

Tradition, leadership and innovation in public health education. Commemorating the 100th anniversary of ESPM*

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Abstract

Health is a global concern. No one country or health system can tackle public health problems on their own. Climate change, environmental degradation, conflict, human trafficking and migration, substance addictions, the uncontrolled corporate health damage caused by multinational corporations, economic catastrophe, global market collapse- all these require concerted public health action from local to global level. Schools of public health need to be equipped to educate, train and research problems of the health of the public and planet in the 21st century. The need for actions by schools of public health has never been more vital.

Keywords: globalization; economic collapse; climate change; information revolution public health; planetary health

Resumen

La salud es una preocupación mundial. Ningún país o sistema de salud puede abordar los problemas de salud pública por sí solo. El cambio climático, la degradación ambiental, los conflictos de tráfico humano y migración, las adicciones a sustancias y el daño descontrolado a la salud corporativa causado por las corporaciones multinacionales requieren una acción concentrada de salud pública desde el nivel local al global. Las escuelas de salud pública necesitan estar equipadas para educar, capacitar e investigar sobre problemas de salud pública y del planeta en el siglo XXI. La necesidad de acción por parte de las escuelas de salud pública nunca había sido más importante.

Palabras clave: globalización; colapso económico; cambio climático; revolución de la información; salud pública salud planetaria

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As I write this, the School of Public Health of Mexico (ESPM, in Spanish) is celebrating its first 100 years. ESPM was born shortly after the turmoil of the Mexican Revolution and has since developed and thrived through 100 years. Historically, public health services have been given impetus when war has threatened and when infectious diseases have challenged us. William Beveridge, architect of the British Welfare state in 1942, described five giant evils of want, idleness, ignorance, squalor and disease as our collective enemies.¹ In 2022, we can observe these giant evils operating on a global scale. We can also add in new global giant evils of climate breakdown, mass enforced migration, institutionalized corruption and the rise of the super-rich, global criminality, disinformation, extreme religious and social intolerance, and the damaging role of multinational anti-health corporations.

The globalisation of information has enabled increased knowledge and understanding of the world we live in, but it has also fuelled disinformation, distrust, and demonization of other people, on an industrial scale.² The easy availability of weapons makes it possible for minor prejudice and distrust to translate into full scale conflicts, between individuals, communities, and countries.³ The Covid-19 pandemic has been a disaster on an almost incomprehensible scale.⁴ The Global North and West and South America have been particularly hard hit. For any concept of successful pan-

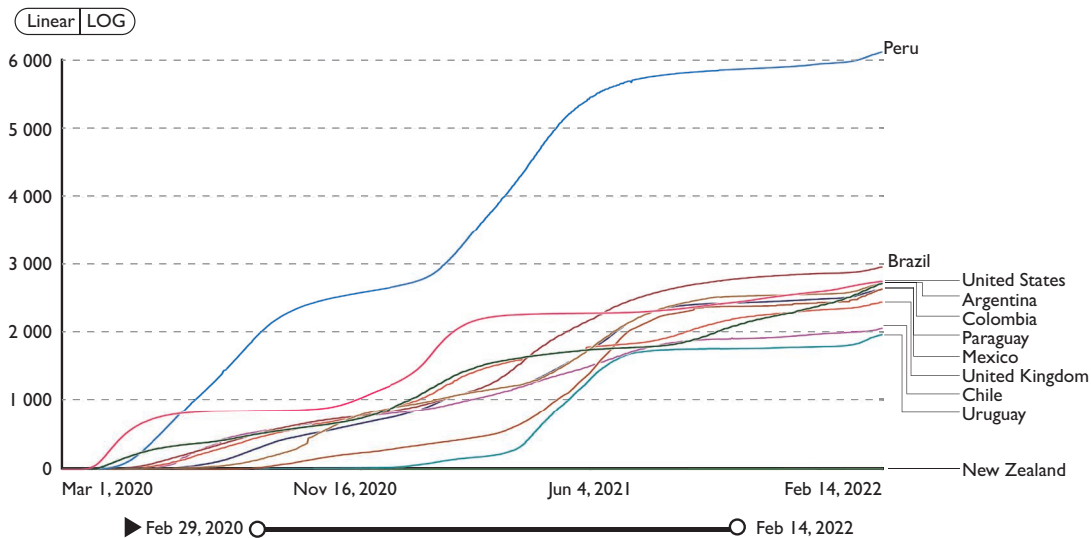
dem control, we must 'look East'. Mexico and United Kingdom have similarly high rates of Covid-19 deaths per million population over the two years of pandemic so far (figure 1).⁵ It is a disastrous reflection, I believe, of poor preparedness, inadequate political leadership, and poorly resourced public health services.

Health is now well and truly global. The 19th century sanitarians were able to control 'the cholera' by protecting a clean drinking water supply from contamination with human waste; but they thought they could wash away their waste by the rivers to the sea.⁶ We cannot now export our waste into anyone else's back yard. There is 'No Planet B'. No country can act to protect its own health, without working with other countries. We need to see co-operation between countries, between communities and between different disciplines if we are to achieve better health.

