**International Public Health Management Development Program under** [**Indian Technical & Economic Cooperation**](http://itec.mea.gov.in/) **(ITEC) Scheme for participants**

**2022-2023**

**A proposal from the Department of Community Medicine and School of Public Health,**

**Post Graduate Institute of Medical Education and Research (PGIMER) Chandigarh-India**

**Context and Need for intervention**

*“Health initiatives in developing countries often fail not because of lack of scientific knowledge but because of lack of managerial competence”*

The public health challenges faced by the developing countries and continents call for positioning qualified and skilled professionals, who can plan, execute and monitor national health programmes and public health initiatives in order to improve effectiveness and efficiency of health care delivery system. These management competencies are absolutely essential for a good manager for enhancing the performance and productivity of organizations. It is a usual practice that Healthcare Managers are designated to higher ranks based on their seniority without consideration of managerial and administrative capabilities. Further there are no formal management trainings in government and private health organizations before taking up senior management positions. Most of the existing courses on Public Health Management are theoretical, extensively elaborative, and does not comprehensively cover various aspects in a single program. Thus, there is a need to devise programmes which will impart the skills required to effectively manage the existing and emerging public health challenges and in-turn enhance the capacity of the public health managerial workforce.

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, these countries particularly African nations have many diseases (Ebola, yellow fever, filiovirus, Vibrio cholerae O139, and penicillin-resistant Streptococcus pneumoniae etc.) including Neglected Tropical Diseases which are uncommon in other regions of world. 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. Besides, the level of support for planning, monitoring, and training on tackling public health challenges are extremely limited. Thus, there is an immense need to train health professionals working in national health programmes of these countries on public health management in order to tackle these emerging public health challenges. In an India-Africa Health meet (1-3rd September 2016), Dr. Soumya Swaminathan, then Director General Indian Council of Medical Research (ICMR) and Secretary of Department of Health Research, Government of India has also highlighted education and capacity building of doctors and professionals working in national health programs.

**Goal**

Enhance the skills and competencies of middle and senior level program managers in leadership, team building, planning, monitoring, evaluation, project management, resource allocation, budgeting, financial reporting, total quality management and public health communication for addressing public health challenges and strengthening efficiency of organizations in limited resource settings of ITEC countries.

**Aim and Objectives**

1. To build capacity of middle and senior level managers in designing, implementing, monitoring and evaluating program/ project operations in context to their respective countries.

2. To illustrate with relevant context-specific case studies, how the managerial functions can be leveraged to improve the overall competiveness within and outside the organizations.

4. To equip participants in leadership skills and on appreciating gaps in current health scenario in their countries and envision future trends in health care management for effective decision making.

**Program Strategy**

The program faculty shall be eminent healthcare management professionals and experts from various public and private healthcare organizations, health care program leaders from national and international agencies, faculty from ‘Centres of Excellence’ in healthcare and management sector, and grass-root community health senior program managers involved in innovative healthcare initiatives. A blend of teaching methods will be used to address different learning styles and course needs. It would be a mixture of lectures, case studies, problem based learning, group discussions, assignments and participants presentations. The courses also involve the use of LCD projector, whiteboard and the virtual learning environment. The result is a rich learning experience that is relevant, practical and up-to-date.

**Key Highlights of the Program**

The key highlights of the program are; its design which focus on learning through a mix of traditional formal learning methods (lecture, power point presentations, case studies) and informal learning methods (exercises, real case scenarios, management games, videos, mobile applications); its concept wherein emphasis will be on application based learning in which the participants will prepare an action plan for their organization during the program which will be implemented within 6 months of completion of program; and facilitation by an elite panel of experts and facilitators from lead academic and management institutes of the country. **The main goal of the program is to ensure that the learning during the program are translated to implementation at workplace.**

**Target Audience**

Essential Qualification- Graduates and above

Desirable Qualification- Working in health care program/ projects.

This program is designed for middle and senior level healthcare managers, organizational leaders, hospital administrators, faculty of medical colleges and management institutes who are working in Public Health and responsible for effective and efficient delivery of healthcare program and projects through formulation and implementation of organizational strategies.

The program capacity is 30-40 participants only within an age bracket of 28-50 years.

