KERALA UNIVERSITY OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

Thiruvananthapuram

ADVANCING PUBLIC HEALTH TRAINING-WORKSHOP

TITLE

PUBLIC HEALTH TRAINING IN INDIA
PARTICULARLY IN KERALA :
WHERE ARE WE NOW AND THE WAY AHEAD

DATE: 30.08.2024 & 31.08.2024
VENUE: CONFERENCE HALL,
FLOOR 1, SPH – KUHS

Public Health Training in India particularly in Kerala – Where are we now? And the Way Forward.

Proceedings of the two-day workshop Advancing Public Health Training 30-31st August 2024

Table of Contents

International models of training in Public Health and its adaptability to the Indian Context – based on GOI, MoH&FW Model Curriculum Hand Book (2017)

Dr Sitanshu Sekhar Kar

Session 8

New Education Policy provisions, NMC Public health training

Dr. Mathew George

Session 9

Electives and Specialization: Scope for diversity &Real world applications to be Reflected in the MPH curriculum

- *Dr. Harshad P. Thakur*

Session 10:

Panel discussion on Candidate selection, Candidate Evaluation framework, Certification, Accreditation and Ranking of institutions, Agreeable Minimum standards for starting the course Curriculum – Any missing links

Part C: Group work on Competency framework and identification of core competencies

Group 1

Epidemiology, Biostatistics, Quantitative Methods, Infectious Disease
Epidemiologic NCD including Mental Health Epidemiology Surveillance

Group 2

Social Sciences Qualitative Methods Demography &Population Gender
Health PromotionBehavioral Change Communication on Health Equity

Group 3

Environment Occupational Health One Health

Group 4

Health systems Primary Health Care Programme & its evaluation RMNCH+A

Group 5

Health Policy Management Health Economics Financing, Health Insurance, Global Health EBM, Precision Medicine and Public Health EBM, Precision, Medicine and Public Health

Group 6

Miscellaneous Nutrition Law and Ethic Principles and Practice of Public
Health Safety and Quality of Care Disaster

Appendices

1. Program
2. List of Participants
3. Copy of university order
4. List of Participants

BACKGROUND

School of Public health, KUHS is a Knowledge management centre with research capacity building and research-based evidence generation as the primary mandates. The School is particularly nurtured and guarded by the university because of the unique location and policy relevance of the mandates.

The Governing council asked the School to explore the scope of starting new courses and during the auspicious occasion of the inauguration of the new School building Hon Minister for Health Smt. Veena George addressed the gathering and stated about the new course in Public health training. Honourable Vice Chancellor Dr Mohanan Kunnummal welcomed this and that is how we conceived the idea of this is commitment of school towards public health training. Public health training in our country is passing through newer challenges and opportunities which aim at development of professionals competent to handle the specific needs of society. At present there are two streams of Public health professional education under the KUHS. MD Community Medicine is present in almost all Medical colleges with postgraduate training. 2. Master of Public health available in GIPH under KUHS and other three more Medical institutions. . Public health is so popular that there is also a definite space for short term courses in specific branches related to public health. There was one more institution conducting MPH and it was forced to close out program in that institution.

About two years back The Principal secretary, Health forwarded a letter from GOI asking to follow a standardized curriculum for MPH in India and KUHS also was asked to fall in line with this. IN response to this a three-member committee was constituted with the professor as convener and the committee gave recommendation for unification of syllabus.

All these shows that considerable extent of variation does exist now in the country about the conditions of MPH course conduct especially the course content, eligibility criteria and the skill imparting including internship.

Anybody who wants to start a new MPH program need to study the existing situation and then develop one with unique features and suited to the current requirements so that there will be demand for the course. The School is at the stage of developing the curriculum, syllabus and MSR for the course.

We discussed this with technical experts who are currently executive heads of MPH Program in different institutions in Kerala and they gave suggestions (See minutes of meeting appended) and holding a workshop with the following objectives

- To undertake a comparative evaluation of the different curriculum in existence in the country and reach to an agreement on core themes
- To identify critical gaps in the current curriculum and agree on core elements and electives to be included in the curriculum.
- To develop strategies to move on to a competency framework for MPH training
- To define strategies for more experiential teaching and skill based content.

The workshop was planned and details of the program is given in appendix.

INAUGURAL FUNCTION

The program was inaugurated by the honourable additional Chief Secretary of Kerala and presided by the honourable Vice Chancellor of KUHS. Registrar KUHS, Director of Medical Education, Additional Director of Health Services, Principal Government Medical College, Thiruvananthapuram and Professor and Head of Achutha Menon Centre for Health Science Studies offered special address and felicitations.

***Dr. Rajan N. Khobragade**, the esteemed Additional Chief Secretary for Health and Family Welfare, addressing the audience with a keynote speech.*

The Honourable Vice Chancellor *delivering the presidential address.*

The traditional lamp lighting ceremony was performed by the dignitaries, signalling the beginning of the workshop. ***Justice M R Hariharan Nair****, Chairman KUHS Ethic's committee, DME and* ***Prof. Biju Soman*** *also present*

Dr. Rajan N. Khobragade, Additional Chief Secretary

Good morning

I am happy to meet you all and at the outset I take this opportunity to appreciate the presence of a mix of experienced and diverse experts participating in the program. It is always a privilege to get an opportunity to work in Health sector.

On an introspection of my association with health services department for the last two decades, I recollect Dr Rajamohanan, Dr Ramankutty and many others present today carrying forward many initiatives such as the introduction of the referral protocol system and state level drug formulary. These initiatives helped a lot in the following years. Handling Covid was a learning experience for all of us and the most important lesson we learned is about the importance of public health approach in health system functioning. This approach also warrants the necessity for orienting the medical fraternity towards it. Public health approach is the right direction for health system functioning. It ensures people's participation, and it is the most fundamental requisite for the success of grass root level implementation of programs. At the beginning, people did not realise that these grass root level interventions would help us for future transformation till its outcomes are experienced tackling various outbreaks and disasters.

The kind of response we could generate during pandemic is a matter of pride for all of us in Kerala. Day in and day out for three years we were dedicated to handling COVID work. I remember many of your crucial presences in that fight against the pandemic. Throughout the day 24-by-7 the works were going on. Sharp at 4 PM Hon CM would take the meeting and 6 PM as per the decisions re-energizing of the system and capacity building again would happen. Each officer and individual was coordinating the activities at their respective levels.

The great insight we learned from this experience was to keep the focus on the people. This way, at all levels people, institutions, departments, local governance and State governance capacities got built. All the line departments and district and sub district administration now are

equipped and are capable to work out a coordinated response with the set protocols and standard operating procedures.

Under 'Rebuild Kerala Initiative' the ONE Health initiative was taken up. In Nav Kerala Karma Padhathi 2 the ONE HEALTH project is getting rolled out throughout the state. This will create an institutionalised system of engaging communities and proactively take preventive measures so as to have safe resources for the future and control and mitigating measures in case of any adverse eventuality.

This is now the responsibility of all experts to build such a resilient system to address all emerging public health priorities. And we all have demonstrated the problem of such a magnitude can be tackled only with the public health approach.

I wish all success for the two days' deliberations and confident that the output of the workshop will facilitate the strengthening of health system in our state.

Address by Hon. Vice Chancellor, Dr. Mohanan Kunnummal

First of all, thank you all for supporting the program. This is a unique program conceived by school of Public Health and in fact school of Public Health is a centre expected to start new courses in relevant areas of health science education. We definitely want to have various courses elated to public health in the cross cutting areas like data management health system functioning etc. Since the last 12 years we have conducted courses as guided b the national medical council. Regarding MPH recently there have been lot of efforts to update the curriculum related to MPH. National medical council used to focus on MD community medicine of later they have been listed MPH. In generally those institutions running MD Community medicine have not come forward to conduct MPH course. We planned to conduct a course especially suited to the practical needs of the society which is perhaps different from the existing course .The need for such a course comes from the pressing needs for empowering medical officers and executive persons in administration who are staff of directorate of Medical education.

I am so much convinced about this because I got opportunity for training in administration after I worked for so many years and committing many mistakes in that position. One suddenly gets in to an administrative position which badly needs training in public health administration. The opportunity for such training is only meagre and even if there, is short term in service courses. Now the university is advised by experts to start courses related to health administration and management. Many at times professionals commit mistakes because they are ignorant about public health administration. Because they don't know they depended office establishments. The office establishment based on convention and so called routine. Sometimes these need not be professional. Professionals can also commit errors but once you these errors you can make your own introspection and correct it. The proposed MPH course is supposed to cover all these areas. The mind set of doctors are oriented towards handling illness and the biological content of medicine. Perhaps a radiologist is more fascinated with technological innovations and its related excitements. The pathologist is fascinated with the changing pattern of disease and its signature in the specimens. The attraction of public health is multi-disciplinary nature. And in administration most of the things are mere common sense. So our purpose of this training is to train the faculty and medical officers in public health administration and management and e want to reserve 505 of the seats in service candidates including private and NGOS. Or if needed we can have a separate course exclusively for them. We need more and more skill based courses. There are many other areas in health sciences we need post-graduation course. As it is suggested here MSc entomology is one example MSc virology is other example. I think is for all the courses to run the most appropriate is the most faculties. For the selection of courses by universities we give those courses listed by the respective councils. I hope te experts who found time to come here and support us in spite of a very busy schedule to understand our requirements and help us with appropriate advice. Thank you once again and best wishes.

INTRODUCTORY SESSION

Objectives of Workshop and Experience Sharing from Current MPH Programs

Rajamohanan K *Chair: Dr. Gopakumar*

Background: Why focus on skills and competency

The whole world is moving towards knowledge translation, knowledge adaptation and knowledge economy. World across almost all of the academic institutions are now moving towards competency based medical education. This is the new 'mantra' for all reforms in medical education sector and postgraduate medical education also is not an exception.

How this workshop became a reality: A recent evaluation committee of school of public health advised to start the master of public health course in new shape and style and as a part of homework for that, we planned this workshop. As an activity in prelude to the workshop, we approached all senior executive faculties in charge of all the institutions conducting MPH course in Kerala. They extended very warm support and we had an online meeting of the group, in which it was decided to focus on curriculum as a first step. As per the advice evolved from this meeting, we planned this workshop. We have invited experts across the country as resource persons and faculty from community medicine departments with postgraduate course, (both private as well as government colleges). We also invited key officers from health services who are having formal qualifications in public health (MPH or MD Community Medicine).

The purpose of the workshop is to evolve strategies to modify the existing curriculum towards competency framework. In order to derive on these competencies, we identified teams who are competent to work on these learning compartments. The reference document for the discussion is the model curriculum of Government of India 2017. The teams we have selected belonged to 6 essential domains. Table below gives the list of domains, team leaders and chair parsons, and members. (To go to appendix on list of participants)

Domains of

- Introduction part of public health' like history of evolution of public health as a science, basic principles of public health, and philosophy of public health.
- Environment and occupational safety,
- Health social sciences,
- Quantitative sciences like epidemiology and Biostatistics
- Health system functioning, health economics and healthcare financing
- Public health legislations health education and communication.

The teams already started working on the assigned domains and tried to define the competencies and frame the competency framework for developing the curriculum. These teams continue to work on Social media platforms like WhatsApp chats and email communications.

The invited resource persons are expected to deliver specific talks on titles shown in the program (See Appendix) these titles were developed based on discussion in the planning meeting as well as relevant literature search. The talks focused on experience sharing in the conduct of MPH as well as the current development in the field of knowledge regarding public health training. As PFHI has done phenomenal work in this regard, Professor Sanjay Zodpey was consulted over phone and, up on our intimation expressed interest and support. Unfortunately, he couldn't be present physically because of a conflict with an already committed program. So Prof. Zodpey was giving his talk online. All other invited dignitaries participated and we also extend our sincere thanks to Additional Chief Secretary Dr Rajan N Khobragade for coming and blessing with his keynote address. (See the details in the inaugural session)

The academic content of the workshop:

Current concept of Public health (PH) and core elements of Curriculum: PH as we all know is an academic discipline, diverse, accommodating maximum interdisciplinary components. It has overlap with many other sister disciplines like Engineering sciences in the form of public health

engineering, Environmental sciences in the form of environmental health & occupational health and safety, Clinical sciences in the form of primary health care and related essential clinical services, Social sciences because public health or health itself can be considered as a social science and anthropological perspective or the cultural factors of illness cannot be underscored. The comprehensive nature and inclusiveness of the subject need to be reflected in totality of care of the individual patient and community. Each individual behaves as per the motivation of the self and hence is the importance of 'Bio-psycho- Social approach' to health care.

The unique features of PH as an academic discipline as mentioned below can be considered as the core elements of curriculum.

List of unique features of PH

1. The population approach and totality of care (Community engagement and participation)
2. Resource use optimization. Equity is the basic philosophy of public health and is related to resource use.
3. Inter or multidisciplinary nature
4. Human right protection and right based approach (Value laid-en nature)
5. Responsive to the context (Ground textual public health)
6. Public health survives through collaborative teamwork.

Choice of Electives: One of the purposes of public health can be considered as to make health systems function more efficiently and with equity and the academic institutions are expected to provide the necessary Knowledge base for that. The related skills and attitude is now being delivered in the form of certifiable competencies. This has been described in the model curriculum of Government of India (2017) and we have circulated this model curriculum and necessary document from PFHI in advance to the participants. The basic principles of public health as described above are included in introduction session. There is long list of electives which are differently projected in different countries. So apart from the core items the elective elements also need to be suited with the epidemiological needs of the country. We also need to

select our electives based on our country needs. This satisfies the ground textual nature of public health. The ACS suggested One health as an important priority. Our team suggested health system management and policy as a priority because we are targeting trainees from health department. In the context of current digital world, the suggestion was to focus on Data Analysis and management in the machine language context. Considering our 'in house' expertise and experience with teaching of Epidemiology this can be considered as an elective of choice. As is now, the whole world is moving towards a single universe, with market for placement becoming more international, Global health becomes a priority in elective list. There was also suggestion to focus on content areas as electives like PH Nutrition, RCH including trauma and Communicable diseases as individual electives.

Structure of curriculum: PH curriculum is being planned as competency based and also Choice based credit and semester management system. This is envisioned in the new education policy of GOI. There were suggestions to start short public health certificate courses also. Now we have not decided on that because we can start advanced course in public health like doctor course in public health or advanced MSc course in public health and also PhD programs in public health along with a basic master's program in public health. Right now we are focusing on Mph course, already there is a Mph course under Kerala University of health science and we may modify that course and start fresh courses with new electives that is our plan.

Importance of Skill domain:

Having knowledge alone does not bring any results and practice to fill the gaps between knowledge and practice is perhaps more important. Teaching learning methods specifically suited to skill transfer is more important. Problem based learning Assignments, Internship etc are the different platforms for this.

Traditionally most of the available curriculum is overburdened with knowledge. NMC is fast transforming most of the curricula to skill and competency based. The competency framework for MD Community medicine has many overlapping content with MPH. The unique feature of

MPH is that it comes under Allied faculty. NMC covers the medical disciplines and multidisciplinary nature of MPH warrants to be placed under Allied health sciences. India is a large country with federal system and each state has its own public health priorities. Health system functioning is a state subject and the training needs also need to be customized as per the local context specific requirements of the state.

The work already done by PFHI in this regard is praiseworthy. The resources are available in open platform and that adds to the merit of the institution. Transformation of curriculum to skill based competency framework can be considered as a journey towards skill identification and definition. The efforts by PFHI underscore this.