Most health threats don't recognize national borders

It is very clear that climate breakdown is a global health issue, requiring international collaboration. *Planetary health* is a more all-embracing term which recognizes widespread environmental impacts associated with climate breakdown.⁷ It is equally clear there are other global health problems which do not respect national boundaries. Infection control generally is an obvious one, brought into stark relief by the pandemic. The next

Cumulative confirmed Covid-19 deaths per million people
For some countries the number of confirmed deaths is much lower than the true number of deaths.
This is because of limited testing and challenges in the attribution of the cause of death.



Source: Johns Hopkins University CSSE Covid-19 Data⁵

FIGURE I. SELECTED LATIN AMERICAN COUNTRIES, PLUS UK AND USA, SHOWING SIMILARITY OF MEXICO AND UK; PERU, AND NEW ZEALAND AS HIGH AND LOW COMPARATORS

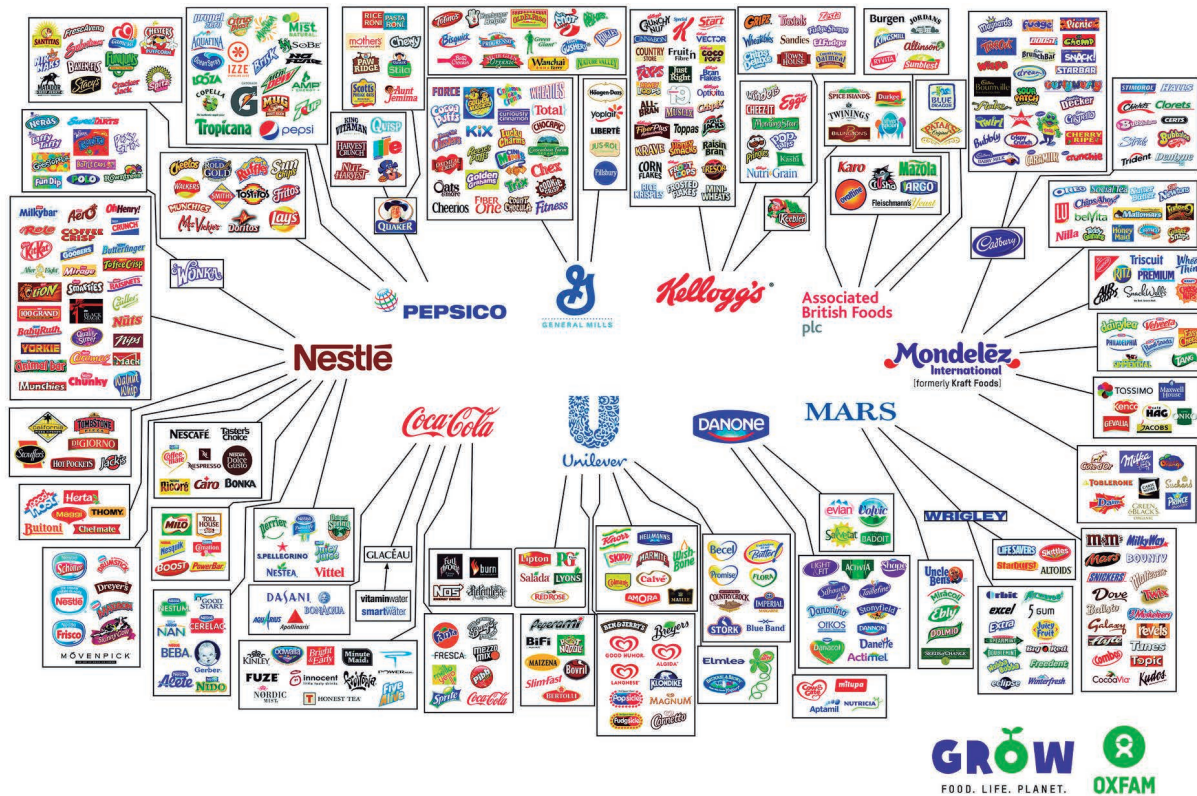
century could be the era of pandemics,⁸ we must work globally to prevent the risks of new zoonotic infections arising with pandemic potential. The continuing and growing threat of antimicrobial resistance⁹ further requires us to develop ‘One Health’ approaches to human and animal health.¹⁰ Many other health threats do not respect national borders—environmental degradation,¹¹ the plunder of forests and oceans,¹² international conflicts³ and terrorism,¹³ mass migration,¹⁴ human and drug trafficking^{15,16} and international criminality,¹⁷ are examples.

