

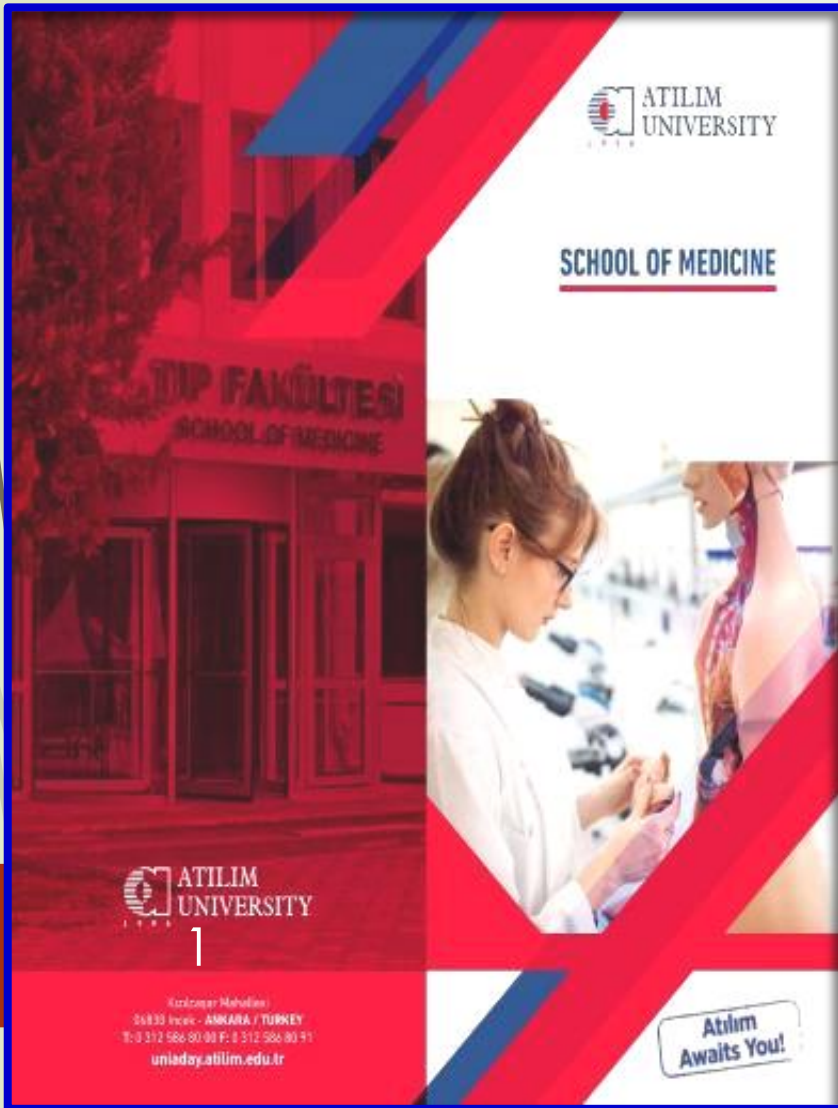
# Public Health in Developed Countries

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*BSc in Public Administration & Political Sciences*



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

**Phase 1 lecture, 2022 - 2023  
academic year, spring semester  
24th April 2023, Ankara - TURKIYE**

# 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 countries
- Recognize 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 **institutionalisation** 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

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- 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.



