The Way Forward to Public Health in Gulf Cooperation Council (GCC) Countries: A Need for Public Health Systems and Law

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Abstract

Introduction: Public health systems in the Gulf Cooperation Council (GCC) Countries are not well established. The existing systems do not match with the current health challenges and with the use of innovative technology in healthcare (diagnosis, treatment or rehabilitation). This paper is intended to give an overview of the public health situation in these countries. It discusses the need for effective and integrated system of public health laws that plays important role in addressing high priorities in public health.

Conclusion: The GCC countries have the infrastructure for establishing a national public health system. However it needs an effective integrated and organized mechanism to shape this system; based on acceptable guidelines and criteria in such a way that they are institutional and capable of meeting the population needs. This system should be cost-effective and investment in health sector should be looked upon as a sustained investment in human and societal development. Despite the great efforts exerted and achievements made, there are great challenges ahead that can be overcome by exhibiting a strong political will and having a united approach of all stakeholders.

Keywords: Public health, Public health laws, Public Health Surveillance, GCC countries

Introduction

Advancements in the field of Public Health in the 20th century have improved the quality of life; increased life expectancy, reduced infant and child mortality, and communicable diseases [1]. Public Health leaders continue to play their roles as advocates for improved population-based health in a community that is increasingly becoming integrated and global.

Public Health is defined as the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Public health professionals analyze the effect on health of genetics, personal choice and the environment in order to develop programs that protect the health of individual and community at large [1].

The term "The New Public Health" was coined in the 1990s, in recognition of the observation that disease prevention and the organization of personal care services were interdependent with health promotion and social conditions [2].

The New Public Health focuses on application of a broad range of evidence-based scientific, technological, and management systems with implementation of measures to improve the health of individuals and populations. Its main objectives are the political and practical application of lessons learned from past successes and failures, in disease control and the promotion of preventive measures, to combat existing, evolving and re-emerging health threats and risks [3].

Era of Evidence-Based Public Health

We currently live in the age of Evidence-Based approaches to all disciples including public health practice. It involves the development, implementation, and evaluation of effective programs and policies in public health through scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models [4].

Several important tools and processes are available to Public Health Practitioners to assist them in determining when public health action is required [5]. The most important tools are meta-analysis, risk assessment, economic evaluation, public health surveillance and expert panels and consensus conferences [6].

Public Health Surveillance:

It is a tool to assess the population based health status and behaviors. Surveillance can directly measure population status with regards to health and behaviors and is useful both for measuring the need for interventions and can measure impact after intervention takes place. The purpose of surveillance is to inform and empower decision makers and stakeholders, to lead and manage more effectively by providing timely and useful evidence [7]. The significance of surveillance can be arbitrated from the HIV and severe acute respiratory syndrome (SARS) epidemics where, surveillance played a critical role in protecting the global community at large [8].

However, it is essential for the decision makers to have competent staff members to provide scientifically valid surveillance information and communicate the results as information for action [8]. Competent epidemiologists and surveillance staff members are necessary for rational planning, implementation, and intervention [9].

Investment in public health

Most public health interventions have been shown to be cost effective and their cost-effectiveness ratios are better than or equivalent to health care interventions [10]. For instance tobacco initiatives, immunization, cardiovascular disease prevention, workplace health promotion programmes, and food hygiene [10]. A need therefore exists to invest in public health initiatives to have larger favorable impact on population health globally.

Barriers to investing in public health

There are several barriers to investing in public health:

1. Resource allocation to public health initiatives is considered as an unwise investment, since it is unreasonably argued that people living longer as a result of public health initiatives will ultimately incur extra health sector costs [10, 11]. The issue of rationing of limited available resources based on principles of equity is increasingly appearing on the agenda of policy makers allocating and distributing them.
2. Some public health interventions may not produce results for many years. This is again unreasonably regarded as a drawback of public health interventions since decision-makers operate with a mindset based on shorter timeframe.
3. If health resources are scarce, many people would prefer to relieve the suffering of an identified individual than to fund an intervention which does not address current illness, even if it would improve the health of people at large.
4. The influence of interest groups. These include health consumer and patient organization, which may tend to focus on health care and treatment services rather than public health and industry interest groups, such as the tobacco and alcohol industries, which can be threatened by the public health initiatives [10, 11].

Need for Public Health law [12]

Public health laws play a crucial role in confronting and controlling important public health issues e.g. smoking bans (e.g. WHO Framework Convention for Tobacco Control, globally & national laws to control tobacco) food fortification, safety belt use, air pollution, and fluoridation of water [13].

Public Health law research seeks and identifies factors that impact Public Health policy including strategies for effecting policy change. Research undertaken at international

level is important in this domain, as it helps determine effective legal approaches in improving health environment, behaviors, and outcome [13]

Cost of new public health legislation:
There is strong scientific evidence that legislature measures can help improve public health [13]. A recent systematic reviews of 65 studies found that 52% of the Public Health laws were effective in achieving health related objectives [14].

A closer look at the "ten great public health achievements" made in the United States of America (USA) between 1900 and 1999 confirm that the public health interventions which lead to achievements were supported by effective legislative measures [1].

Effective of a legislative measure is crucial but has to be considered along with its cost-effectiveness. Such an approach helps better utilization of scarce resources to have maximum gains, in terms of improvements in the health of the population.

Several regulatory interventions are effective in improving public health but it is important to be able to compare the cost-effectiveness of different regulatory interventions with each other and with other public health interventions. For example, a health policy-maker may want to compare the cost-effectiveness of a regulatory intervention, such as a new law to increase tax on tobacco, with a non-regulatory intervention, such as a government-funded social marketing campaign aimed at reducing smoking or the provision of funding for smoking cessation therapies.

