



2nd Public Health Policy and Management Program

(under International Public Health Management Development Program)



30th September - 4th October, 2019

Organized by:

**Department of Community Medicine and School of Public Health,
Post Graduate Institute of Medical Education and Research, Chandigarh (India)**

Sponsored by:

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





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» Foreword

स्नातकोत्तर चिकित्सा शिदा एवं अनुसंधान संस्थान, चण्डीगढ़ - 160 012 (भारत)

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH, CHANDIGARH - 160 012 (INDIA)

दूरभाष / Phone : (Off.) 0172-2748363, 2755556, फैक्स / Fax : 0172-2745078, 2744401

ई-मेल / E-mail : dpgichd@hotmail.com वेबसाईट / Website : http://pgimer.nic.in, http://pgimer.gov.in

Dr. Jagat Ram

M. S., F. A. M. S

DIRECTOR

&

Professor of Ophthalmology



डॉ. जगत राम

एम. एम., एफ. ए. एम. एम

निदेशक

एवं

पाचार्य नेत्र रोग

संख्या / No. DPHI-4/19/2019

दिनांक / Date... 23/10/2019



Foreword

It gives me immense pleasure and pride to bring out the report of 2nd Public Health Policy and Management Program conducted by the Department of Community Medicine and School of Public Health PGIMER Chandigarh, from 30th September to 4th October 2019. The Health policy is assumed to embrace courses of action and inaction that affect different arrangements of the health system.

It is a privilege that Ministry of External Affairs, Government of India, has chosen PGI Chandigarh for hosting the 2nd Public Health Policy and Management Program sponsored by Ministry of External Affairs, Government of India under flagship of Indian Technical and Economic Cooperation (ITEC) Scheme.

Despite attaining landmark achievements in public health, the ITEC countries, like India, are not only struggling with dual burden communicable & non communicable diseases but also with emerging and re-emerging infectious diseases. This flagship program of Ministry of External Affairs is first in country in public sector which caters on enhancing capacity building, decision making of senior level policy makers and implementers of 161 ITEC countries in Asia, Africa, East Europe, Latin America, the Caribbean, Pacific and small island countries. The focus of the program in addressing contextual public health challenges across these ITEC countries via showcasing and exchanging best practices of the country is praiseworthy.

» Foreword

Besides numerous scientific technical sessions in the agenda, the current program used various pedagogy techniques such as case studies, videos, quiz, role plays, mobile applications, games etc for imparting key lessons and skills to the participants and encouraging peer to peer learning. In addition, study tour to our premier institution was also made in order to witness state of art patient care, hi-tech security system, various best practices including country's largest organ donation facility, tele-evidence facility, using IT in reducing length of patient's stay, air quality monitoring etc. A field visit to Municipal Corporation Chandigarh for showcasing of "Smart city concept" of Chandigarh through various initiatives such as modern techniques to save energy, open defecation free initiatives, segregation of waste from source till

final disposal, smart parking, cycling tracks and cycle stands, encouraging feedbacks of citizens through mobile based application, provision of safe water issues etc. demonstrates translation of policy into action, which merits replication in the participating countries through mutual exchange. In order to facilitate informal interactions among the participants, and reflecting glorious Indian culture, Yoga & Bhangra sessions and cultural night were also organized.

I am personally encouraged to see more such programs for policy makers and senior implementers in near future. These programs help the ITEC nations in adopting good practices through case-based approach, peer-to-peer learning and field exposures. I fully hope that the program was able to meet the pre set objectives, which was evident from the overwhelming positive feedback from participants and faculty of program. I would also extend my sincere thanks to Ministry of External Affairs, Government of India for selecting PGIMER for conducting this program. I also congratulate the entire organizing team of the program and Department of Community Medicine & School of Public Health for the grand success of program and wish them good luck for future endeavours



(Prof. Jagat Ram)



Public health is an art and science of protecting the safety and promoting the health of communities through education, policy making and research for disease and injury prevention. It is a crucial part of economy which ensures healthy and economically productive population of a nation. In recent decades, public health in the developing nations has been increasingly facing challenges with emergence of newer diseases like Ebola, dual burden of emerging and re-emerging infectious diseases (T.B, Malaria and HIV) and non-communicable diseases (diabetes, cardiovascular diseases and Stroke), increased antibiotic resistance, etc. As a region, Africa, Latin America and many parts of Asia is also characterized by the weakest public health infrastructure among all regions in the world. Despite this murky scenario, many good public health practices exist in these countries which are being effectively used for containment of diseases

and promoting health for overall attainment of Sustainable Development Goals (SDGs).

Policymakers need to be informed about these best available evidences to articulate ethical and evidence based policy options. In their routine administrative capacity, they normally address a series of demanding questions when choosing between different programs and policies. For e.g. which programs and policy options are more likely to provide substantial 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. Which policy options are uncommon in other countries exists in epidemic proportion in these countries.

In this context, Department of Community Medicine and School of Public Health, PGIMER, Chandigarh, India conceptualized 2nd Public Health Policy and Management Program (PHPM) under the overarching umbrella of International Public Health Management Development Program (IPHMDP), which is being routinely held in the institute from last 3 years. The goal of program is to enrich the skills and proficiencies of senior level policy managers and implementers for tackling public health challenges and strengthening efficiency of organizations in resource constraint settings. The current program, held from 30th September to 4th October 2019, was sponsored by Ministry

» Preface

of External Affairs, Government of India under Indian Technical and Economic Cooperation (ITEC) Scheme. Around hundreds of participants across the globe applied for this program, from which we shortlisted 20 participants from 15 countries (namely Egypt, Ethiopia, Nigeria, Thailand, Tanzania, Palestine, Philippines, Nepal, South Sudan, Mauritius, Madagascar, Sudan, Chile, Guyana, and Mexico) after rigorous selection criteria and comprehensive deliberations.

The methodology used in the program is a judicious 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 centred learning (participants prepare an action plan during the program to be implemented within 3 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 from the program into real-life practice in their respective countries along-with nurturing the bonds between institutions and countries.

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 in order to spread knowledge and skills to the countries of global south (south-south cooperation) under the ancient Indian philosophy '*Vasudeva Kutumbakam*' i.e. 'the world is one family'. I would also like to take this opportunity to thank my entire team Dr. Kritika Upadhyay, Mr Rajeev Kumar Choudhary, Dr. Neha Dahiya, Dr. Garima, Dr Priyanka, Mrs Charu and Masters of Public Health-Health Management Special Course students (2018-20 Batch) 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. I also hope that they will act our ambassadors to replicate the best practices learnt during the program in their countries.



Dr. Sonu Goel
Program Director

» Executive Summary

The public health challenges faced by the resource constrained countries call for skilled professionals and public health experts, who can develop and implement policies for encompassing rational decisions. This can be ensured by empowering senior officials who are involved in designing and implementing 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 2nd Public Health Policy and Management Program was organized by Department of Community Medicine and School of Public Health, PGIMER, Chandigarh from 30th September – 4th October 2019. 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, 20 participants were trained from 15 countries namely Egypt, Ethiopia, Nigeria, Thailand, Tanzania, Palastein, Philippines, Nepal, South Sudan, Mauritius, Madagascar, Sudan, Chile, Guyana, and Mexico

The modules covered during the program were Understanding Global public health issues, Indian health system, Health policy framework, Formulation of public health policy and Governance, Agenda setting & policy implementation, Policy Analysis, & Models and theories in public health policy. To ensure the application of learning during the program, every participant was asked to get the 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 return to their respective countries. The participants who will successfully submit their action plan by the desired date/time will be followed up after 3 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 etc); its concept wherein focus was on application based learning in which the participants prepared an action plan during the program for their organization (to be implemented within 3 months); and facilitation by an elite panel of experts and facilitators from lead academic and management institutes of the country. During the training, the participants had an opportunity to meet leaders in the field of Public

» Executive Summary

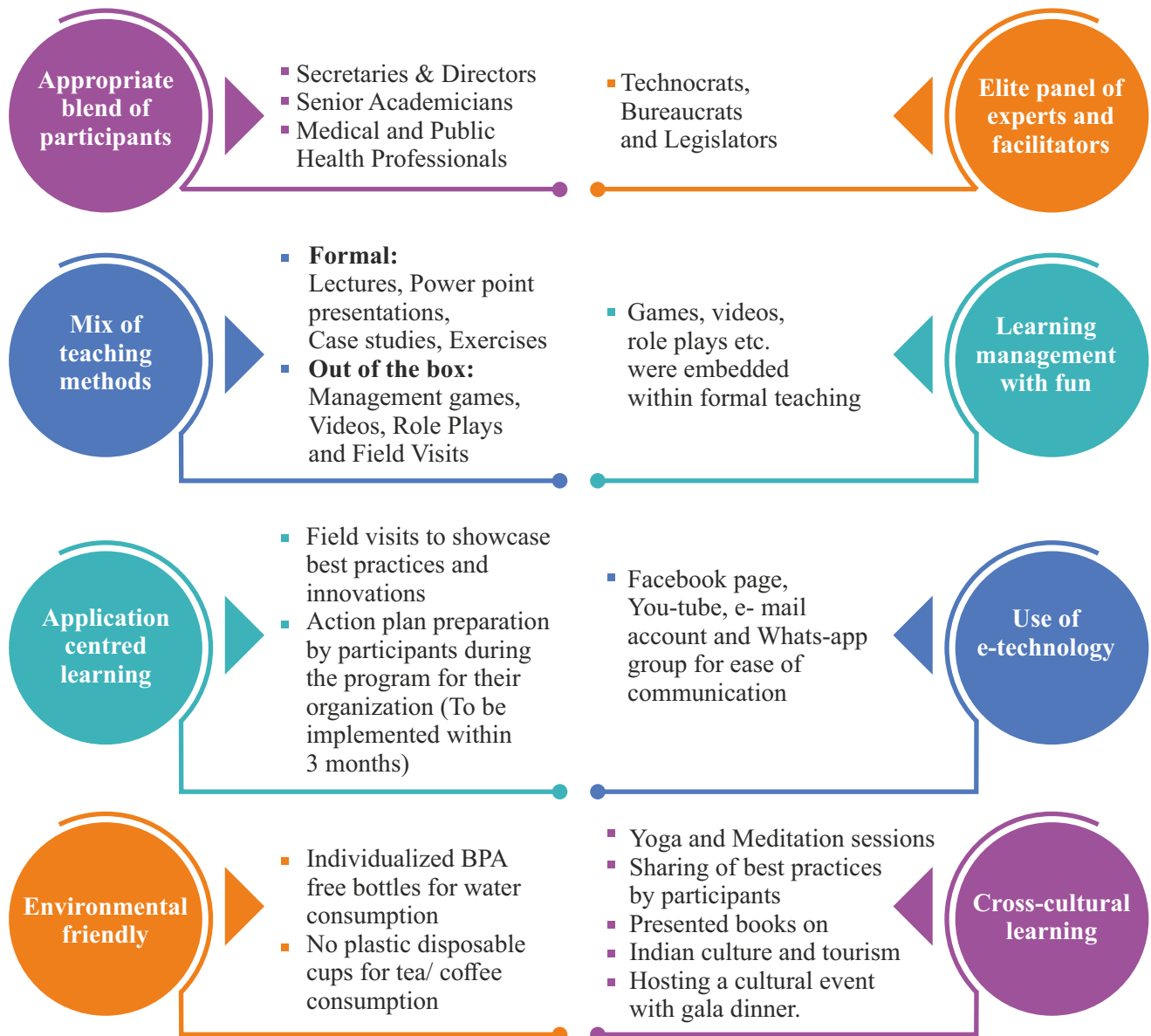
Health. Field visits were planned which was intended to gain hands on experience and showcase the best practices/ innovation of the country so that they can replicate the similar practices in their countries for effectively managing the existing and emerging public health challenges. The participants visited Municipal Corporation of Chandigarh for understanding the flagship schemes and 'smart city' initiatives implemented by the state. They also visited select departments of PGIMER to witness State of Art patient care services like tele-medicine, tele-evidencing, organ donation facility (ROTT), air-quality measurement techniques etc. Apart from this, a cultural evening led them to informally interact with each other for peer learning and networking for future endeavours. It was also a great learning experience on management and leadership as 3 volunteers from the participants were selected as the Cultural Night Organizers. Yoga and meditation session in early mornings were flavours 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 PHPM 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 which includes games and dance 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 various countries. We also ensured to provide best resource material to participants, which will help them to design similar program in their country. All the activities during the program were actively uploaded on the IPHMDP Facebook page and Twitter page with appropriate hash tags social media (eg. #ITECNetwork, #MEA_INDIA #MOHFW_INDIA, #PHPM, #IPHMDP #PGIMER etc.). A parallel e-mail account and 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 2nd PHPM, 30th-4th October, 2019

» 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

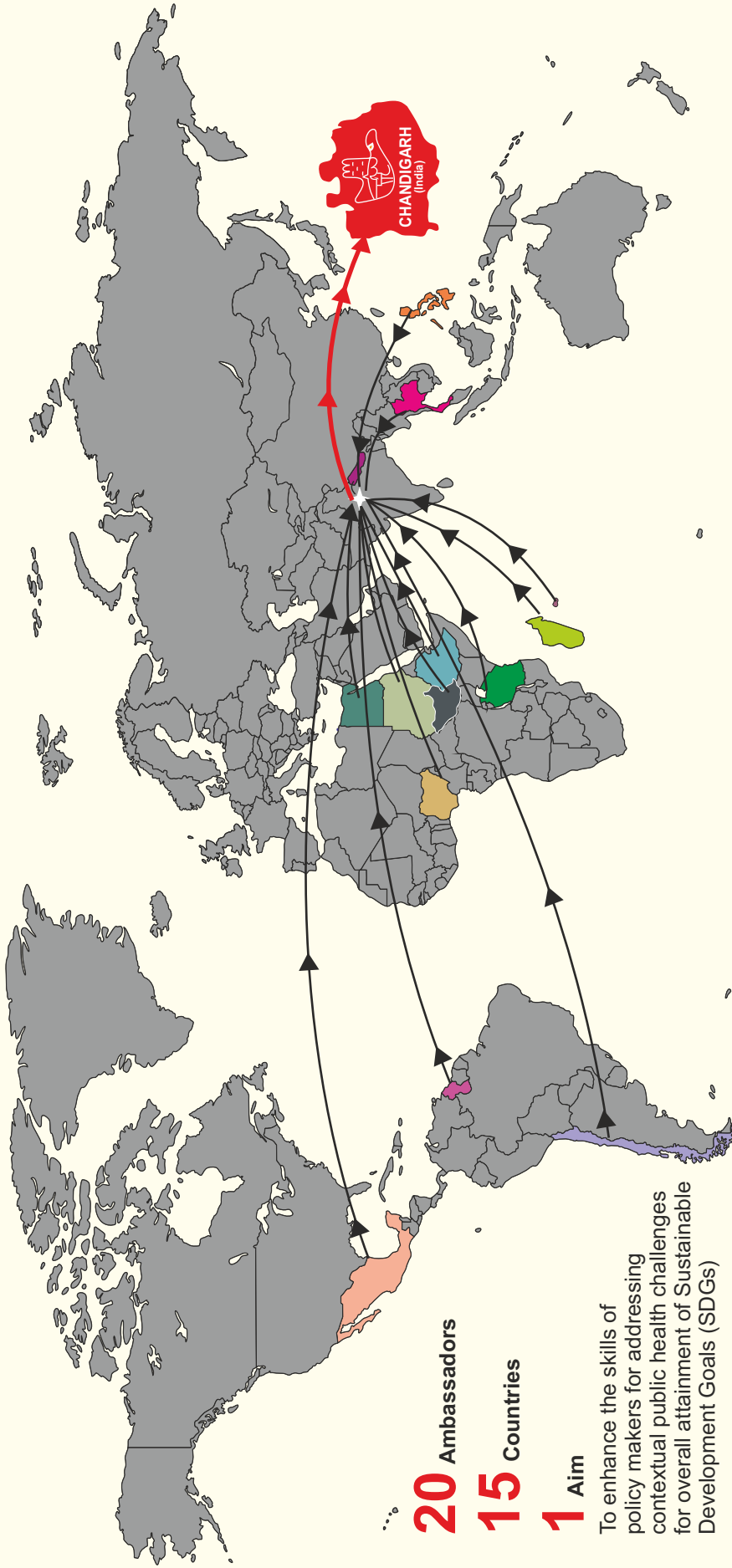
1. To sensitise and equip senior program delegates on appreciating gaps in current global public health scenario and envision future trends in health care management for effective decision making.
2. To showcase the favourable impact of healthy public policy implementation in India on quality of life 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 20 participants from 15 countries across the globe participated to enhance their skills in public health policy and management.



2ND PHPM TORCH BEARERS



20 Ambassadors
15 Countries
1 Aim

To enhance the skills of policy makers for addressing contextual public health challenges for overall attainment of Sustainable Development Goals (SDGs)

- | | | | | | |
|---|--------------------|---|-------------------|---|--------------------|
|  | EGYPT |  | MAURITIUS |  | SUDAN |
|  | NEPAL |  | MADAGASCAR |  | TANZANIA |
|  | ETHIOPIA |  | MEXICO |  | PHILIPPINES |
|  | NIGERIA |  | CHILE |  | THAILAND |
|  | SOUTH SUDAN |  | GUYANA |  | PALESTINE |



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 CONTENT

MODULE: 1 Global Public Health Issues and Challenges

MODULE: 2 Understanding Indian healthcare system

MODULE: 2.1 Introducing Health map of India, Followed by Preparation of Health Map of participating countries

MODULE: 3 Public health policy through management and leadership approaches

MODULE: 4 Health Policy frameworks

MODULE: 5 Introduction to Public policy

MODULE: 6 Formulation of public health policy

MODULE: 7 Politics of health policy

MODULE: 8 Health policy models and theories

MODULE: 9 Public health policy and governance

MODULE: 10 Showcasing of India's "Smart city concept" - Translating policy into action

MODULE: 11 Translating research to drive public health policy

MODULE: 12 Policy analysis

PROGRAM DURATION AND VENUE

Duration: The duration of program was five days from 30th September 2019 -4th October 2019

Venue: Anjuman Hall, Hotel Shivalik View, Sector 17, Chandigarh, 160017, India



ACQUAINT WITH THE ABILITIES IN PHPM



**STRATEGIC
PLANNING**



**TEAM
BUILDING**



**LOGICAL
THINKING**



**EFFECTIVE
COMMUNICATION**



LEADERSHIP



**DECISION
MAKING**



» Teaching Methodology



Case Study



Group Work



Lecture



Energisers

» Teaching Methodology



Management Games



Management Exercise



Role Play



Video Lesson

Quiz



2nd Public Health Policy and Management Program

Date: 30th September - 4th October 2019

Organized By: Department of Community Medicine & School of Public Health, PGIMER, Chandigarh

DAYS	MONDAY 30/09/2019	TUESDAY 01/10/2019	WEDNESDAY 02/10/2019	THURSDAY 03/10/2019	FRIDAY 04/10/2019
09:00-09:30 AM	INAUGURAL CEREMONY Program Overview Introduction of Participants Pre test	Reflection of previous day	Reflection of previous day	Reflection of previous day	Reflection of previous day
09:30-10:30 AM		Health Policy Frameworks (Dr. Upendra Bhojani) * Assignment	Politics of health policy (Dr. Upendra Bhojani) * Assignment	Health Technology assessment in policy making (Dr. Ashoo Grover) * Assignment	Translating research to drive public health policy (Dr. Sonu Goel) * Assignment
10:30-11:15 AM	Global Public Health Issues & Challenges (Dr. Sanjay Zodpey) * Assignment	Introduction to Public policy (Dr. Sonu Goel) * Assignment	Health policy models and theories (Dr. Sonu Goel) * Assignment	Public Health Policy and Governance (Dr. Rana J Singh) * Assignment	Policy Analysis (Dr. Sonu Goel) Action Plan Preparation
11:15-11:30 AM	TEA BREAK				
11:30-12:30 PM	Understanding Indian healthcare system (Dr. Sanjiv Kumar) * Assignment	Formulation of public health policy -Agenda setting & policy implementation (Dr. Upendra Bhojani) * Assignment	Demonstration of best practices in patient care settings at PGIMER	Showcasing of India's "Smart city concept"- Translating policy into action	Action Plan Presentation
12:30-01:15 PM	LUNCH				
01:15-02:00 PM	Public health policy through Management & leadership approaches (Dr. Sonu Goel) * Assignment	Presentation of Health Map of their participating countries	Map of participating countries (Dr. Sanjiv Kumar)	VALEDICTORY CEREMONY	
02:15-03:15 PM					
03:15-04:00 PM					
04:00-04:45 PM					

* Assignment –case study/ role play/video lesson

Games – 02:00-02:15 PM

Evening Tea- 03:55- 04:10 PM

Day wise Feedback of participants- 04:45-05:00 PM

» Program Proceedings

DAY 1 (SEPTEMBER 30, 2019)

Registration (08:15 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;



Information Booklet, Bottle, Books on Hospital Administration, Indian culture, Chanakya Management and a Pen Drive loaded with soft copy of study material. The participants were allocated into 5 groups (Movers, Shakers, Rockers, Takers and Hoppers) of 5 participants per group randomly, on each day of the program for ensuring interaction amongst participants and peer-learning. The flags of countries were 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.

» Program Proceedings

Inaugural Session (09.00 to 09.30 AM)



The anchor for the program Dr. Garima 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; Prof. Rajwansi, Dean Research, PGIMER; Dr. Sanjiv Kumar, Ex-Director, Indian Institute of Health Medical Research (IIHMR) and Dr. Sanjay Zodpey, Vice-President, Public Health Foundation of India and President Indian Public Health Association; Mrs. Vandana Shah, Director (South Asia), Campaign for Tobacco Free Kids, were extended floral welcome by Program Director Dr. Sonu Goel and his team.



Thereafter, the guests were invited for the lamp lighting ceremony with a background note of Saraswati Vandana and the audience were briefed that the lamp symbolizes the life, light of divinity, wisdom, intellect and good work. Thus, this light 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, Department of Community Medicine and School of Public Health, PGIMER, Chandigarh. He extended a 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 2nd in the series of International Public Health Policy & Management Program, that is being successfully conducted by Department of Community Medicine and School of Public Health, PGIMER Chandigarh. He also provided a glimpse of the journey of 6 International Public Health and Management Program (IPHMDP), held over last 4 years, describing the contents along with the unique mix of teaching methodology to be adopted in the current program. He emphasized on the crucial role of public health policy makers in

» Program Proceedings



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. An "PHPM 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-PHPM. Dr. Sonu mentioned that the program is helpful in developing strategies for implementation in their home countries, expanding professional networks and in doing so making new friends and everlasting memories.

Hereafter, The Guest of Honor, Prof. Rajwanshi, Dean Research, PGIMER spoke on how the disease presentation has changed over the period of time, with new merging diseases like Ebola, Zika etc. He stressed upon the need for collective global efforts to tackle the global health challenges. He invited participants to develop active collaborations with PGIMER on contextual public health challenges.



Prof. Rajesh Kumar, Dean Academic, PGIMER, highlighted that ITEC countries have similar problems of Communicable and non-communicable diseases, Shortages in Human Resources, high IMR & MMR. He dispelled the notion that we need high economic development to achieve good health. He stressed about the fact



that by focusing on primary health care and utilizing the modest resources we can still achieve good health indicators, only what we need is to find the right problem and right indigenous innovative solutions. He concluded by stating that we can learn from each other's success and failures.

Next, Dr. Sanjeev Kumar was called upon to address the gathering. He stated that a clinician saves one life at a time, whereas, public health saves



a million lives at a single point of time. He talked about a book 'Learned optimism', which divides happiness in 3 categories, stating that the third category i.e. Happiness due to meaningful life, aptly describes the role of public health professionals. He concluded by saying that Sustainable Development Goals (SDG) are perfect

» Program Proceedings

for putting public health into practice as the SDG's look at health and wellbeing from all perspectives i.e. from womb to tomb along with focusing on all determinants of health.

Dr. Sanjay Zodpey, addressing the gathering stated that it is imperative to build capacity at national and international level to tackle the global health challenges. He stated that migration and trade has influenced public health, in a way that we have started talking about International Public Health,



and that there are factors beyond health, which influence health. He concluded by saying that science is sterile if it does not take into account social good & practices.

Mrs. Vandana Shah, spoke briefly about her organization namely Campaign for tobacco free kids working in 70 LMIC Countries on diverse public health issues ranging from tobacco control to road safety and hypertension. She underscored the role of Public Health Education through similar type of programs in managing various public health diseases and issues, especially in African and Asian countries.



Lastly, The Chief Guest, 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.



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. Inaugural ceremony ended with a pledge on World heart day followed by signature campaign.

» Program Proceedings

World Heart Day Pledge and Signature Campaign



Introduction of Participants & pre-test (9:30 to 10.30 AM)



details of the participants including their names, designation, institute name and their photograph which helped them to introduce themselves in a better way. The session was highly enjoyable, with participants happy and smiling faces gracing the occasion. Thereafter, A pre-test-questionnaire comprising of 40 questions was distributed to be filled by the delegates to check their knowledge about different modules of public health policy and management.

The participants 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 5 minutes. Thereafter, each participant was asked to introduce their fellow participant about their work, family and even hobby. A power-point presentation had been prepared by organizers which highlighted the



Session 1: Global public health issues and challenges by Dr. Sanjay Zodpey (10:30-11:15 AM)



He started the session by asking the participants about, what is global health? What are its dimensions and why it matters?

He shed light on global health challenges in various parts of the world. Dr. Zodpey, said that the world is a global village with open boundaries and is facing complex threats and challenges such as communicable diseases and non-communicable diseases, maternal and child health issues. Globalization has given rise to challenges, which demand deliberation beyond the health sector. Disease knows no borders and we should look at Global health from this perspective. He stated that health is influenced by decisions taken at the global level, and cited the example of World Trade Organization, which has greatly influenced national policies and governance. He mentioned that there are various agencies like Doctors Without Borders, which are working for global health.



Dr. Zodpey discussed about various components of global health, like collaborative, Trans-National/Cross National, Research, Action, promoting and improving health for all. He also explained that global health matters because of humanitarian, equity, direct impact and indirect impact reasons, stating that Global health has 4 dimensions, i.e. Global comparisons, Global institutions, Global agreements and Global funders.

During the lecture the audience were enlightened about 10 WHO identified global health threats 2019 which are: Air pollution and climate change, Non communicable diseases, Global influenza



pandemic, Fragile and vulnerable settings, Antimicrobial resistance, Ebola and other high-threat pathogens, Weak primary health care, Vaccine hesitancy, Dengue & HIV. He stated that there are 4 major diseases, which are bound by 4 main risk factors. (Diseases: Cardiovascular diseases, Cancer, Respiratory diseases, Diabetes Mellitus; Risk factors: Tobacco, Unhealthy diet, Physical inactivity, Alcohol).

Dr. Zodpey, explained about the price of inaction and the prize of action by Giving the example Tobacco and climate change. He shared an interesting finding on Tobacco Taxation as mentioned in Hill et al, 2010 & Van Walbeek, 2006,

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'Triple-Halve-Double" i.e. Tripling of cigarette prices halved the consumption and doubled the inflation adjusted Government revenue.

He explained the bidirectional relationship between Economic growth and population health.

He concluded the session by stating that the goal for global health is to have a strong health system with pro health policies leading to better population health outcomes and improved health equity indices. His lecture ended with a interview and felicitation by Program Director.



Energizer: Warm up session

The pre-lunch session started with an Energizer. On each table a number of balloons were kept and the participants were asked to blow the balloons in



teams. The team with maximum number of inflated balloons will be declared the winner. Participants felt refreshed after this exercise and had a smile that lingered over to the next consecutive technical session.

Assignment: Case studies on global public health issues (11:30 – 12:30 PM)

Case-studies on various global public health issues: A total of 5 case studies were discussed. One case study was given on each table. A facilitator was made available on each table, who was well versed with that particular case study and help the participants to understand the case study and answer the questions that were related to the case study. Afterwards 2 questions were picked randomly, to be asked from the participants to judge their understanding.



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Session 2: Understanding Indian Health System by Dr. Sanjiv Kumar (12:30 – 1:15 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.

The emphasized on the point that health and disease start at home and they have to be managed at home. He laid stress on the need to keep the people and patients at the center of any health system. 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 explained the 3-tier health care system in India. And also made the audience aware about the main characteristics of the sub centers, the PHCs & the CHC's.

He mentioned how there are 2 ministries responsible for Health in India. One is the nodal

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agency, Ministry of Health and family welfare and the other one is AYUSH, dealing with indigenous systems of medicines and how steps are being taken in India to establish inter-linkages between them. He also highlighted the recent initiatives of Government of India such as Ayushman Bharat (NHPS/PMJAY) and National HealthCare Innovation portal.

Dr. Kumar stated that the Perfect health system is the one which anticipates what happens ten years down the lane i.e. a health system which is proactive. The health system is dynamic, where the

disease, its proportion and its risk factors and interventions keep changing. And hence technology plays an important role in strengthening the health system.

He concluded by stating a quote from late President Dr. APJ Abdul Kalam “Strengthening of Health Systems by infusion of Science and technology is the top priority to achieve public health. And no government or administration can do this.”

The audience was thoroughly engaged in his lecture and participated eagerly in the discussion.



Lunch (1:15 – 2:00 PM)



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Energizer: Warm up session

The post-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 (first slowly and then fast) 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. This energizer activity filled the participants with enthusiasm and made them ready for the next session.

Session 3: Public health policy through management and leadership approaches by Dr. Sonu Goel (2:15 – 3:15 PM)

Dr. Sonu Goel is Additional Professor of Health Management, Department of Community Medicine & 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. Sonu Goel provided presentation on Management and Leadership in Health Policy. He started his talk with what leadership is and stating difference between leadership and management. He cited the fact that often we are very good at technical skills, but lack leadership and management skills, and that we usually find the solutions to problems after Encountering them rather than preventing them from occurring.

Dr. Sonu talked emphasizes the importance of good management and administrative skills through his experiences of handling things at a Primary Health Centre at Himachal Pradesh during his posting, and then managing crowded emergency department of PGIMER. Having said so he highlighted the sessions learning objectives, and started the lecture with the definition of public health by CEA Winslow. He focused on the role played by various determinants of Health and different departments in public health (other than just health sector).

Dr. Sonu taught that Public health management is nothing but PIME, where the acronym stands for Planning, implementation, management and evaluation. He laid emphasis on the importance of understanding the 'WHY' in Public Health Management, giving example of homemakers, and how they make contingency arrangements. He said that planning and prioritization are as

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important as implementing the plan. Budget being limited in developing countries along-with Human Resources, budgeting and HR management are equally important functions for a public health manager. He briefly explained about the difference in monitoring and evaluation and why they are essential.

He highlighted various functions of a manager such as planning, organizing, leading and controlling, along with various steps under each of them like setting goals and objectives, making organizational chart and coordination etc.

Dr. Sonu explained the importance of staffing by narrating an anecdote about one of his professors who kept a post vacant for 3 consecutive times because he believed that it is better to keep it vacant than filling it with someone who is not competent enough. He further stated that motivation is based on perceived need of the other person rather than yourself, so a leader needs to cater to other person needs to get things done.

He briefly talked about the different levels of management that is first-line, middle and top management and the interface of roles i.e. Then conceptual, human and technical. He also has the participants to share their experience where they demonstrated the above-mentioned functions skills and roles in their settings.

Dr. Sonu, also talked about some leadership qualities and different styles of leadership. He said that an ideal leader is the one who is skilled in all styles of leadership and has the flexibility to switch between different styles, depending on the situation. He also mentioned about challenges of leadership like excess to and ability to influence politicians.



He concluded by highlighting the aspects of leadership and managerial actions, which complement each other along-with stating that each one of us act as a worker, a manager and a leader at different points time under different situations.

Assignment: Video on WASH provisions in Uganda (3:15 – 4:00 PM)

A video was shown on WASH provisions in Uganda, which highlighted the Leadership and management skills shown by the political leader, Mr. Walalawu John Patrick. Based on the video 3 questions were framed, the answers to which discussed during the Assignment session.



