



**National Consultation on
Public Health Workforce in India**

A Report

24-25 June 2009

New Delhi

Summary

The National Consultation on Public Health Workforce in India was organized by the Ministry of Health and Family Welfare (MOHFW), Government of India and World Health Organization (WHO) Country Office on 24 - 25 June 2009 in New Delhi. The two day workshop sought to review and share current status of public health workforce development in India

The consultation sought to provide an opportunity to review past initiatives, share and learn from the successes as well as failures, to outline and address some of the challenges faced; and provide inputs and identify priority areas for coordinated action to strengthen workforce, public health infrastructure and public health in India.

The workshop included technical sessions on strategic context on public health in India; public health curriculum and competency framework; public health education and training; and working groups (concurrent sessions). The speakers discussed the prevailing problems and the need to create a robust system to tackle these issues and to elucidate practical strategies on how public health education and practices could strengthen the emerging health challenges.

Senior officials from the MOHFW, GoI, medical colleges, public health institutions, academia public health professionals, development partners and WHO amongst others participated in the consultation.

The suggestions and major recommendations that emerged from the consultation are highlighted below

Career Pathways

- Emphasis was laid on the need to create and chalk out career structures at national, state and district levels, especially in the public health sector. The options suggested included, institutionalization of a public health service / Indian health service / All India Cadre for public health at central, state and district level, with clear career pathways.
- Need to clearly delineate the roles and responsibilities for medical / clinical and non-medical / non-clinical personnel and para-medicals. It was suggested that a committee could be established to take this forward.
- The necessity of sharing and documenting experiences of all stakeholders - public, private and civil society (including success stories, failures, and best practices) and its subsequent dissemination was felt. State experiences have shown that various initiatives are underway to address PHWF issues. Inter-country consultations to be organized with the States, so that the models/experiences could be shared.

Database

- Need for information / data on public health workforce in India exists. It was suggested that a repository of information and experiences could be established.

Education & Training

- Need-based courses and training programmes (short term and long term) need to be initiated, beyond the existing MPH/DPH programmes
- Quality of PH education and training needs to be enhanced. The guidelines for accreditation of public health institutions have been developed and this process needs to be taken forward.
- Promotion of multi-disciplinary partnerships in public health education and practice is required. Partnerships with existing NGOs, private organizations and community in developing PH services and training institutions to be strengthened.
- Advocacy is required to bring about changes in existing policies on admission to PH education courses to enable students of all relevant disciplines (e.g. economics, law, medicine, nursing, etc) to train in the field of public health.
- There is a need to facilitate the establishment / strengthen the existing network of institutions / organizations engaged in public health education (including those offering degree / diploma / short courses in public health) and foster regular interaction between them. The terms of reference and outcomes to be clearly outlined.

Other

- Need expressed for formation of a paramedical council.
- The key areas for intervention suggested were: Formulation of a public health act; public health council and public health network

The Ministry of Health, Government of India and WHO, assured to consider the recommendations of the participants in improving the existing public health systems in India.

Inaugural Session

Opening Remarks and Setting Strategic Context by Mr Vineet Chawdhry, Joint Secretary, Ministry of Health and Family Welfare (MoH&FW), Government of India

Mr Chawdhry inaugurated the conference by welcoming Dr Lal, Special DG (Public Health), Ministry of Health and Family Welfare, Government of India and Director of National Institute of Communicable Diseases; Dr Samlee Plianbangchang, Regional Director, WHO SEARO; and Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO, SEARO and Dr Yonas Tegegn, Ag. WHO Representative to India.

He considered the National Consultation on Public Health Workforce a long overdue programme. He mentioned that the public health initiative of the 20th century has significantly enhanced the quantity and quality of life world over. Taking H1N1 virus as an example, he talked of the emerging public health threats that are often aggravated by challenges of globalization and changing demographics.

Mr Chawdhry stated that public health education and practice are both areas of concern for the MOHFW. However, challenges exist in terms of availability of appropriate public health infrastructure; weak public health practices; low visibility for public health; poor training and career structures; and lack of responsibility for public health.

He acknowledged and appreciated the work and efforts of the health workers in India. Mr Chawdhry also acknowledged that the public health workforce is characterized by diversity, complexity and includes people from a wide range of occupational backgrounds. He highlighted the issues faced by the health workforce in India, to name a few - shortages, skewed distribution, quality, accountability, capacity issues, workload, inadequate growth opportunities, etc. He emphasized that it is important to plan for building public health capacity within the public health system. The challenge, therefore, is to provide leadership and training to the public health workforce at different levels by professionals or those who are well versed with this approach. Another challenge that he felt needed immediate attention is to build a cadre of public health administration within the system which can provide leadership at block, district and state levels to form this cadre of professionals.

The questions that also need to be looked into are the possible models that states could follow; what have been the experiences of States that have a public health cadre? It is imperative to ensure a systematic way in which health professionals, especially in the public health sector, acquire skill and focus through continuous education and influence; define the roles and responsibilities for the public health professionals including both clinical and non-clinical.

Keeping in mind these concerns faced by the public health workforce in India, this national consultation was proposed. Mr Chawdhry explained that the conference seeks to review and deliberate issues upon workforce development in the country. The purpose of

the consultation is to provide an opportunity to review the past initiatives, share and learn from successes and failures especially at the state level; to outline and address some of the challenges faced; identify priority areas for coordinated actions to strengthen the workforce, improve the infrastructure, and public health at large in India.

He hoped that the consultation would provide options to deal with the various challenges be it career pathways of the public health personnel, examining issues around the public health curriculum or the competencies/skills required for the public health functionaries across all levels for training and education that would meet the needs of the country.

