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Editorial

Emergence of Public Health Practice in the Era of COVID-19

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Introduction

World Health organization (WHO) declared a Public Health Emergency of International Concern due to coronavirus disease (COVID-19) in January 2020 and it was acknowledged as a pandemic in March 2020.[1] The rapid spread of the virus across the world resulted in around 102.3 million confirmed cases with 2.2 million associated deaths as of 1st February 2021.[2] Globally, the disease has drastically affected the human life resulting in serious public health issues. It has compromised almost all parts of society including political, social, economic, health care and educational domains.[3] The nano particle has scumbled the mightiest superpowers, latest human developments, modern technology, and advanced health care systems.[4] This pandemic may abolish the major health achievements of last two decades as witnessed formerly during armed conflicts related emergencies and Ebola outbreak.[5] The interim report of World Health Organization (WHO) regarding continuity of essential health services during the COVID-19 concluded an overall interruption of the essential health services. These disruptions were found to be higher in low-income countries.[6] The devastating impacts exposed the limitation of clinical practice-oriented health care systems in the developed nations. However, the crisis has almost ruined the already compromised health systems of the developing world. The magnitude of the problem is multidimensional and the contesting strategies need an out of the box thinking for the normalization of the life.

Although the calamity has adversely affected almost all the sectors of life, but the generally neglected field of Public Health has been emerged as an opportunity for the prevention of the health issues. Literally, governments, establishments, organizations, and communities deliberate Public Health as the leading specialty for this threat.[7] The widely accepted core strategies in the form of health education, specific protection, isolation, and quarantine to manage this menace is the central essence of Public Health Practice. The pandemic has demonstrated that healthy life styles, behavior modification through health promotion and health education, safe distancing, clean environment are the key components for a comparatively low-cost and long-lasting solution. Pakistan is facing a comparatively difficult situation due to multiple factors including weak healthcare strategies and compromised health system.[8] The latest data of 2021 conclude around 546,428 confirmed cases with 11,683 deaths.[9]

Public Health aims to promote the health of population with collective effort and consider it as a societal responsibility. The attention is focused on social and environmental health determinants, health assessment of the population, health surveillance, health promotion, health protection, disease and injury prevention. The focus has also been shifted to the growing health inequities along with the worry about vulnerable and marginalized populations.[10] Public health is considered as the mixture of sciences, skills, and values. It is based on joint societal actions to develop relevant programs, institutions and organizations meant for the health improvement of all people. Although, Public Health is a vast field encompassing almost all spheres of life. However, the literature identifies following four basic characteristics;[11]

1. Public health is a communal good.
2. Public health primarily focusses on prevention.
3. Public health necessitates the involvement of government.
4. Public Health inherits the alignment of outcome.

The prevention and control of COVID-19 strategy encompasses the time-tested public health measures. It includes the cessation of transmission and prevention of associated illness, breaking the chain of infection with identification, isolation, testing and clinical

care for all cases. Tracing the contacts and ensuring quarantine are also part of comprehensive response for COVID-19 at all levels.[12] Digital public health has also been familiarized during this pandemic. It refers to the digitalization of associated data with the use of appropriate technology for decision making. Although the data is a core component in public health practice since the cholera investigation by John Snow in 1854.[13] But the present pandemic of COVID-19 has witnessed the glimpses of potential related with digital public health to save lives. The acquisition and sharing of data through digital means drastically improved the tracking and response to COVID-19.[14] Similarly, the Public health related Primary health care principles including use of community participation, appropriate technology and intersectoral coordination has widely been practiced during this pandemic. The above discussion highlights the emergence of public health practice during the COVID-19 pandemic. It is worth mentioning that the subject should be considered as the core strategy for all types of health issues. The governments, international and national agencies, relevant organizations, policy makers, especially the educationists and trainers of health care professionals are required to integrate the public health concepts with all sectors of human life.

References

1. Smith V, Devane D, Nichol A, Roche D. Care bundles for improving outcomes in patients with COVID-19 or related conditions in intensive care - a rapid scoping review. Cochrane database Syst Rev. 2020; 10.1002/14651858. CD013819.
2. World Health Organization. Weekly Operational Update on COVID-19. World Heal Organ [Updated 2020 cited 2021]: Available from: [https:// www. who. int/publications/m/item/weekly-update-on-covid-19---16-october-2020]
3. Calia C, Reid C, Guerra C, Oshodi AG, Marley C, Amos A, et al. Ethical challenges in the COVID-19 research context: a toolkit for supporting analysis and resolution. Ethics Behav. 2020;31(1):60–75.
4. Zaidi SH. Ethics of health care in the Corona pandemic. J Pak Med Assoc. 2020;70(7):1113–4.
5. Alexandre Delamou, Thérèse Delvaux, Alison Marie El Ayadi, Abdoul Habib Beavogui, Junko Okumura, Wim Van Damme VDB. Public health impact of the 2014-2015 Ebola outbreak in West Africa: seizing opportunities for the future. BMJ Glob Heal. 2017; 16(2): e000202.
6. World Health Organization WHO. [Interim report 27 August 2020, cited 2021]. Available from: [https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1]
7. Chung RYN, Erler A, Li HL, Au D. Using a Public Health Ethics Framework to Unpick Discrimination in COVID-19 Responses. Am J Bioeth. 2020; 20(7): 114–6.
8. Khalid A, Ali S. COVID-19 and its Challenges for the Healthcare System in Pakistan. Asian Bioeth Rev. 2020; 12(4):551–64.
9. Pakistan, Covid 19 Dashboard. Government of Pakistan Ministry of National Regulations and Services. [Updated 2021, cited 2021]. Available from: [https://covid.gov.pk/stats/pakistan]
10. MacDonald M. Introduction to Public Health Ethics: Background. National Collaborating Centre for Healthy Public Policy; 2014.
11. Faden RR, Shebaya S, Siegel AW. Distinctive Challenges of Public Health Ethics. InThe Oxford Handbook of Public Health Ethics. 2019; DOI:10.1093/oxfordhb/9780190245191.013.2.
12. Overview of public health and social measures in the context of COVID-19. World Heal Organ 2020. Licence. WHO/2019-nCoV/PHSM_Overview/2020.1.
13. Vinten-Johansen P, Brody H, Paneth N, Rachman S, Zuck D, Rip M, Zuck HC. Cholera, chloroform, and the science of medicine: a life of John Snow. Medicine; 2003. p. 1689–99.
14. Murray CJL, Alamro NMS, Hwang H, Lee U. Digital public health and COVID-19. Lancet Public Heal. 2020;5(9):e469–70.