EDITORIAL

Public health in Central and Eastern Europe: research, education and practice

Gabriel Gulis¹

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This volume of International Journal of Public Health on public health in Central and Eastern Europe cannot be more timely. I am saying this despite the fact that you will find no single paper discussing COVID-19! The timeliness is hidden rather in the subject, public health at the time, when most people around the World suddenly became public health or epidemiology experts. Atul Gavande, a surgeon, public health researcher and writer recently, as results of the COVID-19 pandemic, called for building up a strong public health system in the USA and balancing funding between clinical medicine and public health (Gavande 2020). I believe, there is no better place in the World to discuss these issues as Central–Eastern Europe, and this fact brings the timeliness of this volume of IJPH.

Manuscripts collected in this volume cover 12 countries of the region; taking in account that most of the countries of Central–Eastern Europe underwent (or is still undergoing) substantial political, societal, economic and governance changes; this is a positive signal that public health is getting its ground in the region. Countries of the region shared in past the same model for disease prevention, health education and health protection called mostly hygiene (Semashko model) (Sheiman 2013). Despite formally wide acceptance of the Winslow (1920) and Acheson/WHO definition of public health (available at <https://www.euro.who.int/en/health-topics/Health-systems/public-health-services>), understanding of what public health is different not only by countries, but also by different pillar of the systems. Research and education picked up the public health terminology rather quickly and introduced

new education programs (Adany et al. 2011; Gulis et al. 2005); all manuscripts presented in this volume are coming from academia or research institutions. Unfortunately, manuscripts coming from next pillar, public health practice, are absent. There could be different reasons for lack of manuscripts from public health practice.

One can hypothesize that practice, despite changing names of institution is still often oriented toward classical, Semashko model-based hygiene principles. Hygiene is based on authoritative, state organized control rather than “organized effort of society to promote health and prevent disease.” Transforming the meaning into understanding and into practice likely requires longer time period as changing academic programs. Type of work could be other reason; state control-based organizations are usually working based on strict deadlines given by state legislation and little time remains to summarize knowledge and write scientific papers. Work in state control-based organization is strictly regulated, organized in terms of content of work as well as processes how this work shall be done. Space for scientific writing within such organization is rather rare, resulting in the absence of substantial knowledge in published literature. In addition to this factor, lack of workforce due to lack of interest from governments for public health practice is likely a very important contributing factor. In most of European countries, there is a very dangerous trend of shrinking public health workforce (Bjegovic-Mikanovic et al. 2014)! Naturally, the way to get over this issue is very simple (at least to write it down is very simple); close collaboration between academia and practice, practice-based research, citizen science-based approaches, driven by understanding that all pillars are equally important part of one system.

Interestingly, the themes of included manuscripts further confirm this education/research—practice divide at least to those of us, who had during own career a chance to work in both pillars of public health. Mental health, lifestyle issues (obesity, smoking), neighborhood-related approaches, access to healthcare, socioeconomic factors, social media

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✉ Gabriel Gulis
ggulis@health.sdu.dk

¹ Unit for Health Promotion Research, University of Southern Denmark, Esbjerg, Denmark

and online information access issues, injuries and very importantly auditing methods including non-health sector actions are all addressed in published manuscripts. Tradition hygiene is however most often focusing on surveillance of infectious diseases, environmental safety, food safety, safety of personal services, at some extent urban planning from licensing side and health education. Both the research themes and the practice themes of tradition hygiene approach are necessary and contribute to “organized effort of society to promote health and prevent disease.”

To fully fulfill the Winslow or Acheson/WHO definition of public health a fourth pillar needs to be added to already mentioned three; this is the policy pillar. Its importance is given and highlighted by presented special volume of the journal. It is the policy pillar, which should bring the other three together under consistent and strong public health governance and policy framework. In Europe, there are two international organizations supporting the four pillars. The European Public Health Association continues to advice its members on each pillar (<https://eupha.org/four-pillar-advisors>). The Regional office of WHO in Copenhagen promotes its policy framework through Essential Public Health Operation—EPHO framework (<https://www.euro.who.int/en/health-topics/Health-systems/public-health-services>). It is time to pick it up and strengthen its implementation to further improve health of people in whole Europe, including the Central and Eastern European region.

Compliance with ethical standards

Conflict of interest The author has no conflict of interest to declare.

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