

Proposal For
Indian Technical & Economic Cooperation (ITEC) Scheme (FY 2026-2027)
Title: Public Health Policy and Management (PHPM)

A. Context and Need for Intervention

Public health is the art and science of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals. It is an important part (and driver) of economy which ensures healthy and economically productive population of a country. In recent decades, practice of public health has been increasingly challenged with emergence of newer diseases. The ITEC countries, like India, are struggling with dual burden of emerging and re-emerging infectious diseases (T.B, Malaria and HIV) and non-communicable diseases (diabetes, cardiovascular diseases and Stroke). Further, many diseases (Ebola, yellow fever, filiovirus, *Vibrio cholerae* O139, and penicillin-resistant *Streptococcus pneumonia* etc.) including Neglected Tropical Diseases which are uncommon in other countries exists in epidemic proportion in these countries. As a region, Africa, Latin America and many parts of Asia is characterized by the greatest infectious disease burden and, overall, the weakest public health infrastructure among all regions in the world.

Despite the dismal scenario, many good practices exist in these countries which are being effectively used for containment of diseases and promoting health. There is an urgent need to share and adapt these practices for improvement in quality of life of citizens through effective attainment of Sustainable Development Goals (SDGs). Policymakers in the 21st century need to be informed about these best available evidences so that they are equipped with the necessary skills to navigate nuanced public health issues and challenges faced by their countries. In this way, they will be able to make effective decisions for improving effectiveness and efficiency of health care delivery system in their countries. In their routine administrative capacity, they normally address a series of difficult questions when choosing between different programs and policies. For e.g. Which programs and policy options are more likely to provide tangible improvements in health? What potential solutions are appropriate, feasible and cost-effective for a specific situation? Which strategy will work in their community context considering various other issues like political and technical feasibility, equity etc.?

A better understanding of the good practices by policy makers of ITEC nations through case-based approach, peer-to-peer learning and hands-on experience sharing during the proposed training program would ensure its adaptation and replication in their country. This 5 day capacity building module on public health policy and management will provide a hands-on experience by showcasing various best practices in India. It will also focus on developing a critical thinking and applied problem-solving skills among the global delegates for warranting their eventual adaptation in their country to effectively manage the existing and emerging public health challenges for overall strengthening of health systems.

B. 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)

C. 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.

D. Key Highlights of the Program

The key highlights of the program are;

- *Judicial mix of learning methods* through traditional formal learning methods (lecture, power point presentations, group discussions, role plays) and informal learning methods (case studies, exercises, videos, real case scenarios, and field visits).
- *Application based learning* in which the participants will prepare an action plan during the program to be implemented within 3 months of completion of program.

- *Facilitation of experience-based learning* by an elite panel of leaders and experts (technocrats, bureaucrats and legislators)
- *Cross-cultural learning* through sharing of best practices of health promotion by the participants through integration with Indian culture and tourism and presenting exposure to local ethnicity and cuisine along with hosting a cultural event with gala dinner.

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

E. Target Audience

This program is designed for policy makers, the persons responsible for or involved in formulating health (or health related) policies at regional or national level. The program capacity is 25-50 participants only.

F. Program Content

- Health Care Delivery System of India- Focussing on different levels (primary, secondary and tertiary) and types (Allopathic and Complementary and Alternative Medicine) of care. Concept of 'wellness centres' in India.
- How 'Healthy City concept' can ensure good health- master plan of Chandigarh city with every residential area (sector) as self-contained unit explaining role of good architecture in promoting health of people. The concept of parks and markets in every sector, building designs, people friendly pavements, arterial roads and cycle tracks, pedestrian crossings, drainage, transportation and *Swatch Bharat Abhiyan* (Clean India Campaign).
- Best practices in hospital like Regional Organ and Tissue Transplant Organisation (ROTTO)- one of the largest organ donation centre; ROKO Cancer Charitable trust with ASHA Jyoti Van, a mobile van to diagnose cancers in community; setting Hospice Care; State of Art accredited laboratories (NABL); Engineering marvels of managing huge biomedical waste and eco-friendly electrification; Pharmacovigilance (monitoring effects of drugs); Effective management of huge patient load in emergency.
- Health promotion at different settings (Health promoting hospital, school, workplace, home)

- Role of Indian culture (folk media etc.), tradition (transcendental meditation and yoga, Faith-based organisation) and philosophy in health.
- Use of user-friendly technology for improving health.
- Action Plan Development for their country based on the learning during the program.

