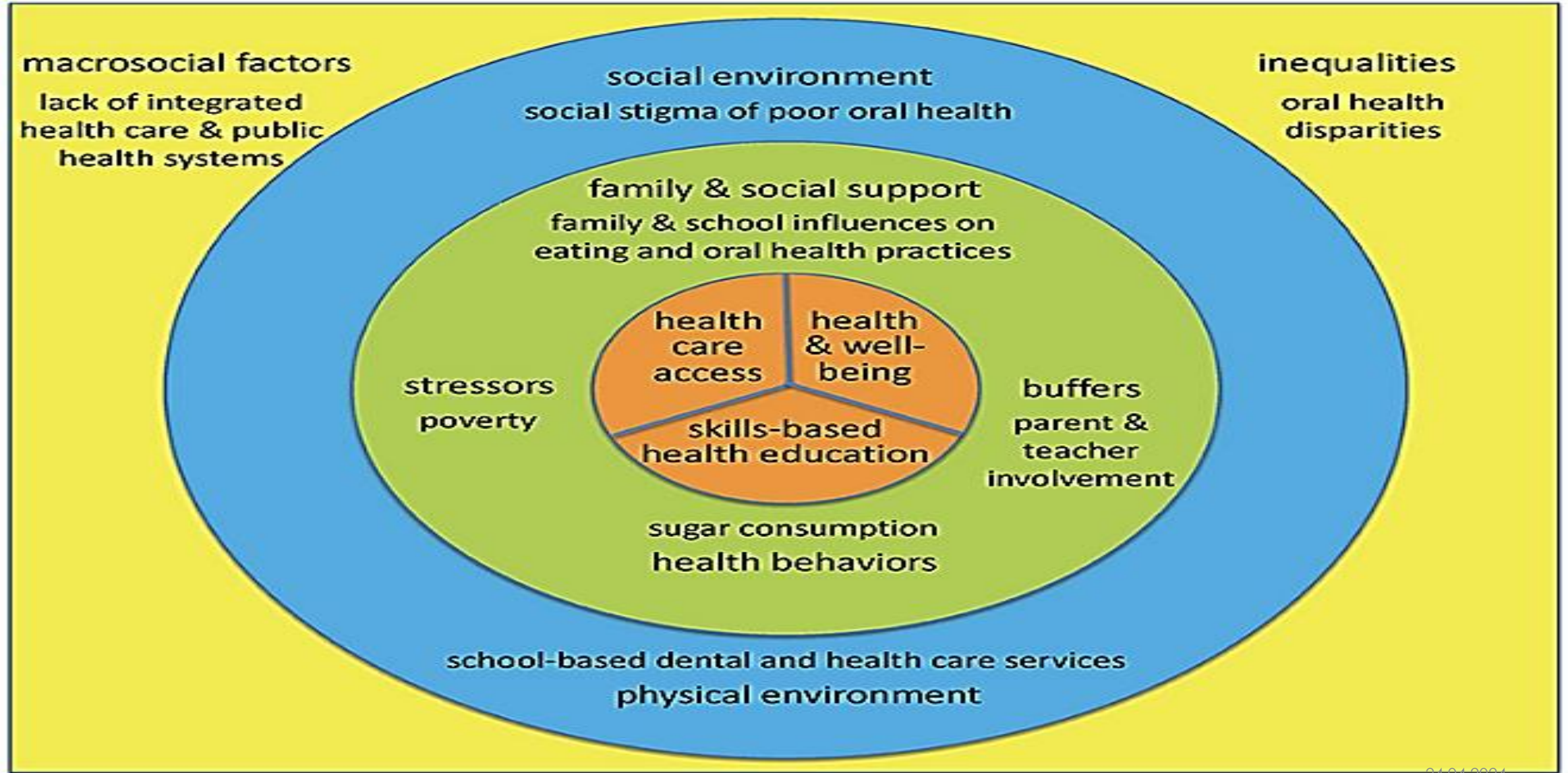


# Public health in *developing* countries-3

- *This calls for a restatement of the centrality of people in **public health** and its practice.*
- New forms of **communication** and **cooperation** are required at all levels of society, nationally, and internationally, to ensure **equitable** exchange of views and knowledge to formulate appropriate action to redress **inequalities** and improve **people's health** and wellbeing.

# Public health in *developing countries*-4

6



24.04.2024



# Public health in *developing* countries-5

7

Oxford Textbook of Global Public Health (6 ed.)

- The **diversity** of health experience in developed countries over recent decades provides extremely rich raw material for exploring connections between political and economic institutions and policies on the one hand and **health trends** on the other.
- *The **experience** of individual countries is noted in this chapter according to what it might be telling us about the variety of experience among developed countries.*
- This chapter focuses on the relationship of policy to average levels of **population health**, not on relationships with **inequalities in health** levels within countries.

24.4.2024

[www.ahmetsaltik.net](http://www.ahmetsaltik.net)

# Public health in *developing* countries-6

8

Oxford Textbook of Global Public Health (6 ed.)

