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***A public health workforce for the 21<sup>st</sup> century***

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Health systems can only function with health workers, and this very much applies to public health. Public health improvements, protection and disease prevention do not occur by themselves, but through the collective, collaborative and sustained efforts of the public health workforce.

The demands on many health systems worldwide is increasing, driven by population growth, ageing populations, and the pandemic of non-communicable diseases due to unhealthy lifestyle behaviours. However, it is estimated that by 2030 there will be a shortfall of 10 million health workers to meet these needs and low- and lower-middle income countries will be particularly affected.[1] This situation is further aggravated in some countries by chronic under-investment in education and training of health workers, lack of career and professional development opportunities, and the mismatch in supply of workforce in relation to health systems and population needs.[2]

Similarly, whilst there will be variations between regions and countries, the public health workforce challenges are a global issue affecting many countries.[3] However, in many countries public health services have suffered from chronic under investment for which there will be detrimental consequences on population health outcomes.[4] Ongoing efforts to develop, support and retain the current workforce are essential but this is unlikely to be enough. We need to think outside the box and find ways to expand the workforce to meet the needs of public health.

In some settings, there is a narrow view of public health as “public health medicine,” i.e. a clinical specialty open only to clinical practitioners. This hides the fact that much of public health is delivered by a vast range of different professionals including pharmacists, allied health professionals, environmental health officers, sports and fitness practitioners, urban planners and civil society workers. Using this broader lens for the public health workforce opens up opportunities to think of public health service delivery in more imaginative and different ways to support and address public health issues in communities, as well as tackle health inequalities. For example, one recent review highlighted how the ambulance sector could play a public health role.[5]

It is therefore timely that the Royal Society for Public Health in March 2024 launched its policy document, *The Unusual Suspects: Unlocking the Potential of the Wider Public Health Workforce* [6]. This policy initiative highlights the value of those not traditionally thought of as part of the public health workforce and advocates for mobilizing them to address some of the public health challenges we face. For this to happen, a cross-sector national workforce strategy is needed to grow and support a comprehensive public health workforce fit for the future. With appropriate career structures and development opportunities, they can help augment the existing public health workforce and help address gaps. The potency of this wider workforce could be further enhanced with the right support and training. Crucially, the public health role and contributions of the wider public health workforce needs to be better recognised which could help recruitment and retention. These measures align with the WHO recommendations for greater professionalisation of the wider workforce.[2]

At the international level there are similar ongoing efforts to strengthen public health capacities and services. The World Health Assembly in 2016 passed resolution WHA69.1 that gave the World Health Organization (WHO) a mandate to support Member States to strengthen the essential public health

functions (EPHFs), core attributes that countries need for a resilient public health system.[7] There was recognition that multi-sectoral approaches to public health are essential across the whole breadth of public health activities, such as OneHealth as well as emergency preparedness and response. It was also acknowledged that many different practitioners require public health skills irrespective of their primary role. Moreover, the workforce required to deliver on the EPHFs are embedded across different health and non-health sectors. Efforts to strengthen the EPHFs can help to reinforce primary care and public health related services as well as help bridge the health and public health related sectors.

Whilst there is international recognition of the diversity of practitioners who contribute to the EPHFs, there is often a lack of organisational recognition and support for these practitioners, as well as a lack of career pathways. Notably, the International Labour Organisation (ILO) does not recognise or categorise public health professionals, which in some countries causes issues for professional recognition. Public health workforce training, including interprofessional training, also lags behind which undermines the development of sustainable collaborative networks that are needed for achieving system wide outcomes.

Although the RSPH policy document focuses on the workforce within a UK context, the need is not limited to the professional workforce in the domestic health and non-health sectors. Its application is much wider and aligns with the international direction of travel. The WHO Roadmap for the public health workforce calls for the skills and competencies of the public health workforce to be mapped and recognised.[8] Governments, schools of public health, and training organisations must provide the required training to meet this need.[9] It is also important for there to be a cohesive, connected and co-ordinated approach across different employers and sectors that are vital for responding to whole of society public health threats such as epidemics and climate change.

Public health in the 21<sup>st</sup> Century involves more than just a health worker-patient encounter. The modern public health ecosystem involves a range of interdependent practitioners playing wider, more diverse roles within a complex framework to deliver integrated services that prevent and protect populations from avoidable ill health.[10] This was best exemplified during the COVID-19 pandemic when many non-health sectors worked together for public health benefit. However, such multisectoral efforts are needed not just in times of health emergencies, and they offer immense public health opportunities and potential synergies for improving population health.

The foundation stone of all public health systems is its workforce, and the strength of these systems ultimately depend on the quality of the workforce on which they are built upon.

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