

Article

Public Health Academic Ranking (PHAR) 2025: A Global Perspective

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Abstract

Objectives: To establish a global academic ranking of Schools of Public Health based on bibliometric data. **Methods:** Data were extracted and analyzed using InCites Benchmarking and Analytics™ and the Web of Science™ Core Collection database. Bibliometric data were collected on a selection of 145 Schools of Public Health from all continents between June and September 2025. Ten research indicators were included for the period 2019–2023. Both global and continental rankings were established. **Results:** The leading institutions were the Harvard T.H. Chan School of Public Health in North America, also ranked first globally; the London School of Hygiene & Tropical Medicine in Europe; the Department of Public Health at the National Autonomous University of Mexico in Latin America; the Saw Swee Hock School of Public Health in Asia; the School of Public Health at the University of Cape Town in Africa; and the School of Public Health and Preventive Medicine at Monash University in Oceania. **Conclusions:** PHAR 2025 provides the first global bibliometric ranking of a selection of 145 Schools of Public Health. It is a measure of research activity and bibliometric impact, rather than an assessment of the overall quality or public health contribution of each school.

Keywords: ranking methodology; university rankings; public health; schools of public health; normalized bibliometric indicators

1. Introduction

University rankings have become a central instrument in shaping global higher education landscapes [1]. Initially intended to compare academic performance, they have evolved into influential tools that affect funding decisions, institutional strategies, and student choices [2,3]. Yet, nearly two decades after the launch of the Shanghai Ranking in 2003 [3], their relevance and methodology remain the subject of intense debate [1,4,5]. Global university rankings have been argued to rely on biased and opaque methods that reinforce inequalities and divert universities from their educational and social missions [6]. Numerous limitations have been highlighted, from the lack of transparency to the reliance on reputation surveys and the neglect of equity considerations [2,7–9]. The relationship between bibliometric indicators and university rankings has been examined, revealing several limitations in using such indicators as the main basis for evaluation [5]. However, a



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ranking based on these indicators is transparent, reproducible, and reflects the scientific output of academic institutions, a core aspect of their research mission [2].

Public health is “the science and art of preventing disease, prolonging life, and promoting health through organized community efforts” [10]. This broad discipline encompasses areas such as surveillance and outbreak response, with a strong societal focus and unique research challenges [2]. The COVID-19 pandemic underscored the urgent need to strengthen public health systems through both high-quality education and advanced research [2,11]. However, gaps remain between public health workforce needs and current training capacity [2,12]. In this context, a ranking system can support improvement by helping institutions evaluate their performance [2].

The Public Health Academic Ranking (PHAR) research group published a preliminary ranking of Schools of Public Health (SPHs) in 2024 [2]. The previous study highlighted several priorities for future research, including broadening the scope of investigation to incorporate a greater number of SPHs. In this study, we expanded the PHAR pilot project from 26 to 145 schools, still focusing solely on bibliometric indicators. Other academic, such as the U.S. News & World Report Best Global Universities Subject Ranking in Public Health (hereafter referred to as the “U.S. News Public Health Ranking”) and the Shanghai Global Ranking of Academic Subject in Public Health (also known as GRAS and referred to as such throughout this article), assess entire academic institutions, rather than focusing exclusively on SPHs [2,13–15]. Schools were selected from institutions ranked among the leading universities in Public Health according to the U.S. News Public Health Ranking and the GRAS. This selection aimed to determine which of these highly ranked institutions housed a dedicated SPH.

PHAR targets dedicated schools with a clear mission, distinct identity, and structured academic offer. This approach allows for consistent comparisons and provides a tool reflecting the research output of SPHs.

2. Methods

2.1. Definition of Public Health and of a School of Public Health

The initial stage of the methodology involved establishing a definition of public health and of an SPH. Inclusion and exclusion criteria were informed by both the literature and collective deliberations of co-authors. The recent scientific literature does not provide a precise definition of public health [16]. Public health is the discipline and practice of improving, promoting, protecting, and restoring the health of populations through collective, organized societal efforts [10,16,17]. It encompasses interdisciplinary knowledge and action, addresses the social, environmental, and structural determinants of health, and aims to create conditions in which people can be healthy [10,16,18]. Public health notably includes disease prevention, health promotion, biostatistics, epidemiology and surveillance, environmental health, health systems, social determinants, public health policy and governance [10,16,18–21].

SPHs differ widely in organization and scope [2,22]. They can be independent institutions or units within larger institutions [22,23]. According to the Council on Education for Public Health (CEPH), a school of public health is a standalone academic unit offering graduate-level degrees in public health and covering core disciplines [20,24]. In contrast, a public health program within a larger academic unit, such as a medical or arts and sciences school, can grant degrees like the Master of Public Health (MPH), but does not meet the full set of requirements for independent schools and generally has less institutional autonomy and dedicated resources. Degrees in public health include bachelor’s, master’s, and doctoral programs [25]. In addition, many SPHs offer nontraditional options such as certificates, online degrees, executive programs, and summer institutes [25]. Given

the global scope of this study, we did not restrict inclusion to CEPH-accredited schools. Instead, we relied on broader, website-based criteria to allow the inclusion of a wide range of institutions.

2.2. Inclusion Criteria

Institutions had to fulfill all the criteria below to be included in the ranking:

- The institution does not need to be formally named “school of public health” but must function as one in its structure and mission.
- The institution must be a distinct entity, or a clearly identifiable unit within an academic organization (e.g., faculty, department, institute, or center).
- The entity must be exclusively dedicated to public health.
- It must include both a teaching component and a research component. The teaching component must include at least one undergraduate or postgraduate program. PhD programs are considered part of research, not teaching.
- The school must provide education in multiple public health disciplines, or at minimum, in one clearly defined field of public health (e.g., epidemiology, global health, health systems, environmental health, etc.).

2.3. Exclusion Criteria

- Information required to meet the inclusion criteria is insufficient or inaccessible on the school’s website.

Lack of accreditation or association membership was not an exclusion criterion. Eligible institutional entities were analyzed and ranked as a single group, regardless of their organizational structure, as differentiating between these entity types was beyond the scope of the present study.