The total duration of the program shall be Seven Days (including field visits, Yoga and meditation session in early mornings)

Program Schedule for FY 2026-2027

9th-14th September 2026

H. Program Outcomes

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

1. Understand the best practices in Public Health Policy and Management of India.
2. Appreciate the need for policy shift, if so required, in their country.
3. Choose the select best practices and strategies shared during the program for replication in their country.
4. Create a framework for future action of innovative strategies based upon the contextual public health challenges.
5. Undertake informed decision in routine and crisis situations faced by their country.

I. Program evaluation and follow-up

During the program, the participants will be evaluated (short term evaluation) on the basis of increase in their knowledge in various areas of public health policy and management taught during the program. For this purpose, a pre and post-test questionnaire shall be designed covering different components of public health policy and management. In addition, it shall be assessed based upon the participant's feedback about the program. The long-term impact of the program shall be assessed based upon the activity accomplished after 3 months post-completion viz. a viz. those planned during the program.

We will submit a detailed Scientific Report of the program along with Utilization certificate within a span of two months post-completion of program.

J. Program utility for ITEC participants

ITEC scheme will make it more affordable for the participants who have the ability but not resources to fund their education. Further, this collaboration will boost cultural (Chandigarh

being a beautiful cultural destination) and medical tourism besides promoting aviation sector. In addition, senior policy makers will learn from other's experience and expertise in public health policy and management of respective countries, which is of utmost importance in emerging area of public health. Summarily, it will help in establishing relations of mutual concern and inter-dependence which is the ultimate goal of ITEC Scheme. We are also open to any modifications in the program as per need of international participants or requirements under ITEC Scheme.

Annexure '1'

 <u>TENTATIVE PROGRAM SCHEDULE</u> PUBLIC HEALTH POLICY AND MANAGEMENT PROGRAM 			
Day & Date	Time	Topic of Presentation	Resource Persons
Day 1 (Tue)	09:00-09:30 AM	REGISTRATION	
	09:30-11:15 AM	INAUGURAL SESSION AND HIGH TEA	
	11:15-11:30 AM	Tea Break	
	11:30-12:30 PM	Introductions and Pre test Management and Leadership Demonstration Task	Organisers
	12:30-01:15 PM	Social media break	
	01:15-02:00 PM	Lunch Break	
	02:15-02:30 PM	Game/ energiser	
	02:30-03:30 PM	Global Public Health Issues & Challenges	Dr. Preethi Pradhan
	03:30-04:15 PM	Assignment	
	04:15-05:00 PM	Participant Forum	
	04:30-05:00 PM	Discussion and Feedback	Participants
Day 2 (Wed)	09:00-09:30 AM	Recap Session	Participants
	09:30-10:30 AM	Health Policy & Frameworks: policy, context, process and actors (Part-1)	Dr. Sanjiv Kumar, Former .Director, IIHMR
	10:30-11:15 AM	Assignment	
	11:15-11:30 AM	Tea Break	
	11:30-12:30 PM	Health Policy & Frameworks: policy, context, process and actors (Part-2)	Dr. Sanjiv Kumar, Former. Director, IIHMR
	12:30-01:15 PM	Assignment	
	01:15-02:00 PM	Lunch	
	02:15-02:30 PM	Game	
	02:30-03:30 PM	Formulation of public health policy -Agenda	Dr. Pankaj Bhardwaj,

		setting	Professor, AIIMS Jodhpur
	03:30-04:15 PM	Assignment	
	04:15-05:00 PM	Participant Forum	
Day 3 (Thur)	09:30-10:30 AM	Government and the policy process	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur
	10:30-11:15 AM	Assignment	
	11:15-11:30 AM	Tea Break	
	11:30-12:30 PM	Interest Groups and Policy Process	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur
	12:30-01:15 PM	Assignment	
	01:15-02:00 PM	Lunch	
	02:15-05:00 PM	Demonstration of best practices in patient care settings at PGIMER (Visit to PGIMER, Chandigarh-an institute of national excellence)	
	7:00- 10:00 PM	Cultural Night	
Day 4 (Fri)	09:30-10:30 AM	Policy process and globalisation	Dr. Mona Gupta, Advisor, NHSRC, New Delhi/ Prof. Sonu Goel
	10:30-11:15 AM	Assignment	
	11:15-11:30 AM	Tea Break	
	11:30-12:30 PM	Policy Implementation	Dr. Mona Gupta, Advisor, NHSRC, New Delhi
	12:30-01:15 PM	Assignment	
	01:15-02:00 PM	Lunch	
	02:15-05:00 PM	Showcasing of India's "Smart city concept"- Translating policy into Action (Visit to Smart City of Chandigarh)	
Day 5 (Sat)	09:00-09:30 AM	Recap Session	Participants
	09:30-11:30 AM	Policy analysis	Dr. Pankaj Bhardwaj, Professor, AIIMS Jodhpur
	11:30-12:00 AM	Tea Break	
	12:00-01:00 PM	Participant Reflection /Feedback/ Social Media time	Participants
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Game/ energiser	Participants
	02:30-03:30 PM	Action plan presentation, Feedback	
	03:30-05:00 PM	VALEDICTORY CEREMONY	Participants