The pertinent question is how this skill transfer happens in the real world. This can be assessed only after joining in a suitable place after successful completion of the course. The assessment is related to domain of proficiency.

Session 1

The Curriculum of MPH programs in India – Critical Appraisal and Changing Needs: National scenario

Dr. Tarun Bhatnagar *Chair: Dr. Biju Soman*

Tarun Bhatnagar described the regional distribution of institutions providing MPH and public health related programs. NMC have been given guidelines for running medical colleges.

Eligibility criteria

Variation of the structure of the course is a reality. Admission criteria depends on the situation and range from graduate courses to students with post-graduation. But majority of the institutions have health sector graduates as a major feeding category. Few institutions have also no health stream especially post graduates. They take students from different areas generally for health services and other NGOs. Few of the candidates are sponsored by State Government and NGOs. Elangovan has reviewed the various disciplines which are eligible for admission to MPH course and allied sciences also dominate in many institutions. The core subjects also vary and accordingly there is a wide variation in eligibility criteria also. In many institutions students with medical backgrounds are the majority.

What are we teaching: Curriculum?

Core areas are

a. Health system policy b. Behavior change communication c. Research methodology d. Social determinants e. Public health biology f. Family studies g. Demography h. Program evaluation I. Environment and occupational health.

This is the design of a general MPH there are specialized MPH. 1. MPH data science and data management 2. MPH epidemiology and health system

research 3. MPH health system management 4. MPH reproductive child health 5. MPH non communicable diseases 6. MPH public health nutrition

One fourth of the courses give specialization field work is also the part of the MPH and it is the out of the classroom learning. What is essential and what is desirable is clearly mentioned in the learning plan. So during the field work the preferred discipline of choice is selected and institutions where exposure to skills is selected for field work. Still some of the mandates are not well defined. For example, what are the entire essential or the core elements etc it is difficult to make a clear division. Mandatory field work and the rural posting or community visit/ home visit etc. are part of the skill acquisition. In general we talk of MPH the training of which, has industry collaboration for state government or Central Government or NGO and other development agencies Many a times they may be interested in sponsoring candidates. In these instances tailor-made or one fit for all syllabus may not be possible. Though some clarity is needed, what you want to do, you decide and one year program or 2 year program also need to be decided by the organizers. Now the UGC has given some suggestions that master's program can be done with one year also. The curriculum need to be adjusted for that.

To summarize, the admission and eligibility criteria and course content varies much. Mix of medical and non-medical persons are now selected for MPH course. The program is good in almost all institutions and very competent faculty is there. We can say that doctors versus non doctors there is no conflict because faculty expresses the feeling of oneness and works as a team. The multidisciplinary team consists of faculty from difference disciplines like health economics, social sciences, Bio-statistics, Pure medical teachers etc.70% of the candidates are later on found to be placed within two three years in job positions of their choice. Their confidence gives them enough exposure and because of their personal connections few are easily placed.

One important recent observation is the move for competency building, but the concept of competency building has already been started by definition of skills and definition of outcomes. Further platform is needed for faculty sharing curriculum, other resource sharing and need for standardization initiatives of curriculum. Standardization does not mean single curriculum. It gives space for different types of curriculum maintaining the diversity of public health.

SESSION 2

The curriculum of MPH programs in India – Critical Appraisal of academic content and Changing Needs

Dr. Zinia. Nujum *Chair: Dr. Biju Soman*

Overview of the MPH Competency Framework

Dr. Zinia T. Nujum introduced the importance of a competency-based framework in public health training, highlighting the need for an outcome-oriented approach that can vary based on environmental factors.

Introduction to Competency-Based Training:

The framework prioritizes the needs of the student or scholar as the central focus and the need to balance felt needs of the students to secure the best possible job opportunity and the real need of addressing the health needs of the population they serve. The aim is to equip scholars with necessary skills, knowledge, and attitudes through structured competencies that reflect the real demands of public health practice. Competency oriented training is particularly outcome focussed, the process can be flexible according to the learning environment.

Rationale for a Competency Framework in Public Health:

The public health workforce is a critical component of the overall health system, comprising a diverse and inter professional group. Establishing a well-defined competency framework can enhance public health performance through a capable, well-trained workforce. The framework addresses key competencies, including analytical skills, policy development, communication, financial management, and leadership, which are vital for addressing public health challenges. The competency framework was explained with examples. The participants were requested to think of developing a competency framework as in the table shown below.

Core Components of the proposed MPH Curriculum

Structure of the MPH Curriculum:

The curriculum is divided into core modules and elective streams:

Core Modules: These include foundational topics such as principles and practice of public health, epidemiology, biostatistics, health economics, health systems management, and environmental health.

Elective Streams: Four main streams that are mentioned by the Government of India Model MPH Curriculum was discussed. They allow students to specialize in areas such as epidemiology, health systems management, health programme policy and planning, and RMNCH+A (Reproductive, Maternal, Neonatal, Child, and Adolescent Health).

Semester-wise distribution:

Semesters 1 & 2: Focus on core modules covering essential competencies.

Semesters 3 & 4: Focus on elective modules, providing specialization opportunities.

Competency Framework Details:

The framework outlines key competencies that students are expected to master, categorized into domains such as knowledge, skills, attitudes, and core competencies. Specific teaching-learning methods suggested include interactive lectures, case-based learning, problem-based learning (PBL), workshops, community engagement, simulations and role-playing, group projects, self-directed learning, reflections, mentorship, peer learning, and e-learning. Assessment methods are varied, including written exams, assignments, case studies, practical assessments, capstone projects, e-portfolios and competency-based evaluations.

Competency Framework Table

Number	COMPETENCY The student/Scholar should be able to?/Subcompetency	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method (Books, Stories, Film etc)	Suggested Assessment method	Any certifiable skills

Group Work overview was discussed as follows

The meeting included group work with discussions on various public health topics, divided among six groups. Each group was requested to develop competency framework in the respective areas as follows.

Group 1: Focus on Epidemiology, Biostatistics, and Quantitative Methods.

Group 2: Discuss Social Sciences, Qualitative Methods, Demography, and Health Equity.

Group 3: Concentrate on Environment, Occupational Health, and One Health.

Group 4: Address Health Systems, Primary Health Care, and Programme Evaluation.

Group 5: Delve into Health Policy, Management, and Global Health.

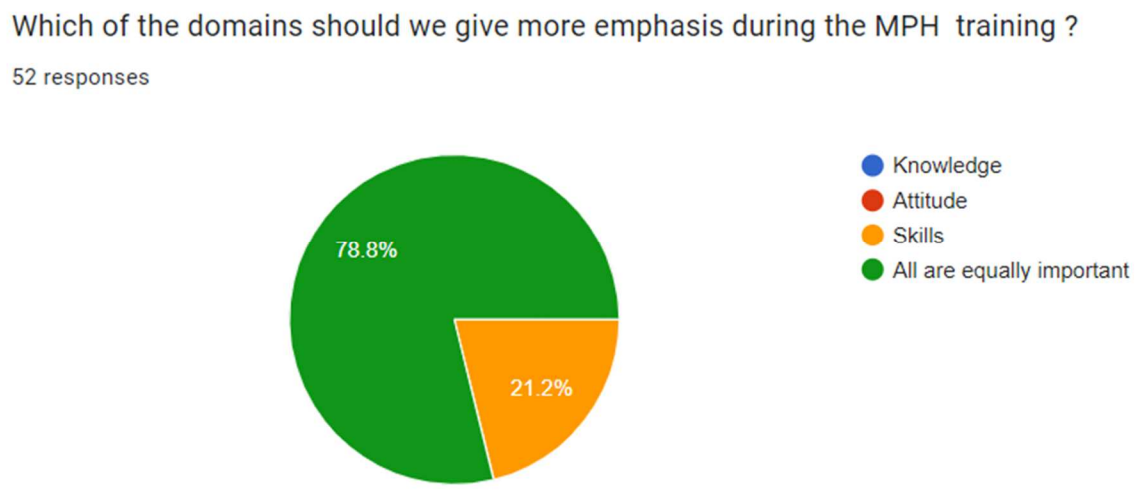
Group 6: Focus on Miscellaneous topics such as Nutrition, Public Health Ethics, and Disaster Management.

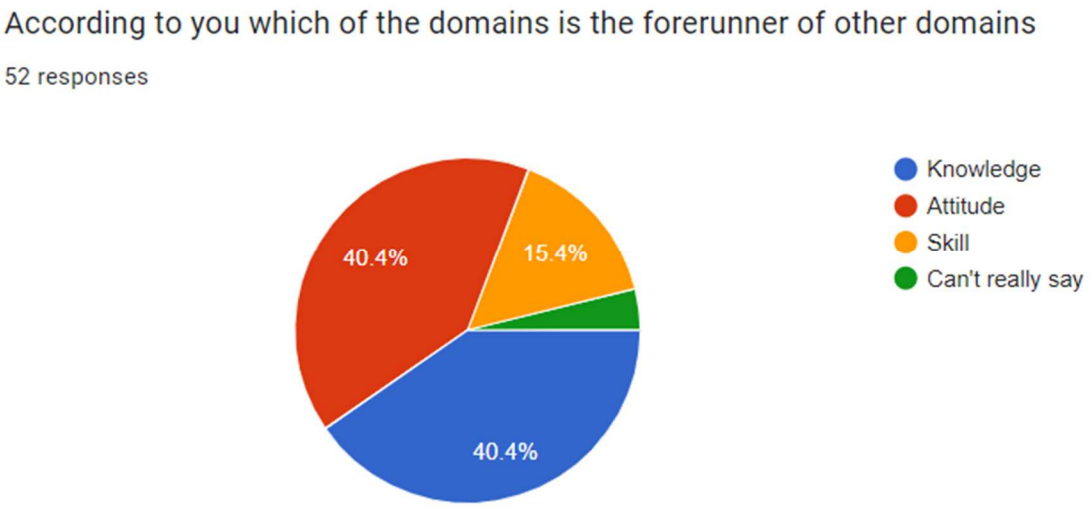
Key Outcomes expected from Group Discussions were pointed out:

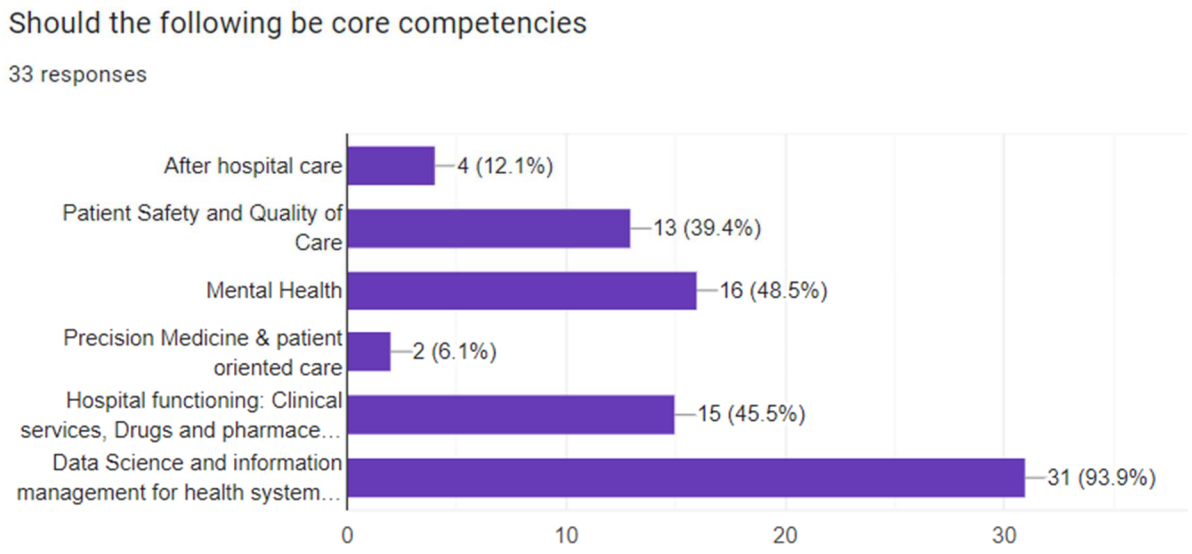
The outcomes expected were a consensus on the need for an updated and dynamic competency framework that reflects evolving public health challenges. Emphasis on interdisciplinary learning, with a stronger focus on skills applicable to real-world settings, such as outbreak investigation, health promotion, and policy advocacy was thought as desirable.

Polls were conducted to gather participants' views on competency priorities, teaching methods, and elective selections.

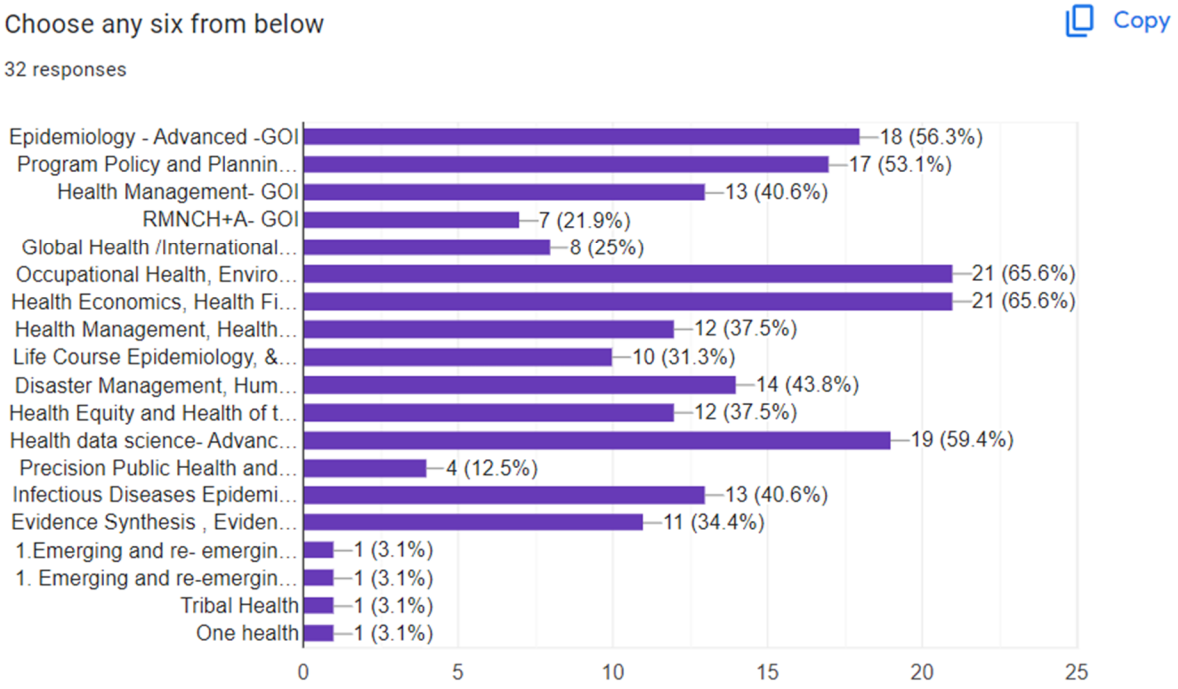
Poll results from participants







Prioritizing electives



If you have other choices to suggest please write below

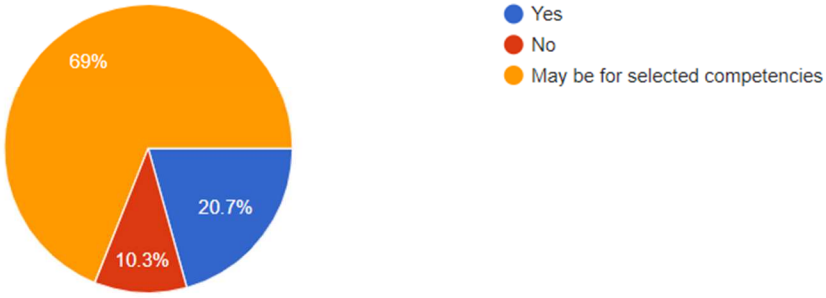
5 responses

Surveillance,Understanding uniformity in reporting,,Disease elimination strategies,
Concepts,ethics and attitudes; feedback assessment
Concepts, ethics and attitudes; feedback assessment
Statistics, cultural influences in public health-worldwide- history and current implications Health economics- out of pocket expenditure in health care and its effect on quality of life
I am not in favour of electives at this stage

Is Tier required ?

