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NITI Aayog
(Health & Nutrition Division)

Sansad Marg, New Delhi
Dated: 11.9.2018

Office Memorandum

Subject: Records of Review meeting held under the chairmanship of Dr Vinod K Paul,
Member (Health) on 21st of August 2018

Please find enclosed herewith a copy of approved records (enclosed) of the above
mentioned meeting chaired by Dr Vinod K Paul Member (health) NITI Aayog for 'consultation on
Developing a Public Health Cadre in India.'

For information and needful.


(Dr K Madan Gopal)
Sr Consultant (Health)

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NITI Aayog
Government of India

Records of Meeting held on 21st of August 2018 under the chairmanship of Dr. Vinod K Paul,
Member (Health) NITI Aayog for
"Consultation on Developing a Public Health Cadre in India".

A meeting under the chairmanship of Dr. Vinod K Paul, Member (Health) NITI Aayog was held on 21st of August 2018 at NITI Aayog from 10:30 am onwards to take forward the efforts done so far on development of Public Health Cadre.

List of participants and agenda is enclosed at annexure 1.

Dr. Vinod K Paul, Member (Health) welcomed the participants and set the context for discussion. He mentioned about need to have a strong public health cadre in the country as echoed in the National Health Policy 2017

Dr. Alok Kumar Adviser (Health) NITI Aayog while initiating the discussions highlighted the trends in communicable and non-communicable disease, the need to holistically address the systemic capacities for public health program and management of public health sector hospitals. He also cited the example of and comparison between China and India.

This was followed by comments from the State of Tamil Nadu by Dr Kolandaswamy. Detailed note attached at annexure 2. Tamil Nadu Public Health Service, in existence before Independence, is a cadre of non-practicing doctors supported by dedicated cadres of Entomologists, Statisticians, Public Health Nurses, Health Inspectors, Village Health Nurses and administrative cadre. Experience and Knowledge management backed up by a chain of Health and Family Welfare Training Centres, Health Manpower Development Institutes, Institutes of Public Health etc. The TN Public Health Cadre has played a critical role ensuring exceptionally high coverage of interventions (immunization coverage, Couple Protection Rate, Institutional deliveries etc.) ahead of other states. This also enabled effective responses in times of disasters as seen in floods 2015 and Tsunami in 2004. Cadre base needs to be expanded to all municipalities and at block level as Block Health Officers. He highlighted the need to have an intense compulsory training of the cadre entrants with focus on primary health care.

Dr. Satish Pawar talked about Maharashtra Public Health Cadre. The entry level for all the doctors is medical officers; thereafter, they are divided into 3 cadres, based upon their qualifications, for promotion: Public Health Cadre, Civil Surgeon Health Cadre, and Clinical Specialist cadre. For the post of Joint director, Additional Director and Director, the preferential qualification is Public Health. The pyramid becomes narrow at the top with limited avenues.

✓ Dr Bishnu Mohapatra, DHS Odisha shared, how the state has been able to restructure the health system and make a public health cadre in 2017 by way of creating block public health officers. The following points were highlighted:

- The Government of Odisha has undertaken a systematic approach to the reform of Human Resources
- The concept of a dedicated public health (PH) cadre has been further developed following Notification of the Public Health Directorate in 2009. Creation of a separate PH Directorate is a major step towards recognizing the importance of a public health perspective and acknowledging the distinct skills and experience required for managing PH functions
- Key features of the PH cadre include:
 - Creation of a dedicated Public Health Cadre for doctors and separation of Clinical streams from the Public Health stream, for postings at block level and above.
 - Of the currently Sanctioned posts of doctors at block level and above, 1354 doctors will be in the clinical cadre and 617 in the public health cadre, and 65 doctors will belong to the common cadre. Apart from these, 2769 positions will be below block level (base level), which will not be eligible for cadre separation.
 - Doctors to be inducted into public health cadre or clinical cadre will have to exercise their option for entering into concerned cadre.
 - Public health personnel will include doctors and paramedics as well as management persons with necessary diploma/degree/certificates.

