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COVID-19 exposes the need for public health preventive medicine physicians: a proposal for a Gazan public health preventive medicine residency program

La COVID-19 révèle le besoin de médecins de la prévention en santé publique : une proposition pour un programme de résidence en santé publique et médecine préventive à Gaza

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Introduction

The COVID-19 pandemic exposes the need for public health preventive medicine (PHPM) physicians who provide primary care and digital health services.¹ The lack of public health education in Gaza causes its population, physicians included, to be unaware of the necessity of preventative medicine, especially during this pandemic. Strengthening healthcare infrastructure during this critical time will aid in the betterment of Gaza's overall health as public health policy and advocacy is one of the main responsibilities of PHPM specialists. We propose that the Palestine Medical Council accreditate the Gaza Medical Reserve Corps (the Reserves) as creators, trainers, and hosts of Gaza's PHPM residency program.

During pandemics, public health systems are commonly the first line of defense. Therefore, "it has become clear that sustained investment in strengthening public health infrastructure is a major need in all countries, irrespective of income levels."² PHPM is an internationally recognized physician specialty with variance in training and employment worldwide. PHPM is lauded and expected to "attract learners who will become the leaders that will drive an urgently needed change in societal focus from disease treatment to disease prevention and health promotion."³

The authors propose imitating the Japanese and British programs that license physician residents and certify other health professionals, such as dentists, nurses, pharmacists, nutritionists, and public health practitioners, as PHPM specialists.⁴ The UK, the US, and Canada's PHPM residency programs are similar in structure—they are two to three years long and accept USMLE to enter and complete their programs. The American Board of Preventive Medicine (ABPM) certifies each PHPM residency program. In one notable PHPM residency program hosted at the CDC, physicians are residents for two years while non-clinicians complete the first-year fellowship since they do not have to take medical licensing examinations. Mandating USMLE, Gazan professors will teach with readily available systemized materials, while making entrance into the PHPM residency program highly competitive. Most PHPM residents complete their programs with a Masters in Public Health (MPH)—another attraction for Gaza, as it currently lacks any undergraduate or graduate public health program.

The authors also propose working with ABPM in hopes of replicating the success of the American Board of Lifestyle Medicine (LM), which created a standardized global certification for their subspecialty within PHPM. The Lifestyle Medicine board certification exam is administered

in countries associated with the global alliance. Standardizing the PHPM residency program with ABPM would assure that the program is exceptional and to the caliber of other American and Canadian programs, first in Gaza and then to similar low–middle-income countries. The EU and UK's PHPM residency programs are also standardized across their member nations. The authors propose working with their licensing boards as well.

As this proposal is quite grand, limitations and barriers present. Of them, funding would be the first. The Reserves' leadership and research team have been creating and publishing academic and scholarly outputs, as well as applying for grants.¹ While external funding is necessary to help kickstart the Reserves, soon after they will become a financially sustainable and independent entity. The Reserves will have multiple income streams but perhaps predominantly earn from its digital health system, which includes an integrated electronic medical records (EMR) system which “will be a billable service available to all those part of Gaza's health infrastructure, such as physicians, dentists, pharmacists, and more.

Another limitation is the fact that PHPM and its subspecialties, such as LM and PM, are unfamiliar to Gaza's citizens and its physicians. This is why open science research and outputs are continuously being created and published. It is through education and outreach that the authors and their colleagues shall inform Gazans on the importance of PHPM—the specialty and specialists—and the positive impact PHPM can have on its population's collective health.

The current timing is ideal. China has been opening new schools of public health throughout the country, specifically during the COVID–19 pandemic.⁵ South Africa, a low–middle-income country, has PHPM residency programs that have lasted for the past forty years.⁶ The

majority of South African PHPM physicians are committed to their specialty; most of them have a sense of social justice as they work towards assuring health care is available for people of all backgrounds. The authors urge the Palestine Medical Council and other key stakeholders to support the Gaza Medical Reserves in creating a PHPM residency program, and spread the word on the importance and significance of this specialty.

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