Copy

29 responses



Implementation of Continuous Quality Improvement (CQI):

The need for governance and plans to establish systems, structures, and processes for ongoing review and revision of the competency framework to ensure it remains relevant and effective was highlighted.

Closing Remarks:

Dr.Zinia T. Nujum thanked all participants for their valuable inputs and active participation. She emphasized the collective responsibility in ensuring excellence in public health training and the need to continue striving towards a robust, competency-driven MPH programme.

SESSION 3

Special Address

Highlights from the special address by Dr.SanjayZodpey (SZ)

Sanjay Zodpey said that this is a very important initiative and the program will give direction to advancing public health training in India

He said that PHFI analysed data from MPH programs in India. There are 129 MPH programmes, 116 are general MPH and 13 institutions are offering specialised MPH programmes. The first MPH program was started in Kerala in 1995- First, we need to look at the quality of the program, more important than qua1996 and we have grown from there to 129 programs. It is not only important to increase the quantity, but it is critical to focus on quality to create competent public health professionals. We need to think collectively on what should be the unique features of Indian MPH programs. Firstly, competencies need to be identified which is already part of this programme. The competencies should not only be from the knowing point of view but also from the doing point of view. Second, we need to bring in multidisciplinary. Eligibility for entry should be made multidisciplinary from science to social science, management to engineering, and veterinary science to commerce students from all backgrounds should be enrolled, but we should not dilute the quality of the programme. Besides students, Faculty, Curriculum and Content should be multidisciplinary. Thirdly field exposure are important and we should link the MPH programme with the current public health system and programmes to work and advance these as well simultaneously so that we are not only giving the students exposure but also contributing to the system of the country. We also need to bring in a global perspective, prepare the students for the future and not our past keeping in mind the public health of 21st century – for eg: data analytics and, commercial determinants of public health, climate change and its impact on health, multi-sectorial interventions like the taxation policies, global public health diplomacy are new areas we need

to embark on during the training. Graduates should efficiently contribute to pushing public health forward

Although competencies are critical it is equally important to redesign career pathways. Graduates may be placed in the public and private sector– matching jobs for public health professionals – IT, pharmaceutical industry etc. We need to equip our public health professionals with soft skills like communication, critical thinking and writing skills

PHFI has hosted a website where public health professionals can find opportunities to work which can be accessed by students free of cost- **https://publichealthcareer.org/**

There is a need-demand paradox which needs to be addressed. India has 11 public health professionals (PHP) /100000 population. Brazil recommends 100 PHP /100000. The Association of Schools of Public Health recommend 220 PHP /100000 population. So there is a need to fill the gap of PHP in India, but the critical question is where is the demand and the position which we need to work to create. He concluded by saying that he is happy to see the report and hopes that will be given to the necessary authorities for reforms to advance public health training.

In the subsequent discussion SZ said that they have to receive a grant to work on an association of schools of public health and a council which will be very useful to the public health professionals.

SESSION 4

Group work

Competency framework and identification of core competencies

The delegates were divided into six groups based on their expertise. They interacted for two hours to discuss a competency framework for the domains identified. The competencies mentioned in the MPH Curriculum by the Government of India and the competencies listed by the Public Health Foundation of India were used as reference to build on the competencies. After the discussions, each group presented their work. This will be further worked upon to develop a complete competency framework for MPH program envisaged by the KUHS which will be most beneficial to the society.

Core competency 1.

Group 1: ***Epidemiology, Biostatistics, Quantitative health science Methods***

SL. No	Competency/Sub competency	Domain *K=knowledge S= Skill*	Level (K/S/A/C)	Core (Y/N) *Y=yes* *N=No*	Suggested Teaching Learning Method	Suggested Assessment Method	Any Certifiable Skills
1.Epidemiology							
1.1	Basic epidemiology including terminologies	K	KH	Y	Lecture, group discussions	Written test, MCQs	
1.2	Identifying the public health problem in the field (community diagnosis)	S	SH	Y	Field visit, practical training	Case study evaluations, viva	
1.3	Epidemiological triad	K	KH	Y	Lecture, case studies	MCQs, short answer tests	
1.4	Descriptive epidemiology	K	KH	Y	Lecture, group activity	MCQs, Project, Case-based scenario in written exam	
1.5	Interpretation of epidemiological data	K	KH	Y	Problem-based learning	Practical exams	

Sub competency: Epidemiology of Communicable Diseases							
2.1	Surveillance in infectious and chronic diseases	S	SH	Y	Field training, surveillance system review	Project report	
2.2	Transmission dynamics of diseases	K	KH	Y	Lecture, simulation exercises	Written exam	
2.2 .1	Airborne diseases	K	KH	Y	Lecture	Written exam	
2.2 .2	Waterborne diseases	K	KH	Y	Lecture	Written exam	
2.2 .3	Vector-borne diseases	K	KH	Y	Lecture	Written exam	
2.2 .4	Others (STD)	K	KH	Y	Lecture	Written exam	
2.3	Outbreak investigation	S	SH	Y	Fieldwork, practical training	Case study, oral presentation	
2.4	Intervention in levels of prevention & control measures	K	KH	Y	Case discussions, lectures	Case-based evaluation	

2.5	Related National Health Programs	S	SH	Y	Seminar, project work	Program review, viva	
Sub-competency: Epidemiology of Non-Communicable Disease							
3.1	Epidemiology of non-communicable diseases including mental health	K	KH	Y	Lecture, case study	Written exam	
3.2	Prevention & control	K	KH	Y	Lecture, discussions	Written test	
3.3	Related National Programs	S	SH	Y	Field visits, project	Project report, viva	
Sub-competency : Biostatistics							
4.1	Collection, compilation, analysis of data & forming an inference	S	SH	Y	Field visits, discussion, seminar	Practical exam, data analysis reports	
4.2	Measures of central tendencies & dispersion	K	KH	Y	Lecture, problem-based discussion	Written test	
4.3	Hypothesis testing & tests	K	KH	Y	Lecture, problem-based	Practical exam	

	of inference				discussion		
4.4	Critical appraisal of journal articles	K	KH	Y	Journal club, group discussions	Critical review, presentation	
Sub competency :Research Methodology in general							
5.1	Framing a research question	S	SH	Y	Dissertation, seminar	Project presentation, dissertation	
5.2	Study designs	S	SH	Y	Dissertation, lectures	Practical evaluation, viva	
5.3	Writing a protocol	S	SH	Y	Dissertation, workshops	Protocol submission, evaluation	
5.4	Conducting a research study	S	SH	Y	Dissertation, hands-on research	Dissertation submission, oral defence	
Elective Suggestions related to quantitative sciences							
• Artificial Intelligence in public health							
• Visit to institutions of public health importance (ICMR, National institute of epidemiology)							

Core competency 2: Health social Sciences

Group 2: ***Social Sciences including Qualitative research Methods, Demography & Population Sciences and Gender***

Health Promotion, Behavioral- Change- Communication and Health Equity

SL. No	Competency/Sub competency	Domain	Level (K/S/A/C)	Core (Y/N)	Suggested Teaching Learning Method	Suggested Assessment Method	Any Certifiable Skills
1.	Discuss history of Sociology, Sociology as an academic discipline, sociology in a changing world	K	KH	Y	Lectures Biography – Auguste Comte, Anthony Giddens		

2	Discuss Sociological theory, Structural functionalism, Social conflict theory, Symbolic interactionism Structural functionalist perspective in health care, Social conflict perspective in health care Symbolic interactionist perspective in health care	K&A	KH	Y	Lectures, Case studies, Biography – Karl Marx, Max Weber		
3	Discuss Culture and Society, Culture, Types of culture. Social structure – Status, Roles, Symbols, Languages Diversity, Sociobiology, Globalization	K&A	KH	Y	Lectures, Case studies Biography – Napoleon Chagnon		

4.	Discuss Socialization and Social interaction. Theories of Socialization, Socialization process, Personality and social development Institutions and re socialization Socialization and social interaction Dramaturgy Ethnomethodology	K&A	KH	Y	Lectures, Case studies Biography – Sigmond Freud, George Herbert Mead, Erving Goffman		
5.	Discuss Anthropological approaches in public health Emetic approaches, Participant observation Integration of various systems of medicine - Medical pluralism	K&A	KH	Y			

6.	Discuss Social groups and organizations Social groups, Networks, Group dynamics (Group formation, Leadership, Power, Conformity), Formal organizations (Bureaucracy, Oligarchy), Family, family in health and disease, hospital, NGOs, LSGD	K&A	KH	Y	Lectures, Case studies Biography – Georg Simmel, Robert Michels, Kurt Lewin		
7.	Discuss Deviance and social control Theories of deviance Biological and Structural functionalist perspectives (social bonds, structural strain), Social conflict, Labeling, Medicalization of	K&A	KH	Y	Lectures, Case studies Biography – Howard Becker, Edwin H Sutherand		

	deviance, cultural transmission						
8.	Discuss Stratification Forms of stratification, Poverty, Sources of stratification, social mobility	K&A	KH	Y	Lectures, Case studies Biography – Kingsley Davis, Friedrich Engels		
9.	Discuss Demography, Population structure, movement population change, Demographic cycle, Fast population growth, slow population growth, declining population Theories of demographic change, (Malthusian theory, Demographic transition theory)	K&A	KH SH	Y	Lectures, Field work, Exercises Biography – Thomas Robert Malthus, Robert Ezra Park		

	Measuring population Indicators (mortality, morbidity, fertility), Standardization, Vital statistics Population and urbanization, Urban sociology						
10.	Discuss Social change, behavior and movements Collective behavior (crowd, urban legends, mass hysteria) Theories of collective behavior (Contagion theory, Emergent norm theory, Value added theory) Social movements (Formation, types, decline, theories – Resource mobilization new	K&A	KH	Y	Lecture		

	social movements)						
11.	Qualitative research -Methods, FGD, IDI, Case study Sub domain Focused Ethnography in health care settings to identify the process and assess the quality	K&A& S	KH, SH	Y	Case study, FGD, IDI and its analysis Participant observation		
12.	Identify vulnerabilities influencing public health problems – What prevents them from attaining the highest possible level of health and health care .Tribal, women, transgender, elderly, differently- abled, caste, class, occupation	K&A& S	KH, SH	Y	Community diagnosis using qualitative methods, Field visit to adopted community		

Group 3:

Core competency: Environment Occupational Health and One Health

Core Modules (Model curriculum handbook; MoH&FW, 2018)

• Theories and history of environmental health

• Environmental health policy and legal mechanisms in a national and international context

• Ecosystems in various settings (linking the built environment, transport, housing and green space to human health)

• Environmental pollution, waste disposal and treatment

• Lifestyle and dietary effects on health, food safety and sanitation

• Occupational Health: Hazards at workplace and work safety; Prevention of occupational hazards; Laws related to occupational health; Various government and other schemes for working population in India

• Climate Change & Health

• Biomedical Waste Management

• Management of environmental hazards, natural disasters

• Central Pollution Control Board (CPCB) guidelines

• Environmental health impact assessment

DOMAINS

Assessment- Information Gathering, Data Analysis and Interpretation, Evaluation

Management - Problem Solving, Economic and Political Issues, Organizational Knowledge and Behavior, Project Management, Computer and Information Technology, Reporting, Documentation and Record Keeping, Collaboration

Communication- Educate, Communicate, Conflict Resolution, Marketing

Domains listed by the group

- Environmental risk assessment
- Control Measures
- Intersectoral co-ordination
- Regulation
- Ethics
- Communication
- Mobilization and Empowerment of Community

COMPETENCY FRAMEWORK

No	Competency	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method
1	To describe the concept of Environmental Health and its various determinants. (Environmental Epidemiology)	K	KH	Y	Lecture/ SGD/ Journal club	
2	Demonstrate skills in current environmental risk assessment methods	S	P	Y	Field Visit Visit to PCB/other	Portfolio
3	Describe local and global regulatory programs, guidelines, and authorities	K	KH	Y	SGD/SDL/ Seminar	
4	Assess impact of adverse environmental conditions on health of human beings and suggest control measures	S	P	Y	Structured Field Visit Survey Case study	
5	Plan awareness programs at various levels on environmental issues and mobilize community resources and participation to safeguard from local adverse environmental conditions	S	P	Y	Field Visit Community Activity	
6	Should be able to provide technical advice for waste management water purification, chlorination, installing bio gas plant, construction of soakage pits etc.	S	P	Y	Demonstration Field Visit Institution Visits Attachment with LSG/S Shucitwa Mission	

7	To categorize hospital waste and be able to guide for proper disposal.	S	P	Y	Demonstration/Hospital visit	
8	Use of instruments in Environment risk assessment	S	P	Y	Institution Visit Visit to PCB	
9	Identify different types of mosquitoes/ vectors, detect vector breeding places and orientation of the methods of elimination	S	P	Y	Field Visit Institution Visit	
10	Environmental sample collection	K	P	Y	Demonstration/Visit	
11	Assessment of chlorination levels, physical examination of water / air	S	P	Y	Field Visit/ Lab Visit to PCB	
12	Apply skills in inter-linkage of health sector and non-health sector for promotion of Health & control and prevention of diseases	K	P	Y	Attend review meeting, planning meetings, LSG	
13	Demonstrate skills in planning and implementing joint outbreak investigations for zoonotic diseases. Cluster Investigation	S	P	Y	Table top/ simulation/attachment with Nodal centre Research Project	Portfolio
14	Prepare inter-sectoral collaborative projects in One Health	S	P	N	Nodal centre attachment Research Project	Portfolio
15	Demonstrate research and evaluation skills, critically engaging and evaluating with environmental health research	S	P	N	Nodal centre attachment	Portfolio

	and evidence					
16	To relate the history of symptoms with specific occupation, diagnostic criteria, preventive measures, identification of various hazards in a specific occupational environment and legislations.	K	KH	Y	SGD/SDL	
17	Conduct measurement of occupational exposure to harmful influences	K	P	Y	Industry Visit	
18	Elicit appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.	C	P	Y	Field Visit	
19	Explain global warming and its health impact.	K	K	Y	Journal Club	
20	Appraise ethical considerations in environmental and public health	A	KH	Y	Movie Case study	
21	Identify traditional and innovative public health interventions and practitioners can engage in environmentally sound practice	K	KH	Y	PRA Journal club E learning	
22	Use of spatial epidemiology techniques	S	P	N	Attachment with Institutes	
23	Identify interlink between environmental protection and sustainable development	K	KH	N	Journal Club Case study Seminar	
24	Understand and advise social security and welfare provisions for workers – ESIS, Factory's Act, Role of ILO, Ministry of Labor	K	KH	Y	SDL/SGD	

25	Prepare a public health advisory or recommendation in connection with a risk assessment	S	P	Y	PBL	
26	Evaluate the impacts of development projects by identifying the psychological and health issues when the projects are subjected or not to the impact procedure	S	SH	N	Research Project	

Institutions for collaboration (Electives)

- DHS nodal office for One Health
- Nodal centre for Nipah
- KSDMA
- PCB
- DHS nodal office for Climate Change
- Shucitwa Mission
- Department of Environmental sciences, Karyavattom campus
- Central water Resources dept, Neyyattinkara

Free listing of competencies and sub competencies

Competencies(list for initiating discussion)

- To describe the concept of Environmental Health and its various determinants.
- Identify environmental health issues in a given area/community
- Assess impact of adverse environmental conditions on health of human beings
- Plan awareness programs at various levels on environmental issues and mobilize community resources and participation to safeguard from local adverse environmental conditions
- Should be able to provide technical advice for water purification, chlorination, installing gobar gas plant, construction of soakage pits etc.
- Be a technical expert to advice on protection measures from adverse environmental exposure
- To categorize hospital waste and be able to guide for proper disposal.
- To provide a comprehensive plan for disaster management and mitigation of sufferings.
- Use and apply various instruments and processes concerned with environmental health and biological waste management eg. waste collection, segregation and disposal as per protocols, needle-disposers, disinfection procedures. Also use of Dosi-meters, Kata / Globe Thermometer, Slings Psychrometer, Gobar Gas Plant, Soakage pit, Solar Energy, functioning of ILRs, Deep Freezers, Cold Boxes, Vaccine Carriers.