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Energizer: Warm up session

In order to energize and invigorate the participants, another energizer was conducted. The host gave a set of rules to be followed, according to which the participants had to walk and stop when asked to do so. Later the rules were reversed i.e. stop when asked to walk and vice-versa (first slowly and then rapidly). This helped in restoring the spirits of the participants and bringing back their attention span.



Session 4: Introducing health map of India followed by a group of work. Preparation of health map of participating countries by Dr. Sanjiv Kumar (04:00 to 04:45 PM)

Dr. Sanjiv started the session by asking the participants some leading questions about what are health maps? Why did the use it? What are its advantages? And how did the use it, if ever, in their own settings?

The participants answered the questions stating that Health map gives a clear indication of the health situation in the country and also help us to compare the situations in different settings.



Dr. Sanjiv then elaborated that health map is effective in visualization of information on public health problems. It helps to identify health disparities and visualize the disease patterns, helping the policymakers to formulate and deliver priority points in healthcare settings. 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. 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 8 key health (or related) indicators from SDGs (as described for India in the presentation) where they have to fill their country's current 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

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Development Goals by the year 2030. This exercise provided a stimulus to the participants to reflect upon the priorities in policy making for their country.

Dr. Kumar concluded by stating that Health maps are good visualization tools to convey geographic differences in health conditions and can be used to show trends and for health advocacy. He urged the participants to Prepare a health map of their own country.

DAY 2 (OCTOBER 1, 2019)

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

The day began with the feedback from the participants about the previous day's sessions. Volunteers from the previous day Mr. Ayman Muhammad Kamel Senosy from Egypt and Dr. Luz Arlette Saavedra Romero from Mexico presented the first days feedback. They did an interactive recapitulation session in a news anchoring style.



This was followed by declaration of winners of 'Best Dressed' (Dr. Ravelomalala Stephanie Joele from Madagascar) and 'Most participatory participant' (Mr. Ayman Muhammad Kamel Senosy from Egypt) contest. One participant from each of the 5 groups volunteered to be the group leader for that day, who was then asked to coordinate the activities within his/her group.



A contest on logo designing was announced and the participants were asked to submit their logo which depicts the essence of the program, on the next day, which will be presented during the valedictory session.

For the cultural night to be organized on the second last day, participants were asked to



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volunteer to be the cultural night director for one night, where they would be responsible for organizing the events and games. This would be a culmination of the leadership and management training that they had undergone during the first day's session on management & leadership. Dr. Rana Mohamed Ibraheim Zeidan from Egypt

volunteered to be the cultural night director along with Mr. Ayman Mohamed Salih Azrag from Sudan & Ms. Malkia Idal from Guyana.

The other necessary announcements related to the day were done, after which the 1st session of the day started.

Session 1: Health Policy Frameworks by Dr. Upendra Bhojani (09:30-10:30 AM)

Dr. Upendra Bhojani is Director, Indian Institute of Public Health, Bangalore. He began the session by giving a brief introduction about himself and how he transitioned from being a dentist to a public health professional.



He gave a brief overview of what a policy is and what is public health policy. He actively engaged the participants by asking them, who amongst them was directly involved in policy making and who was involved in the implementation of the policies in their respective countries. He also asked the participants about their perspective on what a policy is. The participants with equal enthusiasm replied by sharing their understanding of policy, according to some a policy is a response to people's aspiration, whereas, others concurred that a policy is a set of rules and regulations or guidelines or framework set by the government.

Dr. Bhojani highlighted that policies can be formed at different levels such as provincial, local, regional

or matter of concern. In a nutshell it is a broad statement of goals objectives and means.

He emphasized that health policy is a policy which concerns health and goes beyond the health services and health service delivery. He also described the 6 building blocks of health system, according to WHO which are: HR, Finance, information, government, medicines and technology and service delivery.

He briefly explained the need for health sector reforms due to changing health priorities and rising health care costs. He urged the participants to think about & share with the gathering the health challenges being faced by their countries. A participant from Egypt shared her country's attempt to bring about UHC, whereby Dr. Bhojani, asked her to tell why there was perceived need for



& national level. They can be formed in the government sector as well as in the private sector. He gave a brief definition of policy as given by Anderson in 1975, stating that a policy is a purposive course of action or inaction followed by an actor or set of actors in dealing with a problem

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policy formulation on UHC, to which she replied that inequity was the underlying reason responsible for bringing about the policy reform. Another participant from Ethiopia shared his experience on how they are revising their health policy to accommodate the growing disease burden. A participant from Nepal shared how health policy was changed in his country as a part of a larger reform in the political system as Nepal moved towards becoming a Federal country.

The next on Dr. Bhojani's agenda was a discussion on policy and politics and how it's not possible to have health policy without the involvement of politics. He stated that while policy is a plan of action and is about guidance, policy making on the other hand is inherently a political process and the guidance comes from actors who are mainly politicians. He also briefly touched upon policy,

politics and ethics, which would be discussed during third Day's lecture.

Later on, he explained the policy cycle and its elements viz a viz problem definition, diagnosis of the problem, Policy development, its implementation and evaluation all of which are bound together by ethics. He emphasized that while policy making process might appear to be a step by step process, in reality, it is seldom a step by step process. In most cases, we identify the problem and directly jump onto finding the solutions.



He concluded by explaining the policy triangle, the focus of which is, the Actors lying in the center of the triangle with Context, Content and Process making the apices of the triangle. He also briefly explained about each of them. Later he invited the participants to ask questions.

Assignment: Case study on oral health policy in Nigeria (10:30-11:15 AM)

The participants were asked to open page 182 of the module booklet and read the case study on 'Development of Oral Health Policy in Nigeria'.



Based on which they were asked to identify the Context, Content, Process and Actors in the case study as well as to make the health policy triangle based on the elements identified.

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Energizer: Warm up session

In order to refresh the participants before the beginning of the next session, the participants were made to play 'jungle in the house', in which the host asked the participants to stand up and pick the slip from the bowl given. An animal's name was written on the slip and each participant was supposed to make the sound of the respective animal and find the similar sounding buddy in the group. Later on, they were asked to chant repeatedly: 'jungle in the house hip-hip ho'. This left the participants reeling with laughter.



Session 2: Introduction to Public policy by Dr. Sonu Goel (11:30-12:30 PM)

Dr. Sonu began the lecture by enumerating the learning objectives of the session, outlining the

topics to be covered, such as policy and public health policy definition, the types of policies, importance of policy and steps in policy making.



He took the example of Education policy to explain what a good policy is all about. He went on to explain the policy elements such as intentions, goals, plans or proposals and programs.

He engaged the audience by asking the difference between policy and program. Mr. Ayman from Egypt answered by stating that policy is broad in scope and programs include specifics, a participant from Palestine was of the opinion that policies are amenable to change and programs are fixed in scope. Dr. Sonu cleared the concept by

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stating that programs are the authorized means to conduct a policy. He said that without programs policy will not be put into action and won't be implemented, i.e. programs are means by which policy is carried out.

He went on to explain the attributes of a policy such as setting direction, bringing a sense of belongingness and commitment, having a legislative framework but mostly not legally enforceable.

He also shed light on policy output and outcomes, where, Policy output refers to immediate results that the government intends to achieve in short term and policy outcome being broader implications of policy outputs.

During his lecture Dr. Sonu also mentioned about various types of policies, (such as social, organizational, institutional and health policy etc.)



and the nature of public policy (like it being goal oriented, an outcome of Government's collective actions and Govt. intention).

He said that public policy has certain salient characteristics. Public policy is a complex and dynamic process. It is formulated after using various decision-making models and results in action or inaction, which is directed at future. It is mainly formulated by government organizations and aims at achieving public interest, using best possible means like public opinions and technical committees. He also talked about the importance of public policy, and also highlighted the importance of policymakers & stakeholders (such



as interest groups, local government, executive branch, political parties, legislative branch, citizens, media etc.)

Before ending the session, he also mentioned about various types of public policies like regulatory, redistributive, reverse distributive, symbolic and distributive public policy.

He concluded the session by explaining steps in public policy making from agenda setting to its adoption, implementation and finally evaluation, which shall be discussed in future presentations. The participants kept on interacting throughout the session which kept them engaged.

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Assignment: Role play on public health issues (12:30 to 01:15 PM)



The participants were asked to perform a role play (in teams) where a team need to select a public health issue and present it to Health Minister (hypothetical) in such a way so as to convince him and the audience watching the role play to take up the issue in the agenda and formulate a policy on it. To The time allotted to each team to present their

arguments in a convincing manner in approximately 2 minutes (elevator pitch).

Later on, Dr. Sonu held a discussion on the role play and underscored the importance of explaining issues in a succinct and crisp manner. He also added that showing graphs, pictures & videos can also make a difference in getting the issue incorporated into the agenda, along with adding a



personal touch and appealing to the sentimental/emotional side of policymakers.

He concluded the session by giving a tip that knowing the history and background of policymakers can help, as they (policymakers) will be able to easily relate to the issue, if they can associate with it on a personal level.

The Launch of Tobacco Free Times

Before breaking for lunch, fourth issue (August-September 2019) of a Bimonthly newsletter 'Tobacco free times', was released, which is being regularly published by Department of Community Medicine and School of Public Health, PGIMER, Chandigarh, under a Tobacco Control Project funded under Bloomberg Initiative grant, to disseminate tobacco related activities across country.



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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 Post-lunch session.

Session 3: Formulation of public health policy-Agenda setting & policy implementation by Dr. Upendra Bhojani (02:15-03:15 PM)



Dr.Upendra 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 to, at any given time.

He said that in real life, agenda setting is not a rational process, rather, it is far more a social and

political process, and rationality or logic plays a smaller part. He explained that agenda setting happens in 2 scenarios. First being reaction to a crisis - (War/ Earthquake/ Outbreak of disease etc.) There, a scenario is perceived as crisis by the policy makers themselves. Such agenda setting happens occasionally. And 2nd agenda setting occurs as a 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.



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ageing) etc.). The speaker engaged participants by urging them to give examples from their own settings, which kept them engaged.

Dr. Upendra then explained why only some issues gets into agenda using 2 models, namely, 1) The Hall model (which states that Issues that are high in terms of legitimacy, feasibility and support gets onto government agenda) and lastly, 2) The Kingdon model (which focuses on the role of policy entrepreneurs in opening up of the 'policy window' - something that happens when three streams (problem, policy and politics) comes together). He highlighted the role of (news) media in agenda setting and how media can get an issue onto the agenda and vice-versa.

He involved the participants in deciding about 4 critical factors, which make policy implementable or feasible, which are: Social acceptability of the policy, Resource availability, Political support and scientific logical/technical feasibility.



He highlighted the fact that certain political changes make it easy to get an issue on the agenda, such as Formation of a new government. (Pre-election time and early phase of the new government is ideal to get an issue on to the agenda.), Also, when a politician is about to retire in order to leave a legacy behind, there are chances that he will be keen to get an issue into the agenda.

After explaining about agenda setting, he moved on to explain, what is policy implementation and how it is done. Dr. Bhojani said that Implementation is the process of turning policy into action/practice. There are 2 approaches of policy implementation. 1st is Top down approach (it is aligned with the rationale, linear thinking of policy process) and second is Bottom up approach (it is aligned with the view that policy process is iterative (ever changing) and complex).

Assignment: Policy Issues (03:15 to 04:00 PM)

Participants were asked to present an issue to the audience from their settings in a way that it looks highly legitimate, has high feasibility and high support. A representative from each table was chosen who re-accounted how a real issue from their country turned into an agenda and finally into a policy or lack there off due to some or the other hurdle.



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A participant from Egypt was the first to share on how Egypt brought about a policy change and decreased the number of citizens suffering from Hepatitis B & C. Next participants from Nigeria and

Philippines shared their experiences on their attempt to get sickle cell anaemia, and NCDs (respectively) onto the government's agenda in their respective countries. Dr. Bhojani (based on the situation) advised them do you use emotional support for increasing the legitimacy of the issue and to make use of industries in order to decrease the expenditure due media led advertisements. Another participant, from Nepal shared his experience on how the issue of rising burden due to NCDs was successfully brought on to the government's agenda by explaining and highlighting the cost effectiveness of interventions.

Session 4: Formation & Presentation of Health Map of participating countries (04:00 to 04:30 PM)

The participants were given a sheet containing the 8 health indicators of their respective countries i.e. Under 5 Mortality rate, Infant mortality rate, probability of dying at age 5-14, Maternal mortality ratio, Mortality due to NCDs, prevalence of HIV in % (population 15-49 years), under 5 Mortality rate (females) and Neonatal mortality rate. They were asked to fill their country specific statistics against the given health indicator from their country's data base or WHO's database. The participant from each country was asked to put the sticker in a graph as per their health statistics where a sticker



of red color depicted the latest (2018) data and black colored sticker represented year 2010's data. By this exercise, they were able to know their country's priorities in health and were also 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 provided a stimulus to the participants to reflect upon their priorities in policy making for their country.



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Round to The City Beautiful

At the end of the day the participants were relieved at 4:45 PM and a sightseeing tour of Chandigarh was organized for them on the hop-on-hop-off bus leaving from sector 17 Chandigarh.



DAY 3 (OCTOBER 2, 2019)

150th birth anniversary of Mahatma Gandhi

Day started by with the Program Director, Dr. Sonu Goel addressing the Participants on the 150th birth anniversary of Mahatma Gandhi. He gave a brief introduction about the life of Mahatma Gandhi and how his teachings of non-violence are an integral part of Indian ethos & culture. His address was followed by the Pledge of non-violence, whereby all the participating members, members from the organizing team & resource persons, pledged to spread love and harmony and eschew violence in all its forms.



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

The day began with the feedback from the participants about the previous day's sessions. Volunteers from the previous day Dr. Rumila Devi Ramsoorop from Mauritius & Mrs. Orathai Timpong from Thailand recounted the previous day's learnings. Next, the contest winners for the 'Best dressed' Ms. Malkia Idal from Guyana & 'Best participatory Participant' Dr. Samson Paul from Nigeria were honored by last day's winners, Dr. Ravelomalala Stephanie Joele from Madagascar



and Mr. Ayman Muhammad Kamel Senosy from Egypt respectively. One participant from each of the 5 groups volunteered to be the group leader for that day, who was then asked to coordinate the activities within his/her group.

The participants were also asked to submit 'Best practices' presentations/experiences in his/her country, to be presented on the last day.

Session 1: Ethics & Politics of Health Policy by Dr. Upendra Bhojani (09:30 – 10:30 AM)



Dr. Bhojani started the first session of the day by showing the Policy cycle. He stated that politics & Ethics are pervasive and they go hand in hand. He also differentiated between morality and ethics, which are often used interchangeably, by telling that morality is practiced at a personal/individual level, whereas Ethics are practiced at societal level. He explained the concept citing examples

that policy makers make deliberate choices based on various factors & Policy making reflects the inherent ethics.

He engaged the participants by conducting a little exercise in applied philosophy & discussed 3 broad theories of liberalism, utilitarianism and communitarianism. He explained that Utilitarianism is about consequences of a policy with a goal to improve individuals utility level (well-



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being) i.e. Maximizing total utility, the greatest good of the greatest number. Taking example of Diabetes & Kala azar he explained that governments prefer to invest in interventions which benefit more people due to paucity of resources. Liberalism is about Individual rights including respecting negative & positive rights, with no interference of government in an individual's personal sphere. He went on to explain further that Liberalism can be of 2 types i.e. egalitarian liberalism and libertarianism. Communitarianism is about the role played by the communities (promote the shared virtues) in shaping individuals, as a result, public policies produce citizens who have right character (virtue) & thus make morally correct choices.

Later on, a one-page news story appearing in Economic times was shared with all the participants. It had arguments from different stakeholders on recent ban on e-cigarettes in India. He then asked the Participants to read it & discuss within the group & link the arguments mentioned to the theories discussed by him in the session. The participants were able to identify the different type of theories as taught in the class. Dr. Bhojani mentioned that depending on the



situation, one or the other ideology is predominant at a particular point of time.

The session later covered 'Politics of health policy.' Dr. Bhojani began by explaining that policy making is an intensely political process and the factors influencing this are players, their power, position & perception. He explained that health reforms are particularly challenging due to technical complexity, concentrated cost for organized groups & dispersed benefits.

He elaborated that the key step to understand the politics of health policy is to do stakeholder analysis i.e. identifying players with stakes in the reform, their power, position & interests. He went on to emphasize on the 4 political strategies which influence politics, viz-a-viz Player Focused, Position Focused, Power focused and Perception focused. He stated that sometimes 'Changing venue of decision making' i.e. changing the level of authority at which a person approaches can also help in influencing the neutral or opposing groups. These 4 strategies & political skills can be used in swaying political players, their opinions & generating political will.



He concluded the session by sharing principals of negotiations which are to frame arguments in a way that they are win-win than win-lose i.e. value creating solutions, to respond to the "Real Interest" & not just the "assumed positions" of parties and when needed, move from "substantive Confrontation" to 'Principle -based negotiation.' Later, he invited the participants to ask questions.

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Assignment: Political thinking on ban of e-cigarettes (10:30 to 11:15 AM)



Dr. Bhojani, asked the participants to consider the previous news story, assuming themselves to be a part of the Health Ministry, supporting the ban on e-cigarettes. Based on the strong opposition from the dissenting stakeholders, they had to think of arguments to influence / persuade the dissenting parties to go along with the ban. He assigned

formulation of arguments based on the 4 political strategies, assigning 1 to each table. The teams were given 5 minutes to think & prepare. The participants gave different & innovative ways for each strategy.



Energizer: Warm up session



Participants were divided into two teams and thereafter asked to make 2 circles with team members holding each other's hands. They were supposed to do what the host told them to, and say what the host said at that time, simultaneously performing both actions. Then instructions were

changed to saying what the host said & doing the opposite of what was said. Due to the confusion arising out of performing the contradictory pair of actions, the participants were laughing to their hearts content and were energized.



Session 2: Health policy models and theories by Dr. Sonu Goel (11:30 AM – 12:30 PM)

Before beginning the session formally, Dr Sonu asked the participants to tell the new terms that they had learned in the past 2 days. He then began the session by giving a brief overview of the current session. He told that the Health Policy Triangle is a

simplified approach to a complex set of interrelationships, where the actors & their positions keep changing.

He gave a small activity where the participants were to list various actors who might be involved in

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health policy on HIV/AIDS in their own country, after which he approached each table to discuss their answers. The participants were asked not to repeat the actors discussed at the previous tables.

Answering a participant's question Dr. Sonu stated that, usually actors can be classified as Primary and secondary actors (i.e. those who are directly impacted & those who are not directly related and are a bit distant but still affected by the issue). Another participant asked if the people who are causing the problem should be considered as actors or not, to which Dr. Sonu, giving example of tobacco industry, answered that "yes, we can, depending on context."

He then presented the 3 decision making theories and elaborately explained the specific characteristics of each giving suitable examples, like how the Rational Comprehensive theory is based on the reasoning of stakeholders in order to identify the problem. He mentioned that Rational



theory does not work in emergency /crisis situation and practically it is Bounded Rationalism that is followed as policy makers have a limited view, along with limited time & resources.

He further explained that the Incremental theory is basically the science of muddling through, where decision making is split into many steps and policy makers consider only a limited number of alternatives at each step. It involves taking small incremental steps.

While explaining Mixed Scanning theory, he stated that it is an adoptive strategy, which considers both rational and incremental theories. It is useful for decision making in highly unstable environments and actors with varying control / consensus building.



The specific characteristics of mixed scanning theory lead to an enriching discussion on it, with different participants sharing their opinions and viewpoints. Dr. Sonu also discussed the different proponents of these theories and their criticism and further that, it depends on the context or situation where a specific theory will be applied.

He then moved on to describe various models based on power and relationship. He stated that the models based on power are Pluralism, Elitism, Institutionalism and System. Whereas, those based on relationship are Iconic, graphic and symbolic. In case of pluralism, power and

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influence are distributed amongst many stakeholders and there are multiple lines of conflict and shifting power is a continuous and bargaining process. He described elitism as a model in which power is concentrated among

small minorities independent of democratic elections and where the elite interests are unified due to common backgrounds and positions.

Dr Sonu also described institutionalism model as the one in which public policy is determined by political institutions, which give policy legitimacy and System Model as having a relationship between a political system and its environment. Iconic, graphic and symbolic models were also described in brief.

He concluded the session by stating take home points i.e. Distribution of power in the society plays a key role in decision making and that understanding the interests of actors and their power is crucial for decision making.

Assignment: Flash cards on Policy Models and Theories (12:30 to 01:15 PM)

The assignment for this session was a bit different from the previous sessions. In this Session the participants were shown a deck of 10 flashcards, with the questions written on the front side and answer on its backside. The participants, divided into 4 teams, who were then told to answer the questions appearing on the flash card on the



screen. Whichever team raised the green card (placed on their table) first could answer 1st. The first 5 questions were theory based. And the next 3 were situational, where the participants had to analyze the situation and answer which theory it reflected. The last card in the deck urged the participants to share their experiences, depicting



any of the decision-making theories learnt earlier. A participant from Egypt shared her country's experience on decision making for controlling Hepatitis C as an example of Bounded Rationality.



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Post-Lunch Session / Field Visit: Demonstration of best practices in patient care settings at PGIMER (02:15 - 04:45 PM)



In the post lunch session, a field visit was organized to demonstrate the best practices in patient care settings at PGIMER, Chandigarh.

Dr. Gupta, Medical Superintendent, PGIMER with over 25 years of experience at his post started his presentation by giving an overview of PGIMER & highlighting the importance of innovation and creativity for effective management of hospital system. He described various challenges along with the innovations used in various activities in the institute. He enlightened the audience on the effective use of information technology in administrative management of in-patients like e-charts, system generated messaging via embedded software for doctors and patients etc. He further validated it by presenting its outcome along with a list of awards and appreciation at various forums.



Then he moved on to other innovative uses of information technology at PGIMER, such as use of videoconferencing for Tele-Evidencing, he also discussed various challenges regarding the same such as setting up network, integration and quality of network, scheduling and punctuality etc. Talking about the impact of the innovation, he stated that more than three thousand Tele- Evidences have been successfully conducted till date and there has been a reduction in fuel utilization and



substantial man hours have been saved per month. He showed a video on the tele-evidencing project of PGI which was highlighted by the Union Health Minister in the Parliament of India. He informed the participants about incorporating a clause in death certificate about asking attendants of every deceased regarding eye donation. He also enlightened participants on other concepts including health information management software for optimizing average length of stay for patients in hospital, automated real time intimation to counsellor about death of a patient to promote eye donation, ban on tobacco and tobacco related products.

Electronic data maintenance, installation of CCTV cameras in phased manner, curbing smoking in hospital, cadaver donation etc. were some of the other topics highlighted in his presentation. He shared his personal experiences and their

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applications in various management principles throughout his lecture. He concluded the session by providing insight into the challenges he faced while implementing the interventions and shared how these challenges were converted into opportunities.

Later, the audience were also briefed about India's largest organ donation facility, Regional Organ and Tissue Transplant Organization (ROTO) by Prof. Vipin Koushal, Joint Medical Superintendent.



ROTO is currently engaged in Liver, Heart, Kidney, Bone Marrow and Corneal transplant programs and commendably taking organ donation awareness drives to the masses. He also mentioned about the organizational system being followed by the institute for organ donation due to which there has been a tremendous hike in organ donation from last many years.

After the enlightening and invigorating session with Dr. Gupta and Dr. Koushal, the participants



were taken to the Department of Community Medicine and School of Public Health to get a demonstration on environmental health practices, where Dr. Ravindra Khaiwal, Additional Professor of Environment Health, talked about the environmental risk factors and specifically air pollution. He highlighted that air pollution is one of the major environmental cause of premature death and morbidity globally. He mentioned that air pollution monitoring is the first step to assess the exposure and plan suitable pollution control



strategies. The Department of Community Medicine and School of Public Health routinely monitors air quality in rural and urban areas of Indo-Gangetic plains of India using various state-of-the-art real-time advance instruments. Over 17 air pollutants (e.g. PM10, PM1, PM2.5, CO, CO2, SO2, PAH, VOCs, and NO2), including meteorological parameters are monitored to generate public health risk advisories to minimize the health risks.

The Participants were given live demonstration and hands-on training on air pollution and its monitoring so that they can initiate the same in

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their countries. Dr. Maninder Kaur-Sidhu, Senior Demonstrator, Environmental Health and Er Tanbir Singh, Ph.D. Student demonstrated the personal and area exposure instruments including Envirotech personal sampler, TSI Indoor air quality sampler for CO₂-RH-CO-T meter, Respirable Dust Sampler, Particulate matter analyzer to collect and analyze various air pollutants. Ms Akshi Goel, Ph.D. Student provided a detailed description of Burkard Pollen sampler - a volumetric air sampler & one of the devices for monitoring airborne pollen and spores. Along with this, previously collected microscope slides were also shown. The slides were examined by microscopy for counting and identification of pollen and spores.

Prof. Khaiwal also described in detail the continuous air quality monitoring station situated

at Secor 25, Panjab University. Real-time air quality data and air quality index for Chandigarh was also shown on SAMEER a mobile app designed by central pollution control board (CPCB) for air quality forecasting and health risk management.

Participants were excited to learn about CAIRforAIR initiative of the Department and were keen to get training on 'environment and occupational health' and to initiate collaboration in the near future for strengthening of health system in their respective countries.



The insights and experience shared by the experts was invaluable for the program. All the delegates displayed enthusiastic response and appreciated the excellent achievements of PGIMER.



DAY 4 (OCTOBER 3, 2019)

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

The session began with the host inviting the participants to watch a short introductory video-clip on the National Conference on Tobacco or Health to be held in Chandigarh, the City Beautiful, from September 25 to 27 in 2020.



The recapitulation of the day gone by was done by Dr. Alex Andrew of South Sudan and Dr. Dipak Prasad Tiwari from Nepal. They recalled that yesterday's session was very exciting and fruitful, specially, the field visit conducted at PGIMER, where they got to learn many new things.



Afterwards, the team leaders for the day were selected for respective tables & later the Cultural Night Directors were asked about how their preparations were coming along for the much-anticipated evening.

The Best Practice presentations of the respective



Since it was Dr. Rumila's birthday, the day started with wishing her a very happy birthday and singing the song for the birthday lady. Afterwards, the winner of yesterday's 'Best dressed' and 'Best participatory participant' crowned the new winners today, who were Mr. Alex Andrew from South Sudan and Dr. Rana Mohamed Zeidan from Egypt, respectively. The participants were then urged to submit their respective logo posters for display. After this, it was time for the reflection of the previous day's sessions.



countries that were collected yesterday from the interested participants were presented today, in brief, by the said participants. 2 participants, one from Nepal and another from Philippines shared the best practices from their countries.



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Session 1: Translating Research to drive Public Health Policy by Dr. Sonu Goel (09:30 – 11:15 AM)



This session was innovatively different from the previously conducted sessions in a way that in this session, Dr. Sonu shared his own practical experiences on how he carried out operational / interventional research in different fields and got them into public policy. By doing this, he gave the participants his first-hand experience on different challenges that were encountered in different situations and how he overcame them.

He began the session with a quote taken from The Gita, The Sacred book in Hinduism and a spiritual and life guide for millions, which highlighted the importance of a teacher in the life of a student. In the first few minutes, he gave a brief description of his fruitful journey which started from his alma mater IGMC, Shimla as a MBBS graduate to, till now as an Additional Professor at PGIMER Chandigarh.

He talked about publication pressure and how it influences a researcher's life. He stated that it's



important that a researcher finds his passion as it is the one thing that will take him/her forward. He elaborated on this by giving his own example of how, when he searched on 'Policy in India', he found his drive i.e. drive to contribute to policy making through research, wherein, he dabbled in multiple topics like HRH, first aid, plague, tobacco control, anemia, TB etc after which he found his calling in Tobacco control and Human Resource in health management.

Quoting Napoleon Hill "Whatever the mind can conceive and believe, it can achieve", he shared his experience in the snake charmers marginalized community (Sapera Basti) in Narayangarh where immunization coverage was 0%. Even though there was a hospital nearby, but these people were not visiting it due to lack of trust in health services,



truly reflecting the idiom that darkness lies beneath a lightened lamp. The people were of the view that big hospitals are for big people and no one would listen to them.

With the will to work, he overcame the initial hostile nature of people and organized health checkup camps and distributed medicines while conducting FGD's and Immunization camps. His first paper published based on this intervention increase the health service Utilization rates in this marginalized community. This study, and many similar studies from different parts of the country

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later on led to a legislative order to include marginalized communities into routine health services. It was a classic example of how research leads to Public policy making.

After this, he shared the example of immunization center of Narayangarh, which was very mismanaged and chaotic. Due to lack of sufficient funds, it was not possible to purchase new furniture and other necessities. After lot of deliberation, brain storming and discussion, Dr. Sonu did a simple intervention. Earlier there was only one common table for registration and vaccine administration, which he divided it to create different stations for registration and vaccine administration, so that it was now an assembly line system which was more streamlined. This simple intervention improved IEC activity and quality of vaccine administration. This was done more than a decade back and is still sustained. This particular example showed that the intervention should be sustainable for it to be turned into a policy in the near future.



Dr. Sonu gave health a Cultural/ Mythological/ spiritual touch by bringing about a 'Swasthya Chalisa', which was basically a first aid booklet for people in local language. This intervention emphasized that first aid should be part of the school curriculum. The success of the intervention can be gauged from the fact that he received calls from numerous people from all walks of life starting from Rickshaw Pullers to school authorities, which further strengthens the fact that any intervention that is aimed at bringing about a

change in the society should be presented in a way that is socially and culturally acceptable to the said Society.

He also shared his experience on interventions done on epilepsy among students and school teachers. A book on first-aid management of epilepsy in school settings in Hindi and English was released. There was an overwhelming response in schools in the form of mock drills and skits being organized to raise awareness of fellow students and teacher. 5 research papers were published on this intervention.

Later, he called upon the participants to discuss their experiences, where research led to policy making. 2 of the participants from Egypt & Nepal shared their experiences.

Dr. Sonu kept the session practical rather than theoretical to emphasize up on the point that things are doable, with the right intention.

An Energizer was organized mid-session to keep up the enthusiasm of the audience. He asked the participants, divided into 4 groups namely hoppers, takers, movers and rockers, to stands at their seats. Then he instructed the teams to perform acts/steps similar to their group name. If they didn't have the right pose, the team was eliminated. The energizer not only energized the groups but also displayed teamwork and coordination.

He then carried on with the presentation quoting Anton Chekov that knowledge is of no use unless it is put into practice. He shared with the audience



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the operational research done on oral health of Anganwadi workers. Pamphlets and posters on good oral hygiene practices were made, another medium used to generate awareness among kids and mothers coming over there was through a story titled 'Chinu ki kahani' (Chinu's story). It was found that ANM's can play an important role in raising awareness of the people.

He also highlighted the importance of persistence in getting research into public health policy by giving example of how his proposal was rejected 7 times by Institute Ethics Committee, despite getting the grant to carry out research in 4 plague affected areas of India. He persisted and received a Green signal in the 8th attempt. This research lead to the discovery of new species of fleas and also discovery of White Footed Rat in Himachal Pradesh, which is otherwise not found in India.

He also shared his experience in management of plague, SARS etc and his collaboration with WHO and Hospital Administration Department of PGI on a project which culminated into a Report titled 'Development of Nehru hospital PGIMER, Chandigarh as a health promoting hospital'.



There is very scanty research on tobacco control and Tobacco control policies in India, which has long since been Dr. Sonu's primary area of focus. During discussion, answering a participant's question he stated that political commitment is a must for a total Ban on tobacco products. He emphasized the value of utilizing the 'window of opportunity' as shown in the Kingdon model taught on the previous day.

His extensive research on tobacco control, along with some other experts, has resulted in publication of a module on Tobacco Control. The state of Punjab, got a WHO award on 'No Tobacco day' for the concentrated efforts to curb tobacco use in the state.



His research work on the reluctance of doctors to work in rural areas, led to the development of 2 tools on Motivating and Demotivating factors responsible for their migration to rural areas. His research has shown that just providing incentives is not enough, there is a need to adopt a holistic approach by providing enabling professional environment, equipments to practice, connectivity and provisioning of proper accommodation for doctors and their families.

