

Public Health Policy and Management (PHPM) program for policy makers
Under (ITEC) scheme
FY 2024-2025

**A proposal from the Department of Community Medicine and School of Public Health,
Post Graduate Institute of Medical Education and Research (PGIMER) Chandigarh**

A. Context and Need for intervention

Public health is the art and science of preventing disease, prolonging life and promoting human through organized efforts and informed choices of society, organizations, public and private, communities and individuals. It is an important part (and driver) of economy which ensures healthy and economically productive population of a country. In recent decades, practice of public health has been increasingly challenged with emergence of newer diseases. The ITEC countries, like India, are struggling with dual burden of emerging and re-emerging infectious diseases (T.B, Malaria and HIV) and non-communicable diseases (diabetes, cardiovascular diseases and Stroke). Further, many diseases (Ebola, yellow fever, filiovirus, Vibrio cholerae O139, and penicillin-resistant Streptococcus pneumonia etc.) including Neglected Tropical Diseases which are uncommon in other countries exists in epidemic proportion in these countries. As a region, Africa, Latin America and many parts of Asia is characterized by the greatest infectious disease burden and, overall, the weakest public health infrastructure among all regions in the world.

Despite the dismal scenario, many good practices exist in these countries which are being effectively used for containment of diseases and promoting health. There is an urgent need to share and adapt these practices for improvement in quality of life of citizens through effective attainment of Sustainable Development Goals (SDGs). Policymakers in the 21st century need to be informed about these best available evidences so that they are equipped with the necessary skills to navigate nuanced public health issues and challenges faced by their countries. In this way, they will be able to make effective decisions for improving effectiveness and efficiency of health care delivery system in their countries. In their routine administrative capacity, they normally address a series of difficult questions when choosing between different programs and policies. For e.g. Which programs and policy options are more likely to provide tangible improvements in health? What potential solutions are appropriate, feasible and cost-effective for a specific situation? Which strategy will work in their community context considering various other issues like political and technical feasibility, equity etc.?

A better understanding of the good practices by policy makers of ITEC nations through case-based approach, peer-to-peer learning and hands-on experience sharing during the proposed training program would ensure its adaptation and replication in their country. This 5 day capacity building module on public health policy and management will provide a hands-on experience by showcasing various best practices in India. It will also focus on developing a critical thinking and applied problem-solving skills among the global delegates for warranting their eventual adaptation in their country to effectively manage the existing and emerging public health challenges for overall strengthening of health systems.

B. Prior experience of conducting the program

Department School of Public Health, Post Graduate Institute of Medical Education and Research, India has been conducting several health management training programs for national and international participants for over four decades. It has conducted more than 1000 training programs/ workshop/seminars which are supported by national and international agencies.

Department of Community Medicine and School of Public Health, Post Graduate Institute of Medical Education and Research, India has been conducting several health management training programs for national and international participants for over four decades. It has conducted more than 1000 training programs/ workshop/seminars which are supported by national and international agencies. In this series, a 5-day “**Public Health Management Policy and Management Program**” (PHPM) was conceptualized in 2018 which aims to to enhance the understanding of senior level policy makers about best practices in Public Health Policy and Management of India for addressing contextual public health challenges for overall attainment of Sustainable Development Goals.

All the four programs *were sponsored by Ministry of External Affairs in which we had received huge response in terms of application, amongst which we shortlisted 26 candidates in 15 countries in first program, 20 candidates from 15 countries in second program and 28 participants from 15 countries in third and, 26 participants from 14 countries in forth program.* Our training programs are entirely on No- Profit Basis. **Being the first program of its kind in the country being conducted in government set-up**, these programs seek to enhance management competencies which are absolutely essential for a good health manager for improving the performance and productivity of organizations. The current program on

Public Health Policy and Management (PHPM) complements the earlier program (IPHMDP) as it has been designed to showcase the best practices in Public Health Policy and Management of India to highest level policy makers of different countries, which they may adapt in their country settings in unison with the middle and senior level program managers.