- Identify different types of mosquitoes, detect vector breeding places and orientation of the methods of elimination of breeding places and placement of a mosquito-proof water tank.
- Conduct tests for assessment of chlorine demand of water (Horrock's Apparatus), procedure of well-water and urban water-tank chlorination, assessment of chlorination levels, physical examination of water, methods domestic water purification, orientedin use of water filters.
- Develop an understanding to facilitate inter-sectoral coordination and public- private partnership
- Do orientation of the inter-linkage of health sector and non-health sector for promotion of Health & control and prevention of diseases.
- Have knowledge about zoonotic diseases, their epidemiology, prevention and control
- Have skills in planning and implementing joint outbreak investigations for zoonotic diseases.
- Prepare intersectoral collaborative projects in One Health
- Demonstrate research and evaluation skills, critically engaging and evaluating with environmental health research and evidence
- To relate the history of symptoms with specific occupation, diagnostic criteria, preventive measures, identification of various hazards in a specific occupational environment and legislations.
- Conduct measurement of occupational exposure to harmful influences.
- Diagnose occupational hazards and undertake surveys to identify occupational exposures as and when necessary.
- Elicit appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.

Sub competencies(list for initiating discussion)

- Understand the relationship between environmental hazard and human health
- Highlight importance of external environment (air, water, noise, radiation, temperature, ventilation, solid waste disposal, insects and vectors, domestic and country yard pests, industrial waste disposal etc. and its impact on ecology and human health.
- Elaborate on health issues related to housing, air, water, noise, radiation pollution i.e. size of problems, area and specific groups affected, measurement of pollution levels and health impact of the same, corrective measures
- Elaborate on requirements of water, water chlorination and household purification measures, measurement of chlorine demand, Break-point chlorination levels, water quality.
- Assessment of quality of water and air, control of air pollution

- Explain environmental sanitation and control measures (including appropriate technologies) – modern methods of sewage disposal, mechanical ventilation, soakage pits, gobar gas plants, smokeless Chula, solar energy, rainwater harvesting, sewage water recycling plants at society level etc.
- Explain the concept of one Health
- Explain the role of different sectors in One Health
- Apply skills in the co-ordination of One Health activities at the LSG level
- Apply skills in preparation of collaborative project proposals in One Health
- Apply skills in conduct of joint outbreak investigations in zoonotic diseases
- Apply skills of motivation, communication, negotiation and conflict management in intersectoral co-ordination activities
- Implement training of community volunteers for One Health action
- Apply skills in critical analysis and presentation of IDSP data on zoonotic diseases
- Explain global warming and its health impact.
- Elaborate on forest reserves, social forestry and health
- Study vectors of medical importance and integrated control measures against them.
- Explain dynamics of transmission of vector borne diseases
- Explain pest control measures
- Explain environmental health issues in urban and rural areas
- Understand functioning of public sector measures to safeguard environmental health e.g water purification plant
- Explain Legislative measures for protection of environmental health
- Understand the concept of occupational health and its importance, Occupational environment and work dynamics.
- Know different types of occupational exposures at various settings.
- Enlist various occupational hazards and their relative magnitude.
- Understand measurement of exposure levels to harmful influences during occupation.
- Understand preventive and control measures against various occupational hazards – global, national and local level measures.
- Understand individual and community responses towards preventing exposure to occupational hazards.
- Understand and advise occupational safety measures.
- Understand legislative measures to prevent exposures to occupational hazards.
- Advise compensation provisions to persons exposed to various occupational hazards.
- Understand occupational health problems amongst people in unorganized sector
- Understand and advise social security and welfare provisions for workers – ESIS, Factory's Act, Role of ILO, Ministry of Labor, DGFASLI.

Additional competencies listed (from "Environmental Health Competencies by Environmental Health & Equity Collaborative")

Assessment

- Conduct environmental and exposure histories
- Estimate contamination from exposure, quantify the risk and evaluate the health consequences
- Monitor the emergence of new health threats / monitor and interpret health indicators / carry out health monitoring / implement monitoring activities following an emergency or disaster
- Carry out feedback activities aimed at improving emergency response planning
- Validate and/or establish reference values, standards and criteria for various chemical, physical microbiological and radiological contaminants
- Access information resources related to environmental hazard and health
- Evaluate the impacts of development projects by identifying the psychological and health issues when the projects are subjected or not to the impact procedure
- Critically evaluate and reflect upon interventions, outcomes, and conclusions associated with environmental health practice

Management

- Respond to environmental emergencies or disasters with a view to protecting public health
- Provide expertise for the management of health risks stemming from biological, chemical or physical threats, contaminants or hazards in the environment
- Plan and implement care for clients with environmentally induced diseases
- Apply environmental health principles in a work/field-based setting
- Practice environmental health at the highest level, demonstrating and maintaining expert-level functional and technical competencies in a core area of practice
- Demonstrate the ability to develop and apply a conceptual framework for understanding regulatory and policy processes relevant to environmental health, occupational health, and/or sustainability
- Exert a direct influence on environmental public policy
- Work effectively in collaboration with others, demonstrating multidisciplinary awareness, engaging with multiple stakeholders and building and maintaining relationships

Communication

- Make recommendations on all public health issues related to environmental impacts, including policies, large-scale environmental projects, acts, regulations, standards, programs and land-use plans
- Conduct or help develop an information campaign for the general public or for community partners in order to eliminate or minimize exposure risks or promote the adoption of safe and healthy behaviors
- Counsel clients about how they can reduce risks associated with environmental hazards
- Prepare a public health advisory or recommendation in connection with a risk assessment

Core Competencies in Environment health identified in Framework for Competency-Based MPH Programs, Kavya Sharma et al (PHFI), J Public Health Management Practice, 2013

- Specify approaches for assessing, preventing, and controlling environmental hazards that pose risk for human health and safety
- Describe the direct and indirect human, ecologic, and safety effects of major environmental and occupational agents
- Specify current environmental risk assessment methods
- Describe local and global regulatory programs, guidelines, and authorities that control environmental health issues
- Describe the interaction of constituents of the physical and social environment
- Identify major occupational risks in the workplace
- Appraise control measures for occupational hazards in the workplace
- Identify interlink between environmental protection and sustainable development
- Identify ways that public health interventions and practitioners can engage in environmentally sound practice
- Analyze the interplay between environmental health and other public health disciplines
- Appraise ethical considerations in environmental and public health
- Explain effects of globalization on health and the environment

Teaching Learning Methods

Journal club

Seminar

Lecture

Discussion

Case presentation

Public health management hands on training

Teaching and training of undergraduates, health workers, community volunteers

Attending review meetings, planning meetings etc

Attending conferences

Poster and Paper presentation

Conducting research and publication

Workshops conducted by external faculty

Attending workshops and joint activities conducted by LSG, AHD and health department

Posting in state lab or reference labs of Animal Husbandry Dept.

Internship with nodal office of One Health program

Work attachment for hands on training at pollution Control Board, Shuchitwa Mission, Corporation, Panchayats

Visit to other institutions

Portfolio

Log Book

Key competencies include:

1. **Environmental Health and Risk Assessment**:
    - Describing environmental health and its determinants.
    - Performing environmental risk assessments.
    - Regulatory frameworks and guidelines (local and global).
    - Assessing environmental impacts on health and proposing control measures.
2. **Competency Examples**:
    - **Environmental sample collection**.
    - **Chlorination level assessments** and water/air quality checks.
    - **Waste management, water purification, bio-gas plant installation**, and similar technical advice.
    - **Identification and control of vectors like mosquitoes** through field and institution visits.
3. **One Health Competencies**:
    - **Inter sect oral collaboration**, especially for zoonotic disease outbreak investigations.
    - Skills in **planning and implementing collaborative projects** in One Health.
4. **Occupational Health Competencies**:

- Measuring occupational exposure and conducting field visits to industries.
- Engaging communities and workers in **preventing occupational hazards**.

5. **Communication and Management**:
    - Mobilization and empowerment of communities in addressing environmental issues.
    - Using **spatial epidemiology techniques** for health assessments.
    - Developing public health advisories and evaluating the impacts of development projects.

Suggested learning methods include structured field visits, seminars, journal clubs, case studies, and community activities, with **core competencies** marked as essential

Group 4:

Core competency 4. ***Health systems Primary Health Care Programme& its evaluation RMNCH+A***

EXECUTIVE SUMMARY - WORKING GROUP NO.4

TOPICS

1. PRIMARY HEALTH CARE
2. HEALTH SYSTEM
3. NATIONAL HEALTH PROGRAMMES

TOPIC	COMPETENCY	DOMAIN OF LEARNING (K,S,A,C)	LEVEL OF COMPETENCY (K, KH,SH,P)	CORE COMPETENCY (Y/N)	TL-METHOD*	ASSESSMENT METHOD Formative(F) / Summative(S)	CERTIFIABLE SKILLS
1	**PRIMARY HEALTH CARE**						
1.1	Discuss the Concept of Primary Health Care	K	K	Y	IL	F,S	
1.2	Define of Primary Health care	K	K	Y	IL	F, S	
1.3	Report the Evolution of Primary Health care; Globally and in India	K	K	Y	SGD	F	

1.4	Present the Pillars of Primary Health Care	K,S	SH	Y	S	F, S	

1.5	List the Elements of Primary Health Care	K	K	Y	S	F, S	
1.6	Interpret the Indicators of Primary Health Care	K,S	SH	Y	SGD	F	
1.7	Discuss the Decentralization and role of LSG in Primary Health Care	K	K	Y	Debate, CS	F	
1.8	Elicit the relevant sections of Primary health Care in Public Health Act of Kerala	K	KH	Y	IL	F	

1.9	Interpret the primary health Care implementation in a PHC using SWOC analysis	K,S	SH	Y	S	F	
1.10	Identify the diXerences in the implementation of Primary Health Care among DiXerent countries like USA or UK with that of India's.	KS	SH	N	SGD, S	F	
1.11	Demonstrate the understanding of Primary Health Care Team	K,A	KH	Y	IL, S	F	
1.12	Document the Role of Primary Health care in Universal health Coverage	K,A	KH	Y	S, IL	F, S	

1.13	Identify and address ethical issues related to PHC, including equity, justice, and inclusivity	K,S	SH	N	IL,CS	F	

2	**HEALTH SYSTEM**						
2.1	Discuss the framework of a "Health System" and Definition of Health System	K	K	Y	IL,SGD	F,S	
2.2	Enumerate the components and players of a Health System	K	K	Y	S	F,S	
2.3	Discuss the history and evolution of Health for all, Millennium Development Goals, Sustainable Development	K	K	Y	IL, SGD	F	

	Goals						
2.4	Present the Organizational structure of a health system; Kerala state	K,S	KH	Y	S	F,S	

2.5	Describe the functions of a Health system	K	K	Y	S	F,S	
2.6	Describe the functionaries in a health system	K	K	Y	S	F,S	
2.7	Record the roles and responsibilities of the functionaries in the health system	K,S, A	KH	Y	S	F	
2.8	Describe the Indian Public Health Standards (IPHS)	K	KH	Y	SGD	F, S	

2.9	Document the Health System reforms in Kerala 2.9a Aardram Mission	K,S	SH	Y	SGD, IL	F	
2.10	Compare the Health System of India with that of a developed country	K	SH	Y	S, CS	F	
2.11	Perform under supervision and write a project to start a new health care unit (sub centre) for a population of 5000.	K	SH	N	S	F,S	

2.12	Demonstrate the Monitoring and Evaluation of a health system 2.12a -evaluation of a subcomponent of a health system	K, S	SH	Y	S, SGD	F,S	

2.13	Discuss the Role of Private sector and NGOs in the Health system 2.13a- Public Private Partnership 2.13b – Integration with the government health system	K,S	KH	Y	Debate, CS	F	
2.14	List the major entitlements provided through the Government Health system in Kerala	K	K	N	IL	F	
2.15	Discuss the role of Health Information Systems; HMIS, IHIP, MCTS, NIKSHAY	K	KH	Y	S	F	
2.16	Record the stewardship activities for Health System strengthening	K,S	KH	N	SGD	F	

2.17	Discuss health system financing	K	K	Y	IL	F	
2.18	Present Health System Regulations; Acts, accreditation standards etc	K,S	KH	N	IL	F	
2.19	Identify the functioning of the health system at each of its levels	K,S	SH	Y	SGD, CS	F,S	
2.20	Document the challenges and realities in the Health system in Kerala/another state	K,S	SH	Y	S, SGD	F	
2.21	Discuss Health system management	K	K	Y	IL, SGD, CS	F	
2.21	Health care Administration	K	K	Y	IL, SC	F	

3	NATIONAL HEALTH PROGRAMME						
3.1	Describe the general framework of a health program	K	K	Y	IL	F,S	
3.2	List the major national health programmes of India	K	K	Y	SGD	F,S	
3.3	Describe the health information systems in the national programs	K	KH	Y	IL	F	
3.4	Discuss the major health programmes in detail with respect to diseases under elimination; VPD, NVBDCP, NCD	K	KH	Y	S	F,S	
3.5	DiXerentiate the types of evaluation	K	K	Y	IL, SGD	F,S	
3.6	Identify the tools for program evaluation; log frame	KS	SH	Y	S	F,S	

3.7	Discuss the Health programme financing in India	K	K	Y	IL	F	
3.8	Perform independently the evaluation of a component of a national health program	K,S	SH	N	S	F,S	

* under column Teaching – Learning (TL) Methods: S= Seminar Presentation, IL = Interactive Lecture, SGD = Small Group Discussion, CS= Case Study

Group 5:

Core competency: ***Health Policy, Health system Management, Health Economics Health Financing and Health Insurance***