He concluded with a quote from The Gita, 'to not let the reward be the purpose of one's actions, so as not become attached to not performing the duty', He urged the participants to identify and avail the opportunities on the way, to persist and work hard and build a good team, to disseminate the results and apply cascading and piggybacking approach to get the research into Public policy.

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Energizer: Warm up session

The host asked the participants to answer the questions in the form of predetermined actions. If



their answer was yes, they had to stand up, and if it was no, they had to sit down. It was a blend of normal and embarrassing questions, some of which left the participants in peals of laughter.

Session 2: Public Health Policy and Governance by Dr. Rana J Singh (11:30-12:30 PM)

Dr. Rana J Singh is Deputy Regional Director International Union against Tuberculosis and Lung disease, New Delhi. He is master trainer of courses for mid and senior level managers and is currently supporting tobacco and NCD control programs in South-East-Asia region.

Dr. Rana gave a brief introduction of his organization and areas in which it is engaged and various researches being done by them in low- and middle-income countries.

He began by stating the learning objectives of the session, such as to understanding the meaning of governance, the various domains of governance, the role of governance in health policy and planning, its implication on health performance etc.



He engaged the participants by asking their understanding of governance. He stated 2 definitions of Governance, one by the United Nations development program (UNDP) and another by Mr. Kofi Annan, former Secretary General, United Nations. He mentioned 4 main characteristics of governance i.e. line management structure, existence of teams & committees, a set of roles and responsibilities and presence of monitoring and evaluation. He said that Health System Governance refers to the governance undertaken with the objective to protect and promote health of the people.

He went on to discuss the 6 building blocks given by WHO namely Leadership and governance, Health Workforce, Health Information Systems,



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Logistics, Health financing and service delivery. He stated that all the building blocks are important for health system strengthening and linked effective governance with these building blocks. He emphasized the importance of terms such as accessible, efficient, equity, quality, safety, sustainability and good coverage in making a good health system. He also emphasized on the criteria that needs to be considered, and their impact such as responsiveness, Risk protection and improved health.



Dr. Rana then elaborated on Stewardship and governance, stating that Governance in Health is a cross cutting theme and Stewardship ensures that strategic policy frameworks exist and are combined with effective oversight, collision-building, regulation, attention to system design and accountability. And therefore, governance is intimately connected with issues surrounding accountability.

He briefly touched upon the elements / indicators of good governance, i.e. participation, rule of law, transparency, responsiveness, consensus orientation, equity, effectiveness and efficiency, accountability and strategic vision. Among the

above-mentioned elements, accountability, transparency, the rule of law and participation are the pillars of governance, as per the World Bank.

During his session, Dr. Rana also explained the accountability chain, stating that accountability is the obligation to demonstrate that the work has been conducted in accordance with agreed rules and standards and to report fairly and accurately on performance results vis-a-vis mandated roles



and/or plans. He also said that transparency is built on the free flow of information for all health matters. Elaborating further on inter-relatedness of public policy & governance, he stated that political stability is essential for policy making.

He also explained the Systems framework for Health Policy, according to which the overall idea is to prevent disease, protect and promote the health of the people through Governance, knowledge, capacity and advocacy. He also discussed the governance and health sector model adopted from Savedoff 2009, according to



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which link between governance and health can operate at multiple levels, including the broader governance environment, public policies both external and internal to the health sector and the effectiveness of organizations within the health sector that carry out specific governance-related tasks.

After discussing some of these basic concepts on public health policy and governance, he shared a multitude of examples to better the understanding of the participating audience.

During the lecture he also enlightened the audience on e-Governance in healthcare, citing the example of Karnataka mobile one- a mobile governance platform for giving people access to public services. Its main aim was to address issues in Rural areas, Health Education, Water & Sanitation, Maternal and Child problems, for registering and tracking mother and child, to provide decisional support to stakeholders and Revolutionizing traditional service delivery for rural areas.

He concluded the lecture by describing different tools and frameworks to measure governance,

such as, WHO developed a toolkit to assess health systems using rules-based and outcome-based indicators and World Bank's Actionable Governance Indicators (AGI) framework. Later, the participants were invited to ask questions and share their experiences.

During a candid discussion on Tobacco control, he stated that tobacco is not as much a public health problem as it is a political problem and Tobacco control will require the coordination and will of different ministries involved. It was a very engaging and healthy discussion on Tobacco control & its required strategies in relation to effective governance.



Assignment: Case scenario's on governance in healthcare (12:30-01:15 PM)

The participants were asked to read the 6 case studies given to them. Later on, these were discussed by Dr. Sonu.

Selection of Logo competition winner

The organizers had distributed white slips on all the tables. The participants were asked to write their names and their country's name on the slips and select top 3 logos (in that order), out of the displayed 17 logos. These logos were a part of a competition organized for the selection of Logo for 5th NCTOH (National Conference on Tobacco or Health) to be held in September 2020 in Chandigarh.



After the Logo selection, an Energizer was conducted, before proceeding for lunch.

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Energizer: Warm up session



the act and then further enact it to the 3rd participant in the row. This continued till the time the act reached the participant standing in the front. The last member of the group was asked to explain the act. The game was played to teach the participants about significance of communication.

The participants were divided into 2 groups and were made to stand in 2 rows. The participants standing at the end of the line were given paper slips with a sentence written on it (one was “baby crying out of hunger” and the other was “soldier fighting on the border”). Which was to be enacted to the second member standing ahead of him. The second member of the group had to understand



Post-Lunch Session / Field Visit: Showcasing of India's “Smart city concept” - Translating policy into action (02:15 - 04:45 PM)



disposal, smart parking, cycling tracks and cycle stands, encouraging feedbacks of citizens through mobile based application, provision of safe water etc. He also said a few words about the rehabilitation of the poor slum population and providing them with good hopes for their settlement. A video was also shown to the participants highlighting best practices of Chandigarh. Queries were invited from participants and a thorough discussion was held for a good understanding about the innovations & initiatives taken in the City Beautiful.

Post-Lunch a field visit was organized to Smart City Office, Sector 17, Chandigarh, for showcasing of “Smart city concept” of Chandigarh. At 2:15 PM a bus arranged by the organizers escorted the delegation from hotel to the Smart City Office, Sector 17, where the Participants witnessed the translation of policy into action through various initiatives. Mr. NP Sharma, Chief General Manager, Smart City talked about using modern techniques to save energy, open defecation free initiatives, segregation of waste from source till final



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Next, the participants visited the water treatment plant in sector 39, 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.

After this informative visit the next destination of the delegation 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 helps in decreasing the biodegradable waste but also in making rich manure out of it. In similar fashion, other gardens in Chandigarh also adopt this practice. They were also explained about 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 tried their hands-on different machines installed in the garden. The participants were utterly delighted to see the lush green gardens of Chandigarh and enjoyed the ambience there by clicking few pictures and making videos.

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 their countries.





Cultural Night and Gala Dinner (07:00 PM- 10:00 PM)

The eventful day was followed by a 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 organizing 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 states neighboring Chandigarh i.e. Haryana, Punjab and Himachal Pradesh.



The cultural event was organized in a heritage hotel, Ramgarh Fort, Panchkula from 7:00 PM onwards. 3 Participants had volunteered to be the Cultural Night Directors (Dr. Rana Zeidan of Egypt, Ms Malkia Idal of Guyana and Mr. Ayman

Mohamed of Sudan), they were responsible for coordinating and managing the event and conveying any need / requirements to the organizers. The participants were given 2 minutes to present the country's culture. Most of the participants, attired in their traditional costumes danced and sang to their local music, some even recited a poem. Participants from Mexico (Dr. Arlette Romero) and Egypt (Mr. Ayman Senosy) distributed sweets and souvenirs, respectively to the gathering. Later on, games such as tug of war, archery, volleyball, etc. were played, organized by the hotel staff. The participants enjoyed and danced to do their hearts content on popular Indian songs. The event was followed by banquet dinner.

Besides informal networking, the Cultural Night helped the participants learn how to organize, manage and implement any activity within existing resources. It also explored the hidden talent among the participants. At the end the participants thanked Dr. Sonu and his team for organizing such a wonderful evening.

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DAY 5 (OCTOBER 4, 2019)

Fun Marketing Game (09:00 to 09:30 AM)



The day started with a fun marketing game, where the organizer asked the participants to pick one fruit from the bag and sell that to the audience. The game was organized table-wise. Later, Dr. Sonu told that during 1st program, the participants were given real bananas to sell at Sector 17 market & one group was able to do so at Rs. 150 a bunch. He elaborated that the purpose of this game was to teach the participants the significance and the skills of marketing their thoughts, ideas, product or services, so as to be able to get them into policy and government agenda.



Afterwards, Dr. Rana from Egypt shared how Egyptian government is trying to change the lifestyle of its citizens, by trying to engage them in healthy activities/exercise & urging them to eat healthy food. For this the government has hired the services of a famous singer who goes to the NCD

screening camps so that people get screened and are also motivated to adopt a healthy lifestyle, along with this the President also urges the citizens to take concrete steps to tackle NCDs.

Later, the participants were also asked to fill a scrap book & write a message along with posting one of the lowest denominations of their currencies, this was done to gather beautiful memories of the 2nd PHPM Program.



The recapitulation of the previous day was done by Dr. Sherifah sheriff from Nigeria and Dr. Joanna Marie Lim from Philippines. Dr. Sheriff aptly summarized the pre – lunch session. Dr. Joanna Marie Lim from Philippines conducted an interesting feedback session by asking the audience to find five new words that were introduced yesterday, in a crossword puzzle. The



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Reflection of previous day (10:00-10:30 AM)

words were Governance, Rule of law, Transparency, equity & Smart city. The audience were then asked to elaborate upon them, which she further enriched.

This was followed by the declaration of winners of 'Best Dressed' and 'Most Participatory Participant' for the day, who were Dr. Arlette Romero from Mexico and Dr. Dipak Prasad Tiwari from Nepal, respectively. The previous day's winners crowned the new winners. Following this, one participant from each group volunteered to be the group leader for that day, who was then asked to



coordinate the daily activities within his/her group. Lastly, necessary announcements related to the day were done.

Health Map presentation by the Participants (10:30 – 11:00 AM)



Before beginning the first session, the participants were asked to complete the Health Map exercise, which was to be discussed by Dr. Sonu. The participants had already collected the data on the health indicators of their respective countries. Later, one member from each team was asked to

come forward and present the selected indicators. The objective was to know the Health status of their respective country and the progress made from 2010 to 2018, as well as to compare the standing of their country with that of their fellow counterparts. This exercise would also help the



participants to gauge the progress of their respective country against the benchmarks set by SDGs.

The first presentation was done by the representative of Table Rockers, Dr. Dipak Prasad Tiwari from Nepal, next Dr. Joanna Lim of Philippines from table Movers presented her country's statistics. She was followed by Dr.

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Rumila Ramsooroo of Mauritius from table Shakers. Lastly, the representative of table Hoppers, Mrs. Orathai of Thailand highlighted her country's statistics.

The presentations were followed by a brief explanation of health maps & the purpose of having the presentation done by the participants, which was to develop the skills of the audience to explain the health status & gravity of health situation to the policy makers in most succinct & crisp manner commonly referred to as the elevator pitch.



Energizer: Warm up session



White sheets and colored pens were placed on all the tables. The Participants, faculty and organizers were asked to pick up a sheet & a pen & stick the sheet on each other's back, after which they were asked to roam around the room to interact with each other and scribble each other's qualities on the paper pasted on their back. Dr. Sonu described these to be the 'informal certificates'.

It was a fun activity where all the participants had another opportunity to interact with each other. The participants were surprised to note the qualities mentioned about them by others, some of which even they themselves were not aware of. Through this activity the participants got to know about other's opinion of them. Also, another purpose of this activity was to gather some unforgettable memories of the program.



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Session 1: Policy Analysis by Dr. Sonu Goel (11:30 – 12:30 PM)

Dr. Sonu began the session by recapitulating the Policy concepts learned previously. He then gave a brief outline of the current lecture, consisting of types of policy analysis, the steps involved in it, the role played by policymakers in it and various challenges faced in carrying out policy analysis. He stated that Policy Analysis is a rational systematic approach to making policy choices in the public Sector and its purpose is to assist policy makers in choosing a course of action from among complex alternatives under uncertain conditions.



He stated that it can be performed at all levels and in both public and private organizations. He emphasized in the fact that policy triangle is an extremely useful guide which is also relevant while doing policy analysis as all the components of

policy, be it Context, Content, Process or Actors, have to be analyzed while conducting a policy analysis.

He described in detail the various types of policy analysis and their characteristics, stating that Retrospective Policy analysis is also known as Analysis of policy & Prospective Policy analysis is also known as analysis for policy. He detailed that while Retrospective policy analysis is descriptive in nature, and a summative evaluation, the Prospective Policy analysis is a basis for developing political strategies to manage policy change and a formative evaluation. The typical characteristics specifically the present and futuristic aspect of the 2 types of policy analysis lead to an engaging discussion during the session,

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with different participants asking questions and stating their opinions. On a participant's questions, He answered that prospective analysis is as important as retrospective analysis but we have limited competencies in prospective analysis as it involves modelling & future predictions.

Highlighting the need for policy analysis, Dr. Sonu stated that policy analysis is must for Formulation of new policies, bringing a change in existing



policies, to understand the consequences on adoption of a policy and to assist policy makers in choosing a course of action. He also discussed various steps in Policy analysis which are problem identification, specifying the objectives, deciding on criteria, selecting alternatives, implementing the chosen alternative and monitoring and evaluating the results. He gave a detailed description of all steps. He emphasized on the fact

that while selecting the alternative policies, the current policy should be included as the 'base case' in order to determine how much of an improvement can be expected from the other alternatives.

He explained the role played by different actors in policy analysis. Like how the promoter, or initiator, is the actor who raises the problem and proposes a specific solution. the Director, is the one who guides the process, from the first proposal to the end. The Opposer, like the name suggests Opposes the idea, whereas, Mediator, is a kind of



director that is only interested in favouring an agreement and the Gatekeeper is the actor who can stop the decisional process. He/she has veto-power. The Filter enters the process representing the goals and the interests of others and using almost only their resources.

He also talked about the data needed for policy analysis like Policy documents, unpublished reports, email messages, minutes of meeting, memorandum, internal documents & statistical data sources. He mentioned about gathering data through tools like in-depth interviews, surveys, FGDs, Semi structured interviews, elite interview etc. He stated that elite interviews are challenging so we should approach retired personals who can give better, more frank and detailed answers.

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Dr. Sonu briefly touched upon the challenges in Policy analysis such as resistance to change &



lack of capacity to analyze policy & resources. He stated that Policy analysis is an important decision-making tool, and it is done to bring a change in the existing policy or to propose a new policy and that the role of policy makers is of prime importance in policy analysis

He Concluded by stating the 5 “E” approach for Policy analysis i.e. effectiveness, efficiency, ethical consideration, evaluation of alternatives & establishment of recommendation for positive Change. Later he invited the participants to ask questions.

Session 2: Action Plan Presentation by Dr. Sonu Goel (12:30 – 01:15 PM)



settings and research. He asked the participants to develop their own action plan as per their settings. They were also asked to Submit the Action Plan implementation report after a period of 3 months of Program completion in terms of priority areas, milestones, strategies and success indicators. At the end of the session all the participants prepared a draft Action Plan and submitted it to the organizers.

After the completion of session 1, the Participants were briefed by Dr Sonu about the Action plan preparation which would be presented by them post-lunch in front of the chief guest. The participants were explained about the action plan through a pre-designed format shared with them. Dr. Sonu deliberated on different priority areas which the participants can feature in the action plan under the heads such as teaching and training, program implementation in healthcare



Energizer: Warm up session

Post-Lunch, the host asked all participants to stand up and move away from their tables after which, skeleton dance was conducted, where the participants had to copy the dancing movements of the grooving skeleton shown on the projector. It was a simple & sweet dance which bought a smile on the faces of all the people present in the hall.

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Session 3: Action plan preparation (02:00 to 03:00 PM)

Participants prepared the action plan which will be presented later on in the session.



Valedictory Session (03:00 to 04:00 PM)

The program director, Dr. Sonu Goel extended a floral welcome to the chief guest of the Program, Shri Kumar Abhay, he was also presented with a welcome note and flowers by Senior Resident Dr. Neha Dahiya and the organizing team. Shri Kumar Abhay is Financial Advisor-cum-Chief Accounts Officer with additional charge of Deputy Director Administration, PGIMER, Chandigarh.



PHPM Poster presentation

On the second day of the program, all the participants were grouped into 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 had to present their designs. The group leader was to elaborate the key features of his team's logo and tagline along with their reason to frame it as justification for current program. This activity elicited group awareness about the current

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program and tagline along with their justification for current program and fostered creativity.

Proceeding with the program the host Dr. Garima informed the chief guest that the Participants had prepared the posters for IPHPM and public health. A representative of the group was called upon to explain the logo after which, the chief guest was to

adjudge the best poster of them all. Firstly, Dr. Arlette of Mexico from group 1 explained her group's logo. She was followed by Dr. Aschale Worku Getnet of Ethiopia from group 2. From group 3, Dr. Rana zeidan of Egypt came forward and lastly, Dr. Ayman Mohamed Salih Azrag of Sudan explained group 4's logo.



Best Practice Presentation

After this the participants who had submitted their 'Best Practice' presentations were called upon to give a presentation in front of the chief guest. Whereupon, Ms. Joanna Lim of Philippines shared the best practice from her country. She talked about how legislative measures were developed for Health sector in her country, known as Health Executive Agenda for Legislation (HEAL). Ms. Lim give a brief overview of the of the Government Machinery in Philippines. She then elaborated on HEAL stating that it was packaged as capacity



building activity. She also related it to the rational comprehensive model learnt earlier under the facilitation of Dr. Sonu. Explaining further she stated that they do political mapping and stakeholder analysis after which political strategies are developed such as relations building, which is team building activity between Department of Health and legislators. She concluded by stating that the result of HEAL was the formation of a more pro-active workforce and legislators and a more simplified policy making

» Program Proceedings

process with greater success rate. Ms. Joanna was followed by, Dr. Dipak Prasad Tiwari, who presented Best Practice from Nepal. His presentation was titled 'Health care System in Nepal' and focused on the role played by FCHVs i.e. Female Community Health Volunteer. The FCHV's are responsible for giving Home based treatment support and looking after maternal

health. They are also the members secretary of the group where all women unite and discuss health and Health Service Utilization. He stated that FCHVs are the pillars of health system in Nepal and after the resounding success this model has been implemented in several other countries. He had also described the logo of FCHVS.

Action plan presentation



would like to conduct a training, similar to the present program, in her own country. It would be done by Nov 2019; she mentioned the logistics and other requirements she would be needing for that.

Few of the participants presented their action plan, prepared pre-lunch, during the valedictory ceremony which were highly appreciated by Hon. Chief Guest, Shri Kumar Abhay. Dr. Rana from Egypt, presenting her action plan for birth control in Egypt stated that she had arranged the action plan in the form of activities like from x to activity y. She had divided the work day wise. It was a 90 days' work plan. She had included activities for marketing & Branding also. The aim was to decrease the fertility rate to 2 by 2030. Next Ms. Malkia Idal of Guyana, presented the action plan for her country. She began by stating that she

Broadly, 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 3 months.



Felicitation of the Participants (03:15 to 03:25 PM)

The Felicitation ceremony was organized to felicitate the participants from 19 attending countries. The Hon'ble Chief Guest & Program Director were invited by the host to confer the certificates to the participants & organizing team members. Along with the certificate the Participants were presented with a 'Glimpse' of the program.



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The certificate distribution for various contests was also held, where the winners of: e-IPHMDP was Ms. Malkia Idal of Guyana, Most Active participant was Ayman Kamel Senosy of Egypt, Best dressed was Dr. Ravelomalala Joele of



Madagascar, Most active leader was Ms. Malkia Idal, Most Congenial personality award went to Ms. Orathai Timpong of Thailand, 2 awards for Best practice presentation were given to Ms. Loanna Lim of Phillipines and Mr. Dipak Tiwari of Nepal, The Most Voracious reader was Ms. Joanna Lim. 2 awards for Best cultural



performances went to Dr. Rana Zeidan of Egypt and Mr. Alex Lojore of South Sudan. The Best Selfie award was given to Mr. Victor Enrique Aguilera of Chile. Logo making competition was won by group Shakers and Mr. Ayman Salih Azrag of Sudan, Dr. Sherifah Sheriff of Nigeria, Mr. Victor of Chile and Ms. Joanna Lim of Phillipines were felicitated. The award for Best Action Plan implementation for previous program went to Ms. Aya Khalil of Egypt and Dr. Ziaulhaq Mansoor Ahrari of Afghanistan.

Program Feedback (03:25 to 03:35 PM)

The Participants were asked to describe the program and their feelings about it in one single word. Some of the words used by the participants to describe the program were, "Very useful, sharing, enlightening, inspiring, motivating, amazing, wonderful, facilitating, Stimulating, Excellent, unique, innovative, empowering, The best, and 'Kamal' (i.e Fantabulous)". The Participants highly appreciated the program organizers for conducting a very useful, innovative,



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informative, knowledgeable and interesting program which they can replicate in their settings. Ms Malkia Idal from Guyana, on behalf of all the fellow participants, extended her heartfelt thank you for the Fantabulously conducted program & praised the arrangements done for the program and highly informative technical sessions conducted. She said that the field visits were really useful & they all will try to replicate the practices in their countries. All the participants supported the viewpoints of Ms. Malkia with a grand round of applause for the organizers.



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

The Chief Guest addressed the Audience and spoke on his behalf and on the behalf of Ministry of External Affairs, Government of India. He welcomed and thanked the delegates from member countries of Indian Technical and Economic Cooperation (ITEC) namely Sudan, Nepal, Chile, Guyana, Mexico, Egypt, Palestine, Tanzania, South Sudan, Mauritius, Madagascar, Ethiopia, Gambia, Nigeria, Philippines and Thailand for being a part of a wonderful program. He said that usually in low- and middle-income countries (LMICs), for health, the focus is on the curative aspect, but with programs such as this one, where the focus is building capacity in

managing public health through effective policy making, we all can go a long way in ensuring healthy life for the citizens even with our limited resources. He 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.

He 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.

» Program Proceedings



He had a load of appreciation for Department of Community Medicine and School of Public Health, PGIMER, for conducting this wonderful program and congratulated The Ministry of External Affairs for initiating this important program. He was thankful to the Program Director Dr. Sonu Goel for giving him the opportunity to interact with such wonderful people and said that Dr. Sonu is very lucky to have a hard-working team, which made this program a resounding success. He hoped that the main purpose behind the program, which is to build capacity among the ITEC member countries, will be fulfilled and taken to its logical conclusion and that the leanings from the program will be useful to the participants in the future.

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

Dr. Goel, Program Director, presented the vote of thanks. He extended his sincere thanks to the Chief Guest Shri Kumar Abhay.

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, Dr. Rajwanshi, Dean Research and Dr. Sanjiv Kumar, Ex-Director IIHMR, Dr. Sanjay Zodpey, Vice-President, Public Health Foundation of India and President Indian Public Health Association, who had inspired the delegates during inaugural ceremony.

He appreciated the efforts of participants of the program for their intensive hard work and keenness to learn during this program. He also thanked ITEC, Ministry of External Affairs, Government of India for the kind support during the endeavor 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 the grand success of program. He truly hoped that participants shall be the ambassadors of the program and shall conduct similar programs in their settings.

» PHPM Contest Winners

e-IPHMDP



Ms. Malkia Idal of Guyana

MOST ACTIVE PARTICIPANT



Mr. Ayman Kamel Senosy of Egypt

BEST DRESSED



Dr. Ravelomalala Joele of Madagascar

LEADERSHIP ATTRIBUTES



Ms. Malkia Idal of Guyana

MOST CONGENIAL PERSONALITY



Ms. Orathai Timpong of Thailand

BEST PRACTICE PRESENTATION



Ms. Loanna Lim of Phillipines and
Mr. Dipak Tiwari of Nepal

VORACIOUS READER



Ms. Joanna Lim of Phillipines

BEST CULTURAL PERFORMANCES



**Dr. Rana Zeidan of Egypt and
Mr. Alex Lojore of South Sudan**

BEST SELFIE AWARD



Mr. Victor Enrique Aguilera of Chile

BEST LOGO



**Mr. Ayman Salih Azrag of Sudan
Dr. Sherifah Sheriff of Nigeria
Mr. Victor of Chile
Ms. Joanna Lim of Phillipines**

BEST ACTION PLAN IMPLEMENTATION FOR 6TH IPHMDP PROGRAM



Ms. Aya Khalil of Egypt and Dr. Ziaulhaq Mansoor Ahrari of Afghanistan.

» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Malkia Idal **Country:** Guyana

Name of the Institute/ organization: Ministry of Public Health

Designation: Principal Assistant Secretary (Finance)

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Conduct similar training to my Ministry's personnel involved in Health Policy and Management decision making.	<ul style="list-style-type: none"> - Budget (cost to conduct training) - Teaching materials (presentation slides, demonstration charts, projectors, etc.) - Training stationery - Refreshments - Number of participants and their availability - Suitable time for all participants 	By November 30, 2019	Two support staff	The number of participants trained
Conduct a one hour forum with my Minister and other key senior health policy makers to summarized my attendance of this training after my report submission and focus on the importance of the use of the health map which will help us to better our SDGs health and health indicators	<ul style="list-style-type: none"> - Minister and the senior policymakers time, listening hear and commitment. 	By December 7, 2019	Administrative Assistant to the Minister and the key policymakers	Policymakers actual use of the health maps which would be tested by the end of December 2019



» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Alex Andrew Lokonoi Lojore **Country:** Republic of South Sudan

Name of the Institute/ organization Juba military and Referral Hospital HIV/AIDS Secretaries

Designation: M&E Coordinator

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
1- Orientation Meeting with leadership for effective commitment	Sensitize them about the public Health policy and management program	The end of this October 2019	Program Director / RTI / DoD	Strengthening implementation management and leadership.
2- Straightening Human resource Capacity	Develop staff capacity in comprehensive HIV/AIDS care	1 st October to 1 st of November	Program Director/ RTI, MOH	Develop or adopt HIV/AIDS Management program

» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
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30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Luz Arlette Saavedra Romero **Country :** México

Name of the Institute/ organisation: Secretariat of Health

Designation: Subdirector of Health Competencies

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Design a public health policy program	<ol style="list-style-type: none"> 1. Collect information through systematic review about best practices published 2. Select a framework to elaborate the first proposal (logic model or systematic approach) 3. Implement a workshop with stakeholders linked with public health policy 	<ol style="list-style-type: none"> 1. October 2019 2. November 2019 3. December 2019 	Researchers specialized in health systems, International organizations as Panamerican Health Organizations Director of Health Promotion, Director of Healthy Settings Team of work, Students at National Institute of Public Health	A written public health policy program
Design a public health policy and management training program for Mexico	<ol style="list-style-type: none"> 1. Adapt the content and methodology of The 2nd Public Health Policy and Management Program for Mexico 2. Select candidates according a specific profile, inside The Directorate of Promotion health 3. Implement the workshop 	<ol style="list-style-type: none"> 1. October 2019 2. November 2019 3. December 2019 	Director of Health Promotion, Director of Healthy Settings Team of work, Students at National Institute of Public Health	A team group with knowledges and skills about public health policy and management program



» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
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30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Ayman Mohamed Salih Azrag **Country:** Sudan

Name of the Institute/ organization: Ministry of Health /Diseases Controls Directorate

Designation: Monitoring &Evaluation officer

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Building capacity of health providers in health facilities to diagnose and treatment malaria	<ol style="list-style-type: none"> 1. Formulate technical committee to distribute different tasks 2. Preparing of training material such as :SOPs & and guidelines 3. Determine and asset health cadres in health facilities 4. Logistic committee to facilitate logistics issues such : resident &hall rent and ticket booking ..etc 5. Select facilitators properly to meet training goals 	<p>Within two months</p> <p>Nov-Dec 2019</p>	<ul style="list-style-type: none"> • Available budget • Human resources whom will facilitate the program • Previous feedback from previous participants • 	<ul style="list-style-type: none"> • Increasing number of trained health cadres • Increasing number of diagnosed cases • Increasing number of treated cases • reducing number of malaria incidence

» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Ayman Muhammad Kamel Senosy **Country:** Egypt

Name of the Institute/ organisation: Faculty of nursing- Ain Shams University

Designation: Assistant Lecturer

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Improve the knowledge and skill s of the community & public health nursing` students regarding women breast examination to help women in training areas places in Cairo by providing course training.(Increase health awareness).s	<ul style="list-style-type: none"> Theoretical lectures about importance of doing breast examination Practical training at Lab skills 	2 weeks	<ul style="list-style-type: none"> Manpower as dean of the university, students, director of health care centers. Resource learning materials as; data show, pen, flip chart, lap top, books, procedure book sand so on. 	<ul style="list-style-type: none"> Pre-test exam for students Demonstration of students at university. Practical exam for students at university Evaluating of students. Post- test exam for the students s Demonstrating and re-demonstrating of women. Using procedures checklist for students and woment
	<ul style="list-style-type: none"> Teaching the women at Cairo` health care center about breast examination Training women for doing breast examination 	6 weeks	<ul style="list-style-type: none"> Place as lab. Skills. Hall or room at health care center but well equipped with teaching facilities and mirror 	



» Action Plan of Participants

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30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Azmi Omair **Country:** Palestine

Name of the Institute/ organization: Khugand Institute

Designation: Doctor in Military Medical Service

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
1. Improve health in my country	1. Training all doctors working in ministry of health and study all new technology	2 months	1. Specialist for training general doctors, Nurses by Pediatrician, Public health specialist and Nutritionist.	1. By reducing Infant mortality and under 5 mortality rates .
2. Training of all the doctors	2. Compulsory medical examination for new born baby followed by every month checkup till 2 years	6 weeks		2. Enabling correct diagnosis for proper treatment and wellbeing children
3. Improve community Public Health for proper Diagnosis	3. Give Children Vaccination and ensure the good health of the children	1 Week		3. Decrease the spread of communicable disease.

» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Binod Kumar Yadav **Country:** Nepal

Name of the Institute/ organisation: Dept of Biochemistry, TU Teaching Hospital, Institute of Medicine..

