

Round Table Discussion

A Bangladeshi approach

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The base paper by Petrakova and Sadana is a thought-provoking call for innovation and action in public health education. The approach used by the BRAC University James P Grant School of Public Health (BSPH) in Bangladesh addresses many of these issues.

To be relevant to the needs of society, we envision our graduates to:

- be committed to the health needs of the global South;
- be equipped to deal with problems faced by disadvantaged sections of the society;
- be aware of the interplay and importance of factors such as poverty, education, women's status, environment and power relations within and beyond family, as they affect health and health care;
- appreciate that health is "not merely the absence of disease, but a state of complete physical, mental and social well being";
- be life-long, problem-based learners and critical interdisciplinary thinkers;
- be promoters and practitioners of both the science and art of public health; and
- be future leaders in public health practice, research and teaching.

Set up in 2005, two batches of 51 participants from more than 12 countries have now graduated from BRAC through its master of public health (MPH) programme, all of whom are now back in their own countries and have taken up responsibilities in government, donor agencies, media and nongovernmental organizations (NGOs). Some have started doctoral-level studies.

Research

We are building research capacity in the BRAC school. We have initiated collaborative research with other existing research groups in the country, such as BRAC's Research and Evaluation Division and the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR). From the research carried out at the school the students learn issues and challenges in global health. The students choose a topic from among the many health interventions being implemented in Bangladesh for their final end-of-the course thesis.

Training

Starting with a small nucleus recruited from within the BRAC organization, the faculty is now growing through recruiting from among the school's own graduates. With the school becoming known, there is also some interest among non-resident Bangladeshis to return. To overcome staff shortage and to

bring diversity, we have adjunct faculty from partner institutions who also train our faculty in good teaching practices.

Curriculum development is an ongoing process and we constantly review it for further improvement and relevance.

The BRAC school promotes a field- and problem-based experiential learning approach. Village exposure is the foundation of the programme. The students spend half of their 12 months in a village campus allowing continuous interactions with villagers as well as the local health systems. International students are paired with their local counterparts to overcome the language barrier.

Practice

Discovering and providing knowledge is meaningless unless it is put into practice to protect and save people from unnecessary disease burden. For this to happen, a close interaction with policy-makers and implementers of interventions is necessary. The school links with NGOs, government and international organizations, as they recruit many of the graduates who find a ready constituency to practice what they have learned. ■

Solving problems

Barry R Bloom^b

Public health schools are critical to the development of knowledge and information about the health of populations and countries. As the economist Dean Jamison stated: "Knowledge about disease prevention, good surveillance for infectious diseases, the lessons from intervention research, sharing of health data, and the development of new products such as vaccines – all are public goods." In terms of providing new knowledge in public health and compelling evidence to affect policy in meaningful ways, schools of public health should, in my view, seek to contribute in each of four areas:

- research: defined as the generation of new knowledge and providing scientific evidence for decision-making at the individual or societal levels;
- training: not only of doctoral and master's degree students, practitioners and researchers, but of political leaders and public officials at national and local levels;
- communication: providing skills to inform leaders, the media and the public about health risks and prevention and health promotion best practices;
- practice: as an integral component of training; taking knowledge from the laboratory and population research into communities that inform about cultural contexts, disparities, needs and barriers, to have a real impact on the public's health.

A dilemma faced by all schools of public health is the balance between our responsibility to create new knowledge and transmit that knowledge to a future generation, and the need to apply existing knowledge to improve the health of populations now. In the United States of America (USA), we struggle

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