



1st Public Health Policy and Management Program

(under International Public Health Management Development Program)

1st October - 5th October
2018



Sponsored by:
Ministry of External Affairs, Govt. of India
(under Indian Technical & Economic Cooperation Programme)



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एवं

प्राचार्य नेत्र रोग

संख्या / No. D.P.G.I.-4/18/860

दिनांक / Date 30/10/2018



Foreword

It gives me an immense pleasure and pride in bringing out the report of the 1st International Public Health Policy and Management Program (PHPM) conducted by Department of Community Medicine and School of Public Health, PGIMER, Chandigarh from 1st October- 5th October 2018.

Despite having achieved milestones in various areas of public health, most of the developing nations are not only struggling with dual burden of communicable and non-communicable diseases, but are also battling outbreaks of emerging and re-emerging infectious diseases. This flagship program of Ministry of External Affairs, Government of India is first in the country in public set-up which caters on building decision-making capacity of policy makers and senior implementers of 161 ITEC countries in Asia, Africa, East Europe, Latin America, the Caribbean as well as Pacific and Small Island countries. The focus of program in addressing contextual public health challenges across these ITEC nations through showcasing and exchanging best practices of the country is praiseworthy.

Besides many scientific technical sessions on the agenda, the current program used adult-learning methodology like case studies, games, quiz, role plays, videos, mobile applications etc for imparting key knowledge and skills to the participants. In addition, there were field visits to Municipal Corporation and Health Departments of Chandigarh and Punjab where various government health schemes like mega health-insurance scheme for poor named Aayushman Bharat, *Swachya Bharat Abhiyaan* (Clean India Campaign) were demonstrated. A study tour to our premier institution was also made in order to witness State of Art patient care services like tele-medicine, tele-evidencing, ASHA Jyoti mobile outreach van, organ donation facility (ROTTO), hospital engineering etc. In order to provide the reflection of Indian culture and reenergizing the delegates, Yoga and Meditation sessions were also organized.

I am personally encouraged to see more such programs for policy makers and senior implementers in near future. I fully hope that the program was able to meet its pre-set objectives, which were evident from the overwhelming positive feedback received from the participants and faculty of program. I would also extend my sincere thanks to Ministry of External Affairs, Government of India for sponsoring this imperative program under the flagship of Indian Technical Economic Cooperation (ITEC) Scheme. I would like to congratulate the entire team of Department of Community Medicine and School of Public Health for the grand success of the program and wish good luck for the future endeavours.



(Jagat Ram)

Preface

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.



Dr. Sonu Goel
Program Director

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.?

In this context, Department of Community Medicine and School of Public Health, PGIMER, Chandigarh, India conceptualized 1st Public Health Policy and Management Program (PHPM) under the overarching umbrella of International Public Health Management Development Program (IPHMDP), which is being routinely held from last 3 years. The goal of program is to enhance the skills and competencies of senior level policy managers and implementers for addressing public health challenges and strengthening efficiency of organizations in limited resource settings. The current program, held from 1st - 5th October 2018, is sponsored by Ministry of External Affairs, Government of India under Indian Technical and Economic

Cooperation (ITEC) Scheme. Around hundreds of participants across globe applied for this program, from which we shortlisted 26 participants from 15 countries (namely Kenya, Trinidad & Tobago, Nigeria, Mongolia, Oman, Palastein, Sudan, Cambodia, Philippines, Sierra Leone, Mauritius, Vietnam, Slovak Republic, Azerbaijan, Bangladesh, and Lebanon) after rigorous selection criteria and detailed deliberations.

The approach used in the program is a Judicial mix of learning methods (traditional formal learning through lecture, power point presentations, group discussions, role plays and informal learning through case studies, exercises, videos, real case scenarios, and field visits); Application centered learning (participants prepare an action plan during the program to be implemented within 6 months of completion of program); Experience based learning (by an elite panel of leaders and experts like technocrats, bureaucrats and legislators); Peer learning (through sharing best practices of various countries by the participants) and Cross-cultural integration (Yoga and Meditation sessions, local cuisine, field trips and hosting a cultural event with gala dinner). I truly hope that the participants replicate the learning during the program into real-life practice in their country settings.

I extend my sincere thanks to Ministry of External Affairs, Government of India who had sponsored this imperative program under the flagship of Indian Technical Economic Cooperation (ITEC) Scheme. I also take this opportunity to thank my entire team Dr. Kirtan Rana, Dr. Kritika Upadhyay , Dr. Nisha Makkar, Dr. Kiranjit Kaur, and Dr. Alka, who had made no stone unturned in providing best of hospitality, cuisine, entertainment and also an academically rewarding time to share and exchange ideas over the five-day intensive scientific program. I must also thank all the participants for their proactive participation in all the sessions which helped us in achieving our goal of strengthening health system by application of principles of public health management.



Dr. Sonu Goel
Program Director
(PHPM)

Executive Summary

In recent years, increasing attention has been paid to the use of research in the formulation of health policy as a way of enhancing its effectiveness.

Health-related policy and its implementation is a complex phenomenon. The public health challenges faced by the developing countries and continents (India and other developing nations alike) call for skilled professionals, who can develop and implement policies for encompassing rational decisions made at national or subnational level (including funding decisions). This can be ensured by empowering senior officials who are involved in policy making.

To address these challenges, an International Public Health Management Development Program (IPHMDP) was conceptualized in 2016 by School of Public Health which aims at enhancing the skills and competencies of middle and senior level program managers for addressing public health challenges and strengthening efficiency of organizations in limited resource settings. In the series, a five day **1st Public Health Policy and Management Program** was organized by Department of Community Medicine and School of Public Health, PGIMER, Chandigarh from 1st – 5th October 2018. This flagship program is **FIRST** program in the country in public set-up which caters on building capacity of policy makers and senior implementers of 161 countries in Asia, Africa, East Europe, Latin America, the Caribbean as well as Pacific and Small Island countries. The program is fully sponsored by Ministry of External Affairs, Government of India under Indian Technical Economic Corporation (ITEC) Scheme. In this program, we have trained 26 delegates from 15 countries namely Kenya, Trinidad & Tobago, Nigeria, Mongolia, Oman, Palestine, Sudan, Cambodia, Philippines, Sierra Leone, Vietnam, Slovak Republic, Azerbaijan, Bangladesh, and Lebanon.

The modules covered during the program were Understanding Indian Health System, Health Policy Framework, Health System strengthening and Governance, Agenda setting & policy implementation Human Resource in health policy, Policy Analysis, Use of Technology in Public Health Management & leadership, Economics in public health policy. To ensure the application of learning during the program, every participant were asked to get their health statistics of their respective countries and a health map was prepared for contextualizing the public health problems in participating countries which formed the basis of teaching during the program. Besides a session on Action Plan Preparation was organized, in which each participant prepared an individual action plan based upon their priority public health problems which they need to work upon on arrival to their respective country. The participants who will successfully submit their action plan by the desired date/time will be followed up after 6 months for their Action Plan Implementation Report. The best report shall further receive a Certificate of Appreciation.

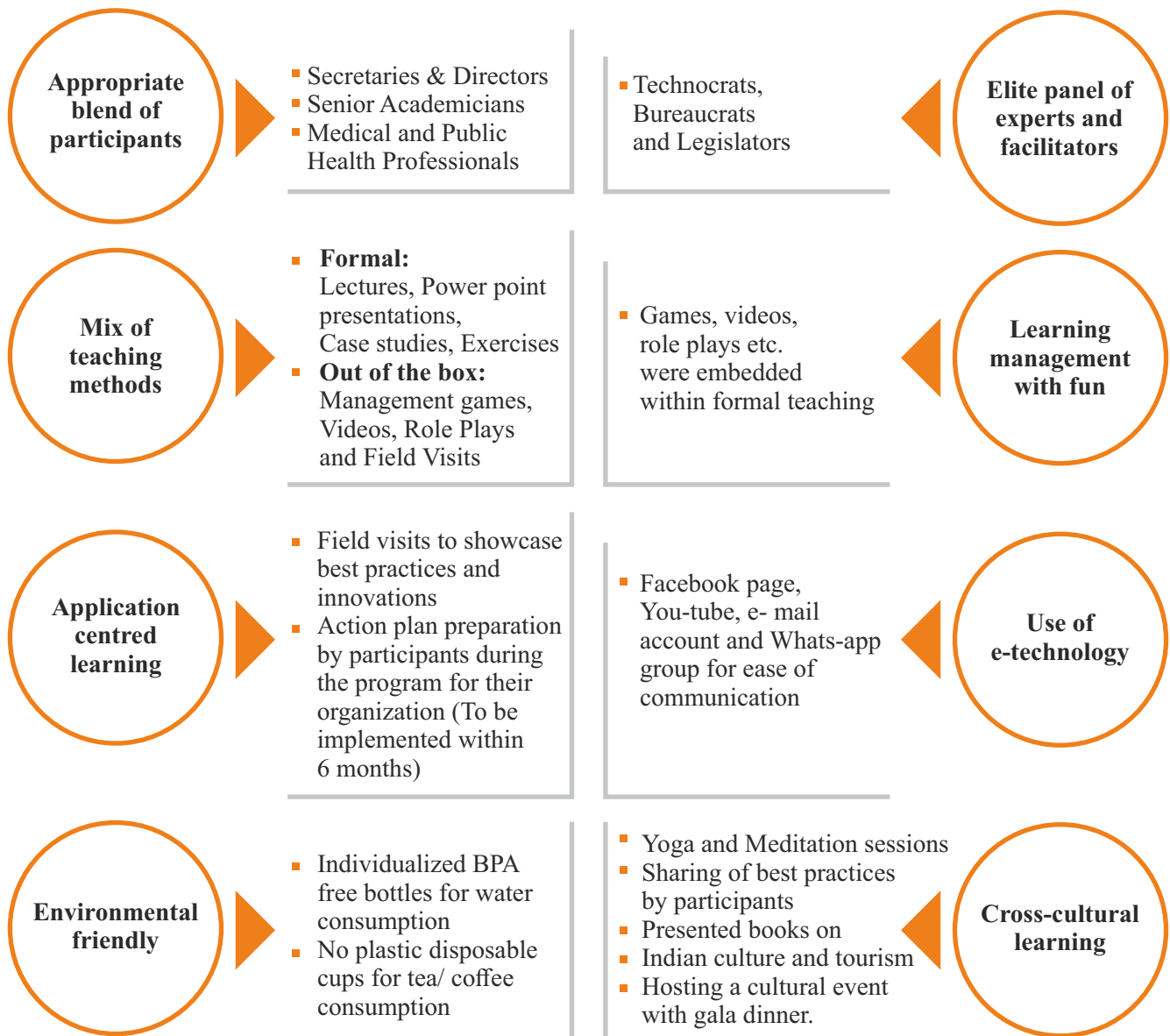
The **key highlights of the program** were; its design which focused on learning through a mix of traditional formal learning methods (lecture, power point presentations, case studies) and informal learning methods (role plays, exercises, real case scenarios, management games, videos); its concept wherein focus was on application based learning in which the participants prepared an action plan during the program for their organization (to be implemented within 6 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 an opportunity to meet leaders in

field of Public Health. A field visit was planned which was intended to gain hands on experience and showcase the best practices/ innovation of the country so that they can replicate the similar practices in their countries for effectively managing the existing and emerging public health challenges. The participant visited Municipal Corporation of Chandigarh and Punjab, Government health facility (Govt. Medical specialty hospital) for understanding the flagship schemes implemented by the state. They also visiting select departments of PGIMER to witness State of Art patient care services like tele-medicine, tele-evidencing, ASHA Jyoti mobile outreach van, organ donation facility (ROTTTO), hospital engineering etc. Apart from this, a cultural evening led them to informally interact with each other for peer learning and networking for future endeavors. Yoga and meditation session in early mornings were flavors of the program for depicting Indian culture and energizing them for the program.

“PHPM Contest” was also organized during the program wherein, various awards pertaining to different activities viz. best dressed person, most participatory participant, e-IPHMDP, best logo & tagline best cultural performer were honoured during valedictory session of the program. The active participation of participants was ensured by the presentation of the reflection of key concepts/ teaching of previous day by the participants, participation in IPHMDP contests, management games during lunch and evening sessions, participation in role plays during sessions, and delegating responsibility to them for organizing cultural event at gala dinner.

Besides academics, we provided a platform for cross-cultural learning through sharing of best practices by participants, presented books on Indian culture and tourism, along with hosting a cultural event with gala dinner. 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 You-tube. A parallel e- mail account and Whats- app group was also maintained by the organizers to keep the participants updated 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 media.

Key Highlights of the Program



Organising Committee of the 1stPHPM, 1st- 5th October, 2018

Program Description

PREAMBLE

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

The aim of good management is to provide health services to the community in an appropriate, efficient, equitable, and sustainable manner. The skills and ideas that policy maker bring to the table provide a fresh approach to tackle a health situation with significant patient benefits. A significant portion of management in policy maker involves skills and competencies such as decision making, motivating staff, communicating and negotiating with stakeholders, and maintaining certain attitudes and behaviours that maximize staff discipline and performance. Despite of having one of the best policies on paper, they lack the necessary strategy that enables policymakers to navigate through public health issues and challenge. There is non availability of best evidences for development, implementation and management of policies, neither in government nor in private sector. Most of the existing courses on Public Health Management are theoretical, extensively elaborative and does not comprehensively cover various aspects in a single program and are often not sufficient to provide all the necessary skills. In order to improve effectiveness and efficiency of health care delivery system, there is a need to devise programs 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 workforce.

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)

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.
-

PROGRAM 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. In the current program, a total of 26 participants from 16 countries across the globe participated to enhance their skills in public health policy and management.

Program Description

**WE ARE THE FIRST OF OUR KIND
"TORCH BEARERS OF PHPM"**



PARTICIPANTS REPRESENTATION



Program Description

PROGRAM OUTCOME

At the end of program, the participants shall 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.

PROGRAM CONTENTS

MODULE: 1-Understanding Indian Health System

MODULE: 2-Health Policy Framework

MODULE: 3- Health System Strengthening and Governance

MODULE: 4-Health Map of India

MODULE: 5-Agenda Setting and Implementation

MODULE: 6- Human Resource in Public Health

MODULE: 7- Presentation of Health Map of participating countries

MODULE: 8- Policy Analysis

MODULE: 9 - Use of Technology in Public Health

MODULE: 10- Management & Leadership in Health

MODULE: 11-Economics in Public Health Policy

MODULE: 12-Action Plan Development

PROGRAM DURATION AND VENUE

Duration: The duration of program was five days from 1st-5th October, 2018.

Venue: Conference Hall, Hotel Parkview, Sector 24 B, Chandigarh



Teaching Methodology



Case Studies



Group Work



Lecture



Management Exercises

Teaching Methodology



Management Games



Management Quiz



Role Play



Video Lesson

Program Schedule

Public Health Policy and Management Program (PHPM) Date: 1st - 5th October, 2018

Day & Date	Time	Topic of Presentation	Resource Persons
01/10/2018 Monday	09:00-10:30 AM	INAUGURAL CEREMONY	
	10:30-11:45 AM	Understanding Indian Health System	Dr. Sanjiv Kumar (NHSRC)
	12:00- 01:00 PM	Health Policy Framework	Dr. Sonu Goel (PGIMER)
	02:00- 03:15 PM	Case study discussion	
	03:30- 04:30 PM	Health System Strengthening and Governance	Dr. Rakesh Gupta (Govt. of Haryana)
	04:30- 05:00 PM	Health Map of India	Dr. Sonu Goel (PGIMER)
02/10/18 Tuesday	09:00-09:30 AM	Reflection of previous day	Participants
	09:30-10:30 AM	Agenda setting & Policy Implementation	Dr. Sonu Goel (PGIMER)
	10:30-11:45 AM	Case study discussion	
	12:00- 01:00 PM	Human Resource in Health Policy	Dr. Preethi Pradhan (Chitkara University)
	02:00- 03:15 PM	Case study discussion	
	03:30- 05:00 PM	Presentation of Health Map	Participants
03/10/2018 Wednesday	09:30-05:00 PM	FIELD VISIT TO CHANDIGARH AND PUNJAB	
04/10/2018 Thursday	09:30-01:00 PM	FIELD VISIT TO PGIMER	
	02:00- 03:15 PM	Policy Analysis	Dr. Sonu Goel (PGIMER)
	03:30- 04:30 PM	Case study discussion	
	04:30- 05:00 PM	Use of Technology in Public Health	Mr. Manav Chaudhary Dr. Kathirvel (PGIMER) Mr. Siddharth Angrish
05/10/2018 Friday	09:00-09:30 AM	Reflection of previous day	Participants
	09:30-10:30 AM	Management & Leadership in Health Policy	Dr. Sonu Goel (PGIMER)
	10:30-11:45 AM	Economics in Public Health Policy	Dr. Shankar Prinja (PGIMER)
	12:00- 03:15PM	Action Plan Preparation and Presentation	Participants
	03:30- 05:00 PM	VALEDICTORY CEREMONY	

Program Proceedings

Day 1 (1st October 2018, Monday)

Registration (08:15 AM to 09:00 AM)



The delegates from various countries were welcomed at the registration desk in a traditional way with a tilak ceremony, a warm smile and a beautiful rose. A welcome note to each participant was given by Dr. Sonu Goel (Program Director) and the participants

were badged with the Program Logo by the members of organization team. Thereafter, they were formally registered and provided with conference kit which included a Comprehensive module of the program; ID Cards; Books on Hospital Administration, Indian culture, Natural beauty in Chandigarh; and a Pen Drive loaded with soft copy of study material. The participants (n=26) were allocated into 5 groups of 5-6 participants per group as follows: Movers, Shakers, Rockers, Takers and Hoppers, in random fashion on each day of the program for ensuring interaction amongst participants and peer-learning. The flags of countries are placed on the table and randomly rotated each day. The participants were asked to take their seats by finding their country's flag on the table every morning.

Inaugural Session (09.00 AM to 09.45 AM)



the lamp symbolizes the life, light of divinity, wisdom, intellect and good work. Thus, this lightening brings a hope of protection against ignorance and brings positive thoughts amongst us to fight negativity in our lives and bring wisdom by learning new things.

The welcome address was given by Dr. Sonu Goel, Program Director cum Additional Professor, School of Public Health, PGIMER, Chandigarh. He extended a

The anchor for the program Dr. Kiranjit Kaur welcomed the delegates and guests for the program. The Chief Guest for the ceremony Honorable Professor Jagat Ram, Director, Post Graduate Institute of Medical Education and Research (PGIMER); Guest of Honour Prof. Rajesh Kumar, Dean Academics, PGIMER and Dr. Sanjiv Kumar, Director, Indian Institute of Health Medical Research (IIHMR) were extended floral welcome by Program Director Dr. Sonu Goel and his team. Thereafter, guest were invited for the lamp lightning ceremony with a background note of *Saraswati Vandana* and the audience were briefed that



very warm welcome to distinguished guests and participants who had travelled from different parts of the world to attend the coveted program. The participants were provided a glimpse about India and





'the city beautiful' Chandigarh. They were then provided with an overview of the host institution. Thereafter, the program aims and objectives were presented to them in a lucid manner. He told that the current program is another program in the series of International Public Health and Management Program (IPHMDP) being successfully conducted by School of Public Health, PGIMER Chandigarh for the past 3 years. After providing a glimpse of the journey of five



implementation in their home countries, expanding professional networks and in doing so making new friends and everlasting memories.

The Guest of Honour, Prof. Rajesh Kumar spoke about the importance and inter-linkage of three words- Public Health, Policy and Management. He reiterated the role



IPHMDP program held over last 3 years, he described the contents along with the unique mixed teaching methodology to be adopted in the program. He emphasized the crucial role of public health policy makers in addressing public health challenges in limited resource settings of developing countries for achieving Universal Health Coverage. All the participants were enthusiastic and in a mood to learn the new aspects discussed in the program overview. "IPHMDP Contest" was announced to the participants which had various activities viz. Participatory Participant, Best Dressed Participant, Best Selfie, Best Logo and Tagline, Best cultural performer, and e-IPHMDP. By mentioning 'quotes' of participants of earlier programs, he told that how the program is helpful in developing strategies for



of policy makers in addressing key public health issues by placing the right agenda in policy making. He also highlighted that the policy makers should encompass key management skills and is responsive for people while framing a policy. Prof. Sanjiv Kumar also underscored the importance of current program in framing right policy decisions. He described the rational process towards making of India's Health Policy 2016 document and his involvement in steering the entire process. The Chief Guest of occasion, Prof. Jagat Ram welcomed the delegates of different

countries and congratulated program organizers and ITEC, Ministry of External Affairs for conducting such useful program which aims to showcase best practices in Public Health in India. He also appreciated the myriad and unique teaching methodology of the program along with field visits and yoga and meditation sessions for reenergizing the participants. He strongly opined that such programs will not only bring laurels to institution and the country, but also help senior policy makers to inculcate leadership and management skills for effective policy making of their countries. The Director, Prof. Jagat Ram also formally inaugurated the Resource Centre for Tobacco Control, which is developed by School of Public Health, Post Graduate Institute of Medical Education and Research



(PGIMER) under Bloomberg Initiative for tobacco control 22-20 INDIA PROJECT (2018-2020). Dr. Kritika Upadhyay, Junior Demonstrator and Coordinator of the program ended the ceremony with a vote of thanks. It was followed by a group photograph and high tea.

Self-introduction of Participants (10:00AM to 11:00AM)



The participants, faculty members and the organizers introduced themselves to the group in a unique and memorable manner through an interactive ice-breaking session called “Know Your Buddy”. The participants were randomly grouped into pairs and were asked to interact among themselves for few minutes. Thereafter, each participant shall introduce their fellow participant about their work, family and even hobby. A power-point presentation had been prepared by organizers which



highlighted the details of the participants including their names, designation, institute name and their photograph which helped them to introduce themselves in a better way. The participants utterly enjoyed the session.

A pre-test-questionnaire comprising of 30 questions was distributed to be filled by the delegates to check their knowledge about different modules of public health policy and management.



MODULE 1

Understanding Indian Health System-Dr. Sanjiv Kumar (10.45 AM to 12.00 PM)



Dr. Sanjiv Kumar did his MBBS and MD from AIIMS, New Delhi, and DNB in MCH and MBA in Strategic Management. He has 41 years of experience in public health across 29 countries. He is an Adjunct Professor (Leadership, Global Health & Strategic Management) at INCLIN Institute of Global Health. As Executive Director at National Health Systems Resource Centre, he led a team of 120 staff to provide technical support to Ministry of Health and Family Welfare and 36 state and UTs governments in India. Dr. Sanjiv Kumar has published more than 100 papers in scientific and popular magazines and chapters in books. He has received many international and national awards in recognition of his contribution to public health in India and abroad. He has been conferred four national fellowships. He is currently Director, International Institute of Health Management and Research in New Delhi.

He started his presentation with a brief overview about historical perspective of health system in India. He described the changes and reforms in health system from 19th century to the independence and post-independence era. He highlighted the importance of Ayurveda and Yoga which are one of the oldest systems of health care in the World and deals with both preventive and curative aspects of health. Further he put emphasis on the National Rural Health Mission and initiatives taken under this programme such as increasing public health expenditure, decentralization, community participation etc. He also underscored the recent initiatives of Government of India such as Ayushman Bharat and National HealthCare Innovation portal. The audience was thoroughly engaged in his lecture and participated eagerly in the discussion.



Energizer: Warm up session

The pre-lunch session started with an Energizer. The participants were asked to voluntarily find a match/partner with the group. Different handshaking postures were numbered (e.g. Normal Handshake=1, Handshake with Left Hand=2, Both Handshakes=3, Handshaking while joining Backs=4, and Normal Handshake in sitting posture=5). The moderator randomly announces the number from 1 to 5 and participants were asked to perform the relevant handshake with their partner based on the call of the number. They got refreshed after this exercise and had a smile that lingered over to the next consecutive technical session.



MODULE 2

Health policy Framework- Dr. Sonu Goel (02:00 PM -3:15 PM)



Dr. Sonu Goel is Additional Professor of Health Management School of Public Health PGIMER; Chandigarh. He is a Medical doctor with MD in Community Medicine with 15 years of experience. He has Fellowships of various public health organizations (IPHA, IAPSM, IMSA and MNAMS) and is an Alumnus of John Hopkins School of Public Health, Baltimore, US and Maastricht University, The Netherlands. He was awarded public health excellence

of India by Hon'ble Union Minister of Health & Family Welfare in 2014.

Dr. Goel provided a presentation about Health Policy Framework. He started his talk with a discussion about what policy is, who policy makers are and why there is a need for a policy. Further he elaborated the characteristics of a policy i.e. at which level it is formed, which departments are involved and what are the policy





elements. By providing various instances, he explained about the policy in health sector and the need of framing health policy. He ignited the thought process of the participants by involving them in the discussion. He also throws a light upon the role of politics in making health policy. Thereafter, he discussed about the steps of



policy process starting from problem Identification, formulation, implementation and finally policy evaluation. Health policy triangle by Walt and Gilson (1994) was explained to the audience where the relationship between content, context, actors (stakeholders) and process was highlighted. Actor's influence the policy process by the concept of power. Various contextual factors like Situational, Structural, Cultural, International and Exogenous play key role in forming the policy. Citing the example of formation of various health policies of India, he explained the role of these four components of Health Policy Triangle. The participants also discussed the health policy formed in their country within the perspective of Health Policy Triangle.



MODULE 3

Health system strengthening and Governance – Dr. Rakesh Gupta (03.30 PM – 05.00 PM)



Dr. Rakesh Gupta IAS, Additional Principal Secretary to Chief Minister, Haryana, India. He is a chemical

engineer, graduated from IIT Delhi and joined the Indian Administration Services in 1997. He completed his PhD in Public Health (Health Systems) from the Johns Hopkins School of Public Health in 2011. As a part of the senior civil services he has served in different capacities at both district and state level. He has worked as Secretary to the State Public Examination Body (Haryana Board of School Education) and is currently working as Additional Principal Secretary to Chief Minister Haryana. He is looking after various social





sector departments and Information Technology department in Chief Minister's Office and is focal point on Beti Bachao Beti Padhao (Save the girl child, Educate the girl child) and Swachh Bharat (Clean India) campaign.

He started the session by giving a brief background about his work in public health in past six years from the lens of governance. He talked about the issues in public health governance like commitment, shared vision,



leadership and team building by taking examples of various programs of the government like Beti Bachao, Beti Padhao and Swachh Bharat Mission. He also underscored the role of quality of health care, supportive supervision, team-work, transparency, accountability, in various initiatives. He discussed about Government of Haryana 'Good-Governance Project' where information technology (IT) has been a bigger enabler for efficient health system. He also highlighted that any governance project should be simple, focused, efficient and effective, integrated, equitable, and participatory. He emphasized the role of direct oversight, decentralization, active stakeholder participation, robust regulatory mechanism, transparency and accountability in a robust governance system. He cited all these principles of governance in health care through appropriate real-life examples, which were highly appreciated by the participants.

Video lesson

Role of e-health in Indian health system

Through this short video, the participants were able to appreciate the importance and immense potential of e health and IT in health care sector. By incorporating e-health in main health care system, the delays in seeking care along with time lag between diagnosis and recovery will be greatly reduced even if there is a weak infrastructure and other human resource issues.



MODULE 4

Health Map of India - Dr. Sonu Goel (12:00 PM -01:00 PM)

Dr. Sonu Goel started the session by asking a question to the delegates that 'why we need health maps'. By citing suitable examples, he made them understand that health maps are effective form of visualizing information, in

identifying health care access disparities and trend, formulating and delivering priority points and improving service delivery. Thereafter, the six frameworks used for comparing health systems were



discussed which includes Performance framework, control knobs framework, Building blocks framework, Primary healthcare framework, Systems framework and Integrated monitoring framework. Further he discussed the need for shifting from Millennium Development Goals (MDG) to Sustainable Development Goals (SDG). Then, changes in various health related indicators of SDGs by different geographical regions of globe were discussed by interactive maps. The participants visualise the health indicators of their geographic regions and were able to compare them with their fellow colleagues of other region. Thereafter, 10 key indicators of India were depicted along with their journey from 1990 to 2017 along with the desirable goal of these indicators by the year 2030 as per SDGs.

Later, the participants were given a sheet containing the 10 health indicators (as described for India) where they have to fill their current country statistics (2017-18) against the given health indicator from their country's data base or WHO's database. Then, they need to plot these indicators on a calendar (Health Map) placed by the organizers in the hall. By this exercise, they were able to know their country's priorities in health and related sector and also were able to compare indicators of their country with country of their fellow colleagues. The participants were also able to estimate how long they have to go to achieve the global targets of Sustainable Development Goals by the year 2030. This exercise on the first day provided a stimulus to the participants to reflect upon the priorities in policy making for their country.



