International Public Health Management Development Program (IPHMDP)

(ITEC) Scheme

FY 2025-2026

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

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 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 competitiveness 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.

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.

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 25-50 participants only within an age bracket of 25-45 years.

G. Program Content

Program Content

- MODULE:1-Public Health Management Principles
- MODULE:2- Leadership and Management
- MODULE:3- Health system Strengthening
- MODULE:4- Strategic Planning and Management
- MODULE:5- Organisational Behaviour
- MODULE:6- Human Resources Management
- MODULE:7- Supply Chain Management
- MODULE:8- Financial Management
- MODULE:9- Quality Assurance and Accreditation
- MODULE:10- Public Health Communication and Advocacy
- MODULE:11- Monitoring and Evaluation
- MODULE:12- AI In healthcare
- MODULE:13- Digital Health
- MODULE:14- Ethics in healthcare

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**. 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, best practices and their Health Management Information Systems.

Program Schedule for FY 2025-2026

2-11th July 2025 10th-19th February 2026

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.

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 3 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 superspeciality) 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.

Annexure '1'

	TENTATIVE PROGRAM SCHEDULE INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM				
ITEC					
Day &	Time	Topic of Presentation	Resource Persons		
Date	00.00.00.20 AM	REGISTRATION			
Day 1 (Tue)	09:00-09:30 AM	INAUGURAL SESSION AND HIGH TEA			
	09:30-11:00 AM 11:00-11:15 AM	Tea Break			
	11:15-12:45 PM	MODULE:1- Introduction to Public Health Management	Dr. Sonu Goel, Professor,DCM&SPH, PGIMER		
	12:45-01:45 PM	Lunch Break			
	01:45-02:15 PM	Game/ energiser			
	02:15-03:45 PM	MODULE:2- Leadership and Management- similarities and differences	Dr. Sanjiv Kumar, 3 Domain Leadership Foundation, New Delhi		
	03:45-04:00 PM	Discussion and Feedback	Participants		
Day 2	09:00-09:30 AM	Recap Session	Participants		
(Wed)	09:30-11:00 AM	MODULE:3- Advancing Health Systems in LMICs: Strategies for strengthening health system towards SDGs"	Dr. Sanjiv Kumar, 3 Domain Leadership Foundation, New Delhi		
	11:00-11:30 AM	Tea Break			
	11:30-12:45 PM	Participant Reflection /Feedback/ Social Media time	Participants		
	12:45-01:45 PM	Lunch Break			
	01:45-02:15 PM	Game/ energiser	Participants		
	02:15-03:45 PM	MODULE:4- Leveraging and optimising Health Workforce for Health System strengthening : Good Replicable and Innovative Practices from LMICs	Dr. Ashoo Grover, Scientist F, ICMR, New Delhi		
	03:45-04:00 PM	Discussion and Feedback	Participants		
Day 3	09:00-09:30 AM	Recap Session	Participants		
(Thur)	09:30-11:00 AM	Module 5: Ethics in healthcare (through case studies from LMICs)	Dr Mahesh Devnani, Medical Superintendent , AIIMS, Jodhpur		
	11:00-11:30 AM	Tea Break			
	11:30-12:45 PM	Participant Reflection /Feedback/ Social Media time	Participants		
	12:45-01:45 PM	Lunch Break			
	01:45-02:15 PM	Game/ energiser	Participants		
	02:15-03:45 PM	MODULE:6- Integrating Health Technology Assessment in health system: models from LMICs	Dr. Shankar Prinja, Professor, DCM&SPH, PGIMER, CHD		
	03:45-04:00 PM	Discussion and Feedback	Participants		
Day 4	09:00-09:30 AM	Recap Session	Participants		
(Fri)	09:30-11:00 AM	MODULE 7- Sustainable models of Supply Chain Management in health: ingenious practices from LMICs	Dr. Manjushri Sharma, Assistant Professor, Panjab University, CHD		
	11:00-11:30 AM	Tea Break			
	11:30-12:45 PM	Participant Reflection /Feedback/ Social Media time	Participants		