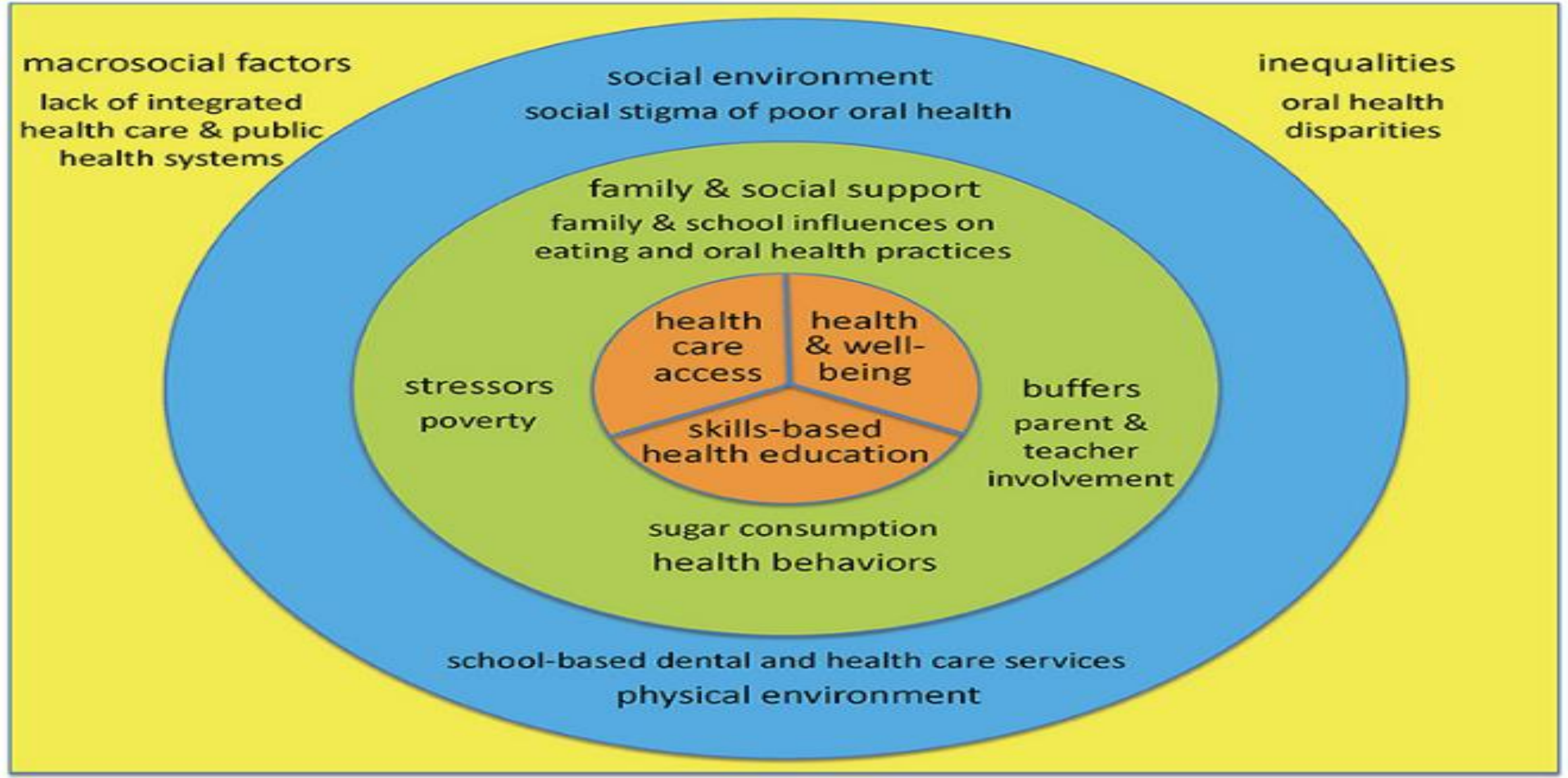
# Public health in *developing* countries-3

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- *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

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# Public health in *developing* countries-5

Oxford Textbook of Global Public Health (6 ed.)

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- 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.

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# Public health in *developing* countries-6

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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.

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# 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

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# 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 centred 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.*