Energizer: Warm up session

All the participants 'of the program were divided into 2 teams. Both the teams were asked to perform simultaneously. Each member of the team was given rings and straws. All of the team members were asked to stand in a queue. Members were asked to pass the rings from one end of the queue to another end by means of straw holding in their mouth without touching by hand. In this way, they keep on transferring the ring till the last team member who will drop that ring into the bowl over the table. The team with maximum transferred rings in stipulated time was considered the winner. This short game depicted the importance of coordination and team-spirit in solving the problem and refreshed the audience for the next session.



Day 2 (2nd October 2018, Tuesday)

Reflection of the previous day (09:00 AM- 09:30 AM)

The day began with the feedback from the participants about the previous day's technical sessions. Volunteers from the previous day Ms. Rima Abd El Samad from Lebanon and Dr. Sawsan Abusharia from Palastein presented the first days feedback. This was followed by declaration of winners of 'Best Dressed' Ms. Lovelyn from Nigeria and 'Most participatory participant' Ms. Rima Abd El Samad from Lebanon. One participant from each of the 5 groups volunteered to be the group leader for that day who was asked to coordinate the activities within his/her group. The necessary announcements related to the day and regarding the field visit was done.



On occasion of Father of Nation, Mahatma Gandhi's Jayanti, all the delegates took a non violence pledge in his remembrance.



MODULE 5

It comprised of 2 sessions:

SESSION 1 –Lecture on agenda setting and implementation

SESSION 2 –Case study discussion

Session 1- Agenda setting and Implementation– Dr. Sonu Goel (09:30 AM- 11:30 AM)

Dr. Sonu Goel started the lecture with the introduction of the topic, what agenda is and why only some issues get onto the policy agenda. He told that agenda is list of issues or problems to which government officials and people outside of government closely associated with those officials, are paying some serious attention at any given time. He categorized the issues into reaction to crisis- (War/ Earthquake/Outbreak of disease etc.) and reaction to routine

circumstances {Politics as usual like gradual increase in incidence of problem (e.g. MDR TB), long term change in demographics or socioeconomic conditions (e.g. ageing) etc.}. The audience was explained how agenda setting and policy change under crisis situation by illustrating an example of Economic crisis (oil shock) in 1980's which led to World Bank's agenda for reform in financing health care. Further he told that agenda setting is not one man's deal, there are many who set the agenda such as government, non-state actors, media etc. Emphasis was given on the media and was told that media plays the key role as influencer in agenda setting



by playing a role in acting as a source of information, propaganda making, and agents of socialization and legitimacy to bring newer perspective. Moving further, various theoretical models of agenda setting were taught. The three components “Hall Model” by Hall et al. emphasized the role of legitimacy, feasibility and support. Legitimacy is the right or even obligation to intervene, feasibility is the practical solutions that exist for implementation of the policy whereas support refers to public support. He told that the odds of reaching issue into policy agenda and faring well increases if all three falls at high end. Another model describing the policy process “Kingdon Model” was elaborated. He conceives of policy emerging only when three 'streams' – the problem stream (perception of problem by the

policy makers), the policy stream (ongoing analyses of problems and their proposed solutions together with the debates) and the politics stream (comprised of events such as swings of national mood, changes of government and campaigns by interest groups) run together. He highlighted the role of visible and hidden participants in agenda making. Once the agenda setting is done he told the next step is the implementation which is the process of turning a policy (policy expectations) into practice (results). He told that it is done either by top down approach (Policy setup at higher level and communicated to lower), bottoms up approach or other approaches such as Principal agent relationship or transactional cost economics (reducing cost). He ended his presentation by depicting a flowchart with a key to successful policy implementation. Audience were engaging and delightful throughout the session which was expressed in a lucid manner.

Session 2- Case study discussion – Dr. Sonu Goel (10:30 AM- 11:45 AM)

The participants were asked to read the case study from the Program module and questions were given at the ends which were discussed during the session.

Brief of Case study: Malaria Control and Elimination in Sri Lanka

The case study employed qualitative and quantitative methods for Malaria Control and Elimination in Sri Lanka. It also documented the progress and success factors in a conflict setting. Data for the study were collected from published and grey literature at district-level and national records. A total of thirty-three key informant interviews were conducted in two districts for two years 2004 and 2009. The data (quantitative and qualitative) were reviewed to identify costs categorized

into personnel, travel, equipment, consumables, and services factors that contributed to the decline in malaria in Sri Lanka. Intervention groups were formulated to estimate the coverage of vector control, prevention, diagnosis, prophylaxis, surveillance across conflict and non-conflict districts. Programme structure included the Anti-Malaria Campaign (AMC) by Directorate in Colombo for guiding and coordinating all malaria control activities, passive and active case detection, parasitological and entomological



surveillance, seasonal transmission, potential epidemics and vector breeding. The recommendation during the program was given that all fever patients were to be tested for malaria. The Sri Lankan government and the Global Fund were the main sources of funding for malaria control in Sri Lanka. The case explained the implementation process used for malaria control and elimination. By providing various instances principal agent relationship were described to the audience. The participants were asked to frame policy implementation process of any program of their respective countries. The whole session was interactive and highly informative

High Tea (11:45 AM to 12.00 PM)



MODULE 6

It comprised of 2 sessions:

SESSION 1 –Lecture on human resource in health policy

SESSION 2 –Case study discussion

Session 1: Human resource in Health policy- Dr. Preethi Pradhan (12:00 - 1:00 PM)

Dr. Preethi Pradhan is Dean, Chitkara School of Health Sciences, Chitkara University Chandigarh and is a Healthcare Management Professional with 20 years of experience. She has worked for over a decade at the WHO Collaborating Centre of Aravind Eye Care System. She has experience & expertise of teaching, training, mentoring and coaching health management and leadership professionals and has been actively involved in design and implementation of various courses. She was also instrumental in working with leadership teams to set up healthcare training facilities not only in India but also in Africa & other Southeast Asian & African countries. She was recently listed in the top 50 global women healthcare leaders.

The session started with a short video 'IMAGINE' , a story about a health worker, who after getting her education moves abroad to chase her dreams leaving behind the people in need. The video inculcates the thought of health worker attrition from developing nations which in-turn underscores the need of providing enabling environment in health care sector for its retention. She stated that Global strategy for health workforce 2030 addresses, in an integrated way, all aspects ranging from planning, education, management, retention, incentives, linkages with the social service workforce, can inform more incisive, multi-sectoral action, based on new evidence and best practices.” She told that every nation should use this monitoring framework of WHO to optimize the retention of health workers in their country. She primarily discussed the importance of allied health professional (like Para medics, AYUSH) in delivering health care citing various models of utilising them optimally in countries like United States, United Kingdom, and Australia for efficient health care. A glimpse of the Indian journey of health workforce and



models for tackling inadequate HR was discussed with special emphasis on HR planning. The team-based integrated healthcare delivery model was discussed, wherein teamwork and collaboration are necessary for optimum results. Thereafter, the issue of Caribbean workforce was discussed with interactive graph showing that with decreases in health workforce, maternal and child mortality increased.



Two videos namely 'who is a health workforce' and 'How powerful is health workforce' was shown. Thereafter, another video on 'HRH innovations in India' was shown where various innovations starting from providing incentives, improving professional and family environment, task shifting etc. were explained. Along with describing the challenges faced by health workforce, the dimensions of human resource sustainability i.e. availability, competence, responsiveness and productivity were debated. Interactive session between the participants and lecturer developed a clear thought process about the need to retain a quality HR and possible strategies for framing a HR policy in their country.

Lunch (1:00 PM to 2.00 PM)



Video lesson

Role of Government in Health System Strengthening

The video talked about the government commitment towards improving health care facilities by undertaking substantial changes like up-gradation of health centres with newer and high technology equipment's, 24 hours call centre for attaining that last mile connectivity and many other initiatives.



Session 2: Case study discussion - Dr. Preethi Pradhan (2:00 - 3:15 PM)

Case study discussion on issues of migration in health workforce, task shifting and training of health workforce was done in a Panel Discussion.

Brief of Case study

Case study 1- Task-Shifting in HIV Care: A Case Study of Nurse Centered Community-Based Care in Rural Haiti

This case study is related to severe shortages of healthcare workers and crisis of human resources in developing countries in concern to HIV care. The study

was performed to evaluate the health service delivery model in which a task-shifting approach from doctors to nurses and community health workers in rural Haiti. Data were collected using mixed quantitative and qualitative methods at three clinics in rural Haiti. Distribution of tasks for HIV service delivery; types of tasks performed by different cadres; program outcomes; access to HIV care and acceptability of the model to staff were measured. It was seen the shift of tasks occurred from doctors to nurses and to community health workers compared to a traditional doctor-based model of care. Nurses performed most HIV-related

tasks and community health workers were involved in over half of HIV-related tasks. As a result HIV services were rapidly scaled-up in the areas served; loss to follow-up of patients living with HIV was less than 5% at 24 months and staffs were satisfied with the model of care. This case study made the audience understood that task-shifting in any healthcare system can act as a model for improving the health services and program outcomes.

Case study 2- Migration of health workers: Country case study Philippines

The study with a descriptive analytic case study design aims to provide in-depth information on the migration of Filipino health workers and the impact on individual migrants, their families, professions and the nation as a whole. It sets out to explore the reasons why health workers opt to migrate or stay in the country; discuss the factors such as working conditions, health service provision etc. that impact the health worker migration. Qualitative methods of gathering information like literature review; records review; key informant interviews; and focused group discussions were done in five cities – Manila, Cebu, Tagum, Valenzuela and Laoag. The case study made the participant understood the why migration takes place and what are the factors that lead to migration of health workforce. She also told the strategies that how to cope with the changes in their own settings.

This study aims to provide in-depth information on the migration of Filipino health workers and the impact this has on individual migrants, their families, professions and the nation as a whole. Specifically, the study sets out



to explore the reasons why health workers opt to migrate or stay in the country; discuss the impact of health worker migration on the country's health system, in terms of the working conditions of the remaining health workforce and the health service provision; analyse existing migration policies and practices and discuss the different and sometimes controversial viewpoints of the various key stakeholders; identify lessons learned and best practices; and recommend strategies and practices for socially acceptable management of health worker migration.

Case study -3 Bangladesh trains health workers to reduce maternal mortality

The study is based on the training of health workers in Bangladesh to reduce maternal mortality. A Task Force was formulated for scaling up education and training for Health workers. The initiative included in service training of medical officers in obstetrics and anaesthesia, nurses in midwifery, and laboratory technicians in safe blood transfusion. Initially, medical officers were trained in Nepal under the Maternal and Neonatal Health Care project. Subsequently, curricula were developed and the training was organised at the eight medical college hospitals in Bangladesh, for nurses and lab technicians with an objective to institutionalise competency-based training and accelerate output of trained providers. The case study discussion made the participants understood the need of training and the impact in retaining a quality human resource and possible strategies for framing a HR policy in their country. The session engaged the audience well and took an insightful session on human resource management. She engaged the audience well throughout the panel discussion.

Crossword

All the participants were divided into 5 teams. A hard copy of pre formed questions and crossword in supplementary sheet were given to each team. It was instructed that crossword can be filled in horizontal (across) or vertical direction (up down) only. The question number were the reference for filling the boxes in the crossword (reflecting same question number on the top left corner). The team was then asked to complete the crossword within the allotted time. The one who completed the crossword at the earliest was declared as winner.



MODULE 7

Presentation of Health Map of their respective countries

The participants were given a sheet containing the 10 health indicators i.e. maternal mortality ratio, neonatal mortality rate, HIV, TB, and Malaria incidence, UHC Coverage, Tobacco Prevalence, Mortality due to NCD, Safe water and Sanitation. They were asked to fill their current country statistics (2017-18) against the given health indicator from their country's data base or WHO's



database. Each country was asked to put the sticker in each graph as per their health statistics filled by them in the sheet. A sticker of red color was already placed on the dashboard reflecting the target to be achieved by 2030 for each country. By this exercise, they were able to know their country's priorities in health and related

sector and also were able to compare indicators of their country with country of their fellow colleagues. The participants were also able to estimate how long they have to go to achieve the global targets of Sustainable Development Goals (SDG) by the year 2030. This exercise on the first day provided a stimulus to the participants to reflect upon the priorities in policy making for their country.



Management Game – Make a Triangle (04:30 PM to 05:00 PM)

Five to six volunteers were called amongst the participants and were blindfolded. They were given a rope and asked to form various shapes from the rope displaying the skills for problem solving especially under unfamiliar circumstances. The participants understood the importance of leadership, unity of command, , planning, teamwork commitment, communication and coordination. This activity elicited great interest amongst the participants and fostered creativity.



Day 3 (3rd October 2018, Wednesday)

Meditation Session (6:00 AM -7:30 AM)

The day started with a meditation session with an objective to go beyond the mind and soul. This enlightens the participants that “conscious mind commands and the subconscious carry out.” The subconscious mind can be the source of great ideas, solutions and inspiration. The session was delightful and enjoyed by the participants.



Field Visit (09:00 AM- 5:00 PM)

Day three started with the announcements related to the field activity. All participants were ready for the field visit which was arranged for three places that were Municipal Corporation Chandigarh, Government



Medical Super Speciality Hospital sector 16 and Municipal Corporation Mohali

At 9:00 a.m. minibuses escorted the delegation from hotel to water treatment plant Sector 39 Chandigarh where the plant authority showed treatment, storage, chemical concentration, purifying process, and supply of water to various places. They also showed the solar panels for generation of electricity.

At 10 a.m. delegation started for the next destination which was Sector 36 Fragrance Garden where the participants were provided information about the newer initiatives of decomposing waste taken by the Municipal Corporation Chandigarh which not only



helped in decreasing the biodegradable waste but also in making rich manure. In similar way, other gardens in Chandigarh adopt similar practices. They also explain the free-to-use open gym concept (gym instruments in open) which has recently come up in the city resulting in generating high awareness about being healthy and fit. Few participants used their hands on various machines. The participants were cherished to see the lush green gardens of Chandigarh and enjoyed the ambience there by clicking few pictures and making videos.

The next destination was Municipal Corporation Chandigarh in Sector 17 which is present in the heart of the city. The delegates were welcomed and addressed by senior officials of Municipal Corporation along with The Mayor Mr. Devesh Moudgil. They were told about the democracy at grassroot level in India which has helped in continuously shaping and strengthening the



country. A video was shown to the participants highlighting the structure and responsibilities of the organization and the best practices being run in the tricity. It had complete details of the city beautiful Chandigarh, starting from the area, number of gardens to trees, household, water supply etc. Mr. Moudgil addressed about the "smart city" initiatives being undertaken by the Municipal Corporation, Chandigarh, which includes using modern techniques to save energy, open defecation free initiatives, segregation of



waste from source till final disposal, smart parking, encouraging feedbacks of citizens through mobile based application, provision of safe water issues etc. He also had a word about the rehabilitation of the poor slum population providing them good hopes for their settlement. The Mayor encouraged the delegates of 15 countries namely KENYA, TRINIDAD & TOBAGO, NIGERIA, MONGOLIA, OMAN, PALASTAIN, SUDAN, COMBODIA, PHILLIPINES, SIERRA LEONE, VIETNAM, SLOVAK REPUBLIC, AZERBAIJAN, BANGLADESH, and LEBANON to share their feedback and best practices of their countries. Other dignitaries like Superintendent Engineer (B&R) Mr. N P Sharma and other senior officials also discussed innovative initiatives in the city. Queries were invited from participants and discussion



was held thoroughly for a good understanding about the innovations & initiatives of tricity.

Then the delegation moved to Government Medical super Speciality Hospital Sector 16 where Dr. G. Dewan Director Health Services showcased the best practices in healthcare in Chandigarh. He gave detailed information on the new concept in India namely Ayushman Bharat scheme (also called National Health protection scheme) which aims to provide cashless service to 50 million population of country with 5 lakh free treatment for a family per year. They were shown the registration of families under Ayushman Bharat plan.

The delegates were shown a food safety van which is stationed at various sectors of Chandigarh on different days for checking adulteration of various food items (milk and spices etc.). A HIV surveillance van was also showcased to participants during the tour.



After lunch delegation moved to Municipal Corporation Mohali where they were welcomed and addressed by the Additional Commissioner along with the Joint Commissioner. They were briefed about the "Swachh Bharat Abhiyaan" (Clean India Campaign) and the initiatives undertaken by Municipal Corporation Mohali like open defecation free city, thoughtful generation and disposal of wastes and night sweeping machines through interactive videos & real time demonstration.

Participants were assisted by the resource person to the field visit to Lions Pvt. Limited, where they were shown the road cleaning machines which are being used in Mohali area. At 4 P.M., the Commissioner Food and Drug Administration, Punjab Sh. K. S. Pannu, IAS mentioned about the Food Safety and Standards regulations and actions against food adulteration. He also briefed about the flagship "Tandrust Bharat Abhiyan" (Healthy India Campaign) to the delegates. Dr. Rakesh, Joint Director briefed about the journey of Tobacco Free Punjab initiative and revealed that Punjab is the first state of India to unapproved e-cigarettes and banned the sales of loose cigarettes in the state. Municipal Commissioner, Mr. Bhupinder Pal Singh provided an overview of best practices of Mohali city. This field visit was intended to display the best Public Health Management practices of India so as to promote mutual exchange and replication in order to navigate the Public Health issues and challenges faced by the participating countries



Day 4 (4th October 2018, Thursday)

Yoga Session (6:00 AM- 7:15 AM)

The day started which was organized to provide reflection of a group of physical, mental, and spiritual practices or disciplines which originated in ancient India and aims towards a healthy mind in a healthy body. The session was actively enjoyed by the delegates.



Field Visit (9:30 AM- 1:30PM)

The 4th day of PHPM program for senior level policy-makers started with a study tour to PGIMER (Post graduate Institute of Medical Education and Research), Chandigarh for a real-life field experience to the delegates of 15 countries regarding the best management practices in clinical care and to witness the



working of various departments. Firstly Dr. Mahesh Devnani, Assistant Professor, Hospital Administration guided them to the Out Patient Department and mentioned that consultation is provided to 5500-6000 patients every day. He also revealed that Anti Retroviral Therapy (ART) Centre is being run in PGIMER, Chandigarh since January 2005 for free treatment and counseling to people living with HIV/AIDS and diagnostic testing is provided by Integrated Counseling & Treatment Centre (ICTC) in supportive and confidential environment. Thereafter, Dr. Vipin Koushal, Professor, Hospital Administration and Head of India's largest organ donation facility, Regional Organ and Tissue Transplant Organization (ROTO) informed that ROTTO is engaged currently in Liver, Heart, Kidney, Bone Marrow and Corneal transplant programs and commendably taking organ donation awareness drives. He also briefed about the organizational system being followed by the institute for organ donation due to which there has been a tremendous hike in organ donation for last many years.

Afterwards Dr. Shweta, Assistant Professor, Hospital Administration highlighted that PGIMER, Chandigarh



exceeded as the first hospital-cum- medical college in the country to have started the tele-evidence facility via the eco-friendly technology. Since its inception in November 2015, around 2,200 evidences are being given through this technology. Besides being cost effective, it saves lots of time of a busy clinician. She demonstrates this facility in the "tele-evidence lounge" which was highly appreciated by participants. Dr. Amit, Coordinator for Telemedicine Centre showed a digital convergence of medical records & patient consultation from hard-to-reach areas of country. This provided a real time experience for delegates & they witnessed telemedicine by live videoconferencing. Dr. Akshay Anand, Professor, Neuroscience Research lab apprised that the NABL accredited lab is the country's first biggest public sector lab to be granted this certification in basic sciences. The department receives 1,200 samples every day for microbiological diagnosis of infectious diseases. Later Dr. Tulika Singh showed a mobile van clinic named "Asha Jyoti" for cancer





screening through an innovative public-private partnership with Philips Healthcare, RAD-AID. The van is successfully providing preventive mammography and bone densitometry testing, basic

delivering educational programs to underserved populations. Later the delegates also witnessed a "mobile university" in form of well equipped van by Coke India as a part of Corporate Social Responsibility (CSR). This mobile van is named as "class-rooms on wheels" and Dr. Pushkar, PhD scholar provides food safety training to street food vendors in Chandigarh through this van. Lastly Er. P.S Saini, Superintending Hospital Engineer briefed about various innovations in Hospital Engineering in the institute. He told various initiatives like modern ecofriendly augmentation of water supply and Installation of Sewerage treatment plant (STP)/ Effluent treatment plant (ETP), replacement of street lights with LEDs and sewerage treatment plant. The insights and experience of expertise was invaluable for the program. All the delegates displayed enthusiastic response and appreciated the excellent achievements of PGIMER.

MODULE 8

Policy Analysis – Dr. Sonu Goel (3:00 PM- 4:30PM)

Dr. Sonu Goel started the session on policy analysis with a brief introduction of topic followed by describing the goal behind policy analysis as it helps policy makers in choosing the most practical and feasible policy decisions. He told that policy analysis is done while a new policy is formulated or bringing change in the existing policies, understanding the consequences on adoption of a policy or to assist the policy makers in choosing a course of action. The difference between retrospective and prospective type of policy analysis was explained. By means of various examples of various participating countries, he explained the steps of policy analysis from identification of the problem to monitoring & evaluation. Identification of the problem was further explained by giving example of tobacco taxation. Thereafter, next steps in policy analysis such as identification of the objectives, deciding on criteria, selecting of alternative policies, and comparison of



alternatives was explained. He further highlighted the roles of various actors in policy analysis. Types of data used and gathering procedure for policy analysis were apprehended to the participants, such as surveys, interviews, snow snowballing techniques etc. Lastly, through 5 E approaches, the terms effectiveness, efficiency, effects, evaluation and establishment were made clear to the participants. Summary of the lecture was provided by displaying a diagram in which policy process, its outcome and external factors were depicted.



Crossword

All the participants were divided into 5 teams. A hard copy of pre formed questions and crossword in supplementary sheet were given to each team. It was instructed that crossword can be filled in horizontal (across) or vertical direction (up down) only. The question number were the reference for filling the boxes in the crossword (reflecting same question number on the top left corner).The team was then asked to complete the crossword within the allotted time. The one who completed the crossword at the earliest was declared as winner.



MODULE 9

Use of Information technology in health policy

Mr. Manav Chaudhary (4:30 PM- 4:40 PM)

Dr. Kathirvel S (4:40 PM- 4:50 PM)

Mr. Sidharth Angrish (4:50 PM- 5:00 PM)

Mr. Manav spoke on the use of technology in public health. He told the use of information technology in healthcare have low success rate in healthcare, but has huge potential. He described two technologies.(IMNCI guidelines for Pneumonia detection and use of SMART Technology for improved service delivery) which has developed by his team to increase access to healthcare for vulnerable population.

Dr. Kathirvel S, Assistant Professor in PGIMER discussed about mobile based telemedicine for rural areas. He told that this initiative undertaken by him was to assess the feasibility of mobile/tablet based telemedicine services (customized with digital stethoscope, sphygmomanometer, Hbmeter, glucometer, pulse oxymeter etc) in providing the primary health care. This application helped in providing services such as health checkups and followup in schools and anganwadi. This application was also used in Anti Retroviral Clinic (ARV) clinics to assess the feasibility and effect of m - Health on improving the data quality and adherence to rabies post-exposure prophylaxis.



Mr. Sidharth explained an artificial intelligence (A.I) based patient care coordination platform named jiiyo founded by him. It is an E-referral Management system which aims to build the health infrastructure, connects all state hospitals to their periphery; connect with private hospitals, clinics, labs. Also the app holds patients medical record along with their family using artificial intelligence algorithms. Pilot testing of the project has been done at Advanced Pediatrics centre, PGIMER which is connected to many government hospitals in India



Cultural Night and Gala Dinner (7:00 PM- 10:00 PM)

The eventful day was followed by vivacious cultural event in which the participants had prepared their native cultural performances on the basis of their talent and willingness. The participants along with the organising team left from Chandigarh in a big bus booked by program organizers. On the way the participants were told about the cultural variation in the neighboring states to Chandigarh such as Haryana, Punjab and Himachal Pradesh and cognizance to the Indian culture and Heritage.

The cultural event was organized in a heritage hotel Ramgarh Fort, Panchkula from 7:00 PM onwards. One participant from each group took the responsibility and organized the program which was tremendously

entertaining and stress relieving. The hosts for the Program were Mrs. Lovelyn from Nigeria and Mrs. Angelina from Trinidad and Tobago. The program was started by playing Indian national anthem. Then Mrs. Geeta Rampersad From Trinidad and Tobago started the show with a melodious old Hindi song. Group dance by participants from Africa and other countries were performed. Participants from Oman performed a funny Role play on doctor patient relationship. The participants learnt to organize, manage and implement any activity within existing resources. It also explored the hidden talent among the participants. The event was followed by banquet dinner. At the end the participants thanked Dr. Sonu and his team for organizing such a wonderful evening.





Day 5 (5th October 2018, Friday)

Reflection of the previous day (09:00 AM- 09:30 AM)

Day began with the feedback from the participants about the previous day's technical session and field visit. The declaration of winners of 'Best Dressed' Mr. Yosuf from Oman and 'Most Participatory Participant' Ms. Sawsan from Palastein were done. One participant from each group volunteered to be the group leader for that day who was asked to coordinate the daily activities within his/her group. Lastly necessary announcements related to the day were done.



MODULE 10

Management and Leadership in Health policy- Dr. Sonu Goel (9:30- 11:15 AM)

Dr. Sonu Goel provided presentation on Management and Leadership in Health Policy. Session started with citing a leadership story adapted from Stephan Covey's book "The Seven Habits of Highly Effective People". He started his talk with what leadership is and stating difference between leadership and management. He described key leadership theories like the trait, skills and style approach. He said that one type of leadership style may not be fit for all types of organisations and situations. He also highlighted the Blake and Mouton leadership grid. In his presentation he stressed that most of the programs suffer during the implementation phase



due to lack of leadership qualities in health workforce. He made them understand various types of leadership style and how a leader should help his employees in developing skills and maturity. Thereafter he explained the core competencies of public health leader and the need of public health management in health policy. He discussed various aspects of public health management and health policy via a number of diagrammatic



representations like prepare-respond-recover diagram of public health approach. The lecture was followed by exercise on recognizing fundamental challenges and dilemmas found in most of the managerial jobs. He kept the audience engaged with in the lecture with two short role plays enacted on tobacco cessation representing the leadership and managerial skills. The audiences participated eagerly in the discussion. He concluded the session with key message that an efficient leader should endeavor to bring out the best in his/her people.



MODULE 11

Economics in health Policy Dr. Shankar Prinja (11:30- 12:30 PM)

Dr. Shankar Prinja is Additional Professor of Health Economics in School of Public Health PGIMER; Chandigarh. He is a Medical Doctor with specialization in community medicine. Subsequently he is trained in health economics at the London School of Hygiene and Tropical Medicine and London School of Economics. He is Temporary Advisor to the WHO SEARO (HTA) and member of the Government of India's Task Force on Costing of Health Care Services Developed India's first online training program in Basic Health Economics. His main research interests involve economic evaluation of health care interventions and programs, costing of health care services, and analyzing impact of health financing policies in the context of universal health coverage.

Dr. Shankar started his talk with a brief outline of the topic which stated why policymakers should think about economics, how to undergo analyses in a health system from economic lens and what its practical applications are. The participants were made to understand health system, its functions and objectives through his diagrammatic representation. He explained



the link between the universal health coverage and economics in a health policy. Brief overview on Universal health coverage road map was done by highlighting the three important aspects i.e. more money for health, equity for health, more health for the money. Thereafter he emphasized on the health and sustainable development goal and specifically described target 3.8, achieving universal Health Coverage. Economic viewpoint was explained using various policy questions and citing examples. Indian



health statistics were shown using graphical depiction on extent of health spending, pattern of health spending, equity in healthcare delivery and cost of UHC. Table showing provider payments and health system performance was advocated to the participants. Application of health policy in clinical practice was highlighted using example of a cost- effective intervention in a study on Transfusion Chelation for treatment of thalassemia in India. Lastly the session was comprehended with a case study.



MODULE 12

Development of Action Plan (12:30-1:00 PM and 4:00- 5:00 PM)

Dr. Sonu Goel, Additional Professor cum Program Director, moderated this session in which he explained about the development of action plan to each participant through a pre designed format shared with the participants. He deliberated on different priority areas in their country setting (by citing examples) which they can feature in their respective action plan under the heads- teaching and training, program implementation in health care settings



and research. The participants were briefed to coordinate with all stakeholders in their country and submit the action plan implementation report after a period of 6 months in terms of priority areas, milestones, strategies and success indicators. At the end of the session, all participants prepared a draft Action Plan which were discussed and finalized. All submitted their final action plan before returning to their country.