Annexure '2'

Organizational Capacity: PGIMER, Chandigarh

The Postgraduate Institute of Medical Education and Research (PGIMER) is based in Chandigarh and was established in 1962 by then Prime Minister of India, Pt. Jawahar Lal Nehru. It was declared as an "Institute of National Importance" by an Act of Parliament of India on 1st April 1967 and is currently an autonomous body functioning directly under the Ministry of Health and Family Welfare, Government of India. PGIMER has almost all specialities and super-specialities departments. PGIMER has completed over 1000 research

projects and more than 500 research articles are published every year in national and international indexed journals.

The Department of Community Medicine was instituted in 1977 with the purpose of developing effective models of health service delivery for rural communities and for providing community health orientation to public health professionals. To address emerging challenges in public health education and research, the Department was upgraded to School of Public Health (SPH) in the Tenth Five Year Plan of India (2002-06). It has a WHO supported Learning Resource Centre within the premises. SPH also offers regular PhD, MD, Post Graduate Diploma in Public Health Management (PGDPHM), and Master of Public Health (MPH), along with various short-term courses in areas of epidemiology, health management, health promotion, communicable and non-communicable diseases. SPH is also involved in several research projects in collaboration with national and international organizations and state governments. Each year nearly 45 training programs are conducted with an average attendance of 30 participants per course. Department also works in coordination with several leading national and international agencies such as DBT, ICMR, WHO, UNICEF, UNFPA, DFID, MOH&FW, and MOE&F that financially support research and training projects covering most public health areas

Annexure '3'

Prior Experience of Prof. Sonu Goel

Dr. Sonu Goel, M.D., Ph.D. is a Professor in the Department of Community Medicine & School of Public Health at the Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India. With over 25 years of professional experience, he is a renowned public health expert specializing in health systems research, tobacco control, and public health management. He holds a Ph.D. in Health Systems Research from Maastricht University, Netherlands, an M.D. in Community Medicine, and an MBBS from Indira Gandhi Government Medical College, Shimla.

Dr. Goel has held multiple prestigious roles, including Adjunct Clinical Associate Professor at the University of Limerick, Ireland, and Honorary Professor at Swansea University, UK. He also serves as the Director of the e-Resource Centre for Tobacco Control and the e-Learning for Public Health initiatives. Throughout his career, Dr. Goel has been the Principal Investigator for more than 50 research projects funded by esteemed organizations such as WHO and ICMR. He has published over 150 peer-reviewed manuscripts and authored nine

textbooks, including editions with Elsevier and Oxford University Press. Recognized for his contributions to public health, Dr. Goel has received numerous accolades, including the Young Researcher Award by IAPSM-Ford Foundation, the Public Health Excellence Award from the Ministry of Health and Family Welfare, and the Best Researcher Award from PGIMER. He is also a certified expert in global tobacco control and health management, having completed advanced programs at Johns Hopkins University and the World Bank Institute. Dr. Goel is the founder of the Strategic Institute of Public Health Education and Research (SIPHER), an advocacy-based civil society organization that has conducted over 60 national consultations on critical public health issues. A dedicated educator and social advocate, he has created public health handbooks, contributed 300+ articles to newspapers, and worked extensively in India's North-East states to strengthen immunization programs.

DECLARATION AND ATTESTATION

1. All necessary Institutional facilities will be provided if the proposals are approved for financial assistance.
2. I/We agree to submit within one month from the date of termination of the training the final training report
3. I/We agree to submit utilisation certificate and statement of expenditure duly signed by accounts department of the institute.
4. It is certified that the equipment's are not available in the Institute/Department or these are available but cannot be spared for the project

Signature: Principle investigator with seal

Signature: Head of institute with seal