Dr. Subhash Salunke while sharing the progress of different states with regard to development of public health cadre highlighted the following points with a brief presentation:
See annexure 3

- Cadre without being backed by law/ act will not be effective.
- States are to be in driving seats with dedicated teams.
- PH cadre shall be developed from Block level upwards with clear demarcation and distinction of job responsibilities.
- State may recruit officers both from medical and non-medical background subject to fulfilling eligibility.
- State should actively identify and train all officers of PH cadre currently posted in positions of delivery of public health services.
- State may take decision for in-service training of existing batch of officers and induction training of newly recruited officers in public health.

Ms K Sujatha Rao, Former Secretary GOI highlighted the efforts made by Central ministry since 1995. She emphasized that -

- Creating new institutional structures should be as a part of needs-based evolution of the Ministry of Health on lines of the finance ministry.
- Population health and hospital management competencies / cadres should be seen as distinct streams.

- Public health nurses (PHNs) should be viewed as an integral part of public health system with distinct role.
- A Directorate of Public Health (DGPH) needs to be created.
- The idea of an All India service on the lines of IAS may be explored for occupying high level policy / stewardship positions.
- Standardization of Public Health courses in various institutions will go along way in shaping public health professionals of future.
- Public health cadres should begin their experience at the community level akin to IAS officers who start as patwaris /block development officers.

Professor Srinath Reddy from PHFI highlighted the need to include non-medical professionals in the public health cadre, but suggested that if that faces resistance, it could be limited to physicians with consulting support from other professionals. He emphasized that NITI and MoHFW should take up the issue of PH Cadre development with the Finance commission – which may stimulate the states to adopt PH Cadre development.

Representative from IAPSM stressed the need for having specialized public health cadre's services like Indian Public Health Services. Details note at Annexure 4.

Comments and suggestions received from Sh Rajendra Shukla, ACS WB, who could not attend were shared with the experts and discussed. The note highlighted some critical points:

- No effective public health cadre can be envisaged by tinkering with the existing system. There has to be a de novo thinking on the subject.
- Any proposal to develop public health cadre by only re- training the existing functionaries with MBBS /MD qualifications will have limited success in meeting the desired objectives.
- Public health is too important a subject to be left to the states alone, the Central government has a seminal role to play.
- Lack of adequate attention to the subject of public health and public health cadre in the country entrails enormous economic and societal costs, besides causing losses in terms of DALYs.
- Constitution of a new All India service, namely Indian Public Health Services is suggested with a view to recruiting, training, deploying and nurturing young, motivated and dedicated officers entrusted with leadership roles in public health administration throughout the country.
- Reviewing the existing public health cadre models and restructuring of public health manpower. Please see Annexure -5.

Dr Sarup emphasized the need to define the scope of the cadre, and the need to involve community-based organizations in public health delivery.

DGHS placed before the gathering public health activities under the directorate and its institutions, especially, National Centre for Disease Control.

Dr Sundararaman, informed that because of lack of regular public health cadres, NHM and other initiatives have employed over 300 consultants to support the programs. This clearly shows

the unmet need for a competent public health cadre. He listed the core public health competencies, viz.: HR, program and logistics management, information systems, financing, primary care organization, core public health (epidemiology, vector control).

Dr Dharmshaktu pointed out the need for a public health university. He suggested that while designing a new system the future of institutions like CBHI should also be recast.

Dr Sanjiv Kumar clarified contours of different sub-streams in public health: health facility management, public health program management, primary health care and support areas (entomology, information systems, communication).

Dr Bhushan, NHSRC, stated that NHSRC developed a draft Public Health Act/Bill and worked with PHFI to roll out Public Health Cadre in selected states.

Shri Manoj Jhalani, AS & MD NHM and Ayushman Bharat highlighted the following points.

- States may be asked to create public health cadres to claim grants from finance commission.
- The Orissa model of the Cadre facilitated by NHSRC-PHFI, may be disseminated in other states.
- Accelerate public health capabilities – getting in the concurrent list, enhancing GOI accountabilities and finances.
- Identify reforms that can be done without much disruptions. Medical officers can have 3 months of orientation training in public health.
- Restructuring of cadres should be based such that promotional avenues are not squeezed.
- Critical requirement of Mid-level providers to be placed on career path under public health cadre.