No.	COMPETENCYThe student should be able to? / Sub competency	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Any certifiable skills
Health Economics / Health Financing / Insurance							
1.	Discuss Basics of Economics both micro and macroeconomics and its application in Health and how health differ from other markets	K&A	KH	Y	Lectures, Case studies, Narratives		
2	Discuss the Basics of supply and demand and its relation with price	K&A	KH	Y	Lectures, Case studies, Narratives		
3	Discuss the different types of cost and should be able to cost a program	K&A S	KH SH	Y	Lectures, Case studies, Field work		
4	Discuss the different health outcome measures used in economic analysis like DALY, QALY and should be able to calculate these	K&A S	KH SH	Y	Lectures, Case studies, Exercises		

5	Discuss the different types of economic evaluation methods and modeling used in heath economics and should know to calculate the ICER	K&A S	KH SH	Y	Lectures, Case studies, Exercises		
6	Critically analyze a article in economic evaluation	S	SH	Y	Critical review Exercise		
7	Discuss the principles of OOPE, Catastrophic health expenditure and role of Health financing in avoiding these	K	KH		Lectures, Case studies,		
8	Discuss the Principles of Health Insurance	K	KH		Lectures, Case studies,		
9	Discuss the different types of Budgets and should be able to perform a budget analysis	K&A S	KH SH	Y	Lectures, Case studies, Exercises		
Heath Policy							
1	Discuss what is meant by Policy, types of Policy and heath policies, how policies are constructed, stakeholders in policy	K & A	KH		Lectures, Case studies,		

	development and how policies get implemented in to laws rules, programs						
2	Discuss the different Theories and framework for policy and frame work for policy analysis	K & A	KH		Lectures, Case studies,		
3	Discuss the relevant international, national and regional health policies	K & A	KH		Lectures, Case studies,		
4	Critically evaluate an given policy	K&A S	KH SH	Y	Lectures, Case studies, Exercises		
Health Management							
1	Discuss the need for planning and management in heath sector	K&A	KH	Y	Lectures, Case studies,		
2	Discuss the principles of personnel management – Recruiting, training, motivation performance appraisal, negotiation,	K&A	KH	Y	Lectures, Case studies,		

	Leadership style etc						
3	Discuss the management of organization – organizational structure, conflict management,	K&A	KH	Y	Lectures, Case studies,		
4	Discuss the different principles of material management	K&A	KH	Y	Lectures, Case studies,		
5	Discuss Operational Research	K&A	KH	Y	Lectures, Case studies,		
6	Discuss about planning, implementation, monitoring and evaluation	K&A	KH	Y	Lectures, Case studies,		
7	Discuss about the Management structure in central, state, district and peripheral institutions	K&A	KH	Y	Lectures, Case studies,		
8	Discuss about project management	K&A	KH	Y	Lectures, Case studies,		
9	Write a project for implementation at the PRI institution	K&A S	KH SH	Y	Lectures, Case studies, Exercises		

Group 6

Core competency: Public health education, Principles and practices of BCC, safety and quality of care, Health system functioning and disaster management.

Here's a summary of the key sections:

1. **Principles and Practice of Public Health**:
    - Competencies include understanding social justice, equity, public health evidence, interdisciplinary collaboration, ethics, professionalism, effective communication, leadership, and community engagement.
    - Suggested learning methods include case studies, role play, simulations, field visits, and problem-based learning.
    - Assessment methods focus on reflective writing, case analyses, portfolios, and OSCEs (Objective Structured Clinical Examinations).
2. **Safety and Quality of Care**:
    - Focuses on understanding patient safety, quality initiatives, and performing safety audits.
    - Suggested methods include case studies, problem-based discussions, and log books for assessment.
3. **Disaster Management**:
    - Competencies cover disaster preparedness, incident management, epidemiological surveillance, culturally competent communication, and mental health support.
    - Teaching and assessment involve hands-on training, case studies, data analysis, and reflective diaries.

SESSION 5

Sessions continued

Career opportunities for public health professionals – Focus on the health system –
Private and public at State, National, and International level

Dr. Biju Soman *Chair: Dr. Ramankutty V*

Dear friends

Right now public health training is imparted in the form of two streams: the MPH stream and the MD community Medicine stream. The history of public health training goes back to the start of MPH at Mahatma Gandhi University. The course was started at Amrita Institute of Health Sciences and later at Sree Chitra Tirunal Institute of Medical Sciences, which started in MPH in 1997. 500 MPH fellows graduated from this institution. Thereafter the central university also started. About the placement opportunities, future jobs cannot be predicted by anyone. The aspirations of the new generation are entirely different and traditional job patterns are not suitable. Several types of jobs are available and the scope of placement depends on individual preference and availability of vacancies.

The role functions after placement can be categorized in to
Realistic
Investigative
Pure Social
Entrepreneur related
Conventional etc.

The best advice is to do something that suit your passion and Suite your lifestyle. Working for the marginalized addressing Healthy equity issues, areas of sexual health tribal health, nutrition, Occupational health etc. are other areas. Now days it is extremely difficult to get Govt. Jobs for all. Non-Government jobs nonprofessional organizations, health service providers, universities, companies. Wherever you are placed your job should match your ability. Have a target about your achievement and be prepared for interviews. Know your interviewers. Highlight your strength and expertise. Negotiations are needed in certain situations. If not satisfied with the entrepreneur, then leave. Explore further understanding the limitations of the organization

Finding your place in public health scenario is not that difficult and everybody will have a space. Current opportunity as it is given in the PFHI website

Discussion

Dr. Ramankutty said that now the focus is on types of jobs and placement opportunities

Opportunities of MPH candidates to go abroad. Most of the candidates get sufficient experience through student exchange programs or Internship. Period of 2 to 3 months may be enough. MPH from our country is now recognized all over the world.

The full set of slides of Prof. Biju Soman is given below.

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SESSION 6

Certifiable Skills through Experiential Learning and effective Skill Transfer for
The Public Health Master's program

Dr. Vinod Joseph Abraham *Chair: Dr.Rakhal Gaitonde*

Vinod started the session by narrating the behavior of students in his institution and how that is influenced by their ambience and peer influence. They have their own justifications for their behavior and understanding the background of students is important. For example we know that MPH students can't teach MBBS students when I went to AIIMS s examiner I noted that for MD student's pedagogy is more important. While for MPH students more skill transfer and training in real-world situation is focused than knowledge transfer. Moreover adult learning is different that it is more self-directive, motivational element is different and it is more experiential learning explaining the linkages to practical application. One need to plan how one can achieve these elements of adult learning and in this context mentor-ship is useful. Now a day's public health is taught more on virtual platforms. An important principle is that adult learning is more reflective ie. the learner relate the content of learning to the real-world situation and what he or she thinks as the experience of application of that knowledge. If the learner is genuinely interested in getting the knowledge he will somehow go for acquiring the knowledge. This is especially true for younger generation because they have more expectations and they know what they want. Vinod explained the certifiable skills and details of certification process.

The expectations from a MPH holder are manifold. Heath education and risk communication, how to transport emergency cases like cases of severe dehydration, how to mobilize local resources, innovative ideas for health education etc. When we go to the community people may involve in community health activities in different ranges. The DPH holder need to deal with people and make them involve. Whatever is the activity outcome assessment is more important. The activity needs to be in true public health perspective. The ability to deal with

people is important and not everybody has that capacity. One need to really speak oneself on professional grounds. Outcome assessment can be in the form of individual or group assignment, self-reflections or peer reflections. How much initiative the professional takes is more important. Experiential learning makes more meaningful outcomes because it is more practical and adaptive. Community medicine can be better taught through experiential learning.

The challenge is transferring the assessment report to marks. The concerns are 1. Are we really training them for the assessment only or for their professional development? The faculty perception in assessment is more important. Many a times we need to assess the proficiency than intermediate or final outcomes. For this capacity building through as much field work as possible is needed. When they go to the actual job positions they need to apply whatever they learned independently and efficiently in a reflective way and that is proficiency. Sufficient enough mentor-ship with right mentors is another source of skill transfer. The senior almanac working in different locations can be mentors to the juniors. The professionals will learn through shadowing under more experienced and skilled senior professionals. Public health and community medicine are just teamwork and learning through shadowing is a more practical strategy. The strategy need to be maximum flexible. Disaster management is a prototype example for this. Most of the events are not predictable and the unprecedented nature warrants more leadership skills and independent initiatives. In this context skill based learning or problem based learning is more important for public health training. The importance of fieldwork is that different students with different preferences get individual choice and satisfaction. Thus everybody's interest is served and individual gets more satisfaction. Transferring this to certifiable skills is a challenge. How much they learn from each other and how much they learn from their experience is difficult to differentiate. Participant Observation, case study and reflective narrations are few examples for assessment of outcomes.

Tarun: Most of the candidates after the course are now well placed and well paid. This is irrespective of name MPH/MSC/MSE etc. Dr. PH is a higher level advanced course. Generally the exposure pattern of the public health functionary decides their capability and in MPH training the capability is more important and irrespective of the name of degree the nature of

exposure decides the capability. If you are not sure about what you want to do then then exclude that you don't like to do. In my case I was not sure whether I would be a successful clinician or not. So I opted out for public health which was not at all attractive at that times. In fact my parents really wanted me to become a specialist.

MO (Alappuzha)

Nowadays those who have a passion join health services and can get trained towards public health. In Kerala health services the distribution of public health specialists in health services is like Epidemiologists: 20 District program managers 14, District RCHO 14, Deputy DMOs 14, DMOs14, at DHS 12, Other executive posts 15 Even without full implementation of public health cadre this is the situation. Many of them are MPH or MD community medicine. Few have formal training without degrees.

MD community medicine holders are more accepted as clinicians and that is what the community wants MPH holders especially from non-medical background can't satisfy the primary care practitioner's role. We hope that when public health care is fully implemented this problem will be over.

SESSION 7

International models of training in Public Health and its adaptability to the Indian Context – based on GOI, MoH&FW Model Curriculum Hand Book (2017)

Dr SitanshuSekhar

Chair: Dr. K. Rajasekharan Nair

Sitanshu explained the experience from Jipmer Pondicherry.The Master of Public Health (MPH) course at JIPMER (Jawaharlal Institute of Postgraduate Medical Education and Research) has been a notable program over the past decade, housed under the JISPH (JIPMER School of Public Health) in Pondicherry. Its mission focuses on advancing education and training in public health, fostering multi-sectorial collaboration, generating evidence-based research, and strengthening health systems.

Key Mission Areas:

1. **Education & Training**: Providing high-level public health education.
2. **Cluster Platforms**: Developing condition-specific platforms for multi-sectoral engagement.
3. **Scalable Solutions**: Researching health service models that are scalable and sustainable.
4. **Evidence Synthesis**: Offering evidence-based solutions for decision-making.
5. **Health System Strengthening**: Enhancing capacities and services in health systems.

Jawaharlal Nehru institute of School of Public Health (JISPH) Outputs:

A. Human Resource Development:

- MPH, PhDs, D.Ph., and other degrees.
- 70 trainees per year across diverse health disciplines.

B. Research & Innovation:

- Focus on scalable care models, longitudinal studies, and health service research.

C. Health System Strengthening:

- Disease surveillance (Communicable and Non-Communicable Diseases).
- Evaluation of health programs and community adoption with NGO support.

D. External Funding:

- Funding from national and international sources supports various initiatives.

MPH Program Details:

The **MPH course**, launched in 2014, aims to equip students with the knowledge and skills to address public health issues, manage health programs, encourage community participation, and conduct health system research.

Eligibility: Applicants should have a degree in MBBS, BDS, BSc (Nursing), AYUSH, or related social sciences fields.

MPH Curriculum:

The curriculum spans two years, with the first year focusing on foundational subjects like epidemiology, research methods, and infectious diseases, and the second year advancing into topics like health management, health economics, and public health practice.

- **Year 1**: Basic Epidemiology, Research Methodology, Biostatistics, National Health Programs, etc.
- **Year 2**: Advanced Epidemiology, Health Promotion, Dissertation, Public Health Nutrition, Health Economics, etc.

Reflections on the Program:

Faculty Insights:

- Teaching a diverse group is challenging but achievable with a multidisciplinary approach and field-focused training.

Trainee Feedback (from 2024 surveys):

- **Employment Rate**: 82.3%, with nearly half (47.1%) working in government roles.
- **Relevance of Modules**: High relevance was noted for subjects like Research Methodology (82%) and Health System Management (75.3%). Less relevant modules included Environmental Health (19.1%) and Sociology (17.0%).

Competencies Utilized:

- Research and evaluation competencies were used frequently (52.3% of trainees), followed by leadership (43.3%) and public health management (34.3%).

Points for Future Consideration:

1. **MPH ≠ Mini MD in Community Medicine**: The MPH should not be confused with a clinical degree.
2. **Needs Assessment**: Clarifying the rationale behind starting the program.
3. **Faculty & Curriculum**: Identifying qualified educators and refining the curriculum.
4. **Employment Landscape**: Addressing the supply-demand paradox in the public health job market.

This overview highlights the impact of JIPMER's MPH program and the need for continued evolution in curriculum and employment strategies to meet modern public health challenges.

Prof. Rajasekharan Nair: We should focus more on faculty development Where to get faculty is a genuine issue. During training the faculty should see that philosophy of public health need to be imparted in the right perspective. The professional need to contribute to the field of public health and the field of public health should nourish the student. The relation need to be mutually complementary. The job aspiration also need to be matched with the philosophy and

principles of public health. There is a difference in the capacity of different candidates coming from different streams and this indicates individualized efforts of teaching learning. Individual cantered teaching learning activities is important.

How to impart skills is a genuine challenge

Field level training is one method .Postings in the periphery under proper guidance can help in this. Success stories need to be emulated for others. Show casing best success stories is important for skill imparting. Exposure to new entrepreneurship efforts and innovative experience sis also important.

Tarun: Most of the western models has a core curriculum and more stress is on specialities. Each candidate go in detail on preferred specialities or electives. Our model curriculum also follows the same pattern but not pushing any specific electives. The choice of electives depend on many factors of which the personal preference of the candidate is more important. For example if the candidate prefers Govt. jobs they can select electives having more reference to public health system.

The specific electives can be Health system strengthening/management, Epidemiology, NCD, Communicable diseases, Maternal and Child health, Health communication and behaviour etc.

Dr Binet from Health services (Alappuzha) said that there are more opportunities in public health system .In Kerala there is 140 -150 posts of Epidemiologists. Most of these posts are occupied by either MD Community Medicine or MPH holders. In training soft skills to work in the community is important.

One important Strategy of achieving skill attainment is through experiential learning or adult learning. This can be through apprenticeship, field postings, internship under the guidance of mentor and service learning as in CMC Vellore. CMC gives opportunity for shadowing or posting the candidates with senior persons as assistants and this give more opportunity for skill based learning. The selection for these can be based on volunteering so that their aptitude also is taken in to consideration. As experiential learning is more reflective in nature, research skills and communication skills can be better learned by this.

SESSION 8

New education Policy provisions, NMC Public health training

Dr. Mathew George *Chair: Prof. Rajamohanan K*

This document outlines the **NEP (National Education Policy) Framework** for Master's Programs, developed by **Mathew George**, Professor at the Department of Public Health and Community Medicine, Central University of Kerala.

Content Overview:

1. Features of NEP 2020
2. Learning outcomes for Master's Degree
3. Minimum Eligibility for Masters
4. Credit requirements of Master's Program

National Education Policy (NEP):

Types of Universities:

- Research-intensive
- Teaching-intensive
- Autonomous degree-granting colleges focused on undergraduate teaching.