Mr Chawdhry closed his remarks urging the participants to be interactive and share their experiences during the working group sessions and elucidate practical strategies on how public health education and practices could be strengthened and improved in the country.

Key Note Address by Dr Samlee Plianbangchang, Regional Director, WHO-SEARO

Dr Samlee Plianbangchang highlighted issues of concern related to public health workforce. He raised concerns about developing a robust public health system to tackle the prevailing health problems - new, old or emerging - in the South East-Asia Region. He shared the past initiatives undertaken by the WHO SEARO, such as the Calcutta Declaration; establishment of the SEAPHEIN, Public Health Initiative amongst others. He mentioned that efforts through these initiatives have focused on strengthening the public health system in the region. Efforts have also been made for development and promotion of public health education and training. He called for community based workers and volunteers to be recognized as an important part of the public health workforce. He emphasized that opportunity for public health education and training should be extended to the related disciplines and sectors. He lauded the efforts undertaken by India in the area of public health, right from the time of pre-Independence. The concept of primary healthcare centre became the cornerstone for the development of community and primary healthcare in the country. India has also contributed in providing various public health specialists in different fields. The contribution of public health institutions such as National Institute of Communicable Diseases in Delhi, National Institute of Nutrition in Hyderabad, National Institute of Biology in Pune, National Institute of Tuberculosis in Bangalore, All India Institute of Hygiene & Public in Kolkata, etc. to national and international development was also acknowledged. At the same time, he reiterated that today we need to ensure that we focus on re-vitalization of primary health care, with a focus on strengthening the public health systems, such that is responsive to community needs. There also exists a need to examine issues around teaching of public health as well as its practice in greater detail. Further he reiterated that strengthening of public health work force and public health infrastructure is a high priority for WHO.

The efforts of the Ministry of Health and Family Welfare, GOI, especially under the National Rural Health Mission were acknowledged. He mentioned that several educational programs are being held to produce public workforce at professional levels. These professionals will undertake the development and management in the public program such maternal and child health, disease prevention and control, nutrition, and environmental health including water and sanitation. Dr Plianbangchang stressed that,

community health workers and volunteers are also a vital part of the public health workforce. These community health workers and volunteers should be given appropriate training on the basis of the relevance to their community work. He highlighted that special attention needs to be paid for their training and development; retention, welfare; and career advancements at all levels. The public health programs should address the needs of the poor, marginalized and underprivileged and priority should be given to their problems. Public health programs should be planned within the social, economic and governance in the context of individual countries. The community settings, with the prevailing problems, are training grounds for public workforce with practical changes in all the spheres, locally and internationally.

The awareness of emerging trends of emerging and re-emerging of diseases and their impacts on the health of the people and global economic downturn should be the part of the public health education and programs. The public health professionals also need to be updated on the basis of the emerging trends and current scenario. He opined that the National Rural Mission by GoI serves as an important tool to provide the concrete basics for the development of the public workforce in the country. Lastly, he reiterated WHO's continued commitment to partnering with the GOI on this crucial area.

Thanks to the Chair by Dr Yonas Tegegn, Ag. WHO Representative to India

Dr Yonas thanked Dr Samlee Plianbangchang and Mr Naresh Dayal, the Secretary of Health, GoI, and all the dignitaries from GoI and WHO; Airborne, the event management company; and the Oberoi Hotel.

Technical Session I: Public Health in India

Chair: Dr J.P. Muliyl, Head of Department, Department of Community Medicine, CMC Vellore

This session sought to set the technical context for the consultation, beginning with public health in India and moving onto the need and importance of a public health workforce.

Public Health in India- Current Status and Priorities for Public Health within the context of Primary Health Care Revitalization by Dr Shiv Lal, Deputy General (public Health), Ministry of Health & Family Welfare, GoI and Director, National Institute of Communicable Diseases (NICD)

Dr Lal, in his presentation, dealt with the basic structure of the public health, recommended by many committees consisting of primary, secondary, and tertiary tiers; and its core functions. He touched upon the impending factors in the field of public health and listed the core public health competencies. The core public health competencies identified were epidemiology, disease surveillance, health education, maternal and child health, human resource development, establishment of public health laws and health economics, public health research amongst others.

Public health priority is to ensure primary health care to all including urban slums. Other priorities include increasing the public health workforce and strengthening the disease surveillance project. Further, it is important to utilize and optimize the use of information technology in the integrated surveillance program.

Formulation and enforcement of public law is required during emergency cases. He shared that an emergency bill has been proposed wherein the central government will have the authority to take preventive measure in consultation with the state government in case the state government is unable to provide such measures.

Priority is also given to the enhance public-private partnership due to the lack of participation from the private sectors and private referral units; increase public health allocation and spending; decentralization planning and response; and to promote low cost indigenous technology. The demographic and epidemiologic transitions with examples of malaria, dengue fever, chikungunya, etc were discussed and the recent initiatives in the public health sector such as the NRHM, IDSP, JSY, and IHR amongst others listed.

He also pointed out the need for adequate number of public health professionals with appropriate competencies and skills in all states or districts with a well defined career structure and opportunities. Dr Lal concluded with the quote by former British Prime Minister, Mr. Benjamin Disraeli, “Action may not always bring happiness, but there is no happiness without action.”

Challenges to Public Health in India and Public Health Workforce Priorities and Strategies for the Future by Prof K. Srinath Reddy, President, Public Health Foundation of India

Prof Reddy discussed the need to define, develop, and enhance the public health workforce skills and competencies. He touched upon the poor health indicators of IMR, MMR, vaccine coverage, and nutrition, which spans both under-nutrition and problems of non-communicable diseases. He also discussed the health inequalities in gender and social groups. According to the WHO, 57 countries are experiencing critical shortage of about 2.4 million health service providers and India has one of the most critical shortages. In India, there are states that have reasonable amount of density, e.g. Kerala and some North Eastern states but in the northern region there is an absence of health workers per number given. He further pointed out that shortage of nurses, MPWs, public health professionals are linked to mal-distribution, which in turn may be urban-rural or across states. This is further compounded by increasing migration especially in case of nurses and some medical practitioners as well.