Energizer

Dance and freeze

The participants were divided into 5 groups namely hoppers, shakers, takers, movers and rockers. All participants were asked to stand at their seats. Then the organizer instructs the team to perform dance steps similar to their group name. Once the music was played everybody was asked to do the dance step similar to your group name and once the music stops they must freeze (statue) in their position and hold the pose for as long as the music doesn't start. The organizer approach and investigate the 'statues' and if the statue doesn't have the right pose, the team eliminated. The energizer not only energized the groups but also displayed teamwork and coordination.



Valedictory Session

Floral welcome (3:00-3:05 PM)

Floral welcoming of Chief Guest of the Program, Ms. Vini Mahajan (Additional Principal Secretary, Dept. of Housing & Urban Development, Government of Punjab) and Guest of Honour was Dr. Arvind Rajwanshi (Dean, Research, PGIMER) was done by the organizing team.

Ms. Vini Mahajan is currently serving as Additional Chief



Secretary, Department of Housing & Urban Development, Government of Punjab. Prior to this she has been Principal Secretary, Department of Health and Family Welfare, Government of Panjab. She is a member of the Indian Administrative Service (Punjab Cadre, 1987 batch). She is



an Economics graduate from Lady Shri Ram College, Delhi University and Post Graduate from the Indian Institute of Management (IIM), Calcutta, where she was placed on the Roll of Honour. She received numerous academic awards, including the National Talent Search Scholarship and prestigious Hubert Humphrey fellowship.

Dr. Arvind Rajwanshi is Dean Research and Prof and Head of cytopathology department, PGI with specialization pathology in gynaecologic histopathology. He is a medical graduate with master degree from PGIMER and many honors to his name including FRCP (London), MIAC.

Poster presentation

On the second day of the program, all the participants were grouped into 5 teams and were asked to design a logo and tagline befitting the current Public Health Policy and Management program. During valedictory session, all the groups presented their designs. After this the group leader elaborated the key features of logo and tagline along with their reason to frame it as justification for current program. This activity elicited group awareness about the current program and tagline along with their justification for current program and foster creativity. The best team was selected by the guests and was awarded the certificate for best logo preparation.





Action plan presentation (03:05- 03:15 PM)

Few of the participants presented the action plan during the valedictory ceremony which were highly appreciated by Hon. Additional Chief Secretary (Chief Guest) & Dean (Research), PGIMER (Guest of Honour). The points discussed were replicating the similar scenarios, best practices or innovations learned



in India. The participants also showed their immense desire and eagerness to implement the action plan within the allocated time frame of 6 months. Dr. Dareen Dookeram Senior Medical Officer , Easter Regional Health Authority , Sangre Grande Hospital Emergency



Department and Dr. Angelina Rampersad, Administrative Officer, Eastern regional Health Authority, of Trinidad and Tobago illustrated Quality Driven Telemedicine in a their country and talked about the implementation at administrative and clinical level. Dr. Swasan Abusharia, Director, Ministry of Health Palestine, planned for of conducting similar workshop and training courses with the senior officers, while another participant Dr. Julie Mart, Medical Specialist Department of Health, Philippines vouched for orientation of Regional Coordinators by designing contest specific program in policy implementation for



National Filariasis Elimination Program, and National Leprosy Control Program. The detailed Action Plans of the participants are attached as Annexure 10.

Certificate distribution and Group photograph (03:15- 03:25 PM)

Honorable Additional Secretary, Ms. Vini Mahajan & Prof. Arvind Rajwanshi conferred the program completion certificates and winners of various contests held during the program. She congratulated the entire team for the grand success of the program.



Program Feedback (3:25- 3:30 PM)

Mrs. Lovelyn Adishi, Scientific Officer Department of Planning research and Statistic, Nigeria highly appreciated the program organizers for conducting a very useful, innovative, informative, knowledgeable and interesting program which they can replicate in their settings. Ms. Laila Hassan, Medical Coordinator in Diwan of Royal Court, Oman praised regarding the arrangements of the program and highly informative technical sessions. She told that the field visits were really useful & shall try to replicate the practices in her country. All participants supported the viewpoints of Mrs. Lovelyn & Ms. Laila with a grand round of applause for the organizers.



Address by the Guest of Honour (03:30 - 3:35 PM)

Prof. Arvind Rajwanshi extended his thanks to Ministry of External Affairs, Government of India who had sponsored this imperative program under the flagship of Indian Technical Economic Cooperation (ITEC) Scheme. He thanked the participants on behalf of the Institute for taking part in the program by giving his best wishes to them and hoped that the leanings in the



program will be useful to them in the future. He shared his willingness to undertake Memorandum of Understanding (MOU) with the reputed institutes/ organizations and aspire that the current program shall take it forward for mutual benefit of ITEC nations.

Address by the Chief Guest (03:35- 03:40 PM)

Ms. Vini Mahajan, Additional Chief Secretary (Dept. of Housing & Urban Development), Govt. of Punjab spoke on her behalf and on behalf of Ministry of External Affairs, Government of India. She welcomed the delegates from member countries of Indian Technical and Economic Cooperation (ITEC) namely KENYA, TRINIDAD & TOBAGO, NIGERIA, MONGOLIA, OMAN, PALASTEIN, SUDAN, COMBODIA, PHILLIPINES, SIERRA LEONE, VIETNAM, SLOVAK REPUBLIC, AZERBAIJAN, BANGLADESH, and LEBANON to India. She told I hope during the program, you learnt about how an agenda gets into policy, the implementation process and also about how the policy can monitored and evaluated.

She said that she has been a witness of the program since its inception 3 years ago and it has grown over time. The learning is being done religiously by eminent faculty through various learning methodology like case studies, games, quiz, role plays, videos, mobile applications etc., which is really wonderful. Besides inculcating theoretical concepts, the participants were also showcased best Public Health practices of Chandigarh and Punjab where they met the Director Health Services and Mayor of Chandigarh who detailed you about the Smart City concept, Clean India Campaign (Swachh Bharat Abhiyaan), Ayushman Bharat Scheme, about mobile Tuberculosis clinic. A visit to Municipal Commissioner of Mohali and Commissioner Food and Drug Administration, Punjab demonstrated open defecation free city, thoughtful generation and disposal of wastes and night sweeping machines. The participants also visited various departments of PGIMER and witnessed State of Art patient care services like tele-



medicine, tele-evidencing, ASHA Jyoti mobile outreach van, mobile university and insight about organ donation facility (ROTTTO), and innovative hospital engineering technologies.

She highly appreciated the glimpse of Indian culture shown during the program through Yoga and meditation sessions and also a cultural night where the participants got a chance for informal networking and showcasing their cultural heritage. Lastly she said that “I truly hope that these best practices in Public Health in India shall enhance the understanding of contextual public health challenges and help you develop strategies for your countries in order to strengthen management and leadership skills”. She had a load of appreciation for School of Public Health, PGIMER, for conducting this wonderful program and congratulates Ministry of External Affairs for initiating this important program. She wished the delegates and encouraged them to become ambassadors of this program in their own settings and implement good practices learnt during the program in their countries.



Vote of thanks (03:40- 03:45 PM)

Dr. Goel, Program Director presented the vote of thanks. He extended his sincere thanks to the Chief Guest Madam Vini Mahajan, Additional Chief Secretary, Department of Housing and Urban Development and Dr. Arvind Rajvanshi for gracing this Valedictory function with their deemed presence.

He also thanked all the facilitators of the program who have spared time for disseminating learning's from their immense experience along with Prof Jagat Ram-Director PGIMER, Prof Rajesh Kumar-Dean Academics and Dr. Sanjiv Kumar Director IIHMR who had inspired the delegates during inaugural ceremony.

He appreciated the efforts of participants of program for their intensive hard work and keenness to learn during this program. He also thanked ITEC (DPA-II) Ministry of External Affairs, Government of India for kind support during the endeavour and hope that such programs shall be conducted in future too to accommodate the long list of participants who had applied for the program. Lastly, he thanked the entire



team of the program for their hard work and enthusiasm, which had led to grand success of program. He truly hope that participants shall be the brand representatives of the program and shall conduct similar programs in their settings.



Contest Winners



e-IPHMDP Contest: Dr. Dareen Dookeram
(Trinidad and Tobago)



Best Dressed Participant: Ms. Laila Hassan
(Oman)



Best Logo & tagline of program: Mr. Manir Abubakar (Nigeria), Mr. AHM Kamruzzaman (Bangladesh), Ms. Lovelyn Adhishi (Nigeria), Ms. Angelina Rampersad Pierre (Trinidad & Tobago) and Dr. Geeta Ramsoondar Rajkumar (Trinidad & Tobago)



Most Participatory Participant:
Ms. Rima Abd El Samad (Lebanon)
and Ms. Sawasan (Palastein)



Best Cultural Performer: Ms. Naruntuya Khad (Mongolia) and Mr. YousufAlGafri (Oman)



Last Program winner (4th IPHMDP , 16th -20th December 2017)

Dr. Sadanand G Kale, Medical Superintendent, WH, Baramat, Maharashtra. He implemented their action plan by increasing PPIUCD work at women hospital Baramati to 50% in 6 month time. His goal was to improve reproductive health of women by increasing couple protection rate. Objective was to increase no. of PPIUCD insertion to 50% of all deliveries at women hospital Baramati in 6 months. Interventions taken were training of staff nurses and medical officers regarding PPIUCD insertion counseling of all pregnant women during ANC, checkup, counseling by various modalities such as status satisfied clients, role plays, video demonstrations, counseling with close relatives. Monitoring of the performance of staff nurses and medical officer was done on the



basis of proper use of technique, proper selection of patient, aseptic precautions, valid consent of the patient, follow up of every patient after 42 days of delivery, monitoring counseling sessions, managing complication and availability of PPIUCD. Results were women in hospital Baramati achieved more than 50% of PPIUCD insertion in 6 months. 1574 deliveries took place from January 2 June and a total of 833 PPIUCD insertions were done. So as a result 53% of PPIUCD insertion was achieved.



Dr. Kalpana Mahatme, Health Officer, NVBDCP, Directorate of Health Services, Panaji, Goa. She worked on the innovation of strengthening laboratory services throughout the state of Goa hence improvement of the training facility by conducting training, capacity building of laboratory technicians of all PHC/CHC/UHC/ Sub-District Hospital/District Hospital in malaria microscopy as to eliminate malaria by 2020 as per Government of India. She did need based training of lab technician, making and approval of proposal for training through Dy. Director (NVBDCP) and Director DHS, categorize the lab technicians, enlisting the infrastructure and resource person.



Action plans (as provided by participants)

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: AHM Kamruzzaman

Name of the Institute: Directorate General of Health Services

Country: Bangladesh

Designation: Department Program Manager (DPM) AMC

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

I learnt identifying the problem in health sector is crucial to policy formation, implementation and evaluation. The Identification of major actors, data collection and eventually resource mobilization come out very promptly.

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. Medical College administration 2. Local and national stake holders 3. International Partners	Organize and participate in workshop to discuss the intended concerns	By the end of 2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	1. with the family , medical college and my office 2. with key actors local and national stakeholders	1. Making specific decision for respective concern 2. Implmenting policy change and proceeding.	By the end of 2018
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	With the persons in the hospital directors and related competent authorities	Making specific decisions for respective concern	By the end of 2018
4	Conducting similar Program in your country	Yes I will recommend the program to directorate general of health services, ministry of health and family welfare Bangladesh.		

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Capacity with senior officers at DGHS, AMC officers. Training and sharing with seniors that deals with strategic planning and program management.

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Angelina Rampersad Pierre

Name of the Institute: Easter regional health authority

Country: Trinidad and Tobago

Designation: General Manager Operation

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Health Policy triangle, technology in health care, agenda setting and policy implementation, human resource in health policy, telemedicine, leadership and management , data collection monitoring and evaluation.

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. Executive Management 2. Middle management 3. Clinicians	1.Workshops 2.Train the trainers 3.Education Program	1.December 2018 2.January 2019 3.January 2019
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	Policy Framework with executive management	Agenda setting For a quality driven project implementation, process to bridge gap between clinical and non-clinical initiation.	November 2018
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Decision to reality at the lab to be done for the entire organisations.	To discuss process reengineering management level	December 2018
4	Conducting similar Program in your country	Leadership and management executive and middle managers	Workshop power point presentation	December 2018

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Creation of the policy framework and documentation to support a quality driven project implementation process

Obtain Ratification from the board of directors

Implement the policy to guide the process

Partnering with Dr. Darren to use the new policy and process to commence working on telemedicine and tele-education in rural and underserved community.

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Darren Dookeeram

Name of the Institute: Eastern Regional Health Authority (ERHA) & Trinidad and Tobago Medical Association (T&TMA)

Country: Trinidad and Tobago

Designation: Specialist Medical Officer (ERHA), 1st VP (T&TMA)

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

There were several learning points that were pertinent to my current practice.

Firstly, the concept of investing in human resource as a means to improve healthcare outcomes. A focus on this in my country would see appropriately trained persons having jobs in appropriate positions which would improve efficiency at all levels. This contradicts the existing system of persons attaining positions based on tenure.

Secondly, the robust investment in technology. My country is very small compared with India yet still the healthcare system is plagued by inefficiencies and unreliability. The use of technology has been shown in this course to inject order and produce good outcomes even in a highly utilized system. There is also the capacity to country challenges that the underserved face in far removed communities through tele medicine that requires little hardware. Beyond all of this, the equipment is provided by the state which demonstrates that a country that recognizes the importance of a healthy nation will materialize programs to help people in an equitable manner.

Thirdly, there can be an amalgamation between administrators and clinicians. This was clearly demonstrated in the neurosciences laboratory where good leadership skills and a clear vision enabled the creation of a system that was driven by quality outcomes and clinical excellence simultaneously.

Finally, that universal healthcare is possible. India's new health scheme will benefit a number of people that is 500 times the population of my country. We were able to see large numbers of people who were entered on a central system gain their cards that would enable them to use the healthcare services. This means that an organized initiative from the health system is feasible if enough political will is present.

2. List of actions for implementing your ideas & skills?

The vision of my plan is the delivery of tele-medicine and tele-education to rural communities and doctors in Trinidad and Tobago. The mission will be to make existing systems more robust and allow technology to fill an existing gap for the most vulnerable. This is done with the understanding that a system wide rehabilitation is beyond the scope of my present position. This can however serve as a pilot in a specific area that can be expanded when successful outcomes are demonstrated. This pilot will start with tele-education in conjunction with the T&TMA.

No	Priority area	With whom?	How are you planning to do?	By When
1	<p>Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)</p>	<ol style="list-style-type: none"> 1. Doctors and nurses in the rural communities. 2. Doctors in the urban hospital. 3. IT services at the hospital. 	<p>The healthcare providers in the hospital will be selected and sensitized about the need to reach out to the community. This will be done via workshop training at the hospital by the IT department. These doctors will be expected to conduct tele-education meetings monthly. Initially there will be an option to consult over patients at an agreed time.</p> <p>The healthcare providers in the rural area will be met in a workshop and sensitized about the use of the IT system and the need to coordinate communication. A point person will be used to organize the meetings and consultations as needed.</p> <p>The IT department of the hospital will be engaged to ensure that the appropriate hardware and software are available and are reliable. They will utilize existing resources to create this connection.</p> <p>The administrators will be involved to benchmark and assess the quality outcomes of this project. There will be measures of the direct outcomes of patient care such as disease control as well as intangible outcomes such as satisfaction and comfort with the innovation.</p> <p>Volunteer groups will also be trained to recruit community members and dispel any fears about e-medicine that may exist.</p>	<p>Hospital providers can be trained by the end of November 2018. Rural providers can be trained by the end of December 2018. The IT department can complete their work by November 2018. The sensitization of the volunteers will be complete by the end of November 2018. The establishment of quality measures and monitoring systems with administration is the biggest challenge but should be completed by the end of December 2018.</p>

No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/financial analysis etc.	Multiple stakeholders must be met before any policy implementation. Most are outlined above as actors in the policy. To ensure a sustainable program, there must be a degree of human resource management that will expand as the program grows. The financial projections must demonstrate the potential savings which eventually can be translated into calculation of QALY and DALY values. This must also gauge patient experiences. As such, the regional public health observatory can be engaged as an independent data collection agency to objectively measure the pre-determined outcomes.	The policy design will begin with describing the problem. This will be evidenced after the field visit in the community to share patient experiences with healthcare. Clinical measures will also be obtained regarding the community's quality of health determined by their clinical markers. Lastly a social assessment will be done through the statistical office to establish any pitfalls in the social determinants of health. Once the field work is complete, the policy can be written to describe the delivery of this service and how each actor will be involved in the process.	The field work and background statistical assessment can be completed by the end of October.
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Tele-medicine Tele-education Human resource management Quality assurance Outcome measurement Leadership and innovation	The actors have been described above. The T&TMA will be integral and there would be benefit in a sharing of information between them and PGI.	The most feasible aspect will be tele-education which can be implemented without problems. Other components are influenced by external factors.
4	Conducting similar Program in your country	In addition to the clinical innovation (which can be considered disruptive), a focus on the quality benchmarking through technology.	IT will also assist in the design of surveys that can be filled and collated in software.	By the end of November 2018.

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

By April 5th 2019, tele-education should be realized. There will be work with the IT department to establish the existing capabilities of the system and a needs assessment to realize these goals. The background assessment to establish the context and the policy to describe the process can be completed as described in the timeline if there is but in from the relevant stakeholders.

The lessons I have learned from this week of training

This has been a remarkable trip in a personal, academic and professional manner. Often we are taught about the corporate social responsibility but the term academic social responsibility was resounding. As a clinician, my focus has always been to ease human suffering one patient at a time but through this program it has become evident that human suffering can be prevented and mitigated through innovative and simple methods that incorporate the basic clinical skill sets. In keeping with academic social responsibility, I have gained the understanding that conducting research and clinical practice must focus on the underserved to achieve equity.

I have often practiced medicine from the One World One Medicine perspective that integrates animal, human and environmental models. This course has allowed me to understand that these three are not mutually exclusive and that we can utilize our minds to improve our performance. As healthcare workers we can appreciate some forms of alternative medicine that are proven and safe for patient use.

Strategic planning is essential to all areas of health. Without a clear vision, we cannot have smaller mission to work towards a goal. The goals must include a focus on efficiency and outcomes which are ethical and patient centered. In healthcare, we must highlight the importance of our human resource, technology and clinical excellence. As healthcare leaders we must be able to motivate those around us to share our vision and to keep patients at the crux of their practice. Above all else I have learned that families can transcend backgrounds, language and nationality. We share common goals and more importantly common challenges which we all struggle against daily. This course has demonstrated that no person is an island and that we are inextricably bound by being human. And in being human we can all work together to keep our populations healthy.

It was a pleasure to work with the team from PGI who are all inspiring, organized and hospitable. We lived an opportunity that will certainly bring benefit to our countries and for that we will remain thankful. This experience provided through MEA India will have an indelible and profound impact on the delivery of healthcare across the world. Mahatma Gandhi, well respected for his principles worldwide, taught us that science without humanity is a human blunder. The people of India have extended to us science with overwhelming humanity and for this I am eternally grateful.

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Aisha Nasser Al Saadi

Name of the Institute: Ministry of health

Country: Oman

Designation: Head of research Department

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Agenda setting skills

Policy analysis skills Leadership skills, action plan Preparation skills

List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. Workshop 2. Inculcating in teaching 3. Meeting with work colleagues	Senior officer staff Staff working in policy development	Jan 2019
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	Agenda Formulation	Training workshop	Dec 2018
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Tele evidence Tele consultation	Debriefing the initiative to senior staff	Nov 2018
4	Conducting similar Program in your country	How to write policy brief/ All who involved in policy analysis	Workshop	Jan 2019

2. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Practice policy analysis and writing policy brief and discuss it with higher authority/ Publish in journal for policy brief.

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Geeta Ramsundar Rajkumar

Name of the Institute: South West regional health authority

Country: Trinidad and Tobago

Designation: Primary care physician

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Health environment and system in any given country are continuously evolving and therefore health policies need to be developed and implemented to suit the country needs policy change is done within a particular context and can be either retrospective or prospective the difference between managers and leaders and different leadership styles

List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1.Orientation to peers and mother primary care physicians training to gram for other doctors within primary care orientation to peers other primary care physicians	Lecture on managers and in health policy the importance of public health and SDG is the role of technology in Public health medicine	November 2018 to Feb 2019
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	Southwest regional Health Authority smoking sedition policy Ministry of health	Smoking cessation Clinics Training to doctors on smoking cessation (human Resource development)	6 months (April – May 2019)
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Importance of technology in health and can be need to improve health outcome	Infective lecture and workshop Policy analysis	6 months April – May 2019
4	Conducting similar Program in your country	Ministry of health and regional health authorities	Lecture and workshop over a week period by local lecture in public health between from aboard	April – May 2019

2. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Orientation lecture and workshop the south and regional care physician within the south and regional health authority on the important and expert to public and the importance of telemedicine as a tool in achievement public health goals

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Julie Mart C. Rubite

Name of the Institute: Department of Health Philippines

Country: Philippines

Designation: Medical Specialists IV

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

That the Health system in a country is always evolving, role of governance in strengthening the health system, monitoring and evaluation of each policy is vital for sustainability, efficiency and its success.

List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. Other Program Managers 2. Regional Coordinators 3. Provincial Coordinators	1. Share the knowledge through lectures or orientation 2. Pre Test and Post Test can be conducted	October to December 2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	Fellow Program Managers and Human resource department Officers	One on One Orientation Orientation of available group members in the form of presentation and lectures	November 2018- March 2019
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Nutrition Council/ Program Manager Environmental Department	Set up a meeting with them and give orientation	November 2018- March 2019
4	Conducting similar Program in your country	Incorporate in the program Implementation Review among regional coordinators	Include in the Agenda of the meeting	October 2018

2. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Orientation and evaluation of the region coordinators of the policy implementation specially the program implementation.

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Julies Adhimbo Obute

Name of the Institute: Ministry of Public health and sanitation

Country: Kenya **Designation:** Public health officer

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Policy making process and all the parameters involved how to influence policy, different management and leadership skills.

List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. Colleagues 2. Senior Managers 3. Sub ordinates	Sensitization meeting	October 2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	Agenda setting with staff and junior colleagues	Problem identification and analysis	Nov – Dec
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Food Safety Truck	Planning Community dialogues & meeting for food vendor	Nov – Dec 2018
4	Conducting similar Program in your country	Higher learning institution in cooperation with the government	Write a proposal and submit to the relevant agencies	January 2019

2. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Giving feedback to the department on the training, setting up sensitization program for the food vendor, Initiate the development of health care waste management.

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Karin Fesdova

Name of the Institute: Public Health Authority of the Slovak republic

Country: Slovak Republic

Designation; Professional Advisor, department of preventive occupational hygiene

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Complexities, discipline, expertness and logistics of public health service and education and executive Centre

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1.Chief hygienist of the SR 2. Board of chief 3. Hygiene expert in the SR	Report Presentation	October 2018 March 2019
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	36 regional public health authorities in teghslovak republic	Methodological guidance	June 2019
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Chief hygienist of Slovak republic	With support of IT and ministry of health	1 December 2022
4	Conducting similar Program in your country			

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Sharing learning's.

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Lovelyn A Oneyetta Domo

Name of the Institute: Delta State Ministry of Health

Country: Nigeria

Designation:

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Human resource in health policy, policy implementation, health policy framework, the role of technology in strengthening the health system

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. Friends and colleagues 2. top management level 3. stakeholders	By sharing some video clips of this training with them on social media and also having one on one discussion of experience	As soon as I get into my country 1 month.
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	policy makers clinicians And stakeholders	discussing with my directors first explaining to them the need to revisit health policy and agenda setting	within next three months
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	The use of technology in the sanitation system of city Chandigarh	taking the evidence of this training video and personal experience to the top management	the next two months December 2018
4	Conducting similar Program in your country	I think my country still have a long way to go		

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

A clean city just like Chandigarh and revised health policy (Health for all)

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Manir Abubakar

Name of the Institute: Federal Capital Territory administration (Nigeria)

Country: Nigeria

Designation: Senior administrative officer

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Policy formulation process, policy implementation execution policy evaluation

List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1.Management staff of public health department FCTA 2. lower and middle cadre stuff 3.the community or the population	seminar presentation of research paper training and capacity building sensitization campaign	end of November 2018 before the end of January 2019 by March 2019
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	IFCT Administration	Making specific decisions for making policy changes	By the end of February
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Environmental and sanitation and general cleanliness	Adoption of the Mohali environmental and cleanliness system	By January 2019
4	Conducting similar Program in your country	I will recommend to my ministry for onward submission to the federal government to inculcate some program by collaborating with the PGIMER		

2. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

A policy change that will focus more on preventive measures than by using the FCTA department of public health

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Mohamed Kebe

Name of the Institute: Ministry of Health and Sanitation

Country: Sierra Leone

Designation: Monitoring and Evaluation Officer

4. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

- I now know that identifying the problem(s) in the health sector is equally crucial to policy formulation and implementation and getting the objectives right before moving to other steps of policy formulation and implementation cannot be over emphasized.
- Identifying the Human and financial resources challenges/gaps in the Health sector was another skill that I learnt during this training.
- The identification of major players/actors, data collection/research and eventually resource mobilization came out very promptly.

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. With eight of my colleague Monitoring and Evaluation Officers in Directorate of Policy, Planning and Information 2. I would like to share my experience with colleagues at in the Directorate of human resource 3. With other colleagues in district (at the District Health Management level)	I will inform all of them in one of our monthly meetings.	The week of November, 2018.
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/financial analysis etc.	I would also like implement this aspect of the plan with colleagues in the directorate whom I want to train as trainers.	With the approval of our director, I will invite every Monitoring and Evaluation Officer to consultative meeting where they will be oriented before implementation.	Third week November, 2018.

3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings: Effective administrative system like the one put in by the head of research at the tele evidence unit in PGI hospital.	With programme Managers within our directorate.	I will send a memo to all heads of programme through our director.	By the end of October, 2018.
4	Conducting similar Program in your country	With my colleague Monitoring and Evaluation Officers	Through official invitation	Second week November, 2018.

5. List of actions for implementing your ideas & skills?

6. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

I will be able to hold at least two meetings; one with my boss and the other with my colleague as a way of briefing them on what I have learnt so far from such an important learning programme.

Also during data collections and implementation of some of our activities, I would like to those opportunities to cascade some of the ideas learnt during this training.

1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Monika Zamecnikonav

Name of the Institute: Public health authority of the SR

Country: Slovak Republic

Designation: Head of Department of Preventive Occupational Medicine

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Complexities, discipline, expertness and logistics of public health service and education and executive Centre

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1.Chief hygienist of the SR 2. Board of chief 3. Hygiene expert in the SR	Report Presentation	October 2018 March 2019
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	36 regional public health authorities in teghslovak republic	Methodological guidance	June 2019
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Chief hygienist of te Slovak republic	With support of IT and ministry of health	1 December 2022
4	Conducting similar Program in your country			

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Sharing learning's.

1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Narantuya Khad

Name of the Institute: Center of Health development of Ministry of health

Country: Mongolia

Designation: statistician

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

I have learnt about system of India human resource in health policy health maps policy analysis use of technology in public health management leadership in health policy

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. Centre for health Development 2. director of all countryside states departments	introduction of training in India public health Centre training PHC 3. training PHC	October 2018 February 2019 April 2019
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	All health and is policy makers of the health first and second level	two days training presentation of human resource and management leadership in health policy	April to July
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Centre for health and development Ministry of health	Continue training for policy health makers	Start 2019
4	Conducting similar Program in your country	Public health Centre Ministry of health	Conducting training for public health policy and management program	2019

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

E-health and Management programme conducting public health statistics and collecting other countries analyzing processing to interesting statistician presentation

1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: NGO Tri Tuan

Name of the Institute: Hanoi Medical University

Country: Vietnam Designation: Lecturer

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Health policy framework, health maps, policy analysis .management and leadership

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1.My students director of Hanoi medical University	Group meeting lecture with my students orientation	November 2018 December 2018 October 2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.			
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Some Private Companies Ministry of health	Policy advocacy with ministry of health	January 2019
4	Conducting similar Program in your country	Software companies	Write a concept note about that	March 2019

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

December 2018 share the knowledge with my colleagues

1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Phuong Lien Pham

Name of the Institute: Hanoi University of Public health

Country: Vietnam

Designation: Vice Director of Health Management Department

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Health Policy framework, health policy framework leadership and management health financing to organize an international training course

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	My colleagues	To carry out meeting to discuss and share with them	30 Oct 2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.			
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings			
4	Conducting similar Program in your country Revise curriculum some subject related to health management in my university such as health policy , health human resource	My Collogues My Director	Discuss and reach agreement to apply some content and scenarios on the curriculums	Feb 2019

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Sharing meaningful information and experience at that I attain from the course with my colleagues completing the revising curriculum of some subjects by applying some content and scenarios of the PHPM course

1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Rima Abd El Samad

Name of the Institute: Ministry of Information /Lebanese Directorate of studies and Publication

Country: Lebanon

Designation: Head of Department

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

- Health Policy Framework
- Agenda Setting and Policy Implementation
- Human Resource in Health Policy
- Policy Analysis/ Management and Leadership in Health Policy.