Designation: Associate Profession and Head

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Capacity building / Strengthening the lab professional on GCLP	To train junior level lab professional about the GCLP To make responsible the high level lab professional to implement the GCLP in his/her lab. Development of inspection tool/MCQ exam	Three days training by the Mid of December 2019	<ul style="list-style-type: none"> · Expert of Lab professional · Lab Policy Maker · MOHP · NPHL · UGC · DHS <p>Teaching material:</p> <ul style="list-style-type: none"> · Basic module/concept of GCLP · Lab design module · Equipment module · Human resources module · Quality control module · Documentation modules · Result reporting modules · Different Assignment module 	At the end of training , a short type of examination: MCQ and Case based will be taken 3 months after the training, the participant labs will be inspected with pre-identified modules /Qualitative question and their response and output will be evaluated



» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dipak P Tiwari

Country: Nepal

Name of the Institute/organization Health Office, Chitwan, Province No 3, Government of Nepal

Designation: Senior Public Health Administrator (Chief of Health Office, Chitwan)

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
To implement learning from Public Health Policy Management Training into my workplace.				
To play a key role in formulating health policy into province 3, Nepal	Engage to formulate health policy into province 3, Nepal Use policy analysis framework to health policy of Government of Nepal	December 2019	Ministry of Social Development, Province 3	Health Policy for Province 3 Workshop Completion report for Health Policy Development, Province 3
To train health coordinators on public health policy management training to 7 municipalities of Chitwan district.	Organize one day training to health coordinators working into 7 municipalities of Chitwan district.	November, 2019	Health office, Chitwan and 7 municipalities of Chitwan districts	Training completion report from Health Office Attendance of participants into program

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30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Noha Elghazally **Country:** Egypt

Name of the Institute/ organisation: Faculty of medicine tanta university

Designation: Lecturer of public health

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Goal- decrease of prevalence among medical students specifically & community as a general – increased awareness of the problem in Egypt and globally	Volunteer students who work in community organizations- <ul style="list-style-type: none"> - Health education sessions to students about hazards of smoking and their role in community awareness - Validity & reliability of questionnaires which contain data about sociodemographic chs, smoking habits, trials to stop smoking..... - Latest statistics about smoking among medical students, Egypt and globally (indicators) - Awareness campaigns in the university at the first level , then community levels 	3 months Divided in weeks First week:choose volunteer, pre test them Week 2: health education sessions , logo choice, validation of questionnaire, social media Week 3: peer interview health education, collect data , week 4 to 6: continue in data collection, and h e among peers Week 6- 10:community level, Week 11 :statistical analysis	University itself gives funds <ul style="list-style-type: none"> - Global organizations interested in anti smoking - Business men - Politics - Social media - Man power (professors, students, statisticians, doctors../) 	Short outcome:- increase knowledge of students about smoking <ul style="list-style-type: none"> - Increase no. of students who attend cessation smoking clinics - Increase people from community who attend these clinics Long term outcomes:- -decrease incidence of smoking in Egypt <ul style="list-style-type: none"> - Announcement of Egypt free smoking country - Decrease smoking indicators globally



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Your Commitment to taking the Idea to Implementation

Name of the Participant: Mrs Rumila Devi Lutchumun Ramsoorop **Country:** Mauritius

Name of the Institute/ organization: Ministry of Health and Quality of Life

Designation: Assistant Permanent Secretary

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Recommending for similar training program in my Ministry	(1) Plan and design the program proposal	1 week	Health Promotion Officers, Deputy Permanent Secretary	Through interviews and feedback forms surveys
	(2) Seek the views of all Directors of Health Services on the program curriculum.	2 days	Directors of Health Services	
	(3) Seek financial clearance from the Ministry of Finance.	1 week	Financial Secretary	
	(4) Seek the approval of the Minister of Health	1 week	Senior Chief Executive	
	(5) Look for a venue, arrange for public sound system and logistics.	3 days	Junior staff	
	(6) Draw up the list of participants	1 week	Health Promotion Officers	
	(7) Conduct the training program	2 weeks	Relevant Resource Person in respective fields	

» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
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Your Commitment to taking the Idea to Implementation

Name of the Participant: Shilungu Ndaki **Country:** Tanzania

Name of the Institute/ organization: Ministry of Health Community Development Gender Elderly and Children

Designation: Program Officer- Strengthening Primary Health Care for Results

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Strengthening Health Information Systems to all primary health care facilities	Digitalization of the Health Services in the Country	By December 2019	<ul style="list-style-type: none"> ○ ICT staff at facility level ○ District and Regional Health Management Team ○ Medical in charge to all targeted Health facilities 	<ul style="list-style-type: none"> ○ Health facility equipped with computers ○ Health facility staffs on use of software, generate and use high-quality data to improve the quality of health services in the country
Addressing population growth in Tanzania	A healthy population growth as described in the Vision 2025	Strengthen uptake of birth spacing methods by December 2019	<ul style="list-style-type: none"> ○ Demand-creation activities by engaging District, Ward, Village and CHWs to advocate on birth spacing methods ○ Strengthen facility based RCH youth friendly services ○ Male involvement to address social norms that hinders women and girls from using birth spacing methods 	<ul style="list-style-type: none"> ○ Increased number of women and girls using modern birth spacing method services ○ Number of District, Ward, Village and CHWs engaged in advocacy on birth spacing methods ○ Number of facilities providing RCH youth friendly services ○ Number of Councils with male involvement initiatives addressing social norms that hinders women and girls from using birth spacing methods



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30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Victor Diaz Aguilera **Country:** Chile

Name of the Institute/ organisation Ministry of Health of Chile

Designation: Primary Care Division

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in 3 MONTHS DURATION

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
include what was learned in this course, in the realization of the document of preferential care of the elderly in primary health care	<ol style="list-style-type: none"> 1. Perform an analysis of the current reality, in terms of the attention that the elderly receive in primary health care in Chile. 2. Show the need for preferential care of the elderly in the primary level of health 3. Hold meetings with the organizations involved to reinforce the contents to be included in the orientation 4. Joint implementation of the document based on the evidence, problems to be solved and interests of the elderly 	3 months	<ol style="list-style-type: none"> 1. Civil Society 2. Expert in aging tematics 3. Leadership and aging team of the primary care division 4. Primary health care team 	<ol style="list-style-type: none"> 1. Implementation indicators (capped health teams, health centers that implement proposed strategies, etc) 2. User satisfaction surveys.

» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
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30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr Mikiyas Gosa Negash **Country:** Ethiopia

Name of the Institute/ organisation: Amanuel Mental Specialized Hospital

Designation: Medical practioner, out patient director

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Capacity building	Training on public health policy and management	3 weeks for lower level managers 3 weeks for middle level managers 3 weeks for senior level managers	Training modules, writing materials Speakers ,experts in public health,	Number of people trained Level of awareness on public health policy and management Feedback

» Action Plan of Participants

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Your Commitment to taking the Idea to Implementation

Name of Participant: Ravelomalala Stephanie Joële **Country:** Madagascar

Name of Institute / Organization: Ministry of Energy, Water and Hydrocarbons

Enlist the ideas and skills on public health which you learnt from the program

Plague is endemic in Madagascar and most prevalent in the rural areas, especially the central highlands, and about 400 cases of bubonic plague reported yearly. Following the 2017 urban pneumonic plague outbreak, it is important to strengthen the preparedness and response capacity in country. The policy will therefore on core component in order to control this deadly health phenomenon.

Objectives (list of goals)	Tasks (What you need to achieve the goal)	Timeframe (By when you need to complete the tasks)	Resources (What and who can help to complete the tasks)	Success criteria (How will you identify the success)
To strengthen the surveillance capacities of the endemic district on the community surveillance system.	-Organize community sensitizations based on plague in the plague endemic districts/areas	By November 2019 et continue	The local Chief of Health facility and the District Management Team; The local partners : Malagasy Red Cross, WHO, USAID;	The improvement of the community awareness on plague prevention
	-Training on event based surveillance for the community workers	By January 2020	The supporting partners : USAID, Malagasy red Cross	The community awareness improvement
	-Support the event through the use mobile phone to report health event by community workers	By January 2020	Direction of surveillance and support of WHO	The increase of event notification by community to the health facilities
	-Mobilize the leaders and community workers on the use the Safe and Dignified Burial protocol	By January 2020	Department of communication from Ministry of health	The acceptance increase on the protocol use



» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Improve the hygiene and sanitation in plague endemic areas the communities and health facilities;	-Promote sanitation and hygiene sensitization in target areas	November 2019	Ministry of Health, health district,	The increase of sanitation and hygiene coverage
	-Training of the local antirrat brigade on vector and rodent control strategies for plague	January 2020	Bureau Municipal de l'Hygiène; Service de Lutte contre la peste DVSSER WHO	Number of trained people
	-Supportive supervision for the team	February 2020	Ministry of health, local team and partners	Supervision report
	-Advocate for provision of basic supplies for hygiene and sanitation intervention	November 2019 to continue	Ministry of Health local partners, WHO	Received acknowledgement

» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Paul Samson **Country:** Nigeria

Name of the Institute/ organisation: Federal Ministry of Health

Designation: Scientific Officer

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Capacity building for health policy of the health workers in the ministry of health	Conduct a training workshop of the health workers.	Two months	Experts from health policy field. The study material from available resources (for instance IPHMP Study material)	Through Questionnaires, feedbacks
Effective implementation of policy	Training of the head officials involved in Policy implementation.	3 months	The study material from available resources (for instance IPHMP Study material)	Through Questionnaires, feedbacks



» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Aschale Worku **Country:** Ethiopia

Name of the Institute/ organization Ministry of health

Designation: Officer (PPMED)

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Capacity building of my staffs	<ol style="list-style-type: none"> 1. Sharing of documents to my staffs through email 2. Putting it down in the knowledge management tool so that everybody can use it at any time by creating x cell based knowledge management tool 3. Giving trainings to them formally 4. Practicing the best leadership skills 	End of November 2019	The ministry for logistics	<ol style="list-style-type: none"> 1. Prepared x cell based tool containing the documents 2. Trained number of staffs 3. Staffs practicing good leadership skills

» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr Sherifah Sheriff

Country: Nigeria

Name of the Institute/ organization: Aminu Kano Teaching Hospital

Designation: Chemical Pathologist

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Improve the quality of Laboratory test results	Use of some Laboratory quality indicators for all the 3 phases of the laboratory testing process ; Educating and Training of laboratory staffs 1. Pre-analytical indicators; Ensure appropriate request Appropriate sample bottles Complete and correct filling of laboratory forms 2. Analytical indicators; Use of Control samples Calibration of equipments Equipment maintenance 3. Post analytical indicators; Turn around time	2 months	Provision of adequate man power and control materials by the management Laboratory information management system both electronic and manuals systems; record books, water resistant markers, cupboards to keep records. Trained laboratory staffs	Compiling the outcomes of the records obtained by the use of these indicators and comparing to previous. Feedbacks from laboratory users which include; Doctors and other health personnel, Patients, Public health Officers



» Action Plan of Participants

2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM), DEPARTMENT OF
COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

30th September - 4th October, 2019

Your Commitment to taking the Idea to Implementation

Name of the Participant: Miss Orathai Timpong **Country:** Thailand

Name of the Institute/ organisation: Department of Disease Control

Designation: Public Health Officer

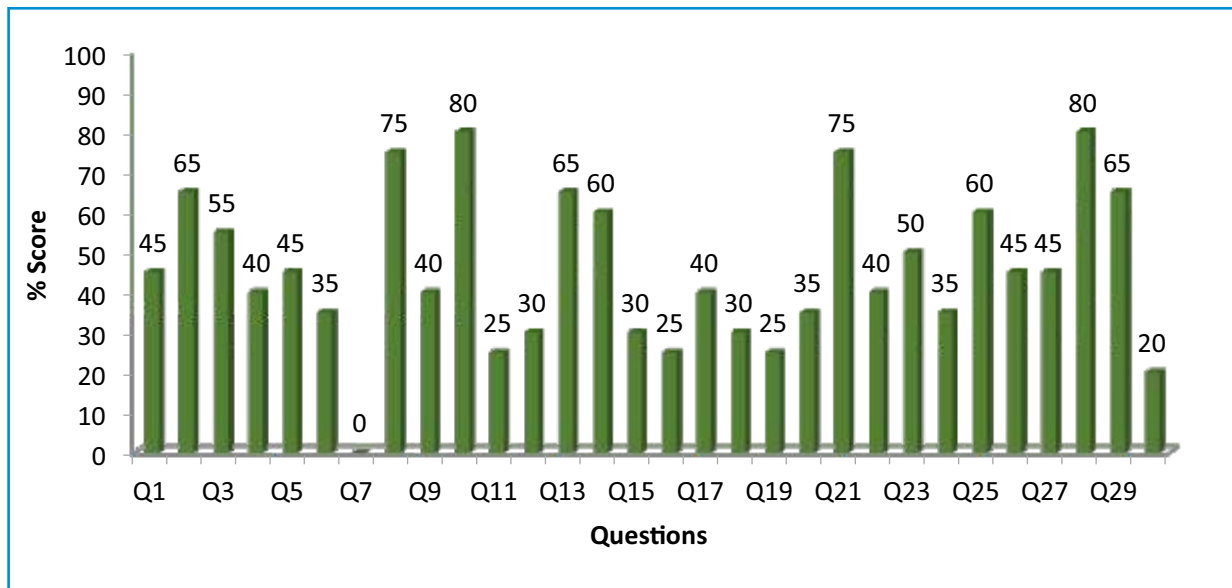
On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Action Plan "Food Safety for street food at Bangkok City"

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
To reduction the number of case of foodborne illness at Bangkok city	<ol style="list-style-type: none"> Improving food handler to understand in good hygiene and change behavior Intergrated governance working group <ul style="list-style-type: none"> ✓ Public health officer ✓ Local governance officer ✓ Social media team ✓ Communicable team ✓ Surveillance and rapid response team ✓ GIS team 	November 2019 until January 2020	<ol style="list-style-type: none"> Director Finance subdivision Accounting subdivision Supplies and Vehicles subdivision Standard operation procedure (SOP) 	- 50% reduction in cases of foodborne illness as compared to average of last 5 years

» Participants Feedback Analysis

Pre Read Contest (Voracious Reader)



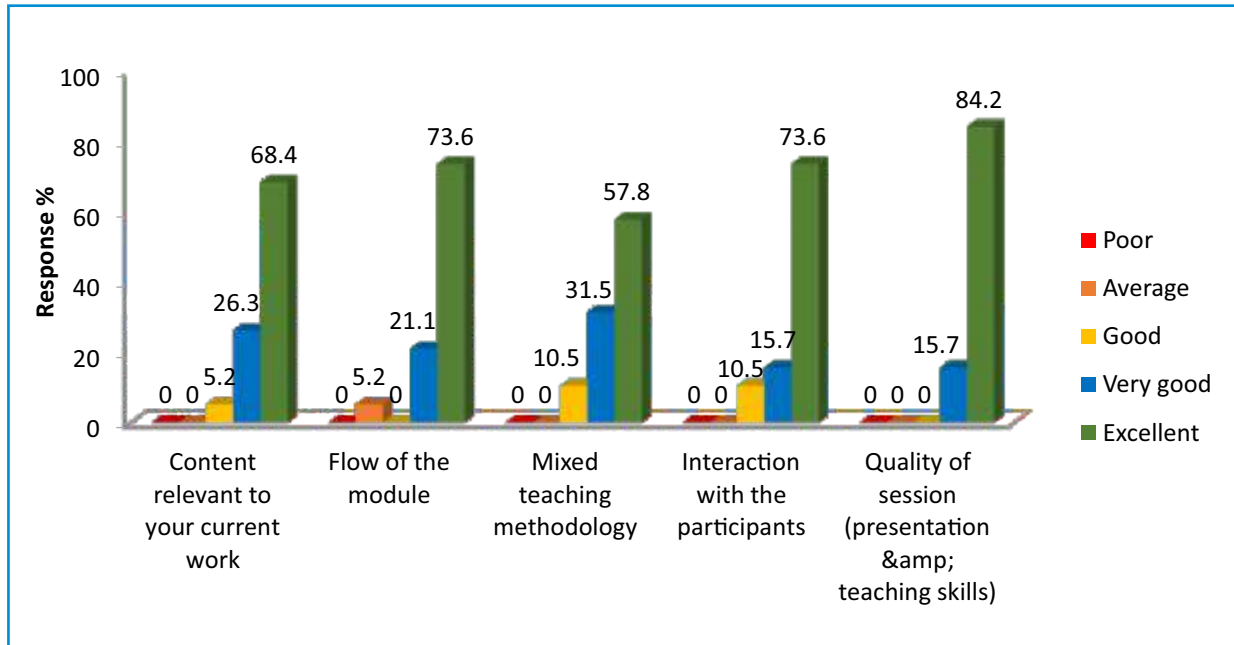
Q1.Sub-center caters to the population of ____ Q2. An existing facility can be declared as fully operational first referral unit (FRU) only if____ Q3.In February 2013, Government launched strategic approach____ Q4.Policy development for Oral Health Programme (OHP) in Nigeria started with ____ Q5.OHP was successfully formulated and approved through complex relationship of ____ Q6.Which techniques were used in OHP formulation Q7.Oral health division of the federal ministry of health could be considered throughout the process as ____ Q8.The threat of an influenza pandemic need ____ Q9. What was the name of the coordinated strategy that emerged from the ensuing process was designed by policy makers respondents are ____ Q10.What is required for effective control of pandemic and seasonal influenza ____ Q11.Which legislation played a major role in developing a pandemic response____ Q12.In the hospital sector, major barrier which appears to have influenced implementation ____ Q13.If policy is to be used as a tool to change practice then ____ Q14.Ontario's universal postpartum program provided an example of ____15.Science can identify solutions to pressing public health but only ____ can turn most of those solutions into reality Q16.Populist radical right therefore challenges the checks and balances of the political democratic system and the protections that exists for ____ Q17.Economic outcomes are often ____ Q18.A dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system known as ____ Q19.Which is not the theory of policy process____ Q20.Which one was the key theme of influence on obesity prevention policy____ Q21.To review drug policy in China what was used?____ Q22.HTA is a way of assessing the additional value of drug in view of both ____ Q23.____principal agent linkages and health system strengthening Q24.One approach to analysis of the different actors in governance is ____ Q25.The governance interactions betweenconstitute the clearest expression of principal agent relationship ____Q26.Facilitating the effective translation of health research to policy and practice requires a dedicated ____ Q27.Name of the policy analysis framework in a primary care context, which can be used to conduct high quality policy research ____ Q28.Eugene Bardacheight fold policy analysis framework includes all except ____ Q29.In Indian health care system Primary healthcare system caters to the population of ____ Q30.India need to focus on ____



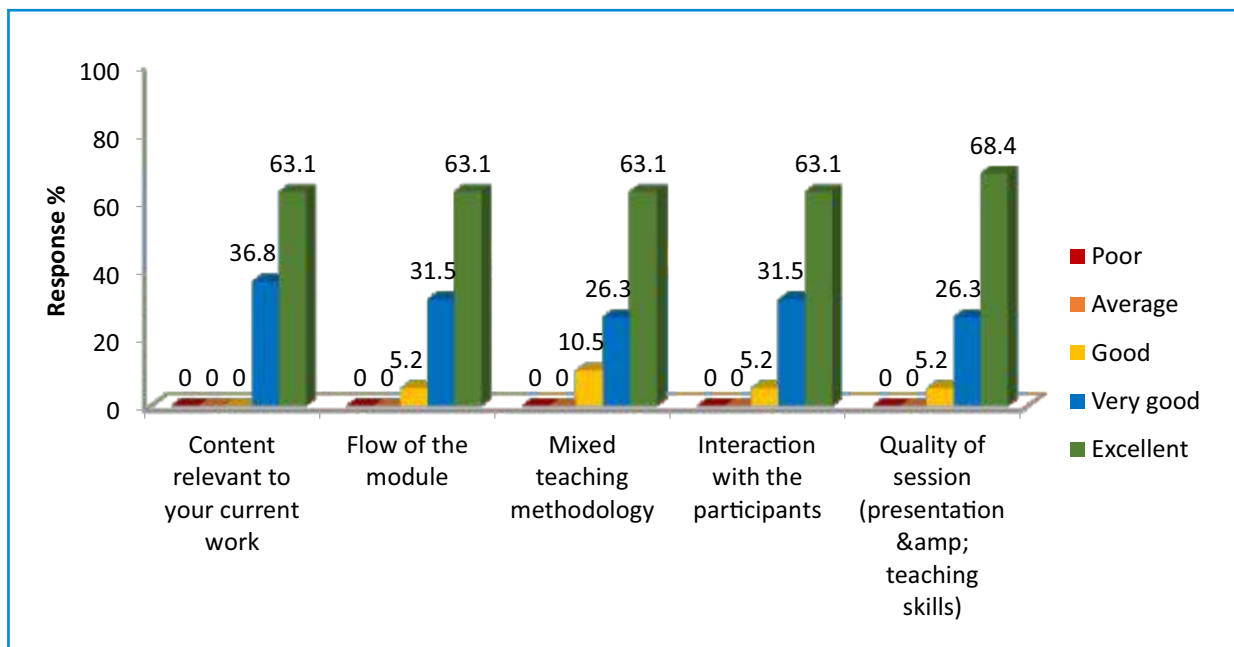
» Participants Feedback Analysis

Modulewise Quantitative Feedback Analysis

Module 1: Global Public Health Issues and Challenges



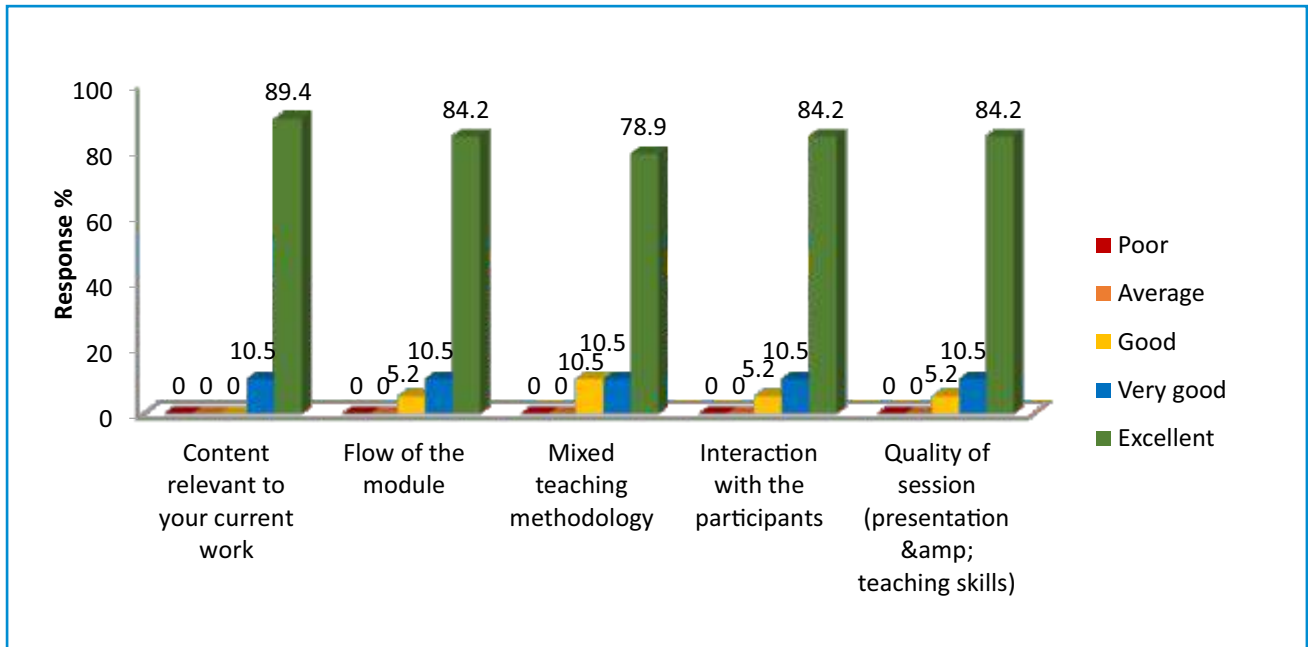
Module 2: Understanding Indian Health Care System



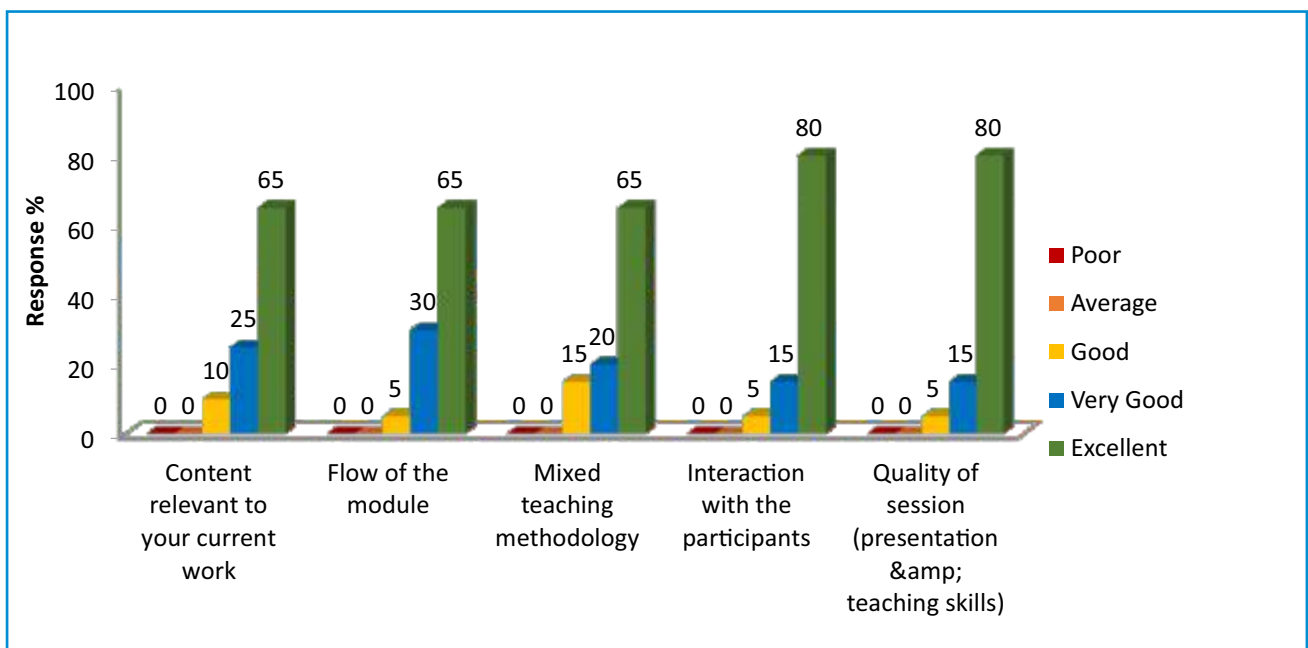
» Participants Feedback Analysis

Modulewise Quantitative Feedback Analysis

Module 3: Public Health Policy Through Management and Leadership Approaches



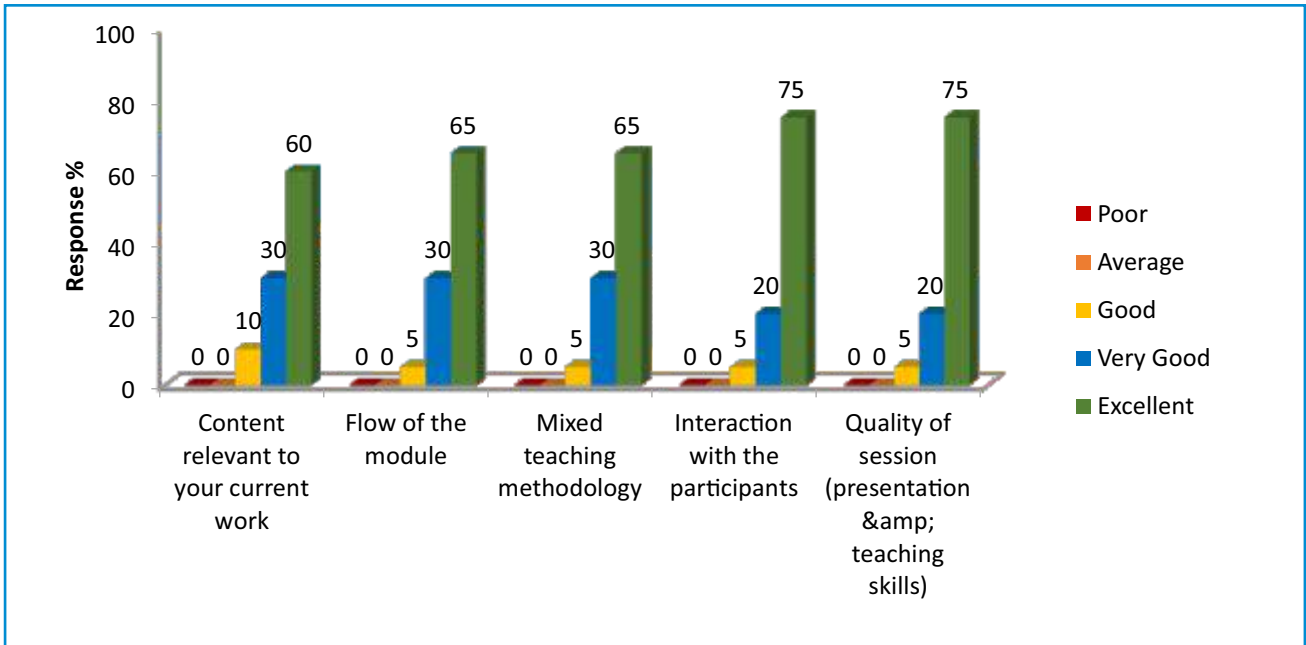
Module 4: Health Policy Frameworks



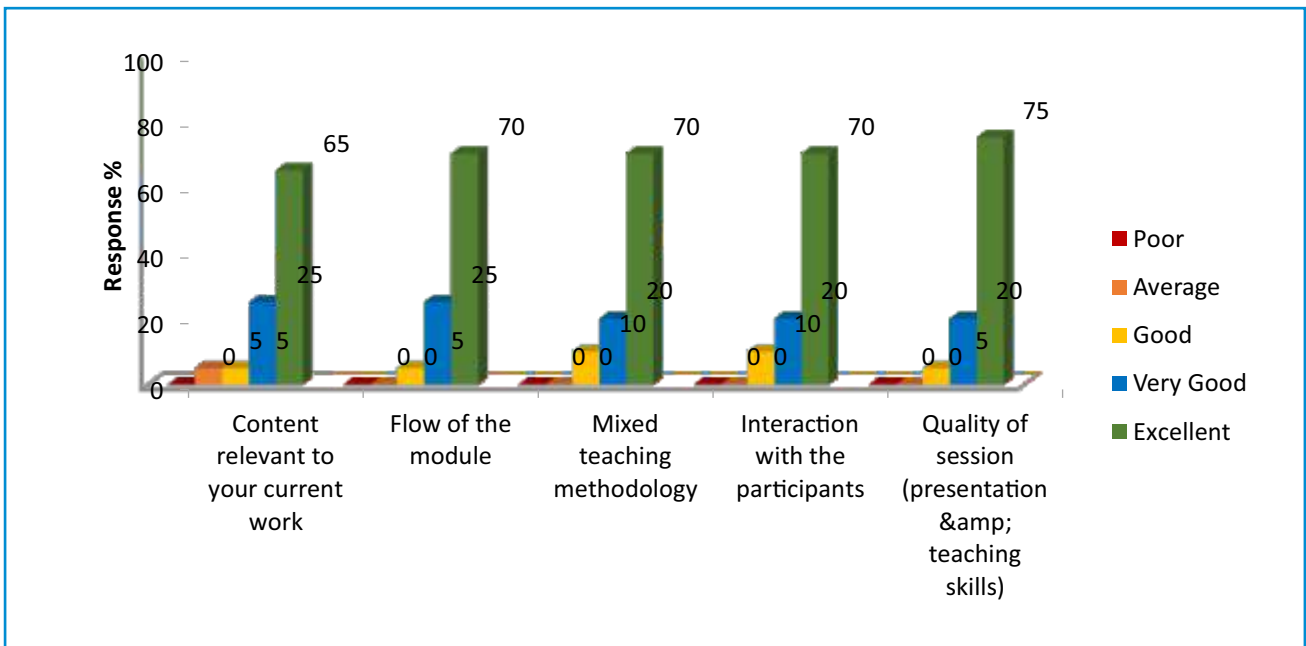
Participants Feedback Analysis

Modulewise Quantitative Feedback Analysis

Module 5: Introduction to Public Policy



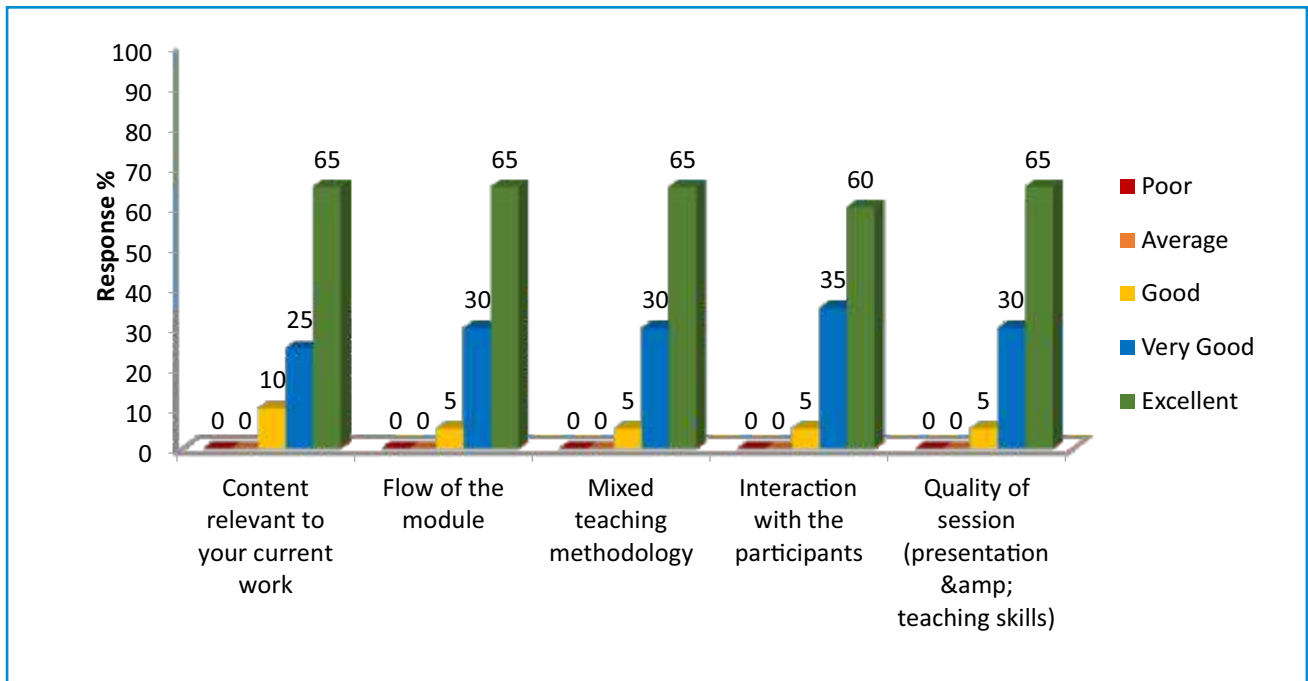
Module 6: Formulation of Public Health Policy