Comments and suggestions made by the participants during the discussion are summarized below:

- Scope and definitions of public health and public health cadre needs consensus.
- UGC does not recognize Masters in Public Health; it should be addressed.
- Several new Public Health Schools are coming up; there is a need to guide their design so that these institutions serve the cause effectively.
- Placement, transfer and promotion policies are at the heart of a successful cadre system.
- Need to compile a repository of work done in this area till now.
- Consideration may be given to place health in the Concurrent List.
- Health human resources to be redefined, one central cadre should not be ruled out with uniform competencies like educational standards, professional standards, skill standards.
- Scoping for Public Health Cadre in context to Ayushman Bharat and SDG: Principles, Institutions, Skill sets and competencies and Standardizing education.
- Should Ayushman health system be also covered by a public health cadre.

- Experiences from other countries viz Sri Lanka, Thailand and Latin America should be studied.
- An All India service on public health on the lines of IAS should be explored.
- The idea of leveraging the 15th Finance Commission to stimulate health system reforms be explored.

The Action points from this meeting are listed below:

1. Compile and synthesize the previous work done on the issue
 - 1995 – Chandramouli Committee report
 - Commission on Macroeconomics for Health
 - HLEG report
 - Report of task force 2012
 - Reports of review of public health cadre in 6 states
 - History of Public Health Cadre in India

(NITI Aayog)

2. Analyze experiences on Public Health governance structures / cadres from China, Sri Lanka, Thailand Model.

(Dr. Sarkar WHO, NITI Aayog)

3. Request concept notes on Public Health Cadre in different States (including organogram – bottom to up, recruitment and promotion)
- 4.

(DHS MS/TN/Os/Dr. Salunke)

5. Prepare a discussion note on model public health institutional structures in states/center

(Ms Sujatha Rao)

6. Establish groups on thematic areas on Public Health Cadre to take the process forward.
 - a. For States on lines of TN/ MS and Odisha
 - b. Indian Public Health services

(NITI Aayog)

The meeting concluded with a Vote of Thanks to the Chair and all other participants.

xxx

Annexure 1

List of Participants

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Agenda of Meeting:

**NITI Aayog
Government of India.**

**Consultation on development of Public Health Cadre
21.8.2018**

Agenda

Time	Topic	Resource persons
10.30-10.40	Opening remarks	Dr Vinod K Paul Member (Health) NITI Aayog
10.40-10.50	Background and need for public health cadre	Shri Alok Kumar Adviser NITI Aayog
10.50 – 11.05	Key note address	MoHFW
11.05-11.25	Experiences from States	MS/ TN
11.25- 11.35	State level initiatives and progress	Dr Subhash Sulanke Public Health Adviser
11.35- 11.45	Comments from Former Secretary	Dr K Sujatha Rao
11.45- 11.55	Comments from DGHS	Dr S Venkatesh
11.55-12.05	Comments from PHFI	Dr K Srinath Reddy
12.05-12.15	Comments from Associations	IAPSM Rep IAPH rep
12.15- 1.15	Discussions	
1.15- 1.30	Way forward	Dr Vinod Paul, Member Health
1.30- 2.00	Lunch	

Annexure 2:

Formation of Public Health Service in India

Public Health

Human Societies are to be empowered to take healthy decisions to enhance their health status. Whether disease or health, it all depends on how we organize our society and how well we manage. Public Health actions should bring opportunities for healthy living and most importantly it should bring hope among the people.

If the society wants every citizen to enjoy healthy living in an equitable and dignified way, then Public Health skills are required. The skills to design interventions which work not only for the average person but also for those who are marginalized and under privileged.

For this Public Health Practitioners need skills to make invisibles as visible entities. There are people who sweep the streets before we wake up, there are people who sweat in the farms throughout their life to make a living, there are people who work hard to make the clothes we wear and there are so many invisibles and unreached in the society. The society neither sees them nor realizes their health needs. Public Health is needed to see the invisibles.

It is important to learn what works in what circumstances. Understanding the complex determinants of disease is critical for developing these skills. In most situations skills are not enough. Public Health Practitioners need vision. We should be able to think laterally, understanding why things are as they are and what benefit will be brought by change. We should understand the structure of the society, who really makes the decisions and what can be done to influence the decisions.