2. List of actions for implementing your ideas & skills?

No.	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1.Directos , head of department 2. Colleagues 3. Beruit And other regions if possible – Directors Managers head of department colleagues	Publishing Reports, Information on site and social media / twitter /Facebook group of Directorate (Ministry) and other social networking service	3 Months
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	Beruit And other regions if possible – Directors Managers head of department colleagues	Dissemination on social media (Facebook twitter, the site of the directorate of Lebanese of publication (ministry of Information)	3 months
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Beruit And other regions if possible – Directors Managers head of department colleagues	-Field Visit	3 months
4	Conducting similar Program in your country	Beruit And other regions if possible – Directors Managers head of department colleagues	Share this program experience with my directors, Managers and colleagues/ dissemination on the official website of the departments and on social media.	3 months

7. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Share the information and professional experience, exchange perspectives and debate issues and problems related to the field. I am working in, especially about management, agenda setting and leadership issues and policies

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Sim Sophay

Name of the Institute: National Center for HIV/AIDS, Dermatology and STDs

Country: Cambodia

Designation: Deputy- Chief of AIDS Care Unit

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

- The success on management of Public health system in India.
- The good Leadership with clear vision and master plan of Chandigarh Governor.
- Leadership and Agenda setting and policy implement of Department of Community Medicine & School of Public health, PGIMER, Chandigarh
- Public policy and Strategic information implementation planning from the course.
- Health system strengthening.

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning Sharing knowledge with management team	Management team (HIV/AIDS Health policy board)	Conduct meeting with Team leaders to brief the objective of Public Health policy from Chandigarh to sharing knowledge	Oct 2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementation activities			
	Collect data and analysis for baseline	ToT and Community at Sub-national level (Selected sites = 1)	Conduct a rapid survey on public health policy	Nov - Dec 2018
	Capacity building	AIDS Care Unit, Monitoring and Evaluation Unit and relevant stakeholders who are working at national level	Conduct an Orientation meeting on Public health policy	Feb 2019
		AIDS Care Unit, Monitoring and Evaluation Unit and relevant stakeholders who are working at national level	Conduct training on Public health policy and focusing on statistic and leadership management	Feb – Mar 2019

		Management teams, AIDS sectors' stakeholders at community (Subnational level) by selected area	Conduct training on Public health policy and focusing on statistic and leadership management	Mar – Apr 2019
	Quality of activities	Health manager of sub-national level	Conduct monitoring by field visit	Mar – Oct 2019
	Collect data and analysis for Evaluation	ToT and Community at Sub-national level (Selected sites = 1)	Conduct a rapid survey on public health policy	Nov - Dec 2019
3	Idea/initiative learnt from of field visited			
	Great master plan of Public health policy	NCHADS	Meeting with all the teams	2019
	Agenda setting on Public health	Phnom Penh Municipal	Meeting with Phnom Penh municipal Governor	2019
	E-telemedicine	National Hospitals	Meeting with national hospitals	2019
4	Conducting similar program in country			
	Empower the Public Health policy	Governor of health at sub-national	1/- Meeting to engage them to involve the public health Policy with good implementation and governance. 2/- International Public health Institute (e.g. PGIMER)	2019-2020

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

I expect that the orientation and trainings to relevant stakeholders will be conducted by April 2019.

1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Suleiman Said Al Naabi

Name of the Institute: Ministry of Health

Country: Sultanate of Oman

Designation: Head of department

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

I learned how to make policy in health care and agenda setting .also I learned about system building

List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. Hospital staff 2. Government sectors 3. Public sector	Training and staff development department	By December 2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	Hospital	Sharing ideas with quality assurances department	Jan 2019
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Eng. Department	Sharing ideas with engineering department	Dec 2018
4	Conducting similar Program in your country	Hospital And community	Conducting training and workshop	From Dec 2018- March 2019

2. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

By 5th April 2019 I will implant the Indian experience in public health system and we will create new health policies which we will help us to provide a good quality health care in the sultanate of Oman

1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Ibrahim Suleiman Ibrahim

Name of the Institute: Ibn Sina Hospital

Country: Sudan

Designation: Director

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Policy to towards food safety through planning and implementation in community

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1.Capacity building with volunteers and facilitators	training the volunteers and facilitators about hand hygiene safe food	November 2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	Capacity building with target community	conduct focused group meeting and training	November 14
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Idea Collect target groups aware then improve	To do the same target community food workers and street at streets.	2019
4	Conducting similar Program in your country	State with target group	Collect volunteers and facilitators aware	2019

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Capacity building to target group through policy that will be implemented to the targeting government of food safety.

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Yousuf Salim Alghafari

Name of the Institute: Ministry of the Health Ibri Hospital

Country: Sultanate of Oman

Designation: Senior Staff nurse professional development and career guidance department

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

Agenda Setting and policy implementation

Human resource in health policy

Management and leadership in health policy

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. primary Health care staff 2. School health nurse 3. Management and leadership in health policy	Proposal for hospital administration Meeting with stakeholders Organize the program	2 months
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/ financial analysis etc.	Ibri Hospital with collaborating of primary health care team	Identify the problem sharing the experience of India IPHMDP	2 months
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Telemedicine Food safety	Discuss with higher authentic for financial support and import the program	3 months
4	Conducting similar Program in your country	Public health Program implementation in our institute	Organize a workshop for staff in public health	5 months

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Proposals of the program for administration resources which are needed advertise meant of the program and social media implementation of the public health program and policy increased public awareness and organize campaigns to educate healthcare issues in the community

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Ms. Lubna Mohammad Salem

Name of the Institute/Country: Ministry Of Health, Palestine

Designation: Director of Health Education Department

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

- Strategic planning is very important issue to improve health sector.
- Improving the quality of health services is crucial
- Focusing on capacity building is important for good and sustainable services

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. Directors at public health general directorate. 2. Senior officers at public health directorate. 3. Officers& directorate at primary health care district offices.	1. Conduct a focus group meeting 2. Conduct workshops 3. Training course	11/2018-12/2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/financial analysis etc.	1.strategic planning	1 seniors at public health general directorate Officers at PHC districts Field visits Needs assessment Analyze the problem Plan suitable intervention Decide the best intervention Empower the officers Plan & implement sustainable program	1-3-2019
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Environmental department of PHGD	Improve the registration of food and water collected samples to be sent to Public health Lab	March 2019
4	Conducting similar Program in your country	Strategic planning/senior officers at Ministry of Health.	Training course	Feb- March,2019

4. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

- Capacity building with senior officers at Public Health General Directorate.
- Directorate and officers at Primary Health Care district offices
- Training and sharing sessions with seniors at top level managers that deals with strategic planning and program management.

1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Sawsan Abusharia

Name of the Institute/Country: Ministry Of Health, Palestine

Designation: Director of Community Health Department

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

- Strategic planning is very important issue to improve health sector.
- Improving the quality of health services is crucial
- Focusing on capacity building is important for good and sustainable services

List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1. Directors at public health general directorate. 2. Senior officers at public health directorate. 3. Officers& directorate at primary health care district offices.	1. Conduct a focus group meeting 2. Conduct workshops 3. Training course	11/2018-12/2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g. : policy framework/ agenda formation /Human resource development/financial analysis etc.	1.strategic planning	1 seniors at public health general directorate Officers at PHC districts Field visits Needs assessment Analyze the problem Plan suitable intervention Decide the best intervention Empower the officers Plan & implement sustainable program	1-3-2019
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Environmental department of PHGD	Improve the registration of food and water collected samples to be sent to Public health Lab	March 2019
4	Conducting similar Program in your country	Strategic planning/senior officers at Ministry of Health.	Training course	Feb- March,2019

4. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

- Capacity building with senior officers at Public Health General Directorate.
- Directorate and officers at Primary Health Care district offices
- Training and sharing sessions with seniors at top level managers that deals with strategic planning and program management.

1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Hamad Said Al Hadhrami

Name of the Institute/Country: Sultanate of Oman

Designation: Personnel affairs researcher

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

This program is rich of fabulous great ideas. It gave me some ideas and skills that can be enlisted as follow:

- Coherence between people and stakeholders to implement public health policy, as a result achieve the goals (Chandigarh is empty tobacco city)
- Public health policy should be studied designed well before being applied to implement the drawn goals.
- Awareness should be published among people especially whom living in rural areas by using latest technology and filed visit.

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.) Social media	1. Staff who works in public health because they are able to convey this learning I mean making them works as volunteers.	By using social media , and awareness posters	23 Oct 2018
No	Priority area	Area/With whom?	How are you planning to do?	By When
2	Implementing in your settings (e.g.: policy framework/ agenda formation /Human resource development/financial analysis etc. HRD	Staff in the ministry	Training volunteer	11 Nov 2018
3	Idea/ initiative you learnt from the field visit and wish to replicate in your settings	Staff in my hospital	Training volunteer	30 Nov 2018
4	Conducting similar Program in your country	Staff in my department	Lecture	12 Dec 2018

3. What is a significant milestone that you will accomplish in a month's time by April 5th, 2019?

Raising awareness in public health policy and making coherence with people in rural area.

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)

SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: PHAM VAN LINH

Name of the Institute: Haiphong University of Medicine and Pharmacy (HPMU)

Country: Vietnam

Designation: Head, HPMU's HR Department; Vice-Director of University Hospital

1. Enlist the ideas and skills on Public Health Policy which you learnt from the program?

- 1) Indian Health System
- 2) Public Health Issues & Challenges
- 3) Health Policy Framework
- 4) Health System Strengthening and Governance
- 5) Agenda setting & Policy Implementation
- 6) Human Resource in Health Policy
- 7) Policy Analysis
- 8) Use of Technology in Public Health
- 9) Economics in Public Health Policy
- 10) Management & Leadership in Health Policy

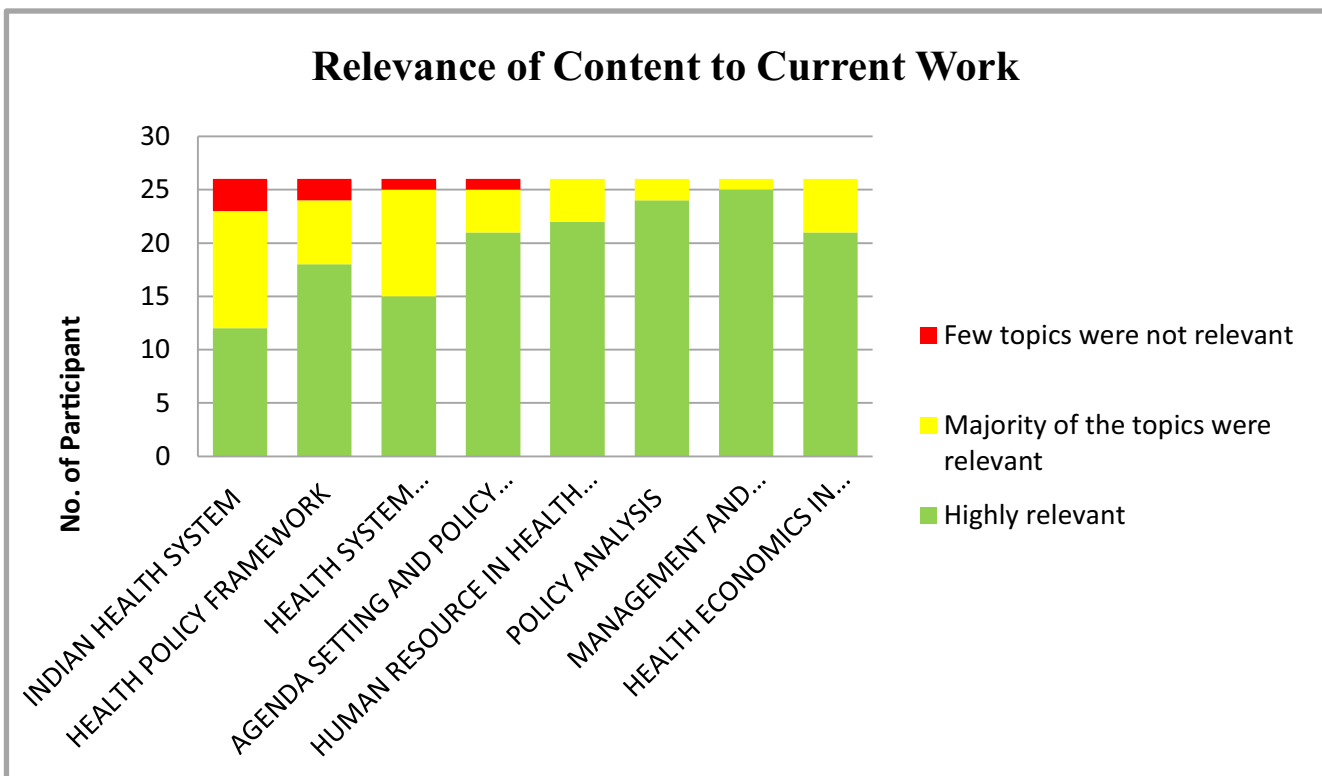
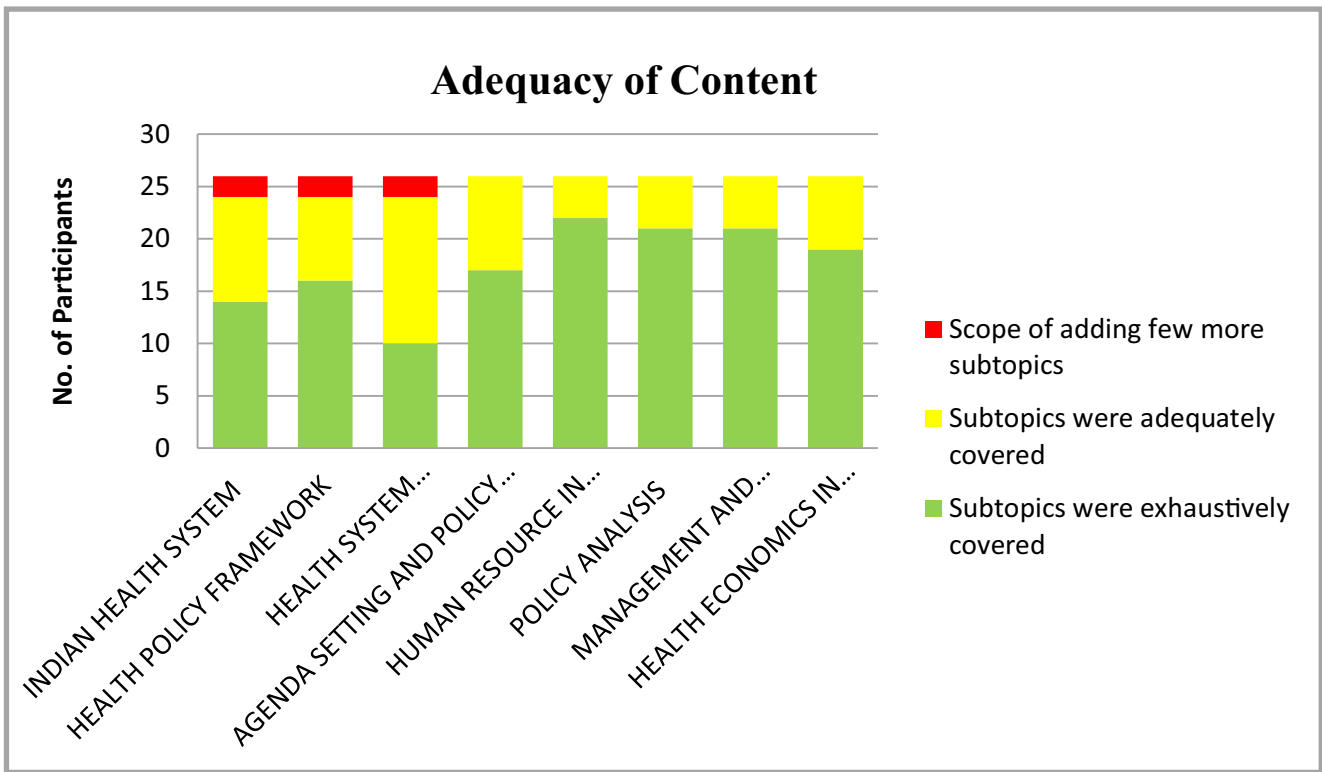
2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning Participating in/Organizing workshop	1) University's Administration 2) Local and National stakeholders 3) International partners	Organize and participate actively in workshop(s) to discuss the intended concerns	By the end of 2018
No	Priority area	Area/With whom?	How are you planning to do?	By When

2	Implementing in my own settings: 1) Policy analysis (changes in health financing, Family medicine, PHC enhancement...) 2) Use of technology in HR development/Health system e-teaching/e-learning based CME	1) With Family Medicine Dept., PH Faculty, Direction of University Hospital; 2) With University key actors, local and national stakeholders, international partners	Making specific decisions (with competent authority/ management bodies) for respective concerns; Implementing policy changes then proceeding M&E and so forth process	By the end of 2018 (for first issues)
3	Idea/initiative learnt from of field visited			
	Idea/initiative I learnt from the field visit and wish to replicate in my own settings 1) From PGIMER visit: OPD with ART and DOT/NTP centres in University Hospital, Municipal General Hospitals, and in Private-owned Hospitals (in coordination with NTP, HIV/AIDS centre); Telehelp centre via CME activities and videoconferencing facilities; Hospital Engineering Dept. for management of new constructions or upgrading works; 2) From CHANDIGARH Municipal Corporation visit: PH programmes put in action with full commitment of municipal authority	1) With persons in the Hospital Directions (especially that of University Hospital), and related competent authorities; 2) With key persons in HPMU's PH faculty	Making specific decisions (with competent authority/ management bodies) for respective concerns. Implementing policy changes then proceeding M&E and so forth process.	By the end of 2018 (for first issues)