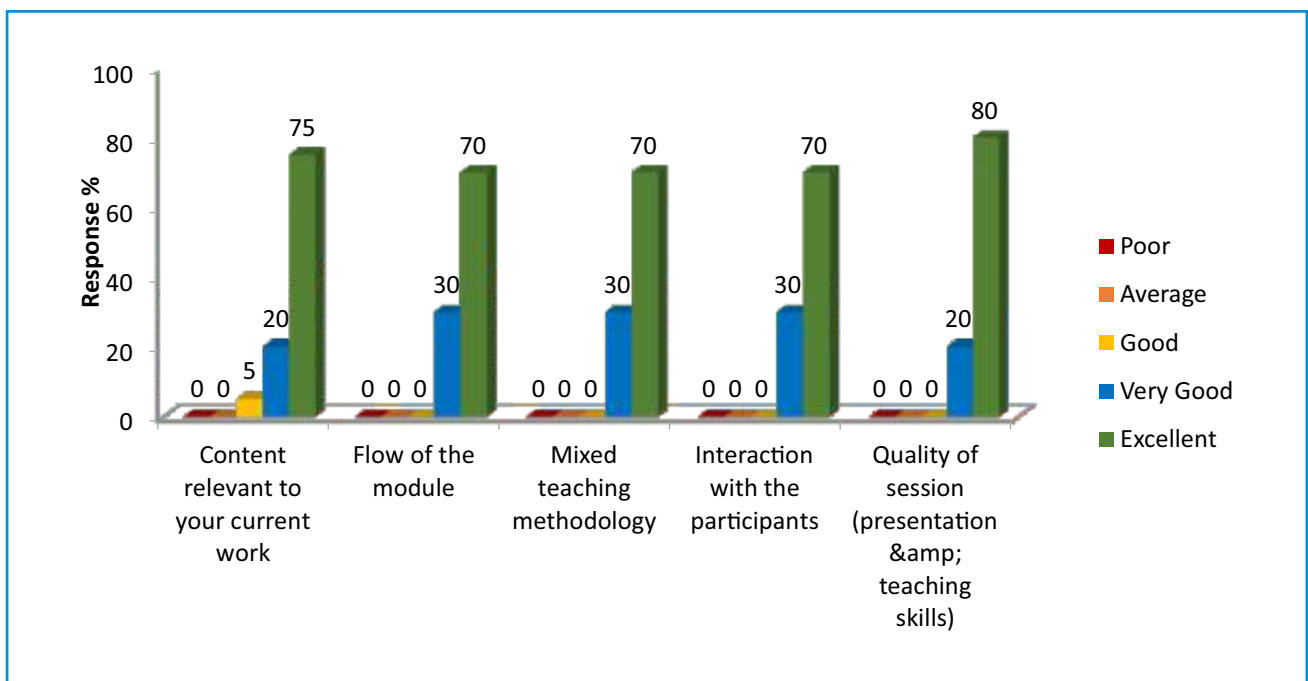
» Participants Feedback Analysis

Modulewise Quantitative Feedback Analysis

Module 7: Politics of Health Policy



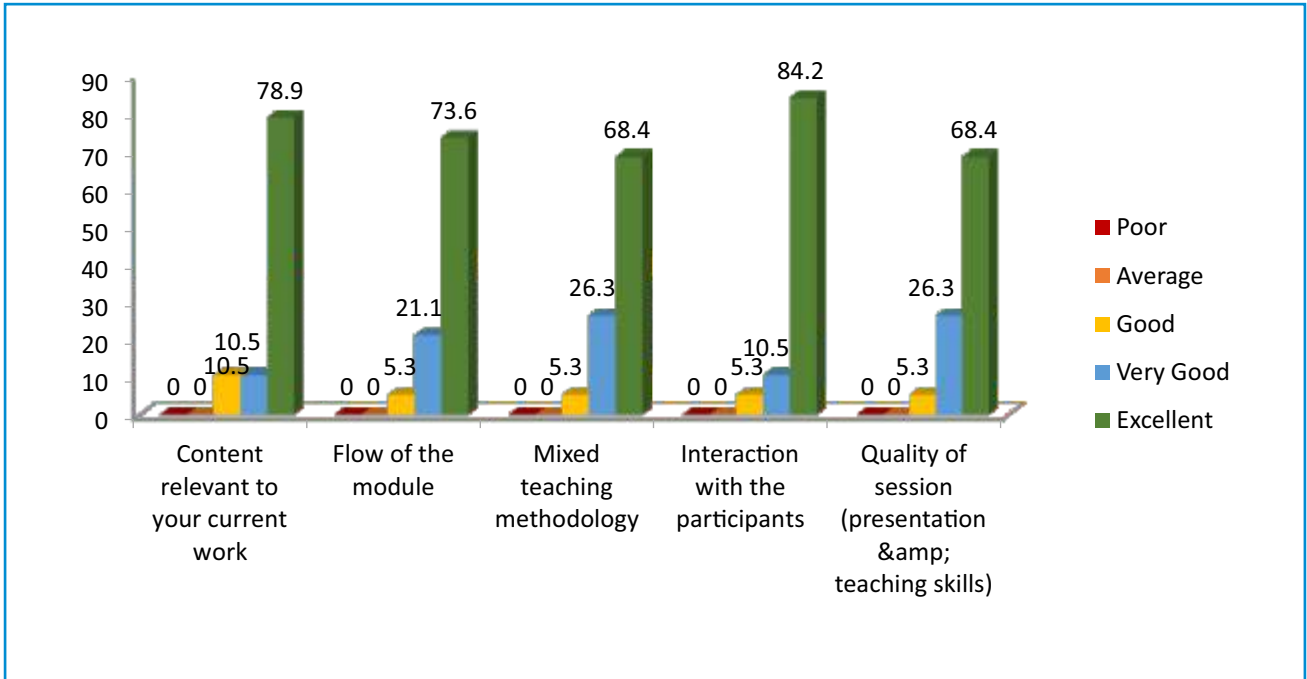
Module 8: Health Policy Models and Theories



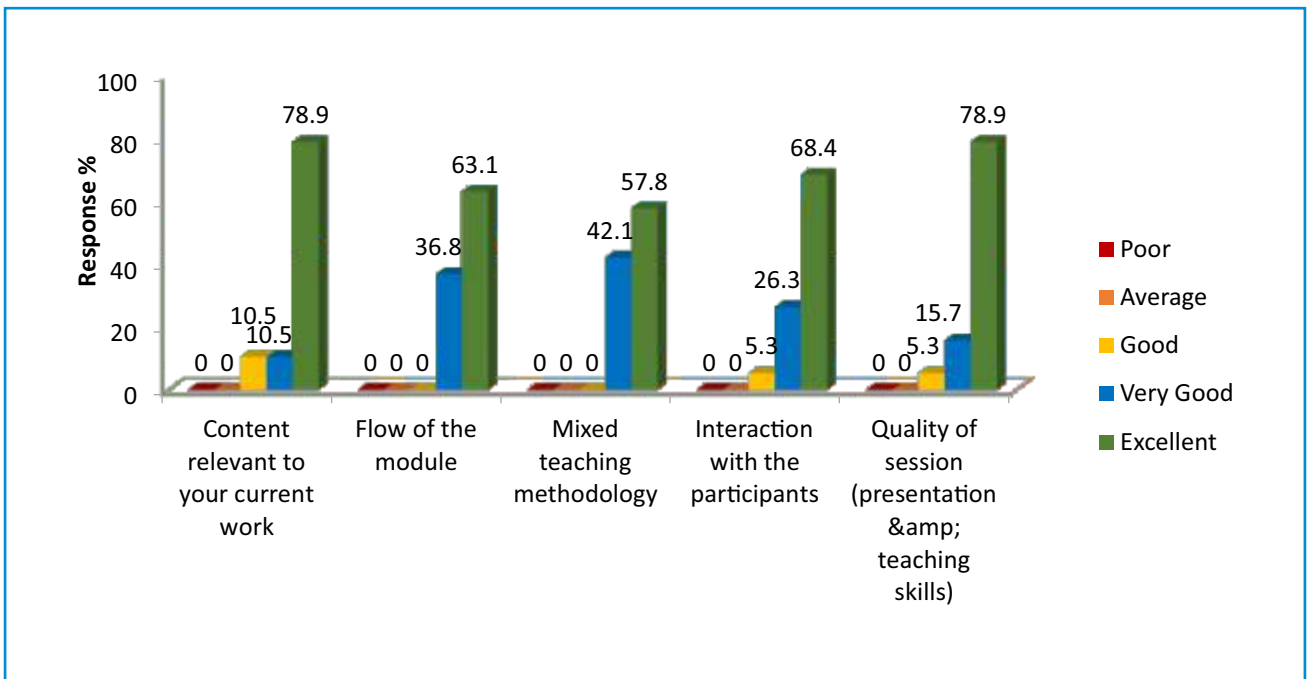
Participants Feedback Analysis

Modulewise Quantitative Feedback Analysis

Module 9: Translating Research to Drive Public Health Policy



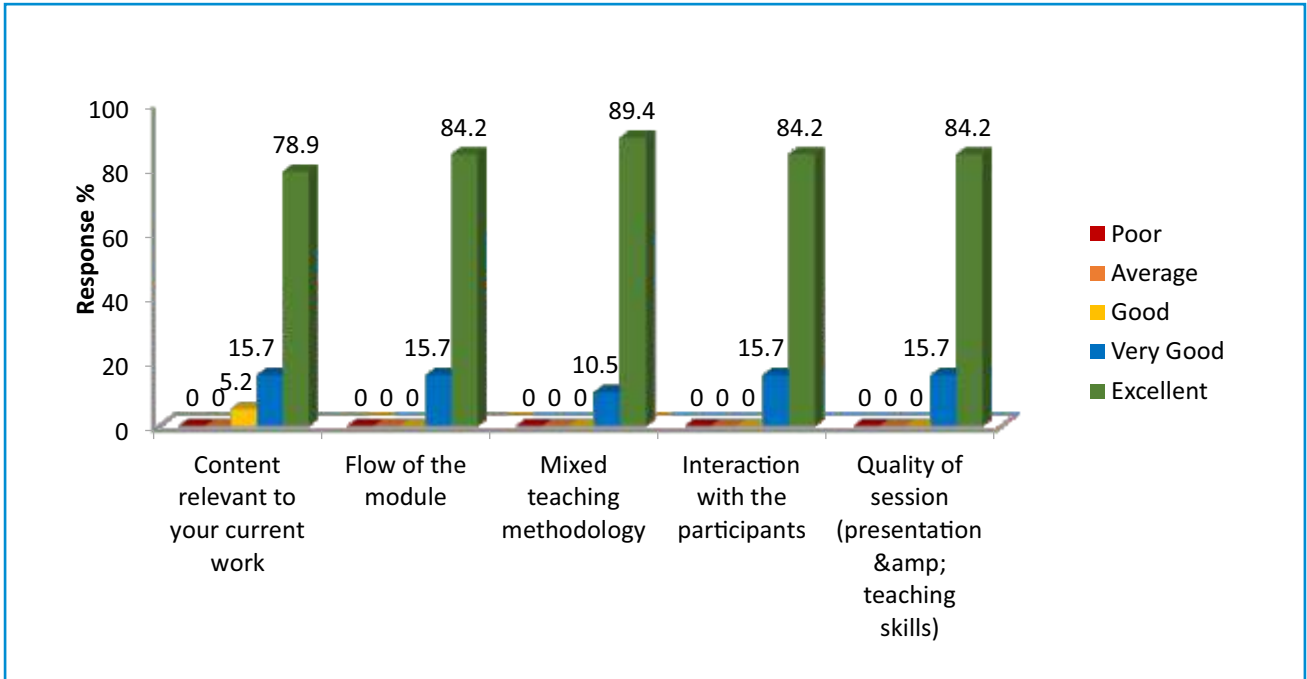
Module 10: Public Health Policy and Governance



» Participants Feedback Analysis

Modulewise Quantitative Feedback Analysis

Module 11: Policy Analysis



Modulewise Qualitative Feedback Analysis

Day 1

Global Public Health Issues & challenges Understanding Indian Health care system Public Health Policy through management and Leadership approaches

- The flow of module and the quality of presentations were good
- Learnt how good leadership can lead to achievement of goals of an organization
- Great learning on need for Leadership and Management in Health Policy
- The importance and need of Health Maps was described well
- In-depth learning on management and leadership approaches for policy designing was explained
- Clarification of the Indian health systems was done using real examples
- Excellent teaching methodology using case studies
- Sessions were lively and were relevant to work in our country
- The topics presented were relatable and were easy to understand
- Relevant examples especially to Indian scenario made sessions more interesting
- The scope and objectives of course was well covered in the sessions
- The interaction between participants and facilitators was excellent
- Had an chance of knowing people from different countries
- Characteristic of management and leadership especially in health system was demonstrated well
- Interactive sessions

Day 2

Health Policy Frameworks Introduction to Public Policy Formulation of Public Health Policy

- Gained profound knowledge on implementation of policy
- Use of role play made the session more interesting and informative
- Learnt how politics plays an integral part in making health policy
- Interactive group exercises
- The contents was realistic that can applied at my work
- Had an clear view on difference between policy and politics
- Well explained the importance of relevance of policy, programs and plans.
- Role play and interactions within the sessions were outstanding
- Presentation by the guest lecture were very good
- Videos in between the session made the lecture more interesting
- Policy process cycle was very informative
- In-depth knowledge gained on the types of public policy
- Linking of sessions by different facilitators was excellent
- Facilitator engaged the participants in the presentation

Modulewise Qualitative Feedback Analysis

Day 3

Politics of Health Policy Health Policy Models and Theories

- Theories as taught in session were an eye opener
- Presentation on public health policy models and theories was really helpful
- Had an chance to know theories of health policy and learned how to fit the best model for any situation
- Methodology and interactive sessions with participant
- Decision making theories and exercises were excellent and will be very useful in future
- Excellent teaching methodology, use of real life examples created interest in the session
- The chronological flow of modules in relation group work
- Innovative idea of revising the concept through quizzes
- Learned about ethical theories and models of decision making
- Simplified way was used to make understand Politics in Health Policy and theories such as the incremental theory and bounded rationalism
- Discussion/Exercises for practical application was good
- Immense learning from real example used by speakers
- Comprehensive learning of Bounded rational theory and incremental theory and others
- Flow and the concept explanation through sessions was very clear

Day 4

Translating Research to Drive Public Health Policy Public Health Policy and Governance

- Lectures were interesting and informative
- Interactive sessions with great learning between participants and facilitators
- In-depth overview on public health policy and governance with experience of problem identification for decision making
- The entire concept on how research drives public health policy was described nicely
- Well-presented module reflecting SDG 3 (health)
- Gained relevant information through session for my work
- WHO six building blocks system & World Bank strategies in order to evaluate health system were explained nicely
- Applicability and practicality with examples provided in the sessions were excellent
- The methodology and content of modules was good
- How finding of research are important to improve public health was explained
- Amazing presentation by facilitators on milestone achieved
- Insightful views on the importance of research which drives policy
- Enjoyed the participation approach

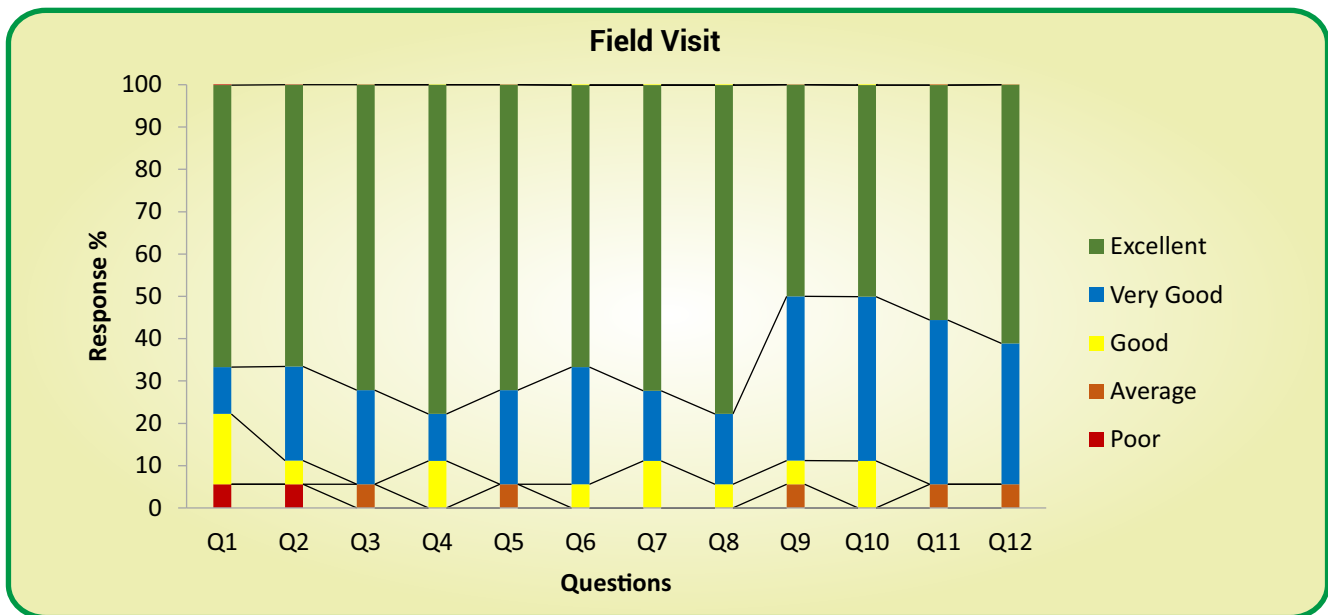
Day 5

Policy Analysis

- Explained retrospective and prospective policy analysis comprehensively
- Steps in policy analysis was taught in very well manner
- After attending the session had a new perspective on policy analysis
- Methodology and content of the session was very interesting and educative
- Types of policy analysis and how to choose for use method was understood
- Preparing action plan will be very useful for my work in future
- Topic was relevant and important for my work in my country
- Role of actors in policy Analysis were described nicely
- Methods of teaching were excellent
- Learned how to apply policy analysis at our respective work
- Detailed information on need for policy analysis was given
- Importance of monitoring and evaluating for ensuring target accomplishment was described
- Wonderful module and highly relevant to the topic

» Participants Feedback Analysis

Quantitative Field Feedback Analysis



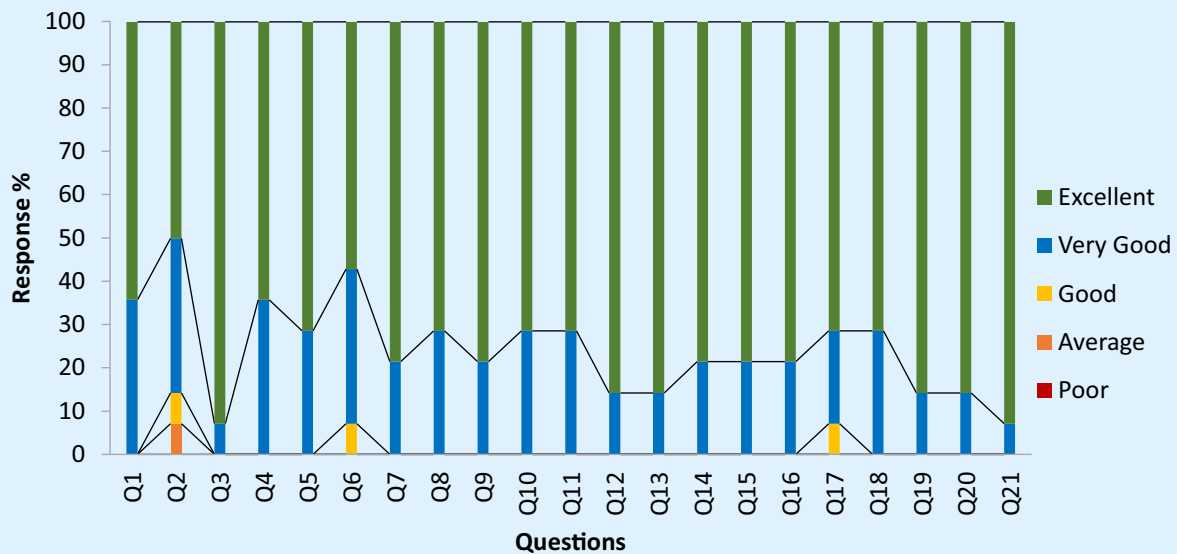
Q1. Prior to the visit-I was well informed about the logistics and related information about the field visit **Q2.** Prior to the visit-I was well informed about the objective of the field visit **Q3.** Prior to visit-Field visit were well planned and on target **Q4.** During the visit-The visit started as per scheduled time **Q5.**During the visit-There was a good interaction with the resource person during the field visit **Q6.** During the visit-It increased my knowledge and skills in selected related to the program **Q7.** During the visit- It increased my network for future collaboration **Q8.** During the visit-It increased my familiarity with state of the art / best practices in selected areas of Public health policy and Management **Q9.** Post field visit-The pace and the sequencing of the sessions facilitated easy transfer of learning inputs to me **Q10.** Post Field visit-Field visit was relevant to my current work **Q11.** Post field visit-The element of Field visit can be utilized in my setting **Q12.** Post field visit-Overall the field visit meets my expectations?

Qualitative Field Feedback Analysis

- E- consultation regarding the field visit was good
- Smart city concept and Water treatment plant was a creative idea to implement in pour settings
- Presentation on hospital engineering gave an insight about the institution
- Proper management of outpatient department was one of the best practices seen during the program
- Boosted with knowledge, especially after visiting at the site of water treatment plant
- The high quality presentations during field and interactions with officials provided an opportunity to take back best practices
- The advancement of PGI and the active participation of community medicine department in providing health was highlighted
- Liked and appreciated Chandigarh community for law abiding and dedication towards their work
- Generosity and enthusiasm is appreciated of resource persons for sharing knowledge
- Had an great opportunity to increase my knowledge
- First time experience with water treatment plant
- Impressed with India's development and strategies used for tackle specific issue
- Provided me an ambition to implement the same strategy in my country
- Learned how Smart city can change quality of life.
- Direct contact & interactions with responsible officials were amazing.

» Participants Feedback Analysis

Overall Quantitative Feedback Analysis



Q1. I was well informed about the logistics and other information about the program before I came **Q2.** I had the prior knowledge of what would be my "take-away" from the course. **Q3.** The venue of the course had all the requisite facilities and necessary comforts. **Q4.** Presentations were well prepared and on target. **Q5.** The mix of methodologies (presentation, exercises, case studies) used in this course was effective. **Q6.** The program overcome language & other barrier & facilitator understanding. **Q7.** The pace and the sequencing of the sessions facilitated easy transfer of learning inputs to me. **Q8.** The workshop program engaged me in active learning related to its goal. **Q9.** The course met its stated objectives. **Q10.** This course was relevant to my job responsibilities. **Q11.** I intend to use what I learned from the course in my work. **Q12.** The resources/material/approaches provided will be helpful in my program settings. **Q13.** I would recommend this course to my colleagues. **Q14.** The course help me in developing networks & relation with other participants. **Q15.** The number of participants in the course was appropriate **Q16.** Increased my familiarity with state of the art/ best practices selected areas of Public Health Management. **Q17.** Strengthened my knowledge and skills in selected area of Public Health Management. **Q18.** Increased my knowledge and skills to develop strategies to develop to counter the Public Health problems in my country. **Q19.** How effective was the Faculty? **Q20.** How effective was the Support Team? **Q21.** What is your overall rating of this course?

» Participants Feedback Analysis

Overall Qualitative Feedback Analysis

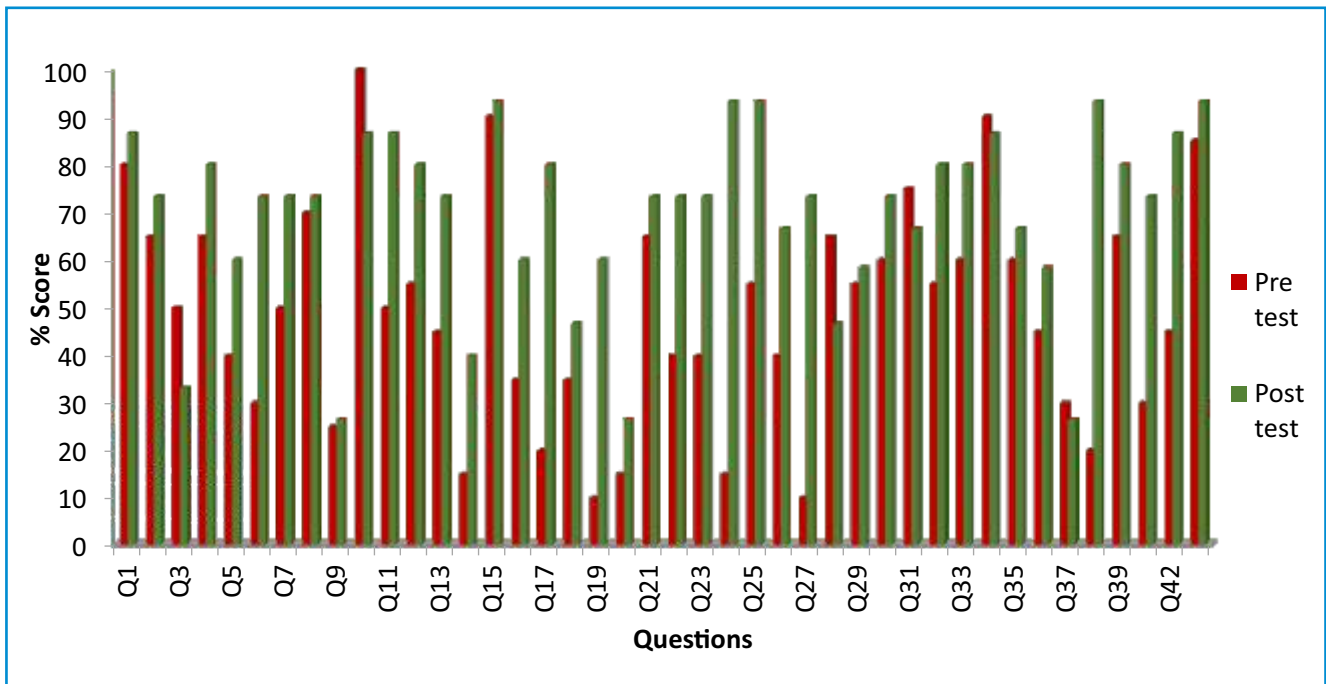
- "Facilitators were very education and provided detailed knowledge of the topic through lecture and presentation
- Content of all modules was very relevant and informative
- Methodology of the course and the coordination with the participants was very good
- Organized comprehensive teaching through various forms of activities
- Knowledgeable resource persons and always related the technical concepts to practical experiences
- Mixed methods and ice breakers in between technical presentations was innovative
- Organizers were very cooperative
- Program was very effective for health professional and was well managed by organisers
- Facilitators were very competent
- Great learning through challenges in health map , agenda setting, policy analysis
- Unique platform for exchanging participants work ideas for better development
- Course was very well organised and platform for sharing important information
- Presentations were very informative and well very prepared relevant to topic
- Thanks for providing such a wonderful experience
- Please continue to do the great work and help others like me to have life changing experiences. Thank you
- Methodology of teaching and organisation and games in between very well planned
- Program was very unique in every way
- Case studies were relevant to our country and area of work
- Cultural evening was best
- Sharing with other participants helped in pear learning
- Lectures and support team are really talented and enthusiastic
- Opportunity to meet and get to know participants of all countries
- Got the knowledge of Indian public health system

Suggestions for future programs

- Extended training for at least 2 weeks so that all exercises and sessions can be done during the duration of the actual program
- More cases can be incorporated
- Special sessions to know more about Indian culture
- Increasing the break time
- Include more session for Capacity building and gaining of new skill
- Session covering current trending world issue and India technology and development
- Include visit in between the program to know the culture of the country



Pre-Post Evaluation



Q1.Out of all which is not used to measure health status___ Q2.Index case means ___ Q3.In Indian health care delivery system organizational framework of Government sector includes all except ___ Q4.ASHA in India stands for ___ 5. "Liaison" comes under which role of manager Q6.In Jim Collins model of leadership level 5 is for – Q7.All are styles of leadership except ___ Q8.Functions of management includes all except ___ Q9.Top level management is primarily concerned with the following role___ Q10. Sustainable Development Goals (SDGs) are settled by United Nations General Assembly to transform our World by the year Q11. In SDG there aregoals..... targets 12. Policy elites are referred to as ___ Q13. All are Elements of policy except Q14. All are situational factors under contextual factors except ___ Q15.A person responsible for or involved in formulating policies, especially in politics ___ Q16.Organisations that peruse the common interests of groups of people by attempting to influence the making and implementation of government policy are known as ___ Q17.Which is not a type of public policy___ Q18.Policy system elements include ___ Q19. Model which has Policy windows &three streams of policy process Q20. All are true about Grindle and Thomas model except Q21. Hall model of agenda setting includes all the elements except Q22. Which is not a theory applied in policy Q23. In a policy cycle policy development is followed by Q24. Which of the following is not a theory of decision making Q25. Which among these lies in the center of health policy triangle? Q26.Which of the following models is not based on power? Q27. Mixed scanning theory is a blend of: i.Rational Theory ii.Incremental theory iii. Structuralism Q28. Health Technology Assessment (HTA) is a form of research that generates information about___ Q29. Health Technology Assessment (HTA) is a form of research that generates information about: Q30. HTA includes___ Q31. HTA addresses___ Q32. How many building blocks in WHO Q33. All of the following are building blocks of health care system except Q34. HMIS stands for 35. In health system strengthening stewardship is one of the roles of Q36. As per World Bank the governance is measured against Accountability, Transparency, Rule of Law and Q37.Out of the following which is not a hindrance in getting research into policy? Q38. Evidence for policy can be: Q39. Which of the following can help in including research into policy: Q40. Analysis for policy is what type of policy Q41. Five E approach is applied for Q42. First Step in Policy Analysis is



» 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



» 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.

» Photo Gallery



United we stand for the betterment of (wo)man...



Oops... Caught in the Act... ooo



Eyes on the target always... ..



When laughter is the best therapy... ..



Lighting the Lamp of knowledge.... ..



When Cultural night is not just about celebrating culture & traditions but also about wishing Happy Birthdays... ..



Together for a common purpose.... ..



Smiling Faces makes for the best pose... ..

Photo Gallery



*Trying to find the solution...
2 minds working
together are better than one*



Stating it with Smile...We Approve



Striking a pose in striking sarees...



My crown is yours....



*When animate and inanimate
both match....*



When We all Are together for a common cause....



Ring-a-ring-a-roses we all make happy poses...



Look what we got...

Photo Gallery



When shaking hands is energizing... ..



*Welcoming with a badge...
Our Honored Chief Guest*



*Introduction to a wealth
of information... ..*



*We welcome you with a tilak and a sweet smile...
our delegate from the land of Nile... ..*



Standing on Ceremony... ..