	12:45-01:45 PM	Lunch Break		
	01:45-02:15 PM	Game/ energiser	Participants	
	02:15-03:45 PM	MODULE:8- Team building (through gamification)	Dr. Shiv Goel , Motivational Speaker, Shimla, HP	
	03:45-04:00 PM	Tea Break	Participants	
Day 5	09:00-09:30 AM	Recap Session	Participants	
(Sat)	09:30-11:00 AM	MODULE:9- Public Health Communication and advocacy (through gamification)	Prof. Amarjeet Singh, Professor,	
	11:00-11:30 AM			
	11:30-12:45 PM	Participant Reflection /Feedback/ Social Media	Participants	
		time	1	
	12:45-01:45 PM	Lunch Break		
	01:45 PM	STUDY TOUR TO SHIM	ILA (TRAVEL)	
Day 6	09:30-04:00 PM	STUDY TOU		
(Sun)	07:00-10:00 PM	CULTURAL NIGHT		
(~)	07.00-10.00 1 10	COLIURAL NIGHI		
Day 7	09:30-01:00 PM	STUDY TOU	JR	
(Mon)	2:00 -06:00 PM	BACK TO CHANDIGARH (TRAVEL)		
Day 8	09:00-09:30 AM	Recap Session	Participants	
(Tue)	09:30-11:00 AM	Module 10: Motivation and Morale	Mr. Vivek Atray, Motivational	
			Speaker, Chandigarh/ Dr. S K Chadha, Former Chairman, UBS, Panjab University, CD	
	11:00-11:30 AM	Tea Break		
	11:30-12:45 PM	Participant Reflection /Feedback/ Social Media	Participants	
		time	L.	
	12:45-01:45 PM	Lunch Break		
	01:45-02:15 PM	Game/ energiser	Participants	
	02:15-03:45 PM	MODULE11- Quality Assurance models in	Dr. Praveen Kumar, Professor and	
		health programs: experiences from LMICs	Head, Neonatology Dept.,	
		heatin programs, experiences nom LWICS	PGIMER, CHD	
	03:45-04:00 PM	Discussion and Feedback	Participants	
Day 10	09:00-09:30 AM	Recap Session	Participants	
(Wed)	09:30-11:00 AM	MODULE12- AI in healthcare- innovations	Dr. SN Panda, Professor and	
		from LMICs	Director Research, Chitkara University, Punjab	
	11:00-11:30 AM	Tea Break		
	11:30-12:45 PM	Action plan presentation	Action plan presentation	
	12:45-01:45 PM	Lunch Break		
	01:45-02:15 PM	Game/ energiser	Game/ energiser	
	02:15 onwards	VALEDICTORY CEREMONY	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 '2'

PriorExperienceofProgramDirector

Dr.SonuGoel, Program Director of International Public Health Management Development Program is a medical doctor and specializes in PUBLIC HEALTH. He had done hisMBBS and Post-graduation in public health from Indira Gandhi Medical College, Shimla. He iscurrently Professor in Department of Community Medicine and School of Public Health. He has over 20 rich experienceinthefield.Hehaswrittenaround200 years of papersinnationalandinternationaljournalsandauthored2 books-one of which by Elsevier"s-"Hospital Administration-a problem solving approach" isamong the hot-selling books in India. had Besides this. he authored over 35 chapters in severalbooks.Hereceivedfellowshipsofthreeprestigiousassociations(IndianPublicHealthAssociatio n, Indian Association of Preventive and Social Medicine, and International MedicalScience 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.Goelhasavastexperienceofteachingpublichealthmanagementandhasbeenactively involvedindesigning and implementation various courses for last 9 years. He had attended 4 UNION IMDPs viz. CML, PM, BFM, and MOM between years 2009 till 2011.Additionally, he had also participated manv technical courses including Operational in Researchcourse.Currently, heissupportingUNION" stechnical courses and SORT-IT(SouthAsiaOperational Research course) as external resource person for the last 4 years. He is workingclosely with UNION, South East Asia office on other issues like supporting UNION"s grantee forcapacity building of stakeholders; and monitoring and evaluation of tobacco, TB-Tobacco andlung health issues (m-health in pneumonia). He has a vivid experience of conducting trainings inliasion with various international and national organisation and agencies. He conceived as newmodel namely "PGIMER-The Union OR model' in 2014. This partly funded five and half dayscourse was exclusively focused on research needs in tobacco control. He has a rich academicbackground in Public health management and is the reviewer of many journals of repute includingWHO Bulletin, International Journal of Tuberculosis and Lung Disease; Public Health Action;Indian Journal of Public Health; Indian Journal of Community Medicine among many. He ismember of many national and international scientific bodies. At this young age, he had completedmorethan independentlywith almost 30 projects 10 national and internationalorganizations

Annexure-'3'

Executive Summary of Last IPHMDP physical course at PGIMER, Chandigarh

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 not merely due to lack off technical expertise

In this context, an International Public Health Management Development Program (IPHMDP) was conceptualized in 2016 by Department of Community Medicine and School of Public Health 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 the past 9 years, 1600+ participants from 96+ countries participated which showed an ever-increasing enthusiasm among global participants.

The current program conducted by Department of Community Medicine & School of Public Health, PGIMER that hosted 50 delegates from Nepal. It is 'one of a kind' public health management program in the country which endeavors 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 about strengthening the health care system -learnings from India, management and leadership approaches in health care settings, communication and advocacy, making strategic and operational plans- applications, monitoring and evaluation of programs and tools and artificial intelligence and its application in healthcare. 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, and management games); 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.

'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 logo representing the program, voracious reader, best cultural performer and best action plan were bestowed to the participants during the 'valedictory ceremony' of the program. Few participants with extra ordinary leadership abilities were honored with special titles such as emerging leader award, best team player award and humble leader award. 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 during 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 leadership 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. Every day, few participants were also given opportunity to assume leadership position. Yoga and bhangra sessions in early mornings were most liked aspect 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 cuisine served during the program (breakfast, lunch and tea/snacks in between) were carefully designed keeping in view the profile of participants. 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, #IPHMDP, #INDIAINNEPAL, #PGIMER etc.). A parallel email 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.

During the program, the participants appreciated the overall quality of training along with the field tour, where they were exposed to the Indian Health System along with its few best practices. They felt that it was a wonderful experience with a blend of learning, through various teaching methods which they can apply in their organization. They revealed that the program was well planned, organized, managed and full of knowledge which can be truly implemented in field settings and across different organizations. They expressed their willingness to scale up the program in their respective organizations and countries. The general proceedings and events were widely covered by the audio-visual and social media.