

RCPE symposium – Public Health in a Changing World

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Introduction

The timing of this symposium, which described both the public health challenges in our changing world and tools to progress change, could hardly have been more apt. Planning started before the Brexit vote, and the symposium came a week before a hung parliament threw the UK into even more uncertainty.

Session 1 – Health cities: Glasgow and beyond

Dr David Walsh (Glasgow) has developed a model to provide explanations for the excess mortality seen in Glasgow (over and above that which can be accounted for deprivation alone). These have led to vulnerability within the population and include worse living conditions, Scottish Office policy from the 1950s–1970s, and local government responses in the 1980s.¹

Professor Evelyne de Leeuw (New South Wales) told the audience that equity has very little to do with epidemiology and everything to do with morality and politics. Local government is ideally placed to make change. Political skill is required more than political will. Her final message was to ‘Listen. Respect. Act’.

Session 2 - International Public Health

Professor David Heymann (London) described the origins of Ebola, and reflected that all public health activity, whether concerning infectious diseases or non-communicable diseases, must come from the community upwards. In the early stages, Ebola presents as any other tropical illness, making healthcare workers particularly vulnerable and at risk of amplifying transmission. Response to the most recent outbreak (May 2017) shows that simple measures can be

effective. Antimicrobial resistance is the next major challenge. Professor Ajit Lalvani (London) reported that in 2015 there were 10.4 million new tuberculosis (TB) cases worldwide, of which 480,000 were multidrug-resistant TB (MDR-TB). The End TB Strategy seeks a 95% reduction in TB deaths by 2034. In order to end TB there must be better diagnostic tests, new vaccines, new regimen-shortening drugs for both active and latent TB and drugs that are effective against MDR-TB but, most importantly, a reduction in poverty.

Session 3 - European Public Health

Professor Martin McKee (London) gave the Andrew Duncan lecture. Professor McKee reminded us of the beautiful diversity in Europe and scope for learning from each other. There are three major challenges facing European public health: austerity (and its impact on the ‘precariat’ – those living precariously, with low wages and harsh working conditions), migration, and Brexit. Brexit could be catastrophic for healthcare, with potential impacts on information sharing, pharmaceuticals, workforce, financing, service delivery, and leadership/governance.²

Dr Alexander van Tulleken (New York) gave a first-hand account of working in migrant camps in Europe and Africa. Photographs showed the disarray of shelters amid filthy, freezing conditions. However, when given the choice between living in these conditions and a purpose-made detention centre with warmth and security, the majority chose the former: security equated to containment. Morally, people should be allowed to move when in distress.

Session 4 - Tools for Change

‘Now is the true age of acceleration’, remarked Dr Andrew

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Murray (Edinburgh). Digital communications can be used to transfer images, conduct video/online consultations, and broaden the reach of conferences. Social media is useful for learning, networking, and broadcasting. Perhaps most importantly for public health, social media can help reach policy makers and the public – see the symposium Storify for example.³

Professor Colin Drummond (London) discussed fiscal policy, a long established tool for engineering change. Mortality from alcohol increased markedly in the UK in the 1990s until 2007 when the duty escalator was introduced. Alcohol strategy options with the greatest impact are taxation and pricing; restricting availability of alcohol; limiting density of alcohol outlets and lowering drink-driving limits. Minimum Unit Pricing is an excellent case study in public health advocacy.⁴

The symposium concluded with Dr Helen Bevan (NHS England) calling on the audience ‘to take action now!’. Changing comprises five big themes: disruptive change; connectedness; shift from old power to new power; the ‘maker movement’; and ‘moving to the edge’ (diversity). One of the biggest barriers to change is confusing strategies. The role of leaders is to create change conditions but then get out of the way. The key to a high performing team is ensuring members’ psychological safety.⁵

Take home message

The world is changing and there are significant threats to public health but also opportunities. Several themes ran through the symposium and concerned i) the importance of communities, growing change upwards and connectivity, ii) the value of diversity, iii) the requirement for political skill to facilitate and direct change and iv) we need to act. The take home message is from Alexander van Tulleken: ‘stop doing politics that make people ill’.

References

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