2.4. Study Population: Selection of Schools of Public Health Included in the Ranking

The PHAR long-term ambition is to identify and evaluate all SPHs worldwide. Nevertheless, such comprehensive coverage was beyond the scope of the present study. The number of participating schools was deliberately limited, with broader inclusion planned for future editions. A target of 25 schools per continent was defined—North America, Latin America (Mexico, Central America, South America and the Caribbean), Europe, Africa, Asia, and Oceania—to ensure balanced geographical coverage. The 26 schools that were listed in the pilot PHAR in 2024 were included. Additional schools were selected from institutions affiliated with the universities ranked highest in public health in the U.S. News Public Health Ranking and the GRAS [15,26]. We took the top 25 academic institutions in public health listed by the U.S. News Public Health Ranking and GRAS and identified those with SPHs, based on the most recent rankings available at the time of data collection. When the target of 25 SPHs per continent was not met using this method, we included universities ranked lower in the listings. In Latin America, all universities appearing in both rankings were included, and two additional schools were identified through trusted professional networks, resulting in a total of 24 SPHs. In Oceania, all universities appearing in both rankings were included, resulting in a total of 21 SPHs. Despite efforts to recruit additional institutions in Latin America and Oceania, the target of 25 SPHs was not reached. Ultimately, data were collected from 145 SPHs across 44 countries worldwide. The detailed selection process for each continent is available in the Supplementary Materials. Figures S1–S6 in the Supplementary Materials depict the flow diagrams outlining the selection process for each continent. It documents the number of SPHs included and excluded at each stage of the selection process, together with the reasons for exclusion, thereby ensuring transparency of the school selection methodology.

Tables S1–S12 in the Supplementary Materials summarize the top-ranked universities in public health according to the U.S. News Public Health Ranking and GRAS for each continent and indicate whether each institution includes a dedicated SPH. Tables S13–S18 in the Supplementary Materials present the lists of schools included in the study for each continent. We deliberately excluded a selection process through accreditation systems, which tend to focus on North America and Europe, as well as international association networks, whose number of schools, exceeding the scope of this study, would have required an arbitrary selection among them. This approach also makes it possible to identify institutions that are highly ranked in the U.S. News Public Health Ranking and GRAS despite not having a dedicated SPH, thereby highlighting a gap in existing ranking systems. No statistical analyses were conducted to assess the correlation between institutional rankings across the different ranking systems. This selection strategy does not provide exhaustive coverage of all SPHs worldwide, and the resulting ranking should be interpreted as applying to the selected institutions included through the methodology described above.

2.5. Sources and Database

We collected data from 145 SPHs using InCites Benchmarking and Analytics™, Clarivate, London, UK (named “InCites” below) and Web of Science™ Core Collection database, Clarivate, London, UK (named “WoS” below). InCites is an analytical tool based on the WoS database. Fourteen SPHs are indexed as affiliated entities, with their results directly available in WoS and InCites. For the remaining 131 schools, results are not directly accessible, and data were retrieved through queries in the WoS database. The query results were uploaded to InCites to obtain the citation report for cases where the number of documents exceeded 10,000, since Web of Science does not provide a report for larger datasets. All WoS document types were included. Multi-affiliated publications were counted without fractional counting.

2.6. Temporal Criteria for Indicators and Study Period

In order to obtain a meaningful ranking that is not subject to year-to-year variation, we used data from 2019 to 2023 [2]. We decided to select a 5-year period as some of our criteria (particularly those concerned with citation numbers) require time to become relevant [2]. The raw data needed for the construction of the ranking were collected between 1 June and 16 September 2025.

2.7. Ranking Indicators and Formulas

In the absence of a recognized scientific consensus regarding the most appropriate indicators and weighting scheme, these methodological choices were made through internal discussions among the authors. Ten indicators were collected across four main dimensions: productivity, quality, accessibility, and international collaboration. The term “indicators” refers to the raw data collected, while “scores” denote the normalized values derived from these raw data [2]. Despite being time-sensitive, hot papers were included because they capture a distinct bibliometric dimension, namely the early citation performance of recent publications, complementing longer-term indicators such as highly cited papers. Although including productivity and quality indicators may seem self-evident, given the strong policy relevance of Public Health, it was also considered essential to incorporate indicators related to accessibility for readers [2]. Finally, since Public Health heavily depends on international collaboration, particularly in areas such as pandemic management and migration policy, this dimension was also regarded as crucial [2]. The ranking formula consists of normalizing the indicators through a “base 100” approach, whereby the institution with the highest value on a given indicator is assigned a score of 100, and all other institutions receive a

proportional score expressed as a fraction (in %) of this benchmark [2]. The overall scores were then computed by summing up eight scores.

Since the previous edition of PHAR, the scores used in the ranking formula and the weighting assigned to each score have been revised. These changes were informed by internal methodological deliberations. We assigned greater weight to absolute figures, which now constitute 70% of the ranking, while relative measures account for 30%, a shift from the previous edition, where absolute figures represented 25% and ratios 75%. These changes were based on the analysis of the major university ranking systems. A comparison of the ranking indicators and formulas of PHAR 2024, PHAR 2025, U.S. News & World Report Best Global Universities Ranking, U.S. News & World Report Best Global Universities Subject Ranking in Public Health, Shanghai Academic Ranking of World Universities (ARWU) and Shanghai Global Ranking of Academic Subject in Public Health (GRAS) is available in Figure S7 in the Supplementary Materials. The U.S. News Best Global Universities Ranking combines 45% size-dependent bibliometric indicators, 30% normalized bibliometric indicators, and 25% reputation-based indicators. In contrast, the U.S. News Best Global Universities Subject Ranking in Public Health (U.S. News Public Health Ranking) relies exclusively on reputation (100%). The Academic Ranking of World Universities (ARWU) allocates 60% of its score to size-dependent bibliometric indicators, 10% to normalized bibliometric indicators, and 30% to academic distinctions (Nobel Prizes and Fields Medals awarded to alumni and faculty). Finally, the Shanghai Global Ranking of Academic Subjects (GRAS) is based entirely on bibliometric indicators, of which approximately 82% are size-dependent, and 18% are normalized. Notably, 25.6% of its score is derived from publications in top journals or conferences identified through surveys of academic experts. In the previous edition of the PHAR, the fact that most of the weighting was assigned to ratio-based indicators reduced the influence of the size of the SPH on the overall score. This weighting scheme favored institutions with a limited number of publications but participating in the Global Burden of Disease (GBD) studies. These publications are among the most highly cited, are frequently classified as highly cited papers and hot papers, are published as open access, and involve extensive international collaborations. Consequently, institutions with only a very small number of publications could rank among the top institutions worldwide because they participated in the GBD studies. As a result, the ranking could reflect the impact of a single publication rather than the institution's overall scientific performance. In addition, we assigned 40% of the overall score to the number of publications and 40% to citation-based indicators, as these were considered the most representative measures of scientific productivity and research impact. The remaining 20% of the score was equally allocated to international collaboration (10%) and open-access publications (10%), instead of 50% in the previous edition, as they were considered broader aspects of research activity. The ranking reflects overall institutional research output and impact. It is intended to assess the overall scientific contribution of SPHs rather than research efficiency or productivity normalized by institutional size. It does not provide a measure of efficiency or quality on a per-researcher basis and should be interpreted accordingly. This methodological choice should be taken into account when interpreting the results, as larger SPHs achieve higher scores because of their greater research volume. The raw data for the ranking were downloaded and analyzed in Microsoft Excel version 2025, Microsoft Corporation, Redmond, WA, USA [2]. The indicators are described in Table 1. The weights of the scores used in the total score formula in 2024 and in 2025 are described in Table 2. The weighting scheme was based on methodological deliberation. Ranking positions may change under alternative weighting or normalization schemes. The robustness of the ranking to these alternatives was not empirically assessed, as no sensitivity analysis was conducted.