There are severe deficiencies in training and low incentives for recruitment and retention in public sector. India not only has nurses, allopathic physicians but also pharmacists, AYUSH practitioners and others with biomedical competencies and traditional medical background. The question of how to incorporate public health related knowledge and skills related to the layers of public health workforce arises. Questions on the definition of public health were raised by him in his presentation, for which he provides the traditional definition that it must help identify and influence determinants of health at the population level so that there can be an impact on health and diseases at the individual level.

Prof Reddy emphasized that the architecture of public health includes within its ambit public health policies within the health sector and other sectors, organization, outreach, resourcing, and performance of health system, socio-economic environment, the availability and affordability of technology such as drugs, vaccines and behavior changes, communication, supplemented with research capacity. Prof Reddy also mentions that in the next decade there will be increasing emphasis on inter-disciplinarily, health systems connectivity, problem solving education, multi-sectoral application, national capacity building and international partnerships. Public health researchers must generate evidence based, context specific, resource sensitive, equity promoting recommendations for public health policy and practices. The policy needs disciplinary research through scientific credibility aided by biomedical and epidemiological research; financial stability through health economics research; operational stability through health systems research; and political viability through social sciences research.

He further explains that the policy would also need advances in research methodology to evaluate health systems interventions; impact of policy interventions; multi-system interventions, to integrate quantitative and qualitative research; and to integrate economic and social justice indicators. The emerging areas of public health education are public health nursing, public health nutrition, public health pharmacy, health communication, and health management. There is also the need for cross connectivity with nutrition, law, engineering, environment, agriculture and veterinary sciences, and urban design and

transport. Further in his presentation he described the guiding principles for building strong education and training systems. Effective education and training curricula are: focused on the needs of the country; community and team based; an integral part of health services delivery; draw on the resources of the public and private sectors; draw upon the skills of international partners; use innovate means to increase training capacity. Prof Reddy points out that there are gaps due to lack of active and adequate linkages to policy, programs and practices; public health training for the non-physicians; and multi-disciplinary research creating pathways for inter-sectoral action. The potential pathways include redefining the role of non-physician healthcare provider, new cadre structures and career tracks, large number of training institutions, role of continuing education, standardization, and role of distance education.

The question that arises is can the demand for an Indian health service be articulated which has a clearly defined public health services as well as clinical health service component? The public health service component must take advantage of allopath, nurses, AYUSH as well as others. The public health services must have teaching and research cadre and training practice care. They should have interconnections. Unless this cadre creation is seriously attempted and public health workforce in its entire dimension is paid adequate attention in terms of competencies, recruitments, and retention, the public health indicators will proceed in a docile speed. Prof Reddy concluded his session with suggestions on how to improve the public health workforce and education in the country.

Public Health Workforce Issues in the South East Asia Region by Dr M. Muzaherul Huq, RA (HRH & Fellowship), WHO SEARO

Dr Huq spoke on policy of public health workforce and strategic planning and the challenges and issues in health. The challenges and issues in health workforce are imbalance in production, inadequacy competencies, mal-distribution, improper management particularly at the public health care level, and inadequate functioning of human resource health regulatory bodies who are professional councils. Talking about the imbalance in production, Dr. Huq asked what should be the norms and standards of different types of categories of health workforce. What is the population of doctors, nurses, and paramedics ratio in India or any other country of the world? Is there a standard for health establishment of doctors, nurses and paramedics ratio? Dr Huq pointed out that it is important to note that there is mal-distribution in the countries. He questioned whether there is a right person in the right place with the right competencies in the right number and whether the right environment has been created for that. Dr Huq also touched upon the remuneration, career opportunities, both professional and academic and incentives and disincentives in the policy.

In the strategic planning of health workforce current situation and continuous planning is important; the current and future needs are to be identified; projections should be made for future needs; a plan needs to be developed for health workforce; and re-planning is necessary after monitoring. Monitoring implementation requires monitoring tools and indicators and if necessary the strategy can be changed along with re-planning. Dr Huq talked about health workforce information system and questioned the reliability of the database in public health workforce both in public and private sector. He defines health

information system (HIS) as the foundation and basis of all activities starting from policy development and planning to implementation.

Dr Huq also spoke of the role of WHO in strengthening public health, primarily through advocacy, technical support, and also support with other resources. WHO supports, coordinates, and collaborates with the initiatives of the countries. 68% of the fellowships on public health have been provided by WHO. WHO has worked with countries on public health and public health workforce starting from 1999 the Calcutta declaration on public health; followed by 2002 accreditation guidelines for training programs and institutions, 2003 future direction in public health, 2004 South East Asia public health education institutions network (SEA PHEIN), 2006 Dhaka declaration on strengthening health workforce in South-East Asia region, 2007 regional strategic plan for health workforce development, 2008 strategic directions for strengthening directions for strengthening CBHWs and CHVs, and 2009 regional guidelines for country strategic planning of health workforce.

Dr Huq concluded his session by summarizing his presentation. He asked questions such as whether we have quality learning environment and training. Whether the program has been developed according to the modern needs. How to ensure the quality? Is there a mechanism to ensure quality trainers and graduates?

