

DAC/E&C/233/50/2022

To:  
The Secretary  
Health Services Division  
Ministry of Health and Family Welfare  
Bid No # 3, Bangladesh Secretariat, Dhaka- 1000

Excellency,

Greetings from the High Commission of India, Dhaka.

भारत का उच्चायोग, ढाका  
High Commission of India  
Dhaka

July 26, 2022

স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়  
স্বাস্থ্য সেবা বিভাগ  
অতিরিক্ত সচিব (প্রশাসন অধিশাখা)  
ভারতীয় হাই কমিশন, ঢাকা

তারিখ: ২৬/৭/২২

১. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)  
২. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)  
৩. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)  
৪. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)  
৫. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)  
৬. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)  
৭. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)  
৮. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)  
৯. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)  
১০. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)  
১১. স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)

নাম ও মিডওয়াইকারি প্রতিদত্ত মহাপরিচালকের দপ্তর	ফর্ম নং	তারিখ	প্রতি প্রকৃতি
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়	১	২৬/৭/২২	স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
স্বাস্থ্য সেবা বিভাগ	২	২৬/৭/২২	স্বাস্থ্য সেবা বিভাগ
স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)	৩	২৬/৭/২২	স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)
স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)	৪	২৬/৭/২২	স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)
স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)	৫	২৬/৭/২২	স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)
স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)	৬	২৬/৭/২২	স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)
স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)	৭	২৬/৭/২২	স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)
স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)	৮	২৬/৭/২২	স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)
স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)	৯	২৬/৭/২২	স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)
স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)	১০	২৬/৭/২২	স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)
স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)	১১	২৬/৭/২২	স্বাস্থ্য সেবা বিভাগ (প্রশাসন অধিশাখা)

I would like to draw your attention to the training course offered by the Government of India under the Indian Technical and Economic Cooperation (ITEC) Programme for the year 2022 - 2023. This is a flagship programme of Government of India for upgradation of skills and human resource development.

2. The ITEC course is offered to working professional. The eligibility criteria for the candidate is that they should be employed in the Government/ Public Sector/ Universities/ Chambers of Commerce and Industry for at least 5 years; should be in the age group of 25 to 45 years; proficiency in English is essential. A proficiency test for English is also conducted by the Mission. Candidate shall be required to submit a medical fitness certificate from Mission's empanelled hospitals (Apollo/ United/ Banani Hospital) or by a panel doctor as far as possible. Preference would be given to candidates who have not yet availed training under ITEC, TCS Colombo Plan or Special Course.

3. The following course is offered by 'Post Graduate Institute of Medical Education and Research (PGIMER)', Chandigarh, India, as a part of the International Training programme and will be held as per the following schedule:-

Sl No	Name of the Course	Duration
1	Public Health Policy and Management (PHPM Program)	13-09-22 to 23-09-22

4. All nominations may kindly be sent to Second Secretary (Education), High Commission of India, Dhaka along with copies of National ID Card, Passport and Educational Certificates. The entire cost of the training programme including course fees, return international airfare, accommodation and living allowance shall be borne by the Ministry of External Affairs, Government of India. Accommodation is provided by the Training Institute in a hostel/hotel and the charges on this account are borne by the Government of India.

5. Candidates who desire to apply for the course may log on website/link <https://www.sisdhaka.gov.in> and register for submitting the ITEC application online.

With best regards,

Yours sincerely,

(Rajinder Singh)

Second Secretary (Education)

E-mail: [itec.dhaka@mea.gov.in](mailto:itec.dhaka@mea.gov.in)

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার  
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়  
স্বাস্থ্য সেবা বিভাগ  
প্রশাসন-১ শাখা  
বাংলাদেশ সচিবালয়, ঢাকা  
[www.hsd.gov.bd](http://www.hsd.gov.bd)

স্মারক নং- ৪৫.০০.০০০০.১৪০.৯৯.০০৪.২২-১১৭২

তারিখঃ ১৮ শ্রাবণ ১৪২৯  
০২ আগস্ট ২০২২

অনুলিপি সদয় অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য প্রেরণ করা হল (জ্যেষ্ঠতার ক্রমানুসারে নহে):

- অতিরিক্ত সচিব (সকল), স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- মহাপরিচালক, স্বাস্থ্য অধিদপ্তর/ঔষধ প্রশাসন অধিদপ্তর/নার্সিং ও মিডওয়াইকারি অধিদপ্তর/স্বাস্থ্য অর্থনীতি ইউনিট, ঢাকা।
- ব্যবস্থাপনা পরিচালক, কমিউনিটি ক্লিনিক স্বাস্থ্য সহায়তা ট্রাস্ট, মহাখালী, ঢাকা।
- প্রধান প্রকৌশলী, স্বাস্থ্য প্রকৌশল অধিদপ্তর, মতিঝিল, ঢাকা।
- যুগ্মসচিব (সকল), স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- উপসচিব (সকল), স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- মন্ত্রীর একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- সচিবের একান্ত সচিব, স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- সিস্টেম এনালিস্ট, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয় (ওয়েবসাইটে প্রকাশের অনুরোধসহ)।