- **The 2nd** section of the chapter surveys trends in survival over the last 4 decades.
- **The 3rd** section explores, through case studies of road traffic injuries, tobacco and circulatory diseases, the apparent sources of success in reducing non-communicable diseases and injuries in adults.
- **The 4th** section notes 2 **public health failures**-obesity and habitat degradation and
- **The 5th** considers wider determinants of average levels of **population health**.
- **The 6th** concludes with a tentative vindication of pluralism-ideological, methodological, and institutional.

24.4.2024

[www.ahmetsaltik.net](http://www.ahmetsaltik.net)

24.04.2024



# Public health challenges in a globalizing world

- Public health challenges are no longer just local, national or regional.
- *They are global, international..*
- They are no longer just within the domain of public health specialists.
- *They are among the key challenges to our societies.*
- They are political and cross-sectoral, trans-boundaries.
- *They are intimately linked to environment, development & **POVERTY!***
- They are key to national, regional - global security, peace and welfare.

# Global Governance of Public health

10



# Integration of preventive and medical care services

- **Medical care** had its origin in the *humanitarian* motive of caring for the sick, while *preventive health services* sprang from the need to protect a healthy environment from epidemic diseases.
- *They grew apart, but the trend became to integrate them within a **comprehensive health service**.*
- Such an integration was the fundamental principle of **public health** in the Soviet Union, in which all local health services were centered in the district hospital under one administration.
- *Today, in European countries and elsewhere, especially in rural areas, the two branches are brought together by the local medical practitioner.*



# Growing emphasis on **health education**

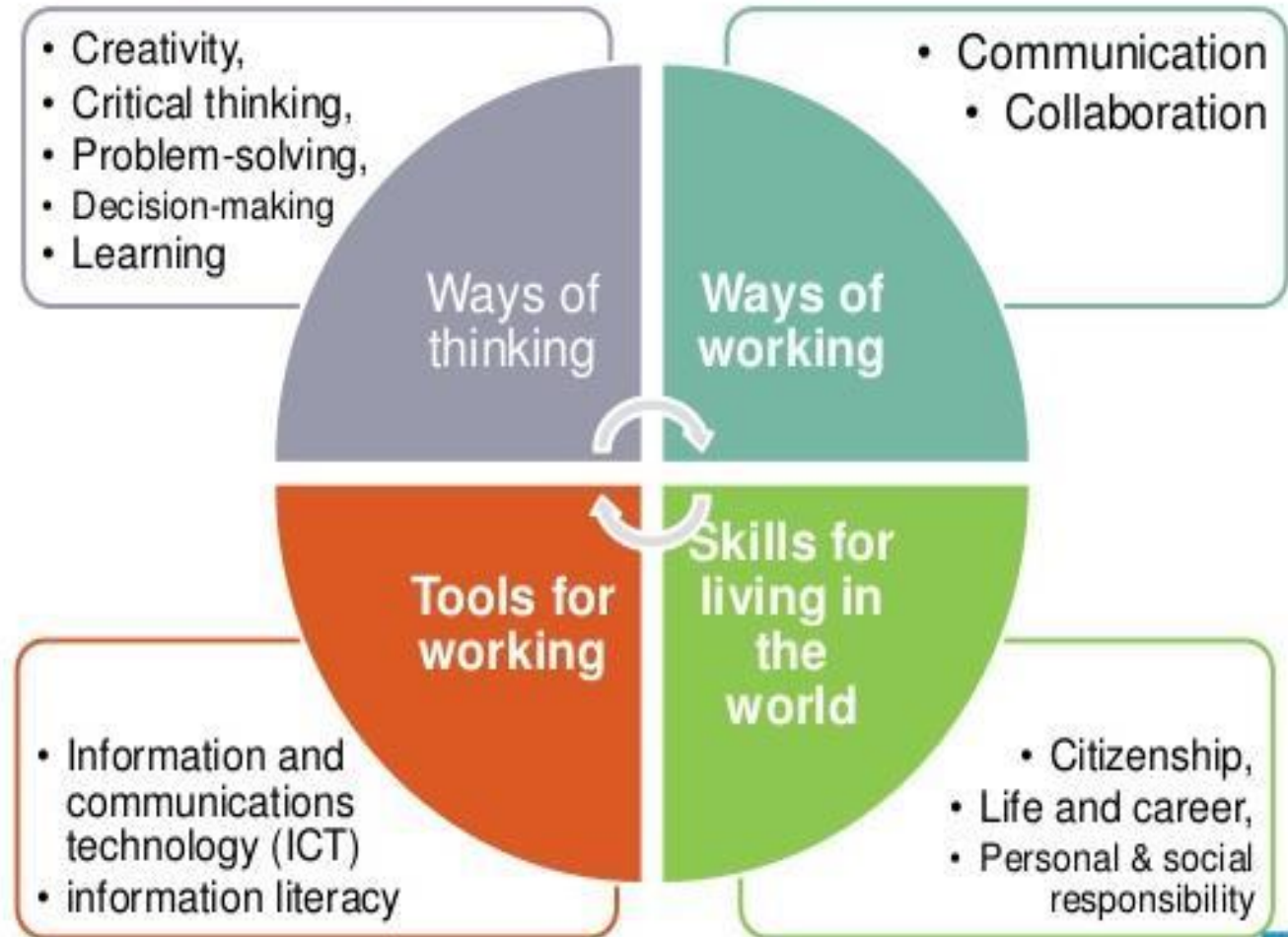
12

• Many countries have expanded their commitment to **Health Education**, usually in cooperation with voluntary agencies.