Table 1. List of the 11 indicators used in the PHAR 2024 ranking, distributed in four criteria. The “average times cited” has been excluded from the 2025 PHAR.

No.	Name of the Indicator	Definition of the Indicator
Productivity indicator		
1	Web of Science documents	Number of documents in the Web of Science database, per school
Quality indicators		
2	Times cited	Number of times the set of publications has been cited
3	Average times cited	Average of citations per school, based on the number of Web of Science documents (=Times cited/Web of Science documents)
4	Highly cited papers	Publications ranking in the top 1%, by citations for field and year
5	Ratio of highly cited papers	Fraction (in %) of publications in the top 1%, by citations for field and year (=Highly cited papers/Web of Science documents)
6	Hot papers	Publications ranking in the top 0.1% by citations for field and age
7	Ratio of hot papers	Fraction (in %) of publications in the top 0.1% by citations for field and age (=Hot papers/Web of Science documents)
Accessibility for readers indicators		
8	All open access documents	Number of publications identified as open access (of any type)
9	Ratio of all open access documents	Fraction (in %) of publications identified as open access (=All open access documents/Web of Science documents)
International collaboration indicators		
10	International collaboration	Publications containing one or more international co-authors
11	Ratio of international collaboration	Fraction (in %) of publications containing one or more international co-authors (=International collaboration/Web of Science documents)

Table 2. Indicators and weights assigned to their normalized scores in the PHAR 2024 and PHAR 2025 rankings. The final score is the weighted sum of these indicators, with scores normalized to a base of 100.

Public Health Academic Ranking (PHAR) 2024		
No.	Indicators	Weight
1	Web of Science documents	25%
2	Average times cited	8.4%
3	Ratio of highly cited papers	8.4%
4	Ratio of hot papers	8.4%

Table 2. *Cont.*

5	Ratio of open access documents	25%
6	Ratio of international collaborations	25%
Public Health Academic Ranking (PHAR) 2025		
No.	Indicators	Weight
1	Web of Science documents	40%
2	Times cited	20%
3	Highly cited papers	5%
4	Ratio of highly cited papers	5%
5	Hot papers	5%
6	Ratio of hot papers	5%
7	Ratio of open access documents	10%
8	Ratio of international collaborations	10%

2.8. Research Queries Used in the Web of Science Core Collection Database

Only 14 SPHs included in this study are indexed as distinct organizations in both WoS and InCites, allowing direct access to their bibliometric results. For the remaining 131 schools, queries were run for each school by combining the name of the academic institution indexed in WoS with the address of the SPH to retrieve data from WoS. The search strategy relied on queries combining the name of the parent academic institution with the most common abbreviations used for the SPH in Web of Science, including English and non-English abbreviations. All queries used in WoS are available in Tables S19–S24 in the Supplementary Materials. WoS uses multiple, non-standardized formats for institutional subunits, called “addresses” (e.g., School of Public Health). Because these subunits are not standardized, accurately attributing articles to a specific unit, such as an SPH, requires identifying all the address variants in WoS. These variants may include different abbreviations, department names, and languages. Highly specific queries cause false negatives, as address variants are too diverse for consistent capture in Web of Science. Matching the refined queries used by Clarivate to achieve standardized affiliation mapping was beyond the scope of the present study. To ensure broad coverage, we opted for simple and sensitive queries, retrieving articles in which at least one author is affiliated with the academic organization (e.g., Monash University) and at least one address in the article matches the address terms specified in the query (e.g., “School of Public Health”). For example, the search query used for Monash University was OG = (Monash University) AND AD = (Sch Publ Hlth). The query used for Columbia University’s Mailman School of Public Health was OG = (Columbia University) AND (AD = (Mailman) OR AD = (Sch Publ Hlth)). For the SPH whose official name is not in English, we included both the original name and its English translation in the search query to retrieve publications affiliated with the institution in either language. For example, the search query used for the School of Public Health at the University of Chile was (OG = (Universidad de Chile)) AND (AD = (Sch Publ Hlth) OR AD = (Escuela Salud Publ)). This induces a bias due to cross-organizational attribution, leading to a number of false positives whose extent could not be quantified in the present study. Differences in institutional naming conventions, organizational structures and indexing practices may introduce misclassification and cross-organizational attribution biases. These limitations should be considered when interpreting the ranking results.

3. Results

The top three SPHs among the institutions included in PHAR 2025 worldwide are the Harvard T.H. Chan School of Public Health, the London School of Hygiene & Tropical Medicine (LSHTM) and the Johns Hopkins Bloomberg School of Public Health. The top 25 SPHs among the included institutions worldwide include ten North American, eight European, five Oceanian schools, as well as one each from Asia and Africa: the Saw Swee Hock School of Public Health at the National University of Singapore (19) and the School of Public Health at the University of Cape Town (24). The highest-ranked school in Latin America is the Department of Public Health at the National Autonomous University of Mexico, ranked 29th. The complete global ranking with all indicators and scores is detailed in Table S25 in the Supplementary Materials, “Detailed results of the global ranking”. This ranking is based only on the institutions included in the PHAR dataset and should not be interpreted as exhaustive coverage of all schools within each region. These findings reflect the overall research activity and citation impact of the included SPHs and should not be interpreted as a ranking of their overall missions or institutional quality. Continental rankings are presented in Tables 3–8.