Public Health Systems in Gulf Cooperation Council (GCC) Countries:
A need exists for better and improved establishment of public health systems in the Gulf Cooperation Council (GCC) countries [15]. Existing public health systems do not fully confront the current health challenges. Use of innovative technology in healthcare (diagnosis, treatment or rehabilitation) clearly needs further upgrading.

The Gulf Cooperation Council (GCC) Countries have fairly good infrastructure needed that can help develop effective public health systems. This includes a network of primary health care centers, well equipped laboratories as well as various secondary and tertiary health facilities spread all over the countries with good referral systems [15].

Many Gulf Cooperation Council (GCC) Countries have established governing bodies such as the Supreme Councils for Health, Health Promotion Councils, Health Insurance Councils, etc. This again testifies the fact that infrastructure and processes for establishing a national public health system are available. Effective coordination and organization in an integrated mechanism is required, to shape a public health system based on acceptable guidelines and criteria, in a manner processes are institutional and capable of meeting the population needs [15-17].

The policies should be within the national health priorities, focusing on the current and emerging health challenges e.g. climate change and health reforms in the region to suit the challenges of the 21st century. This system should also be cost-effective by all means and health is looked upon as a sustained investment in development [16, 17]. Table 1 (next page) includes the status of public health Infrastructure and function in Gulf Cooperation Council (GCC) Countries.

Current public health laws in the Gulf countries [15]:
Some of the current public health laws in Gulf countries are given in Table 2 (next page).

Expected Outcome of National Public Health Systems (NPHS)[18]:
The outcome and impact of NPHS can be outlined in the following:

1. Improvement in the methodology of using the data through credible epidemiological methods in statistical analysis such as surveillance of diseases, injuries, road accidents, etc.
2. Provision of opportunities to produce realistic, practical and evidence-based reports about population health which can be utilized in planning and setting health policies.
3. Bridging the gap and deficiencies in provision of safe and high quality healthcare to patients, and addressing health emergencies.
4. Full utilization of resources to deliver high quality health services in various health facilities through continuous coordination and effective partnership.
5. Increasing community awareness and changing behaviors of people related to risk factors such as tobacco use, physical inactivity, diet, etc.
6. Provision of high quality health service for all population will be provided taking into account while considering the social determinants of health and equity.
7. Improving health system research and helping utilize research outcomes and evaluating health policies.
8. Produce public health leaders in the Gulf Cooperation Council (GCC) Countries, with better training and qualification so as to deal with complexities of public health issues and engage with multiple stakeholders, as well as be able to effectively influence organizations and conduct public debate on controversial and sensitive Public Health issues, to undertake initiatives to solve population-based community problems.

Conclusion

The Gulf Cooperation Council (GCC) countries have the infrastructure for establishing a national public health system. However, it needs an effective, integrated and organized mechanism to shape this system; based on acceptable guidelines and criteria in such a way that they are institutionalized and capable of meeting the population needs.

The starting point could be the implementation of the International

Country	Infrastructure	Function	Funding	Training	Status
Bahrain	Academic + service	Medium+	Not well defined	Arab Board	Medium
Kuwait	Service	Strong	Defined	Arab Board, Academic	High
Oman	Service	Developing	Defined	Arab Board	High
Qatar	Service	Developing	Defined	Arab Board (but no community medicine yet)	Medium/high
Saudi Arabia	Academic + service	Medium/Strong	Defined	Arab Board, Saudi National Board	Medium
UAE	Service	Strong	Well-Defined	Arab Board	High
Yemen	Academic + service	Not Known	Not known	Arab Board, Academic diploma, masters	Low

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Table 1: Public Health Infrastructure and Function in Gulf Cooperation Council (GCC) Countries

Country	Public Health Law
Bahrain	Issued law no. 3, in 1975 about public health
Kuwait	"The health regulations" was drafted in 2 parts (1960 – 2006) which include many Amiri decrees and resolutions that deal with all aspects of public health in a detailed manner
Oman	The Seventh-Year Plan for Health Development (2006 – 2010) involves chapter on alleviations of risks threatening public health
Qatar	Law # 17 in 1990 about prevention of infectious diseases
UAE	Public health laws are being reviewed
Yemen	A manual involving all laws and resolutions related to health, was published in 2005

Table 2: Public Health Laws in the Gulf countries

Health regulations (IHR) which could be useful in making national public health laws, supported with the commitment of the GCC countries to institute public health systems together with appropriate public health laws.

Despite the great efforts exerted and achievements made, there are great challenges ahead which can be overcome by the following:

1. High political commitment needs to be obtained beforehand to have the national public health system in the context of health reform.
2. A high level committee should be established to assess/ analyze and evaluate the current situation in each country (health system components, indicators, available infrastructure, human resources and health facilities)
3. The committee should encompass representatives from various health sectors including Ministry of Health, universities, and other non-health sector stakeholders such as Ministry of Education and Higher Education, Ministry of Information, Ministry of Planning, Municipalities, Ministry of Interior, Ministry of Finance, Civil Service, General Organization for Statistics. The private sector should be represented in the committee.
4. An organizational structure of the National Public Health System should be established.
5. After setting the plan and its approval by the concerned authorities, a “Board of Trustees” should be established to oversee the implementation of the plan and evaluate its application.
6. A public health law is enacted where all issues of practice are organized through a credible team of lawyers.

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