• *The most effective work is carried out at the local level, especially in schools.*

• The trend has been toward an expansion of **Health Education** as an **essential preventive health service**.

## FOUR CATEGORIES OF 21ST-CENTURY SKILLS



# The Biostatistical, Epidemiological approach

13

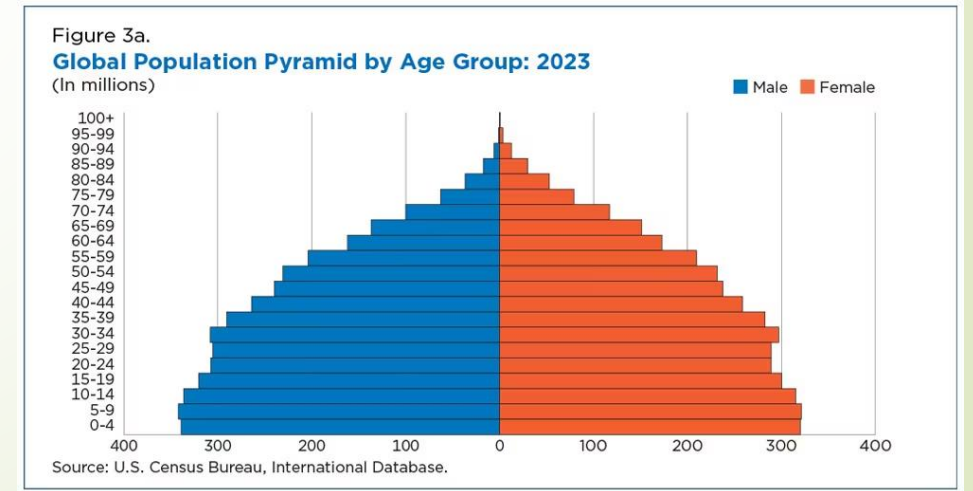
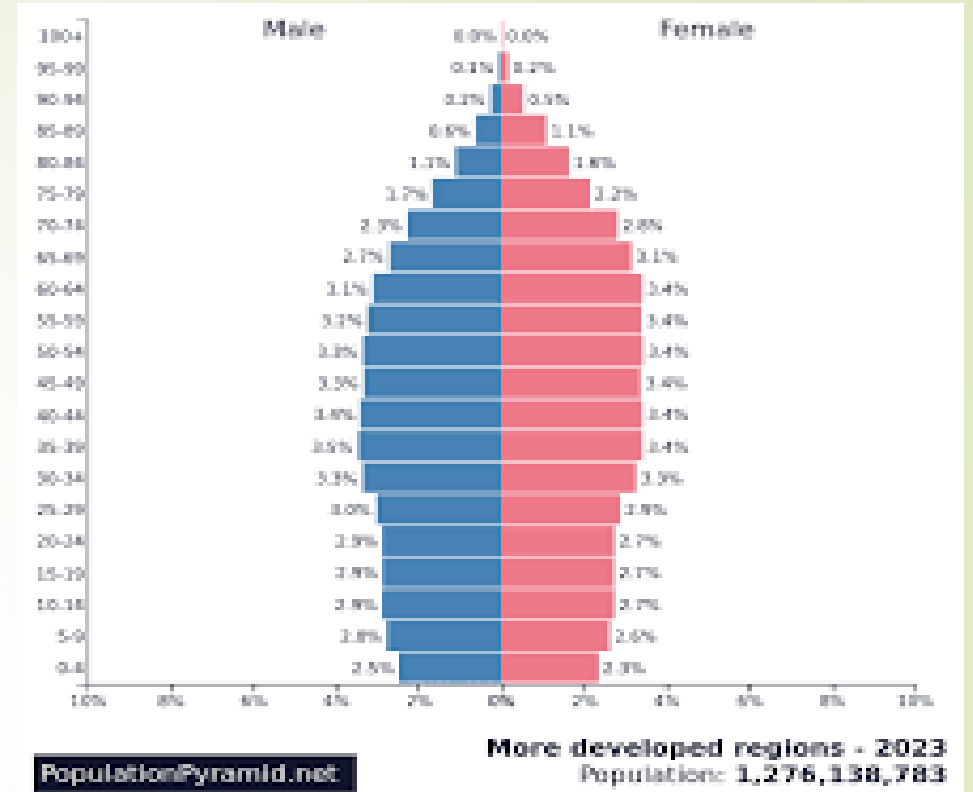
- ❖ *A statistical service is essential in planning, administering, and evaluating health services.*
- ❖ The interest of public authorities in medical care schemes has increased the importance of **Biostatistics** on the incidence of diseases and other problems, as well as the **Epidemiology** necessary to combat them.
- ❖ *Both are vital in the planning, organization, and evaluation of medical care schemes.*
- ❖ *Traditionally, the epidemiological method was used for infectious diseases, but it has been used increasingly for noninfectious diseases and the problems of medical care.*



