

SHORT ARTICLE

A perspective on Master of Public Health (MPH) Graduates in India: Current role and way head

Latika Nath¹, Medha Mathur², Anahita Ali³, Pradeep Aggarwal⁴, Naveet Mathur⁵, Anjana Verma⁶

¹Assistant Professor, Department of Community Medicine, Government Medical College Pali, Rajasthan; ²Associate Professor, Department of Community Medicine, Geetanjali Medical College & Hospital, Udaipur, Rajasthan; ³PhD Student, School of Public Health, Poornima University, Jaipur; ⁴Associate Professor, Department of Community and Family Medicine, All India Institute of Medical Science Rishikesh, Uttarakhand; ⁵Associate Professor, Department of General Medicine, Geetanjali Medical College & Hospital, Udaipur, Rajasthan; ⁶Associate Professor, Department of Community Medicine, Geetanjali Medical College & Hospital, Udaipur, Rajasthan.

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Corresponding Author

Dr Medha Mathur, Associate Professor, Department of Community Medicine, Geetanjali Medical College & Hospital, Udaipur, Rajasthan (India) – 313002
E Mail ID: drmedhamathur@gmail.com



Citation

Nath L, Mathur M, Ali A, Aggarwal P, Mathur N, Verma A. A perspective on Master of Public Health (MPH) Graduates in India: Current role and way head. Indian J Comm Health. 2022;34(1):140-143.
<https://doi.org/10.47203/IJCH.2022.v34i01.026>

Source of Funding: Nil Conflict of Interest: None declared

Article Cycle

Received: 10/12/2021; Revision: 22/02/2022; Accepted: 19/03/2022; Published: 31/03/2022

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Abstract

The public health sector of any country deals on the forefront and utilizes the multidisciplinary approach. In India the Masters of Public Health graduates are trained in unstandardized manner and lack a regulatory body. The gap created in serving the unserved can easily be fulfilled by utilization of this workforce in systematic manner, The emerging competition in the field, undervalued sector in terms of monetary benefits, poor demand and limited training institutions for MPH graduates along with the contribution of MPH during COVID 19 pandemic has been emphasized in the article. The perception of those working in the field has been highlighted with the way ahead of MPH program in India.

Keywords

Public Health, Professionals, Multidisciplinary Approach

Introduction

A Public health professional is defined as “an individual that engage in public health service practice irrespective of location but more specifically on educational background, specialized by means of academic bachelor, master’s in public health (MPH) or doctorate” (1). Every country has a public health staff, though with varying degrees of qualifications and organizational patterns. In most countries, the public sector, primarily ministries of health and education, as well as municipal governments are in charge of the public health workforce, including training, performance and quality assurance. (2)

Historically, Europe and America have been the primary sources of public health training (2). Similarly, it appears that many workers in Australia enter the public health workforce later in their careers; over half of the workforce has a postgraduate diploma, and two-thirds work for

government organizations. (2) Unfortunately, most of the developing world suffer from a severe shortage of proper public health training options (2). India, like all middle- and low-income countries joined the public health movement in the early 2000s. Two decades ago, there were only a few dedicated public health training institutions, predominantly in metropolitan cities like Kolkata. Preventive and Social Medicine (PSM) departments in medical colleges provided the requisite public health training. (3)

The professional journey of a public health graduate in India is not smooth; rather it is a roller coaster ride. This article highlights the perspectives and experiences of practicing public health professionals in special context to MPH graduates in India.

Emerging competition in the field: The equilibrium of demand and supply exists in public health domain and to save the existence in fierce competition in the healthcare

industry is a challenge. The quantity is dominated by the quality of public health professional available in the field. The desire to be the best breeds fierce competition among professionals. The established researchers hardly have a mentoring approach in our country and stay insecure of young enthusiastic fresh MPH pass outs. To stay in the competition, these new breed professionals wind up working on multiple projects at once rather than just one. This type of work strategy may eliminate job possibilities for others who deserve them more and end up raising unemployment among their peers and hence effect the overall spectrum of professional opportunities and work experience.