**Program Content**

* MODULE:1-Public Health Management Principles
* MODULE:2-Strategic Planning and Management
* MODULE:3- Organisational Behaviour
* MODULE:4- Health system Strengthening
* MODULE:5- Entrepreneurship, Innovations & Governance
* MODULE:6- Leadership and Management
* MODULE:7- Human Resources Management
* MODULE:8- Health management information system
* MODULE:9- Supply Chain Management
* MODULE:10- Financial Management
* MODULE:11- Quality Assurance and Accreditation
* MODULE:12- Public Health Communication and advocacy
* MODULE:13- Marketing in health care
* MODULE:14- Health system research and Ethics
* MODULE:15- Monitoring and Evaluation

The detailed schedule of program is attached as **Annexure-1**

Each module shall be covered in half working day, thus the entire program shall be of **2 weeks duration** (8 working days, plus 2 days for study tour). The field visit shall either be conducted at Shimla (Himachal Pradesh) or Kasuali (Himachal Pradesh) to observe the functioning of different levels of health care facilities and their Health Management Information Systems.

**Program Schedule for FY 2022-2023**

21.02.2023-02.03.2023

**Program Outcomes**

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

1. Create innovative strategies that provide a framework for future action in their settings.

2. Develop performance indicators, analyse data and quality reporting.

3. Design and use program budget, manage financial reporting systems to apply to organizations.

4. Learn application of Logical Framework Analysis technique for planning and successfully managing projects.

5. Enhance performance by building leadership competencies and strengthening leadership qualities.

6. Develop in-depth understanding of effective communication, change management strategies for public health advocacy and dissemination of health education messages.

**Benefits to Organization**

1. Health care managers can be effectively designated to senior leadership positions.

2. Improved managerial capabilities for dealing with public health management challenges.

3. Enhanced decision making in routine and crisis situations faced by organizations.

4. Overall increased performance and productivity of organizations in attaining top ranked position.

**Inputs from technical partners**

The program will be a joint collaborative venture of two eminent institutes having expertise in public health management. The human resources of partners shall be providing their expert inputs in planning and implementation of the program.

**Program evaluation and follow-up**

The participants will be evaluated on short and long term basis

1) SHORT TERM-

* Pre and Post Program assessment of knowledge on various dimensions of Public Health Management
* Feedback of participants regarding their satisfaction on various components of program along with fulfilment of their expectations.

2) LONG TERM –

* Development of individual Action Plans related to their work profile and submission of Action Plan Implementation Report at the end of 6 months post completion of program.

**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, participants will learn from other’s experience and expertise in health management of respective countries, which is of utmost importance in emerging area of health management. 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.

**Prior Experience of conducting the program**

Department of Community Medicine & School of Public Health, Post Graduate Institute of Medical Education and Research, India has been conducting two weeks “**International Public Health Management Development Program**” **(IPHMDP) for the past 5 years.** The program will impart the skills required to effectively manage the existing and emerging public health challenges and in-turn enhance the capacity of the public health managerial workforce. Till now we have conducted seven physical programs in **May 2016, December, 2016, February 2017, December 2017, March 2018 ,March 2019 and 8 online E ITEC courses in last 2 years** These program is entirely on **No- Profit Basis** and **first of its kind in the country** being conducted in government set-up in order to enhance management competencies which are absolutely essential for a good manager for improving the performance and productivity of organizations. The institute has been conducting several capacity building programs from last many years for national and international participants in collaboration with lead institutes and organizations **(Annexure-1, 2 and 3).**

***During COVID times, we conducted series of 3 online courses on ‘Managing COVID 19 pandemic- Experiences and Best Practices of India’, which was highly appreciated. Besides, we were able to continue 8th and 9th IPHMDP and 3 online weekly courses (Communication in Public Health, Health System strengthening, Quality Management) supported by Ministry of External Affairs which has received huge response in terms of applications from ITEC countries. We have been receiving letters from various embassies from ITEC nations to conduct on-site courses in their countries as well.***