Most often it is presumed that Public Health is boring and unexciting and done by people who do not have any other job to do. But it is not so. We should keep Edmund Burke's quote visibly in front of us to reinforce the courage and conviction.

Tamil Nadu Public Health Service

Medical graduates on completion of their course choose the specialty of their choice and work towards achieving their career goals. Doctors who select Public health as their field of specialization do so in the larger interest of the country and their fellow citizens. They forego private practice and join Tamil Nadu Public Health Service as a dedicated cadre.

In Tamil Nadu Directorate of Medical Education, Directorate of Medical Services and Directorate of Public Health and Preventive Medicine are functioning respectively for delivering tertiary, secondary and Primary Health Care services to the people.

Department of Public Health and Preventive Medicine was formed in Tamil Nadu in the year 1923. Tamil Nadu Public Health Service was given statutory status in the year 1939. Dedicated non-practicing cadre of officers with Post Graduate qualification in Public Health are administering this department.

Mode of recruitment:

- Direct recruitment by Tamil Nadu Public Service Commission

Qualifications:

- MBBS with MCI recognized PG qualification namely Diploma in Public Health/ Master of Public Health/ MD in Community Medicine/PSM
- If any one does not possess the required public health qualification, such individuals should acquire the qualification within four years of joining service for their services to get regularized and declaration of probation.
- Before placement, all the selected candidates irrespective of their qualification they are given three months Orientation Training Program in Public Health with pay and allowances. This course is designed to fulfil their learning needs in the technical aspects of Public Health, enforcement of laws related to health, health management and administration.

Placement

- Health Officers are posted as Municipal Health Officers, City Health Officers in Corporations, Projects, Headquarters, Filaria Officers, Assistant Professors in Medical Colleges, Principals of Training Centres
- On promotion as Deputy Directors of Health Services they are posted in the districts (District Health Officers). All National Health Programs, Primary Health Care, Environmental Hygiene promotion including

drinking water safety, Prevention and Control of Infectious Diseases, Prevention and Control of Non-Communicable Diseases, implementation of acts like Tamil Nadu Public Health Act, 1939, COTPA, Birth and Death Registration Act and other acts are the major job responsibilities.

- Also posted as Principals of Regional Training Centres and Reader or Professor in Community Medicine Departments.
- On further promotion they are posted as program officers in the state headquarters in the rank of Joint Directors and Additional Directors and become the Director of Public Health and Preventive Medicine.
- In addition, officers of Tamil Nadu Public Health Service are deputed to Projects like NHM (National health mission), TANSACS (National AIDS Control Organization), ICDS, TNHSP (Tamil Nadu Health Systems Project) and to UN agencies like UNICEF and WHO when selected.

Cadre Strength

Total cadre strength: 162

Health Unit Districts (HUD)

Large Revenue districts were bifurcated into two or more Health Unit Districts. When new revenue districts were formed it was almost on the lines of HUD and the first fully functional department in the newly carved out district.

Impact

- Service coverage indicators like immunization coverage, Couple Protection Rate, Institutional deliveries are high in the state
- Ahead of other states in achieving demographic indicators
- Eradicated or eliminated infectious diseases several years before the country achieved it
- In times of disasters the department functions in military mode to mitigate the sufferings as seen in Floods 2015, Tsunami in 2004

Strengths

- Tamil Nadu Public Health Service is supported by dedicated cadres of Entomologists, Statisticians, Public Health Nurses, Health Inspectors, Village Health Nurses and administrative cadre.
- All these staff enter in this department and retire from this department. Experience and Knowledge management backed up by a chain of Health and Family Welfare Training Centres, Health Manpower Development Institutes, Institutes of Public Health and ANM schools improve professionalism in a sustainable manner.