# Changes resulting from an aging population

14

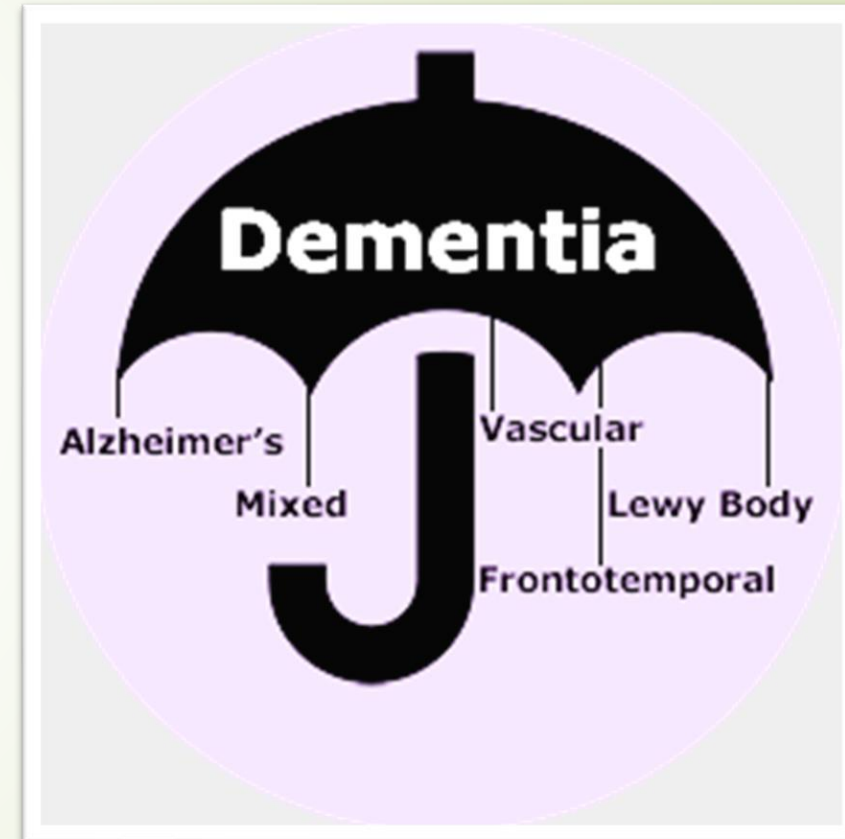
- In more-affluent countries, an increase in older age groups brings about the need for **public health facilities** to provide special services for them.
- **Health care of the elderly** includes measures to prevent premature-early aging and chronic and degenerative diseases and to confront the psychological problems resulting from loneliness and inactivity.





# Changes resulting from an aging population

- In the 21st century the increasing prevalence of **dementia** in elderly populations posed significant challenges for **public health**.
- *Geriatric clinics and assisted living facilities have been set up to meet these needs and to conduct research into the process of senescence (elderly).*



24.04.2024

# Concern regarding the quality of the environment

- ✓ A growing population requires an increase in industrial and commercial activities, which add to the volume of **pollutants** that threaten the atmosphere, rivers, lakes, and oceans and have destructive effects on **natural ecology**.
- ✓ *These effects can cause declines in air and **water quality** and in species that are sources of foods and medicines, all of which can have consequences for human health.*