Discussion

The first point raised in the discussion was the difference between the public health workforce and health workforce; and health program and public health program. It was felt that ambiguity of any kind in the minds of the decision makers need to be cleared. Another point raised was that there is a need for attractive career structure in public health. The restrictive role of the nurses in the country in the public health sector was highlighted during the discussion. The need for multi-disciplinary approach in public health was emphasized. There is also an urgent need to set up some kind of accreditation council since there is lack of accreditation and monitoring in public health in India. Concerns were also raised on the need of public private partnership. Suggestions were made that suitable norms should be developed for public private partnership and the forum should discuss how it can be facilitated. A view was shared that the public health is more than MPH and there is a need to look into other determinants such as sanitation and nutrition. Question on what is interface state health service and public health workforce was asked. A view was shared that the public health is more than MPH and one should think beyond it. There is a need to look into other determinants such as sanitation and nutrition. The human resource issues are overlooked and so are other issues which are not medical related. Some of the participants also asked the panelist to provide more detail on what changes are required in the curriculum and what should be its objective.

Technical Session II: Workforce Deployment Performance, Management & Possible Career Pathways for Public Health Personnel

Chairperson: Dr P.H. Ananthanarayanan, Director- Professor and HOD (Biochem), JIPMER

This technical session sought to share experiences, models and challenges from the Centre and select States for public health workforce management. This would include, highlighting initiatives underway in terms of recruitment, transfer policy, career pathways, appraisal and promotion mechanisms, incentives and retaining public health personnel

Experiences from Maharashtra by Ms. Vandana Krishna, Secretary & Commissioner (Family Welfare), Government of Maharashtra

In her presentation Ms. Krishna talked about personnel policies, recruitment, posting and transfer policies in Maharashtra. She pointed out the acute shortage of skilled manpower of doctors and nurses in the market with examples such as Municipal Corporation of Greater Mumbai. Ms Krishna also pointed out that there is a shortage of manpower and doctors as compared to the vacancies. She suggested that the GoI should consider this policy of recruitment and eliminate written tests. The marks obtained by the candidate should be the basis of the selection. She also emphasized that the concept of walk-in interviews needs to be developed for regular government doctors just like the contractual specialists.

There is a shortage of about 6000 nurses in tribal and rural areas. To retain and getting nurses under the NRHM, the government would offer a subsidy to nursing students in tribal and rural areas. In return the government would get a bond from the nurses to serve them irrespective of the areas they would be posted.

Another initiative taken by the government of Maharashtra is to regularize the posts. For this purpose there is a need of a strong HR system that would cater to the issues on transfers, posting, and recruitments.

Role of Public Health Professionals – Experience from Gujarat by Dr. Amarjit Singh, Commissioner and Secretary Health, Government of Gujarat

Dr Singh in his presentation discussed the role of public health professionals' case study from Gujarat. He also discussed the defined career path for public health professionals by the government of Gujarat. He mentioned that the block has been given focus and the cadre of block health officers is supported by nurses. Six medical college trainers have been trained and course on midwife practitioners have been initiated, which is a one year program after nursing. These midwives are posted in talukas where the delivery rating institutions are very poor.

He further mentioned that the government of Gujarat has trained 70-75 boys and girls in non-medical sector in public health. These public health administrators have 2 years experience and are posted in each hospital; 1074 public health care are graded on a quarterly basis and how well they have done on RCH components. Poor performing talukas and blocks full immunization are mapped and focus is given to them. The government of Gujarat had a meeting with the Federation of Gynecologists and offered a fixed a rate of Rs 1,79,800/- for 100 deliveries out of this 7% are cesarean. Out of 2000 observatories 833 are involved in the past 3 years; there have been 284049 normal deliveries, 19000 c-secs, and almost 18000 complicated deliveries. Due to this about 450 women and 6100 neonatals have been saved.

After the initiative started the institutional rate has reached to 82% and rest 108 service is used. About 24000 women have been taken to medical facilities for delivery. Till the emergency service has handled 7 lakh trauma cases, 2 lakh 11 thousand million got delivery in hospitals, 5 lakh got delivered in the ambulance which is well equipped, and 1000 at home. 220 pediatricians have signed MoU with the government of Gujarat and have treated 1500 newborns.

The government has also helped in upgrading the infrastructure of hospitals and medical facilities and has improved the public health in the state.

HR reforms in Public Health Sector in Andhra Pradesh by Dr M. Aziz Ahammed, IAS, Additional Secretary, Health, Medical and Family Welfare, Government of Andhra Pradesh

Dr Ahammed provided information on public health in Andhra Pradesh which is related to primary care. The government of Andhra Pradesh has planned to start a HR department to work on the HR policies which will study various aspects of HR issues. The HR policy is governed by many rules and regulations. The government is working on specific and comprehensive policy of HR.

The most basic requirement for HR is information which is becoming very difficult due to fragmentation and present system of functioning in Andhra Pradesh. The government is developing health Management of Information System (MIS) in all the sectors, i.e. primary, secondary and tertiary care, drugs, food, water, infrastructure, medical supply, etc.

In the HR department, the government of Andhra Pradesh is focusing on MIS related to how best the employees can be provided services by self. The department's focus is workforce and training management, grievance redressal systems, payroll management and employee performance management.

The government of Andhra Pradesh had started self-appraisal in the medical field and a new program is being introduced on key performance indicators to evaluate the performance of the institutions, individuals and medical officers. They are also working to improve the issues of timely promotions and to link public health education with critical positions of district and public health officers. The government also offers

incentives such as emergency healthcare allowance and allowance for PG Diploma and degree for the doctors. The government of Andhra Pradesh is working for a comprehensive HR policy.

