



EDITORIAL

Advancing Policies for Public Health Benefit: A Collection of Policy Briefs Developed by the Maastricht University Students

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Abstract

Where there is no vision, the people perish' has never been truer than today. We need new models of how to train the future public health leaders in the 21st century to improve and protect people and planet". The Maastricht University Public Health Leadership course has been described previously (1). The course aims to create leaders with vision, who can see a future different to the status quo, who can influence and drive change, who are able to communicate their vision and win others to embrace and implement it.

Introduction

‘Where there is no vision, the people perish’ has never been truer than today. We need new models of how to train the future public health leaders in the 21st century to improve and protect people and planet”. The Maastricht University Public Health Leadership course has been described previously (1). The course aims to create leaders with vision, who can see a future different to the status quo, who can influence and drive change, who are able to communicate their vision and win others to embrace and implement it.

Modern day efforts seek to deliver health, which is more than the absence of disease and public health, which is the prevention of disease, the prolongation of life, and the promotion of health, through the organized efforts of society (2).

Vision is a key word - there is no leadership without a vision. Vision can be for better, or for worse; for societal good, or for individual greed. In public health we are striving for a leadership vision which improves and protects health, which prevents suffering and disability and can convey such benefits as a satisfying role in

society, friendship, companionship, and meaningful relationships with friends, neighbours, and community. Even at the end of life, being ‘healthy’ can mean having settled our worldly affairs, having been resolved our differences and been able to die with dignity’. Society is the other key in the work of public health leaders. We need, not just, the organised efforts of doctors and nurses, not just, the organised efforts of health services: we need the organised efforts of society (2).

We have begun to recognise that our public health venture also requires the efforts of environmental scientists, information scientists, health promotion and health policy specialists, pharmacists, physiotherapists, dietitians and other allied health care professions and social care professionals. We have also learned in more recent years, that our efforts require new disciplines to come into the public health community; amongst these are the climate scientists, ecologists, political scientists, theologians, economists, and international lawyers (3). The international lawyer who could deliver the wording of an international Trade-related intellectual property (TRIPS) waiver on vaccines, might be the most powerful public health professional of all

time- capable of saving lives and relieving disability on an unimaginable scale. And such a waiver might not just apply to COVID vaccines, but to all the childhood vaccine preventable infections and much more (4).

The 21st century requires public health leaders not just to be in command of their own body of expertise, but also to have sufficient knowledge of other disciplines, to earn respect, find common areas of interest and develop shared actions. We need to develop leaders in public health at every level (5). Public health leadership attributes and development have been neglected until relatively recently. Public health leadership has been provided largely by charismatic individuals and thought leaders. This has not created the critical mass required to secure public health leadership in every country, every regional and local administration and through every academic institution where public health should be nurtured and supported. The mindset to lead on public health issues is vital; the belief and recognition and the vision that better health and quality of life is possible, is central to how we develop new public health leaders.

Public health professionals work at the intersection of practice, research and policy and work widely with other disciplines, business, and community interests. They need to identify and understand public health problems, use research and scientific evidence to prepare policy options and make recommendations for policy change to improve health and wellbeing or effectively advocate for it (1). In the 21st century they also need to understand the expanding range of anti-health forces that are deployed against them. The public health role is the noblest vocation and the most rewarding role, but also, in the new geopolitical world, it is the most challenging and dangerous.

The public health leaders of the 21st century will operate in complex and interconnected systems which require alliance-building skills, horizontal and distributed leadership, as well as interdisciplinary approach. Whichever discipline is required to take the lead for a particular issue, should do so. We should break down silos and avoid narrow channels of control for problems that confront all agencies and all communities and can only be addressed by multi-disciplinary action where we pool sovereignty. This applies whether it is, for example, drug dependency, prevention of



accidents, reducing soil erosion and crop failure, mitigating climate breakdown, or stopping the cause of mass migration.

We need to develop a vision of public health leadership which can lead across disciplines, deferring to the expertise of others and following where and when necessary, leading from the front, always bring along partners, allies, acknowledging and involving communities of interest, effectively neutralizing, or converting negative forces against health along the way. The Maastricht University Public Health Leadership course seeks to address these issues and create new public health leaders able to operate in this complex multi-system world.

The main objective of this leadership course was twofold: 1) to facilitate the development of change leadership competencies by the students based on the eight-step Kotter Model of Leading Change (5) including: establishing a sense of urgency, creating a guiding coalition, developing a change vision, communicating the vision for buy-in, empowering broad-based action, generating short-term wins, never letting up, and incorporating changes into the culture, and 2) to help the students develop the skills of

writing a policy brief as both an advocacy communication and policy change tool that can support public health leaders who want to introduce change .

In this edition of the SEEJPH supplement we present eight policy briefs prepared by small group seminar sessions held over six meetings in the autumn of 2022. The project areas are listed in the Table 1 and in the contents page. The policy briefs aim at national regional and local administrations, proposing strongly researched, evidence-based interventions in each case. The briefs are aimed at a range of policy and decision-makers, including the Polish prisons administration, the Granada city government, and the EU on their fishery policy. There is no area of decision making where public health should not be contributing. The briefs demonstrate how our students are considering all the angles, all their potential supporters, all their detractors, all the risks, and all the benefits. These policy briefs show our new generation of public health professionals are more than ready to demonstrate their expertise and push it out there in the public policy making arena.

Table 1. Eight Policy Briefs developed by the students of the Maastricht University Public Health Leadership programme 2022

1. Policy Recommendations to Improve Mental Health in Polish Prisons
2. Human Papillomavirus vaccines: Call for a European change to tackle current and future shortages
3. Beyond Silos: A Call to Include Hospital Support Staff in Cultural Competency Training
4. On Urgently Tackling the Mosquito-Borne Diseases in the European Union
5. Out of cars, onto the cycle paths: aligning Granada's traffic infrastructure with the European Green Deal
6. Sustainable Reform of European Union (EU): Common Fisheries Policy
7. Reducing the Burden of HIV and HCV among Sex Workers Who Use Drugs in France
8. Stemming the Tide of Disinformation in Public Health

We have a pleasure of inviting colleagues and the SEEJPH readership to find out how the students at Maastricht University propose policy change by reading the following collection of policy briefs.

References

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