Table 3. PHAR of the 25 best Schools of Public Health in Africa in 2025 among the schools included.

Rank	School of Public Health and Organization	Country	Total Weighted Score	Global Rank
1	School of Public Health, University of Cape Town	South Africa	33.109	24
2	School of Public Health, University of the Witwatersrand	South Africa	27.826	41
3	Department of Public Health Medicine, University of KwaZulu-Natal	South Africa	26.992	42
4	School of Public Health, University of Botswana	Botswana	26.134	45
5	School of Public Health, Makerere University	Uganda	24.776	59
6	Faculty of Public Health, University of Ibadan	Nigeria	24.534	60
7	School of Public Health, Bahir Dar University	Ethiopia	23.717	67
8	School of Public Health, Addis Ababa University	Ethiopia	22.952	74
9	Department of Public & Global Health, University of Nairobi	Kenya	22.746	77
10	School of Public Health, Haramaya University	Ethiopia	21.669	85
11	Institute of Public Health, University of Gondar	Ethiopia	21.545	86
12	School of Public Health, University of the Western Cape	South Africa	21.542	87
13	Department of Population and Health, University of Cape Coast	Ghana	20.696	89

Table 3. *Cont.*

Rank	School of Public Health and Organization	Country	Total Weighted Score	Global Rank
14	School of Public Health, Kwame Nkrumah University of Science & Technology	Ghana	20.597	90
15	School of Public Health, University of Zambia	Zambia	20.574	91
16	Department of Biomedical and Health Sciences, University of Malawi	Malawi	20.514	92
17	School of Public Health and Social Sciences, Muhimbili University of Health and Allied Sciences	Tanzania	19.808	101
18	Public Health Division, University of the Free State	South Africa	18.579	104
19	School of Health Systems and Public Health, University of Pretoria	South Africa	18.578	105
20	Institute of Public Health, University of Nigeria	Nigeria	17.539	113
21	Institut de Santé et Développement, University Cheikh Anta Diop Da	Senegal	17.246	115
22	High Institute of Public Health, Alexandria University	Egypt	15.504	125
23	Division of Health Systems and Public Health, Stellenbosch University	South Africa	14.390	133
24	School of Public Health, University of Ghana	Ghana	13.800	134
25	Department of Environmental Health, University of Johannesburg	South Africa	12.466	139

Table 4. PHAR of the 25 best Schools of Public Health in Asia in 2025 among the schools included.

Rank	School of Public Health and Organization	Country	Total Weighted Score	Global Rank
1	Saw Swee Hock School of Public Health (SSHSPH), National University of Singapore	Singapore	35.769	19
2	School of Public Health, Peking University	China	32.058	26
3	School of Public Health, The University of Hong Kong	China	29.694	33
4	School of Public Health and Primary Care, The Chinese University of Hong Kong	China	29.027	35
5	Public Health Foundation of India (PHFI)	India	26.910	43

Table 4. *Cont.*

Rank	School of Public Health and Organization	Country	Total Weighted Score	Global Rank
6	School of Public Health, Sun Yat-sen University	China	26.614	44
7	School of Public Health, Shanghai Jiao Tong University	China	25.056	53
8	Fudan University School of Public Health (FUSPH), Fudan University	China	24.990	54
9	School of Public Health, Yonsei University	South Korea	24.917	57
10	School of Public Health, Capital Medical University	China	23.716	68
11	Mahidol Oxford Tropical Medicine Research Unit (MORU), Mahidol University	Thailand	23.656	69
12	School of Public Health, Zhejiang University	China	22.156	81
13	Vanke School of Public Health (VSPH), Tsinghua University	China	20.374	94
14	School of Public Health, Xi'an Jiaotong University	China	20.363	95
15	Faculty of Health Sciences (FHS), American University of Beirut	Lebanon	20.357	96
16	School of Public Health, University of Tokyo	Japan	20.281	98
17	School of Public Health, Huazhong University of Science and Technology	China	19.776	102
18	School of Preventive Medicine and Public Health (SPMPH), Hanoi Medical University	Vietnam	18.545	106
19	School of Public Health, Kyoto University	Japan	17.842	110
20	Department of Community Health Sciences, Aga Khan University	Pakistan	17.727	111
21	Hanoi University of Public Health, Hanoi University of Public Health	Vietnam	16.062	121
22	School of Public Health, Xiamen University	China	15.619	124
23	School of Public Health, Southeast University	China	15.402	127
24	Department of Infectious Diseases and Public Health, City University of Hong Kong	China	15.100	128
25	College of Public Health (CPH), National Taiwan University	Taiwan	14.919	129

Table 5. PHAR of the 25 best Schools of Public Health in Europe in 2025 among the schools included.

Rank	School of Public Health and Organization	Country	Total Weighted Score	Global Rank
1	London School of Hygiene & Tropical Medicine	UK	72.327	2
2	School of Public Health, Imperial College London	UK	47.754	5
3	The Oxford School of Public Health (OxSPH), University of Oxford	UK	44.370	9
4	UCL Faculty of Population Health Sciences, University College London (UCL)	UK	37.472	15
5	Swiss School of Public Health (SSPH+), SSPH+	Switzerland	36.719	17
6	Department of Global Public Health, Karolinska Institutet	Sweden	36.507	18
7	Centre for Public Health, University of Bristol	UK	33.499	23
8	Collaboration with the Netherlands School of Public & Occupational Health (NSPOH), Utrecht University	Netherlands	32.498	25
9	Usher Institute, University of Edinburgh	UK	32.054	27
10	Department of Public Health Sciences, University of Copenhagen	Denmark	31.861	28
11	Department of Public Health, University of Helsinki	Finland	28.608	38
12	Liverpool School of Tropical Medicine	UK	28.058	40
13	Department of Health Sciences, Division of Social Medicine and Global Health, Lund University	Sweden	25.249	48
14	Department of Public Health and Primary Care, KU Leuven	Belgium	25.173	50
15	CAPHRI School for Public Health and Primary Care, Maastricht University	Netherlands	25.128	51
16	Institute for Global Health (ISGlobal), University of Barcelona	Spain	25.064	52
17	Cambridge Institute of Public Health, University of Cambridge	UK	24.372	63
18	Department of Public Health, Aarhus University, Aarhus University	Denmark	23.215	71
19	Nuffield Centre for International Health and Development, University of Leeds	UK	22.562	78
20	Department of Public Health and Primary Care, Ghent University	Belgium	22.376	80
21	School of Health and Related Research (SchARR), University of Sheffield	UK	22.076	82
22	Department of Global Health & Social Medicine, King's College London	UK	22.054	83
23	Institute of Health and Society (HELSAM), University of Oslo	Norway	20.253	99
24	Erasmus School of Health Policy and Management, Erasmus University Rotterdam	Netherlands	17.665	112
25	Ecole des Hautes Etudes en Sante Publique (EHESP)	France	16.034	122