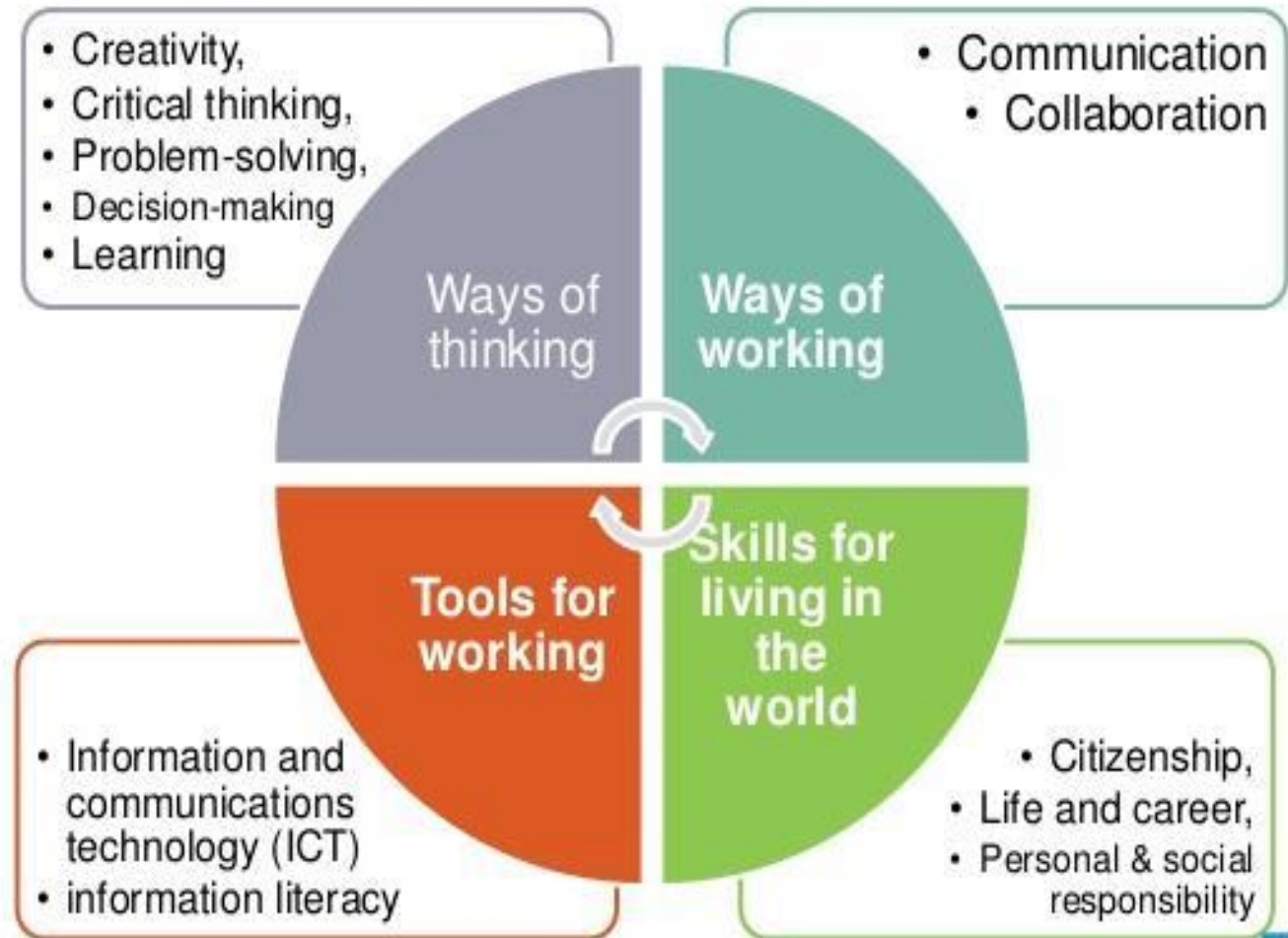


# Growing emphasis on **health education**

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- 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