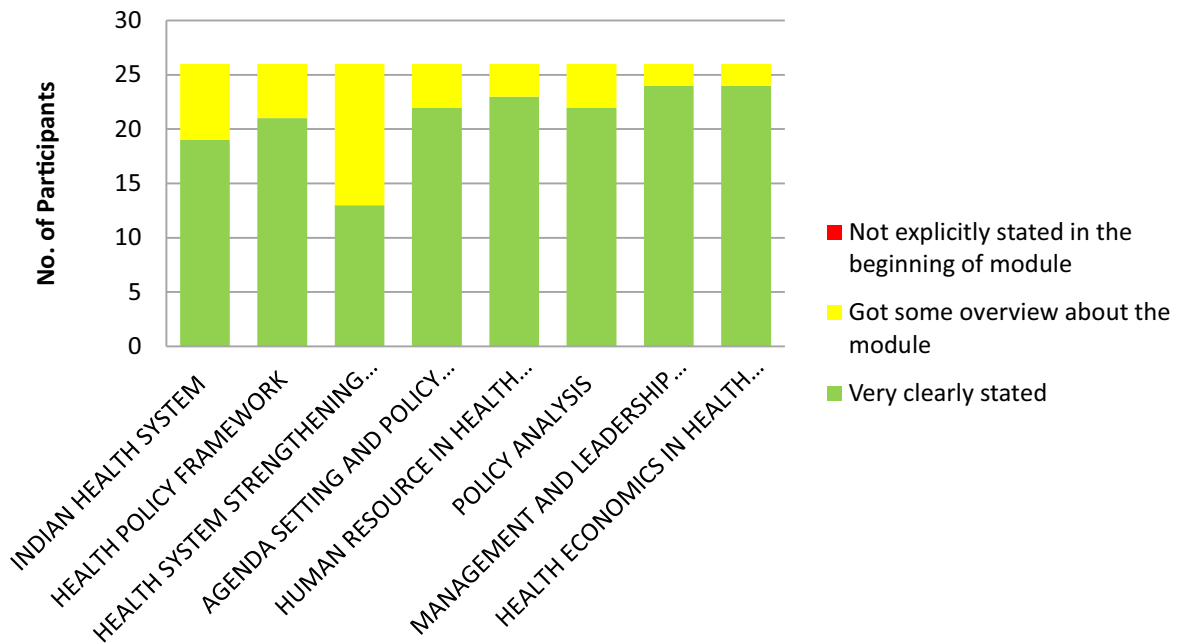
Participants Feedback

Module wise Quantitative Feedback Analysis

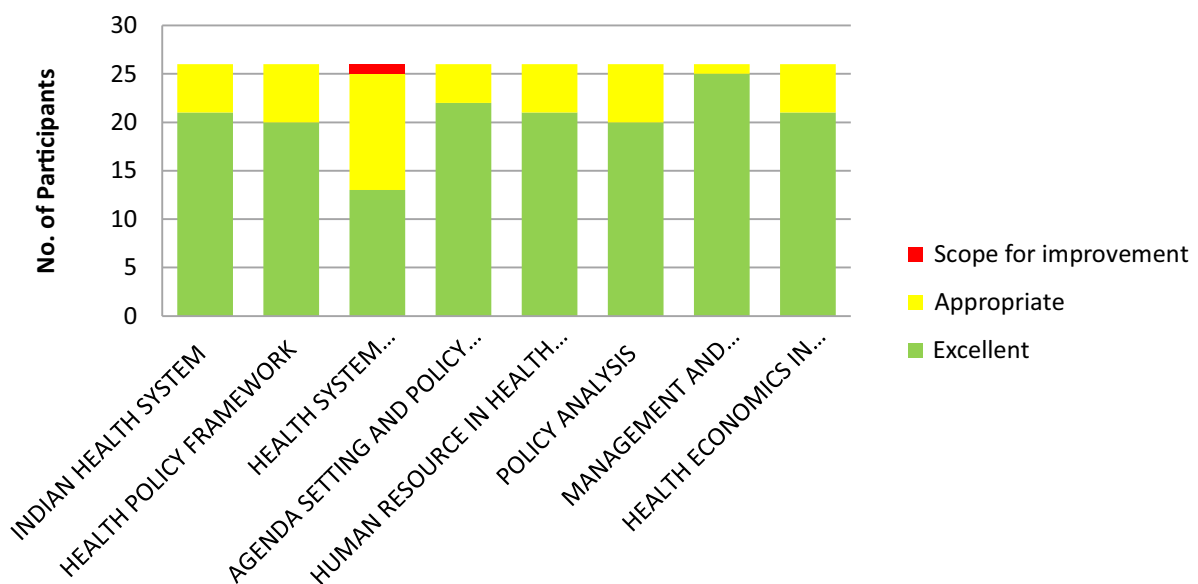


Participants Feedback

Aims and Objectives of the Module

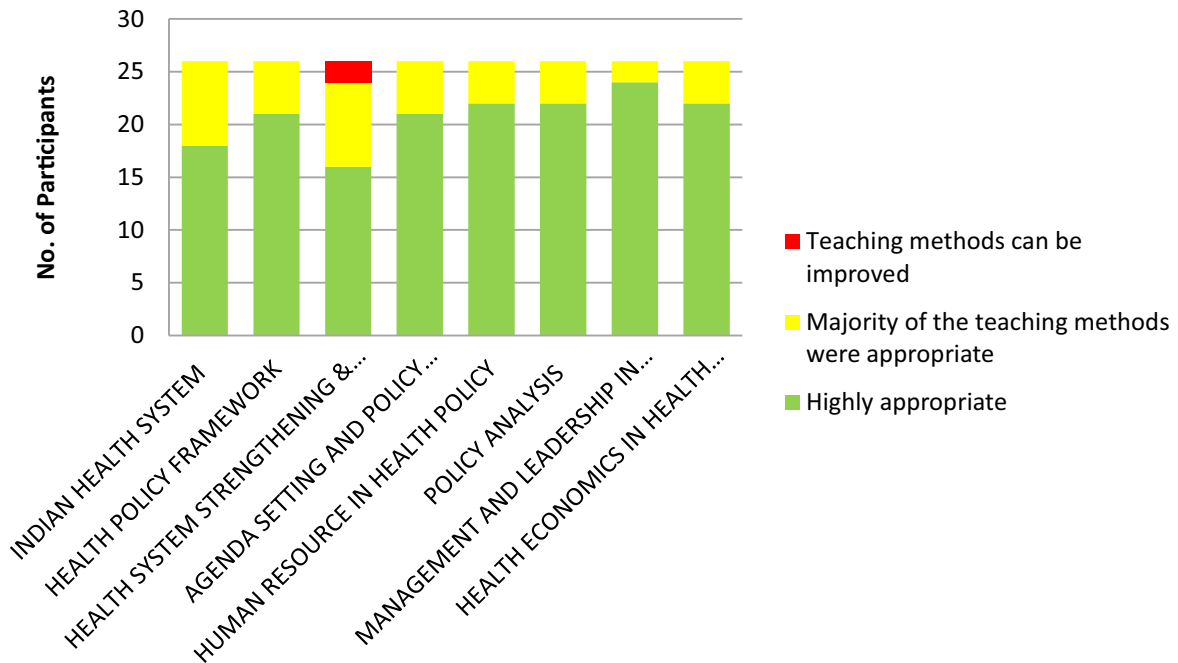


Flow of Module

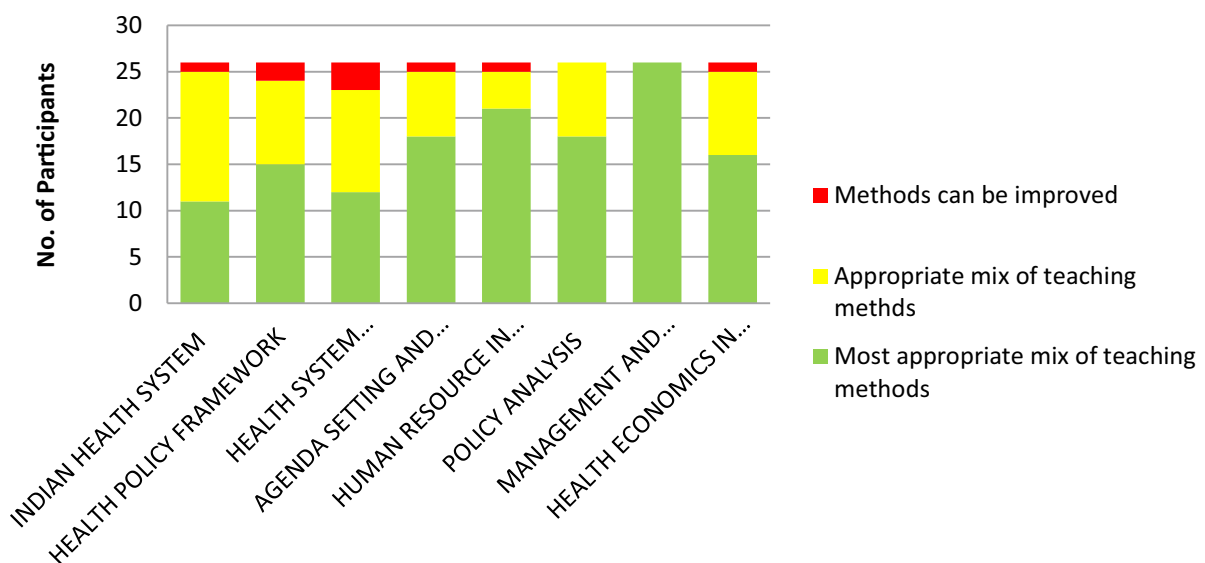


Participants Feedback

Appropriateness of Teaching Methods

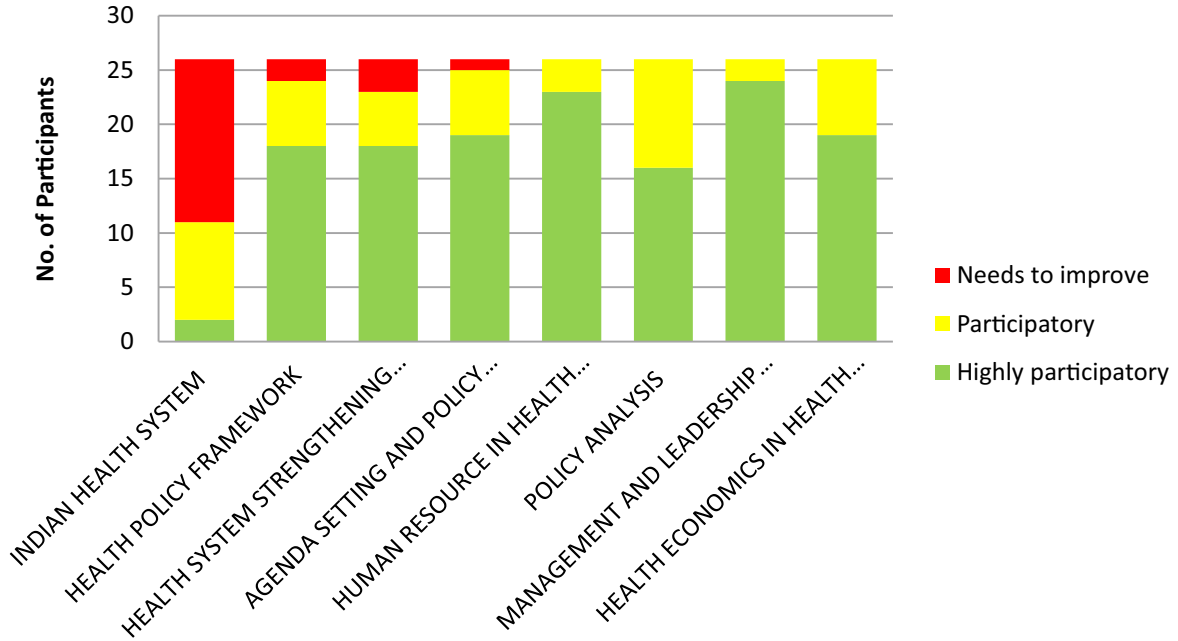


Mix of Teaching Methods

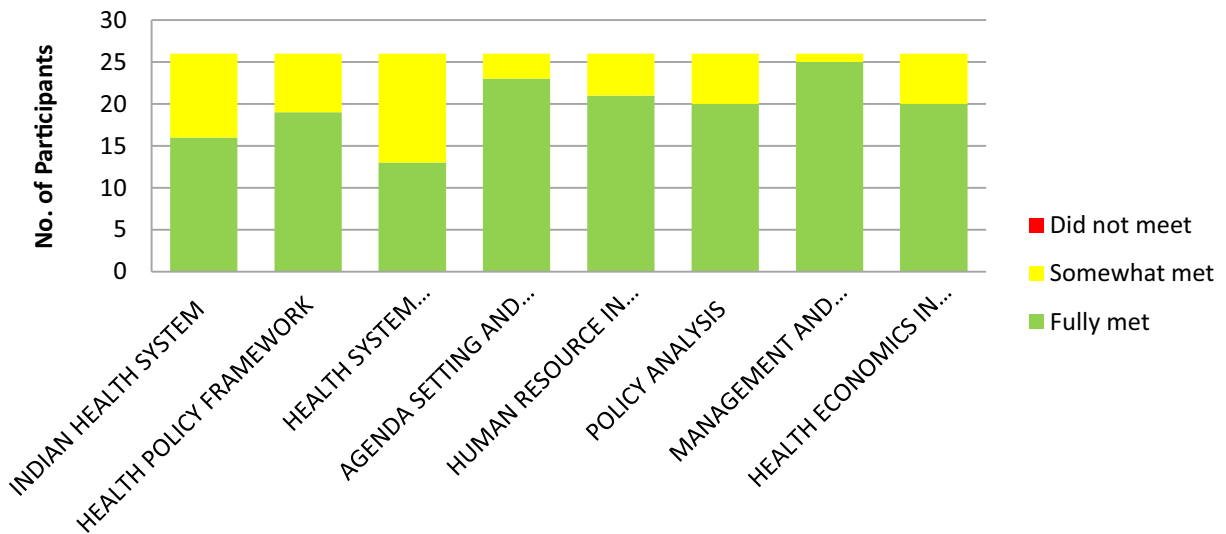


Participants Feedback

Participation of Participants



How well module meet the expectations



Participants Feedback

Module wise Qualitative feedback

Indian Health System

1. Evolving state of the healthcare system in India was well explained using diagrams
2. Clarification of the Indian health systems was done using real examples.
3. Leant how to deal with the challenges of service delivery in large population
4. Very competent speaker and meticulous presentation
5. The need to comprehensively look at the health care system was done adequately
6. Made us understand the healthcare system of India (Ministry of AYUSH) and about the largest insurance scheme Ayushman Bharat
7. Being able to see Indian primary health care structure & the link it with Trinidad e.g. technology regulated private sector
8. Nice presentation and flow of module
9. I saw a lot of similarities and gaps in the Indian health system and in my country Nigeria
10. Illustration of Holistic approach to healthcare
11. Changes experienced in Indian health care system gave an idea similar to my country Kenya
12. Relevant display of content in Indian health system

Health policy framework

1. Well explained and highly interactive session
2. Example based teaching adds to the learning process and gives context to the global issues that challenge policy formation
3. Participatory approach was the best characteristic of the module
4. Policy framework using policy triangle was explained very nicely
5. Overview of the health policy framework of India was explained
6. Useful module according to the theme of the program
7. Excellent teaching methodology, use of real life examples created interest in the session.
8. Policy versus politicians was one of the most interesting topic
9. Facilitator engaged the participants in the presentation

Module wise Qualitative feedback

Health system strengthening and governance

1. Talking about team work for strengthening of health system was thought provoking
2. Well-presented module
3. Speaker gave real examples of the impact of innovation
4. He simplified each points what he wanted to teach
5. Monitoring and evaluation of HMIS was made understand
6. Module made us learn about how technology used to strengthen health systems
7. Good outline of topic and the way of presentation was commendable
8. Module is useful and we can apply it in our own country.
9. Dr. Gupta message build a team, doesn't work alone motivate us.
10. Enjoyed the participation approach
11. He used example of his own experience to demonstrate
12. Shared great experience of successfully health system in Haryana

Agenda Setting and Policy Implementation

1. Characteristics and aspect of implementation progress of policy was very well deliberated
2. Interactive modules
3. Models of agenda setting and implementation were elaborated nicely
4. Emphasis on focusing on incremental change rather than reform was key learning in the module
5. The emphasis on data in driving policy was a good learning for me
6. Lecture was simple, short and to the point
7. Lecture had ample examples to demonstrate all his points
8. The pictorial presentation and stories made the session more interesting
9. The module is hard but Dr. Sonu Goel make it easy to understand
10. I appreciate the module that i have learnt and i already see how it can relate my work
11. I appreciate the speaker that being a technocrat it debunked my thought that hidden agent had a malicious connotation
12. It is now clear that a policy should be backed by a law and should not operate in isolation
13. The policy role of media in agenda setting was nicely explained
14. Clarity in dealing challenges in policy implementation
15. Good examples of policy in countries and the agents

Module wise Qualitative feedback

Human Resource in Health Policy and Management

1. Understanding concept and challenges in health workforce
2. Highly Interactive session
3. Good examples of the human resources in other countries
4. The exceptional lecture
5. Dr. Pradhan was ongoing, gave relevant examples and field opinions well
6. She was able to keep each one attentive by a highly interactive session
7. She showed the ways to meet human resource shortages
8. Videos in between the session made the lecture more interesting
9. Very competent speaker
10. Useful presentation and the role-plays were the best
11. Methods of teaching were excellent
12. I could relate my work with the module
13. Able to recognize the gaps in my country
14. Understood strategies in hiring human resources for health

Policy analysis

1. Concrete examples were used by the speaker
2. Thank you doctor, explanation related to the doubts were made clear
3. Wonderful module and highly relevant to the topic
4. Very clear and specific to policy making
5. All points highlighted were good
6. Well explained topic
7. Steps in policy process were comprehended nicely
8. Role of actors nicely explained
9. He reached to our expectations regarding the topic
10. Topics were relevant to our streams
11. Role of actor was made understood using appropriate examples.

Module wise Qualitative feedback

Management and leadership in health policy

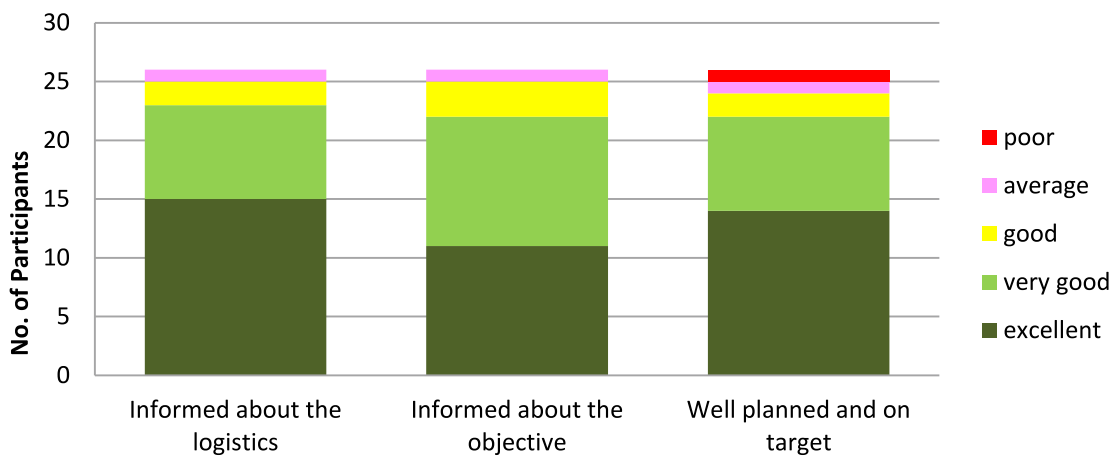
1. Concrete examples in the module
2. Interaction and high participation was seen
3. The difference between management and leadership
4. How to be good leader
5. Characteristics of leader and managers
6. I learned to be a leader rather than a manager
7. Video and role plays raise interest in the session
8. Styles of leadership were apprehended using real life scenarios
9. It was a very interactive lecture
10. Good use of graphics
11. When it was said that leadership is not in hierarchy you can lead from whichever level you are.
12. Practical implementation was best
13. Explanation and how to apply was perfect

Health Economics In Health Policy

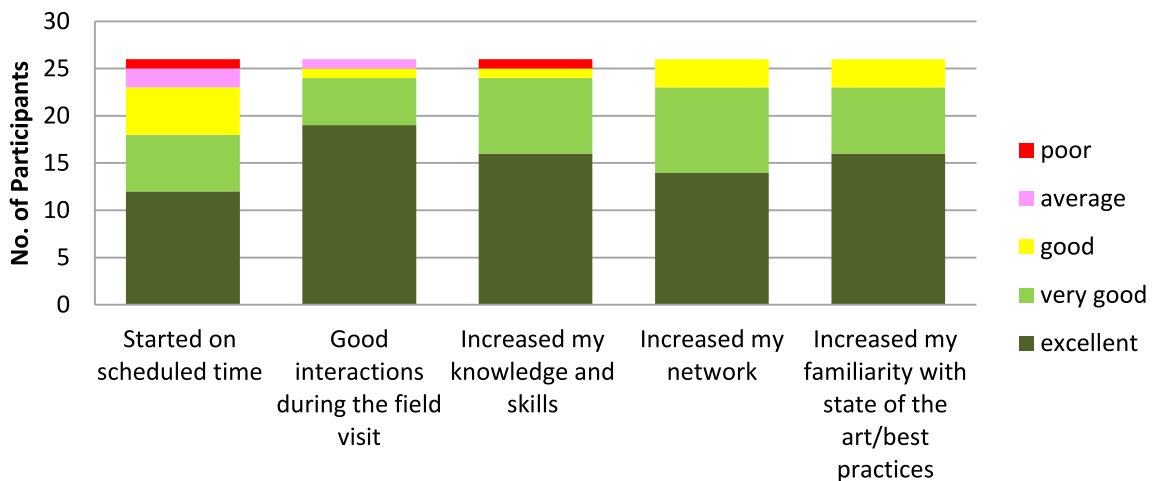
1. Presentation was to the point
2. Appropriate use of diagrams and graphs for demonstration
3. The coverage of universal health coverage was explained in detail
4. Good examples were used to demonstrate salient points
5. Practical examples helped us understand the implication in real life system
6. High participation was seen in the module
7. The health financing mechanism
8. The manage aspect of finances in the health sector was nicely explained
9. One of the best topics in the program
10. Economic evidence is an important consideration for policy making
11. Excellent topic and competent speaker
12. Very lucky attending this lecture.

Quantitative Feedback Analysis- Field visit

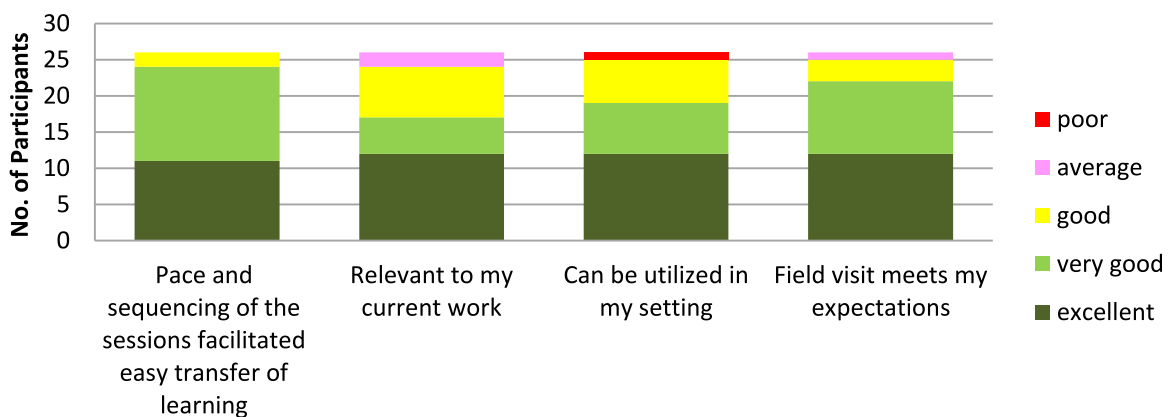
PRIOR TO THE VISIT



DURING THE VISIT



POST FIELD VISIT



Qualitative Feedback Analysis- Field visit

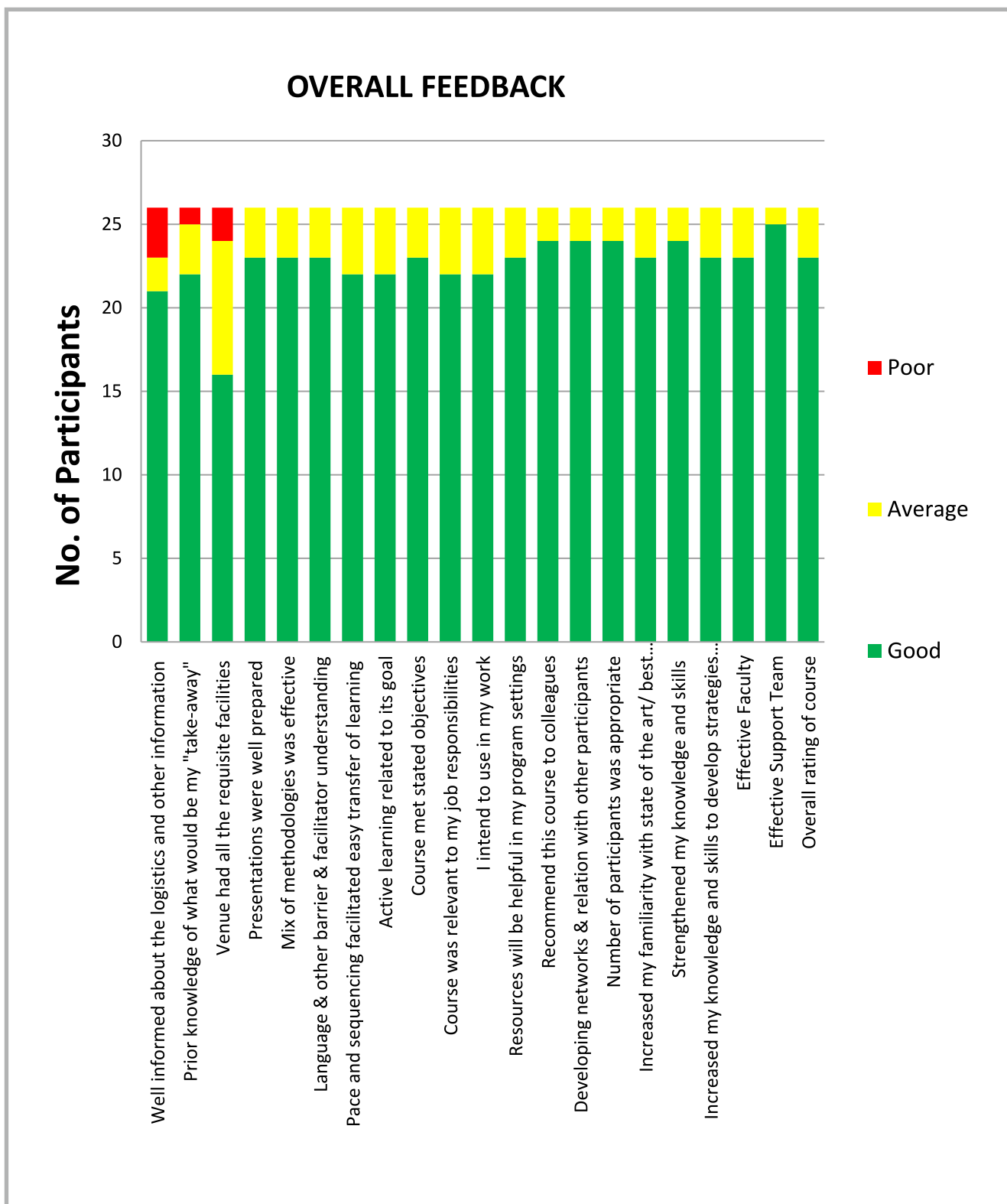
Like about visit

1. E-consultation regarding the field visit was good
2. Master plan to a public health institute was the best
3. Logistics for the field were well informed prior to the visit
4. Water treatment plant was a great experience in terms to understand the system at grass root level.
5. Direct contact & interactions with responsible officials were amazing.
6. Multi sectoral approach was adopted in terms of field visits (garden & hospitals & healthcare)
7. The SABL lab showed vision to reality which was excellent
8. The stop for shopping roadside handmade sculptures was a nice break from the hectic schedule
9. Proper management of outpatient department was one of the best practices seen during the program
10. Schedule of field visit were of the interest and relevant to us.
11. Excellent coordination between the organising team and the resource faculty was seen
12. Practical exhibition in a busy hospital was one of the best parts of field visit
13. Good preparation
14. Process of cleaning the city at night with the vehicle, food safety van, and tele-evidence were the best practices to be adopted in our countries.
15. Neuroscience lab was best experience to inform management and leaders
16. Presentation on hospital engineering gave an insight about the institution
17. All things were excellent
18. Well organized and excellently executed

Suggestions

1. The timing of food and tea break to be planned
2. Should not be too exhaustive
3. Take more time to field visit
4. More time for discussion would be more useful
5. One visit should be dedicated to Indian history and culture
6. The place to visit should prepare a room or area where the orientation about the place can be done so as to save time and participants should limit to 2-3 question only
7. Enough time be given to the authorities of those in situations/offices for proper planning of sessions and briefing during the visits
8. A visit to private medical hospital, Health information system, hospital administration information system can also be planned if possible.

Overall Feedback - Quantitative



Overall Feedback - Qualitative

Likes

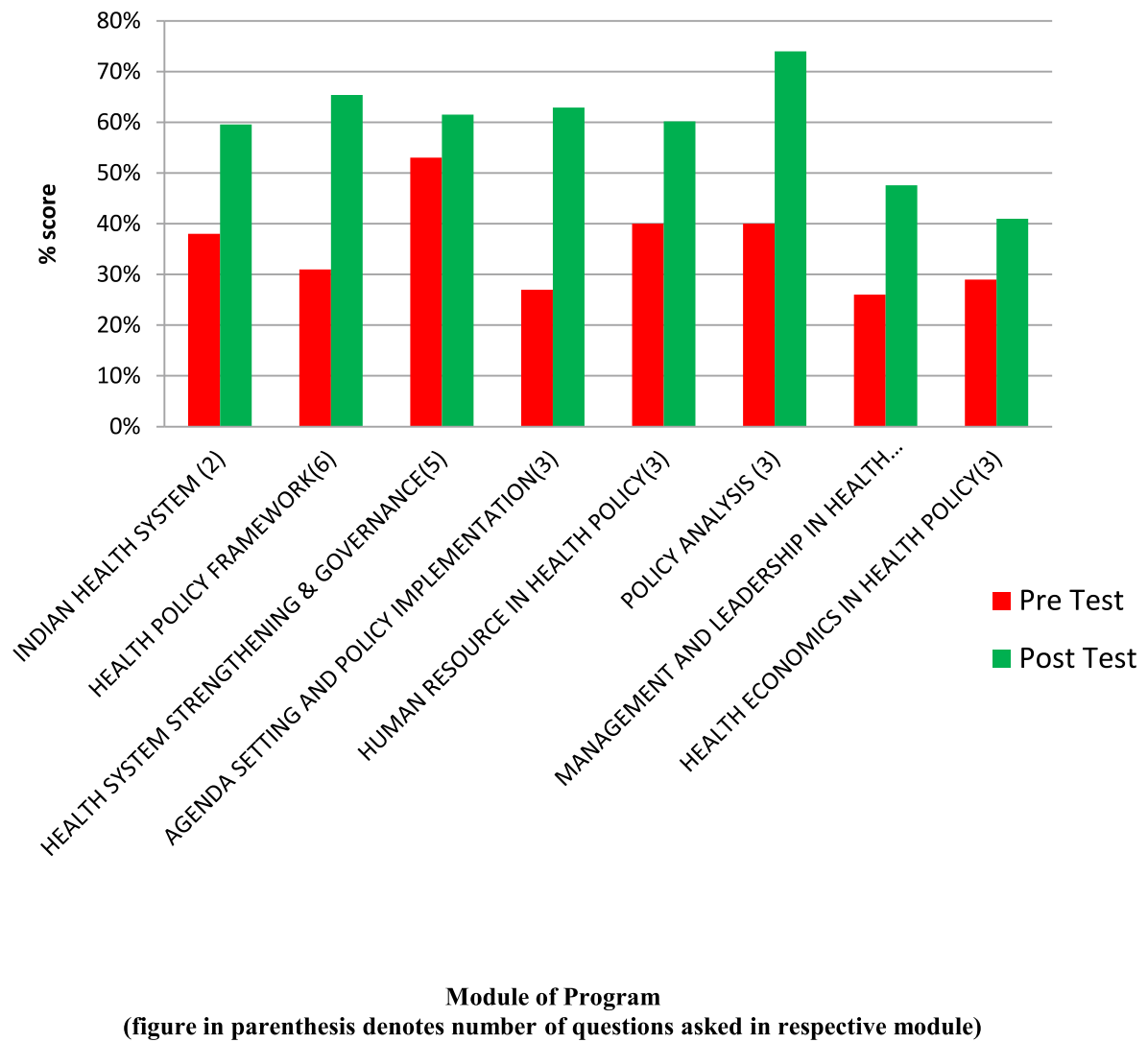
1. The format for the program was perfect (3 days lecture coupled with field visits and community involvement)
2. Cultural night is a good opportunity to interact with other delegates
3. The hospitality of the team was commendable
4. Breakers and games between the lectures helped as a reenergizer
5. Great job of entire team
6. Lovely friendly team & participants
7. Field visits were best
8. Practical examples helped us understand the Indian system and its approaches
9. Learnt policy making and implementation
10. PGIMER visit was the star of the program
11. Municipality corporation visit made us understand the subject which is indirectly related to health
12. Logistics provided in the program kit are of highest quality
13. Lecturer and lectures were extraordinary
14. Coordination and planning was excellent
15. All topics were satisfactorily covered
16. The facilitators of the module were highly knowledgeable
17. Drive of Dr. Sonu Goel was exemplary
18. Diligence of support team was exceptional
19. Sharing with other participants helped in peer learning
20. Lectures and support team are really talented and enthusiastic
21. Fulfilled expected objectives
22. Well organized
23. Case studies were relevant to our country and area of work
24. Cultural evening was best
25. Organization of program exemplary example of a good leadership
26. Level of hospitality received is quite overwhelming
27. Full of newer information relevant to us
28. Punctuality of program was excellent
29. Opportunity to meet and get to know participants of all countries
30. Got the knowledge of Indian public health system

Suggestions

1. Although provided with information sheet beforehand, there must be an orientation of the hotel and other places that a participant wants to visit, mall, grocery, exchange money etc.
2. I suggest additional topics for policy making and correlation as an example of an Indian way of doing policy
3. More time to discussion could be useful
4. Extend training up to 2 weeks as one week is not enough to cover vast topic "public health policy and management"
5. Inform participants at least one month in advance that they have been chosen
6. Sometime or one whole day should be offered for sightseeing to know about Chandigarh and Indian culture.

Program Evaluation

Pre and Post Program Evaluation



Recommendations and Way Forward

The major recommendations for the program addressed among many others were strengthening of current public health policy and management program for senior level policy makers; its integration in general health services for overall policy framing and implementing, scaling up of the program at national and international level; need-based changes in the current program for addressing local challenges; increasing reach of program by providing online platform; and collaboration with various stakeholders-nationally and internationally for increasing visibility and strengthening health systems across the globe.

1. Strengthening of public health policy and management system for senior level people involved in policy formulation and implementation: Public health education of a country must amalgamate adequate content and approaches of public health policy and management (PHPM) at various level of healthcare. The curriculum of PHPM should be designed in consultation with various stakeholders which is applicable in different settings. The participants should be trained in decision making, through this ongoing program for arriving at best policy decisions.

2. Integration of PHM in general health services for attainment of senior management positions: Training of senior officers in health and allied departments should be made mandatory in order to formulate and implement policies or program at national or international level.

3. Scaling up of the program at state, national and international level: Considering the usefulness and need of such programs in current scenario, along with growing interest in such programs (as shown by increasing nominations of participants from different countries) there is a need to scale up such programs. At international level, organisations which wish to pursue north-south and south-south partnerships can collaborate with PGIMER, Chandigarh for scaling up PHPM program globally.

4. Need-based changes in the current program for addressing local challenges: The content of current PHPM program should be tailored based upon the context and need of participants, organisation and country's public health situations. The approaches should not only be didactic lectures but should be supplemented with discussions, role plays, group work, case studies, demonstrations etc. The case studies and examples should focus on current public health challenges of the participating countries.

5. Increasing reach of program by providing online platform: The program can be made online in order to facilitate participation of more candidates who are unable to attend because of time and resource constraints.

6. Collaboration with various stakeholders nationally and internationally: There is a need for increasing participation of various stakeholders (Ministries of Health Ministry of External Affairs, WHO, developmental partners, management and research institutes etc.) in PHPM for increasing visibility and robustness to the program. The Indian embassy of various countries should design such program in their country setting with active support of PGIMER, Chandigarh.

Further, exchange programs between various participatory countries and PGIMER can be facilitated by Ministry of External Affairs, Govt. of India.

Sustainability of Program

- There has been a growing interest in the program which is being depicted by high nominations of participants from different countries.
- The content and approaches used during the program has received appreciation from facilitators and participants. Moreover, the program has been cited as very well managed and organized. The time management and team work has been exemplary.
- The resource persons for the program are leading personalities in the respective areas of public health policy and management. As per the feedback of participants, they were very effective in engaging all the participants in group discussions and were made very interactive using innovative teaching methodologies.
- The hospitality displayed by the program organizers were beyond appreciation. The accommodation, local travel and food was upto the expectations of participants.
- Field visits to showcase the best practices were nicely arranged and contextually planned that they can be replicated in other settings as well.
- Diversity of participants in program from different countries ensured peer learning. Many good practices were shared amongst participants whom we expect that they will replicate in their settings.
- The program provided a very good platform to the participants to make new connections and network across the globe. Also it gives participants the drive to ensure a good health management system in their work setups.
- The action plan submitted by participants at the end of program based upon their local work-place settings guaranteed that the program will bring a significant change in the public health management practices across the world.