Table 6. PHAR of the 24 best Schools of Public Health in Latin America in 2025 among the schools included.

Rank	School of Public Health and Organization	Country	Total Weighted Score	Global Rank
1	Departamento de Salud Pública, Universidad Nacional Autónoma de México	Mexico	30.826	29
2	Faculdade de Saúde Pública (School of PH), Universidade de São Paulo	Brazil	29.333	34
3	Departamento de Salud Pública, Universidad de Buenos Aires	Argentina	25.742	46
4	INSP/ESPM (Escuela de Salud Pública de México), Instituto Nacional de Salud Pública (INSP)	Mexico	24.986	55
5	Departamento de Saúde Coletiva, Universidade Federal de Juiz de Fora	Brazil	24.252	64
6	Departamento de Salud Pública, Universidad Nacional de Colombia	Colombia	23.809	66
7	Facultad de Salud Pública y Administración-FASPA, Universidad Peruana Cayetano Heredia	Peru	23.634	70
8	Departamento de Medicina Preventiva y Social, Universidad de la República	Uruguay	20.468	93
9	Facultad Nacional de Salud Pública, Universidad de Antioquia	Colombia	18.327	107
10	Instituto de Salud Pública, Pontificia Universidad Javeriana	Colombia	17.961	109
11	Escuela de Salud Pública, Universidad de Chile	Chile	17.502	114
12	Departamento de Salud Pública, Pontificia Universidad Católica de Chile	Chile	16.730	118
13	Departamento de Saúde Coletiva, Universidade Federal do Paraná	Brazil	15.795	123
14	Departamento de Saúde Coletiva, Universidade Estadual de Campinas	Brazil	15.454	126
15	Departamento de Saúde Pública, Universidade Estadual Paulista	Brazil	14.585	131
16	Instituto de Saúde Coletiva, Universidade Federal da Bahia	Brazil	14.425	132
17	Departamento de Medicina Social, Universidade Federal de Pelotas	Brazil	13.152	136
18	Departamento de Medicina Preventiva, Universidade Federal de São Paulo (UNIFESP)	Brazil	12.735	138
19	Departamento de Saúde Pública, Universidade Federal de Santa Catarina (UFSC)	Brazil	12.214	140
20	Instituto de Medicina Social (IMS), Universidade do Estado do Rio de Janeiro	Brazil	11.866	141
21	Departamento de Saúde Coletiva, Universidade de Brasília	Brazil	11.526	142
22	Escola de Enfermagem e Saúde Coletiva, Universidade Federal do Rio Grande do Sul	Brazil	11.475	143
23	Departamento de Medicina Preventiva e Social, Universidade Federal de Minas Gerais	Brazil	10.630	144
24	Instituto de Estudos em Saúde Coletiva, Universidade Federal do Rio de Janeiro	Brazil	10.618	145

Table 7. PHAR of the 25 best Schools of Public Health in North America in 2025 among the schools included.

Rank	School of Public Health and Organization	Country	Total Weighted Score	Global Rank
1	Harvard T.H. Chan School of Public Health, Harvard University	USA	81.888	1
2	Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University	USA	68.716	3
3	Dalla Lana School of Public Health, University of Toronto	Canada	50.874	4
4	University of Washington School of Public Health, University of Washington, Seattle	USA	46.533	6
5	Yale School of Public Health (YSPH), Yale University	USA	45.447	7
6	Mailman School of Public Health, Columbia University	USA	45.093	8
7	Rollins School of Public Health, Emory University	USA	40.945	12
8	Boston University School of Public Health, Boston University	USA	39.941	13
9	University of Michigan School of Public Health (UM SPH), University of Michigan-Ann Arbor	USA	38.205	14
10	UCLA Fielding School of Public Health, University of California Los Angeles	USA	35.359	21
11	Herbert Wertheim School of Public Health and Human Longevity Science, University of California San Diego	USA	30.778	30
12	School of Public Health, University of Pittsburgh	USA	30.129	31
13	Colorado School of Public Health, University of Colorado Anschutz Medical Campus	USA	30.056	32
14	UNC Gillings School of Global Public Health, University of North Carolina, Chapel Hill	USA	28.740	36
15	Department of Epidemiology & Biostatistics, School of Medicine's Graduate Division, University of California, San Francisco	USA	28.721	37
16	WashU School of Public Health, Washington University (WUSTL)	USA	28.597	39
17	UBC School of Population and Public Health, University of British Columbia	Canada	25.298	47
18	School of Epidemiology and Public Health, University of Ottawa	Canada	25.195	49
19	University of Texas School of Public Health, UTHealth Houston	USA	24.810	58
20	University of California, Berkeley School of Public Health, University of California Berkeley	USA	24.505	61
21	McGill School of Population and Global Health, McGill University	Canada	24.465	62
22	NYU School of Global Public Health, New York University	USA	22.789	76
23	Duke Global Health Institute (DGHI), Duke University	USA	22.503	79
24	Program in Public Health, Institute for Public Health and Medicine, Northwestern University	USA	16.692	119
25	MPH Program, Dept. of Public Health Sciences, University of Chicago	USA	14.698	130

Table 8. PHAR of the 21 best Schools of Public Health in Oceania in 2025 among the schools included.

