

DOI: 10.21767/1791-809X.1000651

The Essential Public Health Services and How They Correspond to the 12 Principles of the Ethical Practice of Public Health in Competing Tuberculosis in South Africa

Yussuf Ikram Mohamed*

Department of Public Health, Monash South Africa (MSA), Johannesburg, South Africa

*Corresponding author: Yussuf Ikram Mohamed, Department of Public Health, Monash South Africa (MSA), Johannesburg, South Africa, Tel: +2348038147448; +27612336547; E-mail: ikki.yussuf@gmail.com

Received date: 05 April 2019; Accepted date: 13 May 2019; Published date: 20 May 2019

Copyright: © 2019 Mohamed YI. This is an open-access article distributed under the terms of the creative commons attribution license, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Citation: Mohamed YI (2019) The Essential Public Health Services and How They Correspond to the 12 Principles of the Ethical Practice of Public Health in Competing Tuberculosis in South Africa. Health Sci J Vol.13.No.3:651.

Abstract

Although the Essential Public Health Services are noble, there is a growing demand from WHO regional offices and Member States to deliver better conceptual clarity on EPHS in Public health advocacy and strengthened health System planning, discussions on the resilient health system and universal health coverage. This paper critically analyzes the Essential Public Health Services (EPHS) and describes how these correspond to the 12 Principles of the Ethical Practice of Public Health (PEPPH). The 12 PEPPH are discussed along with the 10 Essential Public Health Services which are categories into categories: Assessment which includes, Monitor health status and Diagnoses and investigates health problems, Policy development for Inform and educates, Mobilize communities to address health problems and Develop policies and plans and Assurance which includes the Enforce laws and regulations, Link people to needed health services, Assure a competent health services workforce, Evaluate health services and Conduct research for new innovations and how they correspond to the in 12 PEPPH. Tuberculosis is used as an example to critically analyze the EPHS and their relation to the 12 PEPPH to identify the gap between research and policy in South Africa. Although there are obvious benefits and strengths in aiming for the achievement of the EPHS there is a general consensus about the basic conceptual features of public health its practical boundaries in government, the private sector and throughout society have proven much more challenging. There is a gap in the manner in which these essential services related to the SDGs and universal health coverage. With regard to regional perspectives on EPHS, although there were numerous overlaps of different initiatives from PAHO and CDC, it was clear that there was no unified WHO approach. The WHO regions that have developed their own list of EPHS have done so individually, through regional programmers, at different times over the past there is no representation or adaptation from countries within the African continent and other continents which face systemic public health challenges. There is a limitation to the assessment in developing and implementing of these services on evidence-based public health reorganizations, included an overt relations to a reform process, broad-based collaborative and ownership

of national stakeholders, and the availability of technical assistance for both the evaluation and the subsequent prioritization process needed to make specific recommendations. The gap between research and policy is wide in South Africa and continentally. Challenges of this gap are not dealt with in the Essential Public health Services and without addressing such issues the attainment of these essential services is highly handicapped.

Keywords: Public health; Tuberculosis

Introduction

Public Health concerns the maintenance and management of human health and the improvement of the human condition is the most unanimous aim of all health-related provincial, local, regional and global sectors and organizations, whose primary objective is to improve human conditions and build a health system that not only deals with health crises and epidemics but also prepares for emergencies. The Essential Public Health Services was first established by the World Health Organizations (WHO) in the year 1998, these essential list have been in use by WHO regions members states and other global health actors such as The Center for Disease Control (CDC) and the Pan American Health Organization (PAHO) who have also significantly contributed to discussions concerning this essential list of Public health service to assist in defining and competencies and charting health system reforms in South America and globally. In the year 2016 WHO headquarters has called on the World Federation of Public Health Associations to tackle matters related to vast differences methodologies to reaching a common goal and to ascertain the benefits that is to be gained from efforts in unifying and standardizing the public health approach across the WHO regions in developing a unified list of public health functions. From this gathering the Systems Framework for Healthy Policy was established which provides a robust mandate to back Member State in strengthening Essential Public Health Services (EPHS) in reaching universal health coverage and the Sustainable Development goals agenda in a cost-effective and efficient manner.

Assessment

The Essential Public Health Services under assessment address public health valuation and surveillance to assess identify and treat health threats and illness.

Monitor health status

Monitor health to find and solve community health problems is the first EPHS. This includes a continuous and timeous assessment of the communities' health statuses across the country to accurately identify risks to wellbeing and differences in health statuses of communities around the country as well as allocating resources generally as well as where it is needed the most. This also including the use of empirical methods and clear methodologies and relevant technologies to ascertained information and the interpretation of those data and maintain registries to further the health intelligence and data in further understanding trends and ensuring the efficiency of public health work [1].

