



Together with the public health world

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One year since detection of the first case of COVID-19 in November 2019, researchers were testing over 200 vaccines and embarking on mass vaccination [1]. This unprecedented race to produce a safe and effective vaccine and to establish distribution routes is enabled by international coordination and collaboration of scientists and health professionals all over the world. The global public health community is facing challenges of long-term consequences of the pandemic and depleted workforce. It needs more than ever the interdisciplinary strength of public health professions, the multicultural inclusion of perspectives and approaches, and the intergenerational wisdom of public health servants.

This October the World Federation of Public Health Associations (WFPHA) selected Phyllis Freeman and Anthony Robbins—our Editors Emerita, as the recipients of the WFPHA’s 2020 Lifetime Achievements Award. Every three years, the WFPHA bestows the Lifetime Achievement Award upon an individual who has made an extraordinary contribution to the WFPHA in its role of improving public health globally. The Award is in recognition of the *JPHP*’s Editors’ commitment to health equity and social justice, and their immense contribution to public health in general, and to the WFPHA in particular. The Lifetime Achievement Award was conferred during the 2020 World Congress on Public Health, which took place in October 2020 digitally due to COVID-19 restrictions.

In their statement of thanks, Phyllis and Tony expressed the gratitude to WFPHA for this honor, and for the many colleagues who have them feel part of the global public health world. Here are two excerpts from their statement:

As Editors of the *Journal of Public Health Policy (JPHP)* from 2003 through 2019, it has been our great pleasure to enjoy an affiliation with the World Federation of Public Health Associations. From the start, we understood that the relationship would afford us an opportunity to reach out to a wider universe of public health readers—and importantly, to new writers and contributors to

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global discussions to improve the health of populations. Our goal in taking on editorship of the journal was two-fold:

- To emphasize *population* health policies and strategies—for improving health worldwide; and
- To encourage and promote new generations of authors all over the world to write and publish their work so all of us can learn from experiences, including from authors in lower-income countries.

WFPHA and the many colleagues we have met through the years offered us new opportunities to pursue these goals in our careers.

There are two ways in which the term ‘public health’ is understood around the world:

- Government or public services in health—many to individuals—including medical care, and
- Strategies to protect populations and avoid diseases and injuries by creating healthier environments in all senses.

JPHP is one of the few journals to focus entirely on protection strategies rather than on medical care for individuals already in need of care. More people may appreciate this perspective in the midst of the COVID-19 pandemic.

It cheers us to know *JPHP* will continue to work with WFPHA to keep broad, population health strategies in the spotlight—even as the medical industry dominates health budgets and draws attention away from addressing causes of unnecessary ill health and premature death. It takes courage for public health folks to take on the powers responsible for many threats to population health. We cheer on those ready and willing to engage in these struggles.

Tony came from clinical medicine to population health by directing public health departments of two US states (Vermont, Colorado), then carried the perspective into directing a research institute, the National Institute for Occupational Safety and Health, then the US National Vaccine Program—and as a senior health staff member at the US Congress plus in several academic posts in the United States, Canada, and Mexico.

Phyllis came to population health as a lawyer, first working to improve health in low income communities in the US, then as Counsel for an investigative committee in the US Congress. She came to editing and nurturing younger colleagues from her faculty position in a College of Public and Community Service at the University of Massachusetts. Having chosen a university role focused on activism and scholarship, it was natural to carry that into public health—to HIV prevention, to the impact of North American Free Trade Agreement on health in Mexico, to vaccine policy, work-



ing with international health organizations including PAHO, WHO, and UNICEF. Principally through Sweden's Sida, Phyllis has an opportunity to work with health scientists on doctoral programs to promote health in East Africa, particularly Uganda and Ethiopia.

Together we spent years on policies and programs to bring to fruition vaccines against diseases affecting populations in need—that did not constitute traditional ‘markets’—in Latin American, and worldwide; and founded AuthorAID—a program hosted by INASP for senior scientists at the point of retirement to support new authors in low income settings to publish their work in journals of international scope.