Rank	School of Public Health and Organization	Country	Total Weighted Score	Global Rank
1	School of Public Health and Preventive Medicine, Monash University	Australia	44.177	10
2	The University of Sydney School of Public Health, University of Sydney	Australia	42.881	11
3	School of Public Health and Community Medicine, The University of New South Wales	Australia	36.969	16
4	Melbourne School of Population and Global Health, Nossal Institute of Global Health, University of Melbourne	Australia	35.526	20
5	School of Public Health, University of Queensland	Australia	33.680	22
6	School of Public Health, University of Adelaide	Australia	24.922	56
7	Anton Breinl Centre, School of Public Health, Tropical Medicine & Rehabilitation Sciences, James Cook University	Australia	23.931	65
8	College of Medicine and Public Health, Public Health Teaching program, Flinders University	Australia	23.115	72
9	School of Public Health, University of Technology Sydney	Australia	22.992	73
10	School of Public Health and Social Work, Queensland University of Technology	Australia	22.864	75
11	Department of Public Health, La Trobe University	Australia	21.784	84
12	National Centre for Epidemiology and Population Health, Australian National University	Australia	20.978	88
13	School of Population Health, Curtin University	Australia	20.290	97
14	School of Medicine and Public Health, University of Newcastle	Australia	19.900	100
15	University of Wollongong School of Public Health, University of Wollongong	Australia	19.667	103
16	School of Population Health, University of Auckland	New Zealand	18.257	108
17	Department of Public Health, University of Otago	New Zealand	17.008	116
18	Menzies School of Health Research, Charles Darwin University	Australia	16.911	117
19	School of Population and Global Health, University of Western Australia	Australia	16.352	120
20	School of Health Sciences, Western Sydney University	Australia	13.582	135
21	School of Health and Social Development, Deakin University	Australia	13.146	137

In Africa, 12 countries were represented. South Africa was the most represented country, with 8 schools. The three highest-ranked schools were the School of Public Health of the University of Cape Town, the School of Public Health of the University of Witwatersrand, and the School of Public Health of the University of KwaZulu-Natal. They were all located in South Africa. Ethiopia contributed four schools to the ranking, whereas Ghana contributed three, and Nigeria two. Botswana, Uganda, Kenya, Zambia, Malawi, Tanzania, Senegal, and Egypt were each represented by one school. Regarding institutional organization, 11 of the top 25 institutions in Public Health listed in the GRAS housed a dedicated SPH, compared with 9 of the top 25 institutions listed in the U.S. News Public Health Ranking. These results are presented in Tables S1 and S2.

In Asia, 10 countries were represented. China was the most represented country, with 14 of the top 25 schools. Japan and Vietnam accounted for two schools each. Singapore, India, South Korea, Thailand, Lebanon, Pakistan, and Taiwan were each represented by one institution. The top-ranked institution was the Saw Swee Hock School of Public Health at the National University of Singapore, followed by the School of Public Health at Peking University and the School of Public Health at the University of Hong Kong. Central Asia and Russia do not appear in the ranking. The American University of Beirut is the only representative of the Middle East. Regarding institutional organization, 15 of the top 25 institutions listed in the GRAS housed a dedicated SPH, compared with 10 of the top 25 institutions listed in the U.S. News Public Health Ranking. These results are presented in Tables S3 and S4.

In Europe, 10 countries were represented. The United Kingdom was the most represented country, with 11 of the top 25 schools, followed by the Netherlands with three schools. Sweden, Denmark, and Belgium each contributed two schools. Switzerland, Finland, Spain, Norway, and France were each represented by one school. The top three schools, the London School of Hygiene & Tropical Medicine, Imperial College London's School of Public Health, and the Oxford School of Public Health, were all located in the United Kingdom. Regarding institutional organization, 22 of the top 25 institutions listed in the GRAS housed a dedicated SPH, compared with 18 of the top 25 institutions listed in the U.S. News Public Health Ranking. These findings are detailed in Tables S5 and S6.

In Latin America, seven countries were represented. Brazil was the most represented country, accounting for 14 of the 24 ranked schools. Colombia contributed three schools, while Mexico and Chile were represented by two schools each. Argentina, Peru and Uruguay each contributed one school. The highest-ranked school was the Department of Public Health at the National Autonomous University of Mexico, followed by the Faculty of Public Health at the University of São Paulo and the Department of Public Health at the University of Buenos Aires. Regarding institutional organization, all 14 institutions listed in the GRAS housed a dedicated SPH, compared with 19 of the top 25 institutions listed in the U.S. News Public Health Ranking. These findings are detailed in Tables S7 and S8.

In North America, the United States accounted for 21 of the top 25 schools, while Canada accounted for 4 schools. The top two positions were occupied by Harvard T.H. Chan School of Public Health and Johns Hopkins Bloomberg School of Public Health, both in the United States, followed by the Dalla Lana School of Public Health at the University of Toronto in Canada. Regarding institutional organization, 23 of the top 25 institutions listed in the GRAS housed a dedicated SPH, compared with 20 of the top 25 institutions listed in the U.S. News Public Health Ranking. These findings are detailed in Tables S9 and S10.

In Oceania, Australia accounted for 19 of the top 21 schools, while New Zealand accounted for 2 schools. The top three institutions, the School of Public Health and Preventive Medicine at Monash University, the University of Sydney School of Public Health, and the School of Public Health and Community Medicine at the University of New South

Wales, were all located in Australia. Regarding institutional organization, 17 of the top 25 institutions listed in the GRAS housed a dedicated SPH, compared with 17 of the top 25 institutions listed in the U.S. News Public Health Ranking. These findings are detailed in Tables S11 and S12.

A separate ranking was conducted for the 26 schools from last year using the indicators collected in 2025 and the revised PHAR methodology, and the comparison between their 2024 and 2025 rankings is presented in Table S26. The comparison of the 2024 and 2025 PHARs shows notable changes. These shifts reflect an updated methodology that gives greater weight to absolute measures of productivity and quality, and less to relative ratios of quality, accessibility, and international collaboration. A detailed examination of these shifts is beyond the scope of the present study. The comparison is provided for transparency.

4. Discussion

The 2025 PHAR established the Harvard T.H. Chan School of Public Health, the London School of Hygiene & Tropical Medicine, and the Johns Hopkins Bloomberg School of Public Health as the top three SPHs worldwide among the schools included in this study. North American (10), European (7), and Oceanian (5) schools account for 22 of the 25 top-ranked schools on a global level, with Asia and Africa each represented by only one institution, while Latin America's highest entry was at 29th rank. Regionally, the USA, Brazil, the UK, South Africa, China, and Australia led their respective continents.