Challenges ahead

- Cadre base needs to be expanded to all municipalities and at block level as Block Health Officers
- Opportunities for acquiring post graduate qualifications in public health are limited. This is a major impediment for expanding the cadre base to further accelerate progress.
- Non-practicing Allowance, salary structure, non-financial incentives like accommodation and transport

Suggestions for the formation of Public Health Cadre in India

- Humble beginning from the feeder level- Municipal Health Officers, Health Officers to assist HQ Programme Officers, Projects like NHM, Block Health Officers etc.
- Onetime option to be obtained from the existing medical officers to opt for Public Health Cadre: Option once exercised to join Public Health Cadre, it should be irreversible. After the timeline is over one cannot re-exercise option to public health at their convenience to get promotions. Those who opt for clinical line they can continue only in clinical stream.
- People who exercised option, having less than 10 years of service may be given 6 months short term course in Public Health and those with more than 10 years, should acquire MCI recognized PG qualification in Public Health in four years of time.
- All should be given a minimum of three months training in Public Health before being posted.
- Budget head should be separate for Public Health
- Public Health Act should provide legal backing for Public Health Service cadre

Support Systems for Public Health

- Chain of in-service training institutes like Health and Family Welfare Training Centres, Public Health Institutes, Multi-Purpose Health Worker Male and ANM Training Schools need to be strengthened.
- For the public health cadre to be effective dedicated cadres in entomology, statistics and nursing are essential.

- At the field level two ANMs and One Health Inspector (Male Health Worker) at HSC level are required.

National University of Public Health (NUPH)

- National Institute of Health and Family Welfare, New Delhi may be upgraded as National University of Public Health (NUPH)
- Central Institutes like National Centre for Disease Control (NCDC)-New Delhi, National Institute of Epidemiology (NIE)-Chennai, National Institute of Virology (NIV)-Pune, Vector Control Research Centre (VCRC)-Puducherry, National Institute for Research in Tuberculosis (NIRT)- Chennai, National Institute of Nutrition (NIN)-Hyderabad, National Institute for Cholera and Enteric Diseases (NICED)-Kolkata, National Institute for Research in Tribal Health- Jabalpur, National Institute of Cancer Prevention and Research- Noida, National AIDS Research Centre-Pune, National Institute of Occupational Health (NIOH)- Ahmedabad, National JALMA Institute for Leprosy and Other Mycobacterial Diseases- Agra, National Institute for Diseases Informatics and Research- Bengaluru, National Institute for Research in Environmental Health-Bhopal, National Institute of Medical Statistics- New Delhi may be affiliated to the National University of Public Health (NUPH).
- State Institute of Health and Family Welfare and specialized institutes like Institute of Vector Control and Zoonoses may also be affiliated to NUPH.
- In addition, MoUs can be entered with Central/State Management Training Centres
- NIHFV and all these identified institutes may be upgraded with additional infrastructure facilities and faculty positions.
- Suggested list of courses which may be conducted by NUPH
 - Master of Public Health for MBBS doctors
 - BSc/MSc in Medical Entomology
 - BSc/MSc in Biostatistics
 - Courses in Disaster Management
 - Courses in Hospital Management
 - Courses in Nursing Management
 - Courses in Quality Management
 - Courses in NCD control
 - Epidemic Intelligence Service (EIS) courses
 - Courses in Epidemiology
 - Health Management Information System courses
 - Community Health Management course for all categories

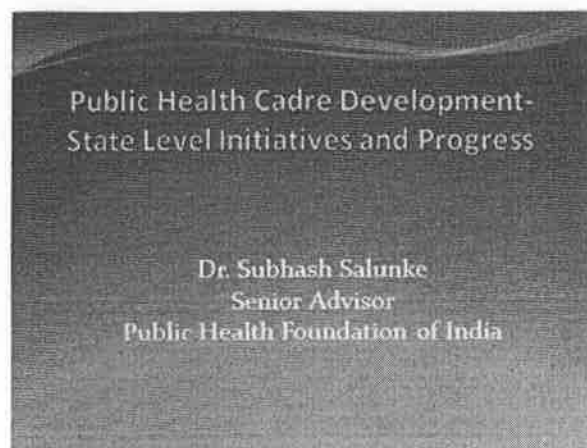
Directorate General of Public Health and Preventive Medicine

Separate department of Public Health may be formed in MOHFW, GoI to meet the aspirations of the state cadres.