Public Health Workforce by Dr K.K. Datta, Adviser, Health Policy & Reforms, TAST, Government of Bengal

Dr Datta spoke about the importance of human resources to the health care delivery system and the need for adequate numbers of health workers. He further highlighted that the distribution of the public health workforce across the globe is uneven. Countries with the lower needs have highest numbers of health workers, while countries with higher needs have lower health workforce. Issues related to limited information on public health workforce, on the basis of age, skills, sources of information, geographical distribution, and other relevant information was highlighted. There is also unequal distribution of health workers within the countries and regions.

He further pointed out the major issues in workforce such as large magnitude of shortage, mal-distribution of health workforce, and medical manpower production. In the central cadre there are more than 4725 doctors working out of which general duty medical officers constitute 3100+, public health is 78, specialists are 772, non-teaching specialists are 91, and teaching specialists are 756. The public health sub-cadre posts are identified but not followed and the number of identified posts for public health is few.

There are 289 medical colleges which have 31298 medical seats and 9303 post graduate degree seats. For PSM/ community health there are 368 seats, 161 seats for public health, 649 seats for DM/MCH, and 3466 seats for post graduate diploma.

Dr Datta pointed out that there is no uniform cadre and career structure or a council to maintain some uniformity standards for the public health professionals. The total number of trained nurses in India is around 8.6 lakhs, annually 30,000 nurses are trained. In Tamil Nadu Directorate of Public Health and Preventive Medicine was established in 1923 and was responsible for public health functions. It comprises of almost 36000 workforce, a little over 42% of total health workforce in the state. Tamil Nadu has 30 medical colleges, 83 DM/MCH seats, public health seats are 11, etc.

Technical Session III: Public Health Curriculum

Chairperson: Mr. Anshu Prakash, Commissioner cum Secretary (H&FW), Government of Arunachal Pradesh

This technical session sought to highlight issues and concerns around the public health curricula, using a competency framework

Sree Chitra Tirunal Institute of Medical Sciences and Technology by Dr K. Mohandas, Director, SCTIMST

Dr Mohandas spoke about the initiation of MPH programmes in the year 1997 through the School of Public Health, SCTIMST. SCTIMST was one of the first institutions in the country to offer training, research and consultancy in this area. Presently, the school offers DPH, MPH, MAE, and PhD courses. The objectives of the program are to provide a broad understanding of the core areas of public health; to develop through field based practical training programs; the individual's ability to identify a health problem and conceptualize the related research questions; design a community based study to investigate it; collect relevant data from the field, analyze them and present the findings in a policy or scientific context; to help acquire knowledge and skills to analyze the health situations; help devise appropriate policies and programs; and implement and manage them at the district level. The duration of the program is 4 semesters- 2 years. The school gives admission to graduates from allopathy, nursing, pharmacy, veterinary sciences or equivalent and post graduates from social sciences, nutrition or allied specialists, who are selected on the basis of educational qualification, professional experience, and personal interview. The course modules during the 1st year are basic biostatistics, introduction to epidemiology, health and development, health and environment, basic health economics, gender issues in health, ethics in public health, health policy analysis, health care systems in India, health management, quantitative research methods, and anthropological perspective in health. The 2nd year the module is qualitative research methods, chronic and infectious disease epidemiology, health systems management and field study-2, intermediate biostatistics, health policy analysis-2, public health technologies, and dissertation.

He also spoke about the PhD program, a three year program which started in 2003 and covers epidemiology, health economics, policy, and system, and gender issues in health and medical anthropology. The school also offers short term courses and research projects. It also provides consultancy to planning commission, GOI; government of Kerela; Asian Development Bank; UNFPA; WHO; World Bank; and many others.

Components of Public Health Curriculum by Dr P.H. Ananthanarayanan, Director, Professor and Head of Department (Biochem), JIPMER

Dr Anathanarayanan presented on the components of public health curriculum and the generics and generality. He believes that health care is vital for everyone at one point of time but public health is vital to everyone all the time. There are major issues in the public health curriculum such as whether or not there is a graduate and post-graduate program. Entry criteria should be considered which depends on the type of course that needs to be implemented. Entry criteria need to be defined and look into the curriculum of public health workforce keeping in mind the global, regional, and national requirements.

The questions that need to be considered in a curriculum are whether it is competency or knowledge based; whether it is skills based or evidence based; and whether it is challenges based. The competency is of four kinds- leadership, management, research, and teaching competencies. This is based on the likes of people in a particular competency curriculum.

The issues of health are talked in terms of preventive, primitive and curative wherein the curative is given the importance. Thought is to be given to how can the health care delivery system can be integrated into the curriculum. The content of the curriculum should also be given importance with reference to public health course. This depends on the entry criteria and the kind of product is required at the end of the course. The duration and start term of the course also needs to be considered.

The curriculum should incorporate the principles of modern educational technology. Another component of the curriculum is to ensure quality in the course content and the kind of people who graduate. Accreditation and use of community as a laboratory for training are two other important components of a curriculum. The assessment both internal and external should be continuous. The curriculum that is available with reference to the public health is single-disciplinary based but the public health is involved in multi-disciplinary approach.

The presentation ended with the highlight that without public health our society could not advance.

Public Health Curriculum by Dr C.A.K Yesudian, Dean, School of Health System Studies, Tata Institute of Social Sciences

Dr Yesudian shared details pertaining to the MPH programme offered by the School of Health System Studies at the Tata Institute of Social Sciences, Mumbai. The institute offers courses such as Masters in Public Health in Social Epidemiology that focuses on research; Master of Health Administration; and Masters in Public Health in Health Economics, Finance & Policy which is being developed in collaboration with the London School of Economics. Graduates from all the sectors such as MMBS, BMS, BHMS, paramedical students, pharmacy, nursing, therapy, psycho-therapy, etc are considered.