(মোঃ সাইফুল ইসলাম ভূঞা)  
সিনিয়র সহকারী সচিব  
ফোন: ২২৩৩৫৭৯৮৫  
[admin1@hsd.gov.bd](mailto:admin1@hsd.gov.bd)



**3<sup>rd</sup> Public Health Policy and Management (PHPM) program for policy makers**  
**Under Indian Technical & Economic Cooperation (ITEC) scheme**  
**FY 2022-2023**

**A proposal from the Department of Community Medicine and School of Public Health, Post Graduate Institute of Medical Education and Research (PGIMER) Chandigarh**

**A. Context and Need for intervention**

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

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

A better understanding of the good practices by policy makers of ITEC nations through case-based approach, peer-to-peer learning and hands-on experience sharing during the proposed training program

would ensure its adaptation and replication in their country. This 5 day capacity building module on public health policy and management will provide a hands-on experience by showcasing various best practices in India. It will also focus on developing a critical thinking and applied problem-solving skills among the global delegates for warranting their eventual adaptation in their country to effectively manage the existing and emerging public health challenges for overall strengthening of health systems.

#### **B. Prior experience of conducting the program**

Department School of Public Health, Post Graduate Institute of Medical Education and Research, India has been conducting several health management training programs for national and international participants for over four decades. It has conducted more than 1000 training programs/workshop/seminars which are supported by national and international agencies.

Department of Community Medicine and School of Public Health, Post Graduate Institute of Medical Education and Research, India has been conducting several health management training programs for national and international participants for over four decades. It has conducted more than 1000 training programs/ workshop/seminars which are supported by national and international agencies. In this series, a 5-day “**Public Health Management Policy and Management Program**” (PHPM) was conceptualized in 2018 which aims 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.

*The first and second programs were sponsored by Ministry of External Affairs in which we had received huge response in terms of application, amongst which we shortlisted 26 candidates in 15 countries in first program and 20 candidates from 15 countries in second program.* Our training programs are entirely on No- Profit Basis. **Being the first program of its kind in the country being conducted in government set-up**, these programs seek to enhance management competencies which are absolutely essential for a good health manager for improving the performance and productivity of organizations. The current program on **Public Health Policy and Management (PHPM)** complements the earlier program (IPHMDP) as it has been designed to showcase the best practices in Public Health Policy and Management of India to highest level policy makers of different countries, which they may adapt in their country settings in unison with the middle and senior level program managers.

### **C. Program Goal**

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

### **D. Program Objectives**

1. To sensitise and equip senior program delegates on appreciating gaps in current global public health scenario and envision future trends in health care management for effective decision making.
2. To showcase the favourable impact of healthy public policy implementation in India on quality of life of its citizens through illustration by relevant case studies.
3. To provide exposure to visiting global delegates to best practices of public health policy and management in India.
4. To explore the opinion of program delegates about the potential of replication of models of best practices in public health management in their country settings.

### **E. Key Highlights of the Program**

The key highlights of the program are;

- *Judicial mix of learning methods* through traditional formal learning methods (lecture, power point presentations, group discussions, role plays) and informal learning methods (case studies, exercises, videos, real case scenarios, and field visits).
- *Application based learning* in which the participants will prepare an action plan during the program to be implemented within 6 months of completion of program.
- *Facilitation of experience based learning* by an elite panel of leaders and experts (technocrats, bureaucrats and legislators)
- *Cross-cultural learning* through sharing of best practices of health promotion by the participants through integration with Indian culture and tourism and presenting exposure to local ethnicity and cuisine along with hosting a cultural event with gala dinner.

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

### **F. Target Audience**

This program is designed for policy makers, the persons responsible for or involved in formulating health (or health related) policies at regional or national level. The program capacity is 25-30 participants only.