C. Program Goal

To enhance the understanding of senior level policy makers about best practices in Public Health Policy and Management of India for addressing contextual public health challenges for overall attainment of Sustainable Development Goals (SDGs)

D. Program Objectives

1. To sensitise and equip senior program delegates on appreciating gaps in current global public health scenario and envision future trends in health care management for effective decision making.
2. To showcase the favourable impact of healthy public policy implementation in India on quality of life of its citizens through illustration by relevant case studies.
3. To provide exposure to visiting global delegates to best practices of public health policy and management in India.
4. To explore the opinion of program delegates about the potential of replication of models of best practices in public health management in their country settings.

E. Key Highlights of the Program

The key highlights of the program are;

- *Judicial mix of learning methods* through traditional formal learning methods (lecture, power point presentations, group discussions, role plays) and informal learning methods (case studies, exercises, videos, real case scenarios, and field visits).
- *Application based learning* in which the participants will prepare an action plan during the program to be implemented within 3 months of completion of program.
- *Facilitation of experience based learning* by an elite panel of leaders and experts (technocrats, bureaucrats and legislators)

- *Cross-cultural learning* through sharing of best practices of health promotion by the participants through integration with Indian culture and tourism and presenting exposure to local ethnicity and cuisine along with hosting a cultural event with gala dinner.

The main goal of the program is to ensure that the learning during the program are translated to implementation at workplace in real life settings.

F. Target Audience

This program is designed for policy makers, the persons responsible for or involved in formulating health (or health related) policies at regional or national level. The program capacity is 25-50 participants only.

G. Program Content

- Health Care Delivery System of India- Focussing on different levels (primary, secondary and tertiary) and types (Allopathic and Complementary and Alternative Medicine) of care. Concept of 'wellness centres' in India.
- How 'Healthy City concept' can ensure good health- master plan of Chandigarh city with every residential area (sector) as self-contained unit explaining role of good architecture in promoting health of people. The concept of parks and markets in every sector, building designs, people friendly pavements, arterial roads and cycle tracks, pedestrian crossings, drainage, transportation and *Swatch Bharat Abhiyan* (Clean India Campaign).
- Best practices in hospital like Regional Organ and Tissue Transplant Organisation (ROTTTO)- one of the largest organ donation centre; ROKO Cancer Charitable trust with ASHA Jyoti Van, a mobile van to diagnose cancers in community; setting Hospice Care; State of Art accredited laboratories (NABL); Engineering marvels of managing huge biomedical waste and eco-friendly electrification; Pharmacovigilance (monitoring effects of drugs); Effective management of huge patient load in emergency.
- Health promotion at different settings (Health promoting hospital, school, workplace, home)
- Role of Indian culture (folk media etc.), tradition (transcendental meditation and yoga, Faith-based organisation) and philosophy in health.

- Use of user-friendly technology for improving health.
- Action Plan Development for their country based on the learning during the program.

The total duration of the program shall be Seven Days (including field visits, Yoga and meditation session in early mornings)

Program Schedule for FY 2024-2025

1st -7th October 2024

H. Program Outcomes

At the end of the program, the participants will be able to

1. Understand the best practices in Public Health Policy and Management of India.
2. Appreciate the need for policy shift, if so required, in their country.
3. Choose the select best practices and strategies shared during the program for replication in their country.
4. Create a framework for future action of innovative strategies based upon the contextual public health challenges.
5. Undertake informed decision in routine and crisis situations faced by their country.

I. Program evaluation and follow-up

During the program, the participants will be evaluated (short term evaluation) on the basis of increase in their knowledge in various areas of public health policy and management taught during the program. For this purpose, a pre and post-test questionnaire shall be designed covering different components of public health policy and management. In addition, it shall be assessed based upon the participant's feedback about the program. The long term impact of the program shall be assessed based upon the activity accomplished after 3 months post-completion viz. a viz. those planned during the program.

We will submit a detailed Scientific Report of the program along with Utilization certificate within a span of two months post-completion of program.

J. Program utility for ITEC participants

ITEC scheme will make it more affordable for the participants who have the ability but not resources to fund their education. Further, this collaboration will boost cultural (Chandigarh being a beautiful cultural destination) and medical tourism (PGIMER is an institute of

excellence with all medical super-specialties) besides promoting aviation sector. In addition, senior policy makers will learn from other's experience and expertise in public health policy and management of respective countries, which is of utmost importance in emerging area of public health. Summarily, it will help in establishing relations of mutual concern and inter-dependence which is the ultimate goal of ITEC Scheme. We are also open to any modifications in the program as per need of international participants or requirements under ITEC Scheme.