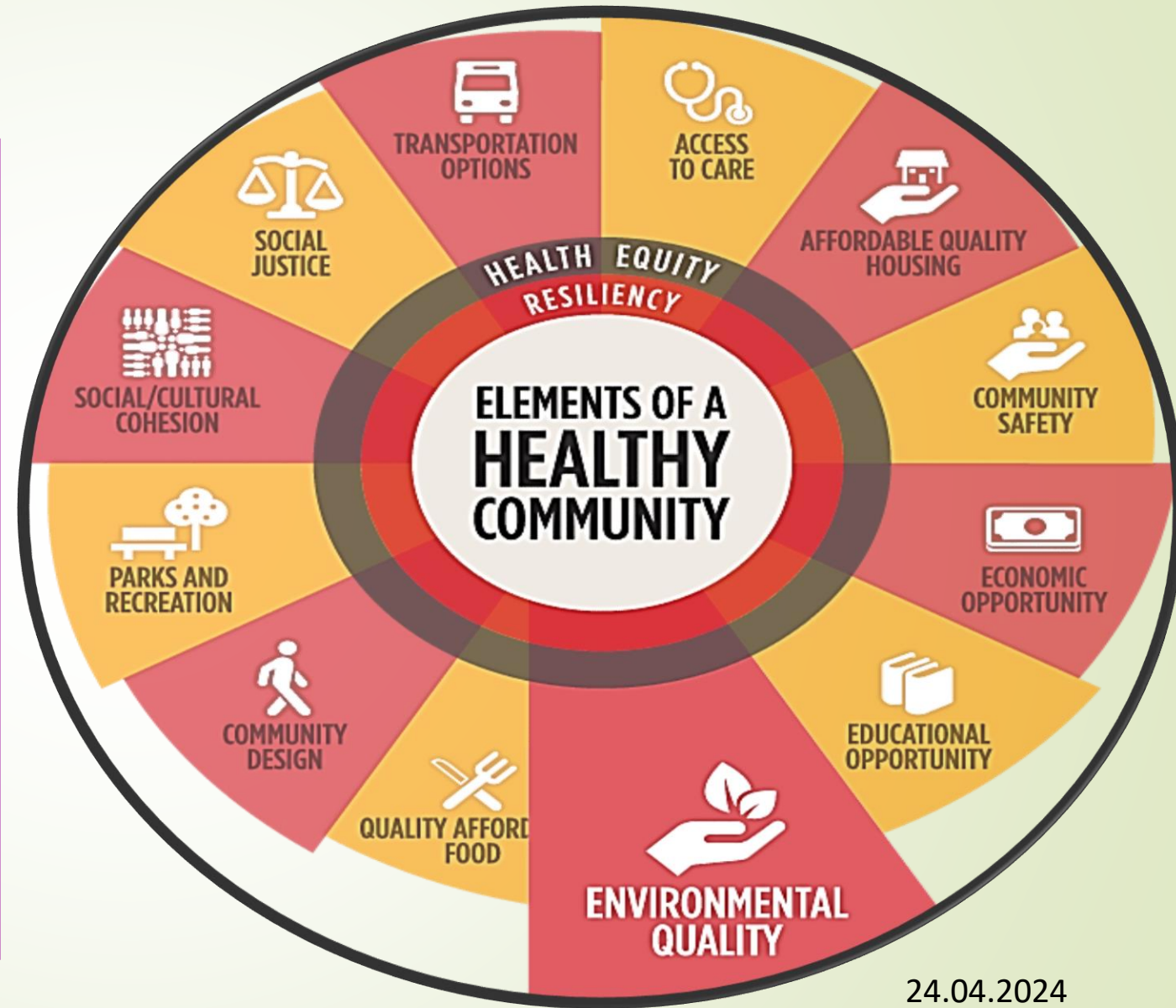


24.04.2024

# Concern regarding the quality of the environment

17

✓ Any countries have taken steps toward the control of *environmental deterioration*, and means of **international regulation** have also been proposed and, in some instances, **implemented**.



24.04.2024



# Harvard School of Public Health

18



24.04.2024

# Harvard School of Public Health

19

Academic Departments,  
Divisions and Centers

*Biostatistics*

**Environmental Health**

*Epidemiology*

**Global Health and Population**

*Health Policy and Management*

**Immunology and Infectious Diseases**

**Molecular Metabolism**

*Nutrition*

**Social and Behavioral Sciences**

## Multidisciplinary Initiatives

These initiatives link centers, programs, departments and researchers to foster collaboration and coordination of research, education, and community engagement activities:

- Defeating **Malaria**
- From the Genes to the Globe
- Comparative Effectiveness
- Genes and the Environment
- Women and Health

24.04.2024

[www.ahmetsaltik.net](http://www.ahmetsaltik.net)

# Johns Hopkins School of Public Health

## Why choose the Johns Hopkins Bloomberg School of Public Health?

# #1

Ranked by U.S. News &  
World Report since 1994

# 1st

and Largest School of  
Public Health

# 1,800+

Courses Offered

# 80+

Research Centers  
and Institutes

# 25k+

Alumni Living in  
over 150 Countries

# 90+

Degree Programs

# 40

Certificate Programs

# 5:1

Student-to-Primary  
Faculty Ratio

24.04.2024



## COMBINED PROGRAMS

The Bloomberg School offers additional degree programs for students interested in combining various fields and disciplines – from medicine and **public health** to international relations and **public health**.