The undervalued sector: Although India has a public-private healthcare sector mix, private sector employers outnumber public sector employers in the country, giving them an automatic authority to demand “more work for less pay” commitments from recent graduates with limited remuneration. In India, an experienced Public Health Analyst normally earns roughly 55,100 INR per month (4). Despite the fact that this gradually grows with time and experience, many graduates struggle to make a respectable living in their early years. This sometimes leads to disillusionment and frustration and early switching of careers in some cases. Many who survive end up free lancing contributing to public health projects changing organizations desperate for stability.

Poor demand of qualified public health professionals: World Health Organization has predicted a global shortage of almost 7.2 million health workers, which is predicted to climb to 12.9 million by 2035 (5).

In India, the number of trained public health practitioners is believed to be no more than 10,000. In India, this equates to one public health practitioner for every 125,000 people (6). In India because the “public health system” is mostly supported by the states the number of MPH programmes has grown substantially during the last two decades in some while many are lagging behind. The rise in supply has not yet been matched by an increase in demand for these graduates (7). Graduates in Dentistry, Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy, popularly known as AYUSH graduates pursue this post-graduation in the hope of better employment opportunities especially in the National Health Mission or as research assistants in short term research projects. Still the strong future demands of healthcare industry in India will keep increasing with every year due to various driving factors such as increasing population, increasing healthcare service providers etc. including research and more funding from national and international funders. Also, if the recent directive for a separate *Public Health Cadre* is implemented there is much hope for these post graduates in managerial capacities. The role of a public health manager is not constrained just as an academician, manager or an administrator while it is wider in all the aspects like

working in alignment as an intersectoral partner in addressing various issues like education, health, women development, reproductive and child care health.(4)

Limited public health training institutions: The number of colleges offering MPH programmes in India has steadily increased over the previous two decades. In 2014, 31 institutes in the country offered MPH programmes, graduating 850 students in toto (5). Currently there are 44 institutes in 29 states of India distributed across the country. (7) These institutes offer online and offline courses but there is lack of standardization of the eligibility criteria, syllabus, teaching modalities and course fees etc. The institutes offering MPH courses are usually not recognized by National Medical council (NMC) except the MPH course offered for medical graduates in National Institute of Epidemiology.

Apathy towards public health courses: Earlier even if the number of qualified professionals was small the quality and standards of their education was recognized. Today, India has many more public health institutes and schools; yet, the quality of available qualified public health experts is dubious (3). Our country witnessed decline in enrollment in the MPH course. Though in India, there is a shortage of public health specialists, and the country faces numerous public health concerns, but in the 2016–2017 academic year, 1190 MPH seats were available across 44 institutions and only 704 students registered. Two institutions had no enrolments, 16 had less than ten, 13 had ten to twenty enrolments, very few had more than twenty enrolments during that academic year. Over 4300 people enrolled in MPH programmes in India between 2007 and 2016. Assuming that 95 percent of students successfully completed these MPH programmes, there are currently approximately 4100 MPH graduates. (7)

For any country to improve and make their health systems robust and well managed an important component is to facilitate training in public health. The MPH course contributes towards bridging the gap of trained and skilled public health professionals needed. MPH degrees provide leadership and expertise in the field of public health that complements the existing health system and fills the gap of shortage of qualified health professionals (6). The scant number of public health professionals is not the only problem. These post graduates are either scattered or are in selected institutions and do not get opportunities for interaction with each other to brainstorm and generate new ideas (3). Thus, the young public health community and public health institutions in India, perhaps lack the “critical mass” and “common forums” to be able to initiate useful debate, provide useful contributions, bring path breaking ideas to the policy table and continue the learning and growth trajectory in this field (3). Indian Public Health Association (IPHA) which acts as a common body in India for all public health professionals is yet to have all MPH post graduates on their membership roll. This situation calls for an urgent need of common

platform for all professionals serving the public health domain in India and internationally.