These findings should be interpreted in light of the methodological framework of PHAR 2025, which was designed to assess overall institutional research output and bibliometric impact rather than research efficiency or productivity normalized by institutional size. Consequently, larger SPHs achieve higher overall scores because they contribute a greater volume of scientific publications and citations. Furthermore, PHAR 2025 is based exclusively on bibliometric indicators and therefore captures only one dimension of institutional performance. It does not assess other core missions of the SPH, including the quality of education, workforce training, public health practice, policy engagement, societal impact, equity, community engagement, or contributions through the grey literature. Accordingly, PHAR 2025 should be interpreted as a measure of research activity and bibliometric impact rather than as a comprehensive assessment of the overall quality or broader contribution of each SPH to public health.

The study highlighted differences between general public health rankings, such as U.S. News Public Health Ranking and GRAS) and a specialized ranking for SPHs like PHAR. Broader rankings often exclude institutions that perform strongly in PHAR—for instance, Mexico's Instituto Nacional de Salud Pública (INSP), ranked 4th in South America; PHFI, ranked 5th in Asia; and Swiss School of Public Health (SSPH+), ranked 5th in Europe. These cases illustrate the value of a dedicated ranking that brings visibility to schools overlooked by other methodologies. Another key finding is that several universities frequently cited as leaders in public health do not actually have an SPH. For example, according to U.S. News Public Health Ranking, the top university in Asia for public health is the Hong Kong Polytechnic University, which has no dedicated school. In U.S. News's ranking of the top 25, Africa had the fewest institutions, with only 9 schools represented, compared to 20 in North America. In the GRAS top 25, Africa again had the smallest representation with 11 schools, while North America and Asia each had 23.

Taken together, these findings show that while international rankings provide valuable visibility, they do not capture the full diversity of SPHs worldwide. A specialized ranking is therefore essential to reflect this diversity and properly recognize these institutions. However, the results should be interpreted with caution. The WoS formulas remain highly

sensitive. While refinements over the past year have improved their specificity, a substantial margin of error persists. This issue will be addressed in the next edition of the ranking.

Participation in Global Burden of Disease research programs is associated with substantially higher citation counts among universities relative to those not involved. These publications are highly influential, with some studies receiving several thousand citations during the period under review [27]. Such large-scale international collaborations, characterized by extensive multi-authorship, consistently achieve high levels of scholarly impact.

The selected study period (2019–2023) coincides with the COVID-19 pandemic, during which the number of scientific publications increased sharply. This may have inflated bibliometric scores for certain schools more involved in pandemic-related research. In future editions, it will be particularly relevant to examine the evolution of the indicators. The upcoming edition, covering the years 2020–2024, may provide an opportunity to analyze scientific production during the pandemic years and the post-pandemic period separately.

The ranking process itself reveals critical research and institutional gaps. Our findings underscore the need for further exploration and greater conceptual clarity in the field of public health education. First, there is no clear consensus on key definitions, particularly regarding what constitutes ‘public health’ and what defines a ‘school of public health’. Second, structural issues persist, including limited visibility of schools, a lack of regionally adapted accreditation bodies, and insufficient associative or collaborative networks. To improve visibility and inclusion in international rankings, SPHs could consider collaborative models that pool the resources of multiple institutions, enabling the presentation of unified teaching and research data. Strengthening their online presence through clearer, multilingual websites, and engaging in accreditation and network participation may also enhance their visibility on global platforms. Finally, there is a need to develop accreditation bodies specifically tailored to regional contexts.

4.1. Study Highlights

To our knowledge, the PHAR remains the only international bibliometric university ranking system designed for SPHs, addressing a gap in the ranking landscape [2,28]. This study expands upon our pilot PHAR methodology, incorporating additional schools and critical reflection to strengthen the interpretation of the findings. This study highlights the difference between ranking SPHs and ranking the public health activity of an entire academic institution. It shows that many of the top academic institutions in public health worldwide do not actually have a dedicated SPH. This study also highlights the need for clearer definitions of public health and SPHs, greater visibility of schools through accessible and informative websites and associative networks, and accreditation bodies that are adapted to regional contexts.

The PHAR provides full transparency about the methodology used, unlike some of the existing rankings [2,29]. This is a reproducible ranking that relies exclusively on bibliometric criteria [2]. Although bibliometric indicators are subject to criticism, they have the advantage of being easily comparable and understandable [2,30–32]. Finally, the PHAR is constructed on a well-recognized and reliable source of data [2,33,34].

4.2. Limitations

This study has several methodological limitations. First, because it was impossible to include all SPHs, we used a selective recruitment method, introducing selection bias as detailed in the Section 2. A further source of selection bias stems from the lack of consensus on definitions of public health and SPHs, which required us to establish our own inclusion criteria. Second, inclusion decisions were based on publicly available information, which may have led to the exclusion of institutions with absent, unclear or inconsistent websites.

Language barriers and limited familiarity with local academic networks may also have hindered the identification of eligible schools, leading to information bias. Third, the use of WoS queries for 131 schools introduced a measurement bias, since only 14 schools were indexed as distinct affiliations in InCites. Our queries prioritized sensitivity, generating some false positives. Fourth, as in the 2024 edition, the ranking is based exclusively on bibliometric indicators. Although such indicators are widely used and reproducible, their selection remains arbitrary, and their relevance to institutional performance and societal impact can be debated [2]. Several core dimensions of SPHs are not captured by these metrics, including the quality and scope of educational programs, the implementation of public health projects and interventions, policy engagement, capacity-building activities, and the production of the grey literature. Consequently, the ranking provides only a partial assessment of the overall contribution and impact of these institutions. Fifth, the weighting scheme was based on methodological deliberation, and no sensitivity analyses were conducted to assess the robustness of the ranking to alternative weighting or normalization schemes. Sixth, the use of the Web of Science Core Collection may introduce language, regional, and disciplinary biases. Its coverage is largely focused on internationally visible, predominantly English-language journals. Consequently, institutions from Africa, Latin America, parts of Asia, and other non-English-speaking regions may be underrepresented. In addition, a substantial share of public health research is disseminated through the grey literature, e.g., policy and governmental reports, which are not comprehensively indexed in WoS. The inclusion of additional bibliographic databases was beyond the scope of the present study but will be considered in future editions of the PHAR to broaden coverage. Seventh, all SPHs are assessed within a single framework, regardless of their organizational model. Developing ranking methodologies adapted to different types of institutional structures could improve the precision and relevance of future editions. Finally, the ranking is not adjusted to the size of the school.