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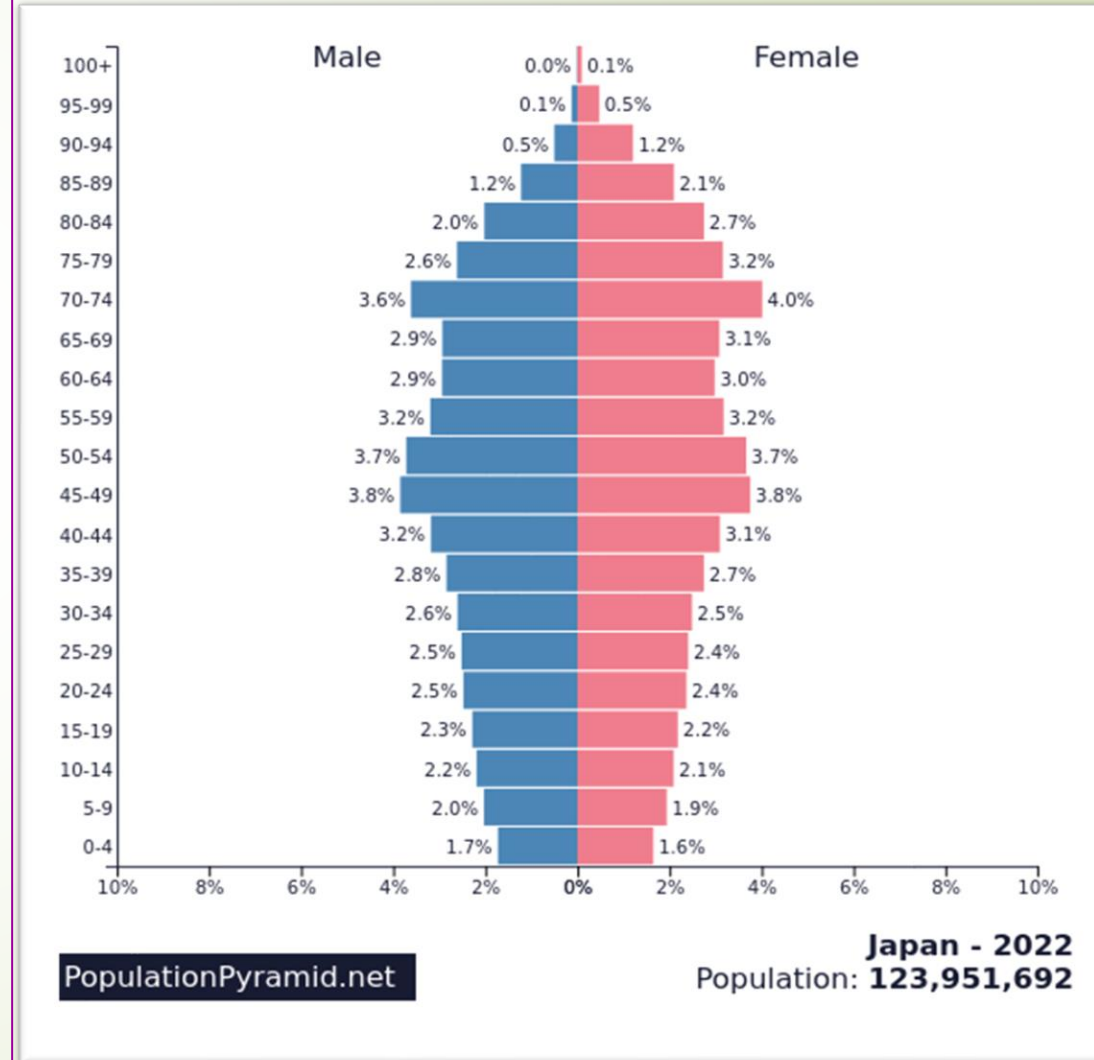
- ❖ *A statistical service is essential in planning, administering, and evaluating health services.*
- ❖ The interest of public authorities in medical care schemes has increased the importance of Biostatistics on the incidence of diseases and other problems, as well as the Epidemiology necessary to combat 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

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- 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.

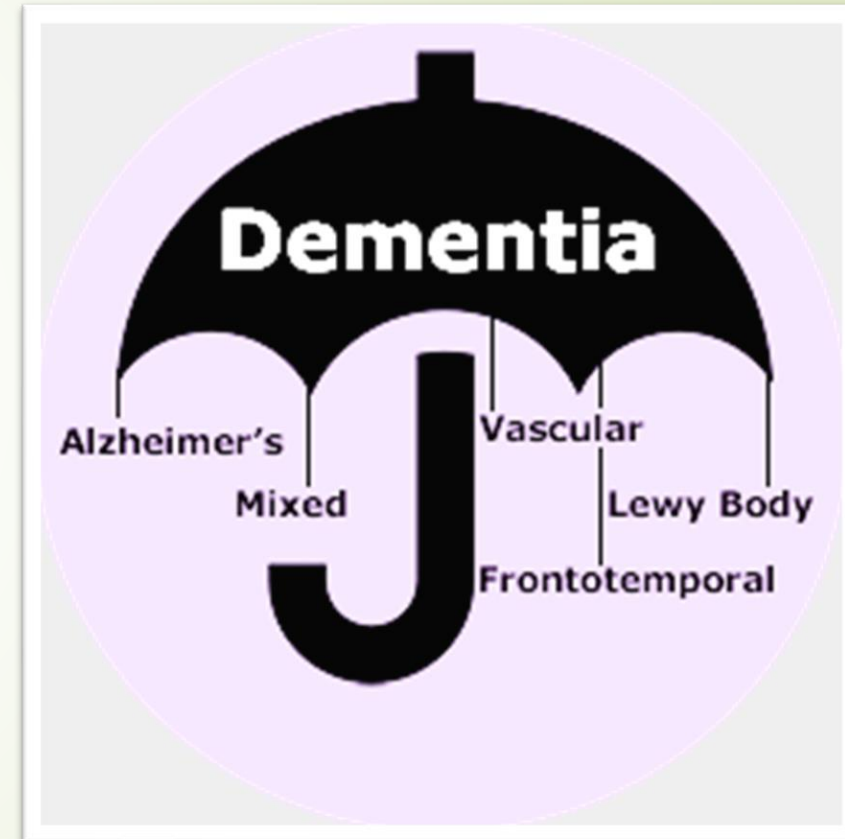




# Changes resulting from an aging population

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- 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.*