Absence of public health council India lacks a public health council or a governing public health education body. Due to this, public health institutions in India are witnessing variability in public health program design, curricular contents, competencies acquired and ultimately job proficiencies (4). In the absence of a central regulatory council, there is little standardization across these courses. (6). The issue of low demand for MPH courses in the presence of a felt need can be attributed to a lack of clarity about career pathways and job opportunities for the MPH graduates. (6) Competency frameworks for MPH courses are currently not developed in India. The courses are an adaptation of the programs offered by reputed institutes in the West especially CDC in Atlanta USA and London School of Tropical Medicine. In the presence of this discordance about the content of the program, it needs to be suitably contextualized to India. (6)

Absence of common accreditation of course The accreditation of these programs is another vexed issue. In the presence of wide variations in the syllabus of the offered programs by various universities, it is essential to ensure program accreditation. The options available to institutions are accreditation by a network of institutions or by a national body like University Grant Commission (UGC) or National Medical Council (NMC).

Current role of public health professionals in India during COVID-19 Almost all country's public health services are overburdened and traditional approaches to outbreak management have failed as the grim reality of the COVID-19 epidemic ravaged the globe. Strong public health leadership is required to implement suitable preventive and control initiatives in a timely way to permanently eliminate the virus. COVID-19 has highlighted the significance of close collaboration between public health and clinical health care providers. The reason for investing in public health services capable of taking scientific decisions is imperative to replace the dominance of bureaucrats in such emergencies including preparedness for the next COVID-19 wave or the next unknown infectious health hazard. (8)

In general, health policymakers in India either do not seek or dismiss scientific expertise of trained health professionals. COVID-19 control appears to have been driven mostly in India by powerful politicians and bureaucrats. Yes, public-health experts may not formulate policy or regulate during a national calamity. During a pandemic, however, they should be involved as key members of decision-making committees to analyze data and advise the government authorities on disease-control measures (9,10).

At the same time when COVID-19 emerged as a menace to humankind, the good aspect of the pandemic was the rapid acknowledgement of public health specialists by governing authorities. No one knew what public health

was before this outbreak. In no time, the states recognized the importance of public health, and Rajasthan recently announced the establishment of seven public health institutes in the state in its annual budget. Why did they make this choice? Clearly, the state wants to be well prepared for future pandemics, which necessitates a large number of qualified public health specialists.

We would like to see more public-health professionals and epidemiologists involved in order to ensure that all decisions are scientifically sound. This is an excellent time for state government entities to define and develop a leadership position. India urgently needs to enhance its public health services in order to satisfy the requirements of its people, and the time to start is now (10).

Mindset of youth: Apart from meeting the large shortfalls discussed above the mindset of youth aspiring to be public health professional plays very important role. The stakeholders in public health can intimidate the young graduates to opt and outshine in the field of public health. To serve themselves as role models and exemplify the contribution made by stalwarts of public health will bring a change in the attitude towards public health and the gap of health professionals can be fulfilled (11).

Perception and way ahead: To understand the perception on the health professionals a focus group discussion with 10 alumni of masters of public health course from various universities was conducted and some of the responses drew attention of authors:

"The course offers understanding of the public health and opened up professional dimensions like program management posts or research projects"

"Students after doing MPH usually get contractual jobs or term project jobs related to health programs or non-government organizations. Regular government jobs or scope in academics are limited. It is always advised to choose as per the goals"

"As managers of health programs, we need a holistic and multidimensional approach, and professional skills are required. MPH course curriculum provides that approach and skills."

The positive approach of existing MPHs is an excellent indicator of bright future the course might have with passing time. The students, institutions and higher agencies have role in success of this public health venture in future.

Conclusion

The Master of Public Health (MPH) program's goal is to train human resources in the science of public health, with a solid understanding of the determinants of health and the public health system in the country, the community context, the determining influences of globalization, urbanization, global and national policies, with a solid foundation of research methodology. However, the program must be modified and fine tuned to the county's felt health needs rather than being mere collaborations

with foreign universities with profit making agendas. The eligibility criteria, curriculum, assessments and modes of imparting training should be uniform and recognized by statutory bodies like the National Medical Council. This alone will make it a degree sought after and allay all misunderstandings about the actual role of MPH degree holders in the country. This degree should bring forth future stalwarts dedicated to field and communities of India.

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