Annexure ‘1’

<u>PROGRAM SCHEDULE</u>				
		PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM		
				
Day & Date	Time	Topic of Presentation	Resource Persons	
Day 1 (Tue)	09:00-09:30 AM	REGISTRATION		
	09:30-11:15 AM	INAUGURAL SESSION AND HIGH TEA		
	11:15-11:30 AM	Tea Break		
	11:30-12:30 PM	Introductions and Pre test Management and Leadership Demonstration Task	Organisers	
	12:30-01:15 PM	Social media break		
	01:15-02:00 PM	Lunch Break		
	02:15-02:30 PM	Game/ energiser		
	02:30-03:30 PM	Global Public Health Issues & Challenges	Dr. Preethi Pradhan	
	03:30-04:15 PM	Assignment		
	04:15-05:00 PM	Participant Forum		
	04:30-05:00 PM	Discussion and Feedback		Participants
Day 2 (Wed)	09:00-09:30 AM	Recap Session		Participants
	09:30-10:30 AM	Health Policy & Frameworks: policy, context, process and actors (Part-1)	Dr. Sanjiv Kumar, Former .Director, IIHMR	
	10:30-11:15 AM	Assignment		
	11:15-11:30 AM	Tea Break		
	11:30-12:30 PM	Health Policy & Frameworks: policy, context, process and actors (Part-2)	Dr. Sanjiv Kumar, Former .Director, IIHMR	
	12:30-01:15 PM	Assignment		
	01:15-02:00 PM	Lunch		
	02:15-02:30 PM	Game		
	02:30-03:30 PM	Formulation of public health policy - Agenda setting	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur	
	03:30-04:15 PM	Assignment		
	04:15-05:00 PM	Participant Forum		
Day 3 (Thur)	09:30-10:30 AM	Government and the policy process	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur	
	10:30-11:15 AM	Assignment		
	11:15-11:30 AM	Tea Break		
	11:30-12:30 PM	Interest Groups and Policy Process	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur	
	12:30-01:15 PM	Assignment		

	01:15-02:00 PM	Lunch	
	02:15-05:00 PM	Demonstration of best practices in patient care settings at PGIMER (Visit to PGIMER, Chandigarh-an institute of national excellence)	
	7:00- 10:00 PM	Cultural Night	
Day 4 (Fri)	09:30-10:30 AM	Policy process and globalisation	Dr. Mona gupta, Advisor, NHSRC, New Delhi/ Prof. Sonu Goel
	10:30-11:15 AM	Assignment	
	11:15-11:30 AM	Tea Break	
	11:30-12:30 PM	Action Plan Preparation and Report/ Letter to ITEC	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur
	12:30-01:15 PM	Assignment	
	01:15-02:00 PM	Lunch	
	02:15-05:00 PM	Showcasing of India's "Smart city concept"- Translating policy into Action (Visit to Smart City of Chandigarh)	
Day 5 (Sat)	09:00-09:30 AM	Recap Session	Participants
	09:30-11:30 AM	Policy Implementation	Dr. Mona gupta, Advisor, NHSRC, New Delhi
	11:30-12:00 AM	Tea Break	
	12:00-01:00 PM	Participant Reflection /Feedback/ Social Media time	Participants
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Game/ energiser	Participants
	02:30-04:30 PM	Policy analysis	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur
	04:30-05:00 PM	Discussion and Feedback	Participants
Day 6 (Sun)	09:00-05:00 PM	Action plan , case study Preparation and submission	
Day 7 (Mon)	09:00-09:30 AM	Recap Session	Participants
	09:30-11:30 AM	Special Talk: Insights on Executing various Policy Initiatives in Haryana, India	Dr. Rakesh Gupta , IAS, OSD to President
	11:30-12:00 AM	Tea Break	
	12:00-01:00 PM	Action plan presentation	
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Game/ energiser	
	02:30-03:30 PM	VALEDICTORY CEREMONY	

Annexure 2

Organizational Capacity

The Postgraduate Institute of Medical Education and Research (PGIMER) is based in Chandigarh and was established in 1962 by then Prime Minister of India, Pt. Jawahar Lal Nehru. It was declared as an “Institute of National Importance” by an Act of Parliament of India on 1st April 1967 and is currently an autonomous body functioning directly under the Ministry of Health and Family Welfare, Government of India. PGIMER has almost all specialities and super-specialities departments. PGIMER has completed over 1000 research projects and more than 500 research articles are published every year in national and international indexed journals.