The causes of non-communicable disease

What is less obvious as something which doesn’t respect national borders though is the behavior of big business fuelling the pandemic of non-communicable diseases (NCDs). NCDs tend to be seen as within the sovereign efforts of a country’s national health care system to deal with. However, there is a Framework Convention for

Tobacco Control,¹⁸ so global efforts are possible to control a global health scourge. The Global Burden of Disease 2017 study estimated that 11 million deaths (20% of all deaths worldwide) were attributable to sub-optimal diets.¹⁹ Around two thirds of all global deaths are caused by NCDs, so 13% of all deaths in the world are due to dietary problems. The Oxfam campaign *Behind the brands*, showed how ten companies control most of the processed food we buy (figure 2).²⁰

If you believe that people will eat healthily through your health education campaigns alone, I suggest you think again. Big Food has learned from the Big Tobacco play book and recruited the *Merchants of Doubt*—the scientists to mislead and misinform the public about the harmful effects of their products.²¹ Healthy eating on a global scale, which protects farmers, the health of people and planet, can only be achieved if we control the excesses of Big Food²² through regulation, taxation and limiting their marketing and misinformation.



Source: Oxfam 2012. <http://www.behindthebrands.org>²⁰

FIGURE 2. OXFAM’S BEHIND THE BRANDS CAMPAIGN

Extreme inequalities, between and within countries

These global health problems result in the growing inequalities in wealth which then reflect in inequalities in health. The rise of the super-rich has been given added impetus by the pandemic.²³ The poorest members of our global society in all countries are being made systematically poorer. The poor need the stimulus of hunger, the rich the incentive of more reward. The global economy and the digital age make it possible for an acceleration of political corruption²⁴ and the off shoring of wealth.²⁵ This reduces the capacity of governments to address the needs of their most vulnerable communities and invest in better living and health standards across the board. Corruption, criminality, movement of wealth are contexts we operate in as we seek to improve health, but they are each, in themselves, part of the new global giant evils threatening health.

The misappropriation of personal data and the era of disinformation

Misappropriation of personal data has subverted democratic processes in elections around the world.²⁶ Disinformation is now a widespread feature of the internet age—it is the deliberate placement of incorrect information to mislead, distract and confuse the recipient; it creates fear, mistrust, hostility and leaves individuals powerless, doubting and unable to act decisively. In the public health context we are most acutely aware of disinformation in relation to vaccine hesitancy and the anti-vaxx movement.²⁷ Russian troll farms are known to generate almost equal volumes of social media messages which are pro or against vaccination. Industrialized trolling is part of the engine of disinformation being used systematically by Russia, in geopolitical issues.²⁸ It has been successful in destabilizing political thinking in Europe, leading to the evident division early in the current Ukraine/Russia conflict.²⁹ Far greater controls and regulation of big data companies need to happen.

The role of schools of public health in global advocacy

There are two aspects of the term 'public health'—there is the *health of the public*, and there is the *public health profession, system and services*. The health of the public is everybody's business and needs to involve a wide range of professionals, services and policy makers. It needs the consent and trust of communities and the public. It requires a health in all policies approach. With the expe-

rience of the pandemic, we have much to do to restore and improve the health of people and planet. We need to plan for an outbreak of health.³⁰ Then there is the public health profession, system and services: we need a body of dedicated experts and services providers committed to health intelligence, critical application of epidemiology and health sciences, health protection, and health improvement. Public health professionals are the catalyst for health in all policies. They are the grit in the oyster, or the conductor of the orchestra, pulling together all the instruments for a harmonious creation of the health symphony. Following the pandemic, we must build on the promise of the Pandemic preparedness treaty,³¹ advocated by the Independent Panel report,³² and taken forward in the November 2021 World Health Assembly special session.³³ We must continue to advocate for the Vaccine Trade Related Intellectual Property (TRIPS) waiver, to bring equitable distribution of Covid and indeed, other vaccines, into production to meet world demand.³⁴ And we must continue to advocate for reducing inequality in health.³⁵ Schools of public health have a vital role in developing the new generation of public health professionals who can tackle the giant evils facing us in the world today.³⁶ Schools must be properly funded and resourced to address the new challenges ahead. Public Health needs to be recognized as a profession in all countries,³⁷ training needs to be undertaken by accredited schools operating to acknowledged curricula reflecting the competencies needed.³⁸ There need to be workforce surveys and an agreed career structure for public health professionals. We owe this to our graduates. We owe to the public to be expert, to be objective for health, to operate to agreed codes of professional conduct, and to be regulated by an official body.³⁹ We must protect health, not only for ourselves, but for future generations, and for the planet too. Not before time, the sanitarian must become the ecologist.⁴⁰ We must recognize the genuinely multidisciplinary context in which we have to work. We need doctors, nurses, pharmacists, environmental scientists, information scientists, the laboratory, and technical colleagues. We also need climate scientists, political scientists, international lawyers, behavioural scientists, sociologists, geographers, mathematicians, and theologians.⁴¹ We need analysts, but we also need communicators. We need people who are technically knowledgeable and politically astute. We are a science and an art—the science is the knowledge; the art is the persuasion. We must all learn to advocate. It requires courage as well as skill. There has never been a more important time to be in public health, nor a more difficult time... but it is still the best job in the world.

Declaration of conflict of interests. The author declares not to have conflict of interests.

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