The *Journal* continues in the established tradition to connect with public health practitioners, scientists, advocates, and activists. The WFPHA's past and present leaders—Laetitia Rispel, Jim Chauvin, Bettina Borisch, Marta Lomazzi, and Peter Orris—are the outstanding supporters of the *Journal*, helping to build these connections and assure engagement with the world's public health challenges.

This *Journal* continues the established tradition to speak to the world. The COVID-19 pandemic has provoked authors to submit hundreds of manuscripts covering every aspect of our lives. Together with the global public health community we are raising issues of rapid testing and screening, affordable treatments and preventions, growing concerns of delayed and omitted vaccination, offering lessons for protecting populations.

The ways in which we frame research questions, how we design studies, programs and interventions, how we analyze data and present conclusions to scientific and lay audiences largely depend on the societal needs. Yet, the success of public health research and practice entirely depends on public will and governmental support. The pandemic is testing the motivations and public resilience to the full extent. The pandemic is also testing the abilities of government institutions and health care systems to control the infection, handle the surge of cases, protect personnel, and cure the sick. The enormous and ever-growing stress of the pandemic on citizens is revealing deficiencies, misconceptions, and inequalities. The crisis is forcing us to rethink and reevaluate positions and strategies, terms and definitions, treatment protocols and preventive measures.

In this issue of the *Journal*, we share the experiences of governmental responses like shelter in place orders, closure of non-essential businesses, limiting public gatherings, and mandatory mask wearing in the United States [2] and COVID-19 screening centers in South Korea, as frontiers for preventing community transmission of infectious diseases [3]. We want to examine the core of controversies related to civil liberties and health protection strategies. We also want readers to take a critical look at what can be done to reinforce trust in science and to ensure that science truly serves humanity.

We must find ways to understand the barriers for broad and timely vaccination. We should try to hear all sides—to understand concerns of health professionals avoiding vaccinations even though they are well aware of exposures [4] or anxieties of parents reluctant to vaccinate their children [5]. The harm of avoiding



vaccination against pediatric infections for an unvaccinated child is serious [6]. One may think that an unvaccinated child has a good chance of protection because of low risk of exposure. However, unvaccinated children are at risk for the most severe possible outcomes for many preventable diseases when they are exposed to uneradicated infection, even among predominantly vaccine-protected peers [6]. For seasonal infections such as flu, vaccination offers at least a reduction of severe disease progression and complications, especially in older adults [7]. Yet, something is lost in our communication and somehow well-intended messages are misinterpreted or misunderstood, or opportunities do not match intentions, or concerns are not effectively addressed.

The public controversy over vaccination has created two different views: one—that vaccination is safe and effective, and another—that vaccination is dangerous and has only a marginal effect. These opposing views are will be tested again once we face the decisions about approaches to vaccinating adult population against COVID-19. We should be prepared to collect and examine data of vaccination coverage, efficacy, side effects with full transparency and cooperation of all involved parties. People committed to the global health agenda spearhead these strong cooperative efforts. Yet, mistrust, fueled by misinformation, could slow the adoption of the results of this tremendous public health work. We should be able to fully engage in conversations of meanings and drivers of trust, power, inequality, freedom in the 21st century.

The global public health community of researchers and practitioners should stand for protecting populations, especially where powers are shifting, and liberties are being tested. We need to reframe what *freedom* means in a modern world. I strongly believe that in the context of public health, for any person *freedom* is an ability to keep a family member, a neighbor, and a community out of harm's way—and such ability should be guaranteed by the society at large—as it stated in the Universal Declaration of Human Rights, Article 25: “Everyone has the right to a standard of living adequate for the health and well-being...” The pandemic is testing our rights, abilities, and responsibilities. In the challenges of the COVID-ravaged world we must recognize that the meaning of freedom is the ability to choose to act responsibly for each other in order to live in a freedom-inspired world.

Elena N. Naumova, Editor-in-Chief.

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