*When East meets west...
language is no barrier*



When you are crowned... ..



Knowledge Shared is knowledge multiplied... ..

Photo Gallery



We are Honored to have you here....



Lets check our progress...



Fresh Faces Glowing with fresh Smiles....



*Refreshment on the way...
Straws in the mouth*



Deep In Contemplation....



With a hand over our heart we pledge for a healthy heart...



Rockers Hard at rocking the work assigned...

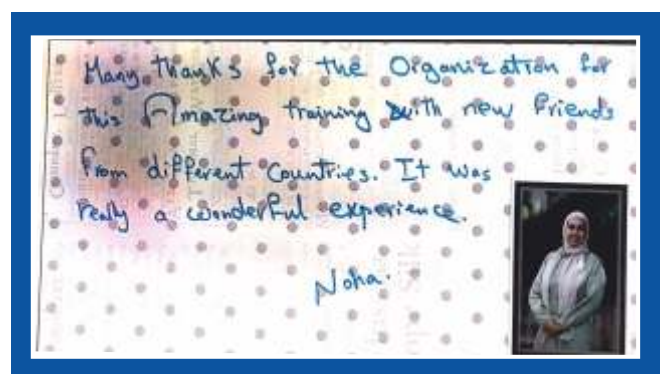
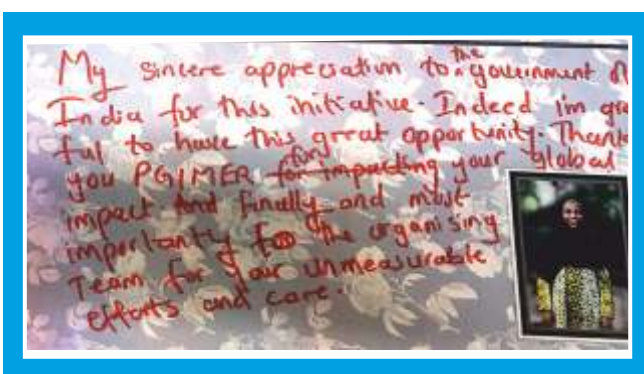
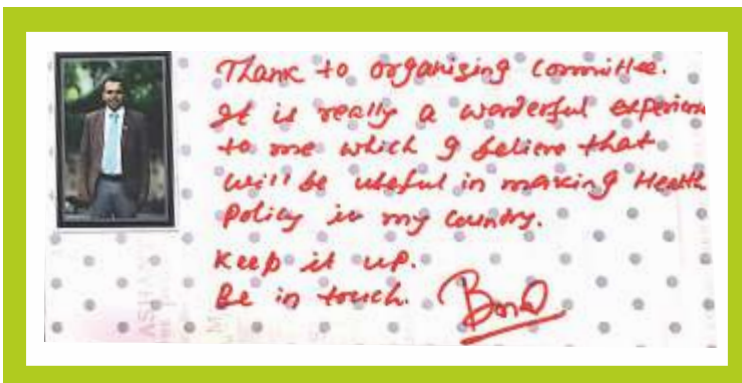
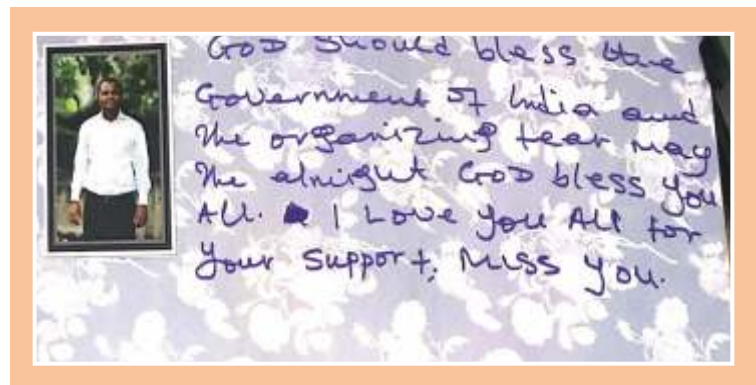


Launching the Drive....

In and out of frame but the smiles are same....



Token of Appreciation



Token of Appreciation



Dear All, I am proud after attending this course, I gain alot of knowledge specially in the area of Public health policy, when I back to my country, I will put this knowledge in practice, I would like to thank, organizer, facilitator and sponsor of program.



Dear All, wonderful program, one of a kind. Acquired new as well as enhanced my knowledge in public Health Policy, Ethics + Politics, leadership, management to mention a few. It was more of a learning by sharing. Thank You to the PGHME team for your support and hard work all through this program.

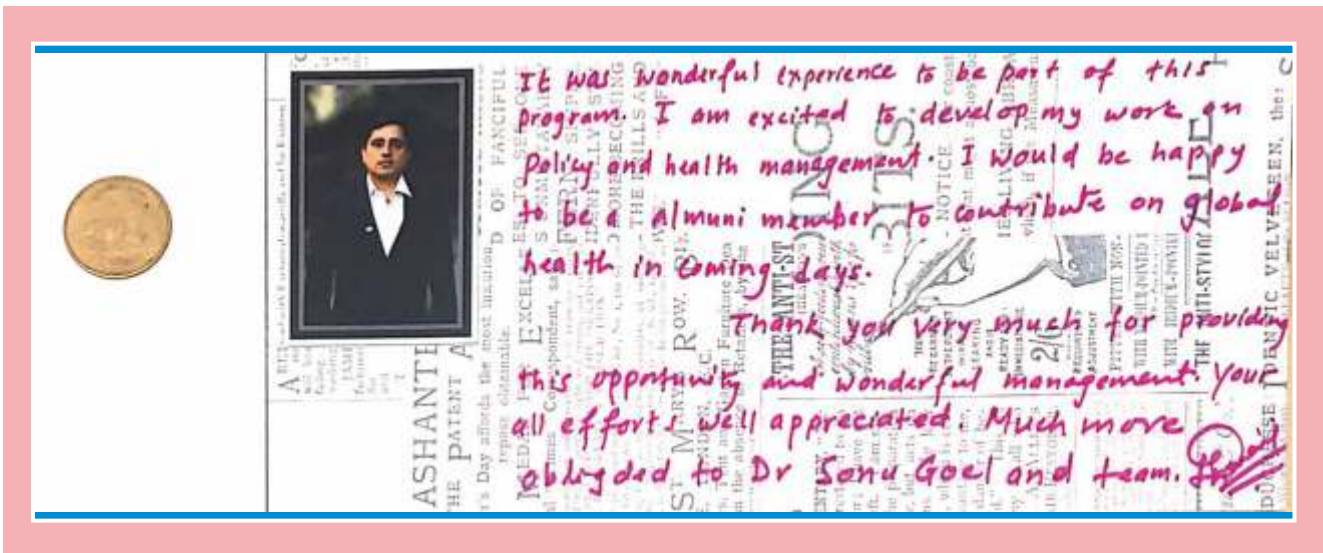
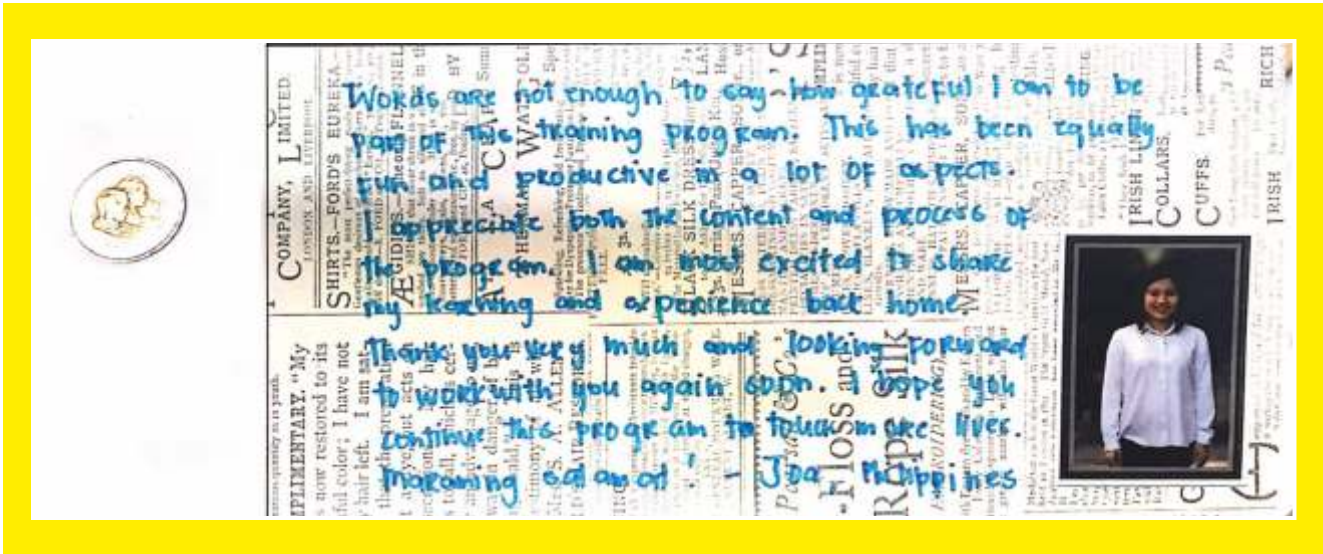


Dear All
I come from Thailand, I am proud of this programme "Public Health Policy and Management". I gain my skill in policy and how to management policy.
Thank you for your kindly support and cooperation.

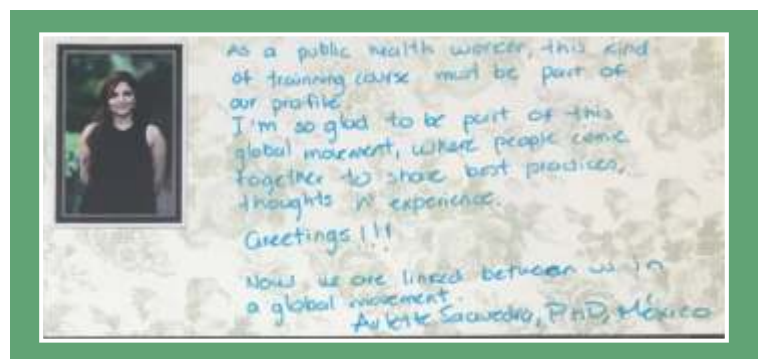
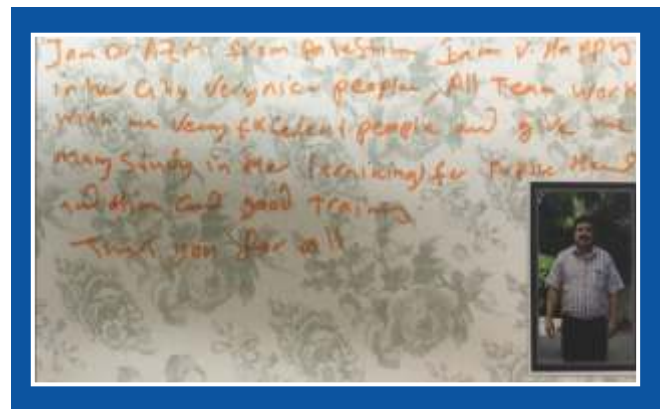
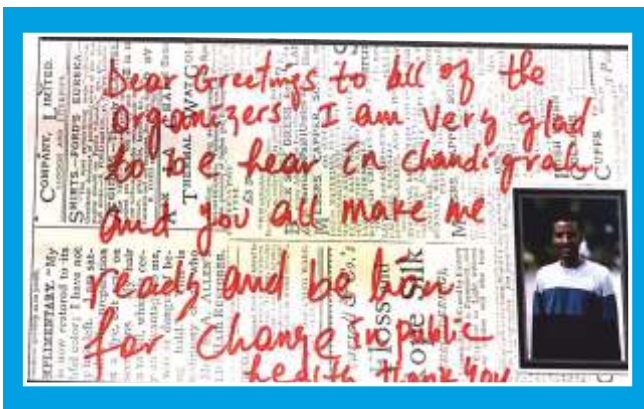
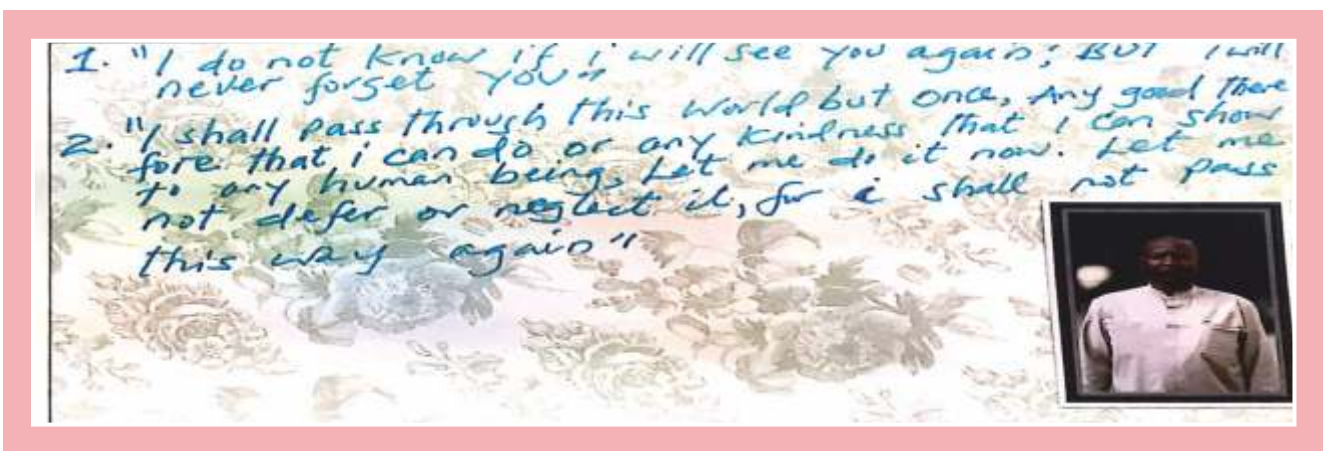


Heartfelt thanks to the entire team for this life changing experience and the great work they do. You all have demonstrated that Knowledge is for dissemination. I will forever remember you all and will come again. Thank you.

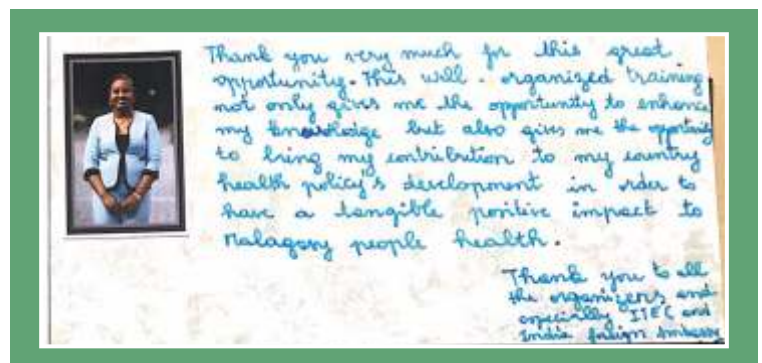
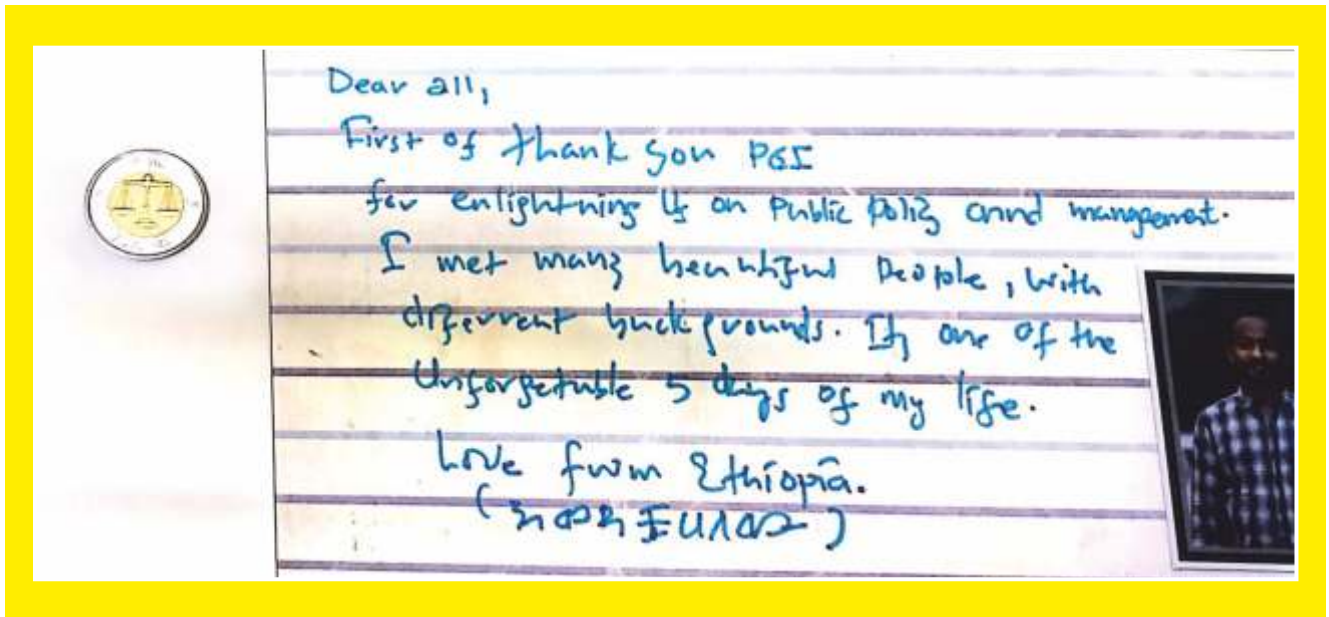
Token of Appreciation



Token of Appreciation



Token of Appreciation



Expectations from the Program

 <p>Get more skills regarding health System Policy.</p>	 <p>- expand in public health policy - Share experiences know fellow</p>	 <p>- skills of policy making and - d/t experiences</p>
 <p></p>	 <p>To have a great knowledge to make a good policy and to manage public health</p>	 <p>Learning the strategies for policy making in public health - to acquire the skills and knowledge for leadership and management in public health</p>
 <p>...and knowledge and skills acquired from the previous policy and experiences from other countries</p>	 <p>To understand that PHM and I will think policy for management public health in my workplace</p>	 <p>1. Gain new strategy in policy making 2. Capacity building in policy implementation 3. Acquiring skills to high level managers</p>
 <p>Share and explore policy and process and implementation later of it</p>	 <p>To ... - ... - ... logic and planning in my country</p>	 <p>to know more about health policies formulation & implementation to strengthen healthcare systems</p>
 <p>To enhance my knowledge in health policy formulation and strengthen policy implementation.</p>	 <p></p>	 <p>- enhancing knowledge about health policy formulation - Encouraging my contribution to our health policy implementation in order to getting valuable input to the colleagues people health</p>
 <p>- How to formulate policy? - How to assess/evaluate policies? - How to correct or adjust policies?</p>	 <p>Policy process - ... - ...</p>	 <p>- Share experience in relation of Public Health with participants of other countries - Learn about the Public Health System of India</p>
 <p>Enhance my knowledge and skills thereby strengthening my abilities to make more informed decisions at the policy level</p>	 <p>Get more knowledge and skills, to face new challenges at work specially with NCD's prevention</p>	 <p>- Sharing experiences across countries - Acquire new skills in formulation health policy</p>
 <p>Know more about health POLICY PROGRAM → Participation → ...</p>	 <p></p>	 <p></p>
 <p></p>	 <p></p>	 <p></p>

Challenges Faced in Routine Settings



Presence of Policy & Plans.



- Getting to know some of the policies
- where to find them



- policy evaluation.
- limited resources



Implementation of policy
- financing
- Lack of Government support.



Implementation of policies probably due to political issues.



High demand for immediate response on certain public health policies in a short amount of time



Ready for response in public health emergency of international concern



(1) Scope of response
(2) Division of health problems



High burden of disease (communicable diseases) among the challenges



- 1- Qualified skilled health workers
- 2- Health finance
- 3- Governance



Multiple stakeholders
- scattered responsibility



Rise of disease easily spread - small island resistance to change



- absence of policies
- limited resources
- difficulty with stakeholders



- Policy implementation with different theories and types.



Human resources
- reporting staff
- working in very under long



- High demand
- Difficult with stakeholders



Lack of resources and scattered responsibilities to implement health policies in a timely manner



Difficults with stake holders
- Politicians with own agendas n' personal interes.



- Policy theory of action
- Stake holders



Policy implementation



PUNJAB EXPRESS 30.10.19

Participants from 19 countries witness best practices of PGIMER in patient care

ETHICS AND POLITICS IN POLICY MAKING DISCUSSED ON 3RD DAY OF PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAMME

PUNJAB EXPRESS BUREAU Chandigarh, October 2

The senior level policy-makers discussed about ethics and politics of health policy on the 3rd day of Public Health Policy and Management Programme, which was facilitated by Dr Upendra Bhojani, Director, Institute of Public Health, Bengaluru and India Alliance Fellow.

While impressing upon identifying the values and philosophy to better understand arguments and positions of policy makers, he deliberated upon the

concepts of liberalism, utilitarianism, communitarianism through case studies, videos and role plays during the programme. Thereafter, Dr Somu Goel, Programme Director and Additional Professor, School of Public Health, PGIMER, introduced various health policy models and theories such as the Rational Comprehensive Theory, Bounded Rationalism Theory, Incremental theory-Mixed Scanning Theory and reiterated through interactive activities and visuals. Besides, games and energizers kept the participants energized throughout the programme.

During a study tour to PGIMER, Chandigarh, the delegates from 19 countries witnessed best patient management practices in clinical care and working of various

departments. Dr. A.K. Gupta, Medical Superintendent, Hospital Administration, PGIMER guided them visually to telemedicine facility where PGIMER is providing professional advice to patient and doctors in rural areas, the tele-evidence facility which saves time and money for doctors at the institution by providing evidence to court of law via this eco-friendly technology, about Anti Retro-viral Therapy (ART) Centre and Integrated counselling and Treatment (ICTC) providing free treatment and counseling to people living with HIV/AIDS in supportive and confidential environment, No-Smoking initiatives where tonnes of tobacco products are being collected at the entrance and destroyed, Bio-medical waste facility, Hi-Tech security system and manufacturers,



CHANDIGARH TIMES

Health policy meet from today

TIMES NEWS NETWORK 30

Chandigarh: A five-day public health policy and management programme for policy makers will open at the PGIMER from Monday. It will be organized by the community medicine department and the School of Public Health.

This flagship programme is second in the series 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 Islands. It is sponsored by the external affairs ministry under the Indian technical economic corporation scheme. It is for building 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 these can be replicated in other countries for the overall attainment of sustainable development goals.

A total of 24 senior level policy makers from 19 countries will participate. These participants are involved in formulating and/or implementing health (or health related) policies at regional or national level.

H.T. CHANDIGARH

PGI: DELEGATES CONVERGE FOR STUDY TOUR

HT Correspondent Chandigarh@indianstarnews.com

CHANDIGARH: The policymakers, who are on a study tour to the Postgraduate Institute of Medical Education and Research (PGIMER), discussed about ethics and politics of health policy on the third day of the public health policy and management programme. Delegates from 19 countries learnt about patient management practices in clinical care and working of various departments.

Programme director and additional professor at the school of public health, PGIMER, Dr Somu Goel, introduced various health policy models and theories during the tour.

PUNJABI EXPRESS - 30.9.19

5-day Public Health Policy and Management Programme for policy-makers commences

PUNJAB EXPRESS BUREAU Chandigarh, September 29

A 5-Day Public Health Policy and Management Program for Policy Makers will be started at PGIMER Chandigarh from Monday to October 4.

The program will be organised by Department of Community Medicine and

School of Public Health, PGIMER at Hotel Shivalik View, Sector 17, Chandigarh.

This flagship program is second program in series 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).

Apart from this, cultural event is planned on October 3, where participants can informally interact with each other for peer learning and networking for future endeavours.



THE PIONEER

PUBLIC HEALTH, MANAGEMENT PROGRAMME TO BEGIN
Chandigarh: A five-day Public Health Policy and Management Programme for policy makers will begin at PGIMER from September 30 to October 4. The program will be organised by Department of Community Medicine and School of Public Health, PGIMER at Hotel Shivalik View, Sector 17 here. This flagship program is second program in series 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. It 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 PIONEER - 5.10.19

5 DAYS PUBLIC HEALTH POLICY & MANAGEMENT PROG
Chandigarh: Five days public health policy and management program for senior level policy makers was held at PGIMER from September 30 - October 4 with participation from 19 countries. During the program, the delegates discussed various topics ranging from global public health issues & challenges, public health policy through management & leadership, health maps, health policy frameworks and its formulation and governance and topics were taught by eminent faculty through various learning methodology like case studies, games, quiz, role plays, videos, mobile applications etc.

DAILY POST

PUBLIC HEALTH POLICY PROGRAMME AT PGI

Experts from 19 countries come together to pledge for healthy heart

HIGHLIGHT
 • Prof Jagat Ram, Director, PGIMER Chandigarh emphasised upon the importance of collective efforts of various participating countries to tackle common public health issues

Experts from 19 countries are attending to address contextual public health challenges in their respective countries. While appreciating the success of Department especially Dr. Sonu Goel and thanking ITEC, Ministry of External Affairs, Government of India for facilitating such wonderful program at PGIMER, Prof. Jagat Ram, Director, PGIMER Chandigarh emphasised upon the importance of collective efforts of various participating countries to tackle common public health issues and each type of program will help participating countries to develop solutions to solve problems of mutual interest. Sushant Shekhar Singh (Director, South Asia for Campaign for Tobacco-Free Kids) congratulated PGIMER for capacity building of senior policy makers of global community. Dr. Robert Gupta and Arun Varma from Strategic Institute for Public Health Education and Research (SIPEH), a non-profit public health organization, acknowledged a pledge from participants and covers on World Heart Day for being "Heart Healthy" of their respective countries and assured for healthy heart through life by using, exercising and meditation techniques.

Dr. Arvind Kishore, Dean Research, PGIMER welcomed delegates and assured for disseminating good practices amongst peer countries through inculcating effective methodology and appropriate practice through this program.

Dr. Arvind Kishore, Dean Research, PGIMER welcomed delegates and assured for disseminating good practices amongst peer countries through inculcating effective methodology and appropriate practice through this program.

CHANDIGARH TRIBUNE

Ethics, politics in health policy discussed at PGI

TRIBUNE NEWS SERVICE
CHANDIGARH, OCTOBER 2
 Senior level policy-makers discussed about ethics and politics of health policy on the third day of Public Health Policy and Management programme, which was facilitated by Dr Upendra Bhojani, Director, Institute of Public Health, Bengaluru, and India Alliance Fellow. Dr Bhojani deliberated upon the concepts of liberalism, utilitarianism, communitarianism through case studies, videos and role plays during the programme. Thereafter, Dr Sonu Goel, programme director and additional professor, School of Public Health, PGIMER, introduced various health policy models and theories such as the rational comprehensive theory, bounded rationalism theory, incremental theory-mixed scanning theory and reiterated through interactive activities and visuals. Besides, games kept the participants energised throughout the programme. During a study tour to the PGI, delegates from 19 countries witnessed best patient management practices in clinical care and working of various departments.

DAILY POST - 3.9.19

PGI to host international experts for formulating national health policies

HIGHLIGHT
 • The program will be organised by Department of Community Medicine and School of Public Health, PGIMER

they shall visit Municipal Corporation of Chandigarh showcasing India's "Smart city concept" - translating policy into action. They shall also be visiting selected departments of PGIMER to witness State of Art patient care services like tele-consultancy, Hospital security system, organ donation facility (HUTCO), and an quality monitoring system etc.

The program is fully sponsored by Ministry of External Affairs, Government of India under Indian Technical Economic Cooperation (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).

HIGHLIGHT
 • The program will be organised by Department of Community Medicine and School of Public Health, PGIMER

Indonesia, Palestine, Mexico, Philippines, Afghanistan shall be participating in current program. These participants are involved in formulating and/or implementing health or health related policies at regional or national level.

The program shall be taught by eminent faculty through various learning methodology the case studies, games, quiz, role plays, videos, mobile applications etc. Besides, there shall be field visits wherein

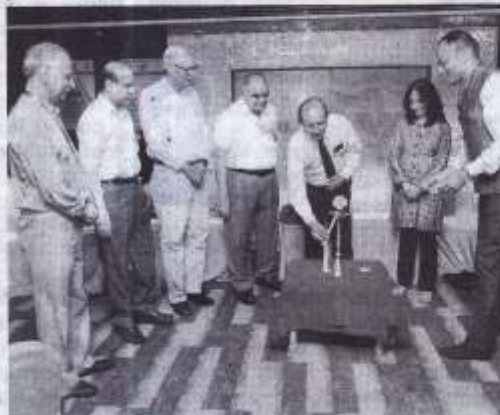
PUNJAB EXPRESS - 1-10-17

Participants from 19 countries pledge for healthy heart on World Heart Day

PUNJAB EXPRESS BUREAU
 Chandigarh, September 30

A 5-day Public Health Policy and Management Program (PHPM) organised by Department of Community Medicine and School of Public Health, PGIMER kick-started here on Monday. Dr. Sonu Goel, Programme Director introduced the history of programme where over 200 people from 80 countries have build their capacity through similar programmes in last three years and in current programme, senior level policy makers from 19 nations are attending for addressing contextual public health challenges in their respective countries. While appreciating the enterprise of Department especially Dr. Sonu Goel and thanking ITEC, Ministry of External Affairs, Govt. of India for initiating such wonderful programme at PGIMER, chief

guest Prof. Jagat Ram, Director, PGIMER Chandigarh emphasised upon the importance of collective efforts of various participating countries to tackle common public health issues. Prof. Rajesh Kumar, Dean Academics welcomed delegates and assured for disseminating good practices amongst peer countries through inculcating effective leadership and management practices through this program.



