



## **SUMMARY REPORT**

### **APRU WORLD INSTITUTE (AWI) WORKSHOP**

**“The Role of Universities in Addressing Emerging Public Health Threats in the Asia Pacific Region”**

**24 – 26 May 2007**

**Hosted by:  
School of Public Health, Peking University, Beijing, China**

**Sponsored by:  
Bill & Melinda Gates Foundation’s Global Health Program  
Johns Hopkins University  
Keio University  
National University of Singapore  
Peking University  
The Chinese University of Hong Kong  
The University of Sydney  
The University of Tokyo  
University of Southern California  
University of Washington  
Washington University in St. Louis**

## Introduction

The inaugural AWI workshop on Public Health brought together 63 leading researchers and policy advisors from Pacific Rim countries to critically reflect on the role of universities in addressing emerging public health threats in the Asia Pacific region. Participants agreed that universities have an important role to play in contributing cooperatively towards solving global health problems, but were less certain of how the universities should respond to the rapidly changing demands imposed by emerging public health threats.

## Plenary Sessions

Professor Yang Ke, Executive Vice President, Peking University, opened the workshop with a welcoming speech.

This was followed by two keynote lectures - *“Emerging public health issues & threats around the Pacific Rim”* by Dr. Henk Bekedam, World Health Organization’s Representative in China, and *“Social-economic development and Public Health challenges in China”* by Professor Liming Lee, Vice President of Peking Union Medical College.

Three consecutive panel discussion sessions then focused on the roles of universities in (a) preparing the workforce (teaching); (b) generating new knowledge (research) and (c) influencing policy and practice (outreach).

A fourth plenary session was devoted to the sharing of selected Trans-Pacific Case Studies - illustrating how universities reacted to recent crises ranging from SARS in Singapore to pandemic preparations in Seattle, and from natural disasters in Indonesia to violence in Thailand’s troubled south.

A fifth session involved multidisciplinary discussion groups looking at what universities could do in response to various threats such as communicable diseases, non-communicable diseases, natural and man-made disasters, and dysfunctional healthcare systems.

A highlight of the workshop was the capstone university leaders panel, in which seven university presidents - Prof. Shih Choon Fong, President of National University of Singapore and Chair of the AWI Governing Board; Prof. William Brody, President of Johns Hopkins University; Prof. Gavin Brown, Vice-Chancellor and Principal of The University of Sydney; Prof. Xu Zhihong, President of Peking University; Prof. Jack Cheng, Pro-Vice-Chancellor and Vice-President of The Chinese University of Hong Kong; Prof. Mark Emmert, President of University of Washington; and Prof. Zhan Tao,

President of Shandong University - fielded a barrage of questions relating to universities' roles vis-à-vis public health concerns.

Joining the panel and rounding off discussions with an inspiring closing keynote address was Prof. Harvey Fineberg, President of the Institute of Medicine, US National Academy of Sciences.

It remained for Prof. Zhihong Xu, President of Peking University, to note with satisfaction during the closing dinner, that the two-day Workshop had been a great success.

### **More Details**

The full list of participants, the agenda, and most of the presentations are available on the website: [http://www.apru.org/awi/workshops/public\\_health/conference-program.html](http://www.apru.org/awi/workshops/public_health/conference-program.html)

### **Issues Raised**

- Society expects universities to be at the forefront of providing intellectual leadership in the face of grave dangers to itself, including threats to public health.
- Universities should keep the public health agenda in sharp focus, and put into practice what they intend to do. This includes recognition for work done in the public health arena as there presently appears to be little incentive for academics to be engaged in solving real-world problems, as against working in esoteric areas conducive to generating publications that boost university rankings.
- Public health issues should be integrated into university curricula as all university students, not just public health or medical students, need to understand them. A “global citizens” approach could be taken, whereby students are exposed to global health issues as well as sustainability and corporate social responsibility issues.
- The real world environment is probably 5–7 years ahead of the latest Masters in Public Health (MPH) course; hence provisions should be made to allow students to gain early exposure in the field while specialists with field experience should be invited to teach in courses. Universities should recognise and include experiential learning elements in their funding requests.
- Many Pacific Rim societies have weak public health infrastructures and poorly trained workforces that can hardly cope with the challenges of population aging, industrialization and urbanization, unhealthy lifestyles, and health inequalities. The core competencies of public health workers are often not clearly defined.