The Department of Community Medicine was instituted in 1977 with the purpose of developing effective models of health service delivery for rural communities and for providing community health orientation to public health professionals. To address emerging challenges in public health education and research, the Department was upgraded to School of Public Health (SPH) in the Tenth Five Year Plan of India (2002-06). It has a WHO supported Learning Resource Centre within the premises. SPH also offers regular PhD, MD, Post Graduate Diploma in Public Health Management (PGDPHM), and Master of Public Health (MPH), along with various short-term courses in areas of epidemiology, health management, health promotion, communicable and non-communicable diseases. SPH is also involved in several research projects in collaboration with national and international organizations and state governments. Each year nearly 45 training programs are conducted with an average attendance of 30 participants per course. Department also works in coordination with several leading national and international agencies such as DBT, ICMR, WHO, UNICEF, UNFPA, DFID, MOH&FW, and MOE&F that financially support research and training projects covering most public health areas.

Annexure '3'

Prior Experience of Program Director

Dr. Sonu Goel, Program Director of International Public Health Management Development Program is a medical doctor and specializes in PUBLIC HEALTH. He had done his MBBS and Post-graduation in public health from Indira Gandhi Medical College, Shimla. He is currently Professor in Department of Community Medicine and School of Public Health. He has over 20 years of rich experience in the field. He has written around 100 papers in national and international journals and authored 2 books- one of which by Elsevier's- „Hospital Administration-a problem solving approach“ is among the hot-selling books in India. Besides this, he had authored over 35 chapters in several books. He received fellowships of three prestigious associations (Indian Public Health Association, Indian Association of Preventive and Social Medicine, and International Medical Science Association) and MNAMS, which is very unusual for a young faculty of his age. He is also an alumnus of John Hopkins School of Public Health, Baltimore, US and Maastricht University, The Netherlands. He is Adjunct Clinical Associate Professor, Public Health Master's Program, School of Medicine, University of Limerick, Ireland, and Honorary Professor, Faculty of Human and Health Sciences, Swansea University, United Kingdom. He is Director at e-Resource Centre for Tobacco Control, e-Learning for Public Health

Dr. Goel has a vast experience of teaching public health management and has been actively involved in designing and implementation various courses for last 7 years. He had attended 4 UNION IMDPs viz. CML, PM, BFM, and MOM between years 2009 till 2011. Additionally, he had also participated in many technical courses including Operational Research course. Currently, he is supporting UNION's technical courses and SORT-IT (South Asia Operational Research course) as external resource person for the last 4 years. He is working closely with UNION, South East Asia office on other issues like supporting UNION's grantee for capacity building of stakeholders; and monitoring and evaluation of tobacco, TB-Tobacco and lung health issues (m-health in pneumonia). He has a vivid experience of conducting trainings in liaison with various international and national organisation and agencies. He conceived a new model namely „**PGIMER-The Union OR model**“ in 2014. This partly funded five and half days course was exclusively focused on research needs in tobacco control. He has a rich academic background in Public health management and is the reviewer of many journals of repute including WHO Bulletin, International Journal of Tuberculosis and Lung Disease; Public Health Action; Indian Journal of Public Health; Indian Journal of Community Medicine among many. He is member of many national and international scientific bodies. At this

young age, he had completed more than 30 projects independently with almost 10 national and international organizations

Annexure-‘4’

Executive Summary of 4th Public Health Policy and Management Program (PHPM)