**Annexure ‘1’**

**Program Schedule**

**International Public Health Management Development Program (IPHMDP)**

**Under Indian Technical & Economic cooperation (ITEC) Scheme for participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Time** | **Module** | **Resource Person** |
| Day 1 | 09:30- 10:30 AM | **INAUGURAL SESSION** | |
| 11:00- 12:30 PM | MODULE:1-Public Health Management – An overview | **Dr. Sonu Goel, Professor, PGIMER** |
| 12:30- 01:30 PM | Case study discussion |
|  | 02:30 - 04:00 PM | MODULE:2-Strategic Planning and Management | **Dr. Keerti Pradhan**  **Professor, Chitkara school of Health Sciences** |
|  | 04:15- 05:00 PM | Case study discussion |
| Day 2 | 09:30- 10:30 AM | MODULE:3-Organisational Behaviour | **Dr. S K Chadha**  **Ex Professor, Panjab University** |
| 11:00- 12:30 PM | Case study discussion |
| 12:30- 01:30 PM | MODULE:4- Health system Strengthening | **Dr. Ashoo Grover, Scientist E, ICMR** |
|  | 02:30 - 04:00 PM | Case study discussion |
|  | 04:15- 05:00 PM | Open discussion/ Quiz | **Participants** |
| Day 3 | 09:30- 10:30 AM | MODULE:5-Entrepreneurship, Innovations & Governance | **Dr. Rakesh Gupta, IAS / Dr. Vipin Koushal, Medical Superintendent, PGIMER** |
| 11:00- 12:30 PM | Case study discussion |
| 12:30- 01:30 PM | MODULE:6- Leadership and Management | **Dr. Sonu Goel, Professor, PGIMER** |
|  | 02:30 - 04:00 PM | Case study discussion |
|  | 04:15- 05:00 PM | Open discussion/ Quiz | **Participants** |
| Day 4 | 09:30- 10:30 AM | MODULE:7- Human Resources Management | **Dr. Preethi Pradhan, Dean, Chitkara School of Health Sciences, Punjab** |
| 11:00- 12:30 PM | Case study discussion |
| 12:30- 01:30 PM | MODULE:8- Health management information system | **Dr. Anand Krishnan , Professor, AIIMS, New Delhi** |
|  | 02:30 - 04:00 PM | Case study discussion |
|  | 04:15- 05:00 PM | Open discussion/ Quiz | **Participants** |
| Day 5 | 09:00- 05:00 PM | FIELD VISIT | |
| Day 6 | 09:00- 05:00 PM | FIELD VISIT | |
| Day 7 | 09:30- 10:30 AM | MODULE:9- Supply Chain Management | **Dr. Pankaj Arora/ Dr. Manjushri Sharma, Assistant Professor, Panjab University** |
| 11:00- 12:30 PM | Case study discussion |
| 12:30- 01:30 PM | MODULE:10- Financial Management | **Dr. Shankar Prinja, Professor, PGIMER** |
|  | 02:30 - 04:00 PM | Case study discussion |
|  | 04:15- 05:00 PM | Open discussion/ Quiz | **Participants** |
| Day 8 | 09:30- 10:30 AM | MODULE:11- Quality Assurance and Accreditation | **Dr. Praveen Kumar, Professor , PGIMER** |
| 11:00- 12:30 PM | Case study discussion |
| 12:30- 01:30 PM | MODULE:12- Public Health Communication and advocacy | **Dr. Rajni Bagga, Ex Professor, NIHFW** |
|  | 02:30 - 04:00 PM | Case study discussion |
|  | 04:15- 05:00 PM | Open discussion/ Quiz | **Participants** |
| Day 9 | 09:30- 10:30 AM | MODULE:13- Marketing in health care | **Dr. Sanjeev Kumar, Professor , Panjab University** |
| 11:00- 12:30 PM | Case study discussion |
| 12:30- 01:30 PM | MODULE:14- Health system research and Ethics | **Dr. Salim Khan, Professor, GMC Srinagar** |
|  | 02:30 - 04:00 PM | Case study discussion |
|  | 04:15- 05:00 PM | Open discussion/ Quiz | **Participants** |
| Day 10 | 09:30- 10:30 AM | MODULE:15- Monitoring and Evaluation | **Dr. Ajay Sood, Ex Professor (NIHFW)** |
|  | 11:00- 12:30 PM | Case study discussion |
|  | 12:30- 01:30 PM | Action plan preparation | **Participants** |
|  | 02:30 – 05:00 PM | **VALEDICTORY SESSION** | |

\*9:00 am -9:30 am (Feedback and Discussion on the previous day sessions), Morning Tea -10:30-11:00 am, Lunch Break- 1:30-2:30 pm, Evening Tea – 4:00- 4:15 PM

**Annexure ‘2’**

**Organizational Capacity**

***PGIMER, Chandigarh:***

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-two of which by Elsevier‟s- ‘Hospital Administration-a problem solving approach’ and Oxford University Press ‘Management of healthcare systems’ are 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 liasion with various international and national organisation and agencies. He conceived as 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 Last physical course at PGIMER, Chandigarh**

**7th International Public Health Management Development Program**

4th February to 13th February 2020 - Chandigarh, India

Achieving universal health coverage by 2030 requires positioning qualified and skilled public health professionals, especially from developing countries and continents (India and other developing nations alike), who can plan, implement and monitor national health programmes and public health initiatives in order to improve performance of health care delivery system. Further, it is documented that Sustainable Development Goals (SDG) cannot be achieved without addressing availability and distribution of trained public health management officials. The available literature has cited that health initiatives in developing countries often fail because of lack of managerial competence.

