

**PUBLIC HEALTH POLICY AND MANAGEMNT PROGRAM**  
**under**  
**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**

Public health is the art and science of preventing disease, prolonging life and promoting human health 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 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, the department has also conducted almost 28 IPHMDP courses for Mid and Senior level program managers, Public health and policy and management program for senior policy makers, and Nursing Leadership and Management program for Nurses and online courses on various domains to public health. Recently, two special courses for Nepal and Myanmar has also been conducted. These programs aim to enhance the understanding of public health and the best practices in field for addressing contextual public health challenges for overall attainment of Sustainable Development Goals.

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 for nursing professionals complements the earlier program (IPHMDP) as it has been designed to showcase the best practices in Public Health, public health nursing models in India, hospital administration practice in India and other related professional development modules for participants of different countries

### **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 (ROTO)- 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)

## **H. Program Schedule for FY 2024-25**

2<sup>nd</sup> – 6<sup>th</sup> September 2025

## **I. 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.

### **J. 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.

### **K. 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 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.

### **L. Schedule**

<div><b><u>TENTATIVE PROGRAM SCHEDULE</u></b> <b>PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM</b></div>			
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	<b>Global Public Health Issues &amp; Challenges</b>	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
<b>Day 2 (Wed)</b>	09:00-09:30 AM	Recap Session	Participants
	09:30-10:30 AM	<b>Health Policy &amp; Frameworks: policy, context, process and actors (Part-1)</b>	Dr. Sanjiv Kumar, Former .Director, IIHMR
	10:30-11:15 AM	Assignment	
	11:15-11:30 AM	<b>Tea Break</b>	
	11:30-12:30 PM	<b>Health Policy &amp; Frameworks: policy, context, process and actors (Part-2)</b>	Dr. Sanjiv Kumar, Former .Director, IIHMR
	12:30-01:15 PM	Assignment	
	01:15-02:00 PM	<b>Lunch</b>	
	02:15-02:30 PM	Game	
	02:30-03:30 PM	<b>Formulation of public health policy -Agenda setting</b>	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur
	03:30-04:15 PM	Assignment	
	04:15-05:00 PM	Participant Forum	
<b>Day 3 (Thur)</b>	09:30-10:30 AM	<b>Government and the policy process</b>	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur
	10:30-11:15 AM	Assignment	
	11:15-11:30 AM	<b>Tea Break</b>	
	11:30-12:30 PM	<b>Interest Groups and Policy Process</b>	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur
	12:30-01:15 PM	Assignment	
	01:15-02:00 PM	<b>Lunch</b>	
	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	<b>Cultural Night</b>	
<b>Day 4 (Fri)</b>	09:30-10:30 AM	<b>Policy process and globalisation</b>	Dr. Mona gupta, Advisor, NHSRC, New Delhi/ Prof. Sonu Goel
	10:30-11:15 AM	Assignment	
	11:15-11:30 AM	<b>Tea Break</b>	
	11:30-12:30 PM	<b>Policy Implementation</b>	Dr. Mona gupta, Advisor, NHSRC, New Delhi
	12:30-01:15 PM	<b>Assignment</b>	
	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)	
<b>Day 5 (Sat)</b>	09:00-09:30 AM	Recap Session	Participants
	09:30-11:30 AM	<b>Policy analysis</b>	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur
	11:30-12:00 AM	<b>Tea Break</b>	
	12:00-01:00 PM	Participant Reflection /Feedback/ Social Media	Participants

		time	
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Game/ energiser	Participants
	02:30-03:30 PM	Action plan presentation, Feedback	
	03:30-05:00 PM	VALEDICTORY CEREMONY	Participants

## **Annexure ‘1’**

### **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’**

### **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 implementing 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-‘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 of 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 7 years, 1300+ 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.