EDITORIAL

The future of public health education and research

There is a widespread awareness all over the world of the fact that health inequities are responsible, among others, for a difference of more than 20 and up to 30 years in life expectancy between the poorest and the most privileged social classes. Not to mention the huge abyss in the quality of life and wellbeing. For more than 50 years, some of the best recognized Latin American public health scientists have been developing foundational studies towards the theoretical framework of the social determination of health. There are many reasons, however, to understand why their ideas and ideals remained restricted to a relatively small number of health intellectuals not being able to influence the main frame of reference for health policies in the Region, even though some of these researchers came to occupy eventually high public health positions in their countries. Among others, two main reasons for this apparent denial can be highlighted: one of epistemological origin considers that health and disease problems are predominantly of biological nature and scientific and technological solutions will universally reduce inequalities if such is the will of political decision makers. The other is economic: health has become one of the main components of each country's Gross Domestic Product. Health is big global business and products and services for the prevention and fight against diseases are its golden chimera.

Thus, the field of public health action continued, over the years, mainly restricted to the understanding and prevention of diseases even when framed under the umbrella of health promotion. Even when the role of some social and economic determinants in the generation of these diseases is recognized, they are treated as independent variables (poverty, housing, transportation, education, etc.) and not as a common result of the structure of production and consumption prevailing in our societies. When, occasionally, the structural determination of health is recognized, the health sectors justify their impotence under the argument that possible solutions are outside their scope of action. Summarizing, public health has not been able to address the growing health inequities, product of the social and economic inequalities that are increasingly profound in our continent.

Nonetheless, the adoption by practically all countries of the world of the Sustainable Development Goals (SDG), in 2015, brought hope since their maximum criterion is the reduction of inequalities and their strategy is based on the intersectoral approach to achieve the goals of the 2030 Agenda: "No one should be left behind", is their motto.

But this is not what we find in the real world. The Agenda is actually being implemented under sectoral responsibility. Each governmental sector is responsible for their own SDG and the global health sector assumes its responsibility by dealing with Goal 3, although it "recognizes" the influence of other objectives on its outcome. SDG 3 deals, in fact, with diseases. Others, supposedly outside the health sector, deal with health issues (hunger, poverty, education, gender equality, water and sanitation, housing, transport, etc.). The argument of the lack of governability over the other objectives is the best alibi that public health has for not being able to intervene in the real determination of health inequities.

In order to face the ethical challenge of public health, which can be none other than to ensure health, *i.e.*, well-being, good living for all, without anyone being left behind, (public) health must be "demedicalized" incorporating in its framework, strategies and practices the political objective of combating inequities by integrating and strengthening training and research in social and human sciences. Public Health must solve health inequities learning how to combat social and environmental inequalities; understand the dialectical

relationship between the territory and the population that lives in it, building, deconstructing and reproducing its environment; it must apply equally, hard (biological) technologies that reduce instead of increasing inequalities, and social technologies that are built together with fragile populations in order to strengthen their capacities for intervening in social change and increase their sovereignty against the vectors of the medical market. We must understand how health systems in each country build bridges that ensure universal access, strengthening, in particular, primary care by rescuing it for collective and community health instead of its growing role as a gateway for individual care.

This must, in our view, be the future of public health education and research. We firmly believe that the National Public Health Institutes (NPHI), because of their daily experience with the reality of health in each country, can and should play a leading role in treading the path to that future. The centennial *Escuela de Salud Pública de México* of the *Instituto de Salud Pública de México* and its similar in Fiocruz in Brasil are excellent opportunities as well as all other NPHI associated with academic instances.

This might help us to get closer to the goals of the 2030 Agenda.

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