Goal: Eventually, all institutions will become autonomous research-intensive teaching institutions.

Key Features of NEP:

- **Multidisciplinary Approach**
- **Holistic Development**
    - Moral, ethical, and socially relevant growth.

- **Skill Development**
    - Developing professional and communication skills, including soft skills.

Learning Outcomes at Level 6.5 (Master's Program):

1. **Knowledge & Understanding:** Expanding on bachelor-level knowledge and fostering originality.
2. **Skills:** General, technical, and professional skills necessary for performing tasks.
3. **Application:** Ability to apply knowledge in new, unfamiliar, or multidisciplinary environments.
4. **Learning Outcomes:** Generic outcomes that promote professional competence.
5. **Values:** Instilling constitutional, humanistic, ethical, and moral values.
6. **Employability:** Ensuring employability, job-ready skills, entrepreneurship, and personal development.

Credit and Entry Requirements:

- Detailed in the **NHEQF (p.35)**, entry requirements specify the academic credentials required for enrollment into a Master's program.

Learning Outcomes for Master's (NEP Level 6.5):

Graduates of the Master's program will: i) Demonstrate advanced knowledge and understanding that enhances bachelor-level education, with opportunities for research and originality. ii) Apply their knowledge and problem-solving skills to new, broader contexts. iii) Handle complexity, make informed judgments, and reflect on social and ethical responsibilities. iv) Communicate conclusions effectively to both specialist and non-specialist audiences. v) Develop autonomous learning skills for self-directed study.

Minimum Eligibility for Master's Program:

- **1-year/2-semester program (Level 6.5)**: Bachelor's degree with Honors and 160 credits.

- **2-year/4-semester program (Level 6.5)**: 3-year bachelor's degree with 120 credits.
- **2-year/4-semester program (Level 7)**: 4-year bachelor's degree (B.E., B.Tech. etc.) with 160 credits.

Admission:

- Students can be admitted to Master's programs based on performance in the undergraduate program or via entrance examinations. Students from unrelated disciplines are eligible if they qualify for the National or University-level entrance examination in the relevant field.

Credit Distribution for Master's Program:

Year	Course Work (Option 1)	Research Thesis (Option 1)	Course Work (Option 2)	Research Thesis (Option 2)	Total Credits
1st Sem	24	--	20	--	
2nd Sem	16	--	20	--	40
3rd Sem	20	--	--	--	40
4th Sem	--	20	--	--	40

Note: Of the total credits, 12-20 credits shall be in the **Choice Based Credit System (CBCS)**.

References:

1. National Higher Education Qualifications Framework (NHEQF)
2. Curriculum and Credit Framework for Post Graduate Programs (CCFPG)

This framework emphasizes a research-driven, multidisciplinary, and holistic approach to Master's programs while maintaining a focus on employability and ethical values.

There was discussion on structuring the curriculum Professor Rajamohanan said that this we will take in another time. Now our mandate is content of curriculum only. There will be another session to decide on structuring the curriculum and deciding the timings. The NEP recommends choice and credit system. There are practical difficulties in transforming to credit system but the policy of university is to introduce this for new courses only. There are more flexibilities in the form of dual degree platform and cluster platform. It is the choice of the candidate to decide whether they prefer to the specific elective of their choice. MBBS fellows can opt for more clinical Public Health subjects and others can opt for other electives accordingly.

There was also discussions on strategies to mainstream social sciences in to the MPH curriculum.

SESSION 9

Electives and Specialization: Scope for diversity &Real world applications to be Reflected in the MPH curriculum

Dr. Harshad P. Thakur *Chair: Dr.Aswathy S*

Session 10

Panel discussion on Candidate selection, Candidate Evaluation framework, Certification, Accreditation and Ranking of institutions, Agreeable Minimum standards for starting the course Curriculum – Any missing links

Public health is a vast speciality which can accommodate many functional domains. This broad inclusiveness gives space for many skilled professionals in public health platform. Now is the time of MPH with electives or 'selective'. Apart from the core domains the choice for opting out preferred speciality like Health system management, Epidemiology or Content subjects like Public health Nutrition, Reproductive child health, Non communicable diseases etc is an attraction integrated with flexibility of a choice based credit system of training. The training institution can also decide which type of MPH they want to start depending on the specific requirements for that context and the candidates targeted for training

Dr Manju explained the different methods of economic evaluation and mentioned the linkages to social determinants and the importance of policy to public health action translation. The importance of measuring the burden of illness needs to be underscored health economic modelling, Health information are similar highlights. She also said that now data is available freely for analysis. Professor Rajamohanan said that most of these things have been already included in MPH syllabus. One major issue is when to teach HE whether in first year or second year? The consensus reached was to teach in the first and second semester. Economics deal with investment and investment is important for development .efficiency equals cost effective and the concept of cost effectiveness is important in medicine. The topics to be included in mph curriculum and economics background and its importance in public health. Topics included in the course are demand market and supply model, utility consumer behaviour, [price sensitivity and elasticity, models of demand, supply from provider side, production cost and firm, profit maximisation models a, equity and distributive justice, healthcare financing models, inequity and insurance, principle agent concept expected utility theory, economic evaluation, efficiency, productivity and data envelopment analysis, sources of economic data

Prof. Sankarasarma commented on the syllabus of MPH. It is desirable to include basic arithmetic like addition, subtraction multiplication etc. as part of thee syllabus. Content of research methods can always overlap across other courses. If the MPH is targeted to research professionals more Bio-statistics is needed. For all the types of courses, terminologies, little mathematics, minimum computations and formulas, and relevant analysis techniques can be part of content of syllabus.

ASP: Many times the syllabus gives undue stress to theoretical knowledge transfer and practical public health aspects get ignored especially program implementation in the community. Even about core public health content this is the situation. In the health services most of the public health is program related and even Maternal and child health is a program. Data collection and analysis, outbreak detection and investigation, developing strategies for immediate and long term disease control etc. are specific activities related to program implementation. IDSP is a current program on limelight and maximum emphasis is routine data collection. Outbreak investigation is a teamwork and RRT is a typical example. Another important activity is health education. Now there is a big army of designated staff for this called Mass media officers. They try to develop health education materials but it is the job of public health professionals to frame culturally appropriate health education materials. If you ask me to point out a problem in health system functioning I need to say that communication is lacking at many levels. This is interpersonal levels between the public health functionaries or team members as well as between line departments and even between the public and health care workforce. In fact dearth of money is not the real problem interdepartmental coordination, liaising work and advocacy role are areas need to be focused in the syllabus.

SMV: The problem with public health program implementation is that we don't have genuine indicators of quality improvement. If you are monitoring program implementation with appropriate indicators, the success of program implementation can be assessed. Now many Panchayat are coming up with good quality data. We need to be optimistic and the situation will only improve. The situation of Kerala is that after the demographic transition is over now we are facing a sizable number of aged population. The problems are more challenging and public health professionals can really help the policy makers. Our political leaders get advice

from either experienced NGOs or experienced professionals and get capacity. Of course political parties do have power relations and influences. Most of the working committee members are nominated by party leaders. In the case of Tamil Nadu it is 'super politics'. There leaders out-pass panchayat and get things done through decisions at higher level. This is the case for even local problems and local level solutions. In selected areas of North India power is controlled by persons behind the scene. May be the husband or the party leader. Or somebody else than the People's representative in position. In Kerala SDS (?) is an efficient platform controlled at people's level. The leader of the political party in power or ruling party nominates the panel. But the leaders will also be monitoring and if the panel does not work the particular nominees will be replaced. One solution to replace inefficient panel members is to introduce rotation system. For decision making regarding public health matters LSG decision makers interact with public health professionals. For all technical matters they need to listen. Even ministers are not expert by themselves. They get capacity through advice given by their influencers. Even NGOs get their capacity through field work and learning from technical people. In this regard we need to admit that dedication to prevention is now a days less with public health professionals also. This is many a times evident from the interest taken by professionals in project appraisal. Our public health professionals need to give leadership and for that capacity, training in management sciences is important. Resource management, time management and material management or HR management all need to be professionally done. Convergence and inter-sectoral coordination is often not given enough attention. One health implementation is a prototype example. All these areas need to be addressed in the curriculum. Now a days so many regular meetings are happening but inadequate resource mobilization, incomplete communication and insufficient professional involvement remains as critical gaps in program implementation. Many a times the clerical staff decides crucial matters and professionals don't learn or consult other relevant departments.

Now the major issue is how to encourage youngsters to take interest in LSG activities or Kudumbasree and Ayalkootam platforms. Now almost 50% of Kerala families are involved in this. Training them and to ask to make more demand for people's collective for disease

prevention or health promotion is a real challenge. Perhaps every institution need to target them and give focused training for this.

RM said that NCD implementation in the state is can be a prototype example of program implementation. Prof Indu asked SMV about the decentralization experience of Kerala and how the state is unique in this area. SMV answered that Kerala is special due to the peoples involvement especially through the front line workers like Kudumbasree collective and also the social capital and responsiveness of the political party leaders. Convergence between different line departments is another special feature of Kerala. In Kerala the united fund is always used for development and local people knows this. Here large number of professionals are working and perhaps the autonomous nature is the attraction. Even the Government cannot control the functioning of LSG through undue control. Only court or Ombudsman can intervene in the functioning of LSG ProfRamankutty and team made a recent work on functioning of LSG and this was published as a book.

Anilchandran: The importance of demography in public health curriculum cannot b underscored. Demography consists of essentially studying population parameters like fertility mortality migration and age structure. Allocation of resources is always based on age structure trends and future health needs. Policy development consider demographic features like population ageing, urbanization, health disparity and targeted strategies. Population level monitoring and evaluation is important. Inter dispilinarity and inter sectionality with other sister discipline is important. Kerala has achieved zero fertility rates. The model curriculum already has topics in demography like life table analysis demographic cycle

OPEN SESSION:

On placement opportunities Prof Ramankutty narrated a case of MPH holder who explored IT field and made his life a graceful success story and cautioned that not all can try for this.

This particular person after MPH studied the cyber world and was hired by an IT company. He worked there for few years and then moved in to the cyber security division and became the head. Afterwards next time Prof RK met him he was the chief of cyber security division at standard chartered bank and now he is the head of crypto currency handling department in a major company at Dubai. The message is that anybody can grow in to any field and MPH is only a beginning. Now there is lot of diversity in choice of career and perhaps that is the attraction of MPH.

Prof. Raja Sekharan Nair said that AYUSH people are exceptionally good irrespective of the job positions assigned to them. Even with least number of faculty in many institutions the passed out are showing extremely good result. At least one core faculty is enough. This is certainly due to the merit of the candidates.

Prof. Biju Soman said that first of all we should have idea about whom we are planning to target. The candidates need to be sufficiently knowledgeable about the core principles and philosophy of public health. Then they will excel in which every position they are working. He then made a comment that the Alumni of AMC is now in many key posts across the world in diverse areas related to public health as epidemiologists or program managers or researchers etc. In this the nature of exposure decides and learning outside the classroom is more important. Now most of the good centers encourage this maximum and there is less emphasis on classroom learning. In the syllabus of AMC out of 365 learning days one third is for skill imparting. Outside this is internship or apprentice training. This helps students to go out and gain confidence in the real world situation. Field postings and specific assignments help this and need to be part of the training itself.

Dr Tarun remarked that when we think of positions of MPH holders we should also think whether they contribute to the domain of public health and they are benefited by the discipline of public health. The job they got and their aspirations should match and they should look

forward to give significant contributions to the field of public health. The problem with our institutional framework is that we have our own limitations that we can't give placement to our students. We can only give good training. We can't help them to find jobs and that is not our mandate also.

Dr Tinet (MO Alpy) remarked that many of us when join the health services do have dreams and expectations about our role in public health. WE get skills for that after joining the department and through the in-service training. Many of us during the regular course did not understand public health in its true spirit and we were not confident also. When I see a patient in the community I get satisfaction by prescribing some drug and curing him or her. People are also happy by that. Important thing is to give appropriate training to the public health professionals to gain confidence in handling primary health care problems. People also expect this role to be performed by public health professional. So the identity of the health professional is important. So it is better to develop a curriculum suitable to the needs of local community. Let the passed out go to the community and work there for short while. The curriculum need to be suitable to make them work as a primary health care professional also. That means the leader of the team at primary or family health centre.

The Government also should know that this is the content of the curriculum.

Prof. Rakhal made his remarks. He said that jobs are critical for public health functionaries. We should also see the flip side of this whether jobs are created in such a way that it genuinely contribute to the advancement of the profession. This is more relevant for persons at the level of senior positions. In fact public health professionals should not hunt for jobs and accept posts based on local politics. There is politics behind finding or providing jobs. This is mostly for job positions in NGOs. NGOs are mostly working with flexible agendas and activities so that these professionals can select appropriate positions as per job market requirements. We can't stop or demand for creating more market for public health professionals in public sector. There is a conflict in this regard. We teach those values and social good through philosophy of public health and when they are forced to work in private establishments they are forced to make compromises in their ideology and what they learned in public health. Hence we should ask for

creating more positions in public sector. We should also teach them what is expected in role positions in public sector. The conflicts and inability to make compromise are causes of frustration among many fresh MPH holders.

RM made a comment that there are studies mentioning the popularity of MPH from Indian universities at the foreign countries. He also mentioned about the overlap of content of curriculum between various courses. For example the syllabus of MHA has areas similar to that of MPH. This creates conflict in job seeking because the passed out of both can compete for the same post. Quality and safety officer of NHM is an example. Prof Biju said that many think that with MPH alone candidates cannot do independent research and so many get in to opportunities than research. This is not true and necessary orientation of faculty need to be given to change this type of bias. The attraction of public health is that it is a vast area and according to individual capabilities job positions can vary. Prof. Tarun said that it is better not to go for fixed and tailor made job seeking patterns. Those targeting the govt. Officers lot of positions are vacant. It is better that a prior understanding with Govt is made before starting the course.

Dr Vinod raised a concern whether political science need to be taught as part of the curriculum. Prof Raman Kutty remarked that this question is very valid and health policy is meant for that. The functioning of health system depends on prevailing politics and health policy is nothing but politics only. Not doing or implementing a specific action also is policy. RM said that Social sciences is an umbrella term and include politics also. The house agreed that there is nothing as apolitical and health also is a part of political agenda and students should not be denied of opportunity to learn this.

Rakhal: Whatever we teach about politics the political philosophy is important. It is a matter of understanding the specific political system in the region. Also important is studying political economics because the decision for resource allocation is always decided by prevailing political system. The training should focus more on skill transfer. Every institution need to do whatever possible for this. This need lot of time and effort. Even observing a particular skill and imbibing

that needs lot of efforts. This is in fact the purpose of teaching public health and the investment on education.

Prof Indu mentioned the importance of Entomology in the curriculum. This has implications on one health concept also. In fact we are now suffering from shortage of adequate teachers in Entomology

Dr. Tarun said that it is important to have different levels of institutions with different departments in the same institution. Health Economics faculty is in shortage throughout India. There are good institutions having faculty and we need to send our students there for training than developing departments in our institutions. We can't duplicate all facilities and for skill acquisition sending students to those resource persons is needed. RM remarked that public health training is a team work and the team need to be diverse. The interconnectedness between thee disciplines also is important. Many times it is seen that these disciplines work in silo. For example generally we depend statistics faculty. Generally economists does not depend statisticians. Everybody cannot be an expert in all disciplines.