The corresponding Principle of Ethical Practice of Public Health (PEPPH) is the 5th and 7th of the 12 PEPPH, the 5th which states that the "public health should seek the information needed to implement effective policies and programs that protect and promote health," and 7th that "Link people to needed personal health services and assure the provision of health care when otherwise unavailable" [2]. To analyses this, an understanding of the South African health system and its management of TB s essential [3].

According to WHO and the South African Government, Tuberculosis cases in South Africa is one of them among the countries with the highest TB burdens with the third highest incidence of TB in the world, with an estimated incidence of 500 thousand active TB cases, thus 1 in 50 million develop active TB every year. WHO also indicated that of the 500 thousand incident cases and an estimated 330 thousand of them have HIV and TB co-infection (WHO).

Although South Africa has a monitoring and surveillance protocol n place, the application is highly problematic due to health workforce shortages and health data management problems [4]. We see that although EPHS and PEPPH principles mentioned above are essential the implementation of these in a country with a complex health system that has many challenges is highly overreaching [1].

Diagnose and investigate health problems

For TB treatment to be effective there needs to be a timely identification of the infection and to eliminated health threat of spread among households is essential. For this to occur there needs to be an adequate diagnostic service available such as laboratories and wards setup that prevent the spread of TB. There also needs to be a plan in place to ensure that TB drug treatment for new patients such as pyrazinamide (Z/Pza), ethambutol (E/Em) and Isoniazid (H/Inh), with rifampicin (R/Rif), are adhered to and there is a conducive environment that supports the response plan [3].

The corresponding PEPPH is the 5th "Public health should seek the information needed to implement effective policies and programs that protect and promote health." This shows that ethically there need to be parameters I place that assess the living conditions of populations and patients that either promotes recovery and good health or put them at risk of getting TB [5]. The EPHS application in South Africa is highly challenged by the socio-economic situation of many South Africans who live in informal overcrowded settlements [6].

Policy development

Inform and educate: The people need to be given a venue that provides health education, in which health information is accessible and up to date, that also empowers those living with disease and others to be empowered to champion their health status. Health Education initiatives that are holistic and tailored to different age group and at-risk people. The dissemination of the information should build knowledge and transform attitudes; it should allow people to make informed decisions regarding their health and enable skill development to ensure behavioral changes that promote healthy living. Partnerships should exist among stakeholders in the health sectors such as department, health workforce and communities that support healthy living and promotes advocacy and access to medicines and services [1].

The corresponding PEPPH with this EPHS are: "Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all," and "public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation." These PEPPHs tackle the empowerment, providing information and advocacy spheres and the impact that empowering people to take control of their health has on improving population health. Governments play a role in creating venues and programs that enable the population to become empowered enough to take such a leading role in their health [6].

The South African Government has introduced a National Strategic Plan (NSP) in 2012 to manage the spread of TB and to achieve a zero incident rate by the year 2032. However Knight [3] has found that although TB control strategies have a potential to achieve significant strides their study has shown that the NSP targets are highly unlikely to be reached without Technologies and that such significant reductions in TB cases would occur with the early diagnosis of new TB cases as well as an early treatment of TB patients [3].

Mobilize communities to address health problems

This involves assembling communities and creating partnerships to recognize and resolve potential and current health problems. This could include both formal and informal partnerships in achieving certain goals, developing alliances and associations the South African National Tuberculosis Association (S.A.N.T.A) which is a non-governmental organization that

advocates, educates and provides support in eradicating TB in the country [4].

The 12th PEPPH “public health institutions and their employees should engage in collaborations and affiliations in ways that build the public’s trust and the institution’s effectiveness,” directly corresponds to this essential Public Health Service. It emphasizes the importance of collaboration in the provision of crucial public health services [6].

Develop policies and plans

Policies and plans that efficiently support communities and individuals are essential for effective public health. Policies protect wellbeing and guide public health practice. Plans enable a public health system to adequately prepare for emergencies in order to swiftly, adequately and effectively respond to with well align resources to those emergencies. The South African National Policy on HIV and TB is aimed at doing just that [1].

The Principles of the Ethical Practice of Public Health that correspond to this EPHS are the 1st “Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes,” 3rd “Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members,” and 5th “Public health should seek the information needed to implement effective policies and programs that protect and promote health,” correspond to this. These ethical principles uphold promotion and protection of health in addressing the fundamental causes of health risks that the input of the community is important and it governs the principles underlying the collection of data and information [6].