# Concern regarding the quality of the environment

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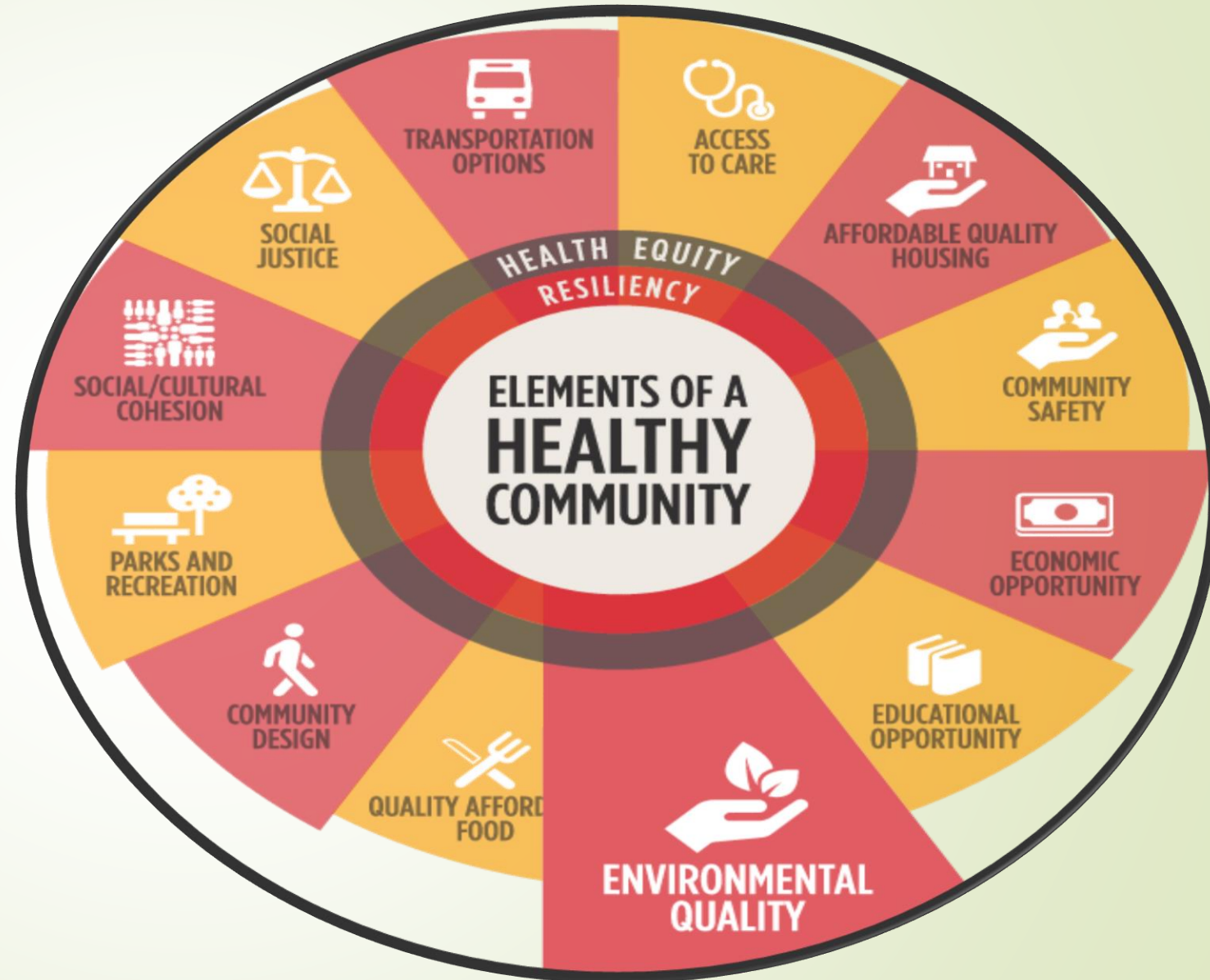
- ✓ A growing population requires an increase in industrial and commercial activities, which add to the volume of pollutants that threaten the atmosphere, rivers, lakes, and oceans and have destructive effects on **natural ecology**.
- ✓ *These effects can cause declines in air and water quality and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



# Concern regarding the quality of the environment

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- ✓ 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.





# Harvard School of Public Health

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# Harvard School of Public Health

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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

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# Johns Hopkins School of Public Health

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## 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



# Johns Hopkins School of Public Health

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## 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 (MSW/MPH)*

*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

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## 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.