Existing incentives in academic training institutions favour research to the detriment of teaching.

- In most Pacific Rim societies, physicians are paid much higher salaries than public health practitioners, which create disincentives for some of the best practitioners to go into public health.
- Disaster response & preparedness presents a unique opportunity and challenge for universities to fulfil their societal obligations for research, education and training. Universities should collaborate to identify best practices and disseminate case studies for teaching purposes, as well as examine ways to incorporate research into disaster response. Medical and allied health sciences students should have sufficient exposure to competency training in public health responses to natural and man-made disasters.
- Preparedness against public health threats should take a multidisciplinary approach and include not just the scientific aspects, but also the social, ethical and legal aspects.
- In building capacity to address emerging public health threats, an “all hazards” approach and a comprehensive curriculum that is based on both the science and programmatic needs is recommended.
- As disaster response will increasingly require co-operation between the health sector, civil society, non-governmental organisations (NGOs) and the military, the ability to work with these divergent groups should be captured in the education and training of public health specialists.
- There is a gap between research and health policy-making. A lack of interaction between government officials and academics is a key barrier to engagement. Academics are not seen as part of the “Ministry of Health” structure and hence may not be as valued or as trusted as in-house expertise when it comes to involvement in health policy research or investigation of outbreaks.
- Universities need to reach out to governments to explain the need for health policies to be informed by research, and the potential contributions of academics to the policy formulation process. However, such engagement does not usually lead to publications, especially if the data or committee work is sensitive. Will universities recognize and reward such activities when it comes to promotion and tenure?
- Universities should adopt a more “open door” policy integrating government officials into the university faculty structure. Joint appointments or adjunct

professorships would increase interactions between academics and policy makers, helping both groups recognize each other's values, roles and constraints.

- Schools of Public Health should focus their research on the real needs of the community and also evaluate the impact of such research on the community.
- The adoption of a particular community by a Public Health School or university department could enhance practical involvement by academics and students in real-world public health problem solving.
- Engaging clinicians (e.g. those interested in diabetes and cardiovascular disease) in the community-based aspects of these conditions may help recruit them to the public health cause. For instance, the Rockefeller Foundation's Clinical Epidemiology Program (now INCLEN) that sought to train upwardly mobile and ambitious young clinicians in clinical epidemiology may be a model.
- There is a need to strengthen Public Health research infrastructure and capability in the Asia-Pacific region. Building partnerships in research and the horizontal exchange of students and researchers may facilitate technology transfer from those who have got it "right" to those who are still developing their expertise.
- New technology (e.g. Information and telecommunication) could be employed to good effect, bringing disparate groups of researchers across the Pacific Rim closer and perhaps creating communities of scientists with mutual interests for research collaboration.

### Indelible Image

One memorable PowerPoint slide depicted an ivory tower menacingly threatened by a bulldozer - a poignant reminder that universities must stay relevant and responsive to the needs of the societies that founded them in the first place!

### Aim Achieved

The above list is by no means exhaustive. In order to encourage free and uninhibited exchanges, none of the sessions was taped and no rapporteurs were appointed. In fact, the understanding was there would be no final "deliverables" such as conference proceedings or workshop recommendations. What, then, was the *whole purpose* of the exercise? Quite simply, and as stated in the convening advice, the goal of the AWI Workshop was "to bring together about 60 researchers and policy advisors to *foster dialogue and active exchange* on major public health issues confronting the Asia-Pacific region" - nothing more, nothing less!

Hence, presentations were deliberately kept short while free exchanges among participants took the lion's share of airtime. The aim was not so much to develop consensus regarding the issues, as generating ideas for further efforts. It would have sufficed if the interactions merely led to the building of relationships for future collaborations.

## **Conclusion**

The active participation of the Presidents/Vice-Chancellors of the sponsoring universities during the final session combined powerfully with the visionary closing keynote to lift spirits and draw discussions to a tangible conclusion. If one message came across clearly, it is that Asia Pacific Rim Universities have much work ahead of them in the global public health arena, and they can best achieve this by pooling resources and doing it together.

## **Next AWI Public Health Workshop**

AWI is pleased to announce that the second AWI Public Health Workshop will be hosted by The University of Tokyo in 24-25 June 2008.