### **G. Program Content**

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

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

## Schedule (Draft)

DAYS	Day 1	Day 2	Day 3	Day 4	Day 5
09:00-09:30 AM	<b>INAUGURAL CEREMONY</b>	Reflection of previous day	Reflection of previous day	Reflection of previous day	Reflection of previous day
09:30-10:30 AM	<ul style="list-style-type: none"> <li>Program Overview</li> <li>Introduction of Participants</li> <li>Pre test</li> </ul>	<b>Health Policy Frameworks</b>  (Dr. Upendra Bhojani)	<b>Politics of health policy</b>  (Dr. Upendra Bhojani)	<b>Health Technology assessment in policy making</b> ( Dr. Shankar Prinja)	<b>Translating research to drive public health policy</b>  ( Dr. Sonu Goel)
10:30-11:15 AM	<b>Global Public Health Issues &amp; Challenges</b> ( Dr. Sanjay Zodpey)	*Assignment	*Assignment	*Assignment	*Assignment
11:15-11:30 AM	<b>TEA BREAK</b>				
11:30-12:30 PM	*Assignment	<b>Introduction to Public policy</b>  ( Dr. Sonu Goel)	<b>Health policy models and theories</b> ( Dr. Sonu Goel)	<b>Public Health Policy and Governance</b> ( Dr. Rana J Singh)	<b>Policy Analysis</b>  (Dr. Sonu Goel)
12:30-01:15 PM	<b>Understanding Indian healthcare system</b> ( Dr. Sanjiv Kumar)	*Assignment	*Assignment	*Assignment	Action Plan Preparation
01:15-02:00 PM	<b>LUNCH</b>				
02:15-03:15 PM	<b>Public health policy through Management &amp; leadership approaches</b> ( Dr. Sonu Goel)	<b>Formulation of public health policy -Agenda setting &amp; policy implementation</b> (Dr. Upendra Bhojani)	<b>Demonstration of best practices in patient care settings at PGIMER</b>  (Visit to PGIMER, Chandigarh-an institute of national excellence)	<b>Showcasing of India's "Smart city concept"- Translating policy into action</b>  (Visit to Smart City of Chandigarh)	Action Plan Presentation
03:15-04:00 PM	* Assignment	*Assignment			<b>VALEDICTORY CEREMONY</b>
04:00-04:45 PM	<b>Introducing Health Map of India followed by Group Work: Preparation of Health Map of participating countries</b> (Dr. Sanjiv Kumar)	<b>Presentation of Health Map of their participating countries</b>			

### **Program Schedule for FY 2022-23**

19 September -23 September 2022

### **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 6 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 (PGIMER is an institute of excellence with all medical super-specialties) 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'**

### **Organizational Capacity**

The Postgraduate Institute of Medical Education and Research (PGIMER) is based in Chandigarh and was established in 1962 by then Prime Minister of India, Pt. Jawahar Lal Nehru. It was declared as an "Institute of National Importance" by an Act of Parliament of India on 1st April 1967 and is currently an autonomous body functioning directly under the Ministry of Health and Family Welfare, Government of India. PGIMER has almost all specialities and super-specialities departments. PGIMER has completed over 1000 research projects and more than 500 research articles are published every year in national and international indexed journals.

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

## Annexure '2'

### Prior Experience of Program Director

**Dr. Sonu Goel, Program Director** of International Public Health Management Development Program is a medical doctor and specializes in PUBLIC HEALTH. He had done his MBBS and Post-graduation in public health from Indira Gandhi Medical College, Shimla. He is currently Professor in Department of Community Medicine and School of Public Health. He has over 20 years of rich experience in the field. He has written around 100 papers in national and international journals and authored 2 books-one of which by Elsevier's- „Hospital Administration-a problem solving approach“ is among the hot-selling books in India. Besides this, he had authored over 35 chapters in several books. He received fellowships of three prestigious associations (Indian Public Health Association, Indian Association of Preventive and Social Medicine, and International Medical Science Association) and MNAMS, which is very unusual for a young faculty of his age. He is also an alumnus of John Hopkins School of Public Health, Baltimore, US and Maastricht University, The Netherlands. He is Adjunct Clinical Associate Professor, Public Health Master's Program, School of Medicine, University of Limerick, Ireland, and Honorary Professor, Faculty of Human and Health Sciences, Swansea University, United Kingdom. He is Director at e-Resource Centre for Tobacco Control, e-Learning for Public Health

Dr. Goel has a vast experience of teaching public health management and has been actively involved in designing and implementation various courses for last 7 years. He had attended 4 UNION IMDPs viz. CML, PM, BFM, and MOM between years 2009 till 2011. Additionally, he had also participated in many technical courses including Operational Research course. Currently, he is supporting UNION's technical courses and SORT-IT (South Asia Operational Research course) as external resource person for the last 4 years. He is working closely with UNION, South East Asia office on other issues like supporting UNION's grantee for capacity building of stakeholders; and monitoring and evaluation of tobacco, TB-Tobacco and lung health issues (m-health in pneumonia). He has a vivid experience of conducting trainings in liasion with various international and national organisation and agencies. He conceived as new model namely „**PGIMER-The Union OR model**“ in 2014. This partly funded five and half days course was exclusively focused on research needs in tobacco control. He has a rich academic background in Public health management and is the reviewer of many journals of repute including WHO Bulletin, International Journal of Tuberculosis and Lung Disease; Public Health Action; Indian Journal of Public Health; Indian Journal of Community Medicine among many. He is member of many national and international scientific bodies. At this young age, he had completed more than 30 projects independently with almost 10 national and international organizations