Recommendations and reviews



Awesome team with great knowledge. Thank you all very much for this life changing experience

2 October



It was a life changing experience Thanks Dr. Sonu and your team for making this 10 days full of fun and learning

25 April



International Public Health Management Development Program



Published by Samita Paul [?] · 4 October at 14:25 · 🌐

A tale of how City Beautiful became City Smart!!!! A Visit to Smart City Office, Chandigarh;

#Day4 #PHPM #IPHMDP #ITECNetwork #MEA_INDIA #MOHFW_INDIA #PGIMER


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International Public Health Management Development Program
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1:29



2:02



0:21



Active Go to

Interviewing the participants from various ITEC Countries
#PHPM #IPHMDP #ITECNetwork #MEA_INDIA #MOHFW_INDIA #PGIMER
अनुवाद देखें



504
People reached

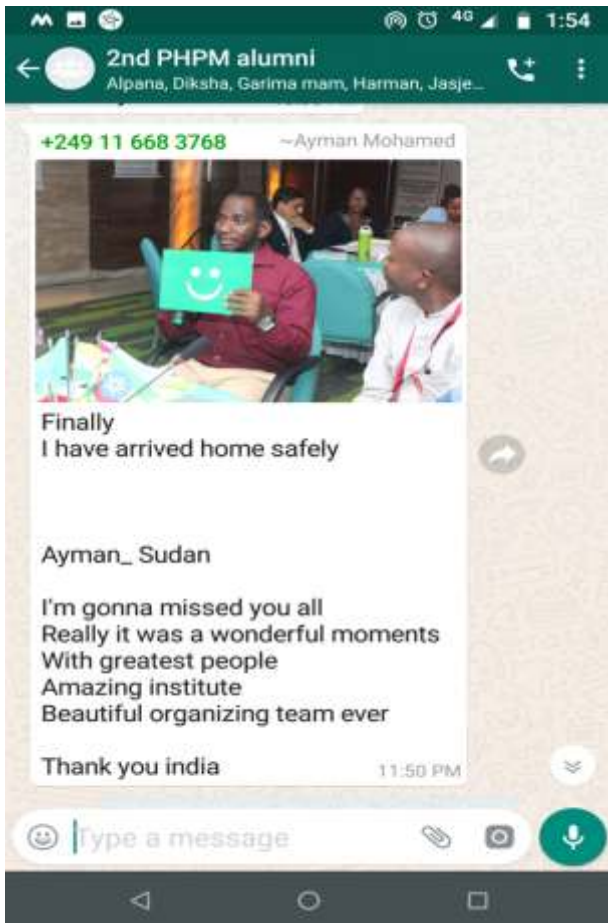
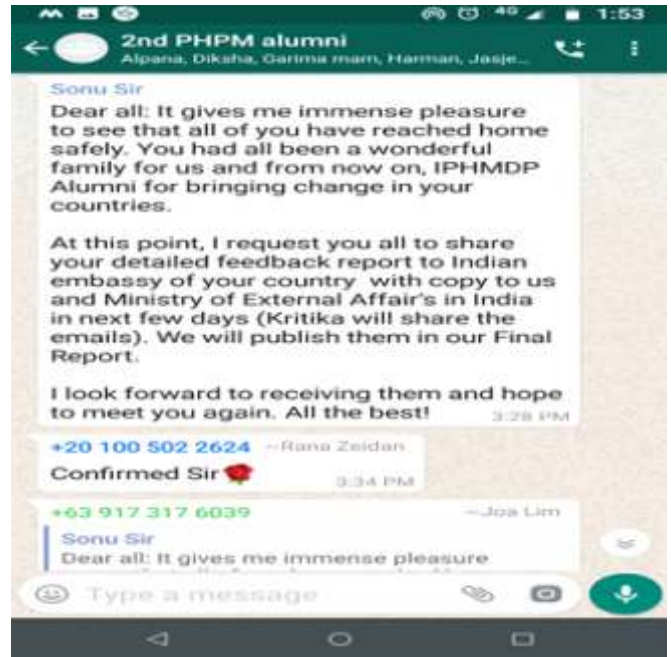
92
Engagements

Boost Post

👍❤️😮 15

3 shares

» Social Buzz



Feedback on the 2nd Public health policy and management (PHPM) program

Chandigarh, India

30th sept-4th Oct,2019



Photo of participants and organizers

By Dr Mikiyas Gosa Negash

Ministry of health, Amanuel mental specialized hospital, Ethiopia

**Organized by;
Department of Community Medicine and school of Public Health, PGIMER**

**sponsored by;
Ministry of External Affairs
Government of India (under ITEC)**

Summary of the 5 days

The goal of the 2nd PHPM program that took place from 30th September to 4th October, 2019 in Chandigarh, hotel shivalik view was to enhance understanding of senior level policy makers about the best practices in public health policy and management of India for addressing contextual public health challenges for overall attainment of the SDGs.

The 5-days program was divided into different sessions and there were lectures, power point presentations, group discussions, role plays, case studies, exercises, real case scenario and field visits.

We also prepared action plan at the end of the program to be implemented within 6 months of completion of the program.

A warm welcome from the organizers with a beautiful Indian tradition and then completed our registration. The program was attended by 19 participants from different 16 countries. The program started every day at 9 am and until 5 pm with half an hour session dedicated on reflection of the previous day.

Experts presented power point lectures on different topics like global public health issues and challenges, Indian healthcare, public health policy, policy analysis, politics of health policy. Assignments (case study, role play, videos) were given between lectures.

The program was meticulously planned, educational and gave the participants the opportunity to share their experiences back home and interact with each other. It also helped us 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 field visits were very informative and inspiring. On day 3 we went to PGIMER Chandigarh, visited department of community medicine and school of public health, PGIMER and saw a demonstration of air quality monitoring devices.

Also on day 4 a visit to smart city office, Chandigarh on a tale of how city beautiful became city smart.

A culture night was also prepared on day 4 where we wore traditional clothes, sang to our traditional music and interacted with each other.

Finally, the program came to an end where we made an action plan and presented best practices of our country. Certificates were given to winners of the different events and the whole participants.

I found this program very helpful in giving me knowledge in health policy framework, agenda setting and policy implementation, policy analysis and leadership in health policy. I believe more time should be dedicated to for the courses and also for field tours so as to explore the country and its cultural aspects as part of the overall experience.

Finally I want to thank the organizers for their effort in hosting such beautiful a program and the Indian government for this opportunity. it was a life changer for me.

Participant Feedback Submitted to ITEC, MEA

10/9/2019

Gmail - PHPM program feedback



IPHMDP PGI <iphmdp@gmail.com>

PHPM program feedback

1 message

Rana Zeidan <ranazeidan@ymail.com>

Tue, Oct 8, 2019 at 1:14 PM

To: "amb.cairo@mea.gov.in" <amb.cairo@mea.gov.in>

Cc: "com.cairo@mea.gov.in" <com.cairo@mea.gov.in>, "fscm.cairo@mea.gov.in" <fscm.cairo@mea.gov.in>, "accts1.cairo@mea.gov.in" <accts1.cairo@mea.gov.in>, "tamer@indembcairo.com" <tamer@indembcairo.com>, "dirtc@mea.gov.in" <dirtc@mea.gov.in>, "jsdpa2@mea.gov.in" <jsdpa2@mea.gov.in>, "ustc@mea.gov.in" <ustc@mea.gov.in>, "iphmdp@gmail.com" <iphmdp@gmail.com>

HE Mr. Rahul Kulshreshth,
Ambassador of India

Greetings

This is Dr. Rana Zeidan, the head of external affairs at National Training Academy of Egypt (NTA). I had the honor of meeting your kind self before to encourage more cooperation between NTA and India.

In this email, I would like to take the opportunity to thank you and the Indian ministry of external affairs for the invaluable experience I gained over the last few weeks since I have been accepted in the program " Public Health Policy and Management" at Post Graduate Institute of Medical Education and Research, Chandigarh under the ITEC program

Actually, the great experience started from the announcement and selection process. thanks to the embassy and ministry of external affairs team. we have been working together in a lot of cooperation areas in ministry of health and NTA for more than a year now, but, this time I was a customer who touched the warm and professional services they provide.

As for the course in Chandigarh, training was well organized, with very interesting material and discussions were truly inspiring. I particularly enjoyed the highly interactive methodology which helped to make the education experience more rich. the content was extremely informative and incredibly useful. field visits were very demonstrative and useful in getting in touch with the Indian experience to solve public health related challenges. No words can express my deep thanks to the team that participated in planning and execution of this training program that showed an inspiring dedication to make everything perfect. They showed clearly how dedication, professionalism and passionate work can make a difference in the life of others.

The only recommendation that I can mention is that I believe that 5 days were not enough to reach the complete application of the concepts included in the program. so, I strongly recommend making it longer


I will surely recommend this training to all my colleagues working in healthcare sector in the Egyptian government. I, myself, would love to attend future training, conferences or events organized or featured by your side.

Your valuable efforts are really appreciated and more cooperation will be of a great value to both of us.

Sincerely,
Rana Zeidan
Head of External Affairs and Social Responsibility
National Training Academy
002-01005022624
ranazeidan@ymail.com
rzidan@nta.eg



FEEDBACK REPORT
2nd Public Health Policy and Management Program

<p>DELEGATE</p>	 <p>Joanna Marie M. Lim, RN Senior Health Program Officer Health Policy Development and Planning Bureau Department of Health Philippines</p>
<p>DATE VENUE</p>	<p>30 September to 4 October 2019 Hotel Shivalikview, Chandigarh, India</p>
<p>PARTICIPANTS</p>	<ul style="list-style-type: none"> Organizers and resource persons from Postgraduate Institute of Medical Education and Research (# of delegates) Delegates from (1) Chile, (3) Egypt, (2) Ethiopia, (1) Guyana, (1) Madagascar, (1) Mauritius, (1) Mexico, (2) Nepal, (2) Nigeria, (1) Palestine, (1) Philippines, (1) South Sudan, (1) Sudan, (1) Tanzania, and (1) Thailand
<p>HIGHLIGHTS AND FEEDBACK</p>	<p>Program Goal: The program seeks 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).</p> <p>Funding: Government of India I am beyond grateful for the generosity of the Government of India to offer such opportunity.</p> <p>Pre-departure assignment: One week before, we were given two journals to read every day. We had to bring a flag and make a logo re: World Heart Day. We had a quiz re: the readings. However, the logo was not collected from us.</p> <p>Accommodation/Hospitality: I am satisfied with the hotel and its amenities. The hotel staff were all accommodating and patient.</p> <p>Program Organizers: They are all passionate, committed, accommodating, and patient.</p> <p>Inaugural Ceremony: I missed the whole morning session of Day 1 because my flight was delayed.</p> <p>Topics discussed: (1) Global public health issues and challenges, (2) Indian healthcare system, (3) public health policy through management and leadership, (4) health maps, (5) health policy frameworks, (6) public policy, (7) formulation of public health policy, (8) ethics and politics of health policy, (9) health policy models and theories, (10) public health policy and governance, (11) translating research to drive public health policy, and (12) policy analysis.</p>



	<p>Methodology:</p> <ol style="list-style-type: none"> 1. Exercises in the form of case study, video, and role playing were done every after lecture applying the concepts learned. These were very helpful and practical in understanding more and contextualizing the concepts. I just wish there were more time allotted for these. 2. Ice breakers before every new or at the end of session were also done for a mental break. These helped us to have a more focused attention during sessions. 3. Field visits showcasing the best practices in PGIMER and the Smart City Concept of Chandigarh towards attainment of SDGs were held. I appreciate these visits because it gave us the opportunity to see firsthand their stories. I also just hope there was more time so we could have toured around more PGIMER and seen more of the plans for the Smart City. 4. Action planning on the application of the concepts learned was done and submitted by each delegate. I appreciate this as it compels us to act. 5. Case Presentation of best practices was done. Although not classified as best practice but a good initiative, I presented how we develop our Health Executive Agenda for Legislation (HEAL) integrated with capacity building activities. Mexico delegate is interested to adopt this practice in their country. This was one of the highlights of my experience as this paved the way for me to showcase our practice. It was also uplifting that one of the delegates was interested. I just hope that other delegates presented their cases, so we could have learned from them also. 6. Special Activities <ul style="list-style-type: none"> o I enjoyed doing the laughter yoga and bhangra (Punjabi dance). It made me appreciate the Indian culture. o All delegates wore their local/traditional attire and performed a cultural dance/song during the cultural night. I performed an Ifugao thanksgiving dance. This was also one of my memorable experiences in India. In one night, I had a glimpse of 16 different cultures. I felt like I immersed in an Indian celebration. <p>Valedictory Ceremony: Special awards received by the Philippines were Voracious Reader, Best in Logo, and Best Case Presentation. It is fulfilling to be recognized and appreciated, so I commend the organizers for giving out several awards. It was fun and participative. I just hope we had one last group photo after the ceremony as some of us were not present during the group photo in the inauguration.</p> <p>Feedback: I also appreciate how the organizers used Google Forms as platform in giving feedback and how they update their Facebook page real time. Pictures were immediately posted and shared with us. You may visit their Facebook page to view the photos and videos during the five-day program. I just hope that they allotted at least 10 minutes every day before they dismiss us to do the feedback. I also hope that they allotted a scheduled time for posttest, interviews, and picture taking so it won't take up our lunch time or break time.</p>
<p>LEARNINGS</p>	<ol style="list-style-type: none"> 1. It is important to understand the relationship of politics and policy, and ethics of health policy. Policymaking is an intense political process. Being able to identify the (1) factors influencing this process, (2) sources of power of the policy actors, and (3)



Participant Feedback Submitted to ITEC, MEA

	<p>values/philosophy of would help me understand the actors' positions and identify the appropriate political strategies.</p> <ol style="list-style-type: none"> 2. Among other things, other highlights of what I newly learned are the following: <ol style="list-style-type: none"> a. Explicit inclusion of the important role of politics in policy development both in internal and external environment b. Importance of aspiring to both be a good leader and a good manager depending on what the situation calls for c. A measurement of being a good leader is being able to produce a good leader d. A bigger picture of how the Philippines is doing well in relation to SDG targets compared to other participating countries of the program 3. After finishing the program, I realized that I also want to teach. 😊 4. More importantly, I had a glimpse of the practices, culture, and some pressing problems of some delegates directly from them. It is different listening to their stories compared to just reading these things from books or website articles.
<p>ASSIGNMENTS</p>	<ol style="list-style-type: none"> 1. Send pertinent documents re: IHEAL to Ms. Saavedra from Mexico 2. Do post program completion assignments: <ol style="list-style-type: none"> a. Implement the action plan submitted to the PGIMER. I plan to update our Policy Planning Research and Legislative (PPRI.) module and use the updated module in future training/orientation/workshops especially for the upcoming PPRI. training this October to be conducted by our Bureau. b. Submit implementation report to the PGIMER by January 2020 c. Submit feedback report to the PGIMER, India's Ministry of External Affairs, and Embassy of India in Manila
<p>RECOMMENDATIONS</p>	<p>Overall, the program is both fun and productive. I hope that they continue in conducting this program and all the good points we pointed out and in the future. It was also managed and coordinated well, but I recommend the following for consideration:</p> <ol style="list-style-type: none"> 1. Earlier notice of acceptance to the program. Given so, we could have earlier prepared and processed the required documents so the Embassy could have booked an earlier flight. Some of us would have not missed the morning session of Day 1. More so, we could have prepared more for some of the pre-departure assignments. 2. Longer duration for the program, probably two weeks. Five-day program duration was productive, but additional days could have given us more time for exercises and discussion, and completion of our assignments and group works. This could have paved the way for allotted time in accomplishing feedbacks, answering tests, doing the interviews, and more time for field visits. We could also have discussed the Health Technology Assessment originally included in the program. 3. A dedicated day for cultural/tourist visit. This could have been a bonus for us to get to know and immerse ourselves with the beauty of Chandigarh. But we truly appreciate the one-hour bus tour the organizers arranged for us to go around the city.



**UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH COMMUNITY DEVELOPMENT GENDER
ELDERLY AND CHILDREN**

REPORT ON PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM

ORGANIZED BY:

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

SPONSORED BY:

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

**PREPARED BY SHILUNGU NDAKI
MINISTRY OF HEALTH COMMUNITY
DEVELOPMENT GENDER ELDERLY AND CHILDREN
POLICY AND PLANNING DEPARTMENT
OCTOBER, 2019**

1. Introduction

The Department of Community Medicine & School of Public Health Post Graduate Institution of Medical Education and Research, Chandigarh, India in collaboration with Ministry of Health Affairs, Government of India (under Indian Technical & Economic Cooperation Program) organized a five days training on Public Health Policy and Management. The training took place at Shivalikview Hotel, Chandigarh, India.

The training intended to equip the participants with knowledge and skills in public health policy and management issues that could enable them address public health issues in relation to emerging global health challenges.

The training is designed to offers cross-cultural learning through sharing of best practices of health promotion by the participants from different countries. Furthermore, the training intended to give exposure to best practices of public health policy and management in India. The training 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 organization of the training was delivered by a combination 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).

The combination of methods made the training a success where participants were able to achieve the intended objectives.

2. Day one events (30/09/2019)

Day one started by welcoming all participants by using Indian culture. The event was very well organized and was so colorful. Next to that it was followed by official inauguration of the events by officials from the government of India.

After opening of the program, the presentation and facilitation of the training started where the following topics were presented; Global Public Health Issues and Challenges by Dr Sanjay Zodpay followed by Understanding of Indian Healthcare System by Dr Sanjiv Kumar, later Dr Sonu Goel made a presentation on Public Health Policy Through Management and Leadership Approaches and finally Dr Sanjiv Kumar made a presentation on Introducing Health Map of India followed by group work. The modality for presentation and discussion was very interactive to presenters and participants.

The presentations made were very existing as topics were designed to address the current trends on global health issues. Moreover, the training was organized in a way that it gave participants a time for discussion with presenters, group work and feedback per each topic

3. Day two events (01/10/2019)

Day two started by the reflection on what was done on day one, followed with presentation as per timetable. The first presentation was made by Dr Upendra Bhojani and it was on Health Policy Framework followed by Introduction to Public Policy by Dr Sonu Goel. Furthermore, Dr Upendra Bhojani made a presentation on Formulation of Public Health Policy with focus on agenda setting and policy implementation. The final event for day one was on health map from individual countries' participants.



4. Day three events (02/10/2019)

Day three events started by reflection of day two events and followed by presentations. The first presentation was on Politics of Health Policy made by Dr Upendra Bhojani, followed by Health Policy Models and Theories by Dr Sonu Goel. After lunch the participants made a field visit to PGIMER where we witnessed the best practices in health services delivery from PGIMER institute

5. Day four events (03/10/2019)

Day four started with reflection of day three activities later the presentation on Health Technology Assessment in Policy Making was made followed with Health Policy and Governance. After lunch the team had a field visit to Chandigarh Smart City. The visit to the smart city was very exciting as the team was able to hear and witness the most recent initiatives in town planning and technology. Finally during night the team was able to have a nicely organized cultural events and all participants were able to show the nice cultural issues from their home countries.

6. Day five events (04/10/2019)

Day five started with reflection of day four events then followed with a presentation on Translating Research to Drive Public Health Policy by Dr Sonu Goel, next to that was a presentation on Policy Analysis by Dr Sonu and finally it was on Action Plan Presentation

The final event on day five it was a closing ceremony, of which certificates of participation and other awards were given to participants

7. Lesson Learnt

oIndian health system is very well organized, competent professors, hence there is a need of continuing in sharing best practices

oIndian people are so nice and friendly, if possible is better to establish cultural exchange events where the Indian culture can be shared and make it known to other countries

oInitiatives made by Chandigarh smart city are better to be shared with developing countries such as Tanzania

8. Recommendation

oIf possible the organizer have to consider on the increasing number of participants

oThe organizer if possible have to consider the increase of number of days at least from five to ten days

oThe cooperation and capacity building to government staff is better to be extended beyond the health sector.

9. Way forward and Conclusion

I thank the Indian Embassy in Tanzania and everyone who made this training a success, special thanks to Ms Gloria Mchomvu from the Indian Embassy Dar es Salaam and Professor Sonu Goel from PGIMER- Chandigarh for their efforts and support which made this training a success.



Report on the “2nd Public Health Policy and Management (PHPM) Program” conducted from 30th September to 4th October 2019 in Chandigarh – India.



Compiled by

Dr Sherifah Sheriff, Mbbs, FMCPATH,

Department of Chemical Pathology and Immunology,

Aminu Kano Teaching Hospital, Kano, Nigeria.



» Participant Feedback Submitted to ITEC, MEA



A group photograph of Organizers and Participants during the opening ceremony



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INTRODUCTION

It was the 2nd Public Health Policy and Management (PHPM) Program organized by the Department of Community Medicine & School of Public Health – Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, under the umbrella of International Public Health Management Development Program (IPHMDP). It was fully sponsored by the Ministry of External Affairs, Government of India, under the Indian Technical & Economic cooperation Program (ITEC).

The primary goal of this 5 day capacity building program is to enhance the understanding of senior level policy makers about best practices of India for addressing contextual public health challenges for overall attainment of Sustainable Development Goals (SDG). And to provide a unique platform for knowledge transfer, idea exchange and lots of opportunities for policy makers, both from government and private sectors to strategies and undertake administrative decisions for the overall strengthening of health care system

The course was well organized, coordinated and highly interactive. It was a fantastic mix of lectures, group exercises, individual exercises, videos, animations and role plays with energizer sessions in between. It gave an excellent opportunity for networking and exchange of ideas among the participants from different countries and cultures.

At the end of the program, all participants prepared an action plan to be implemented in their countries within 3 months of completion of the program

IDEAS AND SKILLS LEARNT FROM THE PROGRAM

1. Global health issues and challenges
2. Indian healthcare system
3. Role of leadership and management in influencing public health policy
4. Health policy framework
5. Agenda setting and policy implementation
6. Ethics of health policy
7. Public Health Policy and Governance
8. Policy Analysis and Translating research to drive Public Health Policy
9. The health map presentation enlightened participants in knowing the level of health care in their countries and comparing to that of other countries, noting the gaps for improvement.



COMMENDATION

1. The idea and concept of the program is quite impressive and essential to global health
2. Coordination and planning of the program was awesome
3. Program objectives were accomplished
4. The organizers were highly dedicated and extraordinary
5. Cultural evening explored various cultures and ideas.

SUGGESTIONS

1. Participants should be given at least one month prior notice when chosen
2. More time should be allocated for discussions
3. An extra time should be included to explore the country and its cultural aspects as part of overall experience.

PROGRAM DETAILS

Location and Duration of Program

The program was held at the conference Hall of Shivalikview Hotel - Chandigarh from 30th September to 4th October 2019. It starts each day by 9:00 am and runs till 5:00 pm with two half days on 2nd and 3rd October for study tour visit.

Attendance and Program Participants

The course was attended by 20 participants from 15 different countries across the globe: Nigeria, Egypt, Madagascar, Chile, Sudan, South Sudan, Palestine, Mauritius, Mexico, Philippine, Ethiopia, Thailand, Guyana, Tanzania and Nepal.

The participants were divided into 4 groups namely; hoppers, shakers, rockers and movers with 5 participants per group. This grouping is changed randomly on daily basis to maintain a dynamic cohort to inculcate peer learning and promote professional as well as social networking among them.

All participants were provided with information booklet containing all the details about the program, a hard bound training module containing the presentations, case studies, exercises and more. Also books on hospital administration, facets of Indian culture and Management by Chanakya were provided in order to assist participants that are interested in acquiring further information on the course.

An online feedback of the program is submitted by the participants each day.



Study Tour

A study tour to PGIMER, 'Smart City concept' office and water treatment plant was conducted on 2nd and 3rd October, where we also gained a tremendous experience from experts and administrators about the ongoing best practices and innovations in Indian public health systems, with the intent that we may replicate in our own countries.

Cultural evening

The program was further garnished with a cultural evening on 3rd October at 7:00 pm where all the participants dressed in their local traditional attire informally interacted with each other and displayed their hidden talents.

PHPM Contests

Various contests like voracious reader, selfie, taglines, posters, e-IPHMDP, cultural performer awards e.t.c were organized during the program and winners were awarded a certificate.

Valedictory session

The program was rounded up with a valedictory session and issuance to certificates and various awards to participants.

Social Media

The program can be followed via the following social media platforms,

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

Twitter : @lphmdp

Watsup group

MY ACTION PLAN

Short term action plan (within 3 months)

1. My primary action plan is to "Improve the quality of laboratory test results in the Department of Chemical Pathology, Aminu Kano Teaching Hospital". As a pathologist, I decided to choose this action plan for a start to see how I will apply the skills I acquired from this program to achieve a goal. Again, knowing that an accurate and reliable laboratory result is the key to proper patient management.
2. Share this knowledge and experience with colleagues in my Department, Doctors in other departments and with hospital staffs at large



Long term plan:

1. To conduct a similar program in my Community

CONCLUSION

The course succeeded in providing the participants with good practices of case-based approach, peer-to-peer learning, hands-on experience and skills to effectively manage the existing and emerging public health challenges for the overall improvement of health care delivery system and quality of life of citizen in their countries.

APPRECIATION

My special appreciation goes to IPHMDP, ITEC and Ministry of External Affairs, Govt. of India. I would also like to extend my deep thanks to PGIMER, the Program Director, Coordinator, Facilitators and Organizing Committee of this program. Indeed it was a great opportunity to work with such a team of experts. The experience is an eye opener and life changing in the field of Medicine.

Hoping to keep in touch for subsequent for advices and guidance on health related policies.
Thank you

I will surely recommend this course for my Colleagues.



Participant Feedback Submitted to ITEC, MEA

PARTICIPANTS:

On this occasion, the training was attended by 21 participants from different countries of the world: Mexico, Egypt, Madagascar, Palestine, Sudan, South Sudan, Gambia, Republic of Mauritius, Afghanistan, Thailand, Philippines, Nepal, Indonesia, Chile, Nigeria, Ethiopia

For the development of the course we were distributed in groups of 5 to 6 people, achieving 4 groups per session. The above was randomized to facilitate the sharing of experiences with the different participants of the group.

It should be noted that given the methodology used for group work, it was possible to generate links between the participants that facilitated learning through the discussion of the various topics raised in the course.



» Participant Feedback Submitted to ITEC, MEA

PROGRAM GOAL:

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

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.

CONTENTS AND DEVELOPMENT

Global Public Health Issues and Challenges: Definition, coverage, dimensions of global Health and its challenges.

Indian Healthcare System: Historical perspective of health system, evolution of current health system in India, recent developments, essential conceptual frameworks to understand uhc.

Health Map: Description of what a health map is and the importance of its use in public health

Public Health Policy through Management & Leadership approaches: Understand the differences between Management and Leadership, appreciate the functions, levels, roles & skills of managers in management of public health challenges and comprehend Leadership's role in public health practice.

Health Policy Framework: Defining policy, health policy, (Health) Policy framework, defining actors, process, context.

Introduction to public policy: Define policy and public policy, analyze the importance of public policy, describe the nature and characteristics of public policy, types of public policies, steps in public policy.



2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM

ORGANIZED BY:

DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH
POSTGRADUATE INSTITUTION OF MEDICAL EDUCATION AND RESEARCH,
CHANDIGARH, INDIA

SPONSORED BY:

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

Feedback Report from: Víctor Díaz Aguilera - Chile



INTRODUCTION:

This report gives an account of the second version of the Course "PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAMS", organized by the Department of Community Medicine and School of Public Health of the Institute of Postgraduate and Medical Studies and Research of the city of Chandigarh in India, sponsored by the Ministry of Health of India.

The conferences were held throughout the week between September 30 and October 4, 2019 at the Shivalik View Hotel, located in Sector 17E, of the City of Chandigarh from 09:00 a.m. to 5:00 p.m.

The methodology used in the Program was based on presentations, group discussions, case and indicator analysis, group exercises, individual exercises, videos, animations and role-playing, including field visits to hospitals, healthy plazas and other facilities according to the Program.



Report

2nd Public Health Policy and Management (PHPM) Program
[under International Public Health Management Development Program (IPHMDP)]
September 30 – October 4, 2019

Chandigarh, India



Prepared by: Ms. Malkia Idal
Principal Assistant Secretary (Finance)
Ministry of Public Health
Guyana

Overview

The 2nd Public Health Policy and Management (PHPM) Program under the International Public Health Management Development Program (IPHMDP) was organized by the Department of Community Medicine and School of Public Health Post Graduate Institute of Medical Education and Research, Chandigarh from September 30 to October 4, 2019 and sponsored by the Ministry of External Affairs, Government of India under the Indian Technical & Economic Cooperation (ITEC) Program.

The main objective of this five days capacity building program held at Hotel Shivalikview, Sector 17, Chandigarh, India was to enhance the understanding of senior level policy makers on the best practices in Public Health Policy and Management of India for addressing contextual public health challenges in overall attainment of Sustainable Development Goals (SDGs), thereby strengthening health system by acculturation of effective ideas and policies.

This program was successful in dissemination of the good practices of ITEC nations through case-based approach, peer-to-peer learning and hands on experience for its adaption and replication at country level. It provided a unique platform for knowledge transfer, exchanging of ideas and variety of opportunities for policy makers both from government and private setups to strategies and undertaking of administrative decisions for overall improvement of effectiveness and efficiency of health care delivery system and quality of life of citizens in their respective countries.

The program was one with a difference, very well structured, educational, rich in content, rewarding, life-changing, fun, and provision for social networking among countries blended with study tours and cultural event. It helped in leadership and management, better understanding of India health system and countries were guided in the process of developing action plans for implementation into the health system.

Presentations, group work and group discussions were mind blowing and eye-openers on the various health issues and possible solutions. Overall the ice-breakers were interesting, positive, energizing and fun. Useful case studies using tangible examples were exceptional and at the said time provided participants the opportunity to share ideas and learn from each other. This experience demonstrated the different approaches participants took addressing the same problem or scenario. Activities such as the early morning laughter yoga and the afternoon site seeing of the beautiful city of Chandigarh added flavor to the program experience.

Generally the organization and logistics were quite impressive. The inaugural ceremony, cultural evening and the Indian hospitality added more value to an already valuable and unique experience. The study tours were appropriately organized, motivating, inspiring, fascinating and astonishing. It was very useful to see the demonstration of Air Quality Monitoring Devices at the Department of Community Medicine and School of Public Health, visit to the Post Graduate Institute of Medical Education & Research (PGIMER), visit to Smart City Limited and presentation of how City Beautiful became City Smart, visit to the Garden of Fragrance and it's Out-door Gym and seeing first-hand Chandigarh Water Supply Scheme; Phase V & VI.

» Participant Feedback Submitted to ITEC, MEA

The dialogue and level of interaction between the organizers, presenters, and participants were great even though all presentations and communications were in English.

The objectives of the program coincide with the participant's expectations, since it was found to be informative and very interesting. The interactive teaching approach encouraged participant's personal opinions and experiences to be shared within the groups were highly appreciated. All the participants expressed the same sentiments to have more training programs/courses, follow-up seminars/workshops, etc. to be conducted and they would definitely recommend the Public Health Policy and Management program to their colleagues.

The areas on Public Health Policy and Management I have learnt from this program are:

- ❖ More global public health issues and challenges
- ❖ India healthcare system
- ❖ Public health policy through management and leadership approaches
- ❖ Health policy framework
- ❖ Introduction of public health policy in a unique way
- ❖ Formulation of public health policy
- ❖ Ethics and politics of health policy
- ❖ Health policy models and theories
- ❖ Health technology assessment in health policy
- ❖ Public health policy and governance
- ❖ Translating research to drive public health policy
- ❖ Policy analysis

Valuable areas of the program

- ✓ Unique, interesting, informative and rich in content
- ✓ Allows networking with colleagues in various fields from different parts of the world
- ✓ Foster good work relationship and even create new family bond
- ✓ Provides a great opportunity to exchange experiences with others from various cultural backgrounds
- ✓ Shares real life case studies that countries can learn from
- ✓ Provides the opportunity to build capacity in our country setting
- ✓ Encourages team work
- ✓ Supports theories with field tours to see practices on the ground which helps expand knowledge and gives hands-on experience
- ✓ Shares best practices that other countries can learn from and even use to better their country's health system
- ✓ Very well organized



» Participant Feedback Submitted to ITEC, MEA

- ✓ Uses great materials
- ✓ Gives importance to participants feedback and opinion

Recommendations:

- Much more similar programs
- A little more time to explore the country and its cultural aspects as part of the overall experience
- Additional morning laughter yoga
- Study tours to PGIMER and other public health area of interest
- Workshops/Seminars

Actions for implementing my skills in the areas I have learnt

- Capacity building for my work colleagues
- Dissemination of reports, information and ideas to policy managers
- Sharing this valuable experience with my Honourable Minister, Permanent Secretary, Head of Department, colleagues and Public Health Administration.
- Sharing my valuable program sessions on my social media platform

Significant milestone that I will accomplish in a month's time (November 4, 2019)

- ❖ Sharing information, ideas and experience acquired from the 2nd Public Health Policy and Management Program in the workplace in order to improve productivity and efficiency in the areas of management, agenda-setting and leadership.

General Information

Location and duration of program

The program was held at the Conference Hall of Hotel Shivalikview, Sector 17, Chandigarh – 160017 for five days from September 30 to October 4, 2019.

Attendance and program participants

The program was attended by twenty individuals coming from fifteen countries; namely Egypt, Ethiopia, Nigeria, Philippines, Thailand, Tanzania, Nepal, South Sudan, Mauritius, Madagascar, Sudan, Chile, Guyana, Mexico and Palestine.

The participants were divided into five groups with interesting names such as Rockers, Shapers, Movers, Takers and Hoppers with five to six participants per group. On a daily basis participants were randomly rotated from one group to another to maintain a dynamic cohort for inculcate peer learning and promote professional as well as social networking among each participant.

Program details and cultural event

The program started each day at 9:00am and some days 8:30am and continues until 5:00pm. Group leaders were also selected each day. Two half days study tour visits was included in the program on October 2nd and 3rd 2019. Participants visited Department of Community Medicine and School of Public Health, Post Graduate Institute of Medical Education and Research (PGIMER), Smart City Limited, Garden of Fragrance and Outdoor Gym, Central Water Supply, Public Health Laboratory; Water Works,



» Participant Feedback Submitted to ITEC, MEA

Chandigarh. The study tour visits showed best practices and innovations appraised by various experts and administrators with the intent of participants replicating them in their country settings with unison with program and policy managers. This was done in a manner to assist participants to effectively manage the existing and emerging public health challenges for overall strengthening of health systems. On October 1, 2019 participants were privileged to enjoy a top view bus site seeing of Chandigarh City.