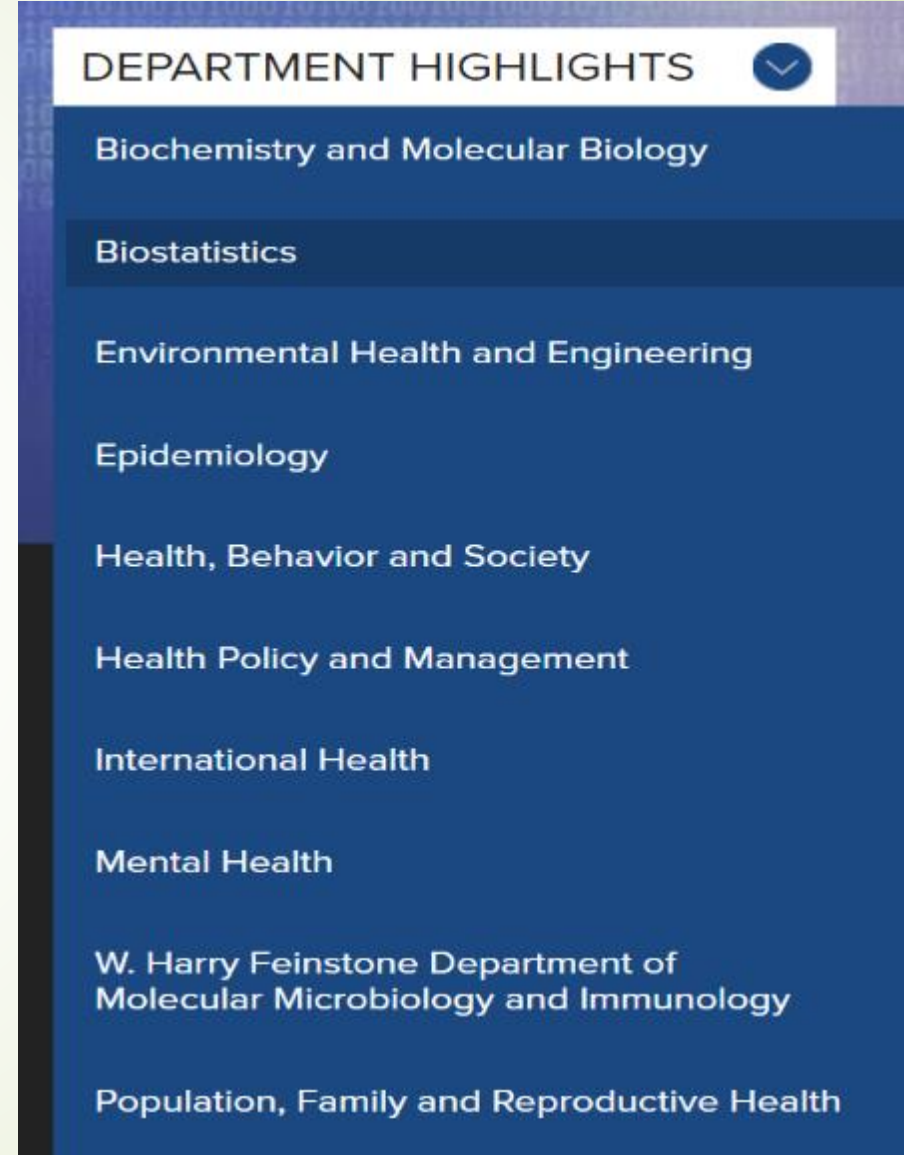
*Master of Public Health and Master of Business Administration (MPH/MBA)*

*Master of Public Health and Master of Social Work (MPH/MSW)*

*Master of Public Health and Master of Science in Nursing (MSN/MPH)*

*Master of Public Health and Juris Doctor (MPH/JD)*

*Master of Arts and Master of Science in Public Health (MA/MSPH)*



# Johns Hopkins School of Public Health

22

## COMBINED PROGRAMS

Bachelor of Arts and Master of Health Science or Bachelor of Arts and Master of Science in Public Health (BA/MHS, BA/MSPH)

Master of Science in Public Health and Registered Dietitian (MSPH/RD)

Doctor of Medicine and Doctor of Philosophy (MD/PhD)

Concurrent Master's Programs for Doctoral Students





**The School of Public Health** aims to achieve better health in the population through strengthening the *public health science* base, training the next generation of public health leaders and influencing health policies and programmes around the world. Obesity, cancer, heart disease, dementia and infectious and parasitic diseases are among today's *major global public health challenges*. Imperial's **School of Public Health**, under the Directorship of [Professor Deborah Ashby](#), is committed to *improving health* in populations throughout the world.



**The School of Public Health** is unique in combining world-class research at local, national and international level with translational work within the **Academic Health Science Centre** in the **Imperial College Healthcare Trust** and translates science and **Epidemiology** into policy, **health education** and **primary care**.

Together with its research, teaching and **evidence-led policy** work, the **School of Public Health** aims to address the **major public health challenges of the 21st century**.



- Health centres and their activities are the foundation of the system.
- *Health centres are usually staffed by auxiliaries who have 4-10 years of basic education plus 1-4 years of technical training.*
- The staff may include a midwife, an *auxiliary* nurse, a sanitarian, medical assistant.
- *The assistants, trained in the diagnosis and treatment of sickness, refer to a physician the problems that are beyond their own competence.*

# Imperial College School of Public Health-LONDON

- *Together, these auxiliaries provide comprehensive care for a population of 10,000 to 25,000. Several health centres together with a district hospital serve a district of about 100,000 to 200,000 people.*
- All health services are under the responsibility of the district medical officer, who assisted by other professional and auxiliary personnel, integrates the health efforts into a ***comprehensive program***.