Submitted by

Dr. K. Kolandaswamy, MBBS., MAE, DPH, DIH., DBE.,
Director of Public Health and Preventive Medicine,
Government of Tamilnadu.

Annexure 3



Establishment of Task Force by GOI- Yr. 2012

Main TOR

- Prepare an Approach paper, keeping in view the framework of a strong and adequate public health workforce in states
- Dwell on core public health competencies, essential skills, knowledge and attitudes
- Need to have holistic approach for creating PH cadre for all levels to be managed by single Public Health Management Cadre
- Need to establish structures and core competencies for the cadre as well as HR policies pertaining to recruitment, remuneration, promotion and retention
- Approach paper submitted and accepted by MoHFW, GoI June 2012

Recommendations to MOHFW(Highlights)

- ✓ PH cadre shall be developed from Block level upwards with clear demarcation and distinction of job responsibilities and authority
- ✓ Three level of PH Cadre (Block, District and State)
- ✓ State may recruit officers both from medical and non medical background subject to fulfilling eligibility

Recommendations to MOHFW (Highlights) cont...

- ✓ State should actively identify and train all officers of PH cadre currently posted in positions of delivery of public health services
- ✓ State may take decision for in-service training of existing batch of officers and induction training of newly recruited officers in public health
- ✓ Separate HR position to look into recruitment, promotions, transfers etc. at district, regional and State level

GUIDING PRINCIPLES

- FOR PH CADRE DEVELOPMENT

- ✓ States are in driving seat and need to lead the process of PH Cadre development
- ✓ There should be minimal restructuring and disruption at Block, District and State level. However, some new positions may have to be created by States
- ✓ The States to utilize existing HR positions created as part of their Health System and through NHM, Panchayati Raj Institutions etc.
- ✓ PH Cadre development should also focus on multi-disciplinary approach by involving other sectors / professionals to address issues related to social determinants

GUIDING PRINCIPLES

- FOR PH CADRE DEVELOPMENT

- ✓ PH cadre should be developed for Rural and Urban areas
- ✓ State to identify training institutions to train future requirement of Public Health cadre
- ✓ Existing job charts, roles & responsibilities need to be revised based on the restructuring
- ✓ Protect the promotional and career opportunities of existing staff and cadre
- ✓ Accelerate the process of recruitments, training and develop strategies for bridging the HR gaps

10

Progress So-far

- Several meetings conducted with the Secretary (H&FW), Addl. Secy.(H&FW) and Jt. Secy. (Health) at MoHFW, GoI to apprise them about the status
- Advocacy meetings at national and at nine states levels with the key stake holders of States visited- Kerala, Punjab, Haryana, Madhya Pradesh, Uttar Pradesh, Arunachal Pradesh, Odisha, Bihar and Chhattisgarh to develop a technical committee in their respective states for PH cadre development

Progress So-far

cont...

- Odisha state formally announced PH cadre in year 2017, restructuring of DoH&FW and recruitment of HRH for PH cadre in progress
- Chhattisgarh state to seek cabinet approval, necessary consultations with various stakeholders completed
- Arunachal Pradesh, Bihar and UP have in principle agreed to develop PH cadre in their respective states
- PHFI, NHRSC and other interest groups have remained successful as the NHP 2017 proposed the creation of Public Health Management Cadre in all states



Review of Public Health Cadre in six states
NHSRC
Human Resources for Health

MEETING OF STATE HEALTH SECRETARIES CHAIRED BY HON'BLE UNION MINISTER OF HEALTH ON 9TH OCT. 2014 AT AISHS, NEW DELHI

►Decision- All states to create the public health cadres to achieve Public Health goals

►MoHFW, Govt has announced to provide additional financial incentives to the states developing PH Cadre



Meeting held with the Hon'ble Chief Minister of Arunachal Pradesh



Stakeholders meeting at Chhattisgarh



Opportunities

- NHP 2017 proposed creation of PH management cadre across states
- Creation of PH cadre in Odisha has set an example for other states
- States like Chhattisgarh, Bihar and Andhra Pradesh moving a head for development of PH cadre