The institute offers admissions to majority of students from both medical and non-medical backgrounds who are guided by faculties from various backgrounds including practitioners in public health field and healthcare organizations. The foundation of the curriculum is the socio-economic context and built on that is knowledge, information and skills.

He mentioned that socio-economic context is important for building the social reality on which the public health issues are based on and the syllabus provides understanding of basic and health economics. The faculties of the institute teach not only in the classrooms but also in the slum or rural or tribal communities which gives field exposure to the socio-economic context existing in the country.

Knowledge has three components- the basic component is the epidemiology of communicable and non-communicable diseases; health problems of communities and groups; and health services issues such as equity and access to health services. The Information on public health legislations, nation public health policies and national policies can be gathered by the students from the classrooms, libraries reports, seminars and internet.

There are three set of skills, i.e., research skill, managerial skill, and policy skill. In research skill the students are trained on research methods such as quantitative, qualitative methods and statistics for research like monitoring and evolution health policies system. The students in the field are exposed to human resource management, financial management, material management and logistics. The focus is to provide more input in public health, health economics, and policy implementation and formulation for the South Asia region.

Technical Session 4: Public Health Education & Training

Chair: Dr Meenu Singh, Professor (Pediatrics), APC, PGIMER

This session sought to highlight experiences, initiatives, issues and concerns around public health education and training, including induction; short courses, continuing education, distance learning and in-service training.

Health Care in Kerala by Dr Vishwas Mehta, Secretary Health & Family Welfare, Government of Kerala

Dr Mehta presented on public health in Kerala. Since 1813, the state of Kerala has focused on medical and education sectors. The state has 5 unique features which are monarchs who focus on education; availability of maternal care; missionaries; Marxist government brought land reforms in the initial years of Kerala; and matriarchal system. The population of the state is very less and it is women empowered. The state also has indigenous systems of medicine that constitutes of ayurveda and homeopathy.

The state also faces demographical change and transition. The state has no negative growth rate as compared to Tamil Nadu and India. In terms of sex ratio, there are more women than men in the state. The age pyramid is reverse, there are more people surviving and it is expected that in the year 2021 the people aged 60 and above will cross the 14 years olds.

Due to high literacy in the state there is ineffective referral system and there are more of out-of-pocket expenses. Kerala is considered as the diabetic capital of the country. The life style diseases such as diabetes, hypertension, heart ailments, mental stress, and cancer are on the higher side. Kerala has medical care for health problems. There is a lack of public-private participation in the state. There is also inadequate referral system and no emphasis on equipments and manpower.

Public Health Education & Training by Dr S.H. Khan, Deputy Director, Lal Bahadur Shastri National Academy of Administration

Dr Khan shared experiences related to provision of public health education and training to civil servants through the LBSNAA. He explained that in keeping with the three components of any training programme namely, knowledge, skill, and attitude, the civil servants during the training are briefed on public health and its issues and indicators through case studies. The phase I of the training is focused on public health, nutrition, sanitation, education, etc through lectures and case studies. The phase II focuses on sharing of experiences in the field of public health and exposure to public health issues and workforce at district level. Phases III, IV and V analyze health policy, policy reformulation and challenges. Specialized training programs focuses on improvement in public health delivery at district and block level. These need to active at state

administrative training institutions meant for stakeholders in public health. It is important to create awareness on priority issues on public health, motivate and reward schemes should be introduced for workforce, need of rural orientation to MBBS/ PG students should be provides, etc.

Status of Public Health Education and Training in India by Dr B.S. Garg, Director-Professor and HOD (Cty Med), MGIMS

Dr Garg believes that only small portion of the total public health workforce receives formal public health education. The challenges are that public health has not been able to attract attention of politicians and other policy makers and the national institutes have not shown desired output. The public health education in India is not curriculum based; there a gap between the classroom teaching and practice, minimum skill building efforts, lack of role model for students and public health is not a favored program for students.

Dr Garg touched upon the competencies and suggested that there should be skill based training and the DPH program should focus on sanitation and hygiene. There should be strong field practice and there is a need to develop country specific model for public health education at regional and national levels. There also is quality assurance in medical education.

Nature and Quality of Public Health Education and Training by Prof. Madhumita Dobe, Secretary General, Indian Public Health Association

Dr Dobe outlined the main categories of human resources involved in public health, namely, medical doctors; public health specialists; public health administrators; nurses; ANMs; allied workers; laboratory technicians; pharmacists; technical support staff and public health support staff amongst others. The nature of education / training programmes available was also outlined. Dr Dobe brought to light issues related to quality and process of training; need for competency based and worker oriented approach; need to tailor curricula to competencies. Issues related to competency development, poor quality of in-service capacity building; nature and quality of training-learning material and methods were highlighted. Emphasis was placed on need for standardization and accreditation of Public Health Education and Training; and positioning and promotion of public health. The way forward suggested included, linking of curricula to competencies; standardization, accreditation and credit transfer; offering flexible PH courses coupled with collaborative teaching methodology, modular format and flexible environment. Dr Dobe suggested that cross national studies on competence based education, evaluation of education initiatives undertaken in NRHM and facilitation of a constructive dialogue amongst employers, educators, policy makers and other stakeholders on quality assessment and improvement. She also called for partnerships between the various stakeholders so as to develop a more coherent public health education system.

Technical Session 5: Working Groups (Concurrent Sessions)

Instructions for Working Groups by Mr Sunil Nandraj, WHO India

The working group discussions sought to draw up possible options on “How To” address the concerns raised through the various sessions and to outline practical options or set an action on “what needs to be done” in areas of:

- Developing possible career pathways for various categories of public health workforce, especially in the public sector. This would be across levels and cadres.
- Issues around the public health curriculum and competency framework – how to make the public health education and training relevant to India’s needs
- How to enhance networking and partnerships amongst institutions involved in public health (education, training, service delivery, etc)

He organized the three working groups. The first group was asked to focus on possible pathways for public health personnel; the second group spoke on public health curriculum & competency framework and the third group focused on enhancing networking and partnerships.

