

## Editorial

### Participatory Public Health

Conventional public health practitioners working in the traditional health systems view public health policy making and programme development as a process that begins from the top and conveyed to the bottom as tasks to be performed. This conventional model is built upon the assumption that "we know what is best for the community, so we will decide for them". Hence, the policy process and programme development takes place at national or regional levels and are passed on to the grass roots level for implementation. This model has been repeated time and again for decades in the public health arena around the world including Sri Lanka.

Many policies and programmes have not actually target the 'real problems' faced by the masses. Hence, many programs running into millions of dollars have failed to achieve the expected outcomes. For many years, many researchers and public health practitioners have questioned the appropriateness of the traditional model of public health in a rapidly changing world (1, 2). Concerns on cultural and social acceptability, financial sustainability and implementation difficulties in policies and programs with top-down approach have been raised.

In order to device better policies and programmes incorporating community participation, public health practitioners need to make a paradigm shift in their way of thinking. The shift to "Participatory Public Health" warrants several key changes in the highest policy levels. To assist in determining the key changes, it would be necessary to incorporate participatory research in all aspects of public health policy making and programme planning, gradual shift of research funds to Community Based Participatory Research, human recourse development in participatory research and involvement of non medical personal particularly social scientist in health research and policy making (3).

Community Based Participatory Research (CBPR) is becoming an influential tool in reversing the traditional approach to public health. In traditional public health research, emphasis is laid on community as a place or setting for the research. In contrast, community based research is conducted with a community as a socio-cultural entity with active engagement and influence of its members in all aspects of the research process (4). The community is involved in the study from the initial stage of problem identification, planning

and conducting the study to implementation of recommendations that results from the process (5). The participatory nature of the research process provides ample opportunities for the community to contribute to the programmes with suggestions that deals with their lives. In turn the community will accept it as their own project thus making it more sustainable in the long term. It helps to promote cultural acceptability and compliance and minimize wastage and resistance from staff and enhance evidence based evaluation and outcomes.

There have been limited attempts to promote the participatory approaches in Sri Lanka but the findings have not been utilized for wide scale application.

This is the right time for the public health specialist in Sri Lanka to enlist themselves with many others around the globe who have already initiated the change. Let us "participate" in facing the challenges of the twenty first century.

#### References

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