Picture Gallery



Traditional Welcome of Chief Guest



Emblem of Honour



Flowers symbolizing Respect



Warm Welcome



Invoke the Blessings



Light towards Knowledge

Picture Gallery



Love by Delegates



Knowing my new friends



Beauty of Bond



Concentrate to Solve



Congratulations to the Ladies



Fun during Tea Breaks

Picture Gallery



Some Informal Discussions



My Fitness Mantra



The YOGA Gang



Selfie and Shopping



Sharing program Experiences



Smile that hold the moment

Picture Gallery



Huge round of Applaud



Commitment of our Chief Guest



Followers of Social Media Page



Feel the inner peace



Budding Friendship



Beauty Overload

Picture Gallery



My Way



Cultural Eve



Perfect Pout



Night at Fort

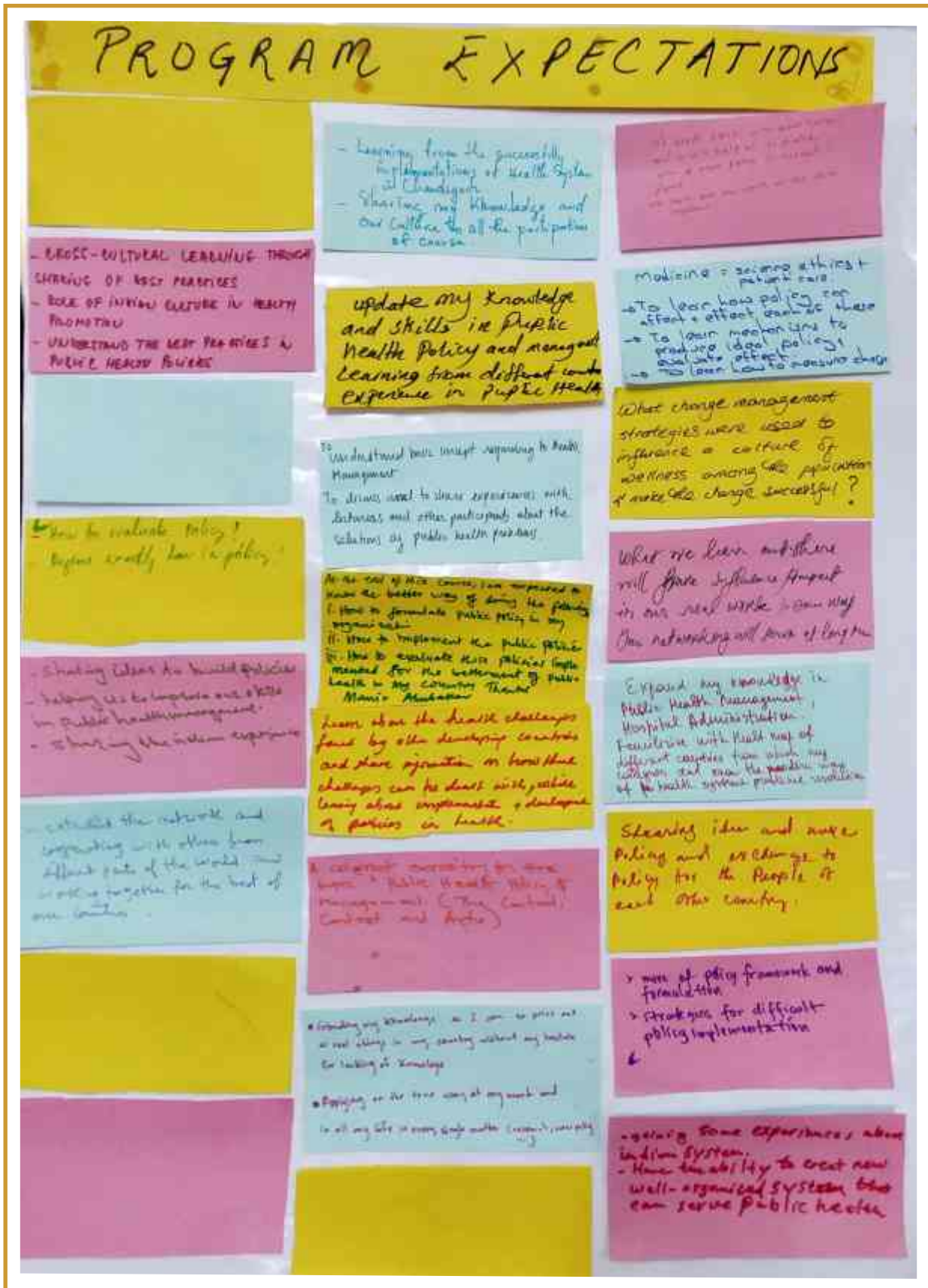


Joy of Victory

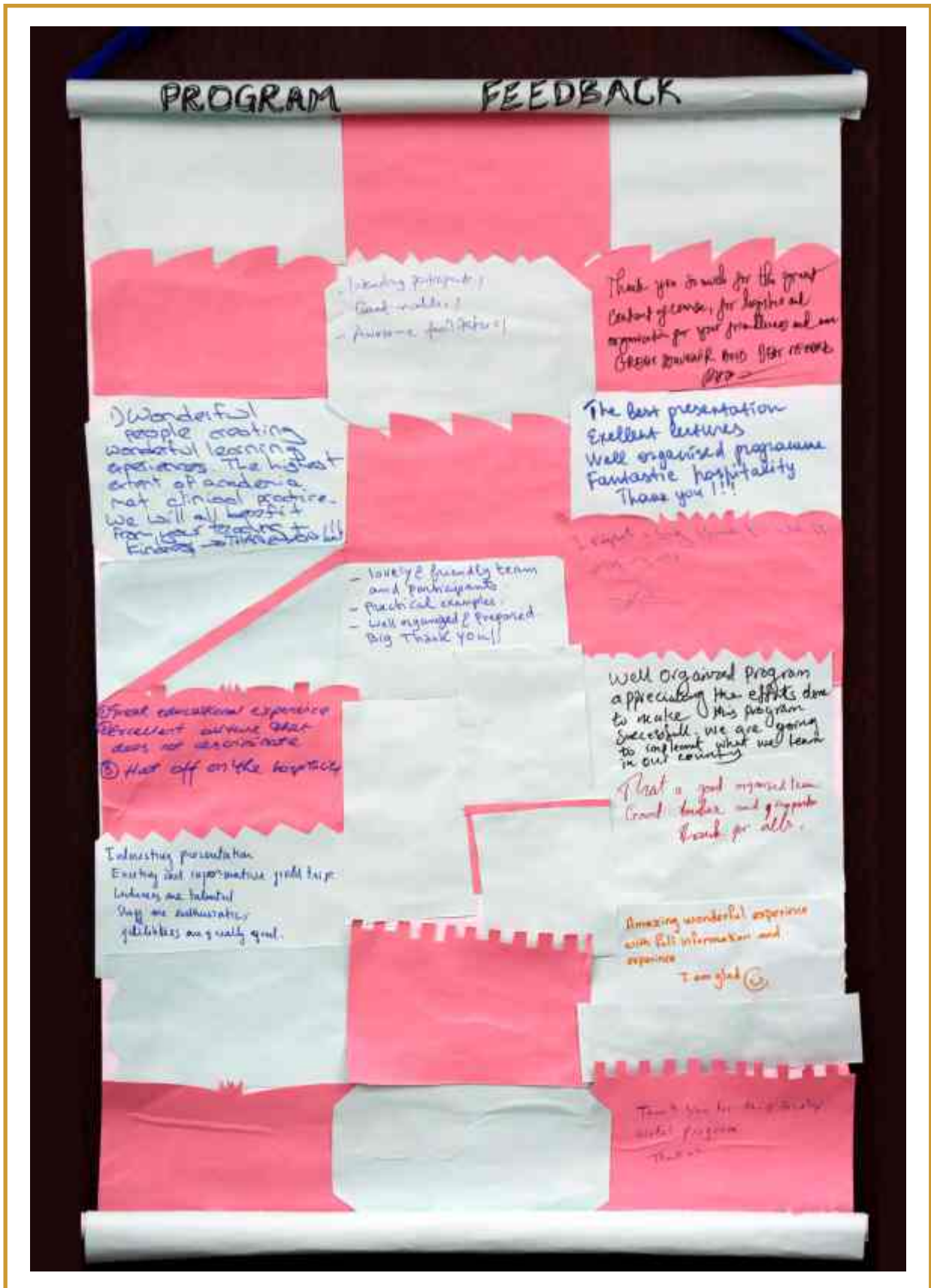


Collage of Memories

Token of appreciation



Token of appreciation



Token of appreciation



1-10-18

CHANDIGARH TIMES

PGI to conduct 5-day prog for policymakers

Times News Network

Chandigarh: A five-day public health policy and management programme for policymakers will kick off at PGI from Tuesday. The programme will be organised by the School of Public Health, PGI.

This flagship programme is the first in the country which caters in public set-up to build capacity of policymakers and senior implementers of 161 countries in Asia, Africa, East Europe, Latin America, Caribbean as well as Pacific and small islands. The programme is sponsored by the Ministry of External Affairs (MEA), Government of India under Indian Technical Economic Corporation Scheme. It aims to build

capacity of senior level policymakers for addressing contextual public health challenges in their countries and showcase best practices in public health in India so that they replicate it in their country for overall attainment of Sustainable Development Goals.

A total of 25 senior level participants from 17 countries will be participating in the programme. The event will include talks by eminent faculty through various learning methodologies like case studies, games, quiz, role plays, videos, mobile applications and so on. Besides, there will be field visits wherein they shall visit Municipal Corporation of Chandigarh and Punjab and showcase various government

health schemes implemented in Chandigarh including Ayushman Bharat Yojana.

They shall also be visiting various departments of PGI to witness state-of-art patient care services like telemedicine, tele-venting, ASHA Jyoti mobile outreach van, organ donation facility (ROTTD), hospital engineering and so on. After the programme, they will be an action plan prepared for the country/institution based upon the learning of programme. It will be followed up by the programme organisers where they will send the action plan implementation report after six months of its commencing. The best country report shall be rewarded by the MEA.

DAILY POST

5-day PHPM programme

CHANDIGARH: A five Day Public Health Policy and Management (PHPM) Programme for Policy Makers will be started at PGIMER Chandigarh from October 1 to 5. The program will be organised by School of Public Health, PGIMER at Hotel Parkview, Chandigarh. This flagship program is FIRST program in the country in public set-up which caters on building capacity of policy makers and senior implementers of 161 countries in Asia, Africa, East Europe, Latin America, the Caribbean as well as Pacific and Small Island countries. The program is fully sponsored by Ministry of External Affairs, Government of India under Indian Technical Economic Corporation (ITEC) Scheme. The program aims to build capacity of senior level policy makers for addressing contextual public health challenges in their countries and showcase best practices in Public Health in India so that they replicate it in their country for overall attainment of Sustainable Development Goals (SDGs). The program shall be taught by eminent faculty through various learning methodologies like case studies, games, quiz, role plays, videos, mobile applications etc. DE

THE PIONEER

PROGRAM FOR POLICY MAKERS AT PGIMER

Chandigarh: A 5 days Public Health Policy and Management Program for policy makers will be organized at PGIMER here from October 1-5. The program will be organized by School of Public Health, PGIMER at Hotel Parkview. This flagship program is first program in the country in public set-up which caters on building capacity of policy makers and senior implementers of 161 countries in Asia, Africa, East Europe, Latin America, the Caribbean as well as Pacific and Small Island countries. The program aims to build capacity of senior level policy makers for addressing contextual public health challenges in their countries and showcase best practices in Public Health in India so that they replicate it in their country for overall attainment of Sustainable Development Goals (SDGs).

H.T. CHANDIGARH

5-day public health policy programme to start today

CHANDIGARH: A five-day public health policy and management programme for the stakeholders will start at Postgraduate Institute of Medical Education and Research from Monday. The programme will be organised by the School of Public Health, PGIMER, at Hotel Parkview. A total of 25 senior level participants from 17 countries will participate. The programme will take up case studies, games, quiz, role plays, videos, mobile applications, among others.

हेल्थ पॉलिसी बनाने के लिए 19 देशों के प्रतिनिधि चंडीगढ़ पहुंचेंगे

चंडीगढ़: अंतराष्ट्रीय सार्वजनिक स्वास्थ्य के लिए 19 देशों के प्रतिनिधि और यहां के स्थानीय अधिकारियों का पांच दिन के लिए यहां एकत्र हो रहा है। स्वास्थ्य के क्षेत्र में अंतराष्ट्रीय स्तर पर एकत्रित होकर अपने देशों के स्वास्थ्य को बेहतर बनाने के लिए वे प्रतिनिधि यहां पहुंचेंगे। इस कार्यक्रम में भाग लेने वाले प्रतिनिधि अपने देशों के स्वास्थ्य के लिए प्रतिनिधि के रूप में भाग लेंगे। कार्यक्रम के दौरान वे अपने देशों के स्वास्थ्य को बेहतर बनाने के लिए अपने देशों के स्वास्थ्य के लिए प्रतिनिधि के रूप में भाग लेंगे। कार्यक्रम के दौरान वे अपने देशों के स्वास्थ्य को बेहतर बनाने के लिए अपने देशों के स्वास्थ्य के लिए प्रतिनिधि के रूप में भाग लेंगे।

चंडीगढ़ समाचार

आज से होगा पांच दिवसीय कार्यक्रम शुरु

चंडीगढ़, 1-10-18
 स्वास्थ्य (रक्षा) : पोस्टग्रेजुएट इंस्टीट्यूट ऑफ मेडिकल एजुकेशन एंड रिसर्च में पांच दिवसीय सार्वजनिक स्वास्थ्य पॉलिसी एवं मैनेजमेंट प्रोग्राम पर पांच दिवसीय कार्यक्रम शुरू हुआ है। इसमें देश के विदेशियों के साथ 161 देशों के प्रतिनिधि शामिल हैं। कार्यक्रम के दौरान वे अपने देशों के स्वास्थ्य को बेहतर बनाने के लिए अपने देशों के स्वास्थ्य के लिए प्रतिनिधि के रूप में भाग लेंगे। कार्यक्रम के दौरान वे अपने देशों के स्वास्थ्य को बेहतर बनाने के लिए अपने देशों के स्वास्थ्य के लिए प्रतिनिधि के रूप में भाग लेंगे।

CHANDIGARH TIMES
Experts deliberate on tackling emerging diseases

TIMES NEWS NETWORK
 Chandigarh: To strengthen management and leadership skills for tackling emerging diseases, including non-communicable ones, the Public Health Policy and Management Program organised by the PGI saw deliberations by experts on Tuesday. On the occasion of Gandhi Jayanti, all delegates also took a non-violence pledge in his memory.
 The delegates were apprised about the health policy framework, wherein they were told about the importance of context, content, process and actors in placing agenda in a policy. The importance of implementation of health policy into practice was discussed through Kingdon and Hall models. Besides, the importance of human resources in health and steps to retain these was also discussed from the perspective of participating countries. The ample use of case studies, role plays and case discussion was used during the sessions. Later, participants prepared a health map of their country based on key health-related indicators.

3.10.18

पंडीगट आस्कर, 2-10-18

हेल्थ पॉलिसी बनाने के लिए 19 देशों के प्रतिनिधि पहुंचे चंडीगढ़

चंडीगढ़। इंटरनेशनल पब्लिक हेल्थ मैनेजमेंट डेवेलपमेंट प्रोग्राम के तहत 19 देशों के डॉक्टरों और वहां के सैनियर ऑफिशियल्स पांच दिन के लिए यहां इकट्ठा हुए हैं। प्रोग्राम के इन्फोर्स्टर डॉ. सोनु गोयल ने बताया कि जब तक इस तरह के पाठ्य प्रोग्राम हो चुके हैं। इस बार मिनिसोटा-ऑफ एम्बेडमेंट प्रोग्राम ने कहा कि इस प्रोग्राम में चारों ओर देशों के सैनियर ऑफिशियल्स को भी शामिल किए जाएं। 19 देशों के प्रतिनिधि होटल पार्क च्यू में उदरे हुए हैं। डेलीगेट्स को भारत के विभिन्न अधिकांशों के बारे में बताया जाएगा। इनमें पीजीआई में चल रही टेलीमिडिसिन और टेली एडिजेंस के बारे में बताया। इसका उद्देश्य इन देशों को अपने यहां का हेल्थ इन्फ्रस्ट्रक्चर सुधारने के तरीके बताना है। इस प्रोग्राम के तहत यहां से जाने के बाद यह डेलीगेट्स 6 महीने में अपना एक्शन प्लान यहां भेजेंगे।

दीपिका शिकू

पीजीआई में पब्लिक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम

चंडीगढ़, 2 अक्टूबर (वि.सं.)
 पीजीआई में 1 से 5 अक्टूबर तक पब्लिक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम का आयोजन चल रहा है। इसका आयोजन कम्युनिटी मेडिसिन विभाग तथा स्कूल ऑफ पब्लिक हेल्थ पीजीआई द्वारा किया जा रहा है। इस कार्यक्रम में 17 देशों से 25 प्रतिनिधिपूर्ण हिस्सा ले रहे हैं। कार्यक्रम निदेशक डॉ. सोनु गोयल ने बताया कि कार्यक्रम का उद्देश्य समूचे विश्व में मौजूदा परिदृश को दरपेश चुनौतियों का समाधान देना है। निदेशक प्रो. जगत राम ने इस अवसर पर पीजीआई में लगातार निदेशन के लिए स्थापित किए गए धनुंजयन विरोस सेंटर का उद्घाटन किया। डॉ. रामेश कुमार व डॉ. संजीव कुमार ने भी अनुवाच संबोधन किए।

H-T. CHANDIGARH.

PGIMER inaugurates 5-day talk on public health policy

CHANDIGARH: The Postgraduate Institute of Medical Education and Research (PGIMER) department of community medicine and school of public health inaugurated a five-day seminar on public health policy and management programme on Tuesday. This is the first such programme in the country and was attended by 25 participants from 17 countries. The importance of implementing health policy into practice was discussed. A virtual resource centre for tobacco control was also inaugurated.

चंडीगढ़ आस्कर

पब्लिक हेल्थ पॉलिसी पर हुई वर्कशॉप

जयपुर, चंडीगढ़ : पीजीआई में पब्लिक हेल्थ पॉलिसी पर मैनेजमेंट पर पांच दिवसीय प्रोग्राम का उद्घाटन किया गया। पीजीआई के निदेशक डॉ. जगत राम ने कार्यक्रम का उद्घाटन किया। दुनिया भर के 17 देशों से 25 सैनियर डेवेलपमेंट के सदस्य इस कार्यक्रम में हिस्सा ले रहे हैं। प्रोग्राम इन्फोर्स्टर डॉ. सोनु गोयल व डॉ. अशोक कुमार ने उद्घाटन किया।

CHANDIGARH Times
Experts deliberate on tackling emerging diseases

Times News Bureau

Chandigarh: An international group of experts and health officials are meeting here today to discuss the best ways to tackle emerging diseases, including such common ailments as the H1N1 virus, dengue fever and malaria.

The international group of experts will discuss the best ways to tackle emerging diseases, including such common ailments as the H1N1 virus, dengue fever and malaria. The group will also discuss the best ways to tackle emerging diseases, including such common ailments as the H1N1 virus, dengue fever and malaria.

Experts will discuss the best ways to tackle emerging diseases, including such common ailments as the H1N1 virus, dengue fever and malaria.

The group will also discuss the best ways to tackle emerging diseases, including such common ailments as the H1N1 virus, dengue fever and malaria.

The group will also discuss the best ways to tackle emerging diseases, including such common ailments as the H1N1 virus, dengue fever and malaria.

वैश्विक स्वास्थ्य

पीजीआई में पब्लिक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम

अक्टूबर 2, 2018

पीजीआई में 1 से 2 अक्टूबर तक वैश्विक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम का आयोजन करा गया है। इसका आयोजन अंतरराष्ट्रीय विशेषज्ञों के साथ एक पब्लिक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम के तहत किया जा रहा है। इस कार्यक्रम में 17 देशों के 25 अंतरराष्ट्रीय विशेषज्ञों का सहभाग्य रहा है। कार्यक्रम के अंतर्गत वैश्विक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम का आयोजन किया गया है।

WHAT CITY HAS TO OFFER



On the first day of public health policy and management programme, organized by the PHEM, international delegates from 10 countries visited the municipal corporation's office in Sector 22, Mohali. Delegates looked at the water treatment plant, solid waste management and other facilities in the city. They also visited the water treatment plant, solid waste management and other facilities in the city.

3-10-18

पंडीगढ़ जगरण, 2-10-18

हेल्थ पॉलिसी बनाने के लिए 19 देशों के प्रतिनिधि पहुंचे चंडीगढ़

चंडीगढ़: इंटरनेशनल हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम के तहत 19 देशों के प्रतिनिधि और खासतौर पर अंतरराष्ट्रीय विशेषज्ञों के साथ एक पब्लिक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम के आयोजन के लिए चंडीगढ़ में एक बैठक का आयोजन किया गया है। इस बैठक में अंतरराष्ट्रीय विशेषज्ञों के साथ एक पब्लिक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम के आयोजन के लिए चंडीगढ़ में एक बैठक का आयोजन किया गया है।

H-T. Chandigarh

PHEM inaugurates 5-day talk on public health policy

CHANDIGARH: The PHEM (Public Health Policy and Management) department of the municipal corporation has inaugurated a five-day talk on public health policy and management in Chandigarh today. The talk is being organized by the PHEM and is being attended by 25 international delegates from 19 countries. The importance of implementing health policy in practice was the focus of the talk.

पंडीगढ़ जगरण

पब्लिक हेल्थ पॉलिसी पर हुई वर्कशॉप

चंडीगढ़: 1 से 2 अक्टूबर तक वैश्विक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम का आयोजन किया गया है। इसका आयोजन अंतरराष्ट्रीय विशेषज्ञों के साथ एक पब्लिक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम के तहत किया जा रहा है। इस कार्यक्रम में 17 देशों के 25 अंतरराष्ट्रीय विशेषज्ञों का सहभाग्य रहा है।

05-10-18

चंडीगढ़ जगरण

विदेशी डेलीगेट्स ने देखा पीजीआई का वर्किंग स्टाइल

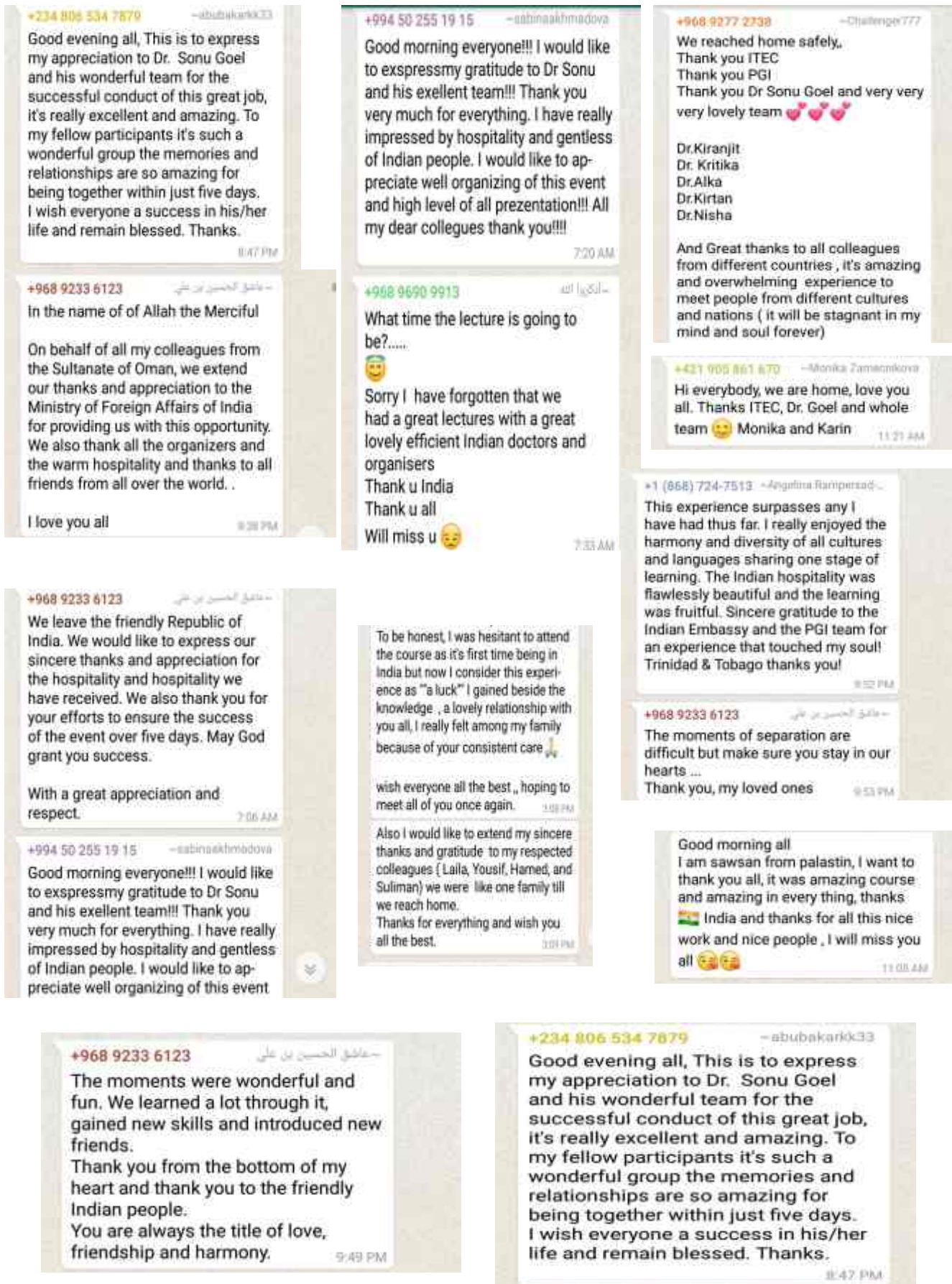
चंडीगढ़: पब्लिक हेल्थ पॉलिसी एंड मैनेजमेंट प्रोग्राम के चौथे दिन विदेशी डेलीगेट्स को पीजीआई का वर्किंग स्टाइल दिखाया गया। डेलीगेट्स ने 17 देशों के डेलीगेट्स को पीजीआई का वर्किंग स्टाइल दिखाया। डेलीगेट्स को पीजीआई का वर्किंग स्टाइल दिखाया गया है।

