

## Letters to Editor

# Public Health Management Education in India

Sir,

The viewpoint of Rajesh Garg and Sanjeev Gupta on postgraduate teaching in community medicine (CM) for producing public health (PH) experts in India are thought provoking, when they comment that hospital management and administration should be a compulsory part of such curriculum, as such skills gained should produce future leaders of PH.<sup>(1)</sup> But the current postgraduate programs in CM presumably cannot produce quality experts to spearhead the cause of PH in India. Health managers working in various departments of PH are usually from medical background, with limited training in management and administration. Post-NRHM, many of such positions are held by persons with MBA or MSW background without training in health. Sometimes it results in conflicting and adverse consequences such as loss of resources, logistical and financial issues, inequitable distribution of roles and responsibilities, ultimately deteriorating delivery of service.<sup>(2)</sup> Success of any health system depends on how efficiently the PH programmes are planned and managed. Hence, we need PH professionals equipped with technical expertise and managerial skills to design and deliver health programs from national level down to individual level. PH is recognized in many countries as medical specialty, to deliver multidisciplinary scientific skills and activities in its own right, with important overlaps with its own and other medical activities within health services. However, while the standard medical paradigm is interested mainly in “downstream perspective,” concerned with disease prognosis following establishment of diagnosis, it faces difficulty to address the “upstream perspective” adequately, which embraces both etiology and primary prevention. Epidemiological analysis of etiological factors reveals that everyday activities of normal life, living conditions, environment, and community structure, all contribute to be causal components for almost all diseases and unhealthy states. This is where the discipline of PH must be rooted, but such PH activity requires skills derived from many disciplines and can certainly no longer be seen as the exclusive property of medical doctors. Though over the years, contribution of medical profession to PH has been impressive, now it has become multidisciplinary. Today’s educational investments for PH capacity building should involve participants from

a variety of background, for both academic and service levels of PH. As in United Kingdom, both medical and non-medical students undergo identical PH training, pass same higher professional examinations in PH, and compete equally for same senior posts, whether in academic or service PH. In many MPH programmes in Europe (e.g., the Danish programme), medical graduates are accepted as students beside applicants from other backgrounds.<sup>(3)</sup> In India, considering the huge current and future requirement of PH administrators, need of the hour is 2 years full-time specialized Master degree course in Public Health Management, comparable to the quality of top class business administration program available in our country (as one provided by the Indian Institute of Managements) to meet the need for high-quality public health management education and research. We must develop our schools of PH and invest in educating future leaders who understand the multiple factors that affect health and can efficiently manage PH challenges of 21<sup>st</sup> century.<sup>(4)</sup>

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