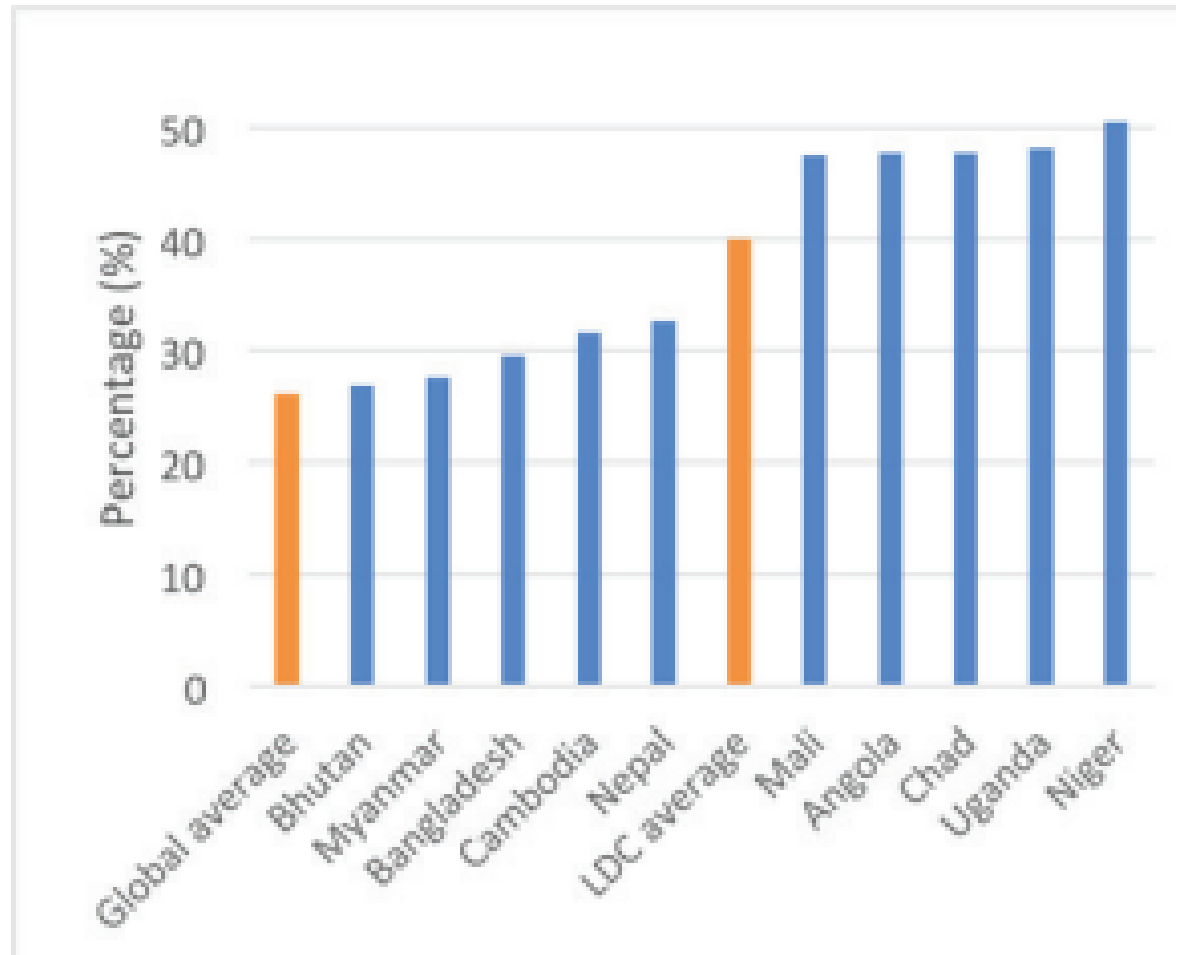
# Patterns shared among less-developed countries

- ❑ *Despite variations from country to country, a common, if somewhat idealized, administrative pattern may be drawn for less-developed countries.*
- ❑ All health services, except for a small amount of private practice, are under a ministry of health in which there are about 5 bureaus or departments - hospital services, health services, education and training, personnel, and research and planning. Hospital & health services are distributed throughout the country.

# Patterns shared among less-developed countries

- ❑ At the periphery of the system are dispensaries, or health outposts, often staffed by one or two persons with limited training.
- ❑ *The dispensaries are often of limited effectiveness and are upgraded to full health centres when possible.*

Figure 1: The proportion of populations aged under 15 years<sup>5</sup>



## Patterns shared among less-developed countries

- ❖ Together, these auxiliaries provide comprehensive care for a population of 10,000 to 25,000. Several health centres together with a district hospital serve a district of about 100,000 to 200,000 people.
- ❖ *All health services are under the responsibility of the district medical officer, who, assisted by other professional and auxiliary personnel, integrates the health efforts into a comprehensive program.*



# The FDA

30



24.4.2024

[www.ahmetsaltik.net](http://www.ahmetsaltik.net)

<https://www.fda.gov/>



# The CDC - USA



<https://www.cdc.gov/>



# The E-CDC



<https://www.ecdc.europa.eu/en>

24.4.2024

[www.ahmetsaltik.net](http://www.ahmetsaltik.net)



24.04.2024



# The EMA

33



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

An agency of the European Union



<https://www.ema.europa.eu/en>



24.04.2024

24.4.2024

[www.ahmetsaltik.net](http://www.ahmetsaltik.net)





# Dr. Refik Saydam Public Health Center

35



**Dr. Refik Saydam Public Health Center**  
**was closed down in 2011** by a Decree #663  
(art. No. 58/3). **Turkiye is completely dependent**  
**on vaccines and some crucial biological**  
**products** to import eg. Covid-19 vaccines.