11th September – 15rd September, 2023, PGIMER Chandigarh, India

The resource-constrained countries facing public health challenges require proficient professionals and experts in public health who can formulate and execute policies based on informed decision-making. This objective can be achieved by empowering senior officials engaged in policy development and implementation. To tackle these issues, the International Public Health Management Development Program (IPHMDP) was conceptualized in 2016 by the School of Public Health. The program's aim is to enhance the skills and capabilities of middle and senior-level program managers in addressing public health challenges and improving organizational efficiency in resource-limited settings. As part of this series, the Department of Community Medicine and School of Public Health at PGIMER, Chandigarh, organized a five-day 4th Public Health Policy and Management Program from September 11th to 15th, 2023. This pioneering program, the first of its kind in a public setting in the country, focuses on building the capacity of policymakers and senior implementers from 161 countries in Asia, Africa, East Europe, Latin America, the Caribbean, as well as Pacific and Small Island countries. The Ministry of External Affairs, Government of India, fully sponsors this program under the Indian Technical Economic Corporation (ITEC) Scheme. In this program, 26 participants from 14 countries, including Nigeria, Argentina, Iraq, South Sudan, Palestine, Tanzania, Tajikistan, Togo, Malawi, Sri Lanka, Paraguay, Mali, Morocco, and Sierre Leone, underwent training.

The program's modules covered a wide range of topics, including global public health issues, the Indian health system, health policy frameworks, public health policy formulation and governance, agenda setting, government involvement in the policy process, interest groups' impact on policy, policy implementation, the policy process in the context of globalization, and policy analysis. To ensure the practical application of learning, each participant was tasked with gathering health statistics from their respective countries and contextualizing public health issues, which served as the foundation for program instruction. Additionally, a session on case study required each participant to come up with a case study, out of which the best case study would get a chance to be published in the upcoming book of IPHMDP by Cambridge publishing house.

The program's key highlights included its unique design, combining traditional and formal learning methods such as lectures, PowerPoint presentations, and case studies with informal methods like role-plays, exercises, real-life scenarios, management games, and videos. It emphasized application-based learning, with participants developing action plans for their organizations during the program, to be executed within three months. Distinguished experts and facilitators from leading academic and management institutions across the country facilitated the program. Participants had the opportunity to meet public health leaders and gain hands-on experience during field visits, showcasing India's best practices and innovations for managing both existing and emerging public health challenges. Visits included exploring the Municipal Corporation of Chandigarh to learn about flagship schemes and 'smart city' initiatives and touring select departments of PGIMER to witness state-of-the-art patient care services, such as the largest organ donation facility (ROTT). The program also included a cultural evening, fostering informal interaction among participants for peer learning and networking, and featured a management and leadership component. Three participants volunteered as

Cultural Night Organizers, gaining valuable experience in event planning. Early morning yoga and bhangra sessions were organized to provide a taste of Indian culture and energize participants for the program.

The program also hosted the "PHPM Contest," recognizing various achievements, including voracious readers, best-dressed participants, the most participatory individual, e-IPHMDP contributors, best case study, outstanding cultural performers, and emerging leaders, during the program's closing session. Active participation was encouraged through activities like presenting reflections on key concepts taught the previous day, involvement in PHPM contests, management games during meal and evening sessions, participation in interview sessions, and delegating responsibilities to organize a cultural event with a gala dinner.

In addition to academic content, the program facilitated cross-cultural learning by encouraging participants to share best practices from their respective countries. Participants received books on management and leadership and enjoyed cultural games and dances, concluding with a gala dinner. The program provided carefully designed meals (breakfast, lunch, and snacks) that considered the diverse profiles of participants from various countries. Ample resource material was provided to participants, enabling them to design similar programs in their home countries. All program activities were actively shared on the IPHMDP Facebook page and Twitter account, using appropriate hashtags for social media engagement (e.g., #ITECNetwork, #MEA_INDIA, #MOHFW_INDIA, #PHPM, #IPHMDP, #PGIMER, etc.). Organizers maintained a dedicated email account and WhatsApp group to keep participants informed and provide assistance during the program.

Participants highly appreciated the overall training quality, along with the informative field visits that offered insights into the Indian Health System and showcased some of its best practices. They found the program well-structured, organized, and rich in knowledge that can be readily applied in various field settings and across different organizations. They expressed their readiness to scale up the program in their respective organizations and countries.