RM asked Tarun the question how to define and measure proficiency in critical public health functions? This is important in the context of defining competency framework for public health training.

Tarun said that it is difficult to define proficiency. From our own experience we found that 70% of our candidates do fair in their roles of job functions and we hear well about them. They in fact work in diverse fields, and dealing complex tasks identify their own priorities collect data manage data analysis, plan evaluation surveillance activities, and do all needed for professional public health practice. All these they do independently after the training. We can call this proficiency. This does not mean the students are already working on this during their training period. Many skills they learn during their real world experience after the formal training. But this need to be under mentor ship and close monitoring.

Sitanshu: There is a system of accreditation in western countries and they give a checklist for performance assessment. This can be considered as part of proficiency. Tarun remarked that accreditation in public health practice may not work in all context. To my mind you need not go

for any accreditation system. The GOI does not have now this in the agenda. This is because the system of public health practice is so comprehensive that we cannot accommodate all diverse functions in a single platform. Hence a flexible model catering to diverse needs suiting to the range of needs is important. We cannot make a one size fit for all requirements. GOI can develop a portal for checklist of quality assurance for MPH training institutions. This can be at national or state level. There can be enough flexibility and overlaps of domains. Each institution can decide on their own checklist of quality elements which can even vary according to different points of time and set of elements for quality can be decided by the institutions. As such nothing is decided so far by GOI in this regard.

FURTHER DEBATING ISSUES AND FOOD FOR THOUGHT

Demand for public health professionals

Public health career website: dedicated portal: 700 employees list. There still we need more professionals. 11/100,000population US P H Association recommends 100/100,000 to 220/100,000 .There is a need demand paradox and where is the demand in the country.

Knowledge vs. skill proportion: How much skills and how much theory: Public health practice more important than theory

Importance of professional and soft skills in public health practice

Need for quality assurance unified curricula, training structure etc.

Introductory part and what to teach: Public health as a scientific and distinctive discipline or independent discipline: Essential features: the population approach, comprehensive nature, what is new in this discipline and how is it different

The clinical vs. social science paradigm: Does PH has nothing to do with clinical medicine? Is it a pure social science only?

The distinction between Pubic health and community health or community Medicine

Job placement issues: Now in UPSC or PSC MPH not included as an eligibility criterion for any job placement.

Importance of mentorship in public health training cannot be underscored how to implement this is a debate.So also is importance of Advocacy and public health professionals' network or consortium for advocacy is important

How should be eligibility criteria: AYUSH stream fair better as in Maharashtra

BDS Candidates becoming public health professionals is increasingly becoming more. Dental public health has become a globally accepted speciality. This gives more space for rehabilitation

Status of Public health cadre implementation in India .Public health management cadre has been implemented in Bihar. Most states are managing with public health professionals without medical background.

System of credit and semester has not been fully implemented 1 credit varies from 20-36 hours.

Specialization in public health is another matter of debate

Ideal duration of training is a matter for debate. Many western university has one-year duration. UGC is now proposing one year. Interdisciplinary can be one-year Master's program.

Public health professional is a generalized term: what training got, Professional with Medical background or non-medical background, is the goal skill augmenting of existing employees or creating fresh cadre of public health professionals is important.

The MOH has suggested a model curriculum why this is not universally followed is the question

Competency framework is a good idea but the difference between skill and competency, how outcomes are defined need more clarification .Before starting the course exact need assessment may be done.

New and emerging areas need to be explored: like MPH Data management and machine language, MPH One health, MPH HTA, MPH Environment and occupational health etc

Identity of MPH as a mini MD community medicine course/ Rehab course for all BSc BAMS nd other graduate courses/

The name is attractive but is in fact a jack of all trades and master of none

Advanced course like Post MD (like DM) advanced MPH or D.Ph. can also be considered.

Importance of short or certificate courses in public health important.

Types of course architecture: Executive MPH or adult education or extended education

Appendices

Inauguration

Time	**11:00 am to 12:00 noon**
KUHS Anthem	
Welcome	**Dr.Gopakumar S.** Registrar, KUHS
Presidential Address	**Dr.MohananKunnummal ,** Honourable Vice Chancellor, KUHS
Inauguration & Keynote Address	**Dr. Rajan N. Khobragade,** Addl Chief Secretary Health and Family Welfare at Government of Kerala
Special Address	**Dr. Thomas Mathew ,**Director of Medical Education, Kerala
Special Address	**Dr. Reena K.J. ,**Director of Health Services, Kerala
Felicitation	**Dr. Linette J. Morris,** Principal , Government Medical College, Thiruvananthapuram
Felicitation	**Dr. Biju Soman ,**Professor and Head, AMCHSS , SCTIMST, Thiruvananthapuram
Vote of Thanks	**Dr.Rajamohanan K.** Professor, School of Public Health, KUHS

Programme Schedule

9:00 to 9:30 AM: Registration	At the front desk

PROGRAM

Time	Session	Chairs	Speaker
9:30 am to 10:00 am	Introduction, Objectives of Workshop & Experience Sharing from current MPH programs	**Dr.Gopakumar S** Registrar, KUHS	**Dr.Rajamohanan K.** Professor School of Public Health KUHS, TVPM
10:00 to 11:00	The curriculum of MPH programs in India – Critical Appraisal and Changing Needs	**Dr. Biju Soman** Professor & Head, Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology **Dr Sobha A,** Professor and Head Community Medicine, GMC, Alappuzha	**Dr.Tharun Bhatnagar** Scientist F ICMR School of Public Health ICMR-National Institute of Epidemiology (NIE), Chennai, Tamil Nadu
11:00 am to 12:00 Noon	**INAGURAL FUNCTION**		
12:00 -1:00 PM	Competency framework for MPH programme – An overview for group discussion	**Prof. Suma T K** (Former Principal and Professor and Head, Medicine, GMC Alappuzha)	**Dr.Zinia T. Nujum** Associate Professor School of Public Health, KUHS
1:00 pm to 1:15 pm	**Special Address –Dr. Sanjay Zodpey,** ***President, Public Health Foundation of India (PHFI)***		
I:15 -2:00 PM	LUNCH BREAK		
2:00- 4:00 PM	Group work in six groups- Competency framework and identification of core competencies — Social sciences, Epidemiology, Environment, Health Systems Policy and Management, Miscellaneous		
4:00 -5:00 PM	Presentation by the groups		

Day 2 – 31.08.24

Time	Session	Chair	Speakers
9:00 -10:00 AM	Career opportunities for public health professionals – Focus on the health system – Private and public at State, National, and International level	**Dr.Ramankutty V.** Research Director Centre for Promotion of Research and Advanced Studies, Amala Institute of Medical Sciences Thrissur **Dr. Indu P.S.** Professor and Head Community Medicine GMC, Kollam	**Dr. Biju Soman** Professor & Head, Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology
10:00 – 11:00 AM	Certifiable Skills through Experiential Learning and effective Skill Transfer for the Public Health Master's program	**Dr.Rakhal Gaitonde** Professor Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology **Dr.Sairu Philip** Professor and Head Community Medicine, GMC, Kottayam	**Dr. Vinod Joseph Abraham** Professor, Dept. of Community Health & Vice Principal (UG), Christian Medical College, Vellore
11:00 - 11:30 AM	International models of training in Public Health and its adaptability to the Indian context – based on GOI, MoH&FW Model Curriculum Hand Book(2017)	**Dr. K. Rajasekharan Nair** Prof & Principal,GIPH, Thiruvananthapuram **Dr. Mini S.S.** Professor Community Medicine GMC, TVPM	**Dr Sitanshu Sekhar Kar** Professor Preventive and Social Medicine JIPMER, Pondicherry

11:30 -12 :00 Noon	New education Policy provisions, NMC Public health training	**Prof. Rajamohanan K** Professor, School of Public Health (KUHS) Thiruvananthapuram **Dr.AsumaA.Rahim**. Professor and Head, Community Medicine, GMC, Kozhikode	**Dr. Mathew George** Professor and Head Public Health and Community Medicine Central University of Kerala
12:00 -1:00 PM	Electives and Specialization: Scope for diversity &Real world applications to be reflected in the MPH curriculum	**Dr.Aswathy S,** Professor and Head Community Medicine, Amrita School of Medicine, Kochi	**Dr. Harshad P. Thakur**, Professor, Centre for Public Health, School of Health Systems Studies, Tata Institute of Social Sciences (TISS), Mumbai Former Director, National Institute of Health and Family Welfare (NIHFW), New Delhi
1:00 – 2:00 PM	Lunch		
2:00 – 3:00 PM	Special Invited Commentaries - Requirements for public health professionals 1. Dr.S.M.Vijayanand, Former Chief Secretary, Govt. of Kerala– Capacity building for decentralised governance 2. Dr.A.S. Pradeep Kumar, Former Additional Director, Health Services, Kerala -Health systems 3. Dr. Anil Chandran S., Professor, Dept. of Demography, University of Kerala – Demography and Population 4. Dr.Sheeja S.R., Professor and Head, Economics, University of Kerala– Microeconomics 5. Dr. Manju S. Nair, Professor, Economics, University of Kerala – Health Economics		
3:00- 4:00 pm	Panel discussion – Panellists – Internal Resource Persons Topics covered: Candidate selection, Candidate Evaluation framework, Certification, Accreditation and Ranking of institutions, Agreeable Minimum standards for starting the course Curriculum – Any missing links		

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Topics	Epidemiology, Biostatistics, Quantitative Methods Infectious Disease Epidemiology NCD including	Social Sciences Qualitative Methods Demography & Population Gender Health	Environment Occupational Health One Health	Health systems Primary Health Care Programme & its evaluation RMNCH+A	Health Policy Management Health Economics Financing, Health Insurance Global Health	Miscellaneous Nutrition Law and Ethic Principles and Practice of Public Health Safety and

4-5 PM	Feedback and valedictory Function

	Mental Health Epidemiology Surveillance	Promotion Behavioral Change Communication Health Equity			EBM, Precision Medicine and Public Health	Quality of Care Disaster
	Dr.Harikumar S.	Dr.Mathew George	Dr.Ajan	Dr. Rekha	Dr.Hafis	Dr. Mahesh
	Dr. Regi Jose	Dr.Indu D.	Dr.Krishnakumar	Dr.Benny	Dr.Antony	Dr.Jinbert
	Dr. Mini G. K	Dr.Asha	Dr.Chithra Grace	Dr.Mini	Dr. Malathi	Dr.BindhuVasudevan
	Dr. Lakshmi G.G.	Dr.Anil Chandran	Dr.Anuja U.	Dr.Sairu Philip	Dr.Mubarak Sani	Dr.Asuma A. Rahim
	Dr. Suma T.K.	Dr.Rajashekharan	Dr.Sobha	Dr.Ramankutty V.	Dr. Ranjini	Dr.Rakhal
	Dr.Indu P.S.	Dr.Nisha R.S.	Dr.Sharon	Dr.Sunilkumar	Dr.Sunitha	Dr.Aswathy
	Dr.TharunBhatnakar	Dr.Harshad Thakur	Dr.Sitanshu	Dr.Vinod	DrBiju Soman	Dr.Mubashir
	Dr. Anupa	Dr.Greeshma				
	Dr.Zajil	Dr.Jishnu	Dr.Vikram	Dr.Bhagyalakshmi	Dr.Ajithalakshmi	Dr.Adila
Convenors	Dr.Karthika	Dr.Soumya	Dr.Chintha	Dr. Tony	Dr.Biju George	Dr.Libu G.K.

List of Resource Persons/Participants for MPH Workshop School of Public Health, Kerala University of Health Science			
SI. No.	**Department**	**Name & Date of talk**	**Designation**
1	KUHS	Dr.Gopakumar S	Registrar, KUHS
2	External	Dr. Harshad P. Thakur,	Professor, Centre for Public Health, School of Health Systems Studies, Tata Institute of Social Sciences (TISS), Mumbai Former Director, National Institute of Health and Family Welfare

			(NIHFW), New Delhi
3	External	Dr Sitanshu Sekhar	Professor, Preventive and Social Medicine JIPMER, Pondicherry
4	External	Dr. Vinod Joseph Abraham	Professor, Dept. of Community Health & Vice Principal (UG), Christian Medical College, Vellore
5	External	Dr. Tarun Bhatnagar	Scientist FICMR School of Public Health ICMR-National Institute of Epidemiology (NIE), Chennai, Tamil Nadu
6	SCIMST	Dr. Biju Soman	Professor & Head, Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology
7	DME	Dr Sobha A,	Professor and Head Community Medicine, GMC,Alappuzha
8	External	Dr.Ramankutty V.	Research Director Centre for Promotion of Research and Advanced Studies Amala Institute of Medical Sciences Thrissur
9	DME	Dr. Indu P.S.	Dr. Indu P.S. Professor and Head ,Community Medicine GMC, Kollam
10	SCIMST	Dr.Rakhal Gaitonde	Professor ,Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology
11	DME	Dr.Sairu Philip	Professor and Head, Community Medicine, GMC, Kottayam
12	GIPH	Dr. K. Rajasekharan Nair	Prof &Principal, GIPH, Thiruvananthapuram
13	DME	Dr. Anuja U.	Professor and Head, Community Medicine GMC, TVPM
14		Dr. Mathew George 31.08.2024	Professor and Head, Public Health and Community Medicine Central University of, Kerala
15	DME	Dr.Asuma A. Rahim. -31.08.2024	Professor and Head, Community Medicine, GMC, Kozhikode
16	Pvt.	Dr.Aswathy S, 31.08.2024	Professor and Head, Community Medicine, Amrita School of Medicine, Kochi
17	DME	Dr.Nisha R.S 31.08.2024	Principal Government Medical College, Konni
18		Suma Krishnasastry	Director, Filariasis Research centre, Alappuzha,

			Kerala. KUHS
19	DME	Dr.Karthika M	Community Medicine, GMC, Thiruvananthapuram
20	DME	Dr. Indu D	Govt Medical College, Konni
21	DME	Dr. Soumya	Community Medicine, GMC
22	DME	Dr .Mini	Community Medicine, GMC, Thrissur
23	DME	Dr.Chintha	Community Medicine, GMC, Idukki
24	DME	Dr. Anupa	Community Medicine, GMC, Kottayam
25	DME	Dr. Tony	Community Medicine GMC, Konni
26	DME	Dr. Biju George	Community Medicine, GMC, Kannur
27	DME	Dr. Kavitha Ravi	Prof. Pathology, Dean A H S ,KUHS
28	DME	Dr.Ananth M	Asst. Director, DMO Alappuzha
29	DME	Dr.Geeta S	Prof.Pediatrics, GMC ,Tvm
30	DHS	Dr. Rekha Raveendran	Superintendent, Govt. Taluk Hospital Nedumangad
31	DHS	Dr. Lakshmi	State Quality Assurance Officer NHM
32	DHS	Dr. Ajan	Asst. Director Medical And Hospital Administration DHS
33	DHS	Dr. Meenakshi	Addl. Director Family Welfare, DHS, Tvpm
34	DHS	Dr Reetha	ADHS Public Health
35	DHS	Dr Hari Kumar	Asst. Director Public Health
36	DHS	Dr. Hafiz	Public Health School
37	DHS	Dr. Mahesh M	Joint coordinator NKKP ,AardramMission,DHS
38	DHS	Dr.TennyGeorgrePallipadam	Asst.Surgeon K.H.S
39	DHS	Dr. Sharon M A	Medical Officer FHC, ,Kozhikode
40	DHS	Dr.SunilKumar P S	Medical Officer FHC ,Kizhakkal, Kozhikode
41	DHS	Dr.Smitha Rahman	Medical Officer FHC ,Choolar, Kozhikode
42	DHS	Dr.Sunitha S	Medical Officer FHC, Irigal, Kottakkal
43	DHS	Dr.MuhammedHassin	Medical Officer FHC, Thirur, Malappuram
44	DHS	Dr.Sreekanth K B	Deputy Supriendent D H, Kollam
45	DHS	Dr.Simi George	Supriendent ,DHAluva ,Ernakulam
46	DHS	Dr.Timmy	Asst. Surgeon, FHC Nelloore
47	DHS	Dr.Basil Varghese	Asst. Surgeon,TATA Trust Hospital,Kasarkode
48	DHS	Dr.GreeshmaPriya	Medical Officer,FHC, Nochad, Kozhikode
49	DHS	Dr. P R Surayya .E	Asst. Surgeon,T H Angamally ,Ernakulam
50	GIPH	Dr. Mini G K	Asso. Professor, GIPH, Ananthapuri
51	GIPH	Dr.JinbertLordson	Lecturer, GIPH, Ananthapuri
52	GIPH	Dr.Chitra Grace A	Asso. Professor, GIPH, Ananthapuri