1928 -  
Türkiye Cumhuriyeti  
Hıfzısıhha Müessesesi kuruldu.



24.4.2024

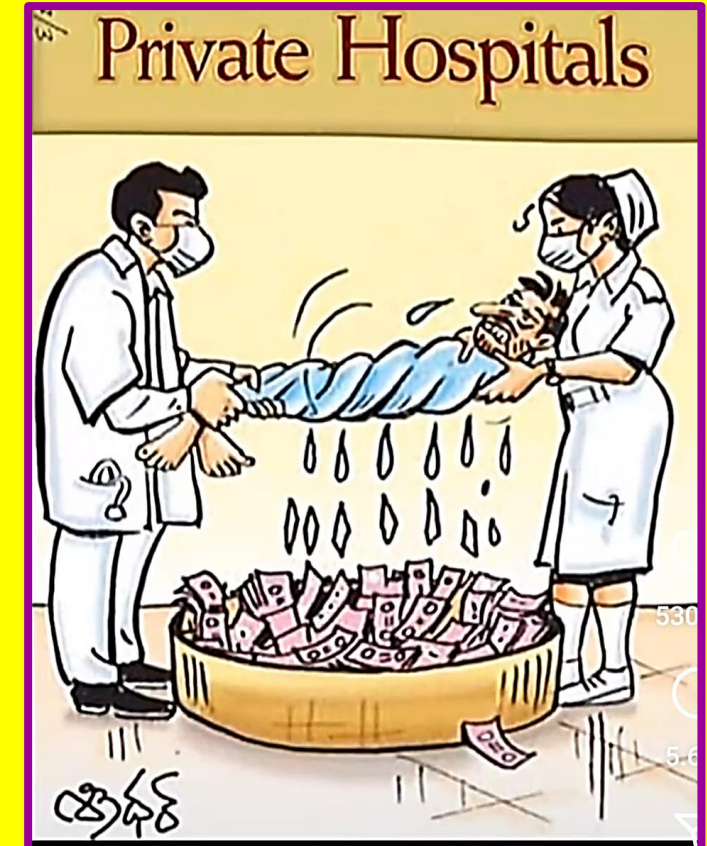
[www.ahmetsaltik.net](http://www.ahmetsaltik.net)



# In conclusion-1

36

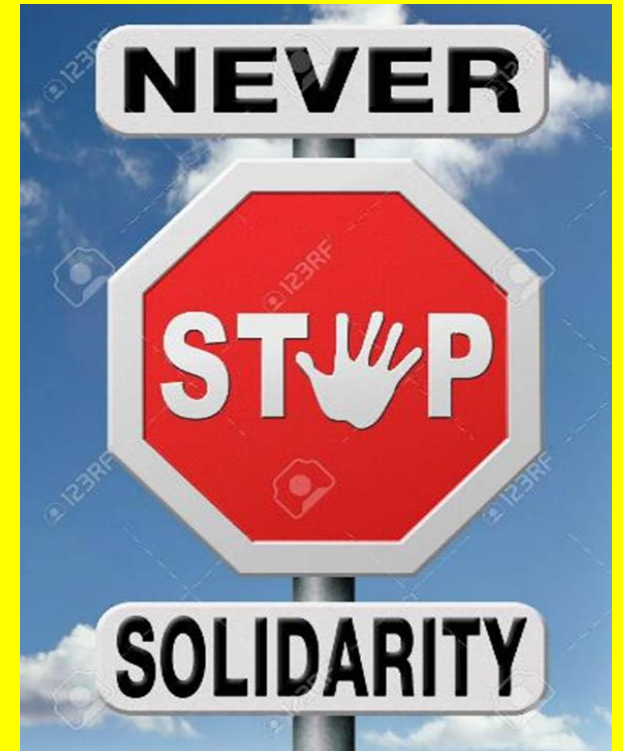
- ❑ Developed countries are aware of the strong relationship between **Public Health services** and **development**.
- ❑ *The backbone of Health Services has been defined as Public Health system.*
- ❑ Public Health services have been **institutionalized** in developed countries.
- ❑ Public Health institutions are *scientifically free, administratively and financially autonomous.*
- ❑ Health Care Preparations are made with national plans against emergencies and **disasters**.



# In conclusion-2

37

- ❑ For this purpose, it is aimed to carry out **risk management, not disaster management!**
- ❑ *At the faculty level, Schools of Public Health were established, led by a dean.*
- ❑ Public Health services are carried out largely with **public responsibility.**
- ❑ *Turkiye needs institutions like CDC, FAO, NIOSH, EFSA, EMA...*
- ❑ It is necessary to strengthen the **Public Health Departments** in Medical Schools.



# In conclusion-3

38

- ❑ **Public health in developed countries** is often characterized by comprehensive healthcare systems, high standards of medical care, and a **strong emphasis on preventive measures** and ***health education***.
- ❑ These nations typically invest significantly in research and **public health initiatives**, aiming to improve health outcomes and ***reduce disparities***.
- ❑ Additionally, there is a focus on policies that address ***social determinants of health*** to ensure **equitable access to healthcare** services for all citizens.





*Thank You*