EDITORIAL

National Public Health Institutes

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It is with great pleasure that we publish in this issue the first results of a nascent effort to describe and document the activities and the roles of national public health institutes globally. Leaders of public health in countries with established public health institutes, Brazil, the Czech Republic, Finland, and the Netherlands, helped organize a global association of these institutes, now claiming over 50 members. The association decided to use an existing framework of attributes and functions to survey 49 member institutes. Although the work lacks the rigor of sophisticated survey research and the response rate is disappointing, the early results more than justify the endeavor and should surely encourage further studies to complete the picture of national public health activities globally.

In many countries, most often those with greater resources, the ministry of health is so engaged with provision of medical services that this impinges on fundamental public health – efforts to protect the population, prevent disease, while surely treating patients as well. Perhaps collaboration among national public health institutes will increase attention from health ministries worldwide to what can be achieved by expanding protection and prevention activities and increasing their effectiveness. Perhaps collaboration among these institutes globally will also increase our collective wisdom about how medical service systems can contribute more to our understanding of the preventable sources of ill health. Does a respiratory problem discovered in a clinic, for example, derive originally from childhood bronchiolitis or from a more recent workplace exposure? Both may be preventable, but not necessarily by the same means. If drawn into the larger public health system, medical staff are more likely to learn the cause of illness and inform public health colleagues who are able to intervene at the source. Perhaps concentrating public health activities nationally in single institutions will amass sufficient

resources for the voice of population health to be heard. This objective seems particularly important in countries with scarce resources. To date, the capacity of public health institutes to influence more powerful government agencies or industry to favor population health among competing priorities has been dismal; thus actions favoring collective learning and innovation holds new promise.

These efforts surely deserve support. We invite suggestions about what else might be learned through collaboration among public health institutions, how to do so, as well as criticism of any constructive sort. We welcome letters and related articles that *JPHP* might publish in subsequent issues. As the article by Binder and her colleagues, plus commentaries from Morocco and Mexico appear in this open access issue, we hope these early results will receive deserved attention – provoking energetic debate and unprecedented teamwork in pursuit of population health improvements.

THE EDITORS