चंडीगढ़ कैसरी

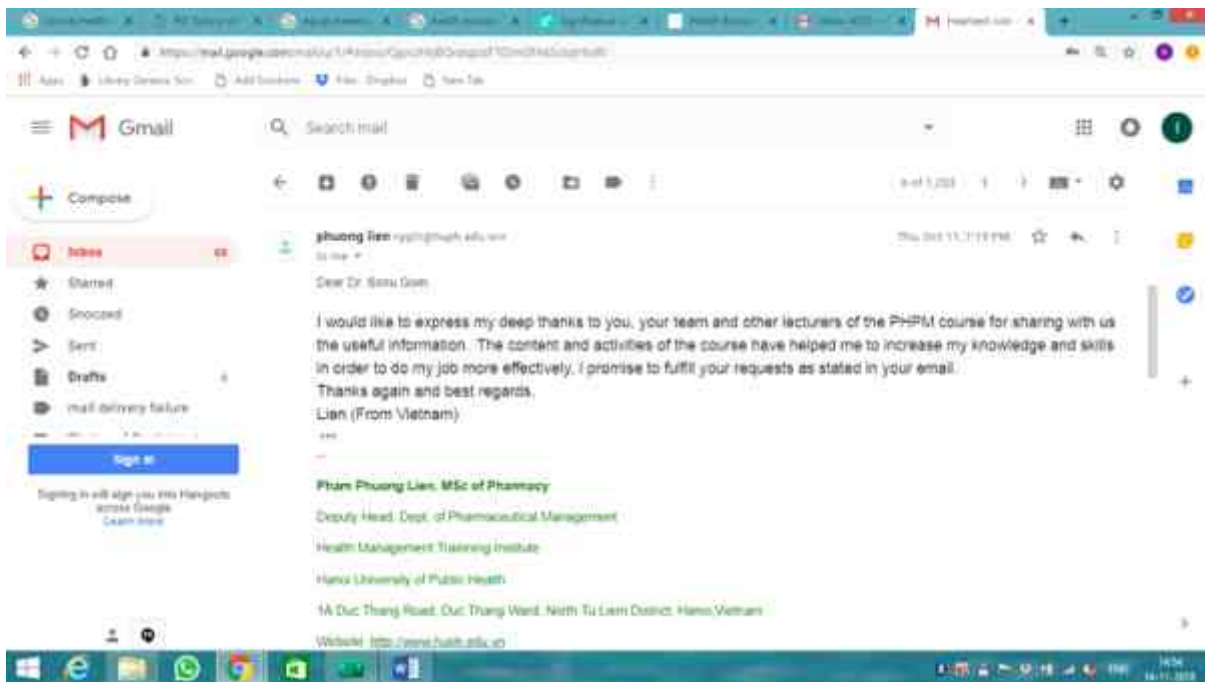
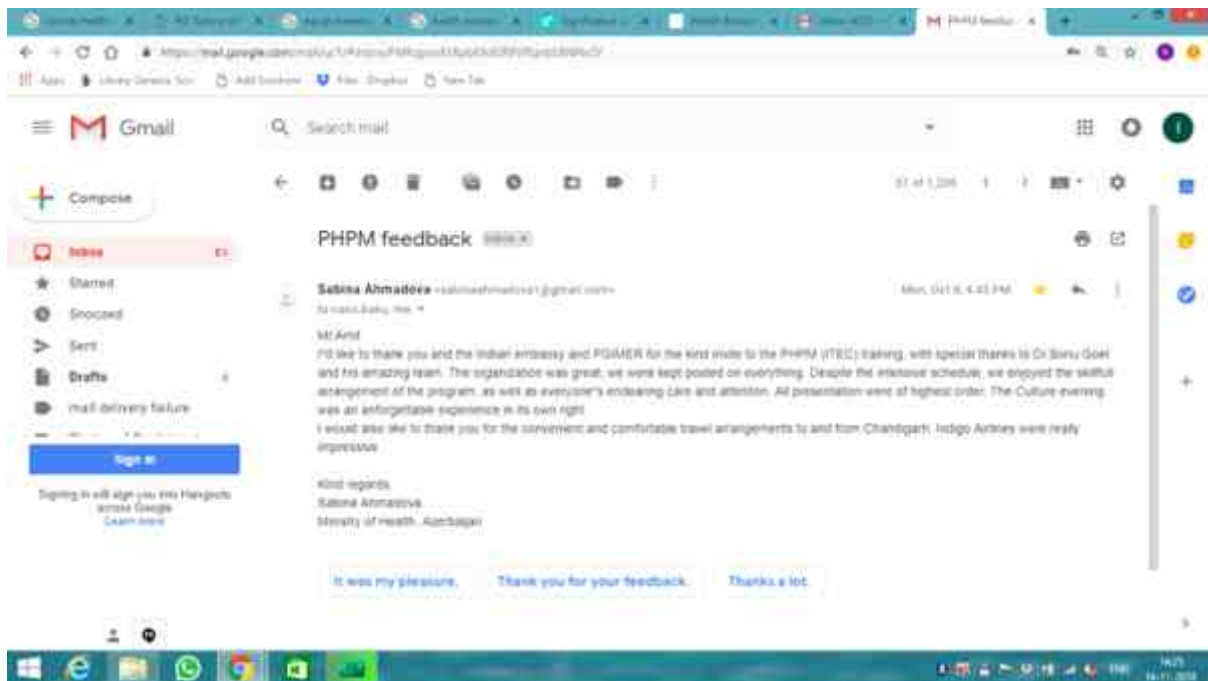
डेलीगेट्स ने किया पीजीआई का दौरा

चंडीगढ़: 4 अक्टूबर (पत्र) - पब्लिक हेल्थ पॉलिसी प्रोग्राम के तहत 17 देशों के डेलीगेट्स ने चंडीगढ़ को पीजीआई का दौरा कर रखा है। डेलीगेट्स को पीजीआई का वर्किंग स्टाइल दिखाया गया है।

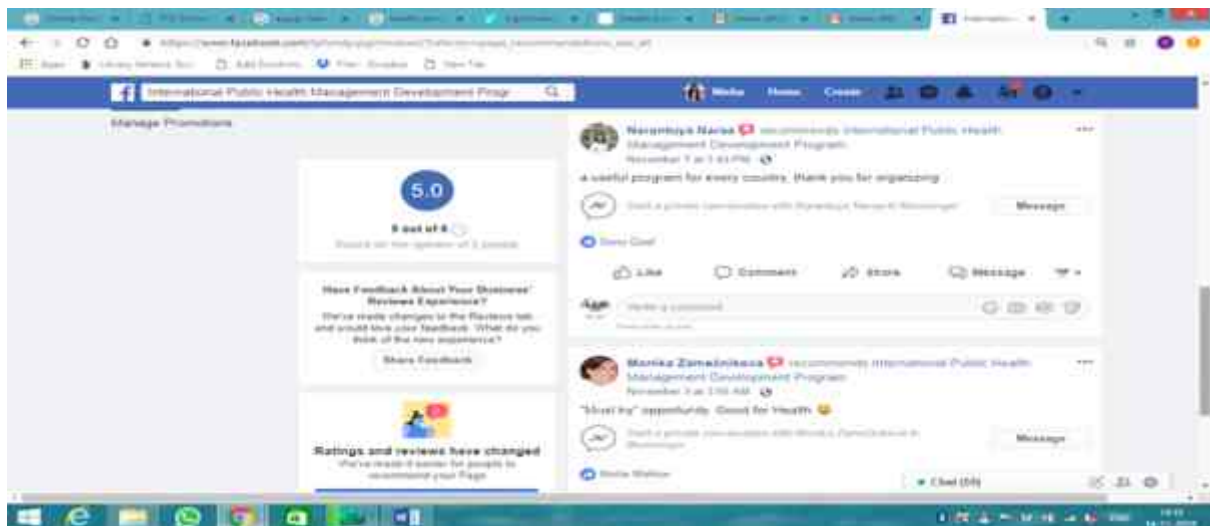
Social Media Responses



Social Media Responses



Social Media Responses



Social Media Responses



Program Committee



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- Medical doctor with MD in Community Medicine with 15 years of experience
- Member of Professional Bodies: IEA, IPHA, IAPSM, Indian Society for Malaria and Other Communicable Diseases
- Areas of Specialization: Epidemiology, Communicable Diseases and Public Health
- Nodal Person for Regional Institute for HIV Sentinel Surveillance in North India



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- Medical doctor with MD in Community Medicine with 15 years of experience
- Fellowships of IPHA, IAPSM, IMSA and MNAMS
- Alumnus of John Hopkins School of Public Health, Baltimore, US and Maastricht University, The Netherlands
- Awarded public health excellence of India by Hon'ble Union Minister of Health & Family Welfare -2014



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- Medical Doctor with M.D in Community Medicine, DNB, MSc (Health economics)
- Temporary Advisor to the WHO SEARO (HTA) and member of the Government of India's Task Force on Costing of Health Care Services
- Developed India's first online training program in Basic Health Economics

Program Committee



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Additional Professor of Environment Health
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- Medical Doctor with M.D in Community Medicine.
- Obtained a Doctor of Science Degree with specialization in Analytical Chemistry from of Antwerp, Belgium.
- Awarded as Environmentalist of the year 2007: Around the Globe and finalist for NASI-Scopus Young Scientists Award.
- Areas of Specialization: Environmental Pollution and Health, Air and Water quality monitoring.
- Contributed in various International Projects like InterREG, ENVIRISK, MEGAPOLI.



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- Medical Doctor with M.D in Community Medicine.
- Immense teaching experience of twelve years in PGIMER, Chandigarh.
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- Medical doctor with MD in Community Medicine with 15 years of experience
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- Alumnus of John Hopkins School of Public Health, Baltimore, US and Maastricht University, The Netherlands
- Awarded public health excellence of India by Hon'ble Union MOHFW -2014

Program Organizers



Dr. Kirtan Rana
 Scientific Management
 Travel and Accommodation



Dr. Kritika Upadhyay
 Coordinator



Dr. Nisha Makkar
 Logistics and Printing



Dr. Kiranjit Kaur
 Scientific Management
 Anchor



Dr. Alka Kumari
 Registration

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 Director
 International Institute of Health Management
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M.A., Ph.D.

Dean

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Chitkara University, Chandigarh



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Assistant Professor

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Siddharth Angrish

MD, B.Tech-IIT,

Cofounder, CEO

Jiyyo Innovations

India



Mr. Manav Chaudhary

B. Eng., MBA



CEO & Managing Partner

Sidekick EDGE Private Limited

Program Participants

	Name	Qualification	Designation	Organisation	Country	
1	Dr. Sim Sophay	Diploma of General Medicine	Deputy-Chief	National Center for HIV AIDS Dermatology and STDs	Cambodia	
2	Dr. Sawsan Abusharia	BA In Medicine	Director	Ministry of Health	Palestine	
3	Ms. Lubna Mohammad	Master Public Health	Director	Ministry of Health	Palestine	
4	Dr. Darren Dookeeram	MBBS, DM, MBA	Senior Medical Office	Eastern Regional Health Authority. Sangre Grande Hospital. Emergency Department	Trinidad & Tobago	
5	Dr. Julie Mart	Doctor of Medicine, Master in Management in Health administration	Medical Specialist	Department of Health	Phillipines	
6	Mr. Sulaiman al naabi	General Diploma	HOD	Ministry of Health	Oman	
7	Mr. Mohamed Kebe	Bachelor of Art in Mass Communication	Monitoring and Evaluation Officer	Ministry of Health and Sanitation	Sierra Leone	
8	Mrs. Juliet Adhiambo	Bachelor of science in Environmental Health	Public Health Officer	Ministry of Public Health and Sanitation	Kenya	

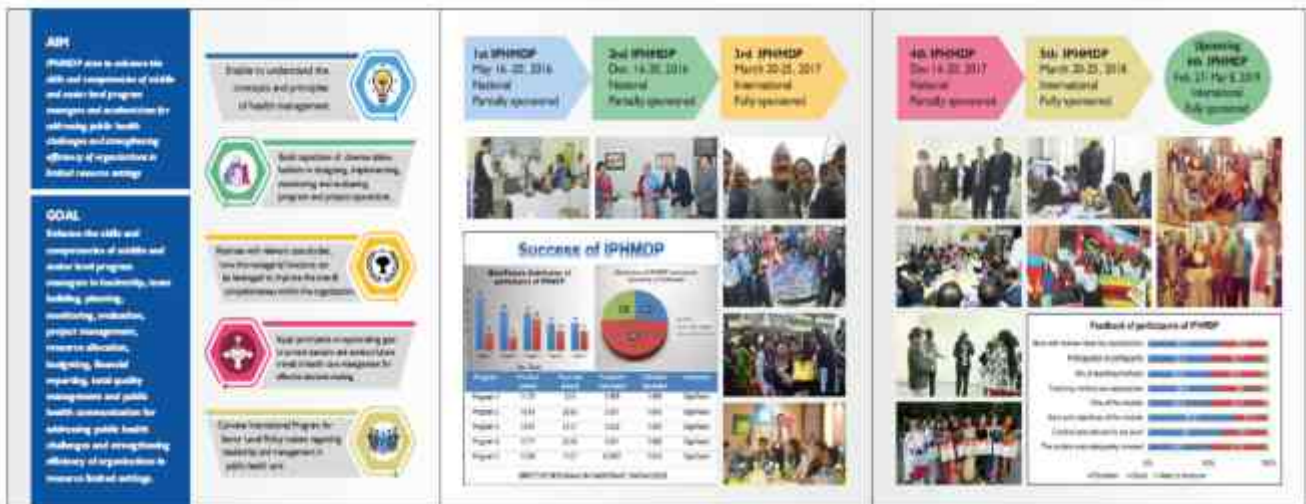
Program Participants

9	Mr. Manir Abubakar	B.A. History	Senior Administrative Officer	Federal Capital Territory Administration	Nigeria	
10	Mr. Ibrahim Suleiman	Bachelor of Medicine and Surgery, PGD In Health Economics, M.Sc. in Family Medicine	Medical Officer	Ibn Sina Hospital	Sudan	
11	Dr. Geeta Ramsoondar	MBBS, Msc Family Medicine	Primary Care Physician II	South West Regional Health Authority	Trinidad & Tobago	
12	Mrs. Angelina Rampersad	BA, MBA (Business Administration)	Administration Officer	Eastern Regional Health Authority	Trinidad & Tobago	
13	Dr. Sabina Akhmadova	Doctor, Pediatrician	Quality control coordinator	Ministry of Health	Azerbaijan	
14	Ms Rima Abd El Samad	Masters in Information and Communication	Ms Rima Abd El Samad	Ministry of Information/ Lebanese Directorate of Studies and Publications	Lebanon	
15	Ms Aisha Al Saadi	Bsc, Postgraduate diploma	Head of Studies and Research Department	Ministry of Health	Oman	
16	Mr. Yousuf al Ghafri	Bachelor in Nursing Practice, Diploma	Staff Nurse	Ministry of Health/ Ibri Hospital	Oman	
17	Mrs Lovelyn Adhishi	B.Sc, Diploma	Scientific Officer	Department of Planning Research and Statistics	Nigeria	

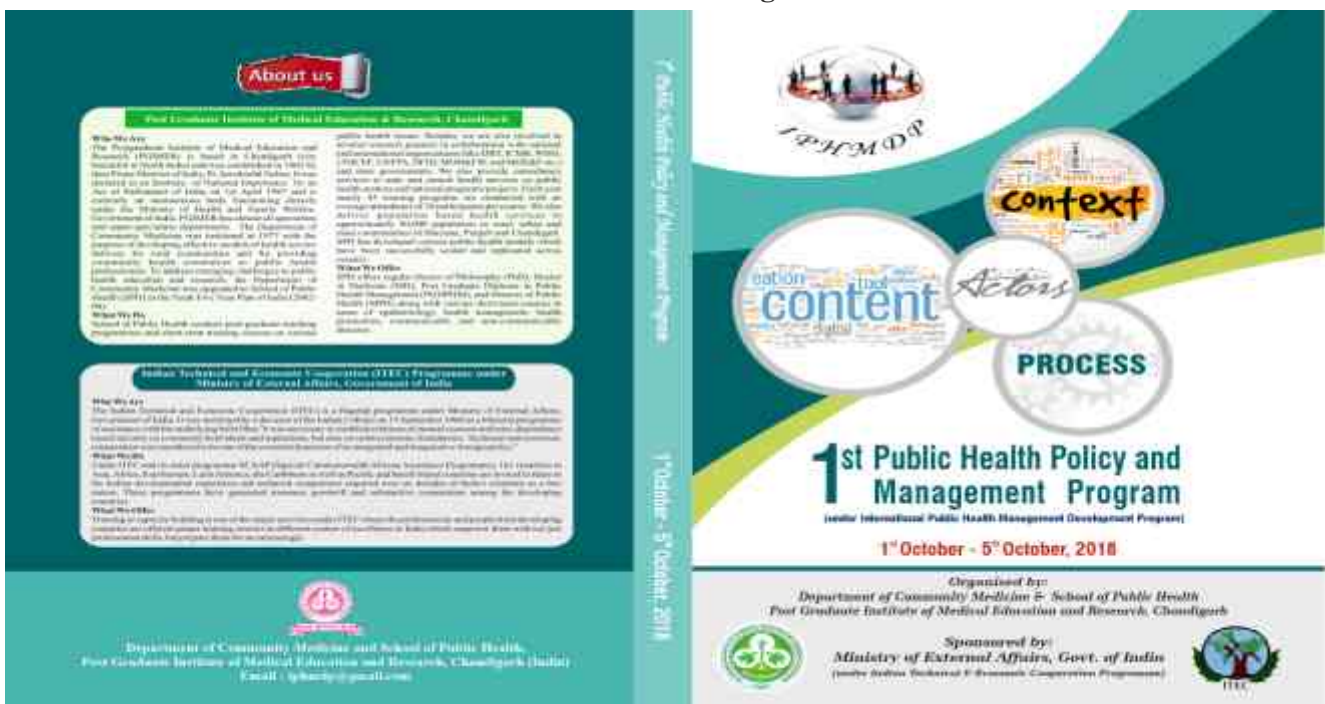
Program Participants

18	Ms.Laila Hassan	Bachelor of Health Science	Medical Coordinator	Diwan of Royal Court	Oman	
19	Mr. Hamad Alhadhrami	Degree	Personnel Affairs Researcher	Ministry of Health	Oman	
20	Mrs Phuong Lien	Bachelor of Pharmacy, Master of Pharmacy	Lecturer	Hanoi University of Public Health	Vietnam	
21	Mrs Monika Zamecnikova	Master of Psychology, phd Public Health	Head of Department	Public Health Authority of the Slovak republic, Department of Preventive Occupational medicine/ Hygiene	Slovak Republic	
22	Mr. Van Linh	MD & PhD in Immunology	Head, Human Resource Department	Haiphong University of Medicine and Pharmacy	Vietnam	
23	Ms Narantuya Dhad	Master/State Administration	Statistician	Center for Health Development	Mongolia	
24	Mrs Karin Fejdova	Master of Public Health, Professional Doctorate Public Health	Professional adviser	Public Health Authority of the Slovak Republic, Department of Preventive Occupational Medicine/ Hygiene	Slovak Republic	
25	Mr. Tri Tuan Ngo	General Doctor	Lecturer	School of Preventive Medicine and Public Health, Hanoi, Medical University	Vietnam	
26	Dr. A H M Kamruzzaman	BAMS,	Deputy Program Manager	DGHS	Bangladesh	

Material Developed During the Program



Brochure of the Program



Module of the Program

Material Developed During the Program



Banner of the Program



Standee of the Program



Certificate of the Program



Name Tag of the Delegates



EBP Free Labelled Water Bottle

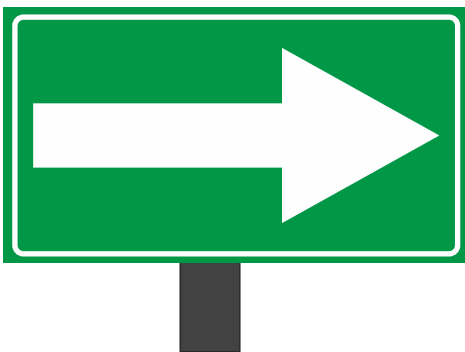
Material Developed During the Program



Welcome Letter



Envelope for Welcome Letter



Directional Arrow



Notepad / Diary

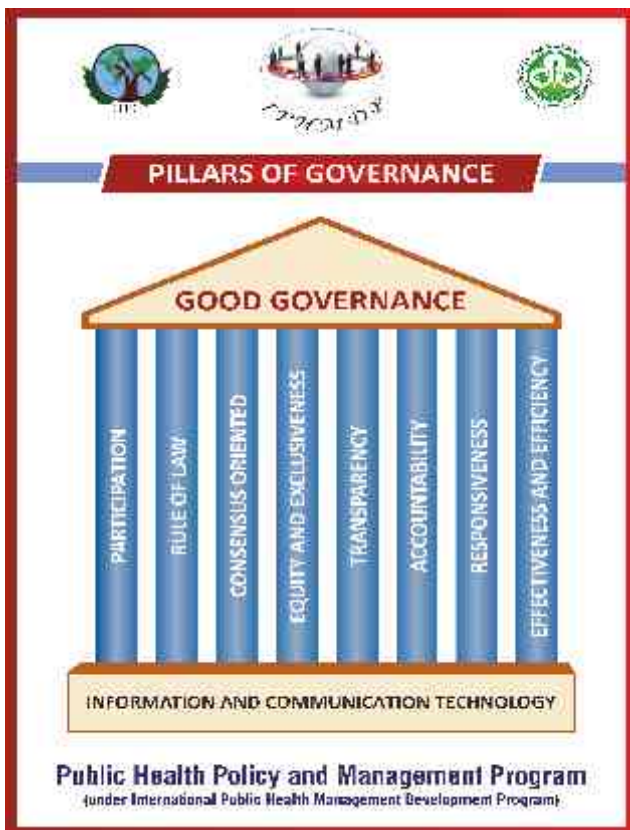


Country Flags of the Delegates



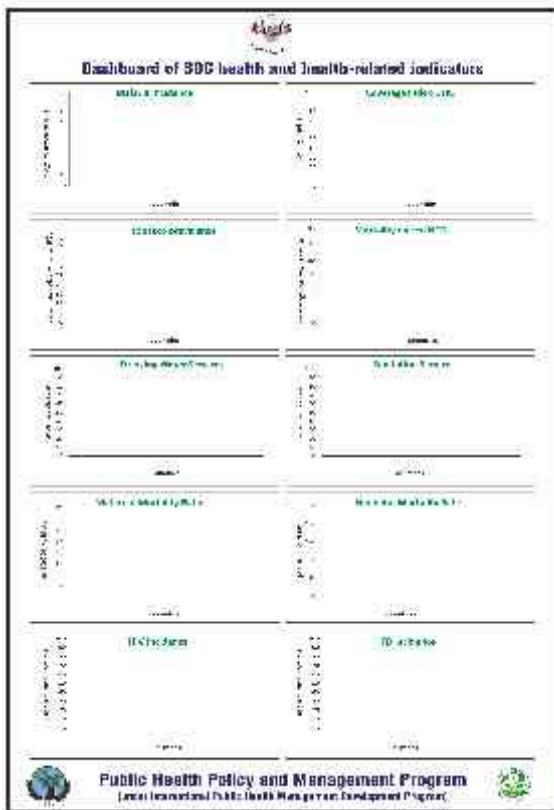
Souvenir - Pen-cum-Pendrive-cum-Pointer

Material Developed During the Program



Decoration Posters

Material Developed During the Program



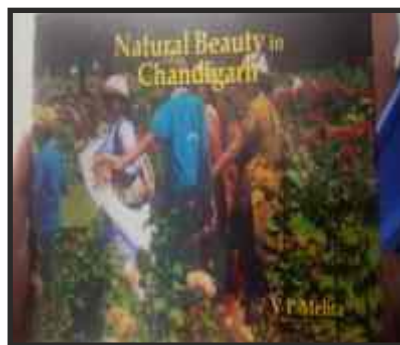
Healthmap Template



Bag for Program



Reading Material Provided



Book on Chandigarh Tourism

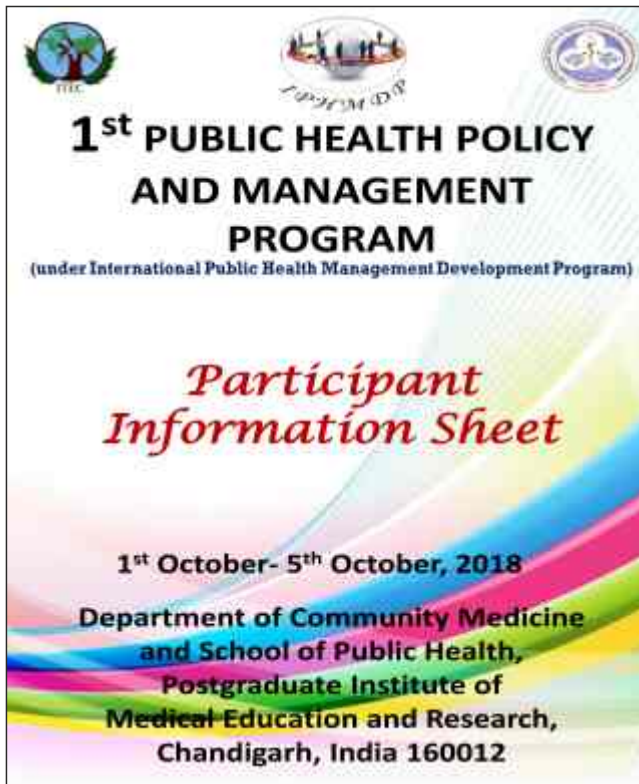


Yoga T-Shirt

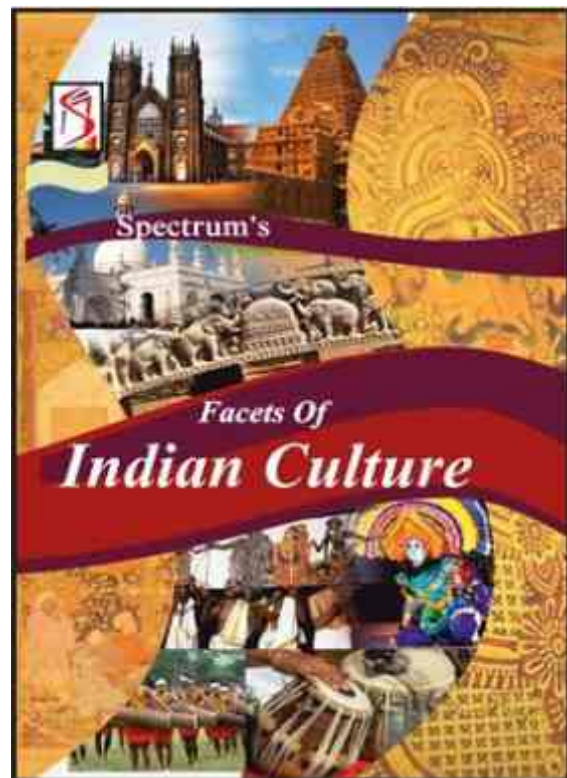


Group Photos

Material Developed During the Program



Participants Information Sheet



Book on Indian Culture



Badge of the Program



Memento for Facilitators



Poster of the Program

Module wise feedback form

**1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)
DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH,
PGIMER CHANDIGARH**

1st – 5th October 2018

This feedback is to assess whether the learning objectives of the module were achieved. Kindly reflect carefully

Module Feedback Form

Content

1. The content was adequately covered in the module
 - μ All the relevant subtopics were exhaustively covered
 - μ The relevant subtopics were adequately covered
 - μ There is a scope of adding few more subtopics/contents.

2. Module content was relevant to my current work
 - μ Highly relevant
 - μ Majority of topics were relevant
 - μ Few topics were not relevant.

Structure

3. Aims and objectives of the module
 - μ Very clearly stated
 - μ Got some overview about the module
 - μ Not explicitly stated in beginning of module

4. The flow of module
 - μ Excellent
 - μ Appropriate
 - μ Scope for improvement.

Teaching methodology

5. Teaching method was appropriate
 - μ Highly appropriate for learning.
 - μ Majority of teaching methods were appropriate
 - μ Teaching methods can be improved.

6. Mix of teaching methods
 - μ Most appropriate mix of teaching methods
 - μ Appropriate mix of teaching methods

μ Methods mix can be improved.

7. The participation of participants

μ Highly participatory

μ Participatory

μ Need to improve

Overall

8. How well did the module meet your expectations?

μ It fully met my expectations

μ Met some of my expectations

μ Did not meet my expectations

9. What are two points you really like about this module?

1.

2.

Thanks

Field visit feedback form

**1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)
DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH,
PGIMER CHANDIGARH**

1st – 5th October 2018

Field visit Feedback Form

This feedback is to assess whether the learning objectives of the field visit was achieved. Kindly reflect carefully. Tick mark ✓ on the scale of 1 (poor) to 5(excellent)

S. No	Particulars	1☹	2	3	4	5☺
Prior to the visit						
1	I was well informed about the logistics and related information about the field visit					
2	I was well informed about the objective of the field visit					
3	Field visit were well planned and on target					
During the visit						
4	The visit started as per scheduled time					
5	There was a good interaction with the resource person during the field visit					
6	It increased my knowledge and skills in selected related to the program					
7	It increased my network for future collaboration					
8	It increased my familiarity with state of the art / best practices in selected areas of Public health policy and Management					
Post field visit						
9	The pace and the sequencing of the sessions facilitated easy transfer of learning inputs to me					
10	Field visit was relevant to my current work					
8	The element of Field visit can be utilized in my setting					
9	Overall the field visit meets my expectations?					

10. What are the two things you really like about this visit?

- 1.
- 2.

11. Any suggestions you would like to offer for future visits

.....

Thank you very much for the thoughtful feedback

Overall feedback form

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st- 5th October, 2018

This feedback is to assess whether the learning objectives of the module were achieved. Kindly reflect carefully.

Tick mark on the scale of 1 (poor) to 5(excellent)

Overall Feedback Form

S.No	Particulars	1☹	2	3	4	5☺
1	I was well informed about the logistics and other information about the program before I came					
2	I had the prior knowledge of what would be my "take-away" from the course					
3	The venue of the course had all the requisite facilities and necessary comforts					
4	Presentations were well prepared and on target					
5	The mix of methodologies (presentation, exercises, case studies) used in this course was effective					
6	The program overcome language & other barrier & facilitator understanding					
7	The pace and the sequencing of the sessions facilitated easy transfer of learning inputs to me					
8	The workshop program engaged me in active learning related to its goal					
9	The course met its stated objectives					
10	This course was relevant to my job responsibilities					
11	I intend to use what I learned from the course in my work					
12	The resources/material/approaches provided will be helpful in my program settings					
13	I would recommend this course to my colleagues					
14	The course help me in developing networks & relation with other participants					
15	The number of participants in the course was appropriate					

16	Increased my familiarity with state of the art/ best practices selected areas of Public Health Management					
17	Strengthened my knowledge and skills in selected area of Public Health Management					
18	Increased my knowledge and skills to develop strategies to develop to counter the Public Health problems in my country					
19	How effective was the Faculty?					
20	How effective was the Support Team?					
21	What is your overall rating of this course?					