Challenges

- State ownership
- Resistance from Clinical cadre ?
- Anticipated administrative difficulties
- Financial implications for setting up PH cadre
- PHFI's FCRA cancellation has contained advocacy efforts
- Allocation of dedicated budget at PHFI for state level advocacy, travel

Maharashtra- latest development

- Instead of designating PH and Clinical cadre, State is in process of proposing "State Health System Management Cadre"
- Restructuring of health system in rural and urban areas

THANK YOU

✓

Annexure 4 : Comments from IAPSM

Points for considerations in creation of Public Health cadre from IAPSM

1. All India Health (public) cadre and Public Health Department are two related but distinct arrangement and needs to be discussed and developed separately.
2. At national level a specialized cadre, Indian (Public)health Services, may be created in the line of Indian Economical Services/ Indian Statistical Services (not like India civil services [IAS, IPS, IRS meant for general graduates] for graduates/post graduates in special degrees with the provision for deputation in state cadre. Within this Indian Health Services, there may be two cadres one can be Indian Public health services involved with promotive preventive and primary health care and another can be Indian Medical services involved with medical care only. People with qualification in medical science/public health may be eligible and can be selected based on rigorous selection procedure like India Civil services.
3. All public health specialists don't fit for all public health jobs. It consists of numerous specializations within public health domain similar to various specializations in clinical domain. Hence, different sub cadres (specialized divisions) within public health cadre shall be created
4. All posts which required qualifications/training and experiences in public health department shall be listed from bottom to top. Listing of requirements of all Public health posts to be done keeping jobs responsibilities in the specific areas within public health cadre in mind. E.g. Public health educators, public health nurse, public health engineer, entomologist, epidemiologist, Food safety officer, bio-statistician and demographer, Monitoring and evaluation officer, Public nutritionist, community medicine specials health economics are some examples of specialized public health personnel.
5. In hierarchy pyramid of public health cadre, at bottom specialized public health posts may be there for different Public health jobs which may progress at higher level within specialized public health domain (sub cadre) and/or may get integrated at the top.
6. Posts of public health specialists are to be created in related sectors e.g. Environment, engineering, labour, education, women and child etc. For addressing determinants presence in the sector outside of the health.
7. Every year around 1000 MD (Community Medicine) is produced in the India, who are trained in public health and various disciplines related with the public health. They are acquainted with Indian health system and programs. In one recent study carried out by the IAPSM, more than 50% young MD specialists in Community Medicine are interested to join health system. This readily available resource can be deployed at CHC as similar to four clinical specialists. They can play vital role in developing and mentoring health and wellness centre, strengthening primary health care and ensuring referral linkages between primary and higher care centres. **This will link the "supply and demand" to bridge gap in the primary health care delivery system in India due to currently lack of such provision at CHCs. This can be recommended separately to strengthen primary health care and nurturing flagship initiative-Health and Wellness Centres.**

Way forward :

1. Listing of all the public health posts under Indian Public health Cadre and public health department at national and state level.
2. Identifying and suggesting sub cadres within public health cadres with proposed career path under National Cadre, state cadre and below
3. Suggesting the eligibility criteria, recruitment, deputation methods as case may be.
4. Suggesting career path for various public health posts.
5. Recommendations for legal provision of the Public Health Professionals as Indian Public Health services.
6. Consultation, advocacy and hand holding with states for establishing public health cadre in the states within broad framework developed by NITI Ayog.

**Consultation on Public Health Cadre
on 14.08.2018 at NITI Aayog, New Delhi**

I have received an invitation from NITI Aayog to attend a consultation on public health cadre. I am not in a position to attend the consultation due to my previous engagements on the 14th of August, 2018 in Kolkata. However, I thank the NITI Aayog for the invitation.

I am tendering my views on the subject which may be placed before the esteemed participants attending the consultation :

1. Critical Points

Without elaborating on the justification for public health cadre, which is amply evident from the draft note of NITI Aayog, I would like to come directly to some critical points :

- (i) No effective public health cadre can be envisaged by **tinkering** with the existing system. There has to be **de novo** thinking on the subject.
- (ii) Any proposal to develop public health cadre by only re-training the existing functionaries with MBBS/MD qualifications will have **limited success** in meeting the desired objectives.
- (iii) Public health is too important a subject to be left to the States alone. The Central Government has a **seminal** role to play.
- (iv) Lack of adequate attention to the subject of public health and public health cadre in the country entails **enormous economic and social costs**, besides causing losses in terms of DALYs.