In this context, an **International Public Health Management Development Program (IPHMDP)** was conceptualized in 2016 by School of Public Health and Department of Community Medicine which aims at enhancing the skills and competencies of middle and senior level program managers for strengthening efficiency of organizations in resource limited settings. In this well-ordered series, a ten day **7th IPHMDP** was organized by Department of Community Medicine and School of Public Health, PGIMER, Chandigarh from 4th February to 13th February 2020. The program was fully sponsored by Ministry of External Affairs, Government of India under Indian Technical and Economic Cooperation (ITEC) Scheme. In this program, a total of 34 delegates from 21 countries namely Iran, El Salvador, Armenia, ,Afghanistan, Trinidad and Tobago, Ethiopia, Sri Lanka, Ghana, South Sudan, Batswana, Palestine, Tanzania, Tunisia, Zambia, Kenya, Zimbabwe, Dominican Republic, Kazakhstan, Madagascar, Tajikistan and Morocco participated.

The current program is ‘**first of its kind’** public health management program in the country which endeavours to boost skills and competencies of program managers for addressing local public health challenges and increase competency of organizations. The modules covered during this comprehensive program were introduction to public health management, reflection of ancient Indian wisdom for management, role of PHM in attaining SDG, leadership and management working together, team building, motivation and morale, project/ program strategic planning, public health communication, change management, financial management, health management information systems, supply chain management, quality improvement in healthcare, human resource management, and monitoring and evaluation.

In order to ensure the application of learning during the program, every participant has submitted an ‘**Action Plan’** after completion of the program, in which they prioritised the areas (from the program) of implementation in their respective organization. The participants of this cohort will be followed up till 3 months for submission of their action plan implementation report. The best report shall further receive a ‘**Certificate of Appreciation’** from the organisers.

The **key highlights** of the program were; its design which focused on learning through a mix of traditional formal learning methods (lecture, power point presentations, case studies) and informal learning methods (role plays, exercises, real case scenarios, management games and videos); its concept wherein focus was on application based learning in which the participants prepared an action plan during the program for their organization (to be implemented within 3 months); and facilitation by an elite panel of experts and facilitators from lead academic and management institutes of the country. During the training, the participants had opportunity to meet leaders working in the field of Public Health and got insight of various principles and pillars of Public Health Management.

**‘IPHMDP Contests’** was also organized during the program wherein various awards pertaining to different activities viz. best dressed participant of the day, most active participant of the day, e-IPHMDP i.e. active participant on social media, best selfie uploaded on social media, best logo representing the program, voracious reader, best cultural performer and best action plan were honoured during the ‘valedictory ceremony’ of the program. The active participation by delegates was ensured by presentation of the reflection of key concepts/ teaching of previous day, participation in IPHMDP contest, management games/ energisers during lunch and evening sessions, and delegating responsibility to them for organizing cultural event at gala dinner.

Beside academics, we provided a platform for ‘**cross-cultural learning’** through sharing of best practices by the participants during the program, presenting books on Indian culture, hospital management and along with hosting a cultural event with gala dinner, where they got a chance to informally interact with each other which actually helped in peer learning and developing network for future endeavours. Everyday, few participants were also given opportunity to assume leadership position, besides giving chance to 3 volunteers to act as cultural night organizers. Yoga and meditation sessions in early mornings were flavours of the program for depicting Indian culture and energizing them for the program.

The participants enjoyed the excellent ‘Hi-Touch’ hospitality of our team including the fact that the meals served during the program (breakfast, lunch and tea/snacks in between) were carefully designed keeping in view the varied profile of participants from different countries. We also ensured to provide best resource material to participants, which will help them to design similar program in their country. All the activities during the program were actively uploaded on the IPHMDP Facebook page and Twitter page with appropriate hash tags social media (eg. #ITECNetwork, #MEA\_INDIA #MOHFW\_INDIA, #PHPM, #IPHMDP #PGIMER etc.). A parallel e- mail account and whatsapp group was also maintained by the organizers to keep the participants updated (on daily basis) and to provide them assistance during the program.