22. What are the three things you really like about this program?

- 1.
- 2.
- 3.

23. Any suggestions you would like to offer for future programs

.....

Thank you very much for the thoughtful feedback and participating in the program

Pre & Post Program Evaluation Form

1st PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM) DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

1st – 5th October 2018

Pre Post Questionnaire

Module 1: Indian Health System

1. In Indian health care delivery system organizational framework of Government sector includes all except
 - a) Three-tier Structure of healthcare
 - b) Integrated preventive and curative services at all the levels of health care
 - c) Decentralized approach
 - d) Focus on curative services**

2. ASHA in India stands for
 - a) Accredited Social Health Activist**
 - b) Associated Social Health Activity
 - c) Acquired Social Health Activist
 - d) Acquired Social Health Activity

Module 2: Health Policy Framework

3. Sustainable Development Goals (SDGs) are settled by United Nations General Assembly to transform our World by the year
 - a) 2025
 - b) 2020
 - c) 2035
 - d) 2030**

4. In SDG there aregoals..... targets
 - a) 16, 168
 - b) 17, 169**
 - c) 17, 168
 - d) 16,169

5. Policy elites are referred to as.
 - a) Who implements the decisions
 - b) Who occupies the lowest position in decision making
 - c) Decision makers having high position**
 - d) Decision makers having lower position

6. The health policy triangle consists of all except
 - a) Context
 - b) content
 - c) Actor

d) Goal

7. All are Elements of policy except

- a) Intention
- b) Goals (Ends)
- c) Inter or Intra organizational Relationships**
- d) Effects (or Outcomes)

8. All are situational factors under contextual factors except

- a) War and draught
- b) Political and economic changes**
- c) Earthquakes
- d) Epidemic of HIV/ AIDS

Module 3: Health System Strengthening and Governance

9. How many building blocks in WHO

- a) 8
- b) 5
- c) 6**
- d) 12

10. All of the following are building blocks of health care system except

- a) Health information system
- b) Health program**
- c) Human workforce/ health workforce
- d) Health financing

11. HMIS stands for

- a) Health Material Information System
- b) Hazardous Management Identification System
- c) Homeless Management Identification Systems
- d) Health Management Information System**

12. In health system strengthening stewardship is one of the roles of

- a) Policy makers
- b) Leader
- c) Both**
- d) None of the above

13. As per World Bank the governance is measured against Accountability, Transparency, Rule of Law and

- a) Practice
- b) Rule of government
- c) Reciprocability
- d) Participation**

Module 4: Agenda Setting and Policy Implementation

14. Model which has Policy windows & three streams of policy process

- a) Grindle And Thomas Model
- b) The Policy model
- c) The Kingdon Model**
- d) The Hall Model

15. All are true about Grindle and Thomas model except
- a) Politics and usual change
 - b) Address most important issues
 - c) Reaction to crises**
 - d) Respond to day to day problem
16. Hall model of agenda setting includes all the elements except
- e) Legitimacy
 - f) Feasibility
 - g) Support
 - h) Lobbying**

Module 5: Human Resource in Health Policy

17. All men and women should have equal opportunity to maintain or improve their well-being called as
- i) Equity**
 - j) Eligibility
 - k) Equality
 - l) Efficient
18. Stock of health workers is poorest in which WHO region
- a) East Mediterranean Region
 - b) African Region**
 - c) South East Asia Region
 - d) Western Pacific Region
19. Minimum qualification to perform a particular job is known as.
- a) Job specialization
 - b) Job specification**
 - c) Job description
 - d) Job eligibility

Module 6: Policy Analysis

20. Analysis for policy is what type of policy
- a) Prospective**
 - b) Retrospective
 - c) Summative
 - d) Cumulative
21. Five E approach is applied for
- a) Policy Change
 - b) Policy Analysis**
 - c) Evidence Based Policy
 - d) Policy Implementation
22. First Step in Policy Analysis Is
- a) Prioritization
 - b) Problem Identification**
 - c) Decision Making
 - d) Policy Adoption
 - e) Policy Implementation

Module 7: Management and Leadership in Health Policy

23. "Liaison" comes under which role of manager
- a) Decisional
 - b) Informational
 - c) **Interpersonal**
 - d) Accountable
24. In Jim Collins model of leadership level 5 is for –
- a) Effective leader
 - b) **Executive**
 - c) Highly capable individual
 - d) Competent manager
25. All are styles of leadership except:
- a) Authoritative
 - b) Democratic
 - c) Coaching
 - d) **Controlling**
26. Functions of management includes all except
- a) Planning
 - b) Organizing
 - c) Staffing
 - d) **Financing**
27. Top level management is primarily concerned with the following role
- a) Technical
 - b) Human
 - c) **Conceptual**
 - d) All of the above

Module 8: Health Economics in Health Policy

28. Economic evaluation with outcomes measured in health units is
- a) Cost–utility analysis
 - b) Cost–benefit analysis
 - c) **Cost-effectiveness analysis**
 - d) All of the above
29. A market economy with substantial government intervention
- a) **Mixed economy**
 - b) Global economy
 - c) Barter economy
 - d) Market economy
30. Macroeconomics deals with
- a) Decisions taken by individual consumers and firms
 - b) Decisions contribute to the setting of prices and output in various kinds of market
 - c) **Interaction between different sectors of the economy or unemployment of resources in the economy**
 - d) All of the above

Participant feedback Report

Sample - 1

RN Dr. Karin Fejdova & Ph Dr. Monika Zamecnikova

Department of Preventive Occupational Hygiene

Public Health Authority of the Slovak Republic

Trnavska cesta 52

826 45 Bratislava 29

Slovak Republic

Feedback of the program - 1st Public Health Policy and Management Program

Dear Sir or Madam,

let me thank you for taking part in the ITEC International Training Program „1st Public Health Policy and Management Program“, which was held from 1st – 5th October, 2018.

The program was organized by the Department of Community Medicine and the School of Public Health of the Department of Community Medicine & School of Public Health, Post graduate Institute of Medical Education and Research (PGIMER), Chandigarh, under the leadership Dr. Sonu Goel, MBBS, MD, IPHA, IAPSM, IMSA, and MNAMS.

The program was sponsored by Ministry of External Affairs, Government of India (under Indian Technical & Economic Cooperation Programme).

The 1st Public Health Policy and Management Program were comprised of lectures, presentations, workshops, visits and practical demonstrations on the ground.

I am very thankful to Dr. Sonu Goel and his whole organizing team for arranging a nice program.

The program was a great opportunity to know the Indian public health system, role of Indian culture in health promotion, better understanding of policy and management program, to meet many professionals from other countries and cultures and to share experience each other. The program was comprehensive and well-organized and the team was friendly and helpful for all participants. The presentations about various themes were interesting with excellent speakers. After some presentations we made exercises with practical examples. Great opportunity for me was to visit PGIMER, hospital, clinic, laboratory of neuroscience, Chandigarh and Punjab Municipal Corporations, water treatment plant and also Garden of Fragrance.

I appreciate opportunity to share and compare information, to get new knowledge from the public health field of all participating countries - health system, health insurance system, planning and implementation of intervention programs, implementation of public health protection measures in hospitals and laboratories, protection of drinking water, human resource management.

I appreciate well-functioning PGIMER system, including the implementation of many intervention programs from various areas of public health, the high involvement of PGIMER in many areas of Chandigarh city life.

It was a great experience for me; I am going to implement new knowledge from programme in my country.

Participant feedback Report

Sample - 2

Report on the “1st Public Health Policy and Management (PHPM) Program”

Chandigarh – India

From Monday 1st to Friday 5th October 2018

Prepared by: Rima Abd El Samad

Ministry of Information

Lebanese Directorate of Studies and Publications

Lebanon





Photo of participants and organizers during the opening ceremony

Overview

The 1st Public Health Policy and Management (PHPM) Program under the International Public Health Management Development was organized by the Department of Community Medicine & School of Public Health – Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, from 1st to 5th October 2018, and sponsored by the Ministry of External Affairs, Government of India, under Indian Technical & Economic Cooperation Program (ITEC).

The main goal of the five-day program that took place in the Conference Hall, Hotel Parkview – Chandigarh, was to strengthen the health system by acculturation of effective ideas and policies and to share the knowledge and skills required in the historical perspective of health system in India and its dynamism and evolution.

The course succeeded in providing participants with a good and useful theoretical basis on how to approach various health issues and allowed them to apply this knowledge through practical exercises, group work and study tour. The program organizers delivered detailed books about the program, hospital administration, the Indian culture and Natural beauty in Chandigarh, as well as documents and presentations to introduce and explain each topic, in order to assist participants who are interested in acquiring further information on the subjects.

The course was well-structured, insightful, educational, rich in content and provided an excellent opportunity to network with others from different countries and cultures. It helped in better understanding the health system in India and the process of developing national action plan and implementation of the health system, leadership and management.

The group work and the ice breakers were interesting and useful. Group discussions and presentations were eye-openers on many health issues and potential solutions. Case studies based on concrete examples were excellent and provided an opportunity to share ideas in a small group and to learn what others were doing and thinking about the same problem. Two days activities (meditation, yoga, exercise, etc) added spices to the experience.

In general, logistics and organization were impressive. The Indian hospitality, the reception and the cultural night added a lot of value to the overall experience. The field visit was interesting, inspiring and well-organized as it was useful to see the implementation of health programs in clinics, mobile clinics and hospitals. However, the time for field visit was a bit short to allow detailed discussions. More time for field trips should be considered for future courses or trainings.

Although all communications were in English, the dialogue and level of interaction between the lecturers, organizers and participants, were great.

The goals of the course matched the participants' expectations, as they found it interesting and informative. They appreciated the interactive teaching approach that encouraged personal opinions and experiences to be shared within the group. They also asked for more programs, training courses and follow-up workshops to be conducted, and they said they would recommend it to their colleagues.

The ideas and skills on Public Health Policy which I learnt from the program:

- Health policy framework.
- Agenda setting and policy implementation.
- Human Resources in Health Policy.
- Policy Analysis/Management and leadership in health policy.

Strength and suggestions for improvement

a. Most useful aspects of the course:

1. Is interesting, informative, and rich in content
2. Allows networking with colleagues in the field from different parts of the world
3. Provides a good opportunity to exchange experiences with others from various cultural backgrounds
4. Shares real life case studies to learn from
5. Encourages team work and spirit
6. Supports theories with field tours to see practices on the ground which helps expand knowledge and gives hands-on experience
7. Uses good materials
8. Is well organized
9. Gives importance to participants' feedback and opinion

b. Areas of improvement:

- 1- To dedicate more time for field tours and practices
- 2- To allow more time to explore the country and its cultural aspects as part of the overall experience

Action plan

This is the list of things I've done for this program:

<http://nna-leb.gov.lb/ar/show-news/369878/30-17?fbclid=IwAR0uk42uC64QRMqlkX4vKC9Fu02MBUQNQCJvDg95Pr5MG75xCZF1GUvYViQ#>

(in Arabic) Ministry of Information – National News Agency (NNA).

http://www.ministryinfo.gov.lb/30005?fbclid=IwAR1ri41Jfj6qxGDDMAu2DXVS5joK_xvVkkszl0qJhBgRR9sxusQiQ4hTDGU#.W8i3SHllwN8.facebook

(in Arabic) Ministry of Information – Lebanese Directorate of Studies and Publications.

http://www.ministryinfo.gov.lb/en/30739?fbclid=IwAR0plavDj0GmizGvgQSRy0vqyw3LYsynugRSbIM4a53IFfUqn871c29t0Es#.W_0f3S7uhSL.facebook

This report (in English) Ministry of Information – Lebanese Directorate of Studies and Publications.

List of actions for implementing my ideas and skills:

- Dissemination of reports, information and ideas on the site and the group of the Lebanese Directorate of Studies and Publications – Ministry of Information/Lebanon and different social networking platforms, groups and sites (within three month).
- Sharing this valuable experience with my director, manager, head of departments, colleagues and with Public Administrations.

A significant milestone that I will accomplish in a month time by April 5th, 2019:

- Sharing information and ideas acquired from this experience in the workplace in order to improve productivity and efficiency in the fields of management, agenda setting and leadership.

General Information

1. Location and period of the program

The program was for five days from 1st October to 5th October 2018. It has been scheduled at Conference hall, Hotel Parkview, Udyan Path, Sector 24B, Chandigarh, 160023.

2. Attendance and program participants

The course was attended by 29 individuals coming from 17 countries: Cambodia, Mauritius, Palestine, Trinidad & Tobago, Philippines, Oman, Sierra Leone, Kenya, Nigeria, Sudan, Lebanon, Ghana, Vietnam, Slovak Republic, Mongolia, Azerbaijan and Bangladesh.

The participants were divided into 5 groups with 5 – 6 participants per group. They were randomly rotated from one group to other on daily basis to maintain a dynamic cohort for inculcate peer learning and promote professional as well as social networking among them.

3. Program details and cultural event

The program started every day at 9:00 am and ran till 5:00 pm in the evening. The program included one and a half day study tour visit on 3rd October and 4th October 2018, wherein the best practices and innovations were appraised by various experts and administrators with the intent of replicating them in their own country settings in unison with the middle and senior level program managers. This was seen to assist them in effectively managing the existing and emerging public health challenges for overall strengthening of health systems.

Every day, there was a half an hour session for reflection on the previous day sessions. A cultural evening event was organized on 4th of October evening from 6:30 pm until 10:00 pm where all the participants interacted informally with each other and showed their hidden talents. All invitees wore their local traditional attire for the event.

The last day was devoted to collect feedback on the program in terms of effectiveness and planning the next steps. The course ended with a simple closing ceremony and distribution of certificates to the participants.

4. PHPM contests

Various contests like Selfie, Slogan writing, Taglines, Posters, e-IPIIMDP, Cultural Performer award etc.. were organized during the program and winners were awarded a certificate.

5. Social media

The pages of the program on social media are:

Facebook

<https://www.facebook.com/lphmdp.pgi/>

Twitter

IPHMDP

Whatsapp

Group

Finally, it was really a rewarding experience. It was pleasant to work with this team closely and I learnt a lot from this course. I wish them a lot of success in all their future professional activities

Participant feedback Report

Sample - 3

Post Graduate Institute of Medical Education and Research (PGIMER) Report:

“Public Health Policy and Management “

October 1st to 5th 2018

Chandigarh, India.

Report prepared by:

Darren Dookeeram MBBS DM MBA MRSB FRSPH

Angelina Rampersad Pierre BSc MBA

[ITEC participants from Trinidad & Tobago.

Accredited Indian Mission: High Commission of India, Port of Spain]

Presented to

H.E. The High Commissioner of India

Mr. Bishwadip Dey

Copy: The Honourable Member of Parliament for Mayaro

Mr. Rushton Paray

This report is being written in retrospect of a week of training spent in Chandigarh, India, at the Post Graduate Institute of Medical Education and Research (PGIMER). The theme of the week was “Public Health Policy and Management” and was conducted by Dr Sonu Goel and his gracious team. Participants were enrolled from across the globe and from all parts of the healthcare spectrum.

Beforehand, participants were made aware of the course content and travel arrangements were competently taken care of by the good office of the High Commissioner of India to Trinidad and Tobago. It was indeed a stellar pleasure to meet with his Excellency and his team before the trip and to be appraised of the expectation of participants.

After a long trip, the contingent from Trinidad and Tobago made landing in the beautifully constructed Union Territory of Chandigarh. The week's teaching was mixed with didactic lectures, practical case-based exercises and field visits related to public health. Experts in the field of governance, information technology, human resource and policy gathered to deliver hours of top quality material. The cases were clinical, pertinent and thought provoking and the field visits amalgamated the policy aspects of healthcare with preventative medicine, occupational health and public health.

Throughout the week, the team from PGIMER ensured that the group was safe, well fed and entertained. We received feedback and participated in yoga, meditation and a cultural event which added to the robust cultural experience that India was. The importance of technology in healthcare was underscored during this week as social media platforms were used for communication and teaching.

Overall, I would speak on behalf of the entire group when I say that sincerest thanks are sent to the Ministry of External Affairs in India and all those who made this event meaningful and productive. We will undoubtedly use this information to improve the care in our countries.

The proposal from Trinidad and Tobago resulted from a visit to the PGIMER institute and inspired by the tele-medicine and tele-education initiatives to bring higher quality access to healthcare by patients and physicians located in remote areas. From a geographic perspective, the physical access block in Trinidad and Tobago may not compare to India but considering the multi-factorial nature of access block and the presence of underserved communities, addressing blocks and mitigating their negative effect would certainly improve healthcare outcomes.

The second inspiration was utilization of existing resources to innovate solutions to existing problems. In the PGIMER model, the hardware and software implementation were significant and therefore replication of the system would be financially unrealistic. The Eastern Regional Health Authority (ERHA) where this plan would potentially unfold is however equipped with basic communication systems, including video chat programs and devices installed at various facilities. It would therefore be realistic to use these as a basic form of delivery of content to doctors for education and in the long-term patients for consultation.

The third inspiration was that healthcare policy required the input of clinicians and administrators. While clinical education is available at the hospital, doctors in the peripheries would not benefit because of the aforementioned barriers. It would therefore be reasonable to utilize existing medical education lectures that are held and deliver them electronically to the peripheral areas. The administrators would be responsible for framing policy that allowed utilization of ERHA equipment, making educational meetings a requirement and engaging an accreditation service to validate the content of the material for education. The clinicians would be responsible for framing policy that allowed the teaching material to be pertinent, reach a wide base of specialists and junior level staff and be accessible on a recurrent basis.

The fourth inspiration was that healthcare is dynamic and required evolution of the system to meet the needs of a growing population. Continuing Medical Education (CME) is an international standard for physicians and this will soon become law in Trinidad and Tobago. The delivery of tele-education is therefore inherently built with buy-in from the stakeholders with minimal room for ethical concerns. Additionally, through the Trinidad and Tobago Medical Association (T&TMA), a robust system of accreditation already exists that ensures security of intellectual property and fair accreditation. In terms of developing the project, by establishing the tele-education system, the communication system will be trialled for glitches as the roll out for the tele-consultation follows.

The details of the tele-education are predicated on existing structures. The needs:

- a curriculum to be developed by clinicians
- lecturers willing and able to deliver content
- hardware and software to record the lectures
- a cloud and platform to store content and interface end users
- security of data

- end users who are trained on how to use the platform
- an established manner in which users are expected to complete the teaching

The details of the tele-consultation are predicated on the development of tele-education. The needs:

- an established way for patients to access the service
- healthcare providers who are trained on the use of hardware and software
- a schedule for peripheral doctors to set up appointments with hospital based specialists
- specialists who are available for consultations
- security of data
- a multi-disciplinary team approach to healthcare management
- integration of other services

The stakeholders will therefore include:

- Healthcare providers in the peripheral areas
- Healthcare providers in the hospital system
- Academic personnel
- Administrative support
- IT support and maintenance of systems
- T&TMA
- ERHA policy makers
- Clients from the peripheries

The challenges:

- Data protection
- Integrating an IT solution based approach to problems
- Maintaining the hardware and software
- Expanding to meet the needs of increasing use

The benefits:

- Improving education and training
- Improving research and development
- Improving openness of communication
- Improving clinical effectiveness
- Improving risk management
- Improving conduction of clinical audit

The deadline timelines for this project is as follows:

November 2018: Complete list of clinical lectures and lecturers

December 2018: Establish hardware and software installation to institutions

December 2018: Formulate policy requirements for clinical education

December 2018: Establish accreditation process with T&TMA

January 2019: Begin lecture series recordings

February 2019: Trial run of education series

April 2019: Assessment of trial run to ensure quality and troubleshoot problems

June 2019: Complete roll-out of tele-education and assessment for tele-consultations

December 2019: Establish tele-consultations in communities

It is with great enthusiasm that the ERHA has pledged its support for this program through the CEO, Mr. Ronald Tsoi a Fatt. Mr Tsoi a Fatt has held multiple stakeholder consultations regarding the need for CME implementation and recognizes the importance of keeping healthcare providers updated with current clinical practice in order to improve the quality of care delivered to clients.

With the kind support of the Ministry of External Affairs of the Government of India and H.E. The High Commission of India to Trinidad and Tobago Mrs Angelina Rampersad-Pierre and I were able to attend the training in Chandigarh. Mrs Angelina Rampersad-Pierre holds the portfolio of Chief Operating Officer of the ERHA and I hold the portfolio of consultant in Emergency Medicine and 1st Vice President of the Trinidad and Tobago Medical Association. This combination has allowed for the creation of an integrated and seamless timeline for deliverable outcomes. The CEO has allowed us to build a multidisciplinary team to make these outcomes come to fruition and has provided us with access to the materials that will be necessary. In the most sincere way, the conceptualization, planning and execution of this program has already been built on the pillars established at PGIMER and as we continue to deal with the challenges of disruptively innovating solutions in an existing system, we will benefit from the training that we received in Chandigarh.

Once again, we take this opportunity to thank the Ministry of External Affairs in India, the office of the High Commissioner of India to Trinidad and Tobago, the entire PGIMER team and the people of India who all made this trip rewarding and indelibly beneficial.

Sample - 4



Training Program Report

WRITTEN BY:
Aisha-Al-Saadi

1ST PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM



ORGANIZED BY:

DEPARTMENT OF COMMUNITY MEDICINE
SCHOOL OF PUBLIC HEALTH
POST GRADUATE INSTITUTE OF MEDICAL
EDUCATION AND RESEARCH, CHANDIGARH,
INDIA

SPONSORED BY:

MINISTRY OF HEALTH AFFAIRS, GOVERNMENT
OF INDIA
(UNDER INDIAN TECHNICAL & ECONOMIC
COOPERATION PROGRAM)

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Introduction

A five-day training program was attended from 1 to 5 Oct 2018 at Post Graduate Institute of Medical Education and Research at Chandigarh city India. The core objective of the program was 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).

This program is designed to offer cross-cultural learning through sharing of best practices of health promotion by the participants from different countries. It gives exposure to best practices of public health policy and management in India. The program also focused on developing a critical thinking and applied problem-solving skills to effectively manage the existing and emerging public health challenges for overall strengthening of health system.

The content of the program was delivered by a 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).

All participants prepared by the end of this program an action plan to be implemented in their countries within 6 months of completion of program.

Summary

FIRST DAY- PHPM- PROGRAM

01/10/2018

01

After registration, we were traditionally welcomed to the program. The workshop was attended by 26 participants from 17 countries across globe. The workshop continued between 9:00 am to 5:00 pm over the five-day. A study tour was also incorporated in the program schedule on 3rd and 4th day.



03

On day 1 of PHPM program, **Dr. Sanjiv Kumar** was the Guest of Honour on the occasion spoke about Indian health system and its components . The lecture emphasized the following points in health system:

- 1- Health system in any country is always evolving, it keeps changing with time
- 2- we need to comprehensively look at healthcare system which also include private care providers.
- 2- Private services providers need to be included when planning to identify their roles and regulate them
- 3-Technology play very important role in strengthening health system

02

The workshop was opened with a formal inaugural session at 09:00 am by **Dr. Jagat Ram**, Director, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh and **Dr. Rajesh Kumar**, Dean Research, PGIMER and **Dr. Sanjiv Kumar**, Director, Indian Institute of Health Medical Research (IIHMR), and **Dr. Sonu Goel**, PHPM Program's director and other teaching faculty of PGIMER.



Summary

FIRST DAY - PHPM PROGRAM

01/10/2018

04

In the second lecture, **Dr. Sonu Goel** discussed how health map is useful in comparing health system performance. Exercise was given to all participants to draw a health map through identifying ten health indicators that are essential to draw a health map for any country. Then each country performance was measured against the global target, we could realize how far we are in these ten indicators from the global target.



05

The third session was given also by **Dr. Sonu Goel**, a framework of health policy was explained, and the key concepts of health policy was defined in this lecture. The lecture ended up with a case study, explaining one health policy framework in Kenya. From this case study:
1- We could realize who are the actors and what is the process in the given example of health policy
2- We understood the triangle of health policy and how to form a policy.

06

Last lecture on day 1 of PHPM program, was given by **Dr. Rakesh Gupta** on health system strengthening and governance. This lecture explained the role of governance in strengthening health system and its implications on health performance.

Summary

SECOND DAY - PHPM PROGRAM

02/10/2018

On day 2 of PHPM program, **Dr. Sonu Goel** deliberated on Agenda and Policy Implementation. Wonderfully explained the Kingdon Model, role of perceptions and technical and political issues in the line for policy makers.

Dr. Goel also deliberated on Bottom up and Top down approaches of policy implementation. Important difference in analysis OF Policy (a retrospective analysis) and analysis FOR policy (Prospective analysis). Summaring the intricacies of Agenda and Policy implementation. The lecture ended up with a case study on policy implementation in Siri Lanka on Malaria control and elimination. From this case study we could identify the implementation process and identify the principal agent relationship in the given study.

Dr. Preethi Pradhan, dean of school of health sciences, Chitkara University, addressed and emphasized the importance of planning a Human Resources in Healthcare (HRH). She emphasized the need of each country to frame their own policies, and decide their needs of cadres according to their local context. The session concluded with a panel discussion of participants to discuss issue of human resources to tackle problems of inequity in healthcare system. Three case studies were discussed: Migration of health workers, task-shifting in provision of healthcare to tackle problem of severe shortage of healthcare workers , and finally, discussed training of health workers, its opportunities and challenges.

Summary
THIRD DAY- PHPM-PROGRAM
03/10/2018

On day 3, we had a field visit to the municipal corporation's office, **Mayor Davesh Moudgil** who highlighted structure and responsibilities of the organization through a video. He talked about the smart city initiatives such as the use of modern techniques to save energy, agenda against Open defecation, segregation of waste, concept of Cycle roads, smart parking, and establishing and maintaining parks and gardens for environmental safety. Then we had a meeting with Director Health Services, **Dr. G Diwan**, who detailed us about the Ayushman Bharat Program, Asha Jyoti Mobile Van for strengthening HIV surveillance and Mobile Van to raise awareness of Food safety.



Summary
FOURTH DAY-PPHM-PROGRAM
04/10/2018

Day 4 was combination of policy and management sessions with interactive **field visit** to Post Graduate Institute of Medical Education and Research , Chandigarh, an institute of excellence, innovations, evidences and research hub. We visited the Anti Retro-viral Therapy Centre (ART), Integrated counselling & Treatment Centre (ICTC), Regional Organ and Tissue Transplant Organization (ROTO), Innovations in Hospital Engineering, Tele-Medicne, Tele-Evidence and Tele-Counselling. The discussions were mainly on the strategic planing and implementations.



Summary
FIFTH-DAY-PHPM-PROGRAM
05/10/2018

Finally the program has reached its last day, the morning sessions were taken by **Dr. Goel**, Program Director, addressed on Leadership and management and stressed that most of the programs suffer during the implementation phase due to lack of leadership qualities among health managers. Interesting session blended with videos & role plays. The last session of day fifth was dealt by **Dr. Shankar Prinja**, Professor of health economics at School of public health PGIMER, Chandigarh. The speaker clearly explained how to incorporate the concept of economics, how to view health policy, analyse health policy specifically from an economic perspectives. The program was concluded by valedictory session. It began with a brief outline of the sessions of the workshop and then thank and appreciation to the organizers of this program. Finally, the Certificates were presented to the participants by the esteemed dignitaries



About us

Post Graduate Institute of Medical Education & Research, Chandigarh

Who We Are

The Postgraduate Institute of Medical Education and Research (PGIMER) is based in Chandigarh (city beautiful in North India) and was established in 1962 by then Prime Minister of India, Pt. Jawaharlal 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 specialties and super-specialties departments. 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 of Community Medicine was upgraded to School of Public Health (SPH) in the Tenth Five Year Plan of India (2002-06).

What We Do

School of Public Health conduct post-graduate teaching programmes and short-term training courses on various

public health issues. Besides, we are also involved in several research projects in collaboration with national and international organizations (like DBT, ICMR, WHO, UNICEF, UNFPA, DFID, MOH&FW, and MOE&F etc.) and state governments. We also provide consultancy services to state and central health services on public health matters and national programs/projects. Each year nearly 45 training programs are conducted with an average attendance of 30 participants per course. We also deliver population based health services to approximately 80,000 population in rural, urban and slum communities of Haryana, Punjab and Chandigarh. SPH has developed various public health models which have been successfully scaled and replicated across country.

What We Offer

SPH offers regular Doctor of Philosophy (PhD), Doctor in Medicine (MD), Post Graduate Diploma in Public Health Management (PGDPHM), and Masters of Public Health (MPH) along with various short-term courses in areas of epidemiology, health management, health promotion, communicable and non-communicable diseases.



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