# Imperial College School of Public Health

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**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.

- *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

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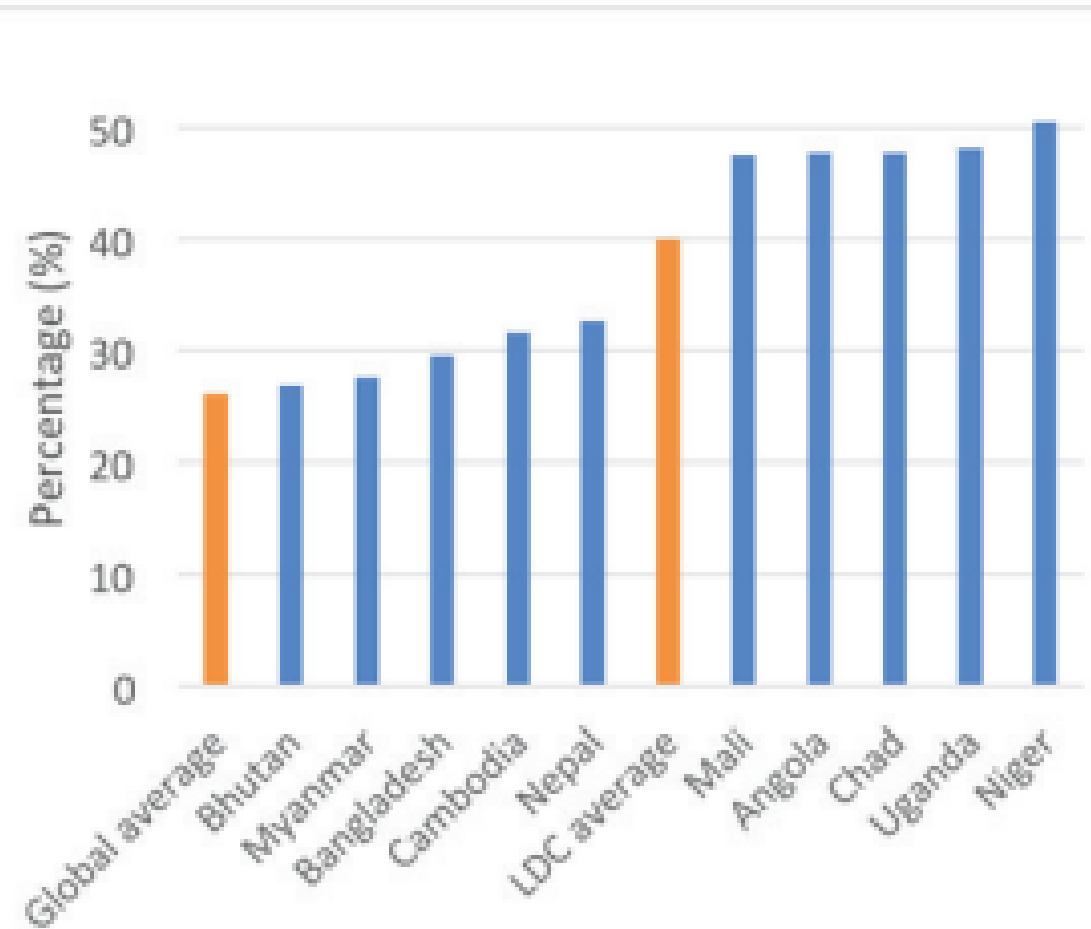
- ❑ *Despite variations from country to country, a common, if somewhat idealized, administrative pattern may be drawn for less-developed countries.*
- ❑ All health services, except for a small amount of private practice, are under a ministry of health, in which there are about five bureaus, or departments—hospital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

# Patterns shared among less-developed countries

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- ❑ 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

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# The FDA

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# The CDC





# The E-CDC

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

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# The EMA



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

An agency of the European Union



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



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# The Edward Jenner Institute

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<https://www.jenner.ac.uk/>



THE JENNER INSTITUTE

## THE JENNER INSTITUTE

*a partnership between Oxford University and  
the Pirbright Institute*

- Developing innovative vaccines
- Partnering with industry
- Driving the One Health agenda





# Dr. Refik Saydam Public Health Center

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



# In conclusion...

- ❑ 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 country.
- ❑ Public Health institutions are ***scientifically free, administratively and financially autonomous.***
- ❑ Health Care Preparations are made with national plans against **disasters.**
- ❑ 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 Faculties.



*Thank You*