4.3. Future Improvements

To improve this ranking, future work should include the development of more precise queries in Web of Science. While this study relies on approximate methods, it offers a valuable initial overview. Future editions may refine the selection and weighting of indicators and report the impact of alternative indicator sets and weighting schemes on ranking outcomes, thereby providing greater transparency and enabling an assessment of the robustness and sensitivity of the ranking methodology. Broader inclusion of public health schools is needed. Future editions could expand institutional coverage by identifying and recruiting schools through professional associations, public health networks, and accreditation bodies, thereby enhancing the representativeness and global reach of the ranking. Although certain rankings draw on Scopus data, we were unable to evaluate this platform owing to the absence of institutional access [5,35]. Future improvements could also include a non-English language database [2]. Non-bibliometric indicators will be considered in future editions of the ranking to provide a more comprehensive assessment of SPHs. While exploring areas beyond research would add value, it requires greater funding and reduces the study's reproducibility. The strength of our current approach lies in its pragmatic and resource-efficient design [2,9]. Future developments will include expansion of the number of schools evaluated worldwide, classification of institutions according to organizational structure, integration of additional bibliometric and non-bibliometric indicators, and inclusion of non-English language databases.

5. Conclusions

PHAR is a bibliometric ranking of a selection of 145 Schools of Public Health based on Web of Science data. As a bibliometric ranking, it captures the overall research output and citation impact. Larger SPHs rank higher because greater weight is assigned to research output. It is not an assessment of overall institutional performance, as it does not capture other core missions of Schools of Public Health, such as education, policy engagement, and societal impact. Building on the previous edition, this study expands the number of schools included and advances the methodology while offering a critical reflection on current limitations and proposing concrete improvements. The study emphasizes the need to strengthen the global presence of these schools through greater collaboration and expanded accreditation efforts.

Supplementary Materials: The following supporting information can be downloaded at <https://www.mdpi.com/article/10.3390/standards6030035/s1>. Table S1. Top 25 universities in Africa in the U.S. News Global Ranking of Public Health, with their worldwide ranks in both the U.S. News and Shanghai Global Rankings of Public Health, and identification of their schools of public health, Table S2. Top universities in Africa in the Shanghai Global Ranking of Public Health, with their worldwide ranks in both the Shanghai Ranking and the U.S. News Global Ranking, and identification of their schools of public health, Table S3. Top universities in Asia in the U.S. News Global Ranking of Public Health, with their worldwide ranks in both the U.S. News and Shanghai Global Rankings of Public Health, and identification of their schools of public health, Table S4. Top universities in Asia in the Shanghai Global Ranking of Public Health, with their worldwide ranks in both the Shanghai Ranking and the U.S. News Global Ranking, and identification of their schools of public health, Table S5. Top universities in Latin America in the U.S. News Global Ranking of Public Health, with their worldwide ranks in both the U.S. News and Shanghai Global Rankings of Public Health, and identification of their schools of public health, Table S6. Top universities in Latin America in the Shanghai Global Ranking of Public Health, with their worldwide ranks in both the Shanghai Ranking and the U.S. News Global Ranking, and identification of their schools of public health, Table S7. Top universities in Europe in the U.S. News Global Ranking of Public Health, with their worldwide ranks in both the U.S. News and Shanghai Global Rankings of Public Health, and identification of their schools of public health, Table S8. Top universities in Europe in the Shanghai Global Ranking of Public Health, with their worldwide ranks in both the Shanghai Ranking and the U.S. News Global Ranking, and identification of their schools of public health, Table S9. Top universities in North America in the U.S. News Global Ranking of Public Health, with their worldwide ranks in both the U.S. News and Shanghai Global Rankings of Public Health, and identification of their schools of public health, Table S10. Top universities in North America in the Shanghai Global Ranking of Public Health, with their worldwide ranks in both the Shanghai Ranking and the U.S. News Global Ranking, and identification of their schools of public health, Table S11. Top universities in Oceania in the U.S. News Global Ranking of Public Health, with their worldwide ranks in both the U.S. News and Shanghai Global Rankings of Public Health, and identification of their schools of public health, Table S12. Top universities in Oceania in the Shanghai Global Ranking of Public Health, with their worldwide ranks in both the Shanghai Ranking and the U.S. News Global Ranking, and identification of their schools of public health, Table S13. List of schools included in Africa in the PHAR study 2025, Table S14. List of schools included in Asia in the PHAR study 2025, Table S15. List of schools included in Latin America in the PHAR study 2025, Table S16. List of schools included in Europe in the PHAR study 2025, Table S17. List of schools included in North America in the PHAR study 2025, Table S18. List of schools included in Oceania in the PHAR study 2025, Table S19. Web of Science queries for the schools of public health in Africa, Table S20. Web of Science queries for the schools included in Asia, Table S21. Web of Science queries for the schools included in Latin America, Table S22. Web of Science queries for the schools included in Europe, Table S23. Web of Science queries for the schools included in North America, Table S24. Web of Science queries for the schools included in Oceania, Table S25. Detailed results of the global ranking, Table S26. Comparison of the

ranking of the 26 schools included in the PHAR ranking between 2024 and 2025, Figure S1. Flow diagram of the selection process for identifying schools included in the PHAR 2025 study in Africa, Figure S2. Flow diagram of the selection process for identifying schools included in the PHAR 2025 study in Asia, Figure S3. Flow diagram of the selection process for identifying schools included in the PHAR 2025 study in Latin America, Figure S4. Flow diagram of the selection process for identifying schools included in the PHAR 2025 study in Europe, Figure S5. Flow diagram of the selection process for identifying schools included in the PHAR 2025 study in North America, Figure S6. Flow diagram of the selection process for identifying schools included in the PHAR 2025 study in Oceania, Figure S7. List of indicators for the U.S. News, Shanghai, PHAR 2024, and PHAR 2025 rankings and their weights in the final score [2,13,15,36–38].

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