One morning session of Laughter Yoga was also held which was awesome, rejuvenating, refreshing, healthy, and good bonding.

Every morning a thirty minutes session was held for reflection on the previous day session, whereby selected participants from the day before gave a recap of the previous day's sessions.

On the evening of October 3, 2019 an amazing cultural evening was held where all the participants interacted informally with each other and showcased their country's culture in the form of dress, dance, songs, poems, and even a game of tug and war.

The final day of the program was devoted for reflections and feedback on the program in terms of effectiveness and planning the next steps. The program ended with a simple but wonderful Valedictory Ceremony where certificates and contest awards were distributed to participants and program support staff.

Public Health Policy and Management Program Contests

There were various contests such as Best Logo Design, E-IPHMDP (most active participant on social media platform), Best Selfie, Best Cultural Performer, Best, Voracious Leader, Leader Attributes, Most Active Participation, Best Dressed, Congenial Personality, etc. organized by the program team and winners were awarded a certificate.

I was honored to receive the E-IPHMDP and Leader Attributes awards.

Social Media

The International Public Health Management Development Program (IPHMDP) social media pages are:

Facebook

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

Twitter

Account Holders: lphmdp

Others: lphmdp.twitter

Whatsapp

2nd PHPM Group

To conclude it was really a life-changing experience. It was a pleasure to work closely with this hardworking team. I learnt a lot from this program. I will definitely recommend this program to others. From my heart I wish the entire program team continued great success in all their future professional programs.



**REPORT ON THE 2nd PUBLIC HEALTH POLICY AND
MANAGEMENT (PHPM) PROGRAM
FROM SEPTEMBER 30TH TO OCTOBER 4TH 2019
CHANDIGARH – INDIA**

PREPARED BY DR Stephanie Joele RAVELOMALALA

Ministry of energy, water and hydrocarbons Madagascar



Organized by:

- Department of community medicine and school of public health
- Post graduate institution of medical education and research, Chandigarh-India

Sponsored by:

The ministry of external affairs, government of India under India Technical and Economic Cooperation program

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Action plan	

ACKNOWLEDGMENT

I would like to take advantage of this opportunity to express my special thanks and gratitude towards the ministry of external affairs, government of India (under India Technical and Economic Cooperation Program), the department of community medicine and school of public health, the post graduate institution of medical education and research Chandigarh- India as well as the government of Madagascar especially the ministry of energy, water and hydrocarbons who gave me the chance and occasion to attend this program “ 2ND public health policy and management program from September 30th to October 4th in Chandigarh-India”.

Thanks to this program, I did not only increase my knowledge but I also got the chance to bring my contribution to enhance our health policy in order to have a tangible improvement to Malagasy people health.

My deep and great thanks are here expressed towards Dr Sonu Goel and his team, I am highly indebted to them for their guidance and constant supervision as well as providing necessary information regarding the program and also for their support in completing this training.

I wish you all a very successful family and professional life.

INTRODUCTION

The 2nd Public Health Policy and Management (PHPM) Program under the International Public Health Management Development was organized by the Department of Community Medicine and School of Public Health – Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, from 30th September to 4th October 2019, and sponsored by the Ministry of External Affairs, Government of India, under Indian Technical and Economic Cooperation Program (ITEC).

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

The objectives of this training program are as follow:

- To sensitize 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
- To showcase the favorable impact of healthy public policy implementation in India on quality of life of its citizens through illustration by relevant case studies
- To provide exposure to visiting global delegates to best practices of public health policy and management in India
- 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

The program was organized during period of five days from 30th September to 4th October 2019 including two study tour visits on 2nd and 3rd October 2019. The program started every day during the period running from 9:00 am to 5:00 pm in the evening. Every day, there was half an hour session for discussing the highlights of the previous day sessions. The program was a mixture of lecture, group exercises, individual exercises, videos, animations and role plays. In between the sessions, few outdoor activities have also been planned as energizers.



Participants during Icebreaker through the use of energizers

» Participant Feedback Submitted to ITEC, MEA

A cultural event was organized on 3rd October evening from 7:00 pm onwards where all the participants could informally interact among each other and demonstrating different individual hidden talents. Everyone was requested to be using traditional dress /attire.

A study tour was incorporated in the program schedule on 2nd and 3rd October 2019 wherein the best practices and innovations were appraised by various experts and administration with an intent that the participants may replicate in their country settings. This has been followed with much attention to allow participants to be able to effectively managing the existing and emerging public health challenges for overall strengthening of health systems.

The participants were divided into 6 groups made of 5-6 participants each of them. These participants were randomly rotated from one group to other on daily basis to maintain a dynamic cohort to inculcate peer learning and promote professional as well as social networking among them.

The following topics have been addressed during the training:

 2nd Public Health Policy and Management Program Date: 30 th September - 4 th October 2019 Organized By: Department of Community Medicine & School of Public Health, PGIMER, Chandigarh					
DAYS	MONDAY 30/09/2019	TUESDAY 01/10/2019	WEDNESDAY 02/10/2019	THURSDAY 03/10/2019	FRIDAY 04/10/2019
09:00-09:30 AM	INAUGURAL CEREMONY • Program Overview • Introduction of Participants • Pre test	Reflection of previous day Health Policy Frameworks (Dr. Upendra Bhatnagar)	Reflection of previous day Politics of health policy (Dr. Upendra Bhatnagar)	Reflection of previous day Health Technology assessment in policy making (Dr. Ashok Grover)	Reflection of previous day Translating research to drive public health policy (Dr. Soma Goel)
09:30-10:30 AM					
10:30-11:15 AM	Global Public Health Issues & Challenges (Dr. Sanjay Zolpary)	*Assignment	*Assignment	*Assignment	*Assignment
11:15-11:30 AM	TEA BREAK				
11:30-12:30 PM	*Assignment	Introduction to Public policy (Dr. Soma Goel)	Health policy models and theories (Dr. Soma Goel)	Public Health Policy and Governance (Dr. Rajesh Gupta)	Policy Analysis (Dr. Soma Goel)
12:30-01:15 PM	Understanding Indian healthcare system (Dr. Sanjay Kumar)	*Assignment	*Assignment	*Assignment	Action Plan Preparation
01:15-02:00 PM	LUNCH				
02:15-03:15 PM	Public health policy through Management & leadership approaches (Dr. Soma Goel)	Formulation of public health policy -Agenda setting & policy implementation (Dr. Upendra Bhatnagar)	Demonstration of best practices in patient care settings at Post graduate Institute of Medical Education and Research.	Showcasing of India's "Smart city concept"- Translating policy into action	Action Plan Presentation
03:15-04:00 PM	*Assignment	*Assignment			VALEDICTORY CEREMONY
04:00-04:45 PM	Introducing Health Map of India followed by Group Work: Preparation of Health Map of participating countries (Dr. Sanjay Kumar)	Presentation of Health Map of their participating countries			

*Assignment -case study/ role play/video lesson Games - 02:00-02:15 PM Evening Tea- 03:55- 04:10 PM Day wise Feedback of participants- 04:45-05:00 PM
 Special Activity (1st October 2019, 6:45- 7:30 am) —laughter yoga and bhanga

SUMMARY OF DAY ONE: SEPTEMBER 30TH, 2019

After the registration, the inaugural ceremony was organized where the speakers took the floor and emphasized the importance of this program. At the end of the inauguration ceremony, a group photo was taken as a souvenir.



Ceremony of light which aims to drive out the darkness, that means to bring out the ignorance and let the knowledge enter



Photo of participants and organizers during the opening ceremony

Then, participants were presented in a very interesting way because one participant chose a participant who was sitting next to him and given five minutes so that the two people could get to know each other better and after one presented the other and vice versa.



Samson Paul from Nigeria was introducing Dr Joële Ravelomalala from Madagascar

Twenty (20) persons participated in this training program. These participants came from different countries as represented on the world map below and here are them : : Egypt, Ethiopia, Nigeria, Philippines, Thailand, Tanzania, Nepal, South Sudan, Mauritius, Madagascar, Sudan, Chile, Guyana, Mexico, Palestine



After the opening ceremony and the presentation of the participants, the lessons are followed directly and for this first day the following topics were presented.



1- Global public health issues and Challenges

- presented by Dr Sanjay Zodpey where he emphasized on the following points:
- The global health issues and challenges which link health from a global perspective
 - The key concepts in relation to global health

2- Understanding Indian health care system

(By Dr Sanjiv Kumar) where he explained:

- the historical perspective of health system
- the evolution of current health system in India (health system is dynamic and Indian health system has evolved)
- the essential conceptual frameworks to understand UHC (Universal Health Coverage): disease burden has changed and is changing; addressing health needs of the whole population; prevention to curative home to hospital)





3- Public health policy through management and leadership approaches where Dr Sonu Goel gave tangible explanation on:

- the difference between management and leadership
- the functions, levels, roles and skills of managers, in management of public health challenges
- the leadership and role in public health practice

4-health map where Dr Sanjiv Kumar focused on: The importance of the health map which :

- is an effective form of visualizing information
- Helps to identify health care access disparities
- Is important in formulating and delivering priority points

- Helps to identify health trends
- Tracks the spread of infectious diseases
- Is a key component to improve service delivery
- Is important for Global comparison



SUMMARY OF DAY TWO: OCTOBER 1ST, 2019

Laughter yoga



The organizers gave us also the opportunity to practice yoga which is very important for health because yoga:

- increases flexibility and muscle strength and tone as well,
- improves respiration, energy and vitality,
- maintains a balanced metabolism,
- reduces weight,
- is important to cardio and circulatory health,
- improves athletics performance
- and finally it protects from injury.

It was the first time that I did yoga exercise and I really appreciated it and I will practice and recommend it for the health promotion and overall well-being.

After the morning yoga exercise, we started the second day of session and the following topics were addressed:



1-Health policy frameworks (Dr

Upendra Bhojani), the objectives were to:

- Understand the framework of health policy
- Define the key concepts of: policy, context, actors, process
- Describe how health policies are made through the inter- relationship of context, process and actors
- Process of policy making
- Contextual factors affecting policy

2-introduction to public policy (Dr Sonu Goel): public

Policy was no longer a shadow thanks to the light brought by Dr Sonu Goel so we are able to:

- Define policy and public policy
- Analyze the importance of public policy
- Describe the nature and characteristics of public policies
- Steps in public policy



1- Formulation of public health policy, Agenda setting and policy implementation (Dr Upendra Bhojani)

Where he gave the clear answers of the following questions:

- What is agenda ?
- How do issues get on policy agenda?
- Who sets the agenda ?
- He also gave the opportunity to understand:
 - The Agenda setting process
 - The Implementation process
 - The theories of policy implementation

Factors which influence policy implementation



SUMMARY OF DAY THREE: OCTOBER 2^{SD}, 2019

1-ETHICS and politics of health policy

(By Dr Upendra Bhojani) he emphasized that:

- Policymaking and policies represent values; choices - ethics are embedded
- Identifying these values(philosophy) help us better understand arguments and positions of players
- It helps us frame our own arguments/ positions and engage with others



2-Health policy models and theories

(Dr Sonu Goel):

- health policy framework is a highly simplified approach to a complex set of inter-relationships; the framework focuses on the content, context, process and actors)
- theories in health
- models in health policy (system model): describes policymaking in terms of the relationship between a political systems and its environment; inputs (demand and support) are converted into output (policy decision); by affecting the environment of the political systems, these outputs may generate new inputs

Demonstration of best practices in patient cares settings at PGIMER



This photo shows the professor Ravindra Khaiwal explaining how they are able to accurately determine in each city of India and at an exact time if the air is polluted or contains pollen. This is a very good initiative because it reduces respiratory diseases.

» Participant Feedback Submitted to ITEC, MEA



Indian health system is very advanced, however Madagascar can be the same if our health policy is strong, is followed and respected by all. India is an excellent example to be followed.

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SUMMARY OF DAY FOUR: October 3rd, 2019



PUBLIC HEALTH POLICY AND GOVERNANCE (Dr Rana J Singh), he highlighted that it's mandatory to:

- Understand the meaning of governance
- Understand the various domains of governance
- Know elements/indicators of good governance which are: participation, rule of law, transparent, responsiveness, consensus orientation, equity, effectiveness and efficiency, accountability, strategic vision
- Be aware of the Role of governance in health policy and planning
- Focus on the Implications of governance on health performance
- Critique on framework and governance processes

Showcase of India's smart city concept: translating policy into action



India is also very strong in water and sanitation. Their systems are well planned and well managed and they use all available resources for maximum results. India is a good example in terms of policy, strategy and implementation on water and sanitation and is willing to help others if needed.

» Participant Feedback Submitted to ITEC, MEA

Some pictures of the cultural event



Thanks to this cultural event, each participant was able to know some custom of each participating country. It was a very successful activity.

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SUMMARY OF DAY FIVE: October 4th, 2019

1-Translating research to drive public health policy

By Doctor Sonu Goel who transmitted a very strong message and used quotes to inspire us like for examples:

- You can't have the fruits without the roots
- When you cease to make a contribution, you begin to die (E. Roosevelt)
- What the mind can conceive it can achieve (Napoleon)
- Plant the seeds of trust and faith, they will bear great fruit
- Then, he said that we do not need big things to make a positive change but we must remember that:
 - a little step beginning of great journey
 - a little progress each day adds up to big results
 - success is the sum of small efforts repeated day in and day out
 - knowledge is of no value unless you put it into practice
 - every accomplishment starts with the decision to try
 - use everything as an opportunity to understand, grow and expand
 - initiatives aimed at beating a menace
 - life's most persistent and urgent question is: what are you doing for others
 - when one teaches, two learn



2- policy analysis :

This topic presented by Dr Sonu Goel allowed us to:

- Undertake retrospective and prospective policy analysis
- Understand the various steps involved in policy analysis
- Know the role of policy makers in policy analysis
- Know the challenges in policy analysis

» Participant Feedback Submitted to ITEC, MEA

Valedictory ceremony



The training was closed by the certificate and award ceremony and also by a closing speech which insisted on the implementation of the knowledge learned during the training in our respective countries in order to reach the SDGs.

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STRENGTHS AND SUGGESTIONS

Strengths

- This training program fulfilled my expectations
- The organization was well-organized by the program committee;
- The overall and topics were satisfactorily covered
- This was an opportunity to meet and get to know participants of other countries and learn from their experiences
- The lectures and support team are really talented and enthusiastic
- The cultural night event was a good opportunity to interact with other delegates
- The field visits were excellent and well organized
- PGIMER visit was very inspiring
- The icebreakers and games between the lectures helped us as a reenergizer
- The logistics provided in the program kit are of highest quality

Suggestions

- Due to the important and weight of topic to be discussed during this subject, it is important to extend the training up to 2 or 3 weeks because one week is not enough to cover the topic,
- Share the information with the participants at least one month in advance for selected candidates and dispatch/send the pre-reading materials at least one week before the training;
- The financial information need also to be shared before to allow candidates organize better for necessary expenditures do be done during the period;
- Regarding the flight booking, organize in considering transit period and also considering the beginning and the end of the training (eg. I left before the end of training and spent a full night in the airport waiting for flight);
- Integrate the room booking for more than 6 hours transit in the airport to allow the candidate to have a short rest
- If possible, provide the participant with the incentives related to the dinner to allow them change the environment and purchase they individually like
- To give the opportunity to participants to do some sightseeing at least one extra day after training order to know about Chandigarh and Indian culture
- Extend time for field visit to allow detailed discussions;

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CONCLUSION

This five-day training for public health policy training program was very instructive, well-organized, well-structured and rich in content of the high quality. The logistic arrangement and the overall organization was a very good standard, impressive and were in line with the event expectations.

All topics as planned in the training agenda were covered and well- explained. In addition, the program organizers delivered detailed books about the program as documents and presentations which introduce and explain each topic in order to assist participants in acquiring further information on the subjects.

The training made possible to know the best practices of Indian term of health system, thus allowing drawing lessons in order to strengthen the health system of each participating country by knowing the existing gaps to be solved for their related sustainable development.

The field visit was very inspiring because of the tangible nature of the transformation of politics into action and the desire of Indians to make their development sustainable. India is among the best country that developing country can use as an example.

The goal of the program matched my expectations. I really appreciated the interactive teaching approach that encouraged personal opinions and experiences to be shared within the group. This was a very interesting and rewarding experience. It was really exceptional working with this team and it very good learning opportunity. The result of this training helped to develop a plan to be implemented in the 3 months period focus on country specific issues in line with public health policy. I finally recommend this training program to my colleagues and wish the success future to the team in the current activities.

3n

» Annexure 1 - Program Committee



Dr. PVM Lakshmi

Professor

Department of Community Medicine & School of Public Health

PGIMER, Chandigarh

Mobile: +91 9914208225

Email Id: pvm_lakshmi@yahoo.com

- Medical doctor with MD in Community Medicine with 10 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



Dr. Sonu Goel

Professor

Department of Community Medicine & School of Public Health

PGIMER, Chandigarh

Mobile: +91 9914208027

Email Id: sonugoel007@yahoo.co.in

- Medical doctor with MD in Community Medicine with 16 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
- Areas of Specialization: Health Management, Tobacco Control
- Awarded public health excellence of India by Hon'ble Union Minister of Health & Family Welfare -2014

» Annexure 1 - Program Committee



Dr. Ravindra Khaiwal

Additional Professor

Department of Community Medicine & School of Public Health
PGIMER, Chandigarh

Mobile: +91 9876346309

Email Id: khaiwal@yahoo.com

- M. Tech, Doctor of Science & specialization in Analytical Chemistry from of Antwerp, Belgium
- Awarded 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, and MEGAPOLI



Dr. Shankar Prinja

Additional Professor

Department of Community Medicine & School of Public Health
PGIMER, Chandigarh

Mobile: +91 9872871978

Email Id: shankarprinja@gmail.com

- 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



Dr. Tarundeep Singh

Assistant Professor

Department of Community Medicine School of Public Health
PGIMER, Chandigarh

Mobile: +91 9646321316

Email Id: tarundeep.singh@gmail.com

- Medical Doctor with M.D in Community Medicine
- Immense teaching experience of twelve years in PGIMER, Chandigarh
- Areas of Specialization: Geriatrics, Hospital Administration Health System Management and Family Medicine

» Annexure 2 - Program Director



Dr. Sonu Goel

Additional Professor of Health Management
Department of Community Medicine & School of
Public Health

PGIMER, Chandigarh

Mobile: +91 9914208027

Email Id: sonugoel007@yahoo.co.in

- Medical doctor with MD in Community Medicine with 16 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

» Annexure 3 - Program Coordinator



Dr. Kritika Upadhyay

Junior Demonstrator, Health Management
Department of Community Medicine & School of
Public Health

PGIMER, Chandigarh

Mobile: +919914514584

Email Id: kritikau0@gmail.com

- Dental doctor with Masters in Public Health from Punjab University
- 1+year of experience as a Public Health Resource person in National vector Borne Disease control Program (NVBDCP) and IDSP, Chandigarh Administration.
- 1+ year of experience as a Consultant Dental Surgeon
- 2 + year of working in Health Management Unit of School of Public Health, managing various research projects and conducting trainings and focusing on implementation of various National Health Programs.

» Annexure 4 - Program Facilitators

Dr. Sanjiv Kumar

Ex-Director, International Institute of Health Management and Research in New Delhi. He was Adjunct Professor (Leadership, Global Health & Strategic Management) at INCLEN Institute of Global Health & Executive Director at National Health Systems Resource Centre, Delhi. He did his MBBS and MD from AIIMS, New Delhi, DNB in MCH and MBA in Strategic Management. He has 41 years of experience in public health across 29 countries. 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. He 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.



Dr. Sonu Goel

Additional Professor of Health Management, Department of Community Medicine & 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 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. Upendra Bhojani

Director at Institute of Public Health, Bengaluru and the Wellcome Trust/DBT India Alliance Fellow. He earned his Ph.D. in public health and health sciences from Ghent University (Ghent). His doctoral work was about studying the role of the local health systems in enhancing care for urban poor living with chronic conditions. His research work is in areas of chronic conditions, tobacco control, health policy and systems, political economy of health and health inequity. He teaches health ethics, urban health, political economy of health and tobacco control. He was a fellow of the John Hopkins Global Tobacco Control Leadership Program (2010) and the Arithra Leadership Accelerator Program (2017-18).



Dr. Rana J Singh

Deputy Regional Director International Union against Tuberculosis & Lung Disease, New Delhi. He is a Medical doctor with MD in pulmonary medicine. He has more than 25 years of experience in public health focusing on management and tobacco control. He is master trainer of courses for mid and senior level managers and is currently supporting tobacco and NCD control programs in South-East Asia Region.



Dr Sanjay Zodpey

Prof. Sanjay Zodpey presently works as Vice President – Academics, Public Health Foundation of India (PHFI), New Delhi and also holds leadership position as Director at Indian Institute of Public Health, Delhi. He is appointed as Adjunct Faculty at Jiann-Ping Hsu College of Public Health, Georgia Southern University, Georgia, Adjunct Professor in Public Health Leadership, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, USA, Honorary Professor, Sydney Medical School, The University of Sydney, Australia, Honorary Professor, School of Health and Social Development, Faculty of Health, Deakin University, Melbourne, Australia, Adjunct Faculty, Faculty of Biological Sciences, Academy of Scientific and Innovative Research, CSIR, Chennai and Visiting Professor of Public Health, Patan Academy of Health Sciences (PAHS), Lalitpur, Nepal. Recently, he has been appointed Board Member of Routine Health Information Network, Inc [RHINO], Boston, USA. He is the Chair of Research Advisory Council of National Institute of Miners' Health, Ministry of Mines, Government of India.



» Annexure 5-Organizing Committee



Dr. Kritika Upadhyay
Program Coordinator &
Scientific Manager



Mr. Rajeev Choudhary
Printing and Logistics
Travel and Accommodation
Manager



Dr. Garima Bhatt
Host & Resource Manager



Dr. Neha Dahiya
Scientific Manager



Dr. Priyanka Dhawan
Registration Manager



Ms. Charu Sobti
Games & Quiz Master

» Annexure 6 - Program Participants



Mr. Ayman Muhammad Kamel Senosy
Assistant Lecturer
Faculty Of Nursing Ain Shamms University
Egypt



Dr. Mikiyas Gosa Negash
Medical Doctor
Amanauel Mental Specialized Hospital
Ethiopia



Mr. Aschale Worku Getnet
Policy Analysis Officer In PPMED IN FMOH
FMOH
Ethiopia



Mr. Samson Paul
Monitoring and Evaluation Officer
Federal Ministry Of Health
Nigeria



Dr. Sherifah Sheriff
Ex. Chief Medical Director
Aminu Kano Teaching Hospital Kano
Nigeria



Ms. Joanna Marie M. Lim
Consultant
Department Of Health, Sta. Cruz, Manila
Philippines



Mrs. Orathai Timpong
Officer
Division Of Communicable Diseases,
Department Of Disease Control, Nonthaburi
Thailand



» Annexure 6 - Program Participants



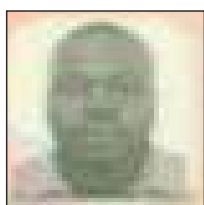
Mr. Shilungu Ndaki

Teacher
Ministry Of Health Community Development
Gender Elderly And Children
Tanzania



Mr. Dipak Prasad Tiwari

Senior Public Health Administrator
Ministry Of Health And Population
Nepal



Mr. Alex Andrew Lokonoi Lojore

Public Health Officer
Juba Military Referral Hospital
South Sudan



Dr. Rana Mohamed Ibraheim Zeidan

Director General of the
External Health Relations
National Training Academy
Egypt



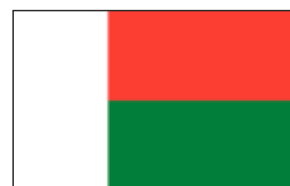
Mrs. Rumila Devi Lutchmun Ramsoorooop

Assistant Permanent Secretary
Ministry Of Health And Quality Of Life
Mauritius

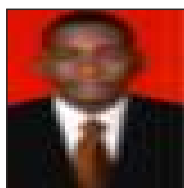


Dr. Ravelomalala Stephanie Joele

Ex.Assistant to the
Budget Director
Ministere Energie Eau Et Hydrocarbure
Madagascar



» Annexure 6 - Program Participants



Mr. Ayman Mohamed Salih Azrag
Public Health Specialist
Federal Ministry Of Health
Sudan



Dr. Binod Kumar Yadav
Head , Department Of Biochemistry
Tu Teaching Hospital And Maharajgunj Medical
Campus
Nepal



Mr. Victor Enrique Diaz Aguilera
Professional- Primary care division
Ministry of Health
Chile



Ms. Malkia Idal
Officer
Ministry Of Public Health
Guyana



Dr. Luz Arlette Saavedra Romero
Ex. Technical Secretary
Ministry Of Health
Mexico



Dr. Noha Elghazally
Faculty
Tanta Faculty Of Medicine
Egypt



Dr. Azmi R.R.Omair
Operation Manager
Martial Medical Services
Palestine



» Annexure 7 - Module Feedback Form

**PUBLIC HEALTH POLICY AND MANAGEMENT
PROGRAM
DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH,
PGIMER CHANDIGARH**

Module Feedback Form

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

Particulars	1☹	2	3	4	5☺
Content relevant to your current work					
Flow of the module					
Mixed teaching methodology					
Interaction with the participants					
Quality of session (presentation & teaching skills)					
Write two points you really liked about today's session?					
1.					
2.					

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



» Annexure 8 - Field Visit Feedback Form

PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM

DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

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

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



» Annexure 9- Overall Feedback Form

PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM

DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH,
PGIMER CHANDIGARH

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					



» Annexure 9- Overall Feedback Form

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



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2nd PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM (PHPM)
DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH,
PGIMER CHANDIGARH
30th September – 4th October 2019

Pre / Post Questionnaire

Module 1: Global Public Health issues and challenges

1. Out of all which is not used to measure health status
 - a) Life expectancy at birth
 - b) Infant mortality rate
 - c) Disability adjusted life year**
 - d) Child mortality rate

2. Index case means
 - a) The last identified case in a group of related cases of a particular communicable or heritable disease.
 - b) It is the first documented patient in the onset of an epidemiological investigation**
 - c) The close and/or family contacts of first identified case of a particular communicable or heritable disease.
 - d) Cases which require specialized consultative care

Module 2: Understanding Indian Health System

3. 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**

4. 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 3: Management and Leadership in Health Policy

5. "Liaison" comes under which role of manager
 - a) Decisional
 - b) Informational
 - c) Interpersonal**
 - d) Accountable

6. In Jim Collins model of leadership level 5 is for –
 - a) Effective leader
 - b) Executive**
 - c) Highly capable individual
 - d) Competent manager



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7. All are styles of leadership except:
- a) Authoritative
 - b) Democratic
 - c) Coaching
 - d) Controlling**
8. Functions of management includes all except
- a) Planning
 - b) Organizing
 - c) Staffing
 - d) Financing**
9. Top level management is primarily concerned with the following role
- a) Technical
 - b) Human
 - c) Conceptual**
 - d) All of the above

Module 4: Health Policy Framework

10. 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**
11. In SDG there aregoals..... targets
- a) 16,168
 - b) 17, 169**
 - c) 17,168
 - d) 16,169
12. 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
13. All are Elements of policy except
- a) Intention
 - b) Goals (Ends)
 - c) Inter or Intra organizational Relationships**
 - d) Effects (or Outcomes)
14. All are situational factors under contextual factors except

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

Module 5: Introduction to public policy

15. A person responsible for or involved in formulating policies, especially in politics.
- a) Agenda
 - b) Epidemiologist
 - c) Policy maker
 - d) Politician
16. Organisations that peruse the common interests of groups of people by attempting to influence the making and implementation of government policy are known as:
- a) Interest groups**
 - b) Social movements
 - c) Policy communities
 - d) Lobbyists
17. Which is not a type of public policy
- a) Distributive
 - b) Procreative**
 - c) Redistributed
 - d) Symbolic
18. Policy system elements include
- a) Policy stakeholder, policy analysis, public policy
 - b) Policy implementation, policy environment, public policy
 - c) Policy stakeholder, policy environment, private policy
 - d) Policy stakeholder, policy environment, public policy**

Module 6: Agenda Setting and Policy Implementation

19. 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
20. 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
21. Hall model of agenda setting includes all the elements except
- a) Legitimacy
 - b) Feasibility
 - c) Support



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d) Lobbying

Module 7: Ethics and politics of Health policy

22. Which is not a theory applied in policy
- Liberalism
 - Secularism**
 - Utilitarianism
 - Communitarianism
23. In a policy cycle policy development is followed by
- Diagnosis
 - implementation
 - Political decision**
 - Evaluation

Module 8: Health policy models and theories

25. Which of the following is not a theory of decision making
- Rational theory
 - Incrementalism
 - Bounded Rationality
 - Structural theory**
26. Which among these lies in the center of health policy triangle?
- Content.
 - Context
 - Actor**
 - Process.
27. which of the following models is not based on power?
- Iconic**
 - Pluralism.
 - Elitism.
 - Institutionalism.
28. Mixed scanning theory is a blend of:
- Rational Theory
 - Incremental theory.
 - Structuralism.
 - 1 and 2.**
 - 2 and 3.
 - 3 and 1
 - All of the above

Module 9: Health technology assessment in policy making

29. Health Technology Assessment (HTA) is a form of research that generates information about:
- the clinical & cost-effectiveness of health technologies.
 - medicinal products (medicines, including biologics)
 - medical and surgical procedures
 - all of the above**

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30. HTA includes:
- a. Programmes to prevent ill-health (e.g. childhood vaccination programmes)
 - b. Procedures (such as surgeries)
 - c. Only Devices
 - d. **a, b, c**
31. HTA addresses:
- a. only the direct, intended consequences of technologies
 - b. only indirect, unintended consequences.
 - c. **Both of these**
 - d. None of these

Module 10: Public health Policy and governance

32. How many building blocks in WHO
- a) 8
 - b) 5
 - c) **6**
 - d) 12
33. 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
34. HMIS stands for
- a) Health Material Information System
 - b) Hazardous Management Identification System
 - c) Homeless Management Identification Systems
 - d) **Health Management Information System**
35. In health system strengthening stewardship is one of the roles of
- a) Policy makers
 - b) Leader
 - c) **Both**
 - d) None of the above
36. 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 11: Translating research to drive public health policy

37. Out of the following which is not a hindrance in getting research into policy?
- a. Political ideology
 - b. Private sector influence



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- c. Technical language / jargon
- d. Willingness of officials to include research into policy**

38. Evidence for policy can be:

- a. Only RCTs (randomized control trials)
- b. Any credible research or published information**
- c. Media
- d. All of the above

39. Which of the following can help in including research into policy:

- a. Publish in jargon-free style.
- b. Produce interim reports
- c. Include policy implications
- d. All of the above**

Module 12: Policy Analysis

40. Analysis for policy is what type of policy

- a) Prospective**
- b) Retrospective
- c) Summative
- d) Cumulative

41. Five E approach is applied for

- a) Policy Change
- b) Policy Analysis**
- c) Evidence Based Policy
- d) Policy Implementation

42. First Step in Policy Analysis Is

- a) Prioritization
- b) Problem Identification**
- c) Decision Making
- d) Policy Adoption
- e) Policy Implementation

» Annexure 11 - Material Developed During the Program



01 Brochure of the Program



02 Training Module



03 Information Booklet



04 Notepad



05 EBP Free Labelled Water Bottle



06 Standee & Podium Sticker

» Annexure 11 - Material Developed During the Program



07 Welcome Letter



08 Program Badge



09 Name Tag of Delegate



10 Program Banner



11 Participant Certificate



12 Country Flags of the Delegates

» Annexure 11 - Material Developed During the Program



13 Reading Material



14 Bag for Program



15 Pen-cum-Pendrive-cum-Pointer



16 Selfie Stand



17 Group Photo

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.



Organised by:

**DEPARTMENT OF COMMUNITY MEDICINE AND
SCHOOL OF PUBLIC HEALTH**

Sector 12, PGIMER, Chandigarh

Tel: +91-172-2755215 | Email: iphmdp@gmail.com