Working Group 1: Possible Career Pathways for Public Health Personnel

Lead discussant & moderator: Dr Thamma Rao, Sr Advisor, NHSRC

Group work recommendations presented by Dr Preeti Kumar, PHFI

Dr Rao talked about the possible career pathways for public health personnel. The questions raised during the discussion were which cadres / categories of health workers constitutes the public health workforce? What are the activities of public health? It was mentioned that while every state has a set career pathway, issues of non-uniformity also occur. Based on its deliberations, the group emphasized the need for clear career pathways for public health workforce, in keeping with their education; years of service and performance. It recommended the establishment of an Indian Public Health Service; identification of specific posts in Health system with clear need for Public Health background. The group suggested that as next steps, sub-groups be set up for working out the details for each of the above recommendations

Working Group 2: Public Health Curriculum & Competency Framework (including QA)

Lead discussant & moderator: Dr Chandrakant Pandav, Professor & HOD (Cty Med), AIIMS

Group work recommendations presented by Dr Chandrakant Pandav, AIIMS

Dr Pandav represented the working group 2 that focused on public health competency and curriculum framework. He addressed each panelist in the consultation on their respective topics. He stated that the conduct of the consultation was timely. The first suggestion was on the PH content which should be updated on timely manner. The

second suggestion was on the participation of stakeholders. There are large numbers of participants, stakeholders and professionals but the participation of the stakeholder, frontline public health workforce, statutory bodies, etc is required.

The group outlined three areas for further action, namely, need for a public health act, public health council, and public health networking. According to the group, there should be a public curriculum and competency framework including examining issues of quality of education. Other areas that need to be addressed on priority are to define public health, public health functions, and public health accreditation council, amongst others.

Working Group 3: Enhancing networking and partnerships amongst institutions involved in public health (education, training, service delivery, etc)

Lead discussant and moderator: Deoki Nandan, Director, NIHFW

Group work recommendations presented by Dr Sanjay Gupta, NIHFW

Dr Gupta made a presentation on enhancing network and partnerships focused on by the working group 3. The group believes that there are many associations and networks and creating new ones are not required rather the existing ones should be crystallized. A repository of the different association, institutions, NGOs, agencies, etc in the field of public health is required, so that they can be brought on the same platform.

Public health can be through websites, through media channels such as DD Gyan Darshan and Gyan Vani, newsletters and Wikipedia, where the information on public health professionals can be put. The group also listed issues that social issues, policy issues and legal issues and also suggested that there is a need to bring the non-medical and medical professionals under the same platform.

The materials, modules, guidelines, etc should be accessible in a website for the people. Dr Gupta ended the presentation that the above mentioned initiatives should be taken by both public and private institutes and associations such as NIHFW, ICMR, PHFI and others.

Wrap Up & Way Forward

Chair: Dr Yonas Tegegn, Ag. WHO Representative to India:

Career progression and improving work life experience of public health workforce at community level-initiatives under NHRM and sharing the initiatives undertaken by the public health taskforce by Mr Amarjeet Sinha, JS, MOHFW, Government of India

Mr Sinha pointed out that there is a lack of public health education in medical colleges that needs to be added to the course. There is a need of dialogue in the field with the doctors, nurses, mid-wives, etc. The word guidelines or expression that would give the states that there is a need for implementation since the government has already thought of it. It is important to understand the problem before taking out the solution, e.g. in a survey about 50% of children between the age group of 0-6 have fever, body ache, and other minor ailments and diseases.

In crafting the program Arunachal, Tamil Nadu, Jammu & Kashmir, and Kerala villages have their own perspectives. An assumption was made that readymade people to work for public health workforce. There was a need to develop public health person who could contribute to better health. In other words, the HR needs to be created and they cannot come on their own.

For career progression it is important for the local residents to develop skills that are needed to build public health focus. According to Mr Sinha, the public health workforce demands a movement away from vertical to horizontal paradigm of people. This community process can be used for the betterment of the public health. There is a requirement for public health cadre and public health services. There is knowledge of what is happening within the community on public health. He ended with a view that the HR needs development and needs to be created in a manner which is fulfills the needs of the community.

Valedictory Session by Dr Shiv Lal, Special DG (PH), MoFHW, GoI and Director of NICD

Dr Shiv Lal summarized the two day consultation that sought to review the public health workforce development in India. The working groups suggested possible points and actions for the issues and concerns raised. The issues and concerns raised were:

- There is a need of multi-disciplinary and multi-sectoral actions to achieve public health goals in the country;
- There is a need for information / data related to the public health workforce in India
- There is a need for strengthening of leadership and management capabilities of PH personnel.

