

Service-oriented training in public health: a model for enhancing public health surveillance in the Pacific

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Abstract

There is a need for a coordinated, sustainable, in-service, training programme in surveillance and other public health activities. This should be available for all levels of health personal throughout the Pacific. The model advocates continuing education and in-service training that immediately and directly enhances surveillance. Specific educational objectives for surveillance should be based on the needs of the work environment while the graduate degree training should include broader objectives integrated with established public health training courses. It is suggested that the Secretariat of the Pacific community (SPC) should provide the leadership by establishing a Centre for Coordinating Service-oriented Training in Surveillance and invite the University of PNG and the Fiji School of Medicine to incorporate training modules in surveillance into their degree programmes. Field support should be provided through the senior public health practitioners based in public health units and in health agencies throughout the region.

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Introduction

Every country needs the capacity to measure and analyse continuously the health status of its population. It does so through public health surveillance. Surveillance is not simply the collection and reporting of health data. Surveillance tells us where health problems are, who is affected,

and where prevention and control activities should be directed. It helps us to define priorities for health programmes and policies, and also to evaluate their effectiveness.

Without practitioners skilled in managing a system of public health surveillance, the quality of assessment of a population's health status will be deficient and the resultant public health responses may even be harmful. Without valid surveillance data, the allocation of scarce health resources will be more likely to be driven by other vested interests, and not primarily by the needs of the community.

In December 1995, SPC in collaboration with WHO and UNICEF sponsored the Inter-agency Meeting on Health Information Requirements. This meeting recorded the concerns on the accuracy, quality and usefulness of surveillance data in the Pacific. Later on, the Pacific Public Health Surveillance Network was formed to develop and implement strategies for enhancing surveillance.

The challenge

While various agencies conduct training in surveillance for health professionals from the Pacific, such training is not done in a coordinated and efficient manner to ensure professional and institutional development aimed at capacity building.

Training in surveillance should not be conducted as another vertical programme. It should embody the principles for training articulated in the Pacific through the Yanuca Declaration, the meeting on Postgraduate Medical Education in the Pacific, and at the conferences on Community Health in Medical Education held between 1991 and 1997.

The response

The Pacific should adopt the service-oriented model of training that integrates training in surveillance with training in public health. In this model, the trainee is based in the workplace, and the process of training itself contributes

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immediately and directly to enhancing surveillance and other public health activities and capacity building.

Who to train?

Training should be offered to all health professionals. As many public health practitioners and generalist clinicians in the Pacific provide clinical and public health services concurrently, they could participate in the same training pathway in public health. Clinical specialists are important role models in society; their commitment for enhancing surveillance must be secured.

How to train?

The training model is integrated with public health practice and incorporates continuing education and graduate degree training. It would include training in data collection and using the data for decision-making at the point of collection, i.e. at the primary health care level. Specific educational objectives for continuing education and graduate degree training should be based on the needs of the practice environment. Training should be hierarchical so that it provides the competencies that are necessary for effective performance at different levels of the health system. Graduate degree training in surveillance should be integrated with public health training (basic, intermediate and advanced). The graduate programme includes the Field Epidemiology Training Programme with its major strength in enhancing competencies for managing all aspects of surveillance, including public health responses and policy making.

Where to train?

Continuing education and graduate degree training should be conducted primarily at the workplace. Some didactic work will be required, but tutorials and exercises or assignments should be anchored to the real-life experiences in public health units to be accredited as training centres based on specified criteria.

How to organise the training programme?

The organisational framework of the training programme should incorporate all the potential partners.

The SPC should provide leadership as the Centre for Coordinating Service-oriented Training in Surveillance, appoint an advisory board constituted of the programme partners, and coordinate the development of the continuing education programme.

The University of PNG and the Fiji School of Medicine should be invited to submit expressions of interest in developing and incorporating training modules in surveillance into their graduate degree programmes. Graduate degree trainees should have supervisory academic and field support. Field support should be provided through the senior public health practitioner based in public health unit and in health agencies.

Looking ahead

Options in planning, implementing and evaluating the training programme should be considered and judged against criteria for ensuring sustainability and capacity building. The benefits should be sustained through the efforts of trainees and graduates, as well as through the national health departments, training institutions and regional and international agencies. The result should be strong surveillance programmes with national and regional capability for responding to adverse health problems and, for promoting a healthy Pacific.

References

Available from the author on request. □

1. Experience is the father of wisdom.
 2. Experience is the best teacher.
- Proverbs from 16th Century