2. Creation of a New Cadre

Therefore, if an effective and long term solution is to be found, there should be sincere efforts at breaking new grounds in the domain of public health administration.

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*Public Health Cadre
NITI Aayog, 14.08.2018*

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- (i) Constitution of a new All India Service, namely, **Indian Public Health Service (IPHS)**, may be considered with a view to recruiting, training, deploying and nurturing young, motivated and dedicated officers entrusted with **leadership roles** in public health administration throughout the country.
- (ii) Recruitment to proposed Indian Public Health Service may be undertaken by the **UPSC** in the same manner and following similar methodology as in the case of **Indian Forest Service**. This will obviate the need for an additional apparatus for conducting entrance exams for recruitment to IPHS (proposed).
- (iii) Young recruits can be trained at **National Centre for Disease Control** in Delhi and in their respective State cadres based on a curriculum equivalent to **Master of Public Health programme**.
- (iv) The officers belonging to IPHS (proposed) may be appointed in **leadership positions** from sub-district level to national level in accordance with cadre management rules which may be framed by the Ministry of Health and Family Welfare, Government of India in consultation with DoPT in due course.
- (v) The officers may undergo **refresher and mid-career training**, and may be exposed to **international best practices** as part of their career development programme. The officers so equipped with enhanced knowledge and skills in the domain of public health will play critical roles as **public health leaders** in future.

3. The justifications for creating IPHS :

- i) Public health is **not a priority** among the medical doctors who see their clinical roles to be much more **glamorous, prestigious and remunerative**.

- ii) It is generally observed that public health functions in the States are assigned to those serving medical officers who are seen to be weak in clinical matters. Thus the very **backbone** of a public health cadre is **compromised**.
- iii) On the other hand, public health officers should be intelligent and enthusiastic with strong **leadership qualities**.
- iv) The officers of IPHS (proposed) will enjoy **status and authority commensurate with leadership roles** in public health matters at the district, state and national levels.
- v) They will feel **adequately empowered** to work hand-in-hand with other district and state level functionaries from other All India Services, and Medical and Health Services.

4. State Level Restructuring of Public Health Manpower

There are several models of public health cadre management in different States like Tamil Nadu, Maharashtra, West Bengal, Kerala etc. Following action points by State Governments may be considered :

- (i) The existing public health cadre may be reviewed to **expand the boundaries** of the domain by including epidemiologists, entomologists, microbiologists and health system specialists with or without MBBS qualification. This will help **augment the pool** of trained and qualified public health experts at different levels of State and district administration.
- (ii) It may be considered if State Governments could provide **incentives** for attracting **talented and motivated** professionals for public health work.
- (iii) At the cutting edge level, the institution of **male public health workers** needs to be revived. Existing training centres, which are in **disuse and/or disarray**, should be brought back to life. Alternatively,

R. S. Shukla

Public Health Cadre
NITI Aayog, 14.08.2018

training of male workers could be outsourced without compromising on **curriculum, pedagogy and expected outcomes**.

- (iv) Best practices in public health should be documented, shared and rewarded.
- (v) The costs of not doing good public health work should be brought home through operations research in government medical colleges.

5. Miscellaneous :

- (i) The present **curriculum of MBBS** may be reviewed to ensure a sharper focus on **public health** issues in a structured manner.
- (ii) Similar exercise may be undertaken in respect of the training of **GNTMs (nurses)**.
- (iii) State Governments may be advised to set up **Public Health Advisory Committee or Think Tank** comprising public health experts and other stakeholders for evaluation and discussion of **new ideas, tools and techniques** in the field of public health.
- (iv) Government of India/State Governments may set up **scholarship/fellowship** schemes for facilitating specialized training of outstanding public health officials at the best institutions in India and abroad.

Disclaimer : The views expressed in this note are my own. They carry no official endorsement or approval.

R/S
9/8/2018

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