- There is a need to create career structure at national, state, and district levels and establish appropriate policies for the same. The options suggested were public health service, Indian health services, all India cadre, and public health centre at state and district level with clear career pathways;
- There is need of career pathways for various cadres and public health professionals working in public health sector. The qualifications and role of the professionals should be designated at the national, state, district, and block levels;
- There is a need to improve / building incentive mechanisms for PH professionals/workers, across levels
- There is a need to share and document the experiences of the stakeholders particularly in terms of success stories, failures, and best practices and disseminate the same.
- Need for advocacy for changes in existing policies on admission to PH education courses to enable students of all relevant disciplines (e.g. economics, law, medicine, nursing, etc) could train in the field of public health. The eligibility criteria to be standardized
- There is a need for advocacy in public health and new courses and development programs should be introduced;
- There is a need to enhance quality of public health education, training and accreditation as one mechanisms that could be used for the same;
- There is an need for establishment of a paramedical council and the efforts by the Ministry of Family Welfare can be fast tracked;
- There is a need to designate the roles of medical, non-medical, and clinical personnel and paramedical in the country;
- State experiences have shown that various initiatives are underway to address PHWF issues. These need to documented, analyzed and disseminated widely. Inter-country consultations to be organized with the States, so that the models/experiences could be shared;
- There is a need to promote multi-disciplinary partnerships in public health education and practices. Partnerships with other government sectors, NGOs, private organizations and community and development in public health services and training institutions need to be developed.
- There is a need to facilitate the establishment / strengthen the existing network of institutions / organizations engaged in public health education (including those offering degree / diploma / short courses in public health) and foster regular interaction between them. The terms of reference to be clearly outlined.

National Consultation on Public Health Workforce in India
Ministry of Health & Family Welfare and WHO Country Office for India
June 24-25, 2009, Hotel Oberoi, New Delhi

Agenda

Day 1: June 24, 2009		
1000-1040 Inaugural Session		
1000-1010	Setting the Strategic Context	Mr Vineet Chawdhry JS, MOHFW, GOI
1010-1030	Key Note Address	Dr Samlee Plianbangchang, Regional Director, WHO SEARO
1030-1035	Vote of Thanks	Dr Yonas Tegegn Ag. WHO Representative to India
1035 - 1100 High Tea / Coffee		
1100-1215 Technical Session 1: Public Health in India - Setting the context		
Chairperson: Dr J.P. Muliylil, HOD (Dept. of Community Medicine), CMC Vellore		
1100-1115	Public Health in India: Current Status and priorities for public health within the context of primary health care revitalization	Dr Shiv Lal, Spl DG (PH), MOHFW, GOI & Director NICD
1115-1130	Challenges to public health in India and Public Health workforce priorities and strategies for the future	Dr Srinath Reddy, President, PHFI
1130-1145	Public Health Workforce issues in the SEAR region	Dr M Muzaherul Huq, RA (HRH & Fellowships), WHO SEARO
1145-1215	Discussion	
1215-1330 Lunch		
1330-1530 Technical Session 2: Workforce Deployment Performance, Management & Possible Career Pathways for Public Health Personnel		
Chairperson: Dr P.H. Ananthanarayanan, Director – Prof & HOD (Biochem), JIPMER		
1330-1530	Sharing of State experiences and models - Recruitment, transfer policy, career pathways, appraisal and promotion mechanisms, incentives and retaining public health personnel (15 min each)	Dr K.K. Datta, Adviser, Health Policy & Reforms, TAST, Govt. of West Bengal
		Ms Vandana Krishna, Secretary & Commissioner (FW), Govt. of Maharashtra
		Dr M.Ariz Ahammed, Addl. Secretary, Govt. of Andhra Pradesh
	Discussion	Dr Amarjit Singh, Commissioner & Secretary Health, Govt. of Gujarat
1530-1600 Tea / Coffee Break		
1600-1730 Technical Session 3: Public Health Curriculum & Competency Framework		
Chairperson: Mr Anshu Prakash, Commissioner cum Secretary (H&FW), Govt. of Arunachal		

Pradesh		
1600-1730	Panel Discussion: Components of a public health curriculum (15 min each)	Dr K Mohandas , Director, SCTIMST Dr P H Ananthanarayanan , Director – Prof & HOD (Biochem), JIPMER Dr C. A. K Yesudian , Dean, School of Health Systems, TISS
	Discussion	
Day 2: June 25, 2009		
0900-1100 Technical Session 4: Public Health Education & Training		
Chairperson: Dr Meenu Singh, Professor (Pediatrics), APC, PGIMER		
0900-1030	Panel Discussion: Nature and quality of public health education and training (Examining issues of induction, continuing education and training) (12 min each)	Mr Vishwas Mehta , Secretary Health & Family Welfare, Govt of Kerala Dr S.H Khan , Dy Director, Lal Bahadur Shastri National Academy of Administration Dr B.S Garg , Director-Professor and HOD (Cty Med), MGIMS Dr Madhumita Dobe , Secretary General, IPHA
	Discussion	
1030-1215 Technical Session 5: Working Groups (Concurrent Sessions)		
1030-1035	Instructions for Working Groups	Representative from WHO India
1035-1050 Tea / Coffee Break		
1050-1215	Working Group 1: Possible Career Pathways for Public Health personnel	Lead presenter & moderator: Dr Thamma Rao , Sr Advisor, NHSRC (10 mins)
	Working Group 2: Public Health Curriculum & Competency Framework (including QA)	Lead presenter & moderator: Dr Chandrakant Pandav , Professor & HOD (Cty Med), AIIMS (10 mins)
	Working Group 3: Enhancing networking and partnerships amongst institutions involved in public health (education, training, service delivery, etc)	Lead presenter & moderator: Dr Deoki Nandan , Director, NIHFWS (10 mins)
1215-1315 Wrap up & Way Forward		
Chairperson: Dr Yonas Tegegn, Ag. WHO Representative to India		
	Presentation of recommendations from working Groups and discussions	Presenters from each group (10 mins each)
	Career progression and improving work life experience of public health workforce at community level – Initiatives under NRHM and sharing the initiatives undertaken by the Public Health Taskforce	Mr Amarjeet Sinha , JS, MOHFW, GOI (15 min)
	Closing Remarks	Dr Shiv Lal , Spl DG (PH), MOHFW, GOI & Director NICD
1315 onwards Lunch		

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