Assurance

Enforce laws and regulations: It is part of the Essential Public Health Services to ensure that there are laws and regulations that ensure and uphold the safety of the population. Laws which are evaluated revised and reviewed by legal authorities and regulations. The public must be educated and informed about these laws. There needs to also be advocacy the regulations to promote and uphold health. The laws need to be supported and enforced [1].

PEPPH 2: “Public health should achieve community health in a way that respects the rights of individuals in the community,” 3: “Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members,” and 7: “Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public” support these services to achieve a healthy community that respects human individual rights, allows the community to have an input and respond and act upon information [1].

According to the constitution of South Africa, everyone is entitled to healthcare and a safe environment with regards to TB in the workplace a person that has been taking treatment for 2

weeks is eligible to work as they are not infections. The enforcement of the law and assurance of the human right to health and safety in South Africa is challenged by the high poverty and crime rates in the country [4].

Link people to needed health services: This ensures that there is access to health services including unavailable services for those who require it. Populations with barriers and previously marginalized community also have access to health services and resources. There should be ongoing and tailored services and culturally appropriate and health information for at-risk people. PEPPH 4: “public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all” and 8: “public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community” emphasizes empowerment, advocacy and resource availability to populations [4].

South Africa has hyperpolarized communities due to its history of segregation and marginalization and although the laws and constitution provide people with entitlements services access is highly challenging for a significant number of people [4].

Assure a competent health services workforce: Declares a proficient public and personal healthcare workforce that is efficient and accessible that is equipped enough to uphold standards that has competent procedures for licensing, authorization and advancement of competencies and life-long learning and development [1].

Evaluate health services: Assessing the effectiveness, availability, and quality of personal and population-based health services. A continuous assessment that observes the quality and management of personal, population health services as well as the efficiency and functioning of the public health system [1].

PEPPH 3: “Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members,” and 5: “public health should seek the information needed to implement effective policies and programs that protect and promote health” correspond to this EPHS to uphold community feedback and the principles and ethics for collecting information. In the South African TB case, there are public and private sectors that provide healthcare to inhabitants of the country, the quality and availability of the health system diver significantly [4].

Conduct research for new innovations

This service requires that research for creative solving of public health issues is sought and there is a mechanism for monitoring and seeking cutting-edge solutions in advancing public health [1]. This pertains to the PEPPH 5 for public health information, implementation of policies and programs that protect and promote health. And the collection of data to better understand and improves public health [6].

The gap between research and policy is wide in South Africa and continentally. Challenges of this gap are not dealt with in the Essential Public health Services and without addressing such issues the attainment of these essential services is highly handicapped.

Conclusion

Although there are obvious benefits and strengths in aiming for the achievement of the EPHS there is a general consensus about the basic conceptual features of public health its practical boundaries in government, the private sector and throughout society have proven much more challenging. There is a gap in the manner in which these essential services related to the SDGs and universal health coverage. With regard to regional perspectives on EPHS, although there were numerous overlaps of different initiatives from PAHO and CDC, it was clear that there was no unified WHO approach. The WHO regions that have developed their own list of EPHS have done so individually, through regional programmers, at different times over the past there is no representation or adaptation from countries within the African continent and other continents which face systemic public health challenges. There is a limitation to the assessment in developing and implementing of these services on evidence-based public health reorganizations, included an overt relations to a reform process, broad-based collaborative and ownership of

national stakeholders, and the availability of technical assistance for both the evaluation and the subsequent prioritization process needed to make specific recommendations.

References

1. Bettcher DW, Sapirie S, Goon EH (1998) Essential public health functions: results of the international Delphi study. *World Health Stat Q* 51: 44-54.
2. Harris M, Ruseva M, Mircheva D, Lazarov P, Ivanova T, et al. (2017) Self-assessments of the essential public health operations in the WHO European Region 2007-2015. Experiences and lessons from seven Member States. Copenhagen: WHO Regional Office for Europe.
3. Knight G, Dodd P, Grant A, Fielding K, Churchyard G, et al. (2015) Tuberculosis Prevention in South Africa. *PLOS ONE* 10: e0122514.
4. Podewils L, Murrison BL, Bristow C, Bantubani N, Mametja L (2016) The other side of surveillance: Monitoring, application, and integration of tuberculosis data to guide and evaluate programme activities in South Africa. *South Afr Med J* 106: 394.
5. The 10 essential public health operations. Copenhagen: WHO Regional Office for Europe; 2012.
6. <https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html>