



Public Health International Collaborative Partnerships

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International collaborations of all types are in short supply and yet badly needed in the world today. In the area of public health and public administration, there are far too few cross-walks allowing professional relationships to develop not only within nations but also between nations. It is no secret that public health emergencies such as pandemic disease attacks are not respecters of national boundaries and they travel at the speed of commercial jet aircraft. By the time everyone agrees that a public health emergency actually exists, many lives may have already been lost and far more lives are already at risk.

Public health focuses on one set of priorities and public administration (government) focuses on another set of priorities; however, like a Venn diagram, there are mutual concerns that are of significant concern to both. Unfortunately, until a crisis appears on the horizon, and moving fast toward critical mass, the two are not more than finger tips touching instead of a solid hand clasp of cooperation and collaboration. Often once an emergency has passed, the two are no longer working together. It seems that it is the urgency of the moment that forces them together and once that urgency has passed, both seem to return to their own singular priorities and objectives. By the time the next urgent moment arises, they have forgotten how to work together or their mutual need for each other's support. Once the dying has stopped, the forgetting begins.

What are needed are permanent integrating linkages that will allow both public health and public administration to work together on a regular basis during normal times in order to acquire working

knowledge of each other and common understanding of what is needed to facilitate common ground. During an emergency, there is no time to forge these relationships either within national boundaries of one nation or between nations globally; and viral attacks do not care who holds national office or who has political power at the moment—they will be equal opportunity killers of populations. The next major pandemic outbreak is just around the corner and the experts in virology do not say if it happens, they are saying when it happens, we must be globally prepared.

In the United States, the National Academy of Public Administration (NAPA) and the American Public Health Association (APHA) national offices are just across the same street from each other in Washington, D.C, and yet they do not have any formal working groups integrating their mutual responsibilities to the nation. The focus of two of my forthcoming books are; one, what are the potential

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opportunities for collaborations between governments and their respective public health organizations; and two, what are the emerging critical global public health issues that will need to be addressed in the future near term and what novel ways are various global organizations currently attacking existing and persistent public health issues? Both of these books are intended to be cutting edge reference books for government policy makers, academicians, doctoral students, researchers, politicians, and even well-read citizens who are concerned about the progress being made in public health. Also, within both these books will be an open invitation for NAPA and APHA to begin to form coordinated working groups to begin planning collaboration for joint response to an emergency.

What is in the future and are nations prepared to work in concert to do battle against the microbe be it man-made (bioterror) or a naturally occurring outbreak? A thin line of professional public health experts stand in the breach to protect populations; and it is incumbent upon governments to support the public health efforts with all the resources at their disposal without undue delay. This support includes surge supply of resources needed to combat a pandemic outbreak—surge resources that only governments can provide.

Before government can react in a positive direction to face a pandemic threat, I see three lag periods; one, the time it takes public health to recognize the danger and develop a strategic plan of action; two,

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the time it takes for government to be convinced that danger is upon us and the actions recommended by the public health professionals must be implemented; and three, the time it takes for government to move forward in implementation and for that implementation to take effect. Two examples where the lag times are evident is in; one, disease vaccine development, manufacture and distribution; and two, mandatory population quarantine with effective government enforcement. Unfortunately, by the time a crisis situation matures through the three lags I have mentioned here, it may be too late for possibly millions of people (or tens of millions of people) nationally or internationally. The only possibility of shortening these three predictable time lags in mounting a response to a public health crisis is prior close working relationships and linkages between all the principal actors related to public health, health care delivery, and emergency response (including police and military support) in the public sector of all nations and between nations.

My hope and my work is related to closer working relationships and linkages regardless of our differences in politics, government structure, culture, religion, language, etc. The public health of each nation's population and the populations in the conglomerate around the globe must be paramount in our thinking and planning and in the development of scientific relationships globally. If we cannot work together better, disaster is a heartbeat away in the near future.

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