### **Annexure-‘3’**

#### **Executive Summary of 2<sup>nd</sup> Public Health Policy and Management Program (PHPM)**

**30<sup>th</sup> September – 4<sup>th</sup> October, 2019, PGIMER Chandigarh, India**

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, Palestine, 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

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 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

## **Registration of Application Process:-**

Website: [www.sjsdhaka.gov.in](http://www.sjsdhaka.gov.in)



After registration then go to ITEC main portal link



Apply for ITEC



click Apply Now



Select Option (By Institute)



Click POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,  
CHANDIGARH (SI No- 49)



Click Apply (Right side)



rom: "South Asia Chief Economist Office" <sarchieconomistoffice@worldbank.org>

o:

ate: Thursday, July 21, 2022 08:10PM

subject: [Reminder] Call for Papers for the "Migration in South Asia" Conference = Deadline August 15, 2022

নামিঃ ও ডিউওয়াইকারি অধিদপ্তর		স্বাক্ষর
মহাপরিচালকের দপ্তর		
তারিখ: ১৫/০৮/২০২২	অতি প্রকৃতি	
প্রকৃতি (প্রশাসন)	সেবা প্রকৃতি	
প্রকৃতি (বিভাগ)	সেবা প্রকৃতি	
প্রকৃতি (কর্তৃপক্ষ)	সেবা প্রকৃতি	
প্রকৃতি (অন্যান্য)	সেবা প্রকৃতি	



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SOUTH ASIA  
Economic Policy Network

Dear Colleague,

The Office of the Chief Economist in the South Asia Region of the World Bank, in collaboration with the Institute for Integrated Development Studies and the Social Protection and Jobs Global Practice of the World Bank, invites papers for the 10<sup>th</sup> South Asia Economic Policy Network conference. This conference is linked to the South Asia Economic Focus, our bi-annual report on the economic situation of the region, and the topic of the forthcoming conference is "Migration in South Asia".

Key dates

Conference: November 7 and 8, 2022

Deadline for submission: August 15, 2022

We strongly encourage the submission of high-quality and internationally publishable academic papers. Authors of accepted papers will be informed by email on Tuesday, August 30, 2022. We are grateful if you share the call for papers with other interested researchers.

Please submit your paper to [sarchieconomistoffice@worldbank.org](mailto:sarchieconomistoffice@worldbank.org)

The conference on November 7 and 8, 2022 will be in hybrid format in Kathmandu, Nepal. The sessions will feature paper presentations, a keynote lecture, and a high-level policy panel.

For more details on the theme of the conference, papers submission and logistics, please visit our [website](https://www.worldbank.org/en/conferences/saepn).

Many regards,  
SAR Chief Economist Office

স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
স্বাস্থ্য সেবা বিভাগ
অতিরিক্ত সচিব (প্রশাসন অধিশাখা)
তারিখ: ২১/০৭/২০২২
অতি প্রকৃতি
১. অতি প্রকৃতি
২. প্রকৃতি
৩. স্বাস্থ্য সেবা বিভাগ
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তারিখঃ ১৮ শ্রাবণ ১৪২৯  
০২ আগস্ট ২০২২

অনুলিপি সদয় অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য প্রেরণ করা হল (অ্যেটতার ক্রমানুসারে নহে):

১. মহাপরিচালক, স্বাস্থ্য অধিদপ্তর/উষধ প্রশাসন অধিদপ্তর/নার্সিং ও মিডওয়াইফারি অধিদপ্তর/স্বাস্থ্য অর্থনীতি ইউনিট, ঢাকা।
২. ব্যবস্থাপনা পরিচালক, কমিউনিটি ক্লিনিক স্বাস্থ্য সহায়তা ট্রাস্ট, মহাখালী, ঢাকা।
৩. প্রধান প্রকৌশলী, স্বাস্থ্য প্রকৌশল অধিদপ্তর, মতিঝিল, ঢাকা।
৪. যুগ্মসচিব (সকল), স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
৫. পরিচালক (সকল), -----মেডিকেল কলেজ হাসপাতাল।
৬. উপসচিব (সকল), স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
৭. সিস্টেম এনালিস্ট, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয় (ওয়েবসাইটে প্রকাশের অনুরোধসহ)।

(মোঃ সাইফুল ইসলাম ডুগ্রা)  
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