

In this month's *Bulletin*

Special issue: public health education

Ritu Sadana and Alena Petrakova introduce this theme issue on public health education (902) and call for schools and programmes to evaluate the practices and tools that they are using to drive public health education towards improving population health and health equity.

Linking education and practice

Training needs to respond to national health priorities and countries' public health practices, argue Viroj Tangcharoensathien and Phusit Prakongsai in an editorial (903) focusing on public health education in the regions. In the context of monitoring the health-related Millennium Development Goals and the emergence of new infectious diseases, they cite the Field Epidemiology Training Programmes as a good example of how to link education and practice.

In the news (906–913)

Theresa Braine tracks the development of public health education from its early colonial roots to the present day and describes how the sector is expanding, particularly in developing countries. She illustrates the growing trend towards public health education with portraits of six public health schools and a snapshot table with details about a dozen public health schools across the world offering master's of public health (MPH) degree courses. Meanwhile, Paulo Buss, President of Brazil's renowned Oswaldo Cruz Foundation, describes how his country built its public health education system by setting up courses, developed by the foundation, throughout Brazil's 27 states.

Public health debate

Until the 1990s, specialist public health practice in the United

Kingdom was dominated by the medical profession. However, during the past decade the contributions of people from other professions have been recognized. F Sim et al. (935–940) analyse how the United Kingdom addressed the challenges of recruiting and training the range of people required for public health practice. In a research paper, Richard F Heller et al. (930–934) assess how the availability of free and open-source education materials on the Internet could help improve public health education in low- to middle-income countries. Kebogile Mokwena et al. (949–954) describe the innovative approach used by South Africa's National School of Public Health to train more public health personnel by using online courses that allow students to study at their own pace in their own countries. In the base paper of a Round Table discussion, Alena Petrakova and Ritu Sadana (963–970) emphasise the timeliness of a debate on the relevance and direction of public health schools. In a research paper, CB IJsselmuiden et al. (914–922) investigate advanced public health education in Africa and report that 55% of countries do not have any form of postgraduate public health programmes. The fragmented Swiss health-care system is the second most expensive worldwide. Ursula A Ackermann-Liebrich et al. (974–976) describe the symbolism of the creation of the Swiss School of Public Health, which is the result of a merger of public health schools at six major universities.

Public health classic

Elizabeth Fee and Liping Bu (977–979) illustrate the power of innovative thinking by examining the trailblazing models of public health schools set up in the early 20th century as described in the Welch–Rose Report of 1915. The schools – in China, the United States of America and the former Yugoslavia – demonstrate the diversity of possible models for public health education.

Monitoring immunization

In an editorial (904), A Dabbagh et al. advocate strong systems for surveillance and programme monitoring as key components for achieving immunization goals.

Transplant tourism

Luc Noël (905) introduces a mini-theme on transplant tourism and underscores WHO's view that the sale of cells, tissues or organs for transplantation should be banned. Scarcity of precise information inspired Yosuke Shimazono (955–962) to gauge the scale of the international organ trade by reviewing media reports, journal articles and other material. He conservatively estimates that the number of people who underwent commercial organ transplants overseas was around 5% of all recipients in 2005. Annette Schulz-Baldes et al. (941–948) look at how the commercialization of human tissue and cell products has increased the risk of clinically unsafe and unethical practices.

Pandemic plans

Sandra Mounier-Jack et al. (923–929) update their 2005 evaluation of how prepared Europe is to deal with pandemic influenza. While progress has been made in the intervening period, they identify problems such as gaps in border control plans.

Diplomacy and health

The interface between trade and health is on the cutting edge of global health diplomacy, write Ilona Kickbusch et al. (971–973) in a perspective. Foreign policy is now being driven substantially by health to protect national security, free trade and economic advancement, they say. But this exciting new field of study requires conceptual development and practical training programmes. ■