53	Faculty Mphil	Dr. Regi Jose	Professor of Community Medicine Sree Gokulam Medical College and Research Foundation
54	Mphil Students	Dr.Libu	Associate Professor,Community Medicine
55	Mphil Students	Dr. Asha Joan Murali	Asst Professor in the department of Community Medicine, Government Medical College, Kottayam
56	Uty. Of Kerala	Dr. Anil Chandran	Department of DemographyUniversity of Kerala, Tvpm
57	Private	Dr.Krishna Kumar	SUT Medical College, Vattappara, Tvpm
58	Private	Dr. Benny P V	Gokulam Medical College, Venjarumoodu
59	SCIMST	Dr. Antony Stanely	Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology
60	SCIMST	Prinu Jose	Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology
61	Private	Dr.Mubarack Sani	HOD, MES
62	Private	Dr. Malathi	Assistant Professor Amritha Institute of Medical Science, Kochi
63	Private	Dr.Renjini C R	Professor, Public Policy, Bangalore
64	PG Student	Dr.Zajil	Community Medicine, GMC Thiruvananthapuram
65	PG Student	Dr.Bhagyalekshmi	Community Medicine, GMC Thiruvananthapuram
66	PG Student	Dr.Ajithalakshmi	Community Medicine, GMC Thiruvananthapuram
67	PG Student	Dr.Adila	Community Medicine, GMC Thiruvananthapuram
68	PG Student	Dr.Vikram	Community Medicine, GMC Thiruvananthapuram
69	PG student	Dr. Jishnu	Community Medicine, GMC Thiruvananthapuram
70	DME	Dr. Anil Kumar P V	Professor, Psychiatry, GMC, Ernakulam

കേരള ആരോഗ്യശാസ്ത്ര സർവകലാശാല

സംഗ്രഹം

കെ.യു.എച്ച്.എസ് - സ്കൂൾ ഓഫ് പബ്ലിക് ഹെൽത്ത് (എസ്.പി.എച്ച്)- സ്കൂൾ ഓഫ് പബ്ലിക് ഹെൽത്ത്-ൽ വച്ച് ഡോ. രാമമോഹനൻ കെ.-യുടെ നേതൃത്വത്തിൽ 2,50,000/- രൂപ (രണ്ട് ലക്ഷത്തി അൻപതിനായിരം രൂപ മാത്രം) ബഡ്ജറ്റിൽ "Public health training in India particularly in Kerala: Where are we now and the way ahead" ("ഇന്ത്യയിൽ പ്രത്യേകിച്ച് കേരളത്തിൽ പൊതു ജനാരോഗ്യ പരിശീലനം : നമ്മൾ ഇപ്പോൾ എവിടെയാണ്, മുന്നോട്ടുള്ള വഴി") എന്ന വർക്ക്ഷോപ്പ് നടത്തുന്നതിന് അനുമതി നൽകി ഉത്തരവാകുന്നു.

സ്കൂൾസ് ആൻഡ് സെന്റേഴ്സിന്റെ കാര്യാലയം

ഉ.നം. 150/2024/schools and centers/കേ.ആ.ശ.സ — തൃശ്ശൂർ , 22-08-2024

പരാമർശം: 1) 08.08.2024 തീയതിയിൽ ഡോ. രാമമോഹനൻ കെ., പ്രൊഫസർ, എസ്.പി.എച്ച് സമർപ്പിച്ച അപേക്ഷ.

2) 21.08.2024 തീയതിയിലെ ബഹു.വൈസ് ചാൻസലറുടെ ഉത്തരവ്.

ഉത്തരവ്

പരാമർശം (1) പ്രകാരം സ്കൂൾ ഓഫ് പബ്ലിക് ഹെൽത്ത്, തിരുവനന്തപുരത്ത് വച്ച് എം.പി.എച്ച് പ്രോഗ്രാമിന്റെ ഫാക്കൽറ്റി മേധാവികളെയും സാങ്കേതിക വിദഗ്ധരെയും [illegible] നിന്നുള്ള തിരഞ്ഞെടുക്കപ്പെട്ട പ്രതിനിധികളും ഉൾപ്പെടെ ഏകദേശം 60 പേരെ പങ്കെടുപ്പിച്ചുകൊണ്ട് "Public health training in India particularly in Kerala: Where are we now and the way ahead" ("ഇന്ത്യയിൽ പ്രത്യേകിച്ച് കേരളത്തിൽ പൊതു ജനാരോഗ്യ പരിശീലനം: നമ്മൾ ഇപ്പോൾ എവിടെയാണ്, മുന്നോട്ടുള്ള വഴി") എന്ന പേരിൽ ആഗസ്റ്റ് 30-31, 2024 തീയതികളിൽ രണ്ട് ദിവസത്തെ വർക്ക്ഷോപ്പ് നടത്തുന്നതിനുള്ള അനുമതി ഡോ. രാമമോഹനൻ കെ., പ്രൊഫസർ, എസ്.പി.എച്ച് ആവശ്യപ്പെട്ടിട്ടുണ്ട്.

പ്രതീക്ഷിത ബഡ്ജറ്റ് താഴെ പറയും പ്രകാരമാണ്.

ക്രമ.നം	ഇനം	തുക
1.	Travel, Honorarium and Accommodation (6 National level senior speakers)	157,000/-
2.	Food and refreshment (60x 300x 2)	36,000/-
3.	Venue Arrangement	10,000/-
4.	Presentation/ Documentation	10,000/
5.	Printing of Certificates	7,000/-
6.	Recording	20,000/-
7.	Contingency	10,000/-
	Total	2,50,000/-

പ്രസ്തുത വർക്ക്ഷോപ്പിൽ പങ്കെടുക്കുന്നതിന് [illegible] വിഷയ വിദഗ്ധരുടെ [illegible] 1,50,000/- രൂപ (ഒരു ലക്ഷത്തി അൻപതിനായിരം രൂപ മാത്രം) [illegible] ഡോ. രാമമോഹനൻ കെ. ആവശ്യപ്പെട്ടിട്ടുണ്ട്.

- Dr. Harshad P. Thakur, MBBS, MD, DSM, Professor, Centre for Public Health, School of Health Systems Studies, Tata Institute of Social Sciences (TISS), Mumbai, Former Director, National Institute of Health and Family [illegible]

കേരള ആരോഗ്യ സർവകലാശാലയുടെ ദ്വിദിന ശിൽപ്പശാലയിൽ വൈസ് ചാൻസിലർ ഡോ. മോഹനൻ കുന്നുമ്മൽ പ്രസംഗിക്കുന്നു.

ദ്വിദിന ശിൽപ്പശാല സംഘടിപ്പിച്ചു

തിരുവനന്തപുരം: കേരള ആരോഗ്യ സർവകലാശാലയുടെ സ്കൂൾ ഓഫ് പബ്ലിക് ഹെൽത്ത് സംഘടിപ്പിച്ച ദ്വിദിന ശിൽപ്പശാല അഡീഷണൽ ചീഫ്സെക്രട്ടറി രാജൻ എൻ. ഘോബ്രഖടെ ഉദ്ഘാടനം ചെയ്തു.

വൈസ് ചാൻസിലർ ഡോ. മോഹനൻ കുന്നുമ്മൽ അധ്യക്ഷനായി. സർവകലാശാല രജിസ്ട്രാർ സ്വാഗതം പറഞ്ഞു. ഡോ. ഹർഷദ് ഠാക്കൂർ, ഡോ. വിനോദ് എബ്രഹാം, ഡോ. സഞ്ജയ് സോഡ്പേ എന്നിവർ ചർച്ചയിൽ പങ്കെടുത്തു. രണ്ടാം ദിനത്തിൽ ഡോ. സിതാൻഷു ശേഖർകർ, ഡോ. തരുൺ ഭട്നഗർ, മാത്യു ജോർജ്, ഡോ. ഹർഷദ് ഠാക്കൂർ എന്നിവർ പ്രസംഗിച്ചു. സമാപനസമ്മേളനത്തിൽ ഡോ. എസ്.എം. വിജയാനന്ദ്, ഡോ. എ.എസ്. പ്രദീപ്കുമാർ, ഡോ. വി. മീനാക്ഷി, ഡോ. എസ്. അനിൽചന്ദ്രൻ, ഡോ. മഞ്ജു എസ്. നായർ എന്നിവർ പങ്കെടുത്തു.

PROCEEDINGS OF THE DIRECTOR OF MEDICAL EDUCATION, KERALA, THIRUVANANTHAPURAM

Medical Education Department- General - 'Advancing Public Health Training Workshop' scheduled on 2024 August 30 & 31 at KUHS Thiruvananthapuram - Participation of faculty permitted - Orders issued.

Read:- Letter No. 23363/2024/Schools & Centers/KUHS, dated: 12.08.2024 from Dr. K Rajamohanan, School of Public Health.

Order No. K1/5142/2024/DME Dated: 17-08-2024

As per the letter read above, Dr. K Rajamohanan, Professor in Charge, School of Public Health has requested to grant permission to the following faculties under Medical Education Department for attending the 'Advancing Public Health Training Workshop' scheduled to be held on 2024 August 30 & 31 at Conference Hall, Floor I, SPH - Keral University of Health Sciences, Thiruvananthapuram:-

Sl. No	Name	Designation
1	Dr. Sobha A	Professor and Head Community Medicine, GMC, Alappuzha
2	Dr. Indu.P.S	Professor and Head Community Medicine, GMC, Kollam
3	Dr. Sairu Philip	Professor and Head Community Medicine, GMC, Kottayam
4	Dr. Anuja U and team	Professor and Head Community Medicine GMC, Thiruvananthapuram
5	Dr. Asuma A.Rahim	Professor and Head, Community Medicine, GMC, Kozhikode
6	Dr. Nisha R S	Principal, Government Medical College, Konni
7	Dr. Anish T S	Community Medicine, GMC, Kozhikode
8	Dr. Binu Areekkal	Govt. Medical College, Ernakulam
9	Dr. Anitha Bhaskar	Govt. Medical College, Thrissur
10	Dr. Indu D	Govt. Medical College, Konni
11	Dr. Soumya	Community Medicine, GMC, Alappuzha
12	Dr. Mini	Community Medicine, GMC, Thrissur
13	Dr. Chintha	Community Medicine, GMC, Idukki

PROCEEDINGS OF THE DIRECTOR OF HEALTH SERVICESTHIRUVANANTHAPURAM

Sub:- H.S.D-Estt:Training Workshop for Medical officers-deputed - orders issued

Read:- 1 Lr,No.23363/2024/School & Centers /KUHS Dt:12/08/2024

ORDER NO.(K.Dis) DHS/2946/2024-ER1,Dated 28-08-2024

The School of Public Health Thiruvananthapuram, Kerala University of Health Sciences (SPH-KUHS) is organizing a training workshop at SPH-KUHS from 30/08/2024 to 31/08/2024. Accordingly, the following Medical Officers are deputed for the workshop.

SL.NO	Name	Designation
1	Dr.Sreekanth.K.B	Deputy Superintendent,District Hospital ,Kollam
2	Dr.Basil Varghese (942763)	Assistant Surgeon,Tata Trust Hospital, Kasargod
3	Dr.Sharon.M.A(373697)	Assistant Surgeon,Family Health Centre Narippatta,Kozhikkode
4	Dr.Abdul Rasik (619759)	Assistant Surgeon,Primary Health Centre Pannikkottoor,Kozhikkode
5	Dr.Greeshma Priya.B(755436)	Assistant Surgeon, Family Health Centre Nochad,,Kozhikkode
6	Dr.Sunil kumar.P..S(533495)	Assistant Surgeon, Family Health Centre,Kizhakkoth, Kozhikkode
7	Dr.Smitha Rahman(596159)	Assistant Surgeon, Family Health Centre Thooneri, Kozhikkode
8	Dr.Anand.E.V(374097)	Assistant Surgeon, Family Health Centre,Changaroth,Kozhikkode
9	Dr.Sunitha.S(488411)	Assistant Surgeon, Family Health Centre Iringal, Kozhikkode
10	Dr.Anadh.M	Deputy District Medical Officer, Alappuzha
11	Dr.Teny George Pallipadan	Medical Officer ,Family Health Centre Cherthala(South), Alappuzha
12	Dr.Surayya.E(589719)	Assistant Surgeon,Taluk Hospital Angamally, Ernakulam
13	Dr.Smiji George Chiramal (511984)	Assistant Director , District Hospital Aluva, Ernakulam
14	Dr.Timmy Rodrigus George	Assistant Surgeon, Family Health

PROCEEDINGS OF THE DIRECTOR OF HEALTH SERVICES THIRUVANANTHAPURAM

Sub:- H.S.D-Estt: Training Workshop for Medical officers-deputed - orders issued

Read:- 1 Lr,No.23363/2024/School & Centers /KUHS Dt:12/08/2024

ORDER NO.(K.Dis) DHS/2946/2024-ER1 ,Dated 16-08-2024

The School of Public Health Thiruvananthapuram, Kerala University of Health Sciences (SPH-KUHS) is organizing a training workshop at SPH-KUHS from 30/08/2024 to 31/08/2024.

Accordingly, the following Medical Officers are deputed for the workshop.

SL.NO	Name	Designation
1	Dr. Rekha Raveendran	Superintendent,Govt.Taluk Hospital, Nedumangad
2	Dr. V.Meenakshi	Addl.Director,FamilyWelfare, DHS, Tvpm
3	Dr. Sakeena.K	DMO Ernakulam
4	Dr Reetha.K.P	Addl.DirectorPublicHealth, DHS, Tvpm
5	Dr. Sachin	Deputy DMO Kannur
6	Dr. Ajan.M.J	Asst. Director Medical And Hospital Administration,DHS
7	Dr Hari Kumar.S	Asst.Director,Public Health , DHS
8	Dr. Hafiz.S.A	Principal,PH Training School, Thiruvananthapuram

The details of the programme attached.

Director of Health Services

To,

The concerned Medical Officers

Copy to: 1 CA to DHS/ADHS FW, Medical,PH

2 The District Medical Officer(H) Trivadrum, Ernakulam,